

less by first ligaturing the isthmus, and exercising caution in the amount of compression. My rule now is to ligature the isthmus early in the operation, handle the gland carefully, and at once, on the barest suggestion of the train of symptoms referred to, to open up the wound, irrigate it, and fill with dry, aseptic, absorbent wool. It might be better to begin by severing the isthmus, and then remove the lobe from within outwards; but probably if one only has in mind the danger of forcing an excess of the secretion into the blood, or allowing it to escape into a fresh wound, there is no great difficulty in avoiding it. Hitherto one has not recognised the danger, and, if I have somewhat exceeded the space ordinarily allotted for the narration of a case, it is because it appears to me very important that all who undertake operations on the thyroid for exophthalmic or soft parenchymatous goitres should fully recognise this insidious and fatal complication.

MEMORANDA:

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

ERYTHROL TETRANITRATE IN ANGINA.

PROFESSOR BRADBURY, of Cambridge, published in the BRITISH MEDICAL JOURNAL, April 10th, 1897, some notes of a case of angina pectoris, treated by trinitrine, and subsequently by erythrol tetranitrate. Having myself watched the case from its inception, a further report may prove interesting. To avert the paroxysms it became necessary to administer the remedy in steadily increasing doses. The patient takes now half a drachm in the day, that is, 6 grains at 6 A.M., to enable him to dress at 8 A.M.; six more at 10 A.M., 2, 6, and 9 P.M., together with $\frac{1}{2}$ gr. of trinitrine at 10.30 P.M. to enable him to ascend the stairs and get to bed. He is in perfect health, barring the seizures, which are always at hand, if a tabloid chance to be omitted. No physiological effects whatever have at any time been manifested. As I apprehend that these doses of erythrol are unwontedly large, possibly unprecedentedly, the fact may be worthy of record.

It is unfortunate that the preparation of this remedy is so costly, rendering it, as chemists admit, quite prohibitive to the poor.

Hastings.

EDWARD GARRAWAY.

DISLOCATION OF THE UNGUAL PHALANX.

THE case of the above dislocation described by Dr. Bays, recalls to my mind an instance which came under my notice and treatment a few years ago. The circumstances attending it were almost identical with those in Dr. Bays's case—a blow from a cricket ball falling upon the extremity of the extended finger; and the displacement was similar. The third or fourth digit was the one affected in my case—I forget which. The injury was a fortnight old when the patient came to me, having received treatment from a chemist who failed to recognise the dislocation; it was, however, easily reduced by traction and pressure. I am inclined to think that the injury is commoner than surgical writers would lead us to infer. Compound dislocation is certainly not rare.

HAROLD DOWNES, L.R.C.P., L.R.C.S.E.

Burnham, Maidenhead.

I CAN record a similar case which occurred about 18 months ago. The only difference is that in my case the base of the unguis phalanx rested on the palmar surface of the head of the second phalanx. The dislocation was caused by a blow on the end of the middle finger of the right hand. It was easily reduced, and gave little further trouble. It is possible that the injury may be of fairly frequent occurrence, but thought so trivial that it may not have been reported.

Rochdale.

D. RICHMOND, M.B., C.M.

SIX or seven weeks before I saw her, a patient had tripped in the street, and struck the points of her right fingers forcibly against a wall as she fell forwards. The proximal end of the terminal phalanx of the middle finger rested on the dorsal aspect of the head of the second phalanx; but there was no

rotation or lateral displacement of the shaft of the bone. Reduction was a matter of some difficulty, but to retain it in its proper position was of greater difficulty still. The splints could not be abandoned for some weeks. After it was possible to do so the bones retained their normal position, but the movement of the joint could not be fully restored, a considerable degree of ankylosis supervening.

Ash, Dover.

E. A. C. BAYLOR, M.D.

ON October 15th, 1896, some patients of the asylum were employed polishing the floors with large rubbers. One—a heavy woman—slipped and fell with her arm beneath her. In falling the left thumb was gripped by the iron joint of the rubber of the patient next her. The others, hoping to aid, pulled the rubber away. Her arm being fixed by the weight of her body, this resulted in the base of the unguis phalanx being forced on to the posterior surface of the head of the proximal phalanx. There was no external laceration, and the most careful examination failed to elicit symptoms of fracture. Having failed to reduce it, I had it fomented till the evening. In the evening I succeeded in reducing the dislocation and applied splints. The joint was swollen and tender for a time, but soon returned to its normal condition.

DAVID BLAIR, M.A., M.B., C.M.

County Asylum, Lancaster.

ASEPTIC VACCINATION.

DR. RALPH W. LEFTWICH's note in the BRITISH MEDICAL JOURNAL of December 11th on aseptic vaccination reminds me that some years ago I began to vaccinate aseptically, but in a different way from the plan described by him. I first sterilised the child's arm for some distance around the vaccine site, and, after introducing the lymph, covered the skin over and around the abrasions with hot boric gelatine. This rapidly set into a transparent film, through which the progress of the vaccine vesicles could be observed.

On the eighth day the film was quite easily peeled off. The vesicles were then dusted over with boric acid powder, after which another, and in this case thicker, layer of the gelatine was applied, and while setting was dabbed with cotton wool in the manner practised by dermatologists. The treatment was uniformly and eminently satisfactory.

On removing the first film on the eighth day the vesicles were beautifully developed, without the least trace of the surrounding zone of redness which has hitherto, I think erroneously, been supposed to be a normal accompaniment of vaccination, while in the majority of cases the second application remained on until the scab was ready to drop off. Occasionally the contents of the vesicles oozed through the film of gelatine, necessitating a second dusting of boric powder. The plan prevented the introduction of outside septic matter, and very largely reduced the irritability and feverishness commonly associated with the course of vaccination.¹

Latterly I have seldom had occasion to practise vaccination, but Dr. Leftwich's letter induced me to publish my experience. As he truly remarks, nearly all the evils incidental to vaccination are caused by infection of the vaccine vesicles by septic matter, and are to a very great extent preventable. In view of the very great outcry against compulsory vaccination I would respectfully suggest to the Local Government Board the expediency of recommending the adoption of the plan I have described, or of some other equally simple method of excluding sepsis in the performance of this little operation. The boric gelatine was made for me by Mr. Eardley, Glossop Road, Sheffield.

SINCLAIR WHITE, M.D.

Honorary Surgeon, Sheffield Royal Hospital.

It has always appeared to me not less important to attend to aseptic details in performing a vaccination than in doing any other surgical operation involving a lesion of the skin. For the last three years the following has been my regular practice:

I first cleanse the outer part of the upper arm with a weak antiseptic solution (1 in 3,000 perchloride of mercury), and

¹ The boric gelatine is made by adding a drachm of boric acid to an ounce of gelatine, liquefied by heat. It is very cheap, and can be easily made ready for use by immersing the pot containing it in boiling water for a few minutes.

this I wash away with pure (boiled) water, and dry the arm with sterilised wool. The lancet I also sterilise by holding it in boiling water or heating it in a spirit flame and allowing it to cool. The tube of calf lymph is then unsealed and a sufficient quantity of the lymph blown on to the end of the lancet. This is deposited in the form of four lymph drops at the usual sites on the arm (that is, around the insertion of the deltoid), and the skin is then incised in four or five places through each lymph drop. The arm is then allowed to dry in the air (the risk of infection from exposure of the scratches to the air for a few minutes can, I think, practically be disregarded). When dry a piece of sterilised gauze is applied well over the vaccinated area, and a pad of antiseptic (sublimite) wool placed outside this, the whole being secured by a strip of strapping obliquely circling the arm, and, finally, by a few turns of calico bandage. The mother is directed to leave the dressing undisturbed, and bring the child for inspection on the eighth day, or sooner if anything seems at all wrong. On the eighth day the dressing is changed and a fresh dressing put on for another week, with the same instructions.

In the majority of cases the formation of typical vesicles proceeds apparently with little or no disturbance to the child, there is little, if any, pyrexia, and the child eats and sleeps as usual. On the eighth day four characteristic vesicles are exposed, and there is but slight surrounding inflammatory areola, and no induration or reddening of the intervening areas of the skin, and scarcely any soreness. The dressing usually comes away without trouble. I do not prick the vesicles. During the second week the pocks dry up; healing by scabbing occurs, and by the fourteenth to sixteenth day the dressings usually can be discarded.

Exceptions must, however, be recorded: 1. In a few cases the "vaccination has not taken." I occasionally have had to repeat the operation thrice, but in one case only were the whole three attempts failures, and here, I have reason to believe, the patient was insusceptible. 2. In spite of all precautions and instructions, in a few cases the little patient is brought on the eighth day with the bandages filthy and disarranged, and the pocks in a more or less inflamed and septic state. Needless to say this would not have been bettered by the preliminary omission of the aseptic precautions herein described, but even in these cases antiseptic dressings or fomentations, frequently repeated, have quickly effected improvement, and in a week or so healing by granulation has been completed.

P. R. COOPER, B.Sc.Lond., M.B.Lond. and Vict., F.R.C.S.Eng.
Bowdon, Cheshire.

I PRESUME that the majority of vaccinators hold it desirable to prevent the access of sources of fresh infection to the developed vesicles, though it appears that such ideas are rarely put into practice. It must be patent to even a casual observer, that the dead, or almost dead, secretions which are found in or around the developed or maturing vesicles form the best media imaginable for the cultivation of saprophytic organisms, and especially for the group of micrococci connected with cellular and cellulose-cutaneous inflammations (*S. pyogenes*; *S. erysipelatosus*, etc.), and their growth easily originates in the tissue already diseased, the various inflammatory disorders which they are able to set up, and which are so commonly observed after vaccination. Personally, I have followed a plan which has had conspicuous success, not only in removing the dread of "bad arms," but also in giving comfort to the patients throughout the whole course of maturation and defervescence, and although in principle it differs but little from Dr. Lettich's method, I consider it more simple and equally effective.

After washing the arm with soap and water, and carbolicising the area to be treated and its surroundings, vaccination is performed with an aseptic needle. After a brief "drying" period, a circular piece of cyanised gauze is placed over the marks, this being of sufficient size to cover all the spots and allow a suitable margin. Upon this a layer of absorbent antiseptic wool of the same size is placed, and above this three or four more layers of gauze. I now cut a single layer of gauze sufficiently large to overlap the above for about a-quarter of an inch all round, and fix the margin of this to the skin with flexile collodion. As will be seen, this dress-

ing is at once readily applied, aseptic, and does not offer any edges which might catch in the garments of the patient, or become loosened by moisture, neither is a bandage necessary. The dressing may need reapplying after seven or eight days.

Since my adoption of such rational treatment, in no case can I recall that a patient has ceased his occupation owing to vaccination for even the briefest period.

A. D. GRIFFITHS, M.D.Brux., M.R.C.S., L.R.C.P.Lond.
Cinderford.

A SOURCE OF DIPHThERIAL AND SCARLATINAL INFECTION.

THAT diphtheria is largely if not mainly propagated by schools is now generally recognised by all who have come much into contact with it. The possibilities of communication of the infection from the throat of one child to another through the medium of the atmosphere of the schoolroom are sufficiently obvious to account for a good deal of diffusion of the disease in this way. But my attention has recently been drawn by the very intelligent mistress of a Board school in my district to a practice which obtains, in infant schools especially, which I suspect is accountable for a good deal of obscure communication of the disease. It is that of children licking their slates for the purpose of cleaning them. A more effective way of diffusing the infection could hardly be designed. A child with unsuspected infection in its throat licks its slate; the slate, after being dried and used, is handed next day to another child, previously unaffected, who licks it anew, and so on. The process is quite ideal in its simplicity. One way of checking it would be to allocate a special slate to each child; but there appear to be practical difficulties in the way of doing this. Another is to immerse the slates daily in boiling water; but it might also be difficult to ensure this being done. Or, perhaps more easily, they might be immersed in a dilute solution of carbolic acid. But, whichever of these courses be adopted, or if none of them be, the practice itself of licking the slate should be sternly prohibited as being filthy as well as dangerous, and above all whenever any throat mischief is prevalent.

It is obvious that the same method of communication will probably account for the diffusion of the infection of scarlatinal sore throat.

Gloucester.

FRANCIS T. BOND, M.D.

TRAUMATIC TETANUS: RECOVERY.

ON November 9th, 1897, I first saw S. W., aged 27. He complained of inability to open his jaws and of painful spasms shooting round the side, starting from the mid-dorsal region of the spine. Three weeks previously while pulling mangolds in the field he scratched his right thumb and left index finger, in both cases just below the matrix of the nail; the wounds inflamed and discharged matter, but eventually healed well. He felt quite himself till November 4th (five days before my first seeing him), when he began to notice a difficulty in opening his mouth.

I found that the spine was strongly arched forwards and that there was some rigidity in all his limbs. Realising the importance of speed, I immediately procured some antitetanic serum (British Institute of Preventive Medicine). He had the first injection of 10 c.cm. under the skin of the abdomen at 4 P.M., and this was repeated at 11 P.M. the same night. The following days he had similar injections night and morning until he had nine in all.

Not noticing any decrease of spasm the serum was then stopped, and he was given chloral hydrate gr. xx. every four hours. From commencing the chloral the spasm began slowly to decrease, and sleep, which had hitherto been totally absent, soon followed.

The only drawback to the large doses of chloral was the delirium which it produced, and this necessitated its withdrawal and replacement by doses of morphine gr. $\frac{1}{4}$ hypodermically, repeated as seemed necessary. The highest temperature was 103° F. and the normal line was not reached till the twentieth day of the disease, when all spasm was practically gone.

Although I have stated that no noticeable remission of spasm occurred during the administration of the serum, I do not wish it to be inferred that the serum had nothing to do with the successful issue of the case. I consider the serum

kept the man alive, and that without it he would not have lived long enough for the chloral to do him any good. Amputation of the wounded fingers was suggested, but not approved of by the friends.

He was fed on milk and fluid beef, and constipation was treated with calomel (5 gr.).

Keynsham, near Bristol.

GEO. WILLETT, M.R.C.S.

REPORTS

ON

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

EVESHAM COTTAGE HOSPITAL.

(Under the care of Mr. A. H. MARTIN, M.R.C.S.E., L.S.A.)

L. S., aged 84, was admitted on June 13th, 1897, for malignant disease of the hand, which had existed for three or four years, and had involved all the soft parts, and extended down to the metacarpal bones. The pain was very acute, and no sleep could be obtained previous to admission without full doses of opium.

The forearm was amputated on June 16th by anterior and posterior flaps in the middle third; all bleeding was controlled by the application of Esmarch's bandage. She was completely anæsthetised by chloroform, which she took without any bad result. After the operation the flaps were brought together by five or six silkworm thread sutures, the wound was dusted with iodoform, and then a solution of boro-



glyceride applied. The dressings were removed four days after the operation, when it was found that primary union had taken place, and on the day week from the operation everything had completely healed. The patient left the hospital in three weeks much improved in her general health, and to all appearance quite well.

NOTE.—I send a photograph of the patient taken by my friend, Mr. H. B. Pollard. I would particularly draw attention to the great age of the patient for such an operation, and

the remarkable rapidity with which she recovered. I should add that there was not the slightest sign of any enlarged gland to be found in the axilla, and that the old woman's constitution did not seem broken down to any great extent. At the present time—six months after the operation—she is in excellent health, and there is no sign of any recurrence of the disease, and she suffers no pain.

THE WESTERN INFIRMARY, GLASGOW.

A SUCCESSFUL CASE OF CÆSAREAN SECTION: EIGHT CRANIOTOMIES PREVIOUSLY.

(Under the care of Professor MURDOCH CAMERON, Glasgow.)

[Reported by THOMPSON CAMPBELL, M.B., C.M.,
House-Surgeon.]

MRS. E. U., aged 34, was admitted on December 8th, 1897, at full term of pregnancy. Menstruation commenced in her thirteenth year and continued regular until marriage, eight years ago. She has had eight pregnancies previously, and on each occasion operative interference was called for—at full time on the first six occasions, and at the seventh month on the last two, when craniotomy had to be performed. She could not state definitely when menstruation ceased at the inception of the present pregnancy, but she was certain that she experienced foetal movements in the month of July, 1897. She was of short stature, and had double genu valgum. The pelvis presented the winged character, and the promontory of the sacrum was felt, on vaginal examination, to project abnormally, so that the diagonal conjugate measured only 2 inches. The usual appearances and signs of pregnancy were found. There was a complete laceration of the perineum.

On December 9th, the day after admission, as the os uteri had dilated somewhat, and as the patient had experienced some slight pains, Dr. Cameron operated, performing Cæsaean section, and removing a well-developed female child from the uterus. Hæmorrhage from the uterine wound was prevented by Dr. J. M. Kerr, who grasped the edges with both hands, so that there was less bleeding than at a normal labour. The uterine incision was closed with twelve silk stitches, and the Fallopian tubes were tied in two places and cut. The abdominal wound was then united with silkworm-gut stitches and dressed.

On the day following operation the patient had a slight rise of temperature, but has made an uninterrupted recovery. She vomited on only one occasion; the pulse has remained steady, averaging 88 a minute; respirations have varied from 20 to 24 a minute.

The child was fed artificially during the first day or two after operation but is now being suckled by the mother, and is healthy and well nourished.

LINCOLN COUNTY HOSPITAL.

CASE OF CARCINOMA OF RECTUM: KRASKE'S OPERATION:
RECOVERY.

(Under the care of Mr. W. J. CANT, L.R.C.P., M.R.C.S.,
Honorary Surgeon to the Hospital.)

S. A. C., aged 52, was admitted on May 27th, 1897. On examination a large growth was found occupying the rectum, commencing about $1\frac{1}{2}$ inch above the anus, but its upper limit could not easily be ascertained. At its commencement it felt like a contracted os uteri, and bled freely on attempting to pass the finger through it. The gut was fairly movable, and the disease appeared limited to it. Trouble commenced in the rectum about two years before admission, with pain and muco-sanguineous discharge. She was at one time troubled with diarrhoea, and at another constipation. The pain increased, and she lost flesh rapidly. A few days before the operation there was almost complete obstruction, and the question of colotomy arose. The patient, however, was desirous of having the disease removed at one operation, and objected to undergo three separate operations: first the colotomy, then the excision of the rectum, and lastly the closure of the colotomy wound; and, as the disease was rapidly increasing, it seemed unwise to delay its removal by doing the colotomy first.

On June 2nd Kraske's operation was performed. Although every endeavour by purgatives and careful feeding was made

MILITIA MEDICAL STAFF CORPS.

SURGEON-LIEUTENANT T. W. G. KELLY, M.D., to be Surgeon-Captain, November 7th, 1897.

Surgeon-Lieutenant JOHN EDWARD O'CONNOR, M.B., from the first Volunteer Battalion the Leicestershire Regiment, to be Surgeon-Lieutenant, December 22nd, 1897.

THE VOLUNTEERS.

SURGEON-CAPTAIN J. M. M. THOMAS, 2nd Gloucestershire (the Bristol) Engineers, and Surgeon-Lieutenant W. H. R. FORSBROOK, M.D., 1st Volunteer Battalion the Royal Fusiliers (City of London Regiment), have resigned their commissions, December 22nd, 1897.

Mr. WILLIAM M. BOYD, M.B., is appointed Surgeon-Lieutenant in the 1st Volunteer Battalion the Royal Scots Fusiliers, December 22nd.

Surgeon-Lieutenant T. G. PROSSER, 4th Volunteer Battalion the South Wales Borderers, has resigned his commission, retaining his rank and uniform, December 22nd.

Surgeon-Lieutenant E. P. DICKIN, M.D., 1st Volunteer Battalion the Northamptonshire Regiment, is promoted to be Surgeon-Captain, December 22nd.

Mr. CHARLES MCBRYDE, M.B., is appointed Surgeon-Lieutenant in the 1st (Renfrewshire) Volunteer Battalion Princess Louise's Argyll and Sutherland Highlanders, December 22nd.

VOLUNTEER MEDICAL STAFF CORPS.

SURGEON-CAPTAIN W. H. B. CROCKWELL, the Manchester Companies, has resigned his commission, December 22nd, 1897.

SURGEON-CAPTAINS BEYTS, A.M.S., AND BAMFIELD, I.M.S.

The gallant conduct of Surgeon-Captain W. G. Beyts at the action of the Ublan Pass on August 27th, 1897, which has been already referred to in the BRITISH MEDICAL JOURNAL, is thus spoken of by Major-General Yeatman-Biggs, C.B., the officer in command, in the despatch reporting the operations, which appears in the *London Gazette* of Tuesday last: "I especially wish to bring to notice the admirable manner in which Surgeon-Captains W. G. Beyts, Army Medical Service, and H. Bamfield, Indian Medical Service, attended the wounded under fire during both the advance and retirement. The path down being too precipitous for any dhoolie, Surgeon-Captain Beyts carried Lieutenant North, of the Scots Fusiliers, for a considerable distance down the hill on his back Such fine soldier-like conduct is, in my opinion, deserving of some special recognition."

THE MEDICAL SERVICE IN INDIA.

SURGEON-MAJOR-GENERAL GORE, P.M.O. H.M. Forces, left Simla on December 17th on a tour of inspection. He will inspect the 3rd Battalion Rifle Brigade at Umballa, and also the Station Hospital, then the Base Hospital and Royal Irish Regiment at Rawal Pindi, also the Base General Hospitals at Nowshera and Peshawur; and, finally, the camp at Bara, where the troops that have returned from Tirah have taken up winter quarters.

The Tchi Force is being demobilised, and the field hospitals will be replaced by the usual regimental ones.

In November there were employed on service in the several divisions and brigades 329 medical officers, 220 assistant surgeons (warrant officers), 395 hospital assistants, and 114 civil surgeons, making a total of 1,058 medical hands. Testimony is borne to the good work done by the medical department.

THE FRONTIER CAMPAIGN.

A CORRESPONDENT very justly expresses regret that we hear so little about the medical arrangements of the current campaign. Most of the war correspondents, he says, are officers on full pay, who dare not, if they would, point out defects. Is he asks, the Principal Medical Officer on the "line of communications," or with the headquarter staff? These are matters we ought to know, and shall no doubt learn in time.

RETIRED MEDICAL OFFICER.

A CORRESPONDENT urges that, in any new warrant, the claims of retired medical officers, especially of those liable to recall to service, to participate in the advantages of rank and titular designation, should not be overlooked.

. We have always advocated, as a matter of course, the extension of titular change to officers liable to recall; otherwise, in the event of recall, inevitable confusion must result. The extension of such titular change to all retired medical officers, by decree, might, however, be attended with difficulty.

THE ARMY MEDICAL RESERVE.

A COUNTRY G. P. writes: A gentleman once wrote to a horse dealer describing to him the kind of horse he required, and stating that he was willing to pay such-and-such a price. He received in reply a postcard on which was written: "Dear Sir,—You want a horse at pony price. So do I.—Yours truly, X."

Going through this work-a-day world I have noticed that I and nearly everyone else are looking out for horses at pony prices. Unfortunately I have never found anyone anxious to sell on those terms. The medical profession—strange as it may seem—are willing thus to sell, and do so every day and hour, and even compete for the privilege. The general public are not slow to notice this unbusiness-like trait in our character, and make the most of it, as our hospitals, medical aid clubs, etc., all show. The guardians of the poor and other public bodies are not a bit behind, and get a huge cart horse out of their medical officers, to whom they pay a Shetland pony price.

These examples are all too well known, but I have lately come across

a new example, where the profession gets, as far as I can see, less—in fact, nothing. I refer to the Army Medical Reserve. Medical men joining the Army Medical Reserve undertake to leave their practices, throw up their work in life, leaving, perhaps, wife and children, whenever they are called upon to do so; not only in times of great national danger, but long before that when only the reserves are called out, which with our small army may be at any time. I have asked: What do they get for this? What are they paid? Nothing?

The answers I have received say: (1) They get the promise of any contract work that may be going at about 8s. per head; and (2) they get "social" position. I said "promise" just now, for from the way the contract work has been put up to a sort of Dutch auction it seems it is only the promise and nothing more they get. As to social position, I may perhaps be allowed to say that any medical man who joins the Army Medical Reserve to gain social position will be disappointed, for if his own social position is such that it needs that sort of thing to raise it, the combatant officers with whom he might mix would be quick enough to notice it, and he would not find that joining the auxiliary branch of a service that is looked down upon by so many combatant officers had raised him in their estimation at any rate. Medical men would get far more socially if they joined the Volunteers as combatant officers; they would have far more fun for their money, and would be treated with the respect that is always paid to an officer wearing Her Majesty's uniform, provided always that that officer is not in any way connected with the Army Medical Service. It would be well if the members of the Army Medical Reserve would ponder these things, and would retire from a position which does not benefit themselves, while it does harm to their brothers on the active list, in that it helps to harden Pharaoh's heart.

MEDICO-LEGAL.

RESIDENCE FOR SALE.

A MEMBER.—In reply to our correspondent's first question, we think it would be exceedingly difficult to establish a case for legal proceedings. A letter could, however, be written to the advertiser to the effect that the advertisement in question might create an erroneous impression, to our correspondent's detriment, and requesting that it should be modified; and this letter might be written reserving our correspondent's rights if the request is not complied with. In answer to the second question, to notify a removal by advertisement would be contrary to the usual custom. There would, we think, be no objection to our correspondent writing a letter to his patients referring to the advertisement and explaining the fact of his intended removal.

A QUESTION OF QUALIFICATION.

P. C. inquires whether he can register the diploma of the Society of Apothecaries, London, not having any other qualification; also if he can sign death certificates.

. In reply to the first question, if the diploma was dated on or after July 1st, 1887, the holder will be entitled to registration on the *Medical Register* with this qualification only. If granted prior to that date the holder is not now entitled to be registered unless he passes the qualifying examination prescribed by the Medical Act, 1886. In reply to the second question, only registered medical practitioners should sign death certificates.

MIDWIFERY ENGAGEMENTS.

T. E. D. submits the following point: A doctor is engaged by a written note to attend at an approaching confinement, the husband of the lady being the writer. Some time after the doctor is written to again by the husband saying his services will not be required. The lady is confined about the time expected, another doctor being called in. The first doctor was prepared to attend, and was at no time away from his practice. Can he charge the husband a fee for having engaged him in spite of the second note?

. If our correspondent replied to the first note of the husband agreeing to attend the confinement, this might be held to constitute a contract sufficient to render the husband liable in damages (not necessarily the amount of the fee) for breach of such contract. If the doctor in question merely entered the note in his book as an engagement, we are advised that he could not recover the fee or damages at law, as it does not appear in such a case that there could have been a contract.

UNIVERSITIES AND COLLEGES;

UNIVERSITY OF CAMBRIDGE.

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

Part II. *Human Anatomy and Physiology*.—Atlee, B.A. Joh.; Badcock, B.A., Cath.; B. L. T. Barnett, B.A. Joh.; Bousfield, B.A., Pemb.; Bowen, B.A., Gonv. and Cai.; J. M. Brydone, Jes.; Byles, King's; A. J. Clarke, Emm.; Claxton, King's; Crompton, B.A., Gonv. and Cai.; Davies-Colley, B.A. Trin.; Dunlop, B.A. Sid. Suss.; Emerson, B.A., Gonv. and Cai.; Foster, B.A., King's; Gabb, Down; T. B. Gilbert-Smith, B.A., Trin.; Greene, B.A., Corp. Chr.; A. W. Greig, B.A., Jes.; Holmes, B.A., Gonv. and Cai.; Home, B.A. Trin.; A. C. Ingram, Joh.; J. H. Kellgren, Trin.; Knight, B.A., Emm.; Lambert, Joh.; Laycock, Joh.; Leech, B.A., Christ's; P. G. Lock, B.A., Gonv. and Cai.; McBryde, B.A., King's; N. MacLaren, B.A., Trin.; Murray, B.A., Joh.; J. C. Newman, B.A. Trin.; G. H. Orton, B.A., Trin.; Paterson, B.A., Gonv. and Cai.; Paton, B.A., Gonv. and Cai.; Per-

kings, B.A., Joh.; Rashleigh, M.A., Trin.; Sedgwick, Sid. Suss.; Stirling-Hamilton, B.A., Jes.; Susmann, B.A., Gonv. and Cai.; T. P. Thomas, Gonv. and Cai.; Ticehurst, B.A., Cla.; R. H. Urwick, B.A., Trin.; H. H. Weir, B.A., Trin.; W. H. O. Woods, B.A., H. Selw.

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

Allfrey, B.A., Trin.; R. H. Bell, B.A., Trin.; Boulton, B.A., Cla.; J. R. Charles, B.A., Gonv. and Cai.; W. L. H. Duckworth, M.A., Jes.; J. G. Forbes, B.A., Christ's; Godson, B.A., Joh.; A. H. Greg, B.A., Trin.; Hardy, B.A., Jes.; Harman, B.A., Joh.; G. C. Jackson, B.A., Joh.; Jeaffreson, B.A., Christ's; Jephcott, B.A., Gonv. and Cai.; Kirk, M.A., Christ's; Lindsay, B.A., Sid. Suss.; McCarthy, B.A., non-coll.; G. F. McCleary, B.A., Trin. H.; Manners-Smith, M.A., Down; Martin, B.A., Gonv. and Cai.; Mathias, M.A., Christ's; Michael, B.A., H. Selw.; Molesworth, B.A., Gonv. and Cai.; C. S. Myers, B.A., Gonv. and Cai.; H. D. O'Sullivan, B.A., Emm.; Paterson, B.A., Emm.; Petyt, M.A., Christ's; Roe, B.A., Pemb.; Shewell, B.A., Trin.; Skyrme, B.A., Christ's; Sladen, M.A., Gonv. and Cai.; B. H. Slater, B.A., Trin.; Trounser, B.A., Jes.; W. R. Wilson, B.A., Corp. Chr.; Woolley, B.A., Gonv. and Cai.; Yeld, B.A., Trin.

UNIVERSITY OF LONDON.

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

Medicine.—C. Bolton, B.Sc., University College; J. N. Brown, B.Sc., University College; *T. R. H. Bucknall, University College; F. M. Burnett, St. Bartholomew's Hospital; P. K. Byrne, B.Sc., B.A., University College; Dorothea Caine, London School of Medicine and Royal Free Hospital; F. B. Carter, University College; D. A. Channing-Pearce, B.Sc., Guy's Hospital; Margaret M. Traill Christie, B.Sc., Royal Free Hospital; F. J. Coutts, B.Sc., University College; Rosina Clara Despard, Royal Free Hospital; H. B. Dickinson, University College and Royal Infirmary, Liverpool, and St. Bartholomew's Hospital; †W. d'E. Emery, B.Sc., St. Bartholomew's Hospital; G. G. Genge, B.Sc., St. Thomas's Hospital; S. Gillies, St. Bartholomew's Hospital; C. J. Harnett, Guy's Hospital; G. B. Hunt, B.Sc., University College; C. E. M. Kelly, B.Sc., Owens College; J. C. H. Leicester, B.Sc., University College; F. S. Locke, St. Bartholomew's Hospital; W. A. Marris, Mason College; L. Rogers, B.Sc., St. Mary's Hospital; R. Row, B.Sc., Grant Medical College, Bombay, and University College, London; A. E. Russell, B.Sc., St. Thomas's Hospital; J. L. Sawers, University College, London, and North Staffordshire Infirmary; H. B. Shaw, B.Sc., University College; H. Singar, Mason College; T. M. Thomas, M.Sc., Guy's Hospital; W. B. L. Trotter, University College; F. T. Waldron, B.Sc., London Hospital; W. C. Wood, St. Mary's Hospital.

State Medicine.—C. T. Parsons, M.D., St. Mary's Hospital and University College.

* Gold medal.

† Obtained the number of marks qualifying for the Gold Medal.

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

J. H. Cook, University College; F. J. Steward, Guy's Hospital; E. C. Taylor, M.D., Guy's Hospital.

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

First Division.—B. Dyball, St. Thomas's Hospital; A. H. Evans, Westminster Hospital; C. H. Fagge, Guy's Hospital; A. L. Home, St. Thomas's Hospital; C. H. J. Lockyer, Charing Cross Hospital; H. P. Noble, Middlesex Hospital; F. W. Robertson, St. Bartholomew's Hospital; J. D. Russell, University College and London Hospital; A. W. Sike, B.Sc., St. Thomas's Hospital; E. J. Toye, B.Sc., St. Bartholomew's Hospital.

Second Division.—W. R. Battye, B.Sc., University College; J. E. G. Calverley, St. Bartholomew's Hospital; Mary Frances Cornford, Royal Free Hospital; S. Cornish, St. Bartholomew's Hospital; E. Fisk, Guy's Hospital; G. F. S. Genge, Westminster Hospital; Alice Mary Hawker, London School of Medicine and Royal Free Hospital; C. R. Hodgson, Guy's Hospital; J. L. Jones, University College; Beatrice Knowles, Royal Free Hospital and London School of Medicine; G. K. Levick, Guy's Hospital; G. E. Manning, M.D., Guy's Hospital; W. T. Milton, Guy's Hospital; W. G. Mortimer, London Hospital; R. H. Norman, Westminster Hospital; G. E. Richmond, B.A., B.Sc., Guy's Hospital; J. P. Scatchard, St. Thomas's Hospital; T. H. C. Stevenson, University College; E. Thomas, University College; P. N. Vellacott, Guy's Hospital; P. G. S. Williams, University College.

UNIVERSITY OF EDINBURGH.

The following are the numbers of the students who attended the several courses of lectures in the Medical Faculty of the University of Edinburgh during the winter and summer sessions of 1896-7: Zoology, 200; Botany, 217; Physics, 241; Chemistry, 256; Anatomy, 226; Physiology, 449; Materia Medica, 199; Pathology, 162; Medical Jurisprudence, 222; Midwifery, 188; Surgery, 199; Practice of Physic, 225; Mental Diseases, 193; Ophthalmology, 84.

HOSPITAL AND DISPENSARY MANAGEMENT.

HOSPITAL LETTERS.

At a recent meeting of the Hospitals' Association Mr. R. B. D. Acland, Chairman of the Metropolitan Hospital Saturday Fund, read a paper on its work and aims, in the course of which he observed that the system of hospital letters had little to recommend it, but that unfortunately the issue of letters was ingrained in the voluntary system of London. The principle which underlay the work of the Fund, he added, was self-help, and the strength of the movement lay in the work which was being done in the workshop. The shop collections showed signs of steady increase.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 5,424 births and 2,730 deaths were registered during the week ending Saturday last, December 25th. The annual rate of mortality in these towns, which had been 20.8 and 20.6 per 1,000 in the two preceding weeks, further declined to 17.7 last week. The rates in the several towns ranged from 9.0 in Croydon, 10.7 in Brighton, 11.8 in Oldham, and 13.6 in Derby, to 19.8 in Manchester, 19.9 in Nottingham, in Preston, and in Sheffield, 25.8 in Blackburn, and 26.5 in Swansea. In the thirty-two provincial towns the mean death-rate was 17.4 per 1,000 and was 0.8 above the rate recorded in London, which was 18.2 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.3 per 1,000; in London the rate was equal to 2.9 per 1,000, while it averaged 1.9 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.7 in Bristol, 3.1 in Leicester and in Swansea, 3.4 in Cardiff, and 7.5 in Blackburn. Measles caused a death-rate of 1.5 in Burnley, 1.6 in Halifax and in Swansea, 2.0 in Bristol, and 5.6 in Blackburn; scarlet fever of 1.0 in Huddersfield and 1.6 in Swansea; whooping-cough of 1.0 in Gateshead and 1.1 in Plymouth; and "fever" of 1.0 in Derby. The 39 deaths from diphtheria in the thirty-three towns included 56 in London, 6 in Cardiff, 6 in Leicester, and 4 in West Ham. No fatal case of small-pox was registered, either in London or in any of the thirty-two provincial towns, and no small-pox patients were under treatment in any of the Metropolitan Asylum Hospitals on Saturday last, December 25th. The number of scarlet fever patients in these hospitals, and in the London Fever Hospitals, which had been 3,818, 3,812, and 3,806 at the end of the three preceding weeks, had further declined to 3,619 on Saturday last; 222 new cases were admitted during the week, against 328, 319, and 260 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, December 25th, 831 births and 554 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 18.5 to 20.3 per 1,000 in the five preceding weeks, declined to 18.6 last week, but was 0.9 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 13.8 in Leith and 15.8 in Aberdeen, to 19.6 in Paisley and 20.7 in Glasgow. The zymotic death-rate in these towns averaged 2.2 per 1,000, the highest rates being recorded in Glasgow and Greenock. The 284 deaths registered in Glasgow included 8 from measles, 6 from scarlet fever, 2 from diphtheria, 10 from whooping-cough, and 3 from "fever." Two fatal cases of diphtheria were recorded in Edinburgh, and 3 of scarlet fever in Dundee.

DIPHTHERIA IN LONDON.

THE mortality from diphtheria in London showed a slight decline last week. The deaths referred to this disease, which had been 52, 58, and 62 in the three preceding weeks, fell to 55 during the week ending Saturday last, December 25th, but exceeded by 12 the corrected average number in the corresponding weeks of the ten preceding years. Of these 55 fatal cases, 7 were of persons belonging to Poplar, 6 to Islington, 4 to St. Pancras, 4 to Fulham, and 4 to Camberwell sanitary areas; 38 of the 56 deaths were of children under 5 years of age, and 18 (nearly all of which were of children under 10 years of age) between 5 and 20 years; while no fatal case occurred among persons aged upwards of 20 years. The number of notifications of diphtheria in London, which had been 261, 300, and 288 in the three preceding weeks, further declined to 218 during the week ending Saturday last. Compared with the preceding week there was a slight increase in the prevalence of diphtheria in East London, but in North, West, Central, and South London there was a decline. Among the sanitary areas of West London only the 6 new cases notified in Chelsea exceeded those recorded in the preceding week. Among the sanitary areas of North London the new cases showed a marked decline in St. Pancras and in Hackney; while in Islington there was a further increase in the prevalence of diphtheria, the new cases numbering 16, against 8 and 11 in the two preceding weeks. In most of the sanitary areas of East London there was a decline in the prevalence of the disease, but in Poplar no fewer than 21 new cases were notified, against 7 in the preceding week. The 9 new cases in Shoreditch also exceeded those recorded in any recent week. Among the sanitary areas of South London there was a general decline last week in the prevalence of diphtheria, especially in St. George Southwark, Lambeth, Camberwell, Greenwich, Lewisham, and Woolwich. In St. Saviour Southwark, and in Bermondsey, however, the new cases exceeded those recorded in any recent week. The admissions of diphtheria patients into the Metropolitan Asylum hospitals, which had been 145, 165, and 164 in the three preceding weeks, declined to 141 last week, and 1,079 patients remained under treatment in these hospitals on Saturday last.

BIOLOGICAL SEWAGE FILTERS.

DR. REID has reported to the Staffordshire County Council on the experimental filters laid down at Tipton. Three experimental filters had been laid down by the District Council: one of coke breeze, one of sand and gravel, and a third of sand and gravel aerated on Lowcock's principle of pumping air into the filter. The two former were completed in September, 1896, the last in January, 1897. In February a coal filter was laid down by Mr. Garfield in substitution for the second. The three thus reported upon are the coke breeze, the Lowcock aerated, and the Garfield coal filters. At first the coke breeze filter (Dr. Reid gives no details as to its construction) was worked on Mr. Dibdin's charging and discharging principle, but later by a continuous flow of twelve hours followed a similar interval of rest like the other two. The Lowcock filter dealt with only half the proportion of sewage for the same area as the others. The

lunatics and those of the criminal class who have recovered, and whose acts were not offences against the person. Employment is a strong point in the asylum. The inmates are engaged in various domestic duties, conservancy among them, in gardening, and manufactures of all sorts. A dairy farm supplies milk to the institution and to the public, and is worked at a profit. All the clothing for the insane is made in the asylum, but it is remarked: "The men employed in this work are all sane"—criminal lunatics no doubt. The cost of each inmate was Rs. 111. The Deputy Superintendent was changed thrice during the year, an unfortunate circumstance. The Superintendent Surgeon, Lieutenant-Colonel G. T. Thomas, is highly complimented for his able and zealous management.

THE NURSING SERVICE.—The India Office has issued revised rules for the Indian Nursing Service. When the service was first instituted in 1890 no provision was made for a lady nurse remaining in India for more than ten years; but, now that Government sees the advantage of retaining experienced superintendents for a longer period, it is found necessary to offer pensions in lieu of the gratuities hitherto given. In future, nursing sisters will be entitled to a pension of £50 after completion of fifteen years' total service, and £60 after twenty years. Provision is also made for a lady nurse who may be obliged by ill-health to retire after fifteen but under twenty years' total service. The sterling pensions may be paid in India at the Government rate of exchange for the time being.

TRINIDAD.

LESSENED THERAPEUTIC PRESCRIPTION OF ALCOHOL.—In the annual report of the Surgeon-General for Trinidad for 1896, issued this year, the Hon. F. H. Lovell, C.M.G., calls attention to the remarkable decrease in the total cost of alcoholic stimulants during the past four years. Dr. Lovell points out that while the amount was £753 17s. in 1892, this had gone down to £227 10s. 4d. in 1896. The hospitals embraced in the return were those at Port of Spain and San Fernando, with the Leper Asylum, the last named having been closed for two months in 1896. The reduction had been, on the whole, gradual, but had been most marked during 1896. There has thus, practically, been a decrease of two-thirds in alcoholic expenditure, a diminution which is not so very far different from the 60 per cent. which has been noted in Poor-law Medical Service during the past thirty years in the United Kingdom.

BRITISH GUIANA.

THE PUBLIC MEDICAL SERVICE.—We have received from the Surgeon-General (Dr. D. Palmer Ross) the Annual Medical Report, together with the Financial and Statistical Returns of the Medical Department of British Guiana for the year ending March 31st, 1897. The general health of the Colony was on the whole very satisfactory, and it is interesting to note the absence of any epidemic disease, and the fact that there was not a single case of small-pox or yellow fever recorded. The most common affections were malaria, influenza, chest affections, and bowel complaints, but it is reassuring to find that, in spite of a very severe drought the number of cases suffering from the last-named cause continued to diminish as compared with previous years. As a matter of fact the amount of sickness in the Colony was less than in any year since 1885. During the year 1896 the old Quarantine Board was abolished, and its duties transferred to a Committee of the Central Board of Health. Quarantine regulations were strenuously enforced in the case of all ships arriving from suspected ports, or carrying cases of infectious disease, even including measles. The report includes some account of the year's work of the public medical institutions of British Guiana, the largest of which is the public hospital at Georgetown, with 700 beds and an attendance of over 8,000 in-patients, and thrice as many out-patients. During the period under notice the first successful ovariectomy in this hospital was performed. The death-rates in all the public hospitals are remarkably low, and the surgical results on the whole gratifying. We notice, however, that the hospital at Suddie is continually overcrowded, the number of beds being 53, the average number of patients 55, and the maximum 67; the nursing staff (3 day and 2 night) does not seem quite adequate. We understand, however, that increased accommodation has been sanctioned and will shortly be provided. A further point which seems to call for some elucidation is the saving—amounting to over £1,000 per annum—effected by the redistribution of work among some of the medical officers. The report does not quite make the matter clear, but leaves the impression that this economy has entailed an increase in the duties of certain officers without a corresponding pecuniary advancement.

VICTORIA.

MELBOURNE WATER.—A report on Drinking Water and Disconnection, with appendices on Typhoid Fever and Unwholesome Conditions in Melbourne, by Dr. Gresswell and others, contains the statement that there is not in the entire colony of Victoria a single municipality or company that subjects the public water supply to filtration or straining of any kind. The supplies are, it is stated, derived from the surface drainage of catchment areas, laden with pollution of every kind. When a reservoir is emptied the deposits of "black, bubbling, putrid filth, it may be some feet in thickness," containing 88 per cent. of organic matter, and mainly composed of the disintegrated remains of beetles, centipedes, snakes, and rabbits. When the water mains are cleared out is "frequently unable to stand within many yards of the disgustingly offensive filth" with which they were well-nigh occluded, while eels and fish are frequently arrested and putrefy in the house pipes. The street mains are laid below, and the fire plugs fixed in the bed of the gutters, which carry slop waters and liquid sewage that enters the mains when the plugs are opened. Direct connections between the water pipes and closets, urinals, and stable drains are found everywhere, excremental matters being sucked in with any interruption of the pressure in the mains. The sanitary arrangements of the best houses are scandalous, and disconnection and ventilation almost unknown. For nearly ten years Dr. Gresswell has protested against these abuses, but as yet the authorities have turned a deaf ear, not only in Melbourne, but in Geelong and the other large and wealthy towns of the colony.

MEDICAL NEWS.

We are informed that the Princess Louise has become the patroness of the Nurses' Co-operation, 18, Cavendish Street, W. This society, founded in 1891 and incorporated in 1894, has 450 nurses as members.

At the examination for inspectors of nuisances held in Manchester by the Sanitary Institute on December 17th and 18th, 1897, 83 candidates presented themselves, of whom 33 were granted certificates of competence. At the same time 6 candidates presented themselves for the certificate in practical sanitary science, of whom 1 passed.

MEDICAL GOLF TOURNAMENT.—We are asked to state that it is proposed to start a golf tournament handicap confined to medical men. A committee, of which Dr. Rolf Creasy, Windlesham, Surrey, is Secretary, has been formed, and the plan it suggests is that matches shall be played where and when each pair of players drawn together shall mutually agree, but within twenty miles of London if one competitor so desire. Further particulars will be made known at an early date.

THE ROYAL INSTITUTE OF PUBLIC HEALTH.—The Queen has commanded that the British Institute of Public Health shall in future be styled the Royal Institute of Public Health, has accepted the office of Patron of the Institute, and has conferred the Jubilee medal upon the President, Professor W. R. Smith, M.D. The Council of the Institute has conferred the Harben Gold Medal for 1898 upon Lord Playfair, and has appointed Professor W. R. Smith Harben Lecturer for the year 1899, and Mr. Henry C. Jones, Solicitor, Secretary to the Institute. The offices have been removed to 197, High Holborn, W.C.

PRESENTATION.—Dr. Alexander R. Coldstream, of Florence, was recently presented with a bicycle by numerous friends and patients whose esteem he has won during his practice of fourteen years in Florence. Conspicuous among those who contributed were Dr. Coldstream's English colleagues in Florence, who took this opportunity of testifying their appreciation of Dr. Coldstream's consistent efforts to maintain the utmost harmony among the members of the profession practising in Florence, efforts which it is hoped will be continued to be crowned with success in the future as in the past.

THE PRINCE OF WALES'S HOSPITAL FUND FOR LONDON.—The Honorary Secretaries of this Fund have received from Sir Edward Lawson the sum of £37,779 19s. 7d. (755,599 shillings and 7 pence), being the amount received to date in answer to the appeal made through the *Daily Telegraph*. Among the latest sums received by the Fund are the proceeds of a collection in the yard of the Thames Iron Works and Shipbuilding Company, £57 1s. 5d., and a cheque for 100 guineas from Sir Henry Irving. Arrangements have now been made for taking photographs of children, and of adults who may have reached their majority in 1897, for the purpose of inserting them into the albums for the hospital stamps.

MEDICAL VACANCIES.

The following vacancies are announced:

ABERDEEN: UNIVERSITY OF.—Two additional Examiners: (1) Materia Medica for a period of three years; (2) Medical Jurisprudence and Public Medicine for a period of one year. Applications to Robert Walker, Secretary, by January 4th.

BOURNEMOUTH ROYAL VICTORIA HOSPITAL.—Ophthalmic Surgeon; must be F.R.C.S. Applications to the Secretary by February 1st.

BRIGHTON: SUSSEX COUNTY HOSPITAL.—House-Physician. Doubly qualified; unmarried, and when elected under 30 years of age. Salary, commencing at £50 per annum, with board and residence in the hospital. Applications to the Secretary by January 12th.

CAMBERWELL: PARISH OF ST. GILES.—Assistant Medical Officer for the Infirmary at Havil Street and the Workhouses at Gordon Road and Constance Road. Appointment for one year. Salary, £50, with apartments, board, and washing. Applications on forms to be obtained from Mr. C. S. Stevens, Clerk to the Guardians, Guardians Offices, 29, Peckham Road, S.E.

HARTSHILL, STOKE-ON-TRENT: NORTH STAFFORDSHIRE INFIRMERY AND EYE HOSPITAL.—House-Physician. Salary, £100 per annum, increasing £10 per annum, with furnished apartments, board, and washing. Applications to the Secretary by January 20th.

JERSEY, STATES OF THE ISLAND OF.—Medical Superintendent for the Jersey Public Lunatic Asylum. Appointment for three years at a salary of £500 per annum, with house (and garden) in which the person appointed will be required to reside. Sealed applications to the President of the Committee of the Public Lunatic Asylum, Greffe Office, Jersey, by January 5th.

LEAVESDEN ASYLUM FOR IMBECILES, near Watford, Hertfordshire. —Medical Superintendent, doubly qualified, and must not exceed 40 years of age. Salary, £600 per annum, rising £50 annually to a maximum of £650, with unfurnished apartments, etc. Applications on forms to be obtained of T. Duncombe Mann, Metropolitan Asylums Board, Norfolk House, Norfolk Street, Strand, W.C., before January 21st.

LEEDS, THE GENERAL INFIRMARY AT.—Resident Casualty Officer. Salary, £100 per year, with board, lodging, and washing. Applications to the Secretary of the Faculty, General Infirmary, Leeds, by January 8th.

LINCOLN COUNTY HOSPITAL.—House-Surgeon; must be under 30 years of age and unmarried. Salary, £100 per annum, with board, lodging, and washing. Applications to W. B. Danby, Secretary, Bank Street, Lincoln, by January 24th.

LIVERPOOL INFIRMARY FOR CHILDREN, Myrtle Street, Liverpool. —House-Surgeon. Salary, £85 per annum, with board and lodging. Applications to the Secretary by January 3rd.

NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.—Two Female Clinical Assistants in the Out-patient Department, fully qualified. Applications to M. M. Bagster, Secretary, by January 5th.

NORTH-EASTERN FEVER HOSPITAL, St. Ann's Road, Tottenham, N.—Assistant Medical Officer, doubly qualified, unmarried, and must not exceed 35 years of age. Salary, £160 for the first year, £180 the second year, and £200 for the third and subsequent years, with board, lodging, attendance, and washing. Applications on forms to be obtained of T. Duncombe Mann, Metropolitan Asylums Board, Norfolk House, Norfolk Street, Strand, before January 10th.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road, N.W.—Assistant Physician. Must reside within three miles of the hospital and within the four-mile cab radius. Applications to Alfred Craske, Secretary, by January 7th.

NORWICH: NORFOLK AND NORWICH HOSPITAL.—Assistant to House-Surgeon, doubly qualified. Appointment for six months. Board, lodging, and washing provided. No salary. Applications to Poole Gabbett, Secretary, by January 4th.

ROYAL COLLEGE OF PHYSICIANS.—Milroy Lecturer for 1899. Applications to the Registrar, Royal College of Physicians, Pall Mall East, by January 10th.

ROYAL SEA-BATHING INFIRMARY, Margate. —Resident Surgeon, doubly qualified. Applications to the Secretary, 30, Charing Cross, S.W., by January 15th.

SALFORD ROYAL HOSPITAL.—Honorary Surgeon. Must reside within two miles of the hospital. The present Honorary Assistant-Surgeon is a candidate, and in the event of his being appointed there will be a vacancy for an Honorary Assistant Surgeon. Applications to the Secretary by January 2nd.

WALTHAMSTOW URBAN DISTRICT COUNCIL.—Medical Officer of Health. Salary, £120 per annum. Applications, endorsed "Medical Officer," to E. J. Gowen, Clerk to the Council, Town Hall, Walthamstow, by January 11th.

MEDICAL APPOINTMENTS.

ARNOTT, Grant, M.B., B.S.Durh., appointed House-Surgeon to the Royal Infirmary, Newcastle-on-Tyne.

BAILEY, J. Harold, M.B.Vict., appointed District Medical Officer for Pendleton, Salford Royal Hospital.

BUCHANAN, G. Burnside, B.A.Camb., M.B., C.M.Glasg., appointed Dispensary Surgeon to the Western Infirmary, Glasgow.

DAVIES, Richard, M.D.Edin., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer to No. 3 District of the Cheltenham Union, *vice* Dr. Hogarth, resigned.

DIXON, Dr., appointed Medical Officer of Health to the Hay Urban District Council, *vice* R. J. Sheperd, L.R.C.P., L.R.C.S.Irel.

EDINGTON, George H., M.D.Glasg., M.R.C.S., L.R.C.P.Lond., appointed Extra Dispensary Surgeon to the Western Infirmary, Glasgow.

EVANS, H. T., M.R.C.S., L.A.H., D.P.H.Cantab., appointed Medical Officer of Health to the Bedwilly Urban District Council, *vice* Dr. J. D. James, resigned.

GABSTANG, Thos. Walter H., M.A.Oxon., M.R.C.S., reappointed Medical Officer of Health to the Northwich Rural District Council.

GETHIN-JONES, M.B., C.M., appointed Medical Officer of Health to the Porthcawl District Council.

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

HARDING, Richard, L.R.C.P.Edin., L.F.P.S.Glasg., reappointed Medical Officer of Health to the New Radnor Rural District Council.

HULKE, T. Backhouse, F.R.C.S.Eng., appointed Surgical Registrar to the Middlesex Hospital, *vice* T. H. Kellock, F.R.C.S.Eng., appointed Assistant Surgeon.

JACK, W. R., M.D.Glasg., B.Sc., appointed Dispensary Physician to the Western Infirmary, Glasgow.

JONES, Thomas, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A., appointed Medical Superintendent to Boodle Corporation Fever Hospital, *vice* C. V. McCormack, resigned.

LEE, Barnard John, L.S.A., reappointed Medical Officer for the North Wingfield District of the Chesterfield Union.

MACARTNEY, Duncan, M.A.Edin., M.D.Glasg., M.B., C.M., appointed Assistant Surgeon to the Western Infirmary, Glasgow.

McKINLAY, J. R., L.S.A., appointed House-Surgeon to the Wallasey Dispensary, *vice* A. H. Godwin, M.R.C.S.Eng., L.R.C.P.Lond., resigned.

MATHEW, G. Porter, M.B.Cantab., etc., appointed Registrar to the Chelsea Hospital for Women.

MORCOM, Augustus, L.R.C.S.Edin., L.M., L.S.A., reappointed Medical Officer of Health to the Dunstable Town Council.

NEECH, Jas. T., L.R.C.P., L.F.P.S., D.S.Sc.Vict., appointed Certifying Factory Surgeon for the Urban Districts of Atherton and Tyldesley, *vice* G. H. Evans, deceased.

NELSON, Thomas, M.D., appointed Medical Officer for the Lydney District of the Chpstow Union, *vice* T. P. Carter, L.R.C.P.Lond., M.R.C.S., resigned.

RALPH, Richard M., M.D., M.Ch., and L.M.R.U.I., L.A.H.Dubl., appointed Senior Assistant Medical Officer to Grove Hall Asylum, Bow, E.

ROBINSON, Henry, L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer for the Hasland District of the Chesterfield Union.

ROWELL, W. H., M.B., B.S.Durh., appointed Senior House-Physician to the Royal Infirmary, Newcastle-on-Tyne.

SMITH, Lewis A., M.B.Lond., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Tutor to the London Hospital.

STEPHENSON, Sydney, M.B., F.R.C.S.E., appointed Ophthalmic Surgeon to the Evelina Hospital for Children, Southwark Bridge Road.

WOODMAN, Thomas, M.B., B.S.Durh., appointed Junior House-Physician to the Royal Infirmary, Newcastle-on-Tyne.

DIARY FOR NEXT WEEK.

TUESDAY.

CITY ORTHOPEDIC HOSPITAL, 5.30 P.M.—Mr. E. Noble Smith: On Wry Neck and some other Contractions.

PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Mr. F. C. Abbott: Congenital Abnormality of the Sternum and Diaphragm with Downward Displacement of the Heart. Mr. T. J. Bokenham: The Immunisation of Animals against (1) Typhoid and (2) Streptococcus Infection, with an account of the Properties Acquired by the Serum of Animals thus rendered Immune. Dr. Arthur Voelcker: Ulceration of a Caseous Gland into the Bronchus: Death from Asphyxia. Mr. E. W. Willett: A Case of Lipoma Nasi. Dr. Rolleston: Intrahepatic Calculi. Mr. Raymond Johnson: Congenital Cystic Kidneys associated with a Cystic Liver. Dr. Rolleston: The Pancreas from a Case of Diabetes (Card Specimen). Mr. Jackson Clarke will also show a specimen.

WEDNESDAY.

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 Drs. McCann, Boxall, and John Phillips. Papers:—Adjourned discussion on Dr. McKerron's paper on the Obstruction of Labour by Ovarian Tumours in the Pelvis; and a short note of a Case of Ovariectomy during Obstructed Labour, by Dr. Herbert Spencer. Dr. Addinsell: Intermenstrual Pain (Mittelschmerz).

FRIDAY.

WEST-LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, W., 8.30 P.M.—Mr. G. E. Twynum: Nephrectomy and its Relation to Pregnancy. Dr. Thudichum: Inflammation, Abscess, and New Growths in the Cavities adjoining the Nasal Cavities, and their Operative Treatment. Mr. McAdam Eccles: Operation *versus* Taxis in Strangulated Hernia.

SATURDAY.

ROENTGEN SOCIETY, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Mr. W. Webster: Practical Work with the Roentgen Rays.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTH.

WILSON-SMITH—On December 22nd, at Kidbrook Lodge, Bath, the wife of T. Wilson-Smith, M.D., of a daughter.

MARRIAGE.

CHADWICK-CUTTING.—On December 21st, 1897, at the Parish Church, Hampstead, by the Rev. L. E. Shelford, Prebendary of St. Paul's, assisted by the Rev. John Watkins, Rector of Willingham, Cambs., Charles Montague Chadwick, M.D., F.R.C.P., Leeds, to Fanny Govette Cutting, 21, Hyde Terrace, Leeds, eldest daughter of the late Rev. W. A. Cutting, Vicar of Gayton, Norfolk.

DEATHS.

BRIGHT.—On December 29th, 1897, at Alveston, Park Hill, Forest Hill, of pneumonia, Christopher David, fifth son of John M. Bright, M.D., aged 20.

LEWIS.—At Sutherland House, Stirling, on December 20th, 1897, May Harvey, wife of C. J. Lewis, M.D., and only daughter of Henry Stark, Falkirk. (The only intimation.)

WOODFORD.—On December 22nd, 1897, at Oakbank, Spencer's Wood, Reading, Mary Ann, the beloved wife of W. T. G. Woodford, M.D.

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., 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, W., 9; 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 ORTHOPÆDIC. Attendances.—M. Tu. Th. F., 2. Operations.—Tu., 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., 10.50; (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. Th. 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.
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., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 9; 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. Th. S., 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., 1.50; Children's, S., 1.30; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. Operations.—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. Attendances.—Daily, 1.30. Operations.—Gynaecological, M., 2; W., 2.30.
THROAT, Golden Square. Attendances.—Daily, 1.30; Tu. F., 6.30. Operations.—Th., 2.
UNIVERSITY COLLEGE. Attendances.—Medical and Surgical, daily, 1.50; Obstetrics, M. F., 1.30; Eye, M. W. F., 9; Ear, M. Th., 9; Skin, Tu., 1.30; F., 2; Throat, M. Th., 9; Dental, Tu. F., 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 before and 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.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Articulate, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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

QUERIES.

J. A. desires to hear of an institution or home where a girl of 8 suffering from hydrocephalus could be admitted; she is helpless but not imbecile. The mother would be able to pay a little.

D. A. asks: Will some reader of the BRITISH MEDICAL JOURNAL who has had experience say whether a month's residence at Carlsbad will be beneficial to a glycosuric patient, aged 63, and add any other particulars thought necessary to attain the desired end?

DR. W. W. GROSVENOR (Gloucester) asks whether there be any home in which a man, aged 23, feeble-minded from birth and who has lost both parents, would be received. His brothers, though not well off, are willing to contribute to his support.

* * We are informed that, if certifiable, the County Asylum or the City of London Asylum near Dartford might take him for 21s. a week.

TENERIFFE AND GRAND CANARY.

R. M. D., having been informed that several cases of enteric fever have occurred at different places in Teneriffe recently, asks if the report is true; and, further, if Grand Canary is suitable for persons suffering from cardiac disease.

PHYSICAL EXAMINATION FOR THE ARMY.

W. E. A. A. inquires whether atrophy of one testicle, the result of simple orchitis, would disqualify a boy otherwise perfectly sound and strong for admission into the army.

* * We are advised that such a condition would probably not be considered a disqualification.

THE DOCTOR'S STABLE.

H. W. asks as to books on veterinary medicine that would be useful to a country practitioner?

* * Williams's *Principles and Practice of Veterinary Medicine*, published by Baillière, Tindall and Cox (3s.) deals with diseases of all the domesticated animals. Fitzwygram's *Horses and Stables*, published by Longmans, (2s. 6d. net.) is limited to management and diseases of the horse.

SWEATING.

M. S. asks for advice in the treatment of the case of a professional violinist, of nervous temperament, who is much bothered by perspiration of hands when playing. The strings go out of tune (flat) and his notes "whistle." He has tried various remedies locally and internally, but without much benefit. Belladonna internally and a lotion of alum and sulphate of zinc applied to the palms have been most successful.

PRACTICE IN THE GREAT COLONIES.

EMIGRANT asks for information on the following points: (1) What are the relative prospects of success in Australia, the Cape, and Canada at the present time for a well qualified general practitioner with fifteen years' experience? (2) Are there any good openings for a specialist in Western Australia or in Western Canada, or for a general practitioner? (3) Is there much opposition in Canada generally, and in the Western provinces in particular, by Canadian or American qualified practitioners? (4) Where can reliable and up-to-date information about the various Colonies be had, particularly with regard to climate, social conditions, etc.? (5) Are practices bought and sold in the Colonies generally as in England, and, if so, where are they usually advertised?

* * (1) The large towns are well supplied with good medical men, but in Australia practices can occasionally be obtained in the suburbs and inland towns. The same remarks apply to the Cape and Canada with at least equal force. (2) Numbers of general practitioners have lately settled in Western Australia and in Western Canada, and there are probably as many specialists as the population can support. (3) The ground is pretty well covered, and the Canadian medical schools, as our correspondent might have gathered from Dr. Roddick's presidential address in the BRITISH MEDICAL JOURNAL of September 4th, and from articles before and since, are well equipped, and turn out many graduates every year. (4) Mr. L. Bruck, medical bookseller, 15, Castle-reagh Street, Sydney, can give information as to Australia, and has published a book on the climate, etc., of Australia. Dr. Roddick's address may be consulted as to Canada. (5) Mr. Bruck, we are informed, keeps a register of practices for sale in Australia. As to Canada we have no information on this head.

ANSWERS.

M.R.C.S.—The call is a social visit, and social custom requires calls to be returned.

H. E. D.—Our correspondent would be well advised not to seek to take any part in the medical treatment of a patient who stands in such intimate private relations to himself.

W. D.—We apprehend that the proprietary preparation in question comes under the general rule that it is undesirable for the profession to give encouragement to secret remedies, even if they are called for by their patients.

B. G. R. will find information as to the use and abuse of alcohol as a beverage in Dr. Norman Kerr's article, *Alcoholism and Drug Habits*, in *Twentieth Century Practice*, and *Inebriety, its Etiology, Pathology, Treat-*