army medical officers—one suggesting a purely venereal origin, the other boils, dhobi, itch, malaria, and septic infection from intestines; finally, Dr. Cantlie's account of these idiopathic buboes, given at the Epidemiological Society, December 16th, and published in the British Medical Journal, January 9th, 1897, connecting them with plague, and classifying them as pestis minor. I should like to deal as briefly as possible with each of these propositions, and to state explicitly that my remarks apply only to non-venereal bubo.

It is an old idea that the prevalence of these bubo cases in the army is due to venereal disease, but, in order to show reason for my conviction that venereal disease is not a cause, I have investigated the personal histories of 13 men in this ship who suffered from the disease during the past year (1896) with these results: In 4 young men there was no venereal history whatever; in 1 senior petty officer certainly none for many years; in 5 there had been no venereal history for about eighteen months; 1 had a doubtful history before joining the service, and in 2 only was there any considerable venereal history. The cases with venereal history do not last longer, and the results of treatment also discountenance the venereal idea; mercury and potassium iodide are absolutely harmful, as I found out many years ago, these drugs increasing the general cachexia and tendency of the bubo to suppurate. All cases of bubo associated with venereal disease are invariably so classified.

Malaria, dhobi, boils, and sepsis from intestines are causes suggested by Surgeon-Major B. M. Skinner, A.M.S.[1] I do not consider malaria to be a common cause, and my opinion is fixed because I have found quinine useless, have practically abandoned it, and, as stated in my paper, only give it in those cases in which there are definite indications for its use. My recent cases also are men who have mostly been with me in this ship for the last three years, and who have shown no signs of malarial poisoning. Sympathetic bubo associated with boils, dhobi, etc., would be returned nosologically under their respective headings; but admitting these as immediate causes of origin, they do not account for the long train of constitutional symptoms which mark this disease. The suggestion of septic poisoning from the intestine is very plausible, but in none of my cases has there been dysentery or symptoms of ulceration of the bowel, and I imagine the treatment (free use of arsenic) would very soon have given prominence to such conditions.

As to pestis minor, Dr. Cantlie's account of these idiopathic buboes corresponds very closely to my own, especially the symptoms of fever, anæmia and bogginess of the bubo towards the twentieth day. The possible connection of non-venereal bubo with plague has certainly never before occurred to me; doubtless many abortive cases of plague occur during an epidemic (and the same may be said of other epidemic diseases) when from some personal idiosyncracy the individual is partially protected, and these abortive cases may have given rise to the idea; and had non-venereal bubo been unknown till after the plague epidemic there would have been still more substantial grounds for the association, but non-venereal or sympathetic bubo is a disease which has long existed, and has a distinct nosological heading.

Finally, I have seen these cases for the last twenty years, in various places, the worst on the East African Coast, when there was no suspicion of plague, and for many years past the *Health of the Navy* shows a fairly constant number of these cases, so I fail to draw any connection between the two diseases.

In the absence of any account of this disease, the treatment is necessarily an outcome of personal experience. I deprecate surgical interference for two reasons: (1) Because they are operations on patients already suffering from a disease marked by anæmia and weakness, and consequently (2) the wounds often take a long time to heal, and the resulting scars are sometimes truly formidable and liable to break down. See Case III in my paper.

I think excision of inguinal glands has become rather a matter of routine, and is sometimes undertaken without due regard to the value of the glands. On the other hand, believing as I do that this is a constitutional disease, it would be very illogical on my part to expect to cure it by excising these enlarged glands, which are only a local symptom. This is a distinct disease; has long existed, and though there are some intractable cases requiring operation, yet the disease can mostly be cured by constitutional treatment. I have received a gratifying account of a case in H.M.S. *Redpole* at Hankow from Surgeon M. J. Rodd, and there are now many recovered men in this ship with sound groins and useful glands to support the statement. I now regard arsenic almost as specific in these cases as quinine in malaria.

NOTE.

1 British Medical Journal, January 9th, 1897.

MEMORANDA:

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

A CASE OF RECURRENT BULLOUS KERATITIS.

Cases of bullous keratitis are interesting not only because of their rarity, but also from a pathological point of view. It will be understood that I do not include vesicular keratitis or herpes cornea, which has been so fully described by Horner. In the course of four years I have only seen three cases of recurrent bullous keratitis—one in Fuchs's clinic, another when house-surgeon with Mr. Berry at Edinburgh, and the one at present under my care. The causes are chiefly two, each giving rise to a distinct form. One form is illustrated by the following case:

Mrs. C., 42, was sent to me three months ago by Dr. Howell of Middlesbrough. She complained of great pain in the right eye, as if there were a foreign body in it. The upper lid was red and somewhat swollen, and there was marked lachrymation and photophobia. The eye itself showed much circumcorneal injection, and occupying the lower half of the cornea was a very large bulla, with opaque contents. The tension was + 1. The cause is old deep-seated disease (irido-choroiditis) with raised tension, causing probably œdema of the cornea. A large iridectomy had been performed previous to my seeing the case, and the left eye showed old iritis, with complete posterior synechiæ, and cataract.

Treatment consisted in applying cocaine, removing the bulla as thoroughly as possible with a pair of iris forceps, and the application of a firm pad to keep the eyelids steady, the pad to be removed once or twice daily for the purpose of having the eye washed with weak boracic lotion and applying a little boracic ointment to the edges of the lids. Eserine was also occasionally instilled.

If there is a specific history suitable remedies should be administered, and followed up with tonics. Tonics in any case should be given as the patient gets run down from the constant irritation. The patient should also be out as much as possible.

This case has greatly improved under treatment, but a good deal of corneal opacity remains.

The other form, first described by Professor Hansen Grut, of Copenhagen, results from a superficial wound of the cornea. The symptoms are much the same, but the bulla is usually smaller and has clear contents, and tension is not raised. The tendency to recurrence in this form is ascribed to faulty healing, the epithelium being readily detached so as to form a bulla.

Stockton-on-Tees. G. Victor Miller, M.B.

INVERSION AND AVULSION OF THE UTERUS: RECOVERY.

I was sent for in haste five miles down the country on December 29th, 1896, to see a woman who had just been confined. On my arrival at the house the midwife informed me that the child had been born two hours before on the floor, while the mother was on her hands and knees. After separating the child and getting the patient into bed, she found a large lump protruding from the vagina, which she thought was the head of another child, and consequently pulled on it for three-quarters of an hour, until she got it away. I immediately examined this, and found it to be the inverted uterus. This I turned back again, and found the whole of the uterus and cervix, with its peritoneal covering, and one

broad ligament and Fallopian tube, without the ovary. The broad ligament of the other side was congenitally absent. On examining the patient I perceived her to be suffering from shock.

On inserting my finger into the vagina it moved freely about among the intestines, and the absence of the uterus was distinctly apparent. The hæmorrhage was but slight, and gave no trouble. I feared that the natural result of such a catastrophe would be prolapse of the bowels and general peritonitis. I therefore kept her on her back, put in an antiseptic plug, and in order to quicken the peritoneum administered morphine, and ordered a strictly milk diet. At the end of a week the bowels were moved by an enema. Contrary to what might have been expected no serious symptoms occurred. The peritoneum closed up, and the top of the vagina cicatrised over. In about three weeks the patient was able to get up and go about. On visiting her three months later she was in her usual health, and the vagina was now a *cul-de-sac*.

E. HICKSON SMITH, M.R.C.S., L.R.C.P.Lond.,
Assistant Surgeon to the Longton Hospital.

THE TREATMENT OF WHOOPING-COUGH BY NAPHTHALENE.

IT occurred to me two years ago to try naphthalene in the treatment of whooping-cough. I confess not having observed much improvement in some cases when I applied that drug; but that was owing partially to inability to thoroughly study and observe the cases under treatment. During the last epidemic I determined to go into the treatment very carefully, and the results have been most satisfactory.

I treated 12 cases in children in whose mothers I could in every way place confidence with regard to veracity, and whose intelligence and common sense were above the average. The ages ranged from 3 to 8 years. The usual routine of treatment was tincture of belladonna and potassium bromide in varying doses and naphthalene fumes inhaled continuously day and night.

A simple method of procedure was to instruct the child's mother to make a small muslin or linen bag containing the drug, and to suspend it around the child's neck. At other times I ordered the drug to be well rubbed into the child's clothes. The floor of the sick chamber was also sprinkled with it.

From careful inquiries made, and visits paid at irregular intervals, I am quite sure that the frequency of the paroxysms was very much diminished, and the patients made more comfortable in every way.

I selected the above cases, among a great many I had under treatment, not with regard to the malady, but in reference to the integrity and truthfulness of the patients' friends.

So far as the prophylactic influence of the drug is concerned, I may note that in some families infected with whooping-cough, one or two members in each escaped infection. At present, however, I do not wish to attribute too much to the usefulness of the drug in that direction.

PHILIP J. BRAYN,
Admiralty Surgeon.
Jersey.

URTICARIA FOLLOWING AN ENEMA.

THE case reported by Dr. Moorhouse in the BRITISH MEDICAL JOURNAL of May 29th recalls a somewhat similar case which came under my notice in October, 1895, in the gynæcological ward of St. George's Hospital.

The patient was a young unmarried woman, aged about 23, suffering from perimetritis and constipation. In order to relieve this latter condition, which had persisted some three days, an ordinary enema of common yellow soap and water was administered.

In about eighteen hours there appeared a copious urticaria spreading over the front of the thighs, shins, and arms, and on the cheeks and sides of the neck, where it was especially well marked. The rest of the body was quite free. In character the rash was mainly urticarial, but in some places simply erythematous, in others papular; it was accompanied by a severe burning sensation and intense itching. The temperature was raised to 101° for a few hours, but soon came down to normal. There was no sore throat; the tongue was furred, but cleaned as soon as the bowels were relieved. The rash soon began to fade, and had quite disappeared in forty-eight hours. There was no subsequent desquamation. The presence of indican in the urine could not be demonstrated, though specially sought for.

An enema of soft soap and water, administered two days later, was not followed by any rash. She had never before had a rectal injection of any kind. She was not taking any drug at the time except the ordinary morning white mixture.

There can be little doubt I think that these rashes occurring after enemata are toxic in origin, due to the absorption of some fæcal product set free by the liquefying action of the warm water. At the same time one must bear in mind the possible irritating effect of the particular soap used in the enema, as was suggested by Dr. Kinsey Morgan.[1] In this case the first enema, made from common yellow soap, was followed by a rash; the second, made from soft soap, was followed by no skin eruption. This, however, I think was merely a coincidence, and not due in any way to the difference in the soap used.

The absence of rash on the second occasion was most likely to have been due either to the removal of all the toxic material by the first enema or possibly to the patient being rendered immune to the further action of the poison by the absorption of the initial dose.

CHARLES A. HILL, M.B.,B.C.,B.A.Camb.
Liverpool.

A CASE OF WANDERING ŒDEMA.

MRS. A., aged 45, married twenty years without family, had been a cook for the last twenty-five years. She used to perspire profusely while cooking, and then get suddenly cooled while assisting to wait at table. The perspiration had a very sour odour. She was well built and fairly proportioned. The lower eyelids looked puffy. The skin looked greasy and dull, more so at her catamenial periods. The lungs were healthy. The heart sounds were altered, the first shortened, the second accentuated. Palpitation occurred on exertion, and the legs and feet were occasionally a little swollen towards night. She had suffered a great deal from dyspepsia. The tongue was clean, the bowels rather relaxed. The urine, specific gravity 1022, was of pale straw colour, slightly acid; there was a deposit of phosphates, but no sugar or albumen. The pulse was 82, respirations 19, and temperature 99° F.

About ten years ago she suffered from acute rheumatism and herpes zoster. One winter evening three years and a half ago, while she was sitting by the fireside, the plantar surface of one heel gradually became painfully itchy and swollen. The rest of the foot and calf swelled, and the pain became intense. The following day she was out driving with her husband, when the itching, pain, and swelling attacked the gluteal and perineal regions, and compelled her to leave the carriage. The œdema was very tense, and did not pit on pressure. It became bright pink on the unexposed parts of the body. The œdema subsided in the foot and leg, and attacked the back of one wrist. A few patches also occurred on the anterior surface of the forearm. It then attacked the upper eyelids, first one and then the other. They swelled until they hung down over the lower lids. It then attacked the ears one after the other, and in like manner the temples. As it commenced in one part it subsided in another, flitting from the perineum to a finger, from thence to the face or scalp. On one or two occasions a few vesicles the size of a threepenny-piece appeared on the front of the thorax and abdomen. They became purulent and then dried up.

The attacks came on suddenly every two or three days, less frequently now. Sometimes the lips are attacked, and they become pendulous and hang over the chin. Sometimes the mucous membrane of the larynx is attacked, almost suffocating the patient. So evanescent is the œdema, that it may have subsided between the patient leaving home and reaching my residence, a quarter of a mile distant. The skin of the part affected is pink on the unexposed parts of the body and reddish blue on the exposed parts. When the œdema subsides the part feels cold and numb but regains its normal condition in a few hours. On two occasions the condition lasted two days.

Notes of two cases by Mr. E. W. G. Masterman, F.R.C.S., published in BRITISH MEDICAL JOURNAL of April 3rd, very closely correspond with this case. The principal points of

[1] BRITISH MEDICAL JOURNAL, March 30th, 1895

difference are (1) absence of septic origin; (2) frequent recurrence; (3) duration of attack. What the exact nature of this wandering œdema is I am unable to say, but I am inclined to the opinion that it is due to nervous influence in a rheumatic subject.

Smethwick. W. H. STEPHEN, M.B., C.M.

REPORTS

ON

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

GENERAL HOSPITAL, MADRAS.

A CASE OF SUCCESSFUL GASTRO-ENTEROSTOMY FOR PYLORIC CANCER.

(Under the care of Surgeon-Major NAILER.)

A WOMAN named Thoolkanam, aged 45, sought relief at the General Hospital on July 7th, 1896, for the following symptoms: Persistent vomiting, pain and flatus in abdomen, loss of appetite, and general wasting. She states that six months since she was attacked with a low kind of fever, of an intermittent type. After this had subsided she noticed a small tumour in the right side of her abdomen which gradually increased in size; that subsequently she experienced a burning sensation at the pit of her stomach, attended with occasional vomiting. This last symptom became very distressing, and she has lost flesh in consequence of it. At present she vomits about four or five hours after taking food, the ejecta consisting of a digested meal, frothy and acid. Sometimes, especially in the morning, she vomits large quantities of frothy mucus. During the act of vomiting she feels the tumour rise, and it falls when the stomach is empty. The woman is rather emaciated, with a soft, small pulse.

On examination of the abdomen a small irregular tumour can be felt, occupying the region about midway between the margin of the costal arch, right side, and the umbilicus; the stomach is distended, the small intestines feel soft and flabby. On manipulation of the abdomen the large intestine occasionally exhibits peristaltic action. She was placed at once upon milk diet, which she was able to digest to a certain extent, but the vomiting still continued, and she began to lose flesh. The tumour was then diagnosed to be connected with the pylorus, and probably cancerous, and in this I was confirmed by Surgeon-Lieutenant-Colonel Browne and Surgeon-Lieutenant-Colonel J. Maitland.

On July 20th all nourishment by the mouth was stopped, and she was fed by enemata. On July 27th, her consent and that of her relatives having been obtained, she was transferred to the surgical ward for operation.

Operation, July 27th, 1896.—The patient having been duly prepared the day previous, she was chloroformed and the stomach was cleared of its contents by a warm water injection which was removed by a siphon tube. A transverse incision was made in the abdomen, commencing at a point a little beyond the right linea semilunaris, to a point about an inch above the umbilicus—the muscles being carefully divided on a director and all hæmorrhage therefrom arrested, the peritoneum was likewise divided to the same extent; the transverse colon presenting was pushed aside and the pyloric end of the stomach was looked for. It was found to occupy a site corresponding to that of the tumour felt through the abdominal parietes; the whole circumference of the pylorus was seen to be involved in a firm, nodulated, cancerous-looking mass, which could not be lifted up and isolated, being adherent to the structures below. The question of pylorectomy being set aside owing to the above, gastro-enterostomy was decided on. A small loop of the jejunum was caught up, a linear incision made into it about an inch long, and the male portion of Murphy's button was carefully inserted into its orifice, the cut portions of the incision being gathered up by a running suture of chromicised gut, and tied round the central hollow stem. The apron of e mesentery was found to be adherent below, and could not be lifted up, so an opening was torn through that part which obscured the stomach so as to reach its inferior surface. Here a similar incision was made, and the female portion of the button similarly made fast; both portions of the button were then adjusted "home." The several parts of the abdominal incision were next brought together—namely, peritoneum to peritoneum, muscle to muscle, skin to skin. The patient being dressed in the usual way, was removed to a corner of the general ward, hypodermic injection of ether being first administered, she being in a state of partial collapse; the temperature fell to 97.4° F., but rose to 98.2° at 4.30 P.M., after the application of hot bottles to feet. She passed a fair night, and the only symptom that distressed her was thirst, for which she had small pieces of ice to suck.

The following is a summary of the several interesting features of the case:

Temperature.—Reaction set in fairly strong on the day succeeding the operation, the evening temperature being 101.4°; during the night it stood at 100°. On 29th, morning—that is, forty-eight hours after operation—it stood at 100°; at night it fell to 98°, and remained at that point for 48 hours. On 31st, morning, it stood at 99°, and remained about that point for five days, when again there was a drop to a morning subnormal temperature for five days, after which the temperature regained its normal character and still remains so. I attribute the subnormal morning temperature for five days to chilling of the body by cold wind, as there was a strong wind blowing from an open window leading to the main staircase, which had to be closed temporarily with blankets. The pulse ranged, for the fifteen days after operation, between 134 during the height of reaction and 100. On the sixteenth day it fell to 82.

Progress of Button.—The button was passed between 1 and 2 P.M. on August 10th, enveloped in a mass of fæces, fourteen days after operation. On August 7th she complained to me of slight pain and tenderness in the right iliac fossa, where I fancied I felt a mass like the button. On August 9th the apothecary in charge reported that he felt the button in the left iliac fossa, and that he tried to pass it down to the rectum, but failed. I then ordered that all feeding by enemata should be stopped, and that she should be fed by the mouth, with the happy result above recorded.

Food.—All her food—that is, the enemata—was peptonised. To assuage the thirst she had crushed ice to suck; occasionally I allowed her to sip 2 ounces of pancreatised beef-tea to satisfy her craving to allow some food to enter her mouth. Since the passing of the button she has been put on the usual milk diet.

I may here state that the abdominal wound healed by first intention.

I have here to tender my cordial thanks to Surgeon-Captain Robertson for his willing help to me during the several steps of the operation.

The patient was shown at a meeting of the South Indian Branch on August 27th, 1897, a month after the operation. She could walk fairly well. Her appetite was fair, and she slept well. She had picked up somewhat, and it seemed likely that her life, with care and attention to dietetic rules, would be prolonged for some months. The obstruction at the pylorus had not been removed, but the distressing symptoms and consequences of such obstruction had been successfully combated by the operation. The case is believed to be the first successful case of gastro-enterostomy recorded in Southern India.

THE eleventh session of the French Surgical Congress will commence in Paris on October 18th; the main subjects suggested for discussion are: (1) Contusions of the Abdomen; (2) the Indications for Operation and the Treatment of Cancer of the Rectum.

THE Sei-I-Kwai *Medical Journal* states that the number of sick and wounded in the Chino-Japanese war reached the total of 330,775 cases. Of this number, 5,870 were cases of gunshot wound and 415 of incised wound. Malaria was the chief cause of sickness, producing 41,734 cases with 718 deaths. Beri-beri caused 23,456 cases with 2,113 deaths. Over 10,000 cases of frostbite and dysentery occurred. Altogether the number of days on the sick list was nearly 7,000,000.

not uphold. On the contrary, he maintains, as I do, that the positive venous pulse wave, which is auricular-systolic in time, is due to the temporary hindrance to the venous blood flow which the auricular systole introduces; thus he writes:[1] "We have seen above that in healthy people the outflow of blood from the jugular veins is rendered difficult by the auricular systole, that it will be facilitated by the heart systole (ventricular), hence the presystolic positive, systolic negative, normal vein pulse."

Valves at the junction of the great veins and auricle would be of little, if any, use for the purposes of the circulation, inasmuch as they would leak if the auricle and veins dilated. If dilatation do not occur, the sphincter action of the contracting veins is efficient. For preventing misconceptions, valves would be invaluable.—I am, etc.,

Crouch End, N., May 31st. D. W. SAMWAYS.

*** This correspondence must now close.

EXPERIMENTS ON PATIENTS.

SIR,—Will you kindly afford me an opportunity of correcting an impression which some persons appear to have derived from the perusal of a letter written by Dr. Carne Ross, of Ancoats Hospital, on the value of cinnamon in the treatment of scarlet fever, which appeared in the BRITISH MEDICAL JOURNAL of May 1st? The suggestion would appear to have arisen in the minds of a body styling itself the Society for the Protection of Hospital Patients that the writer of this letter "obviously implies that Dr. Caiger has been experimenting on the patients of the Stockwell Fever Hospital—not for the benefit of the patients on whom the experiments were tried, but in order to oblige Dr. Carne Ross and his friend, the late Dr. John Syer Bristowe." In consequence of the aforesaid Society having addressed a communication to the Metropolitan Asylums Board to this effect, I have carefully re-read Dr. Carne Ross's letter, and must confess that I am unable to convince myself that he implied anything of the kind. The assumption, moreover, is at variance with the facts.

The reasons which led me to try the effect of cinnamon water in scarlet fever were threefold. First, because in my opinion Dr. Carne Ross had made out a very good case for expecting that it would prove beneficial; secondly, because in the event of the remedy proving to be without value, it was undoubtedly harmless; and, thirdly, because the treatment commended itself to the critical mind of the late Dr. Bristowe, whose scepticism as to the value of new methods of treatment was probably as well recognised as was the depth of his pathological knowledge. That I adopted the cinnamon treatment with the object of pleasing either Dr. Carne Ross, whom at that time I had not the pleasure of knowing, or Dr. Bristowe, is a purely gratuitous assumption; and, moreover, it is quite untrue.

It is only natural that Dr. Carne Ross should feel gratified at the diminished incidence of complications noted amongst the cases of scarlet fever treated with the remedy with which he is so closely identified; and I take this opportunity of acknowledging the courtesy which prompted him to express his obligation to me personally for having given the treatment a fair trial; and I can assure him that any expression of thanks on his part was quite unnecessary.

It is unfortunate that the word "experiment" should have been used, as, apart from its providing the unscrupulous agitator with an opportunity of achieving cheap notoriety by the wilful misrepresentation of the practice and aims of hospital officials, it is calculated to give rise to an erroneous impression amongst the laity, many of whom, though doubtless actuated by the best intentions, as in the case of the Society for the Protection of Hospital Patients, may quite fail to recognise the fact that the employment of a new remedy in an old disease, or an old remedy in a new patient, are just as much experiments as are those which may be undertaken to ascertain the range of a new gun, or the resistance which a particular substance may exhibit to the penetration of its projectile.

That the experimental method is even more essential to the advancement of medicine than it is in the case of the more exact sciences is too frequently overlooked. As a consequence of this oversight the administration of an innocent drug in the hope of its doing some good may assume the proportions of a crime against society. Logic and philanthropy, however, are not always to be found under the same hat.—I am, etc.,

F. FOORD CAIGER.

South-Western Fever Hospital, Stockwell, June 1st.

[1] Ueber die diagnostiche Bedeutung des Venenpulsus, Franz Riegel, *Sammlung klinischer Vorträge*, No. 62-92, p. 2071.

OBITUARY.

THE death is recorded of Dr. WILLIAM WATSON CAMPBELL, of Westwood, Duns. The deceased, who was the representative of a family who for many years had enjoyed wide reputation as members of the medical profession, after passing through the art classes in Edinburgh University with a view to entering the Divinity Hall of the United Presbyterian Church, was induced to study medicine, and in 1862 he graduated as M.D. In 1866 he became a Licentiate of the Royal College of Physicians. In 1863 he returned to Duns to assist his father, and two years later, when his father died, he succeeded to his practice. Dr. Campbell, who was born at Yetholm in 1835, was in his 63rd year. He is survived by one son and two daughters.

THE announcement of the death of Dr. JAMES CRAN, Salford, at the age of 54, on June 4th, will be received with feelings of regret by many old friends. Dr. Cran was a native of Aberdeenshire, was educated at Aberdeen Grammar School and University, where he graduated M.A. in 1864. He commenced the study of medicine at Aberdeen, but completed the curriculum at Edinburgh University, and there took the degree of M.B. He was a favourite pupil of the late Dr. Matthews Duncan, of whom he always spoke with the greatest reverence and admiration. He commenced his career in Manchester as Resident Officer at the Ardwick and Ancoats Dispensary. Shortly afterwards he obtained an appointment in Salford, where he settled down in general practice. He rapidly attained success, and for many years conducted a very large and arduous practice. His skill was much appreciated, and was specially displayed in the department of midwifery. He is succeeded in his practice by his son.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Mollien, formerly Professor of Clinical Medicine in the Medical School of Amiens; and Dr. Stefano Sciolla, of Genoa, whose name was well known from his researches in the effects of hypodermic injection of guaiacol in reducing temperature.

NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

FLEET-SURGEON WILLIAM H. STEWART, M.B., has been placed on the retired list, with the rank of Deputy-Inspector-General, May 31st. He was appointed Surgeon, February 20th, 1865; Staff-Surgeon, September 6th, 1877; and Fleet-Surgeon, March 25th, 1885.

Staff-Surgeon CHARLES F. NEWLAND is promoted to be Fleet-Surgeon, May 30th. His previous commissions bear date: Surgeon, September 30th, 1876; Staff-Surgeon, September 4oth, 1888.

The following appointments have been made at the Admiralty: P. K. RIX, M.B., Surgeon, to the *Pembroke*, June 4th; ARTHUR R. H. SKEY, M.B., Surgeon, to the *Alexandra*, June 4th; ARTHUR W. B. LIVESAY, M.B., Surgeon, to the *Herald*, June 4th; JOHN MENARY, M.D., Surgeon, to the *Minerva*, for the manœuvres, June 15th; ERNEST C. LOMAS. M.B., Surgeon, to the *Warspite*, June 15th; ERNEST A. PENFOLD, M B., Surgeon, to the *Collingwood*, June 15th; JOHN ANDREWS, M.D., Surgeon, to the *Benbow*, June 15th; FREDERICK W. PARKER, Surgeon, to the *Colossus*, June 15th; CHARLES J. E. COCK, Surgeon, to the *Galatea*, June 15th; GEORGE MCGREGOR, Surgeon, to the *Excellent*, June 8th.

ARMY MEDICAL STAFF.

THE undermentioned Surgeon-Captains, having completed twelve years' full-pay service, are promoted to be Surgeon-Majors, dated May 30th: S. HICKSON, M.B., H. J. FLETCHER, M.B., E. DAVIS, S. POWELL, M.B., F. W. C. JONES, M.B., J. MEEK, M.D., A. E. MORRIS, M.D., A. O. FITZGERALD, F. D. ELDERTON. R. E. MOLESWORTH, J. W. F. LONG, C. L. JOSLING, J. F. BATESON, M.B., W. T. SWAN, M.B , R. L. R. MACLEOD, M.B., G. G. ADAMS, J. M. F. SHINE, M.D., W. B. DAY, M.B., D. R. HAMILTON, M.B., R. G. THOMPSON, M.D., C. T. BLACKWELL, R. I. POWER, C. R. KILKELLY, M.B., N. C. FERGUSON, M.B , S. R. WILLS, M. L. HEARN, R. H. HALL, M.D., J. H. GREENWAY, R. G. HANLEY, M.B., G. CREE, S. C. PHILSON, J. M. NICOLLS,

of the Verminous Persons Bill have been deferred to June 17th; the second reading of the Rivers Pollution Prevention Bill has been deferred until June 18th; the second reading of the Steam Engines and Boilers (Persons in Charge) Bill to June 23rd; the second reading of the Prisoners' Personal Correction Prohibition Bill and of the Sale of Food and Drugs Bill to June 24th; and the second reading of the Midwives Registration Bill, of the Street Noises Bill, and of the Public Health Acts Amendment Bill have been deferred to June 30th.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

MEDICAL EXAMINERS.—Dr. L. Humphry, Dr. W. A. Foxwell, Dr. Sidney Martin, and Dr. Mitchell Bruce have been appointed Examiners in Medicine; Dr. J. Phillips and Dr. Cullingworth, Examiners in Midwifery; Mr. Bernard Pitts, Mr. W. H. Bennett, Mr. Watson Cheyne, and Mr. Golding-Bird, Examiners in Surgery for the ensuing academical year.

ANATOMICAL DEPARTMENT.—Professor Macalister announces a course in human osteology during the long vacation.

EXPEDITION TO TORRES STRAITS.—Dr. A. C. Haddon has received a grant of £300 from the Worts Fund towards the expenses of an expedition under his direction to Torres Straits for the purpose of anthropological research. Two or three medical graduates are likely to accompany him, and the results of their observations will hereafter be published to the University.

PATHOLOGY AND BACTERIOLOGY.—The deputy for the Professor of Pathology (Dr. Kanthack) gives notice that the following courses will be held during the long vacation: (1) A course in Bacteriology, to be given by Dr. Kanthack, commencing July 8th; fee, £4 4s. Special instruction will be given to candidates for diplomas in public health. (2) A practical course of general Morbid Anatomy and Histology, to be given by Dr. Kanthack and Dr. Lazarus-Barlow, commencing on July 7th; fee, £2 2s. (3) A practical course of general Morbid Anatomy and Histology for beginners, to be given by the same, commencing July 8th; fee, £2 2s. (4) A course of lectures in Pathology, to be given by Dr. Kanthack, and adapted to the requirements of those attending either (2) or (3), beginning July 7th; fee, £1 1s. The names of those wishing to attend should be sent as early as possible to Dr. Kanthack, New Museums, Cambridge.

ROYAL COLLEGE OF PHYSICIANS IN IRELAND.

ON June 4th the Fellows of the Royal College of Physicians in Ireland elected Dr. James Craig as Registrar of the College, in the place of the late Dr. Guy Nugent. Dr. Craig is one of the Physicians to the Meath Hospital and is Honorary Secretary of the Dublin Branch of the British Medical Association.

MEDICO-LEGAL.

GOODWILL OF PRACTICE.

L. M. inquires whether in the case of a medical man becoming insolvent his practice, originally bought, could be viewed as an asset and sold without his consent.

*** We think there is no doubt that a trustee in bankruptcy could sell the goodwill, but we doubt whether a purchaser from such trustee could restrain the bankrupt from *bonâ fide* beginning a new practice in the same neighbourhood. We assume, of course, that restraint from future practice in the neighbourhood with a view of enhancing the value of the goodwill was not made a condition of the debtor's discharge.

MEDICAL TITLES.

A CORRESPONDENT inquires if a Licentiate of the Society of Apothecaries, London, having no other qualification is entitled by law to put up a plate on his door with his name on it, "Dr. ——, Physician and Surgeon, etc." Also if such a practitioner is entitled to put up any letters but "L.S.A.Lond." after his name on death certificates.

*** In reply to our correspondent's question, if the licentiate referred to acquired his diploma since the passing of the Medical Act, 1886, he is entitled to practise medicine, surgery, and midwifery, and, in fact, possesses the same qualifications as a Licentiate of the Conjoint Board of the Royal Colleges of Physicians and Surgeons. He must not of course, use any letter after his name on death certificates which imply that he holds a University degree.

MEDICAL NEWS.

THE annual *conversazione* of the Royal Society will be held on Wednesday next, June 16th.

A DONATION of £1,000 has been given anonymously by Mrs. M. to St. Thomas's Hospital for the purpose of endowing a bed.

MR. J. C. WORDIE, Oriental Club, London, has through Dr. Hunter Mackenzie given a second donation of £100 to the Eye, Ear, and Throat Infirmary, Edinburgh.

AT the annual meeting of the American Academy of Arts and Sciences Dr. William Osler and Dr. William H. Welsh were elected Associate Fellows in the Section of Medicine and Surgery.

THE annual meeting of the Association of Registered Medical Women was held in the library of the Association (New Hospital for Women), on June 1st at 8 P.M. There were present Mrs. Garrett Anderson, M.D., retiring President, in the chair, and twenty-four members. The proceedings were of a business character. The Managing Committee and Subcommittees for the ensuing year were elected, and the constitution of the Association was reconsidered. Miss Cock M.D., was elected President for the year in succession to Mrs. Garrett Anderson, M.D., and Mrs. Stanley Boyd, M.D., was elected Vice President.

MEDICAL VACANCIES.

The following vacancies are announced:

BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL.—House-Surgeon. Appointment for six months. Honorarium given at conclusion of appointment. Applications to the Honorary Secretary of the Medical Committee by June 17th.

BRIDGWATER INFIRMARY.—House-Surgeon. Salary, £80 per annum, with board and residence. Applications to Mr. John Coombs, Honorary Secretary, Bridgwater Infirmary, Bridgwater, by June 25th.

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.

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.

CORPORATION OF MANCHESTER: MONSALL FEVER HOSPITAL.—First and Second Medical Assistants; fully qualified. Salary, £150 and £100 per annum respectively with board and lodging. Applications, endorsed "Appointment of First or Second Medical Assistants," to be sent to the Chairman of the Sanitary Committee, Public Health Office, Town Hall, Manchester, by June 18th.

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.

EAST GRINSTEAD ISOLATION HOSPITALS.—Medical Officer. Applications endorsed "Medical Appointment" to E. P. Whitley Hughes, Clerk to the Urban District Council, East Grinstead, by June 30th.

FISHERTON ASYLUM.—*Locum Tenens* for about six weeks from first week in July, fully qualified, and about 30 years of age. Salary, £3 3s. per week, with board, lodging, and washing. Applications to Dr. Finch, The Asylum, Salisbury.

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 June 26th.

GENERAL HOSPITAL, Nottingham.—Assistant House-Physician. Appointment for six months. Board, lodging, and washing provided. Honorarium of £10 10s. on completion of six months' satisfactory service. Applications to the Secretary by June 26th.

GNOSALL DISTRICT COUNCIL.—Medical Officer of Health. Salary at the rate of £25 per annum. Applications endorsed "Medical Officer" to H. G. U. Elliott, Clerk to the Council, Newport, Salop, by June 18th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Physicians. Applications to the Secretary by June 30th.

LONDON LOCK HOSPITAL, 91, Dean Street, W.—Surgeon and Anæsthetist to Out-patients; must be respectively either M.R.C.P. or F.R.C.S.Eng. Applications to the Secretary at Harrow Road by June 26th.

MERCER'S HOSPITAL, Dublin.—Vacancies on the Surgical and Medical Staff. Applications to the Registrar at the Hospital by June 18th.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Soho Square, W.—Resident Medical Officer, doubly qualified. Board, residence, laundry, and honorarium of £10 10s, for the six months. Assistant Physician, must be M.R.C.P.Lond. Applications to the Secretary.

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.

NOBLE'S ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY, Douglas, Isle of Man.—Resident House-Surgeon; unmarried; doubly qualified. Salary, £90 per annum, with apartments, gas, coals, and washing. The House-Surgeon is usually appointed by the Committee of the House of Industry as Medical Attendant to that institution at a salary of £10 a year. Applications to F. B. Fleming, Honorary Secretary, 25, Athol Street, Douglas, Isle of Man, by June 21st.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, Shoreditch, N.E.—Surgeon; must be F.R.C.S.Eng. Also 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, 25, Clement's Lane, E.C., for the former post by June 15th, and for the latter by June 16th.

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.

PWLLHELI UNION.—Medical Officer and Public Vaccinator for the District of Aberdaron. Must reside in a central position in the district. Salary, £50 per annum and usual extra medical and other fees. Applications to R. Owen Jones, Clerk to the Guardians, by June 15th.

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

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—House-Physician, doubly qualified. Appointment for six months. No salary, but board, etc., provided. Applications to the Secretary by June 28th.

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.

SHEFFIELD ROYAL HOSPITAL.—Junior Assistant House-Surgeon, unmarried. Salary, 60 guineas per annum, with board (exclusive of wine and beer) and lodging. Applications to Dr. Sinclair White, Secretary to the Honorary Medical Staff by June 17th.

STAFFORDSHIRE COUNTY ASYLUM, Stafford. Medical Officer to act as *Locum Tenens*, unmarried. Applications to the Medical Superintendent.

TOTTENHAM HOSPITAL, The Green, South Tottenham.—Resident Junior House-Surgeon; doubly qualified. Salary, £40 per annum, with residence, board, and washing. Applications to Colonel E. S. Skinner, Director, by June 15th.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea, S.W.—House Surgeon, doubly qualified. Appointments for twelve months. Honorarium, £50, with board and lodging. Applications to the Secretary by June 12th.

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 22rd.

MEDICAL APPOINTMENTS.

BROWN, Herbert, M.D.Lond., appointed Medical Officer to the Ipswich and East Suffolk Hospital, *vice* — Hetherington, M.D.Durh., resigned.

CRANSTOUN, C. B., M.B.Durh., appointed Medical Officer of Health for the Borough of Ludlow, *vice* Dr. Thursfield.

ELLIS, H. D'Arcy, L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Officer of Health to the Kingswinford Rural District Council.

FRY, Dr. W., appointed Medical Officer for the East Peckham District of the Malling Union.

GITTINGS, C. B., M.B.Lond., appointed Resident Medical Officer to the St. Marylebone General Dispensary.

HARRISON, John Wm., M.B., C.M.Aberd., reappointed Medical Officer of Health to the Sandwich Town Council.

HAWTHORNE, Ernest S., L.R.C.P.&L.M., L.R.C.S.&L.M.I., appointed Surgeon to the Etheridge District Hospital, Georgetown, Queensland.

HENRY, J., M.D.R.U.I., M.Ch., appointed Medical Officer for the Monoghan Dispensary District, *vice* G. W. Dunwoody, B.A.Dub., M.B., resigned.

HIGGINS, Dr., appointed Medical Officer for the Dungiven Dispensary District, *vice* C. W. Allison, M.A., M.D.R.U.I., deceased.

HIRSCH, Charles T. W., M.R.C.S.Eng., L.R.C.P.Lond., L.S.A., appointed Divisional Surgeon to the police of R Division stationed at Woolwich, and to police of Woolwich Division stationed at the Royal Arsenal Railway Plant Depôt and Woolwich Dockyard.

HUSBAND, J. C. R., L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Officer for the Workhouse and to the No. 2 District of the Ripon Union, *vice* C. Husband, M.R.C.S.Eng., L.S.A., resigned.

LEGGE, Sydney C., M.R.C.S., L.R.C.P., reappointed Clinical Assistant to the Birmingham and Midland Hospital for Skin and Urinary Diseases.

MACLENNAN, Alex., M.B., C.M.Glasg., L.M.RotundaHospitalDub., appointed Resident Medical Officer to the Hospital for Women, Soho Square, W.

M'DONNELL, Joseph, L.R.C.P.I., L.R.C.S.Edin., appointed Medical Officer for the Roscommon Dispensary District, *vice* Joseph Heily, M.D. Glasg., deceased.

O'SULLIVAN, P. T., M.B., B.Ch., R.U.I., appointed Physician to the South Charitable Infirmary and County Hospital, Cork, *vice* E. R. Townsend, M.D.Dub., deceased.

PICKFORD, J. S., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer of Health to the Little Lever Urban District Council, *vice* A. Taylor, F.R.C.S.Edin., deceased.

RANKIN, John S., M.B., C.M.Glasg., appointed Medical Officer for the Central District of the Govan Parish Council, *vice* John Farrie, M.D., deceased.

ROBERTSON, John, M.D.Edin., appointed Medical Officer of Health for Sheffield, *vice* H. H. Littlejohn, M.A., M.B.Edin., resigned.

STEWART, Dr. Charles, appointed Medical Officer for the Parish of Kilmaurs.

SYLVESTER, Herbert M., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer of Health to the Leiston-cum-Sizewell Urban District Council.

THORNE, May, L.S.A.Lond., M.D.Brux., appointed Senior Resident House-Surgeon to the New Hospital for Women, *vice* Miss Keith, L.R.C.P.&S. Edin.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, London Throat Hospital, 204, Great Portland Street, W., 8 P.M.—Dr. George Stoker: Impaired Movements of the Vocal Cords.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C., 8 P.M.—Annual meeting and election of officers. Dr. J. E. Grevers (Amsterdam): Notes on Various Forms of the Articulation of the Upper and Lower Teeth, illustrated by lantern slides.

TUESDAY.

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

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

ROYAL COLLEGE OF PHYSICIANS OF LONDON, Examination Hall, Savoy, W.C., 5 P.M.—Dr. W. Hale White: The Means by which the Temperature of the Body is maintained in Health and Disease (Croonian Lecture I.)

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Parkes Museum, 74A, Margaret Street, W., 4.30 P.M.—Professor Wynter Blyth: Infectious Diseases, Incubation Periods, etc.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W., 4 P.M.—Mr. Godlee: Surgical Lecture.

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

NORTH-WEST LONDON CLINICAL SOCIETY, North-West London Hospital 8.30 P.M.—Demonstration of Clinical Cases.

WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M. Dr. A. Whitfield: Differential Diagnosis of Sore Throats.

THURSDAY.

LONDON POST-GRADUATE COURSE, Cleveland Street Sick Asylum, 5.30 P.M. Mr. James Cantlie: Sprue Tropical Sore Throat and Diarrhœa.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, Examination Hall, Savoy, W.C., 5 P.M.—Dr. W. Hale White: The Means by which the Temperature of the Body is Maintained in Health and Disease (Croonian Lecture II).

ROYAL METEOROLOGICAL SOCIETY, Rooms of the Royal Astronomical Society, Burlington House, Piccadilly, W., 4.30 P.M.

FRIDAY.

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

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

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s 6d., which sum should be forwarded in post-office order and stamps with the notice not later than Wednesday morning in order to insure insertion in the current issue.

BIRTHS.

AIRD.—On May 20th, at Thorn Band, Wallington, Surrey, the wife of T. W. Aird, of a son.

BROCK.—On June 5th, at Via Veneto, B. Rome, the wife of G. Sandison Brock, M.D., of a son. (South African papers please copy.)

FEATHERSTONE.—At Ballandalloch, Blackheath, on Sunday, June 6th, the wife of J. A. Featherstone, M.B., C.M., Warrender Park Road, Edinburgh, of a son.

MCELLIGOTT.—June 1st, 1897, at Belper, Derbyshire, the wife of Maurice Gerald McElligott, L.R.C.P.I., L.R.C.S.I., etc., of a son.

POLLARD.—On May 29th, at 8, Higher Terrace, Torquay, the wife of Reginald Pollard, M.B., M.R.C.S., of a son.

MARRIAGES.

HALL—CLARK.—On June 3rd, at Quex Road Unitarian Church, by the Rev. J. E. Stronge, William Winslow Hall, M.D., M.R.C.S., to Marian Taylor Clark.

NEWNHAM—BELOE.—On June 9th, at St. Mary Redcliffe, Bristol, by the Rev. Canon Cornish, Vicar, assisted by the Rev. R. O. Hutchinson and the Rev. G. R. Wood, W. H. C. Newnham, M.A., M.D.Cantab., of Chandos Villa, Clifton, to Kathleen Mervyn, second daughter of W. C. Beloe, of 21, Conynge Road, Clifton, Bristol.

DEATH.

DUDLEY.—On March 27th, at Headlands, near Umtali, South Africa, of malarial fever, Frederick Cousett Dudley, aged 23, the dearly-loved younger son of J. Gardner Dudley, M.A., M.D.Cantab., of The Ferns, Fairfield, Farnham, Surrey.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*—Daily, 2. *Operations.*—Tu. F. S., 2.

CENTRAL LONDON OPHTHALMIC. *Attendances.*—Daily, 1. *Operations.*—Daily.

CENTRAL LONDON THROAT, NOSE, AND EAR.—*Attendances.*—M. W. Th. S., 2; Tu. F., 5. *Operations.*—Daily.

CHARING CROSS. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.45; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operations.*—W. Th. F., 3.

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

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

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

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

GUY'S. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operations.*—(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.

HOSPITAL FOR WOMEN, Soho. *Attendances.*—Daily, 10. *Operations.*—M. Th., 2.

KING'S COLLEGE. *Attendances.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operations.*—M. F. S., 12.

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; (Obstetrical), Th., 2.

NATIONAL ORTHOPÆDIC. *Attendances.*—M. Tu. Th. F., 2. *Operations.*—W., 10.

NEW HOSPITAL FOR WOMEN. *Attendances.*—Daily, 2; Ophthalmic, W. S., 9.30 *Operations.*—Tu. F., 9.

NORTH-WEST LONDON. *Attendances.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations.*—Th., 2.30.

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

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

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

ROYAL ORTHOPÆDIC. *Attendances.*—Daily, 1. *Operations* —M., 2.

ROYAL WESTMINSTER OPHTHALMIC. *Attendances.*—Daily, 1. *Operations.*—Daily.

ST. BARTHOLOMEW'S. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., S., 2; o.p., W. S., 9; Eye, W. Tu. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, 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; Orthopædic, W., 2; Dental, Tu. S., 9. *Operations.*—M. Tu. Th. F. S., 1.

ST. MARK'S. *Attendances.*—Fistula and Diseases of the Rectum, males S., 3; females; W., 9.45. *Operations.*—M., 2; Tu., 2.30.

ST. MARY'S. *Attendances.*—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; o.p., M. Th., 1.30; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, 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; (Gynæcological), 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; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10; F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operations.*—Tu. F., 2.30.

WESTMINSTER. *Attendances.*—Medical and Surgical, daily, 1; Obstetric, Tu., F., 1; Eye, Tu. F., 9.30; Ear, M., Th., 9.30; Skin, W., 1; Dental, W. S., 9.15. *Operations.*—M. Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with *duplicate copies.*

☞ *Queries, answers, and communications relating to subjects to which special departments of the* BRITISH MEDICAL JOURNAL *are devoted will be found under their respective headings.*

QUERIES.

H. J. asks if there is any book published epitomising the Contagious Diseases Acts. He has read the various Parliamentary Blue Books.

IMMEDIATE would be glad to know of a really successful method of treatment for hay fever.

MCG. asks what steps or precautions it is necessary to observe in order to inject cocaine successfully into the gums for the purpose of extracting teeth.

W. L. wishes to hear of a home for a boy of 10 who has been cured of epilepsy at a hospital, but would probably relapse if he again lived with his parents.

E. J. M. would be glad to know if Koch's tuberculin has been successfully used in the treatment of lupus erythematosus, and, if so, in what doses?

W. R. E. is anxious to know whether any member can tell him of anything really efficacious for the itching of chronic jaundice from occlusion of the bile duct.

F.R.C.S.Eng. writes: A woman, aged 47, has marked growth of strong, dark hairs both on chin and upper lip. Will some practical worker with *x*-rays kindly say if the process can safely be used to destroy these unwelcome adjuncts, the probable time of exposure needed, and the best mode of shading the eyes?

DR. PERCY NEWELL (Crowborough, Sussex) writes: Can any of your readers inform me through the BRITISH MEDICAL JOURNAL of a good form of weighing machine for the consulting room, small size and reasonable price; also where a description of the Black Forest treatment of consumption can be found.

TYRO writes: A young man complains of constant dull pain over the region of the left kidney, with spasmodic contractions in that spot "drawing him down to the ground," and the pain shooting down into thigh. Would these be symptoms of floating kidney, or what treatment would be best for this seemingly neuralgic condition? He is in every other way perfectly healthy.

DR. ALBERT ROSENAU (Kissingen) writes: Can any one of your readers inform we whether there is any chance of a child 15 years old regaining the sense of hearing? She was born deaf and dumb, but seems fairly intelligent, and does not present any specific symptom (Hutchinson's trias). Her father contracted syphilis before marriage, and married his own cousin, so that there is consanguinity. Is there any chance of gaining hearing power by a strong specific treatment?

W. H. has been consulted as to a severe case of epilepsy in a young girl, aged 15. The attacks followed an injury. Treatment seems useless, and she is rapidly becoming demented and utterly unmanageable. "W. H." wishes to know if there is any asylum or place where such a case would be received and cared for.

*** Application might be made to the National Hospital for the Paralysed and Epileptic, Queen Square, W.C.; but if she be so excited as to be certifiable an asylum is the only place.

HÆMORRHAGE FROM THE URETHRA.

H. G. D. asks for assistance in the diagnosis of the following case: Last Easter a very healthy boy, aged 4 years, was noticed to have blood (what looked equal to about a teaspoonful) on that part of his clothing which was against the penis. No history of injury; no wound apparent. The day before the bleeding he complained of pricking in the part. There has been no recurrence, and his health is perfect.

REGISTRARS AND CORONERS.

T. D. C. writes: The registrar of births and deaths tells me that he has to report to the coroner every case where death has occurred after an operation performed under an anæsthetic. Is this the law?

*** As all responsibility for the exercise of their discretion as to the necessity or desirability of holding an inquest in any case is vested with coroners, registrars of births and deaths are required by their instructions to report to the local coroner, previously to the registration of the death, every case the circumstances relating to which suggest the possibility that the coroner would consider it necessary to hold an inquest. A registrar by his instructions would, we are informed, certainly be required to report to the coroner the case of any death which appeared to be directly or indirectly due to the administration of an anæsthetic.

CHILDREN CYCLING.

DR. EDWARD A. OPIE (Nailsea, Somerset) writes: Questions frequently asked by parents of medical men are, "How old should my little boy, or girl, be before commencing to cycle?" "When they commence, how fast should they ride, and for how long?" etc. An apparently rather widespread idea among mothers is that their daughters, if they commence cycling too early, will have more difficult confinements if they live to have children. The exercise of cycling is so different from that of other outdoor sports and games of children, involving, as most of the latter do, incessant change of position and the use of all the muscles, that the above parental questions are not very easily answered off-hand. One feels rather a heavy responsibility in saying that a juvenile of either sex who has been bothering his parents to buy him or her a bicycle can have the wish gratified. It is in the hope of eliciting some authoritative opinions on the subject of children cycling that I am troubling you with this communication.