

trix had a raised and glassy look. In a few days it thinned down to a mere blister, which gave way, allowing the escape of about 3i of foetid pus. There was nothing faecal about it, however, and I never heard that such was the case at any period of the patient's illness. Mr. Mitchell Banks now took up the case with me, and on passing a probe he found it passed $4\frac{1}{2}$ inches into a tortuous channel running downwards and towards the middle line in the direction of the bladder; it was clear the original wound had never healed soundly but had left behind it this long sinus, the orifice of which had closed over imperfectly, and then had given rise to the belief that everything was sound. Some pus having accumulated in the sinus had caused the patient to feel very ill, a condition from which he at once recovered as soon as the cicatrix gave way and the pus escaped.

To lay this extensive sinus open in its entire length was a distinctly serious proceeding, not devoid of danger, and with the possibility of leaving behind it a weakened abdominal wall, which would be a serious thing for an officer. It was resolved, therefore, to try to get the sinus to heal if possible by various stimulating and other liquid applications, nitrate of silver, etc., all to no effect. At last Mr. R.'s patience became exhausted, and he resolved to have the sinus completely laid open, which was done by Mr. Banks on August 19th. The steps of the operation are as described by himself. As the process of laying open went on the incision necessarily became deeper and deeper. The rectus, and with it the epigastric artery, were completely divided, the incision finally ending in the suprapubic fat and cellular tissue. It was impossible, moreover, to help opening the peritoneum. Through the rent the finger introduced into the abdomen found no evidence of adherent intestine; all seemed perfectly right.

The point of interest, however, is that in the course of laying open the sinus something was cut across which exactly resembled a very small intestine; it was recognised to be the appendix vermiformis, and was stitched up. The sinus was thoroughly scraped in its whole extent, and having been put into the condition of a fresh raw wound was stitched up in its entire length, except for a small portion at its lower end, in which a tube was inserted. By this means primary union was obtained of the peritoneum, and through a portion of the long gash, thereby greatly diminishing the liability of rupture which would otherwise have resulted. The wound finally closed in December, and, having gone away for a change, the patient returned to duty in the beginning of March, the part being protected by an aluminium plate. He has remained well up to the present date.

The points of interest are:

- (1) The occurrence after typhoid fever of an abscess probably perityphlitic in character.
- (2) The occurrence of a long and deep sinus after this abscess, which had closed over unsoundly, only to give rise to a collection of retained pus.
- (3) The discovery and division of the vermiform appendix imbedded in the hard tissue of the sinus.
- (4) The satisfactory result of the operation, and the complete recovery, after so prolonged and serious illness.

POISONING BY THE "PRIMULA OBCONICA."

By J. HEADLEY NEALE, M.B., M.R.C.P.LOND.,

Physician to the Leicester Infirmary.

ON April 9th, 1896, Mrs. W., a young married lady, consulted me for a rash which had suddenly appeared the day before on her face and hands, "which itched and burned intensely." On the face the eruption was urticarial, but the blotches were too confluent; while on the hands, especially between the fingers, it was suggestive of scabies. I suspected some local irritant, and finding that the soap used was not irritating I described as carefully as I could the flowers of the *P. obconica*, but she denied having handled any. Under a topical soothing application the face was soon better, and desquamating, but the hands became intensely painful. On the dorsal aspect the spots had turned to purple blotches, while the whole palmar surface of hands and fingers had become stiff and unusable. Two days later the face was comparatively well, the blotches on the dorsal aspect of hands

and fingers fading, but there was evidence of deep-seated blisters forming at the tip of each finger and above and below each phalangeal flexure. To make sure I smartly pricked the tip of one finger and a bead of clear fluid escaped. I ordered the patient to macerate her hands thrice daily for ten minutes at a time in rectified spirit (to which was added a fair proportion of tincture of belladonna), and then to swathe them in lint soaked in glycerine and covered with oil silk, relying upon the hygroscopic properties of the spirit and glycerine and the possible action of the belladonna as an anodyne. The result fully justified the experiment. A few days later she told me that "her hands were nearly well," and she "could bend her fingers." The first thing that attracted my attention as I entered her room was the presence of three fine blooms of the *P. obconica* among other flowers on the table. On pointing out that these were the very flowers I had been looking for and asking about, she told me she had gathered them the day before in the conservatory, and on going there I found eight fine plants, some in full bloom, which she had been in the habit of watering, etc. That they had not bloomed on April 9th, when the rash appeared, opens out a fair field for research as to the properties of the several parts of this pretty but obnoxious plant.

This case recalls to my mind the result of the enthusiasm of a young assistant at the Botanical Gardens in Edinburgh. Having in his menial capacity been present at a lecture when the late Professor Dickson was decanting upon the poisonous properties of the "*Rhus toxicodendron*," this inquiring youth straightway broke a twig and smeared some of the exuding juice on his left arm, appearing at the infirmary a few days later. Never shall I forget that arm with its gangrenous-like line of demarcation, midway between the shoulder and elbow-joint, while below it was intensely red and swollen; one huge pemphigoid eruption, some of the "bullæ" being as large as pigeon's eggs. Nor shall I easily forget the enthusiasm displayed upon the faces of Professor Fraser and Dr. Murrell as, between the "clinics" which were then in progress, they watched me making a water-colour sketch of the arm. The drawing is no doubt still in Dr. Fraser's possession, and is possibly the only one extant of the result of poisoning by "*Rhus toxicodendron*."

MEMORANDA:

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

AN ANENCEPHALOUS MONSTER.

ON the afternoon of April 10th I was called to attend a lady, aged 28, a primipara, eight months pregnant. She had suffered greatly from pain in the abdomen for some days previously, and had not slept the preceding night owing to it. She was a rather thin woman of average height. The abdomen was of large size, the abdominal walls very tense, rendering palpation difficult. The fetal heart was audible at the left side, above the level of the umbilicus; the movements of the fetus could be felt low down on the right side, and were, indeed, a source of discomfort to the patient. I could not feel the head at the fundus. The os was dilated to the size of a shilling.

I ordered a simple enema, and then, having administered a dose of chloral and opium, left the house. On the following day the patient felt much better, and was able to be out of bed and came downstairs.

About 7 A.M. on April 13th I was again sent for. Throughout the night the patient had severe and frequent labour pains; the membranes ruptured before my arrival, and a foot presented. The child was delivered in about twenty minutes; when placed on the bed it did not cry, but moved its arms and legs freely for about a minute, during which time the chord pulsated distinctly; it soon, however, ceased to move.

The child, a female, was 15 inches long, the arms and legs were very thin, but of average length, the abdomen normal. It had no neck whatever, the chin being continuous with the thorax. The face was very small and the eyes prominent. The head at the level of the supraorbital ridges was perfectly flat, covered in by pretty hard bone and skin, through

which no sutures could be felt. The hair was very abundant, and perhaps two inches long. On the posterior aspect of the head and thorax was a dark mass; its surface was uneven. It was about the consistence of normal brain, and extended from the top of the head above to about the level of the mid-dorsal vertebra below, and laterally to the posterior borders of the scapulae. It was covered over and held in position by a rather thick membrane. On removing it the spines of the vertebrae and the posterior parts of the upper five or six ribs could be seen. It communicated above through a small opening with the deformed cranial cavity. Owing to the prejudice of the patient's friends, I was unable to remove any portion of this brain-like mass for microscopic examination.

Considerable *post-partum* haemorrhage followed the delivery of the child. The placenta, though very small, seemed normal, the chord, about 18 inches long, was very tortuous. The patient made an excellent recovery.

The patient and her husband are both healthy, and she did not meet with any accident during pregnancy. No history could be obtained of monstrosity in any ancestor.

Chippenham, Wilts. FRANCIS BOLSTER, M.B. Dubl. Univ.

A GRANULOMA FOLLOWING REVACCINATION.

SOME time ago I revaccinated Miss L., aged 35, in four places with calf lymph. The arm bore well-marked scars of vaccination performed during infancy.

Two of the places "took" naturally, but the course of the others was unusual from the first. In a day or two, painful red, flattened papules began to form, and grew rather rapidly, and in twelve days from the insertion of the lymph the condition was as follows: There were two natural, well-formed vesicles, and two red, glazed masses, very much like pieces of cock's comb, on the arm, quite one-eighth of an inch in thickness, and as large as a shilling in area. There was little surrounding inflammation or induration, but a great deal of pain was complained of. The amount of discharge, which was watery, was very considerable. These masses tended to become pedunculated, the edges growing a little way over the neighbouring healthy skin, and as they did so the amount of discharge increased. The pain still continued to be severe. The vesicles now began to change in appearance, and at the edge of each appeared a growth similar in appearance to the larger ones. These ultimately reached the size of peas.

Under the influence of astringent lotions these growths grew smaller and disappeared, and now, about eight weeks from the time of vaccination, the scars are almost normal, but more raised than they should be, and when rolled between the thumb and finger they feel quite nodular.

I am at a loss to know what to call this condition, and several medical friends who saw it, including a surgeon to a large hospital, were quite unable to give it a name. I imagine the masses were in reality merely granulation tissue, but they had a more distinct pellicle than granulations usually have. I thought at first I had to deal with a very acute case of keloid, attacking small wounds, but the subsequent course of the growths negatives such a supposition.

Warwick.

F. G. GARDNER, M.R.C.S.

URTICARIA FOLLOWING AN ENEMA.

THE occurrence of an urticarious rash following the administration of an enema has been referred to in the *BRITISH MEDICAL JOURNAL* by Dr. Suckling, Dr. Hale, and others.¹ The following is a description of a similar case: Mrs. M., aged 38, suffered in March, 1897, from an attack of dysenteric diarrhoea followed by constipation. To relieve the latter condition, a soap and water enema was given at 7 P.M. on March 22nd. Next evening at 9 P.M. a rash appeared over a considerable part of the body. In character it was a small-whealed urticaria, and it extended over the lower end of the back, the front and back of the thighs, the temples, and the sides of the neck. On the 24th it was found to have spread over the whole body except round the middle third of the trunk. It was most marked, as before, on the lower third of the trunk and the thighs.

The itchiness due to the eruption was very slight. There

¹ *BRITISH MEDICAL JOURNAL*, 1894, i, p. 1190 and p. 1413; 1894, ii, p. 867; 1895, i, p. 474.

was no sore throat, the tongue was clean, and there was no feverishness. In the evening for about three hours the rash took on an appearance like that of scarlet fever. Then the urticarial condition returned, and the rash gradually faded away.

On March 27th it had disappeared everywhere except over the lower end of the spine. The enema was repeated on April 10th, 15th, and 25th, but there was no return of the skin disturbance.

There can be little doubt that the rash was the direct result of a toxæmia due to the absorption of faecal matter liquefied by the warm water, although the urine failed to give reactions to the tests for indican. The patient is of a rheumatic diathesis, but had never before suffered from any skin eruption except a slight eczema of the fingers. The only drug she was taking at the time (calomel) was not likely to produce such a condition, and the diet was of a light, unstimulating character. She had never before had a rectal injection other than of glycerine. The points of interest appear to be:

1. The pronounced urticarial character of the rash, changing to a scarlatiniform form for only a few hours. In the cases referred to above the opposite sequence of events seems to have been the rule.
2. The localisation of the eruption. Usually the place of greatest intensity and duration has been the face; in this case the lower third of the back.
3. The time of appearance and duration of the rash. There was no sign of it for twenty-six hours, and the condition persisted for four days. It is said the rash usually appears in two hours and disappears in twenty-four.
4. The very slight amount of itching and discomfort.

The case bears many points of resemblance to that reported by Dr. Hale in the *BRITISH MEDICAL JOURNAL*, 1895, i, p. 474.

Stirling.

J. ERNEST MOORHOUSE, M.A., B.Sc., M.D.

THE PATHOLOGY OF GENU VALGUM.

I HAVE had a skiagraph taken of a marked case of genu valgum in a child, to see if the elongation of the internal condyle of the femur, which is described as so frequently present in such cases, existed. The skiagraph failed to show any such change, but demonstrated instead the presence of a very marked curvature in the shafts of both the tibia and fibula. A skiagraph taken from another case shows the same thing. I shall have skiagraphs taken of all marked cases, and publish them later on; but I am anxious to record the results of skiagraphy in the investigation of the pathology of these two cases, that others who also see many of these deformities may experiment in this way also, so that the question as to the frequent existence of elongation of the condyle may be settled. I may add that there was no "uprising" of the inner part of the head of the tibia in my two cases, the changes were in the shafts of the tibia and fibula, where they were very marked. So far as I know, curvature in the shafts of these bones is not described in genu valgum.

Bristol.

CHARLES A. MORTON, F.R.C.S. Eng.

REPORTS

ON

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

ROYAL INFIRMARY, NEWCASTLE-UPON-TYNE.

CASE ILLUSTRATING THE VALUE OF PAUL'S TUBE IN CERTAIN
CASES OF ACUTE INTESTINAL OBSTRUCTION.

(By FREDERICK PAGE, Surgeon to the Infirmary.)

A CHILD, aged 12 years, was admitted under my care on January 9th, 1897. When 5 years old she suffered from tabes mesenterica, but made a good recovery, and though not strong is reported to have enjoyed good health since her illness. Early on the morning of January 4th she was seized with severe pain in the abdomen. She had a rigor, and vomited. On January 6th she was seen by Dr. Oakley, of Heaton, who found her suffering from general peritonitis, the explanation of which he could not ascertain. Three days

of the *Journal of Mental Science*. He was President of the Association, and he contributed many reviews and original articles to the pages of its *Journal*.

His tendency was rather to the practically useful than to the purely academic. He took from the first very strong views as to the non-restraint system. He was appointed in 1859 Superintendent of the Sussex County Asylum, and here he introduced his special methods of treatment, particularly using Turkish and other baths, and he made considerable use of the wet pack in controlling violent and excited patients. His management of the asylum caused it to be visited by most of the physicians on the Continent who were devoted to the advance of humane treatment of the insane.

His army training had a good deal to do with making him a successful administrator, and he was especially acute in selecting suitable persons to carry out his plans. He suffered from neuralgias of various forms, due chiefly to gouty conditions, and these neuralgic attacks interfered considerably with his habits of life and his powers of exercise. In 1867, in association with Dr. J. Rutherford, he translated for the Sydenham Society Griesinger's classical book on *Mental Disease*, this book remaining as a very valuable addition to the English literature of insanity. In 1870 the Lord Chancellor selected him a Visitor to the Chancery lunatics, and he held this post till last year, when, at the age of 70, and in consequence of increasing infirmities, he retired to the south of England, where he passed the rest of his life with his wife and family. He married quite late in life the daughter of Colonel Rochfort. Dr. Robertson was a man of large fortune, and could enjoy the amenities of life to the full.

When the International Medical Congress met in London he was selected as President of the Medico-Psychological Section, and in this position he delivered an interesting address on the position of lunacy at the time. This was, like all the work done by Dr. Robertson, careful and instructive.

Dr. Robertson was a very well-known man, but, at least for many years, was little seen and not much heard of in medical circles, his special legal work, his love of the country, and his recurring attacks of neuralgia cutting him off from much of the active life of his profession. He was very definite and dogmatic in his beliefs, and was in the habit of expressing these without regard for consequences. He was, in fact, a very truthful and direct critic of any conduct which he considered inconsistent with kind and humane treatment of the insane. He was benevolent and kind-hearted, though he often covered his good deeds with a cloak of cynicism. He was essentially a clubbable man, and few men belonged to so many clubs in all parts of the country. He had the means to enjoy learned leisure, and he followed his inclination in this direction. He was very dependent on the refinements of life, and perhaps a little intolerant of those who differed from him. With delicate sensibility and an earnest wish for the welfare of mental sufferers, he leaves a reputation which will probably grow greater rather than less as time enables one to judge fairly of those who directed the great revolution in the treatment of the insane.

GEORGE CHAPMAN BRIGGS, M.B.LOND.

We regret to have to record the death on May 5th of Dr. G. C. Briggs, of Harrow-on-the-Hill. He was born at Burgh-le-Marsh in 1847, and was educated at Uppingham School, then under the control of the famous head master, the late Dr. Thring. After reaching the sixth form he left the school, and commenced his medical education by serving as an apprentice to his uncle, the late Mr. Frederick Fawcitt, F.R.C.S., of Wisbech. In 1867 he matriculated at King's College, London, and obtained a junior scholarship. Two years later he gained the Warneford scholarship, and the senior scholarship in 1871. He won prizes also in chemistry, obstetrics, and in other classes. In 1871 he obtained the diplomas of M.R.C.S. and L.S.A., and shortly afterwards held the posts of Resident Medical Officer to the St. Pancras and Northern Dispensary, and of Resident Accoucheur to King's College Hospital. In 1874 he graduated as M.B.Lond., and in the same year he became a junior partner of Dr. Bridgewater and Dr. Tonge, at Harrow. Dr. Briggs held the post of Poor-law Medical Officer and Public Vaccinator for the Harrow District, but his most important office was that of Chief Medical Officer to the Harrow School; he discharged the

duties of that office with much assiduity and success. He took an active interest in the Medical Officers of Schools Association, and was a member of its council.

Dr. Briggs centred his interests in his profession, and into its work he threw the whole of his energies. Endowed with great natural ability and of a genial and kindly disposition, he was beloved and esteemed by rich and poor. For the last six years he was aware that he was the subject of diabetes but worked on with unselfish devotion, placing the interests and welfare of his patients before every other consideration. A few weeks before his death he was attacked by middle-ear disease, upon which diabetic coma supervened.

He married in 1879 the daughter of Mr. B. G. Cooke, of Alverstoke, near Gosport, the sister of his friend and fellow student, Dr. Marriott Cooke, Superintendent of the Worcester County Asylum. Dr. Briggs leaves her a widow with two sons, both now attending Harrow School. The funeral, which took place in the churchyard of the old parish church at Harrow, was attended by a large number of sorrowing relations and friends.

FREDERICK ALCOCK NIXON, F.R.C.S.I.,

Dublin.

We have to record with regret the untimely death of Mr. F. A. Nixon, of Dublin, after a very short illness. He died at his residence 31, Merrion Square, on May 23rd, of apoplexy, by which he had been attacked while at dinner on the previous Tuesday. He had only reached his 47th year, and was apparently in excellent health when his illness occurred. The sadness of the event is accentuated by the fact that he had entered into a new residence only a few weeks ago, and that he had declared his intention of seeking the vice-presidency of his College in 1898.

Mr. Nixon became a Licentiate of the Royal College of Surgeons in Ireland in 1870, and a Fellow in 1876. He was also a Licentiate of the Royal College of Physicians, Ireland (1871), and Member (1880). At the time of the amalgamation of medical schools in Dublin he was Lecturer on Anatomy in the Ledwich School, and he then became Professor of Surgical Anatomy in the Royal College of Surgeons. He had been for some years a Surgeon in Mercer's Hospital, and it was said that he had been much worried about recent events in that institution. He had served for a long time on the Council of the College of Surgeons, and was one of the Committee of the Conjoint Board of Management. Mr. Nixon in all these positions showed himself to be possessed of many high qualities, and he discharged his duties with great efficiency. In his surgical work he exhibited much ability as an operator, and he enjoyed deservedly the reputation of being a wise and reliable practitioner.

In his relations with his professional brethren he had earned the respect of all and the affection of many, and the general public highly appreciated his professional skill and the kindness which was a marked quality of his character. His death is generally mourned.

We regret to have to announce the death of Mr. HUGH WALTER DAVIES, of Bedford, and formerly of Newcastle-on-Tyne, which took place on May 10th at the early age of 47. The deceased qualified as M.R.C.S.Eng. in 1872, and L.R.C.P. Edin. and L.M. in 1880. Before leaving the north his health had failed him, and a severe attack of pleurisy last winter increased his weakness, which was patiently borne until the last. Mr. Davies was formerly Surgeon to the Newcastle Eye Infirmary, and had also occupied the posts of House-Surgeon and Registrar to the Cancer Hospital, Brompton, and Resident Obstetric Officer and House-Surgeon to St. Mary's Hospital, and House-Surgeon and Chloroformist to the Western Ophthalmic Hospital, London.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Deroubaix, President and Honorary Professor in the Medical Faculty of the University of Brussels, aged 84; and Dr. Joseph W. Cushing, a prominent practitioner of Boston, U.S., aged 60.

KISSING THE BOOK.

Sir WALTER FOSTER asked the Attorney-General if his attention had been called to the growing fear of infection attaching to the ordinary form of English oath as administered in courts of justice; and whether it was the intention of the Government to introduce a Bill to alter the ordinary form of English oath, and to abolish the objectionable practice known as kissing the book in the administration of oaths of all descriptions?—THE ATTORNEY-GENERAL: My attention has been called to the question of the desirability of changing the form of oath, but I think that the fear of infection has been somewhat exaggerated. I would remind the hon. member that under the provisions of the Oaths Act, 1888, witnesses are now permitted to take the oath in Scotch form, under which it is unnecessary to kiss the book. I will, however, consider whether any further amendment of the law is required.

SCOTCH PRISON TREATMENT.

Mr. HEDDERWICK asked the Lord Advocate whether, under the present prison system of Scotland, imbecile or weak-minded prisoners were associated in cells with other criminals, without the personal supervision either of officers or hired attendants, whose duty it should be to see that such prisoners were not maltreated? Whether sick prisoners were left to the care of fellow criminals who were wholly without experience in the treatment of invalids? Whether evidence showing that these practices prevailed was given in November last by a number of medical men holding appointments in connection with prisons in Scotland? And whether, in view of the fact that such practices had been condemned by Commissioners of Prisons, and abolished both in England and Ireland, he would undertake at an early date to endeavour to assimilate the prison system of Scotland in these particulars to the more humane modes of treatment obtaining in England and Ireland?—THE LORD ADVOCATE: I am informed by the Prison Commissioners for Scotland that when weak-minded prisoners are associated, on medical grounds, they are under the close inspection of prison officers, who are responsible for seeing that no prisoner is maltreated, but that all are properly cared for; and by the rules the medical officer has to satisfy himself that the arrangements are effective; that sick prisoners are not left to their care; and that no record can be found of any evidence given by prison medical officers in November last regarding the care of the sick. The Prison Commissioners are satisfied that the treatment of the sick prisoners is humane, and they have always directed their special attention to this part of prison administration.

LEAD POISONING.

Mr. M'KENNA asked the Home Secretary whether his attention had been called to the case of James A. Garvey, aged 17, a lead filer, lately employed at the Electrical Power Storage Company's Works, Millwall, who died recently from the effects of lead poisoning; whether he was aware that there was only one bath at the works, at which from forty to fifty boys were employed, and that the regulation compelling the use of the bath was habitually disregarded; and whether he proposed to take steps under the circumstances?—THE HOME SECRETARY: My attention has been called to this case, but I was unable to find on inquiry that there had been any breach of the Factory Acts or the special rules which have been made for electric accumulative works. Employers are required by those rules to provide a bath. This was done at the works in question, and a time for bathing was appointed for each person employed. It is not obligatory at present, however, on the workers to use the bath, and I regret to find that at those works bathing has often been omitted. It may become necessary to take steps to remedy this.

VACCINE LYMPH.

Sir WILLIAM PRIESTLEY: I beg to ask the President of the Local Government Board whether he is able to say what course he proposes to take in consequence of the recommendation of the Royal Commission on Vaccination as to the lymph supply to be issued in future by the National Vaccine Establishment.—Mr. T. W. RUSSELL (replying for Mr. Chaplin) said: Shortly after the issue of the report of the Royal Commission on Vaccination, I issued fresh instructions to public vaccinators, by which they are enabled, whenever they deem it desirable, to use calf lymph instead of humanised lymph. I have also been making inquiries abroad as to the preparation and employment of glycerinated calf lymph. The report on this subject has been delayed by reason of the fact that in some Continental countries public vaccination is practically suspended during winter months, and is only resumed in May. But, from the information already by me, it is more than probable in my opinion that glycerinated calf lymph will be found to present distinct advantages over other forms of vaccine lymph, and one of the points which I shall have to consider will be how far it may be practicable for me to issue a gratuitous supply of vaccine lymph in this form to all registered medical practitioners applying for it. I should also have to consider how far any considerable change, such as is indicated, in the form or the extent of the lymph supply for the National Vaccine Establishment will be practicable pending fresh legislation on the whole question.

'THE BLACK WATCH AND ENTERIC FEVER.

Colonel WYNDHAM MURRAY asked the Secretary for India whether an outbreak of enteric fever had occurred among the Black Watch regiment at Sabathu; whether the same regiment suffered severely from the same disease last summer in the same place; whether at that time the prevalence of the disease was accounted for by one of the reservoirs being infected with the particular bacillus which was associated with this disease, the water being found to be swarming with the characteristic microbes; what steps had been taken in the matter since last summer; and, if all precautions had been taken, what special advantages existed at this place that it should be maintained longer as a troop station.—Lord GEORGE HAMILTON: A fresh outbreak of enteric fever has, I regret to say, occurred among the Black Watch, which arrived at Sabathu on March 24th last. A telegram from the Viceroy, dated May 23rd, states that 18 cases have occurred, 14 of which, however, are believed to have been contracted on the march up from the plains. Two cases have resulted fatally. Every possible sanitary precaution has been taken, and a thorough bacteriological examination into the cause of the disease is being made. A scheme for improving the permanent water supply, involving the acquisition of

land and springs, is being carried out; meanwhile the laying of a temporary pipe is nearly completed. Sabathu, which is 4,500 feet above the sea, has a good climate, and is not usually unhealthy.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

M.B. PASS EXAMINATION.—The following candidates have satisfied the Examiners:

First Division.—R. H. Ashwin, Guy's Hospital; S. L. Box, St. Bartholomew's Hospital; H. M. Cooper, St. George's Hospital; A. H. Evans, Westminster Hospital; G. F. S. George, Westminster Hospital; C. H. J. Lockyer, Charing Cross Hospital; R. Row, B.Sc., Grant Medical College, Bombay, and University; F. C. Sprawson, King's College Hospital.

Second Division.—P. C. Barford, St. Bartholomew's Hospital; W. B. Bell, King's College Hospital; R. A. Bennett, Mason College and Queen's Hospital, Birmingham; J. F. Bill, St. Bartholomew's Hospital; M. Cameron, London Hospital; J. S. Chater, St. Bartholomew's Hospital; W. W. Clegg, Yorkshire College and Middlesex Hospital; J. M. S. Coutts, University College; E. S. Dukes, Guy's Hospital; A. Earnshaw, Guy's Hospital; E. Fisk, Guy's Hospital; Ella Catherine Flint, London School of Medicine and Royal Free Hospital; H. Fox, Middlesex Hospital, Glasgow Infirmary, and University of Aberdeen; F. C. B. Gittings, Middlesex Hospital; J. C. Griffiths, B.Sc., Mason College, Queen's and General Hospitals, Birmingham; E. W. H. Groves, B.Sc., St. Bartholomew's Hospital; W. Hardcastle, Charing Cross Hospital; Sarah Kaye, London School of Medicine and Royal Free Hospital; Urania Latham, London School of Medicine and Royal Free Hospital; W. Liveridge, University College; J. L. Maxwell, St. Bartholomew's Hospital; J. Moore, Guy's Hospital; P. Northcote, St. Thomas's Hospital; J. Owen, Royal Infirmary, Liverpool; H. E. Pace, London Hospital; W. Redpath, St. Thomas's Hospital; F. M. Seal, University College; S. P. Smith, St. Bartholomew's Hospital; H. Weeks, St. Bartholomew's Hospital; S. Whicher, Guy's Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

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

Ahlsweide, O. J. L.	Gardner, T. H.	Myers, W.
Amenábar, J. D.	Gilbertson, W.	Nowell, W. S.
Beables, H. S.	Goode, H. N.	Parkinson, W.
Bean, L. C.	Granville, A.	Pearse, W. H.
Betts, E. H.	Gundlach, J.	Peile, W. H.
Brebnar, A.	Hall, J. S.	Phipps, J. H.
Brodrish, A. H.	Hayward, W. C.	Porter, A. E.
Brushfield, A. N.	Hindley, C. J. D.	Prince, P. C.
Burn, A.	Howard, E.	Ralston, R. G.
Butler, S. G.	Hunt, G. H.	Read, E. H.
Callum, H. S. H.	Hunt, S.	Rouillard, J. A. A.
Campbell, A.	Hyde, R. H.	Rowland, S. D.
Carter, A. B.	Ireland, A. E.	Rygate, A. M.
Case, H. M.	Jonas, H. C.	Sandilands, J. E.
Chambers, J. M.	Knowles, A.	Sanguinetti, H. H.
Clowes, E. F.	Knox, R. G.	Seymour, L. W.
Cock, H. E.	Lange, M. H. J.	Smith, A. L. H.
Coop, E. J. E.	Laurence, B. E.	Smith, E. C. T.
Cooper, H. G.	Lee, W. H.	Smith, J. H.
Cowie, R. M.	Le Geyt, E.	Stamford, R. B.
Crisp, G. B.	Littlehales, A. G.	Thomas, W. J.
Croker, E. W.	Lovitt, A. E.	Thorman, W. H.
Dickson, A. W.	Low, W. A.	Thornton, G. L.
Dodgson, G. S.	Lower, N. Y.	Thursfield, J. H.
Dove, W. B.	McClean, J. F.	Tressider, M. E.
Dykes, P. A.	McKie, G. McK.	Turner, H. F.
Dyson, M. G.	McSorley, A. S.	Walker, J. N.
Elliwood, T. A.	Manassen, A. J.	Walker, S. R.
Evans, C. K.	Manning, H. C.	Weekes, C. P.
Evans, J. J.	Martin, J. S.	Westcott, W. G.
Facey, S. H.	Mellish, J. S.	Williams, J. C.
Fegan, R. A.	Michael, C. E.	Wilson, A. G.
Fenn, J. H.	Mills-Roberts, R. A.	Wood, P.
Foot, V. F.	Moore, J.	Woolcombe, A.
French, L. A. W.	Muir, J. C.	Woolliscroft, W. W.
Gairdner, J. F. R.	Mundy, H.	

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The following candidates having passed the necessary examination have been admitted Fellows of the College: H. J. Flanagan, L.R.C.S.I.; G. W. Joyce, L.R.C.S.I.; and J. R. Wallace, L.R.C.S. Edin. The following candidates have passed the primary part of the examination: G. W. Little; J. M'Donald; H. G. Martin, L.R.C.S.I.; D. P. O'Brien, L.R.C.S.I.; and H. J. C. Wallace.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, May, 1897.—The following candidates passed in:

Surgery.—A. Aven, St. George's Hospital; M. I. Baker, St. George's Hospital; S. R. Bhagani, King's College Hospital; P. H. Collingwood, St. Thomas's Hospital; R. B. Greaves, Sheffield; A. J. Hull (Section I and II), Guy's Hospital; J. S. A. Murphy, Leeds; H. R. Rice, London Hospital; G. Steel, Cambridge.

Medicine.—F. Adams, St. Thomas's Hospital; H. A. Ahrens, King's College Hospital; J. Ash, St. Thomas's Hospital; A. J. Hull (Section I and II), Guy's Hospital; R. A. Lewty, Leeds and St. Mary's Hospital; B. S. Mankar, London Hospital; J. S. A. Murphy, Leeds.

Forensic Medicine.—T. M. Clayton, Durham; A. J. Hull, Guy's Hospital; R. A. Lewty, Leeds and St. Mary's Hospital; H. H. Monckton, King's College Hospital; C. W. Moore, Manchester; F. M. Simmonds, Edinburgh.

Midwifery.—F. M. Aldred, Liverpool; C. H. Church, McGill University; T. M. Clayton, Durham; G. J. D. Davies, Leeds; C. W. Moore, Manchester; H. R. Rice, London Hospital; F. M. Simmonds, Edinburgh.

The diploma of the Society was granted to Messrs. Avenet, Baker, Church, Clayton, Greaves, Hull, Moore, Murphy, Rice, and Simmonds.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

SOME PROCEEDINGS OF COUNTY COUNCILS.

The Durham County Council recently decided to increase the salary of their excellent health officer, Dr. Eustace Hill, from £500 to £700. At the same meeting they resolved to insist on the efficient treatment of the sewage of the Auckland Rural District, at present polluting the stream above the intake of the Bishop Auckland water supply.

The Berkshire County Council have not appointed a medical officer of their own, but propose to avail themselves of the services of Dr. Woodforde as a consulting health officer. This offer Dr. Woodforde, owing to the nature of his whole-time engagement with the combined districts of Abingdon, Wallingford, etc., could not accept without the consent of his authority. We learn that the Wallingford District Council has given in its adhesion to the scheme.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,110 births and 3,617 deaths were registered during the week ending Saturday last, May 22nd. The annual rate of mortality in these towns, which had declined from 18.8 to 16.5 per 1,000 in the four preceding weeks, rose again to 17.2 last week. The rates in the several towns ranged from 12.9 in Croydon, 13.1 in Leicester and in Bradford, and 13.7 in West Ham, to 22.0 in Manchester, 22.1 in Burnley, 22.4 in Plymouth, and 23.3 in Liverpool. In the thirty-two provincial towns the mean death-rate was 18.3 per 1,000, and exceeded by 2.9 the rate recorded in London, which was only 15.4 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 1.3 per 1,000, while it averaged 1.9 in the thirty-two provincial towns, among which the highest zymotic rates were 3.0 in Wolverhampton, 3.5 in Liverpool, 4.4 in Salford, and 5.9 in Burnley. Measles caused a death-rate of 1.4 in Manchester, 1.5 in Liverpool, 1.7 in Bolton, 2.2 in Salford, and 2.5 in Burnley; scarlet fever of 1.1 in Halifax; whooping-cough of 1.4 in Oldham, 1.6 in Bristol, 2.1 in Plymouth, and 2.5 in Burnley; and "fever" of 1.3 in Croydon. The 42 deaths from diphtheria in the thirty-three towns included 33 in London, 3 in Liverpool, and 2 in Cardiff. One fatal case of small-pox was registered in London, but not one in any of the thirty-two large provincial towns. There were 13 small-pox patients under treatment in the Metropolitan Asylums Hospitals on Saturday last, May 22nd, against 12, 11, and 14 at the end of the three preceding weeks; 1 new case was admitted during the week, against 6, 3, and 6 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had increased from 2,380 to 2,416 at the end of the three preceding weeks, had further risen to 2,508 on Saturday last; 311 new cases were admitted during the week, against 223, 231, and 239 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, May 22nd, 952 births and 664 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 20.7 and 20.8 per 1,000 in the two preceding weeks, further rose to 22.3 last week, and exceeded by 5.1 per 1,000 the mean rate during the same period in the thirty-three large English towns. The lowest rates in the eight Scotch towns were 14.4 in Greenock and 18.8 in Aberdeen, and the highest rates 25.2 in Paisley and 26.9 in Edinburgh. The zymotic death-rate in these towns averaged 3.7 per 1,000, the highest rates being recorded in Leith and Edinburgh. The 305 deaths registered last week in Glasgow included 15 from measles, 3 from scarlet fever, 2 from diphtheria, 16 from whooping-cough, 2 from "fever," and 6 from diarrhoea. Thirty fatal cases of measles, 2 of diphtheria, and 9 of whooping-cough were recorded in Edinburgh.

AN ADVANTAGE WITH A DRAWBACK.

WHEN a town has completed its works of main drainage for nearly twenty years it seems lamentable that its midden privies should still run into four figures. This state of things is the more to be deplored when it exists, as it does, in a locality like Southport, where we find from the records of Dr. Vernon, the medical officer of health, that 1,121 such abominations still survive, 483 being in the four urban wards of the borough, or 12 per 1,000 persons, with an "infectious disease" rate of 13 per 1,000, and 638 in the two rural wards, or 88 per 1,000 persons, with an "infectious disease" rate of 39 per 1,000. Dr. Vernon very properly condemns these structures, as in previous reports, and points to the opportunities which they offer for the pollution of air and for the broadcast dissemination of disease, since they must contain dejections from the

bowels of the infectious sick, dejections which are too frequently imperfectly or not at all disinfected. We have spoken of this question at Southport before, but we must confess that the continuance of the privies is the more to be deplored when we learn that the death-rate of the town, which was 23.82 per 1,000 per annum in the eight years preceding the completion of the main drainage scheme, was only 14.46 last year. True, one year's figures are not convincing, but when they convey the saving of 442 lives they are full of meaning. And we can only hope that the rapid removal of the remaining midden privies will repay the cost in lightened rates, both monetary and vital, permitting the town death-returns to become increasingly smaller.

GUARDIANS AND THE SUPPLY OF CALF LYMPH.

WE stated, on the information of a provincial public vaccinator, in the BRITISH MEDICAL JOURNAL of May 15th, that the Local Government Board had laid it down that Boards of Guardians could not themselves supply calf lymph to public vaccinators, and we have no desire to question the statement furnished, for we have had independent testimony to the same effect since that date. But the matter would seem not to be by any means finally settled in the direction indicated, because we notice in an account of a meeting of the Stow Board of Guardians that a neighbouring Board report themselves to have been purchasing calf lymph for some time past, and to have been supplying their public vaccinator with it, and that no objection has been raised at the audit of accounts. The point at issue would seem to be a splitting of straws were it not that it would seem desirable that public vaccinators should have a voice in the matter of lymph source. But it may be that they have been consulted in the instance named, and that there is a record of the precise derivation of each consignment.

DRAINAGE AT FARNBOROUGH.

THE differences of opinion regarding the drainage scheme at Farnborough have brought about the resignation of the chairman of the Farnborough Council. The *Aldershot News* of May 1st, in advertent to this matter says, in reference to objects of improvement, "But the scheme for drainage, the greatest and most important of them all, has been hampered at every turn during the past six months, and hampered by some of the very men who were at first pledged to support it." Alluding to the voting against a scheme proposed by an expert, and accepted by the Local Government Board, the *Aldershot News* states that "the possibilities of epidemic disease in Farnborough, of preventable disease, and disease which may put off indefinitely the town's claim to a health resort have never been reckoned. Whether a child more or less dies of diphtheria, or a husband or wife removed by typhoid, has not entered into the calculation of three hundred ratepayers."

THE CONTROL OF MEASLES.

SINCE 1877 and up to mid-November, 1896, Coventry has had in force a system of notification of measles, that up to 1891 being on a voluntary basis at 3s. 6d. for each certificate, and that for the succeeding five years under the Notification Act of 1889. In April of last year the Town Council decided to abandon the system, and in November, whilst experimental closure of all schools was in process, the sanction of the Local Government Board was received, and the local action as to schools was robbed of its ability to demonstrate results. In the period covered by notification of measles there have been seven years of epidemicity of the disease, and the rates of its prevalence in four successive quinquennia have been 1.0, 2.0, 1.6, and (under compulsory notification) 1.7 per 1,000 of population. This seems to point, says Dr. Fenton, the health officer, to but little result accruing from compulsory as against voluntary notification; but surely it gives no reason for the abandonment of the latter. Perhaps, however, it is the intention of Coventry to return to the latter and long-tried system, though it is difficult to imply this from the annual report of Dr. Fenton. The health officer, however, would seem to incline to inter-epidemic notification, visitation, and hospital treatment of cases as best calculated to lead to effective control of measles; and we trust that at no distant date the evident desirability of these measures may be forced home on the public mind, and, together with other needed co-operative features of local sanitary administration, adopted by our health bodies generally.

THE ASYLUMS BOARD AND THE PAUPER CHILDREN.

AN order of the Local Government Board, dated April 2nd, having imposed upon the Metropolitan Asylums Board the duty of providing for various classes of children who have hitherto come under the care of the guardians, the recommendations of the Committee appointed to make arrangements for this purpose came before the last meeting of the Board and were adopted. They were to the effect (a) that accommodation should be provided for about 800 children suffering from ophthalmia and other contagious diseases of the eye in three institutions, with administrative buildings suitable for allowing of the subsequent enlargement of each institution to a maximum, if necessary, of 400 inmates; (b) that the ophthalmic hospital attached to the schools at Hanwell should be transferred to the Board at an annual rental; (c) that isolation accommodation should be provided for 400 children suffering from ringworm of the scalp; (d) that arrangements should be made for the acquisition of the convalescent homes at Herne Bay and Margate, and for providing such further accommodation for convalescents at the seaside in small homes for about 25 children each, as might be necessary; (e) that provision should be made for weak-minded and infirm children in small houses in the vicinity of some of the special schools of the London School Board; (f) that accommodation should be provided for 150 remand cases in three institutions; (g) that a standing committee should be appointed, to be called the "Children's Committee."

FEE FOR ADMINISTRATION OF CHLOROFORM BY A SECOND PRACTITIONER.

W. T. writes to say that in the year 1873 the Local Government Board suspended in his union some of the regulations previously in force in reference to extra medical fees; and that he cannot now obtain any

fee for midwifery cases, though the relieving officer charges some of the applicants for medical attendance in confinements a fee, and this is paid by them, but never handed over to the medical officer. "W. T." further states that on a recent occasion he required assistance to administer chloroform, and, having obtained it, the guardians refused to pay for it, on the ground that any such payment would be illegal. He asks for our opinion, but says that he was not aware of these arrangements when he entered in his contract with the guardians.

"* "W. T." does not appear even now to know precisely on what terms he holds his office. He admits that he signed a contract without knowing its provisions in reference to midwifery cases; we cannot, therefore, tell what he has engaged to do. We should advise him to ask the clerk to allow him to see the contract he has signed, and to take a copy of it, or any part of it; he will then in all probability understand his position much better. We believe that the guardians are empowered to pay a special fee for the administration of chloroform if they desire to do so, and that the Local Government Board would at once sanction any such payment if applied to, though we are not by any means sure that their sanction for such payment is necessary.

COST OF SMALL INFECTIOUS HOSPITAL.

COUNTRY MEMBER asks the probable cost of one or two cottages to contain four to six beds for the infectious hospital of a district of 4,000 to 5,000 inhabitants.

"* A contract was lately let, three miles from the centre of a large Yorkshire town, for isolation pavilion for fever patients, containing six beds, for £1,070. This pavilion consists of two wings, joined together, but opening on to separate east and west verandahs. Each wing has two wards, one for two the other for one bed, separated by a nurse's room. Each patient has 2,000 cubic feet and 144 square feet; floor, concrete, with oak let in; walls, parian, etc. Cost of furnishing and six beds from bedsteads to bedpans, thermometers to night dresses, salt cellars to dressing forceps, £81; total, £1,151. "County Member" should get the memorandum on hospitals issued by the Local Government Board. The pavilion, with nurses' house on first sheet, would cost about same as above, which does not include accommodation for nurses off duty. Perhaps some reader will give actual cost of cottages for corresponding accommodation.

RESIGNATION OF PUBLIC VACCINATOR AND SUPERANNUATION.

A. P. writes, saying he has just resigned his appointment as public vaccinator, and he wishes to know whether, in the event of the clause drafted by the Parliamentary Bills Committee being passed into law this session, he will be entitled to superannuation as a late public vaccinator.

"* If the clause is passed as it has been framed A. P. will, we are advised, be entitled to claim under it.

HOSPITAL AND DISPENSARY MANAGEMENT.

PAISLEY INFIRMARY.

THE memorial stone of the new infirmary at present being erected in Paisley was formally laid on Saturday, May 15th. The building will accommodate between 140 and 150 beds, and is to cost £72,000, of which only about £8,000 remain to be provided. In connection with the new infirmary, a nurses' home has already been built and equipped by Mr. Peter Coats, and the public of Paisley have decided to raise £5,000 as a memorial of the Queen's Diamond Jubilee to provide a dispensary.

HOSPITAL ABUSE IN THE UNITED STATES.

THE following recommendations were adopted by the Medical Association of the District of Columbia at a recent meeting: (1) That every institution for medical charity shall require from every applicant for relief in a hospital or dispensary a written certificate, to be obtained as hereinafter provided. Emergency cases are to be excepted from the operation of this rule. (2) That such certificate be obtained from physicians to the poor, the Board of Associated Charities, and any registered physician. (3) That cases of sick and injured persons found upon the streets, in the stations, or elsewhere, who require immediate treatment, shall be carried to the emergency hospital or the nearest hospital having an emergency service, or to their homes, if so directed by the patient or his friends. (4) That emergency patients shall not be detained longer in such institutions than the necessity of the case imperatively demands, but shall be discharged from the service and sent to their homes or to some public hospital as the patient may elect. (5) That members of this Association shall be entitled to the privilege of attending private patients occupying private rooms in any of the public hospitals of this city. (6) That in future the members of the medical staff of hospitals when attending medical or surgical cases in private pay rooms shall insist upon proper payment for their services, except in the case of such patients who are clearly unable to pay for same. (7) That whenever the medical staff or a majority thereof of a hospital or dispensary resigns, and when, after due hearing, this Association finds that the resignations were for just and sufficient cause, it shall be forbidden for any member of this Association to accept a position on the staff of said hospital or dispensary. (8) That whenever one or more members of the medical staff of a hospital or dispensary are dismissed, and when, after due investigation, this Association finds that such dismissal was without just and sufficient cause, it shall be forbidden for any member of this Association to fill the vacancy created thereby. (9) That complaints made under Rules 7 and 8 shall be made in writing to the standing committee, which, after due consideration, shall report its findings to the Association.

MEDICAL NEWS.

THE distribution of prizes to students at Charing Cross Hospital will take place on Wednesday, June 2nd, at 4 P.M., Field Marshal Sir John Lintorn Simmons, G.C.B., G.C.M.G., in the chair.

THE University of Buda-Pesth has followed the example of the University of Vienna by conferring the degree of Doctor of Medicine on Frau Wilhelmina Wartha, *née* Countess Hugonay. The lady's husband is a lecturer in the Medical Faculty of Buda-Pesth.

We have received the first number of the *London Argus*, "a weekly journal and review of municipal life." It is well illustrated, and its contents are varied and interesting. We gather that its special object is the promotion of Unionist principles in municipal matters in London.

PASS AND PLUCK IN THE FRENCH MEDICAL FACULTIES.—The following figures, showing the proportion of rejections at the examinations for the M.D. degree in the several faculties of France in the academic year 1895-96, are given by the French papers. Nancy plucks 1 candidate in 4; Toulouse, 1 in 5.8; Lille, 1 in 6; Paris 1 in 6.8; Lyons and Montpellier, 1 in 7.5; and Bordeaux 1 in 8.4.

H.R.H. PRINCESS HENRY OF BATTENBERG has fixed July 31st as the date for the ceremony of laying the foundation stone of the eleventh block of houses of the Royal National Hospital for Consumption and Diseases of the Chest. By permission of the Queen and Princess Henry the new block will be named: "In Memory of His Royal Highness Colonel Prince Henry of Battenberg, K.G., Governor of the Isle of Wight."

DECREASE IN RABIES.—During the past few weeks there has been a considerable decrease in the number of cases of rabies officially reported as occurring among dogs. In the six weeks there have been only 20 cases distributed among eleven counties, as under: Lancashire 4 cases, the counties of Warwick, Worcester, Gloucester, Hereford, Glamorganshire, and London 2 each, and the counties of Stafford, Brecon, Hants, and Salop 1 each. Last week only 1 case of rabies was officially reported, that being in Staffordshire. In the twenty weeks of the current year that have expired only 74 cases have been officially reported, a very small number, as the total compares with 279 for the first twenty weeks of 1896, and 320 for the first twenty weeks of 1895. There were only 64 cases in the first twenty weeks of 1894. Although the 20 cases of rabies that have occurred during the past six weeks have been confined to eleven counties, including London, the new orders will apply to fourteen counties or parts of counties, inclusive of London and the metropolitan districts.

THE NATIONAL HEALTH SOCIETY.—On Saturday afternoon, May 22nd, at Grosvenor House, Lady George Hamilton presented the diplomas, medals, and certificate of the National Health Society to those persons who had successfully passed the Society's examinations during the past year. Sir Dyce Duckworth occupied the chair, and amongst those present were Lady Duckworth, Lady Priestley, Lady Arnold, the Rev. Sir Borradaile and Lady Savory, Dr. Farquharson, M.P., Dr. Thorne Thorne (Chairman of the Council), Sir Joseph Fayrer, Dr. Cullingworth, and Dr. A. T. Schofield. The Chairman, in opening the proceedings, said that the object of the Society was to diffuse a knowledge of the laws of health amongst all classes of society, rich as well as poor. It organised lectures in drawing rooms and elsewhere on domestic hygiene, home nursing and first aid to the injured, and at mother's meetings and working men's clubs on the prevention of the spread of infectious disease, on food and cookery, on the rearing of infants, the management of households, and on kindred subjects. During the past year 800 persons have been examined for the elementary certificate of the Society, and 300 for the drawing-room certificate. Examinations had been held in nine counties in addition to those held in London. During the course of the afternoon addresses were delivered by Dr. Thorne Thorne, the Rev. Sir Borradaile Savory, and Sir Joseph

Fayrer. Votes of thanks to Lady George Hamilton, the Duke of Westminster, and the Chairman, concluded the proceedings.

SIR JAMES PAGET presided at the annual general meeting of the Society for the Relief of Widows and Orphans of Medical Men on May 19th. It was reported that 13 new members had been elected during 1896, while 13 had died and 4 had resigned, leaving 292 on the books. Fifty-three widows and 11 orphans had received £2,893 10s. during the year. The total expenditure had amounted to £3,136 13s. 9d., and the total receipts to £3,291 11s. 5d. Four widows and 4 orphans had been added to the list of those already in receipt of grants, while 4 widows had died or become ineligible, and 1 orphan had become ineligible through age. The funded property of the Society, increased by the investment of £1,600, the residue of Miss Emma Carpué's legacy, amounted to £97,300. A vote of thanks to the editors of the medical journals for their assistance in making known the working of the Society, proposed by Dr. Wilks and seconded by Mr. Milburn, was carried unanimously. Drs. Wilks, Pollock, and Felce were elected vice-presidents, and Drs. Brodie, Ogle, Blandford, Slight, de H. Hall, James Miller, Lovett, and Day were elected directors. On the motion of Dr. Potter, the acting treasurer, a vote of thanks to the President, Sir James Paget, was passed with great cordiality. Particulars of the work of this Society can be obtained from the Secretary, 11, Chandos Street, Cavendish Square, W.

MEDICAL VACANCIES.

The following vacancies are announced:

- ANCOATS HOSPITAL, Manchester.—Resident Junior House-Surgeon. Salary, £50 per annum, with board and washing. Applications to Alexander Forrest, Secretary.
- BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL.—House-Surgeon. Appointment for six months. Board, lodging, and washing provided. Applications to the Honorary Secretary of the Medical Committee by June 10th.
- BUCKINGHAMSHIRE GENERAL INFIRMARY, Aylesbury.—Resident Surgeon and Apothecary, doubly qualified. Salary, £80 for the first year, with an advance of £10 per annum up to £100, with board and lodging, washing, coals and candles, in furnished apartments. Applications to Mr. George Fell, Solicitor, Aylesbury, by July 5th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—House-Physician. Appointment for six months. Board and residence provided, and salary at the rate of £30 per annum. Applications to the Secretary by June 10th.
- CONSUMPTIVE HOSPITAL AND ORPHAN HOMES OF SCOTLAND, Bridge of Weir.—Resident Medical Officer; hospital experience and knowledge of bacteriology required. Salary, £80 per annum, with furnished apartments, board, etc. Applications to the Secretary, D. Hill Jack, 194, St. Vincent Street, Glasgow, by July 1st.
- DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square.—Demonstrator. Honorarium, £50 per annum. Also Medical Tutor. Salary, £40 per annum. Applications to Morton Smale, Dean, by June 21st.
- DERBYSHIRE ROYAL INFIRMARY, Derby.—Assistant House-Surgeon. Appointment for six months. Honorarium of £10 will be given after satisfactory service, and board, residence, and washing provided. Applications to Walter G. Carnt, Secretary, by June 19th.
- DEVON COUNTY ASYLUM.—Assistant Medical Officer; unmarried. Salary, £120 per annum, with board, lodging, and washing. Applications to Arthur E. Ward, Clerk to the Visitors, 9, Bedford Circus, Exeter, by June 7th.
- EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN, Glamis Road, Shadwell, E.—House-Physician. Board-residence, etc., provided, and an honorarium of £15 15s on completion of six months' approved service. Applications to Thomas Hayes, Secretary, by June 12th.
- EAST SUFFOLK AND IPSWICH HOSPITAL, Thoroughfare, Ipswich.—Vacancy in the Honorary Medical Staff. Candidates must be doubly qualified. Applications to the Secretary by June 1st.
- GENERAL HOSPITAL, Birmingham.—Two Assistant House-Physicians. Appointment for six months. No salary, but residence, board, and washing provided. Applications to Howard J. Collins, House Governor, by May 31st.
- HEREFORD GENERAL INFIRMARY.—Honorary Physician and Honorary Surgeon. Applications to Charles B. Beddoe, Secretary, by June 5th.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury.—Resident Medical Superintendent. Appointment for one year, subject to annual re-election for a period of three years. Salary, £105 per annum, with board and residence in the hospital. House-Surgeon to Out-Patients (non-resident). Appointment for six months, but eligible for a second term of office. Salary, 25 guineas. Applications to the Secretary for the former appointment by June 30th, and for the latter by June 1st.
- MERCER'S HOSPITAL, Dublin.—Vacancies on the Surgical and Medical Staff. Applications to the Registrar at the Hospital by June 18th.

NATIONAL SANATORIUM FOR CONSUMPTION AND DISEASES OF THE CHEST, Bournemouth.—Resident Medical Officer; must have a knowledge of bacteriological work. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by July 15th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, Shoreditch, N.E.—Surgeon; must be F.R.C.S. Eng. Applications to the Secretary by June 15th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, Shoreditch, N.E.—House-Physician, doubly qualified, for six months, at expiration of which period will be eligible to serve as House-Surgeon for a similar period. Salary as former at the rate of £60 per annum, as the latter (senior post) at the rate of £80 per annum; also Junior House-Physician for six months, doubly qualified. No salary, board, lodging, and washing provided. Applications to T. Glenton-Kerr, Secretary, by June 16th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, Shoreditch, N.E.—Surgeon; must be F.R.C.S. Eng. Applications to the Secretary at the Office, 27, Clement's Lane, E.C., by June 15th.

NORTH LONDON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Mount Vernon, Hampstead, N.W., and Fitzroy Square, W.—Surgeon Laryngologist. Applications to W. G. Farrance Bosworth, Secretary, at the office, 41, Fitzroy Square, W., by June 5th.

PARISH COUNCIL OF DELTING, Shetland.—Medical Officer. Salary, £60 per annum. Applications to Mr. Robert Robertson, Inspector of Poor of Delting, Vae, Shetland, by June 15th.

QUEEN'S HOSPITAL, Birmingham.—Honorary Physician. Applications to the Secretary of the Hospital by June 23rd.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Hunterian Professors, the Erasmus Wilson Lecturer, and the Arris and Gale Lecturer for the ensuing year. Applications to the Secretary by May 31st.

ROYAL EAR HOSPITAL, Soho.—House-Surgeon, non-resident, for six months. Honorarium 12 guineas. Applications to D. Murray, Secretary, by June 5th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—House-Physician. Appointment for six months. Salary at the rate of £40 per annum, with board, lodging, and washing. Applications to the Secretary by June 22nd.

ROYAL VICTORIA HOSPITAL, Bournemouth.—Ophthalmic Surgeon; must be F.R.C.S., or take the Fellowship within a year. Applications to the Chairman by June 15th.

ST. PETER'S HOSPITAL, Henrietta Street, Covent Garden, W.C.—House-Surgeon, duly qualified, who has held similar position in a general hospital. Appointment for six months, at the expiration of which will be eligible for re-election for a further term of six months, subject to the approval of the medical staff. Salary at the rate of £100 per annum, with board, lodging and washing. Applications to Irwin H. Beattie, Secretary, by June 10th.

SUNDERLAND INFIRMARY.—House-Physician and House-Surgeon, doubly qualified. Salary in each case, £80 per annum, rising £10 annually to £100, with board and residence. Applications to the Chairman of the Medical Board by June 1st.

SUSSEX COUNTY HOSPITAL, Brighton.—Assistant Physician; must be F. or M.R.C.P. Lond. or graduate in medicine of one of the Universities in the United Kingdom. Applications to the Secretary by June 2nd.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, Newcastle-on-Tyne.—Heath Scholarship for the best essay on "Congenital Deformities, their Pathology and Treatment," value £200. All graduates in medicine or surgery of the University of Durham eligible to compete. Essays to be received by the Trustees (Dr. W. C. Arnison and Dr. Frederick Page) by March 31st, 1898.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea, S.W.—House-Surgeon; doubly qualified. Appointment for twelve months. Honorarium, £50, with board and lodging. Applications to the Secretary at the Hospital.

WARNERFORD 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.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician and House-Surgeon. Appointments for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary-Superintendent, by June 23rd.

MEDICAL APPOINTMENTS.

ALLEN, C. P., M.R.C.S., L.R.C.P., L.S.A., appointed Assistant Resident Medical Officer to the North-West London Hospital.

ARMSTRONG, William, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Boldon and Whitburn District of the South Shields Union, vice John Grant, M.D. Brux., L.R.C.P., L.R.C.S. Edin., resigned.

BABINGTON, S. N., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital (extension).

BINCKES, F. W., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Electrical Department at St. Thomas's Hospital (extension).

BRICE, Ernest, L.R.C.P., L.R.C.S.E., L.F.P.S. Glasg., appointed Surgeon to the Coppice Colliery Company, Cannock Chase.

BROWN, William H., M.B., B.S. Durh., M.R.C.S., L.R.C.P. Lond., appointed Assistant House-Surgeon to the General Hospital, Birmingham.

BRUNYATE, T. T., M.D., appointed Clinical Assistant to Out-patients at the Chelsea Hospital for Women, Fulham Road, S.W.

BULLOCK, T. Warren, M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health for the Heston and Isleworth Urban Sanitary District.

BURDWOOD, James Watson, L.F.P.S.Glasg., L.M., L.S.A., reappointed Medical Officer of Health to the Bourne Rural District.

BYFORD, William F., M.R.C.S.Eng., L.R.C.P.Lond., appointed Senior House-Surgeon to the Chesterfield and North Derbyshire Hospital.

CARAHER, More, L.R.C.P., L.R.C.S.I., L.M., appointed Resident Medical Officer to the Children's Hospital, Temple Street, Dublin.

CRONE, John S., L.K.Q.C.P.I., L.S.A., appointed Public Vaccinator for the No. 1 District of the Parish of Willesden.

DALE, A. J., M.B.Durh., B.S., appointed Honorary Surgeon to the Stockton Hospital, *vice* H. Hind, F.R.C.S.Edin.

DAWES, William J., M.R.C.S.Eng., appointed Medical Officer for the Florence and Normacott District of the Stoke-upon-Trent Union.

EWING, Basil George, M.B., reappointed Medical Officer of Health to the Urban District Council of Ardsley, East and West.

FAIRBAIRN, J. S., B.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S., appointed House-Physician to St. Thomas's Hospital (extension).

FRAZER, W. D., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Ear at St. Thomas's Hospital.

GALLOWAY, Alexander Rudolf, M.A., M.B., C.M.Aberd., appointed Physician to the Aberdeen Asylum for the Blind, *vice* Dr. James M'Kenzie Davidson, resigned.

GERVIS, F. H., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital (extension).

GILBERT, L., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital (extension).

GILFILLAN, S. J., M.A., M.B., appointed Assistant Medical Officer to the London County Asylum, Cane Hill.

GOODALL, J. K., L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer for the Heath District of the Chesterfield Union.

HALL, J. Spencer, L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Skin at St. Thomas's Hospital.

HIND, Henry, F.R.C.S.Edin., appointed Consulting Surgeon to the Stockton Hospital.

JONAS, H. C., L.R.C.P., M.R.C.S., appointed House-Physician to St. Thomas's Hospital.

KISBY, George, L.R.C.P.I., L.F.P.S.Glasg., appointed Medical Officer of Health for the Borough of Hyde, *vice* G. W. Sidebottom, M.R.C.S.Eng., resigned.

MACEVOY, H. J., M.D., B.Sc.Lond., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Ear at St. Thomas's Hospital (extension).

MADDEN, Frank C., M.B., B.S.Melb., L.R.C.P., M.R.C.S., F.R.C.S.Eng., appointed House-Surgeon to the Hospital for Sick Children, Great Ormond Street, W.C.

MARRIAGE, H. J., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Throat at St. Thomas's Hospital.

MARTINEAU, A. J., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital (extension).

MASON, James, M.D., D.P.H.Camb., appointed an Examiner in Pathology for the University of New Zealand.

MILLAR, W., M.B., C.M.Glasg., appointed Medical Officer for the West Green and St. Ann's Districts of the Edmonton Union.

MUNRO, Donald, M.B.Edin., appointed Medical Officer to the Ween Parish Council, Perthshire, *vice* John Thomson, L.R.C.S.Edin., resigned.

PARRY, Dr. D. C., appointed Honorary Medical Officer to the Carmarthen-shire Infirmary, *vice* Dr. Lewis Hughes, resigned.

PATERSON, W. H. J., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital (extension).

PIRIE, W. R., M.B., C.M., M.A.Aberd., appointed Clinical Registrar in the Royal Infirmary, Aberdeen.

ROUILLARD, J. A., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Throat at St. Thomas's Hospital.

SCATCHARD, J. P., L.R.C.P., M.R.C.S., appointed Junior Obstetric House-Physician to St. Thomas's Hospital.

SCOTT, A. E., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the North-West London Hospital.

SELIGMANN, C. G., L.R.C.P., M.R.C.S., appointed House-Physician to St. Thomas's Hospital.

SKINNER, D. S., M.D., M.R.C.S., reappointed Medical Officer of Health for Willesden.

SMITH, J. A., M.D.Lond., appointed Medical Officer for the First District of the Parish of Willesden, *vice* J. Ring, deceased.

STAINER, E., M.A., M.B., B.Ch.Oxon., appointed House-Physician to St. Thomas's Hospital (extension).

STONE, W. Gream, M.A., M.B., B.Ch.Oxon., F.R.C.S., appointed Clinical Assistant in the Electrical Department at St. Thomas's Hospital.

STRANGE, R. G., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital (extension).

TAYLOR, G. E. O., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital (extension).

THOMAS, J. T., L.R.C.P.I., L.R.C.S.Edin., appointed Medical Officer of Health for the Counties of Leicestershire and Rutland.

THOMSON, Arnold J., M.R.C.S., L.R.C.P.Lond., appointed Assistant House-Surgeon to the General Hospital, Birmingham.

THORMAN, W. H., B.A.Cantab., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Skin at St. Thomas's Hospital.

TOMBLESON, J. B., B.A., M.B., B.Ch.Oxon., appointed Senior Obstetric House-Physician to St. Thomas's Hospital.

TUKE, A. W., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital (extension).

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

WHICHER, Alex. H., M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Midsomer Norton Urban District Council.

WHITAKER, E. T., M.B., C.M.Edin., D.P.H.Camb., appointed Medical Officer of Health to the Wellington Urban District Council.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, London Throat Hospital, 204, Great Portland Street, W., 8 P.M.—Dr. George Stoker: Chronic Glandular Disease of the Nose and Naso-pharynx.

TUESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin Blackfriars, 4.30 P.M.—Dr. Payne: Prurigo and Pruritus.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.—Dr. Gowers, F.R.S.: Clinical Demonstrations.

WEDNESDAY.

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

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W., 4 P.M.—Dr. Schorstein: Bronchiectasis.

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

OBSTETRICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8 P.M.—Specimens will be shown by Dr. Amand Routh and others. Paper: Dr. Amand Routh: Parturition during Paraplegia.

WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M.—Mr. S. Paget: Surgical Cases.

THURSDAY.

LONDON POST GRADUATE COURSE, Cleveland Street Sick Asylum, 5.30 P.M.—Mr. Watson Cheyne: Clinical Lecture.

FRIDAY.

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

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.—Dr. Tooth: Paraplegia.

WEST-LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, W., 8 P.M.—Clinical Evening. Cases will be shown by Dr. Seymour Taylor, Dr. Potter, Dr. Chapman, Mr. Keetley, Mr. Bidwell, Mr. McAdam Eccles.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s 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.

BIRTH.

THOMPSTONE.—On May 21st, at Marsh Parade, Newcastle-under-Lyme, the wife of Sydney W. Thompson, F.R.C.S.E., District Medical Officer, H.M.'s Niger Coast Protectorate, West Africa, of a son.

MARRIAGES.

EVES—TULK-HART.—On May 18th, at St. Peter's Church, Brighton, by the Rev. A. R. Buckland, morning preacher at the Foundling Hospital, London, assisted by the Rev. James Hussey, Rector of Pimperne, Dorsetshire, and the Rev. D. L. Secretan, of St. Peter's, Stanhope Eves, M.D.Lond., of 1, St. Peter's Place, Brighton, son of W. H. Eves, Esq., of Brunswick Square, London, to Alice Clara Guinevere, only daughter of Eugene J. Tulk-Hart, M.D., of 4, Gloucester Place, Brighton.

GUMPELT—CHAMNEY.—On April 29th, at Barkly West, Cape Colony, by the Rev. Canon Bell, Albert Gumpelt, Esq., of Barkly West, and Altenburgh, Saxony, to Sophia Chamney, M.D.Berne, L.R.C.P. and L.R.C.S.Edin., late in medical charge of the Dufferin Hospital, Patiala State, India.

MACLEOD—RUSTON.—On May 24th, at Newland Church, Lincoln, by the Rev. J. D. Jones, M.A., B.D. John MacLeod Hendrie MacLeod, M.A., M.B., C.M., of Airliebank, Dundee, elder son of the late John B. MacLeod, Esq., M.D., to Eva Jane, daughter of Joseph Ruston, Esq., of Monk's Manor, Lincoln, and 5, St. George's Place, Hyde Park, S.W.

WILLIAMS—MEYLER.—On May 18th, at St. Catherine's Church, Milford Haven, by the Rev. W. Watkins-Edwards, Vicar of St. Mark's, Swansea, George James, second son of Mr. W. Williams, M.B., B.S., of Fishguard, Pemb., to Joanna, younger daughter of Mr. T. D. Meyler, of Milford Haven, and niece of the late Mr. and Mrs. J. C. Ludlow, formerly of Bristol and Bakeney, Gloucestershire.

DEATH.

DAVIES.—On May 10th, at Tenella, Harist Grove N., Bedford, Hugh Walter Davies, M.R.C.S., L.R.C.P., aged 47, formerly of 38, Jesmond Road, Newcastle-upon-Tyne.

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.
CHALKING 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.
CHLIERA HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F., 2.
CITY ORTHOPEDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—M., 4.
EAST LONDON HOSPITAL FOR CHILDREN. *Operations*.—F., 2.
GREAT NORTHERN CENTRAL. *Attendances*.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F. 2.30. Skin, W., 2.30; Dental, W., 2. *Operations*.—M. W. Th. F.
GUY'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. 1; Skin, Tu. 1; Dental, daily, 9; Throat, F., 1. *Operations*.—(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.
HOSPITAL FOR WOMEN, Soho. *Attendances*.—Daily, 10. *Operations*.—M. Th., 2.
KING'S COLLEGE. *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic, M. Tu. W. F. S., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operations*.—M. F. S., 2.
LONDON. *Attendances*.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operations*.—M. Tu. W. Th. S., 2.
LONDON TEMPERANCE. *Attendances*.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operations*.—M. Th., 4.30.
METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operations*.—F., 9.
MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th., 9.30; Dental, M. W. F., 9.30. *Operations*.—W., 1.30; S., 2; (Obstetric), Th., 2.
NATIONAL ORTHOPEDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—W., 10.
NEW HOSPITAL FOR WOMEN. *Attendances*.—Daily, 2; Ophthalmic, W. S., 9.30. *Operations*.—Tu. F., 9.
NORTH-WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Th., 2.30.
ROYAL EYE, Southwark. *Attendances*.—Daily, 2. *Operations*.—Daily.
ROYAL FREE. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, W. F., 9; Skin, Th., 9; Throat, Nose, and Ear, S., 3; Dental, Th., 9. *Operations*.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 9. *Operations*.—Daily, 10.
ROYAL ORTHOPEDIC. *Attendances*.—Daily, 1. *Operations*.—M., 2.
ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily.
ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. 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., S., 9; Ear, M. Th., 3; Orthopedic, W., 10; Throat, Tu. F., 3.0; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 2.30; Dental, W. S., 9.30; Children's Medical, Tu. F., 9.15; Children's Surgical, S., 9.15. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
ST. PETER'S. *Attendances*.—M. 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—W. F., 2.
ST. THOMAS'S. *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—W., 2.30.
THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Th., 2.
UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45; S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operations*.—Tu. W. Th., 2.
WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10; F., 4; Skin, F., 4; 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.

CURIOSITY would like to know what the treatment of phthisis consists of, as carried out in the Black Forest, Germany, and what results have followed that treatment.

S.C.R.M. writes: An elderly doctor, after an attack of influenza, finds that he has lost the sense of smell, and that his hair is coming off. What can he do to restore the one and prevent the other.

SURGEON-LIEUTENANT-COLONEL writes: Could any member with experience help me to find a suitable European residence, for all the year round, for doctor and wife, who are both rather delicate? As many as possible of the following requirements are desired: Warm and dry climate; no snow; not too near sea, and a little elevated; means of continuing English education for boys aged 9 and 15, but not in an expensive too-British place; expenses of living and house rent or apartments moderate; library and reading room. Switzerland or Italy preferred, or Austrian Tyrol.

J. W. L. asks to be recommended a small handbook on the practical management of the insane, with directions as to forced feeding, methods of restraint, etc.

. Our correspondent might consult: *Lunatic Asylums: their Organisation and Management*, by Charles Mercier, M.B. (London: Charles Griffin and Co., 1894, 16s.); *Insanity and its Treatment*, by G. Fielding Blandford, M.D. (Edinburgh: Oliver and Boyd, 1884); *Insanity and Allied Neuroses*, by G. H. Savage, M.D. (London: Cassell and Co., 1886).

TROP DE ZELE.

A CORRESPONDENT informs us that he was recently handed by the head master of a grammar school, to which he is medical officer, a letter and printed document. The printed document is a reprint of a letter recommending a particular mode of treating scarlet fever. The letter, apparently lithographed, is addressed to the head master, and calls his "serious attention to the enclosed letter reprinted from the BRITISH MEDICAL JOURNAL." The writer proceeds to say that it would have been better, perhaps, had he written to the medical officer of the school, but states that he had no means of ascertaining who the medical officer is. He adds the hope "that you" (the head master) "may exert your influence with your medical officer to induce him to make a trial of the treatment should an opportunity for doing so present itself." The letter concludes with the request that should the medical attendant of the school try the method of treatment, "he will do me the favour to send the results he obtains either to me or to the Editor of the BRITISH MEDICAL JOURNAL for publication." Our correspondent asks for an expression of an opinion as to the propriety of a medical man appealing to the head master to use his influence with the medical officer of the school to induce him to make a trial of any new treatment.

. The writer was entirely without any authority to make application for reports in our name. The whole proceeding is most unusual, and, in our opinion, ill-judged.

PUBLIC HEALTH DIPLOMAS.

G. F. O. asks (1) if it is possible to study for the D.P.H. without attending any classes; he qualified before 1890. He also asks (2) information as to textbooks.

J. A. R. has received the appointment of medical officer of health in a rural district, and wishes (3) advice as to what books to consult.

. (1) The London colleges do not require certificates of attendance in candidates qualified before 1890. So much new work has been done in public health since 1890 that we hesitate to advise "G. F. O." to tempt his fate in the Examination Hall without some special instruction. The examination in chemistry and bacteriology is becoming more practical with most examining boards. (2) Notter's edition of Parkes's *Hygiene*; Whitelegge's *Hygiene and Public Health* (7s. 6d., Cassell); Wynter Blyth's *Manual of Public Health* (17s., Macmillan); Scott's *Meteorology* (Kegan); Statton's *Public Health Acts* (7s. 6d., Knight and Co.); Kanthack and Drysdale's *Practical Bacteriology*; Woodhead's *Bacteria and their Products* (3s. 6d., W. Scott); Corfield's *Dwelling Houses* (3s. 6d., Lewis); Kenwood's *Public Health Laboratory Work* may be consulted. Some more popular books dealing with sanitation might be of service to those who have no practical experience in health matters such as Teale's *Dangers to Health* (10s., Churchill); Cameron's *Is My House Healthy?* (1s., Simpkin and Marshall); Wilson's *Cottage Sanitation* (3d., Royal Agricultural Society) are freely illustrated, the first by excellent lithographs. (3) The book first named and for consultation Murphy and Stevenson's *Public Health* (three volumes, Churchill, 80s.).

ANSWERS.

SUBSCRIBER should consult a medical practitioner in the neighbourhood.

R. R. Y.—Gums are classified according to their similarity in physical and chemical properties into gums which are soluble and gums which mostly swell up in cold water. Arabin is the main constituent of soluble gums, as in gum acacia and bassorin of tragacanth, which swells in water. Solutions of arabin are precipitated by borax and per-