

1891	
Number of cases	183
Men	46
Women	137
Right eye	105
Left eye	129
Number of children	1,362
Miscarriages	37
Deaths (under 4 years of age)	640=46%
Variola	75=41%
Children of variolous parents	259
Deaths among these latter	144=51%
(under 4 years of age)	

The recent series of observations give the following results:

Number of cases	90	Deaths (under 4 years of age)	273=46%
Men	27	Variola	29=32%
Women	63	Children of variolous parents	186
Right eye	52	Deaths among these latter	98=52%
Left eye	54	(under 4 years of age)	
Number of children	684		
Miscarriages	63		

By adding these figures, we arrive at the following total results:

Number of cases	273	Miscarriages	100
Men	73	Mortalities	1,013=46%
Women	200	Variola	105=38%
Right eye	157	Children of variolous parents	445
Left eye	183	Deaths among these latter	242=54%
Number of children	2,046		

As may be observed, the recent series of observations differ slightly from the first, and the total results are in keeping with my first conclusions, and I reiterate them in the following manner:

There exist numerous causes of dacryocystitis, but its principal element lies in the unhealthy constitutional state of individuals. This is the reason why the number of infantile deaths reaches 46 per cent. It is the reason why variola is so common among these patients (38 per cent.) as variola itself carries infantile deaths to 54 per cent. I therefore repeat what I stated in 1891: The adjuvant causes—inflammation of the adjoining parts, for example—must have a prolonged action, a certain degree of intensity. There must also be a change in the pathological character of the secretion which passes in the lachrymal ducts. This requires a virulent action, and to this action the state of the constitution must lend itself; in other words, it requires an appropriate disposition. This disposition is generally brought on by debilitating diseases, such as variola, tuberculosis, syphilis, etc., which act upon the inflammatory affections, lengthening their second period, and finally giving them a chronic character. It is difficult to exactly define a patient's constitutional state, but we must not expect to find a large number of sound and viable children when the parents are themselves tainted with constitutional defects.

Consequently the best means of ascertaining the parents' state of health is to establish the figure of mortality of their children.

Everybody knows that typical table of mortalities in the family of the syphilitic who married while in a fully developed state of syphilis; it has been asserted with truth that this was the most deadly diathesis, but I have often met with similar reports of infantine mortality in cases of variolous non-syphilitic parents, which leads me to think that variola, either recent or of long date, is as fatal to the product of conception as syphilis.

Infantine mortality in my cases of variola has reached 54 per cent.; now out of a total number of 1,294 children, taken indiscriminately at the clinic from families of patients treated at the dispensary for affections other than dacryocystitis, I have noted 389 mortalities under four years of age, that is to say, an average of 30 per cent. There is, as may be seen, a great difference between this mortality and that of children of variolous parents or of persons affected with dacryocystitis: however, these observations, made to establish a point of comparison, have been taken from hospital patients; I believe that the mortality would be inferior to 30 per cent. if it were taken from cases in private families.

The fact that 73 men and 200 women have been affected with dacryocystitis also corroborates my deductions. The constitution of women is naturally weaker than that of man. Women are oftener ill and more easily affected by ailments and feel their fatal influences more readily. They pass through critical periods to which men are not exposed; the confinements, the suckling, and the fatigue which attend them, the sleepless nights, the uterine troubles to which they

are subject, and lastly the commencement and cessation of the menses, are for women so many causes of constitutional disorders liable to affect the mucous parts in general and the lachrymal ducts in particular.

Shall we also mention the impressionable nature of women and the very frequent causes which act by reflexion on their lachrymal ducts? Not to speak of it would seem to infer that we consider women as being as poorly endowed as men in this particular, and that both partake alike of the joys and tears of life. It is not so, however; women evidently have the worst lot, and the result is that their lachrymal ducts are more active than ours. All these reasons put together account for the frequent cases of dacryocystitis met with in women.

Apart from this, however, all things being equal and the system being prepared thereto by some constitutional unhealthiness or another, a lasting nutritive torpor sets in; interior and exterior infections are favoured, circumstances being now propitious to the production and cultivation of organic microbes, and the organism being powerless to remedy the evil certain diathetical manifestations appear, and among them we classify dacryocystitis.

MEMORANDA:

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

A CASE OF DIPHTHERIA WITH EXTREME BRADYCARDIA.

THE rarity of bradycardia in the course of diphtheria leads me to publish an account of this extreme case which was unfortunately fatal.

On the evening of September 20th, 1897, I was called to A. L., aged 20, who had spent the day in the city as usual, and had just been brought home with difficulty owing to his being in a delirious condition. He did not recognise his friends nor myself, and talked nonsense wildly. He spoke of headache. He was said to have shivered in the train. His pupils were dilated; pulse 100; temperature 99.2°. The throat was bright red by artificial light. He vomited frequently.

Next day he was rational, but very depressed. There was an offensive discharge from the nostrils; a small patch of membrane on the left tonsil; the glands at the angles of the jaw were swollen and tender. The temperature was 102°, pulse 100. At 7.30 P.M. the back of the pharynx was covered with membrane. At 11.45 P.M. I injected 1,000 units of antitoxin (Burroughs and Wellcome). Pulse 100, temperature 103°.

On September 22nd the pharynx, tonsils, uvula, and soft palate were greatly swollen and covered with membrane. At 8 P.M. I injected 1,500 units of antitoxin. The pulse was 90, temperature 103.6°. I directed the throat to be swabbed with solution of mercury perchloride (1 in 1,000), and employed a carbolic spray to nostrils and throat.

On September 23rd the temperature in the morning was 102.2°, pulse 82; the nasal discharge was bloody; 500 units of antitoxin were injected. At 9 P.M. the temperature was 100° and the pulse 84. The Klebs Loeffler bacillus was present "in pure culture" in three specimens of membrane examined (Clinical Research Association).

On September 24th the temperature was 99.2°, the pulse 100, and the membrane was separating freely. He felt much better and slept well.

On the following morning the pulse was 87, the temperature 100°, and the membrane was coming away in large masses. At 3 P.M. the pulse was 75, and the patient was much depressed. Stimulants were ordered more freely than before. At 7 P.M. the pulse 40 and at 11 P.M. 52; temperature 100°. The urine now for the first time showed a small amount of albumen, but hyaline, granular, and epithelial casts and degenerated tubal epithelial cells in large quantity.

On the morning of September 26th the pulse was 40, regular and remarkably powerful, corresponded with the heart beat. The temperature was 98.8°. The throat was clear of membrane except a small patch on the right side, the abdomen

distended, and he took nourishment badly. Stimulants and liquor strychninæ were given by hypodermic injection.

The patient was seen by Dr. H. P. Hawkins in the afternoon, who advised that nourishment should be given only by enemata, that the iron mixture and stimulants by the mouth should be discontinued, and the hypodermic injections regularly continued. During the day the pulse fell gradually to 35. The beats were powerful as before, and were equal with the heart beats and regular. Hot fomentations were applied to the cardiac area.

On September 27th at 3 A.M. the pulse was 24, occasionally intermittent. The temperature was 99.2°. The patient vomited several times. At 5.30 A.M. the pulse was 30; he "felt better" and was clear-headed. I left the patient for an hour; at 7 A.M. I found the pulse at 14 and most astonishingly powerful; the nurses reported that it had fallen for about a quarter of an hour to 10 beats a minute. The first heart sound at the apex was weak. Cardiac dullness normal. After another hypodermic injection of brandy the pulse rose to 20, but the patient had a slight convulsive seizure and the respirations (12 per minute) became very deep and sighing, but regular. The face was pale, the lips blue. The surface heat was maintained. At 11.30 A.M. I employed an oxygen inhalation, which however instantly caused an alarming convulsion. The patient passed urine naturally all along at regular intervals. At noon the pulse began to lose its power, its rate was 25. At 1 P.M. it was very weak. At 4 P.M. it was imperceptible at the wrist, but the heart-rate was 50. The respirations were deep and sighing as before. About 5.30 P.M. the pulse returned for a brief period, 44, very weak and irregular. From that time until 7 P.M., when the patient died, only occasional respirations—an average of five per minute—indicated to the onlooker that the patient was alive.

The patient was healthy and vigorous until seized by this illness. The antitoxin appeared to do the work expected of it successfully, but unfortunately did not avert the condition which gave rise to the sad termination.

Forest Hill, S.E.

H. LAING GORDON, M.D. Edin.

TRAUMATIC ANEURYSM OF THE RADIAL ARTERY CURED BY TYING THE BRACHIAL ARTERY IN THE MIDDLE OF THE ARM.

DR. ROBERTSON'S interesting case of aneurysm of the ulnar artery reported in the BRITISH MEDICAL JOURNAL of December 4th, 1897, reminds me of a case of aneurysm of the radial artery for the cure of which I was obliged to ligature the brachial artery in the middle of the arm. The following is the history of the case:

W. Q., aged 22, a house painter and decorator, sustained a lacerated wound of his right wrist, caused by the sash of a window suddenly falling and crushing his wrist against the framework of the window. The wound was carefully dressed and hæmorrhage arrested. As the wound was healing, however, recurrent hæmorrhage took place from the radial artery, which had evidently been wounded just as it turned back towards the outer side of the carpus. Pressure with graduated compresses over the bleeding point had controlled the hæmorrhage temporarily, and attempts had been made to ligature the artery above and below the wound in it.

These attempts were unsuccessful, owing probably to the position of the artery and the lacerated condition of the tissues, and a traumatic aneurysm formed as the wound healed. It was when matters had arrived at this stage that I was asked to see the patient in consultation with a view to further operative procedure, and it was then decided to tie the brachial artery, which operation I accordingly performed in the middle of the arm. The operation was successful, the aneurysm disappeared, and the patient, who was a healthy, well-developed young man, suffered little inconvenience after the wound had healed.

The patient has lately informed me that within a year of the operation being performed, he competed, and gained first prize for painting in a fine arts examination, and that now, eighteen months after the operation, he has perfect use of his hand and arm.

Dublin.

C. R. WOODS, M.D.,
Surgeon-Major A.M.S.

GUNSHOT WOUND OF HEART.

At the Musketry Camp at Aboukir at 11 A.M. on September 22nd, 1897, a corporal on duty as a marker in the mantlets at the rifle range was struck by a splinter of a bullet (Lee-Metford), which is supposed to have splashed back from the target. The man was sitting in a stooping position at the time, with his arms crossed and resting on his knees. On feeling himself wounded (he afterwards said it seemed as if someone had hit him with a whip on the chest), he got up, and, quite unaided, walked a distance of some 600 yards to the camp, which he just managed to reach when he fainted, and was carried to the hospital tent in a state of collapse. The medical officer in charge of the camp saw him immediately, and found that there was a wound of the chest situated between the fourth and fifth costal cartilages, 2 inches to the inner side of the left nipple.

On examination the external wound was found to be semi-lunar, $\frac{3}{4}$ inch long and $\frac{1}{4}$ inch wide, with clean-cut edges. On carefully probing the wound was found to lead into the thoracic cavity; no trace of a bullet could be detected; hæmorrhage was free.

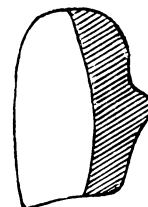


Diagram of the casing which caused the wound. Exact size. Weight, 24 grains; thickness, that of ordinary cartridge paper. The dark portion embedded in heart.

The man recovered consciousness after about an hour, but was extremely weak, and suffered from hiccough, nausea, and frequent vomiting. He was kept absolutely quiet, and everything possible was done to keep his strength up, but he gradually sank, and died at 1 A.M. on September 28th.

At the necropsy the chest was carefully opened. The pericardium, which was adherent to the chest wall, was perforated, and the pleural cavities were partly filled with blood. The portion of the bullet which caused the wound was immediately found embedded to the depth of about a quarter of an inch in the wall of the apex of the right ventricle of the heart, its exact position being about three-quarters of an inch above the apex. It had not perforated the cavity. The part of the bullet which had caused the wound was the cupro-nickel casing, which had evidently stripped off on striking the target.

A. T. SLOGGETT,
Surgeon-Lieutenant-Colonel, A.M.S.
Senior Medical Officer, Alexandria.

PUERPERAL PERITONITIS SUCCESSFULLY TREATED WITH ANTISTREPTOCOCCUS SERUM.

On November 3rd I was called to see L. O., aged 26, primipara. She had been confined (natural labour) three days earlier. In the middle of the night she had been taken with shivering, accompanied by severe pains in the abdomen. She sent for the midwife who had attended her, and who applied hot poultices, and gave her a dose of castor oil, which she vomited.

I found great tenderness over the abdomen, the pulse 140, the temperature 103°, the lochia diminished. I ordered her opium and injections of mercury perchloride.

I reported the case to Dr. Langdon, M.O.H. He kindly suggested my trying subcutaneous injections of antistreptococcus serum, which I was fortunate enough to procure immediately at the Hants County Hospital through the kindness of Mr. J. C. Hitchens, one of the house-surgeons. I immediately injected 10 c.cm. of the serum, and in ten hours the pulse had come down to 100, and the temperature to 100° F. I repeated the injection (10 c.cm.), and twenty-four hours afterwards the pulse was 80, temperature 99.6°. This slight increase of temperature continued till the ninth day, when it became normal, and the patient made an excellent recovery.

Winchester. F. C. MACNALT, M.A., M.D., M.Ch.T.C.D.

A Friend of Thirty Years' Standing (Dr. R. Fair Frazer) writes: "Montgomery Ward was more than a successful surgeon and painstaking physician; he was a large-minded man with a warm heart, ever ready to encourage and help a friend, or anyone worth helping. In society he was the life of the circle in which he moved, and his death is deeply lamented by rich and poor. Such a man can badly be spared."

THE REV. T. E. CLARK, M.D. ABERD.

ON Christmas Eve, 1897, the Rev. T. E. Clark, M.D. Aberd., died at his house in Clifton, being 63 years of age. After a distinguished career as a student at the British School of Medicine, Dr. Clark took the M.R.C.S. in 1858, and began practice in Clifton. In a short time his success was so marked that there were few busier medical men in the district, but in 1885 he took holy orders. During the time he was in practice he was Surgeon to the Royal Infirmary (1864-73), and Physician to the General Hospital; Lecturer at the Medical School from 1857 to 1864 on botany; on anatomy and physiology from 1864 to 1868, and on surgery from 1868 to 1869.

After ordination he took first a curacy in the Isle of Man, and subsequently became vicar of Polt Shrigley, but in 1890 he returned to Clifton. Dr. Clark had not been in good health for some time, and had an alarming attack of heart failure only a few days before his death, which occurred quite suddenly. He had a kind, genial manner, and was much respected by his patients and friends, both as a medical man and as a clergyman. Since his return to Clifton he had taken no part in local medical matters, but did occasional duty in the parish church of Clifton and elsewhere.

JOSEPH JOHN FOX, M.R.C.S., L.S.A.

ALTHOUGH it is nearly twenty years since Mr. Fox retired from practice, there must be many who can still recall his striking and attractive personality at Stoke Newington, where he lived for about 37 years. Mr. Fox was born at Falmouth in 1821, and came of a long line of Quaker medical ancestors. He had very little school education, and furnished a striking example of the truth of Gibbon's maxim that the most important education is that which a man gives himself. Few men have had a greater passion for knowledge. He was throughout his life not only an omnivorous reader but a diligent student and note-taker. The problems of the higher mathematics exercised a peculiar fascination for him; and in studying them he found constant relaxation from the cares of practice and sleepless nights.

In the classics and philology, in history, botany, and meteorology, he was almost equally at home; and half a century ago he did much in his own neighbourhood to stimulate mental culture by founding the Stoke Newington Mutual Improvement Society.

Mr. Fox entered at University College in 1839. He never enjoyed robust health, and was eventually compelled to retire from practice by deafness connected with Ménière's disease. He was one of the old school of practitioners—not merely the medical attendant, but the warm and faithful friend of his patients, and was instinctively beloved by children.

Mr. Fox was the writer of a series of papers in the *Medical Times and Gazette*, showing the influence of age and sex and season on the mortality of the metropolis, especially from zymotic diseases. He was an active Fellow of the Statistical Society, and among his papers on connected subjects may be mentioned the Province of the Statistician, read at the meeting of the British Association at Oxford; and an essay on the Vital Statistics of the Society of Friends, in which he constructed a valuable life table for the members of that body, to which the late Dr. Farr subsequently referred as an authority. To clear discrimination and sound judgment Mr. Fox added a faculty of lucid exposition. In the lecture room no one could better animate the dry bones of study. Mr. Fox's later years were spent in quiet retirement and continual reading. He found an especial delight in studying Dr. Murray's new Oxford Dictionary as the several parts appeared, and the last number was at his bedside at the time of his death. By his inexhaustible mental energy (maintained to the last), by his uniform geniality and kindness, and by his strong conscientiousness and deep religious principle, his lifelong character is best expressed.

DEPUTY-SURGEON-GENERAL JOHN HOUSTON, I.M.S.

WE regret to have to record the death of Deputy-Surgeon-General John Houston, which occurred at his house in Edinburgh on Christmas day. He was the third son of the late Mr. James Houston, of Tullochgriban, Strathspey, and was educated at Elgin and Glasgow. He obtained the degree of M.D., and became a Member of the Royal College of Surgeons of Edinburgh in 1854. He entered the Indian Medical Service in 1855, and was posted to the Madras Presidency. After a few years' service in the military department he was appointed Acting Durbar Physician to the Maharajah of Mysore, and in this position he was in close relation with the two last Maharajahs. For ten years before his retirement he was in Bangalore in the capacity of Principal Medical Officer to the Mysore State. His high character and his abilities in the discharge of his duties obtained for him the respect and friendship of both the Maharajahs and of the officers of the Mysore Commission. He retired in 1886, and since that time has resided in Edinburgh. He is survived by his wife (a sister of Sir Arthur Mitchell, K.C.B.), two sons and two daughters—both married. One of his sons is Dr. Alexander C. Houston, of Edinburgh, who has taken a distinguished position as a bacteriologist and a student of Public Health questions.

THE sudden death of Dr. HUGH CALDERWOOD, B.Sc., will be regretted by many, especially by recent graduates and present students of medicine in Glasgow University. His university career in the faculties of science and medicine was a brilliant one, and in its course he gained, in addition to many medals, prizes, and certificates, the degree of B.Sc., with first-class honours. On graduation in the summer of 1896 he was appointed by the University Court to a demonstratorship in anatomy, which post he occupied until his death. His keen intellectual powers were united to a nature singularly open, frank, and manly, and during his all too brief career, both as a student and subsequently as a Demonstrator of Anatomy under Professor Cleland, he won for himself an assured place in the esteem and affection of everyone who came to know him, whether as pupil, colleague, or friend.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Stanislas Danillo, Lecturer on Mental Diseases in the St. Petersburg Medico-Military Academy, aged 49; Dr. Carl Ritter von Rzehaczek, Emeritus Professor of Surgery in the University of Graz; Dr. Tiburcio Padilla, founder and till his death editor of the *Semana Medica* of Buenos Aires, Professor in the Colegio Nacional, and Physician to the Hospital de las Mercedes of that city, co-editor of *Guia Medica*, and of a work on medical jurisprudence, co-editor of the *Farmacopea Argentina*, etc.; Dr. Joseph F. Edwards, editor of the *American Journal of Health and Hygiene*; and Dr. T. H. Belval, of Brussels, editor of the *Mouvement Hygienique*, and founder of the Belgium Antialcohol League, aged 65.

NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

INSPECTOR-GENERAL THOMAS RUSSEL PICKTHORN died at Rockbeare, Emsworth, on December 31st, 1897, in his 81st year. He was the son of the late Commander John Pickthorn, R.N. He entered the navy as a Surgeon in 1842, and was promoted to be Staff-Surgeon in 1851. He served in the *Spartan* in China from 1852 to 1855, and was present at several actions with Chinese pirates, etc., for which he received the China medal. He was successively promoted to be Fleet-Surgeon in 1866, Deputy-Inspector-General of Hospitals in 1870, and Inspector-General of Hospitals in July, 1878. He retired in September, 1878.

ARMY MEDICAL STAFF.

SURGEON-MAJOR-GENERAL A. A. GORE, M.D., Principal Medical Officer in India, has been granted a Distinguished Service Reward of £100 per annum. Surgeon-Major-General Gore commenced his career as Assistant-Surgeon in the army on October 1st, 1860, was appointed Surgeon, September 2nd, 1868; Surgeon-Major, March 1st, 1873; Brigade-Surgeon, August 18th, 1886; Surgeon-Colonel, January 13th, 1892; and Surgeon-Major-General on March 10th, 1895. He has been twice on active service on the West Coast of Africa; first in 1861, when he was present at the bombardment and destruction of the town of Massougha, on the Sierra Leone river on December 10th, the attack on Madoukia, December 27th, and the storming and capture of the stockaded fetish town of Rohes on

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

A MEETING of Convocation will be held at the University on Monday, January 17th, at 5 P.M.

THE RECONSTRUCTION BILL.

Mr. J. B. Benson, LL.D., B.A., will present the report of the Special Committee appointed on May 12th, 1896, and will move its reception. The Special Committee, consisting of thirteen members, was appointed to prepare a memorandum of points in the scheme of the Cowper Commission in which modification is desirable, with power to confer with any Statutory Commission which may be appointed, and with the Senate or any of its Committees; and with powers to prepare amendments to the London University Commission Bill, and to have them proposed on behalf of Convocation in either House of Parliament. The report gives an account of the proceedings at the conference of the various bodies named in the report of the Cowper Commission with the Senate held on December 14th, 1897 (BRITISH MEDICAL JOURNAL, December 18th, 1897, page 1816). The Special Committee recommends that, "having regard to the great length of time that the question of the reconstruction of the University has been under consideration, to the many schemes that have been proposed, to the support which the Bill introduced last session has already received, and to the probability indicated by the Chancellor that it will be reintroduced in the approaching session," Convocation should adopt the following resolution:

(A) "That this House accepts the scheme embodied in the London University Commission Bill, 1897."

The Committee further recommends (as its own function ends with this report, and it is desirable that the progress and development of the new Bill shortly to be introduced shortly be carefully watched in the interests of Convocation) the adoption of the following resolution:

(B) "That a Special Committee, consisting of thirteen members, be appointed, with the functions and powers of the Special Committee appointed by Convocation on May 12th, 1896."—(That is virtually the reappointment of the expiring Special Committee.)

THE INTERMEDIATE M.B. EXAMINATION.

In the report by the Standing Committee, which is also to be presented to Convocation, it is recommended, in reference to the Intermediate M.B. Examination, (a) that the subjects of anatomy and physiology should not be separated; (b) that the subject of organic chemistry should be removed from the syllabus of the Intermediate M.B. Examination, and be included in the Chemistry of the Preliminary Scientific Examination; (c) that in order to carry out the foregoing resolutions and syllabus in chemistry at the Preliminary Scientific should be revised so as to include inorganic and organic chemistry, and to limit and define the amount of knowledge of these subjects expected from candidates so as not to exceed the requirements of the Intermediate Science Examination; (d) that the subject of materia medica should be held to include a knowledge of the physiological action of drugs; (e) that the examination on apparatus used in physiological investigation should be reserved for the Examination in Honours; (f) that the whole examination thus arranged, consisting of anatomy, physiology, and materia medica, should be passed at one time. To give effect to these recommendations, a deputation was received by the Committee of the Senate, when their opinions were heard, considered, and discussed at considerable length.

The above report will be presented and its adoption moved.

OTHER BUSINESS.

Several resolutions respecting graduation in the Faculty of Laws will also be moved.

MEDICO-LEGAL.

MEDICAL WITNESSES IN CRIMINAL CASES.

T. J. F.—We are advised that a professional witness is not entitled to refuse to give evidence as to criminal charges, even though his fee is not paid beforehand. He has a right to have a proper fee allowed afterwards. The conduct money must be paid beforehand, but need not be more than the necessary out-of-pocket expenses of travelling to the court and back. We are advised that a witness who is subpoenaed and is in court is certainly liable if he refuses to give evidence to be punished for contempt of court by imprisonment (*see Regina v. Cooke, 2 C. and P., 322*). The "subpoena" is, as its name implies, an order from the Crown to attend and give what information the person summoned may possess, "under pain" of punishment. Further, we are advised that any witness present in court, if he even had not been subpoenaed at all, is on a criminal charge liable to be sworn and to answer all lawful questions on pain of committing (*see Regina v. Sadler, 4 C. and P., 218*). The question of his remuneration for loss of time is a matter which ought to be determined by the magistrate at the close of the hearing of the case, having due regard to the witness's situation in life and the value of his time. There does not appear to be any rule which binds the magistrate's discretion or any settled minimum which applies to the case of a witness in medical practice, although there certainly ought to be.

LIABILITY OF MEDICAL MEN IN LUNACY CASES.

INQUIRENS writes: In certifying that a person is insane and sending him to an asylum, is it not now rather the custom for a medical man to obtain from the petitioners or friends of the patient a letter of indemnity against any future action being brought against him for his act, and is not this in your opinion a very wise and necessary step to adopt?

"* The suggested precaution would be wise, but we are not aware that any such custom obtains. The Act of Parliament relating to the subject purports to protect the medical practitioner signing such a certificate in good faith and with reasonable care, and also provides

for any action against him being stayed if the court is satisfied that there is no reasonable ground for alleging want of good faith or reasonable care.

"MEDICAL AID" TICKETS.

A CORRESPONDENT writes that he has been invited by gentlemen in his neighbourhood to issue tickets at a cheap rate for the treatment of the poorer classes, and he desires to know whether such a ticket as the following would be in accordance with the etiquette of the profession:

Medical Aid. No.

Hours of Attendance: 2 to 4 at the Surgery,

1—House, B—

Mondays, Wednesdays, Fridays

This ticket entitles the holder to advice and medicine for three successive visits.

Date.....

Price, 5s.

* * The issuing of such tickets would, in our opinion, be inadvisable. Such action might be considered to constitute a form of advertisement.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 5,954 births and 5,256 deaths were registered during the week ending Saturday last, January 1st. The annual rate of mortality in these towns, which had been 26.6 and 17.7 per 1,000 in the two preceding weeks, rose again to 24.9 last week. The rates in the several towns ranged from 14.1 in Birkenhead, 14.7 in West Ham, 15.5 in Gateshead, and 16.4 in Croydon, to 27.6 in London and in Leeds, 30.6 in Blackburn, 32.7 in Halifax, and 37.4 in Norwich. In the thirty-two provincial towns the mean death-rate was 23.1 per 1,000 and was 4.7 below the rate recorded in London, which was 27.8 per 1,000. The zymotic death-rate in the thirty-three towns averaged 3.5 per 1,000; in London the rate was equal to 3.8 per 1,000, while it averaged 2.5 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.7 in Birmingham, 3.8 in London and in Halifax, 4.7 in Swansea, and 6.0 in Blackburn. Measles caused a death-rate of 1.9 in London, 2.0 in Burnley, 2.1 in Brighton, 2.2 in Halifax, 2.5 in Bristol, 3.6 in Swansea, and 4.4 in Blackburn; whooping-cough of 1.2 in Wolverhampton and in Salford, 1.7 in Leeds, and 2.4 in Norwich; and "fever" of 1.3 in Bolton. The mortality from scarlet fever showed no marked excess in any of the large towns. The 88 deaths from diphtheria included 53 in London, 6 in Cardiff, 4 in Birmingham, 4 in Liverpool, 4 in Leeds, 3 in Manchester, and 3 in Sheffield. No fatal case of small-pox was registered last week in any of the thirty-three large towns, and no small-pox patients were under treatment in any of the Metropolitan Asylum Hospitals. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 3,818 to 3,619 at the end of the five preceding weeks, had further fallen to 3,572 on Saturday last, the 1st inst.; 273 new cases were admitted during the week, against 319, 260, and 222 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, January 1st, 915 births and 777 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 20.3 and 18.6 per 1,000 in the two preceding weeks, rose again to 24.1 last week, but was 0.8 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 15.2 in Leith and 18.4 in Aberdeen to 26.7 in Edinburgh and 31.3 in Greenock. The zymotic death-rate in these towns averaged 2.4 per 1,000, the highest rates being recorded in Glasgow and Greenock. The 324 deaths registered in Glasgow included 13 from measles, 3 from scarlet fever, 16 from whooping-cough, 2 from "fever," and 7 from diarrhoea. Three fatal cases of scarlet fever were recorded in Edinburgh, and 2 of diphtheria in Dundee.

DIPHTHERIA IN LONDON.

THERE was a slight decline in the mortality from diphtheria in London last week. The fatal cases of this disease, which had been 58, 63, and 56 in the three preceding weeks, further fell to 53 during the week ending Saturday last, January 1st, but this number exceeded by 8 the corrected average in the corresponding periods of the ten previous years. Of these 53 deaths, 5 were of persons belonging to Fulham, 5 to Islington, 5 to Hackney, 4 to Chelsea, and 4 to Camberwell sanitary areas. The notifications of diphtheria in London, which had been 300, 288, and 218 in the three preceding weeks, rose again to 292 during the week ending Saturday last, January 1st. Compared with the preceding week there was a decline in the number of new cases notified in West and Central London, but a marked increase in North, East, and South London. Among the sanitary areas of West London there was a decline in the prevalence of diphtheria in Paddington and in Chelsea, while in Fulham there was a slight increase. In North London there was a general increase in the prevalence of the disease; in Islington the notified cases, which had been 8, 11, and 16 in the three preceding weeks, further rose to 22 last week; and in Hackney 23 new cases were reported, against 14 in the preceding week. Among the sanitary areas of East London the prevalence of diphtheria showed a marked increase in Bethnal Green, where 15 new cases were notified, against 11, 7, and 6 in the three preceding weeks; there was also a considerable increase in Whitechapel and in Mile End Old Town. On the other hand, the 18 new cases reported in Poplar showed a slight decline from the number in the preceding week. In most of the sanitary areas of South London the disease showed in-

creased prevalence, especially in St. George Southwark, Lambeth, Camberwell, Greenwich, Lewisham, and Lee. In Wandsworth, on the other hand, the 9 new cases showed a further decline from those recorded in recent weeks. The admissions of diphtheria patients into the Metropolitan Asylum Hospitals during last week were 142, against 165, 164, and 141 in the three preceding weeks; and 1,066 cases remained under treatment in these hospitals on Saturday last, January 1st.

THE REGISTRATION OF PLUMBERS.

At the quarterly meeting of the Worshipful Company of Plumbers, held on January 1st, the Registration Committee were received by the Master and Wardens at the Guildhall, and were afterwards entertained at dinner under the presidency of Alderman Richard Hind. In the speeches which followed, most of the now well-known points in favour of registration were made by the various speakers. Mr. Bishop, Past Master of the Company, dwelt on the fact that plumbing was—or at least ought to be—a highly skilled calling—the hall mark of registration should therefore be given to it. The Master of the Company laid stress on the good results of an apprenticeship system in training plumbers to execute sanitary work of a sufficiently high order to ensure the health of the public as far as it could be protected by mechanical contrivances. The importance of practical instruction to the younger members of the craft cannot be overrated. This was urged by Mr. George Taylor, who also expressed the opinion that the workmen of to-day were equal in manual skill to their predecessors, a fact which was, however, not allowed by Mr. W. Titmas. Professor Garnett said the plumbers were foremost among those connected with the building trades in recognising the value of technical instruction, and he pointed out that the Technical Education Board had encouraged the establishment of classes for plumbers in London. Dr. Vacher instanced the Liverpool Corporation as one among the larger municipal bodies which were alive to the importance of the Plumbers' Registration system as a branch of Public Health work.

SCHOOLS AND INFECTIOUS DISEASE.

DR. HARRIS, the health officer of Islington, reports that 48 per cent. of known cases of scarlet fever and 39.3 per cent. of known cases of diphtheria in the parish during the third quarter of 1897 were of children attending public elementary schools; whilst in houses where children attended these schools, there were in all, and including the above, no less than 66.3 and 61.8 per cent. of these cases known to exist. These data give force to Dr. Harris's statement that the London School Board appear to ignore the requirement of their own Code of Regulations in so far as that code lays down the rule that no child from an infected house shall be permitted to return to school until the house has been certified by the local medical officer of health to be free from infection, and that thereafter in all cases, at least seven days shall elapse before the return is allowed to take place. So far as Dr. Harris can learn, and certainly in his own and a neighbouring district, the rule is a dead letter. But if so, why was it made?

DUTIES OF MEDICAL OFFICER OF HEALTH.

BETA asks for (1) the best book on the duties of M.O.H.; and (2) a reliable book for the guidance of a nuisance inspector.

. The first part of the question we answered on November 20th, 1897, p. 1543. The inspector might consult F. R. Wilson's *Guide for Inspectors of Nuisances*, London, Knight and Co., 90, Fleet Street, price 4s. 6d.; Alber Taylor's *Sanitary Inspector's Handbook*, 2nd edition, 1897, London, H. K. Lewis; Vacher's *Food Inspector's Handbook*, London, the Sanitary Publishing Company, Limited, 5, Fetter Lane, price 6s.; and Dr. Reid's *Practical Sanitation*, price 6s., same publishers.

SUCCESSIVE DISEASES AND NOTIFICATIONS IN THE SAME PATIENT.

ENQUIRER notified two cases of scarlet fever on October 28th, 1897. On November 2nd the same children developed diphtheria, and this was notified. The district council decline to pay second fee in each case for second disease notified in same patient. Can he make them?

. Possibly, if he is prepared for the sake of 5s. to lose a morning in the court, to fight a paid lawyer, stand a cross-examination on the differential diagnosis of diphtherial and scarlatinal throat; if he is prepared to rebut such forensic suggestions as that the rash he mistook for that of scarlatina was really that of diphtheria, or that the case was never one of the latter disease at all. For his own comfort we think "Enquirer" should let the matter drop. If he should succeed he might possibly be regarded as somewhat keen in small money matters. On the other hand, the judge might consider that having complied with the section by his first notification he had no need to take further action in the cases. Our own opinion is that he did right to notify the presence of the second serious illness. It is of the greatest importance that the existence of every case of diphtheria should be known to the health officer, and we think the information well worth the couple of half-crowns the authority is asked to pay for it. It may yet save many lives.

EXTRAS ORDERED BY DISTRICT MEDICAL OFFICER AND NOT SUPPLIED.

B., whose previous letter was replied to at p. 1883 of the *BRITISH MEDICAL JOURNAL*, December 25th, 1897, writes again to say that he did not fully explain his case in his first letter, and that his entry was to the effect that he had been informed by the child's mother that the extras ordered by him had been refused by the resident officer. As this report of his is strictly correct, he asks again whether he can refuse to expunge it.

. If the report is strictly correct, as B. states it to be, we fail to see on what grounds he can be called on to expunge it.

MEDICAL NEWS.

It is reported that a serious epidemic of measles has broken out in the Welsh colony in Patagonia. Similar outbreaks occurred in this isolated community in 1879 and in 1886.

In the paragraph regarding the Nurses' Co-operation in the *BRITISH MEDICAL JOURNAL* of January 1st the address was incorrectly given. It should have been 8, New Cavendish Street.

BIRMINGHAM HOSPITAL SUNDAY.—The collection of the Birmingham Hospital Sunday Fund amounted last year to £5,177, an increase of £639 over the corresponding collection for the amalgamated charities three years ago.

PRESENTATION.—Dr. Edward P. Phillips, of Haverfordwest, a surgeon-lieutenant-colonel of the Pembroke-shire Volunteers, was entertained at dinner on December 29th, 1897, to celebrate the completion of his fifty years of medical practice in that town. The Mayor, Sir Charles E. G. Philipps, Bart., presided. During the evening Dr. Phillips was presented with an illuminated address and a life-size oil painting of himself, and also a barograph.

THE UNDERMANNING OF THE ENGLISH LOCAL GOVERNMENT BOARD.—At a recent meeting of the Norfolk County Council the Earl of Kimberley is reported to have made some very severe strictures with regard to the undermanning of the Local Government Board. He said that the staff was wholly insufficient to attend to the business submitted to the Board for its consideration. Whether the representations which were being made on the subject would end in the office being supplied with a proper staff he could not venture to say, but he expressed the opinion that the existing state of affairs was disgraceful.

THE PRINCE OF WALES'S HOSPITAL FUND FOR LONDON.—It is announced that the Council of the Prince of Wales's Hospital Fund for London has already made to certain hospitals awards of sums of money, in most cases augmented by a special donation in honour of Her Majesty's Diamond Jubilee as follows: The London Hospital £5,000, special donation £3,937 10s., total £8,937 10s.; the Middlesex Hospital £1,000, special donation £1,925, total £2,925; University College Hospital £1,400, special donation £1,181 5s., total £2,581 5s.; Seamen's Hospital (Dreadnought) £500, special donation £918 15s., total £1,418 15s.; Hospital for Sick Children, Great Ormond Street £500, special donation £700, total £1,200; Royal Sea Bathing Infirmary, Margate, £297 10s.; North London Consumption Hospital, Fitzroy Square and Mount Vernon, Hampstead, £131 5s., special donation £131 5s., total £262 10s.

MEDICAL VACANCIES.

The following vacancies are announced:

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, Camberwell, and the Workhouse at Gordon Road, Peckham, and also for relief duty at the Constance Road Workhouse. Appointment for one year. Salary, £50, with apartments, board, and washing. Applications, on forms to be obtained at the Guardians' Office, to be sent to Charles S. Stevens, Clerk to the Guardians, Guardians' Offices, 29, Peckham Road, S.E.

CARLISLE: COUNTIES ASYLUM.—Junior Medical Officer. Salary, £80 and board. Applications to Dr. Campbell, Carlisle.

CHELSEA HOSPITAL FOR WOMEN.—Clinical Assistant. Post tenable for three months. Applications to the Secretary.

HARTSHILL, STOKE-UPON-TRENT: NORTH STAFFORDSHIRE INFIRMARY.—House-Physician. Salary, £100 per annum, increasing £50 per annum at the discretion of the Committee, with furnished apartments, board, and washing. Applications to the Secretary by January 20th.

HULL ROYAL INFIRMARY.—Assistant House-Surgeon. Salary, £60, with board and furnished apartments. Applications to the Chairman, House Committee, by January 10th.

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.
- 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.**—Assistant House-Surgeon. Appointment for six months. Salary, £25, with board and lodging. Applications to the Secretary by January 10th.
- LIVERPOOL STANLEY HOSPITAL.**—Junior House-Surgeon. Salary, £70 per annum, with board, residence, and washing. Applications, endorsed "House-Surgeon," to the Honorary Secretary by January 14th.
- MANCHESTER: ANCOATS HOSPITAL.**—Resident Junior House-Surgeon. Salary, £50 per annum, with board and washing. Applications to Alex. Forrest, Honorary Secretary.
- MARGATE: ROYAL SEA-BATHING INFIRMARY.**—Resident Surgeon, doubly qualified. Applications to the Secretary, 30, Charing Cross, S.W., by January 15th.
- METROPOLITAN ASYLUMS BOARD.**—Assistant Medical Officer to the North-Eastern Fever Hospital, St. Ann's Road, Tottenham, N.; unmarried and doubly qualified. Salary, £160 during the first year, £180 during the second year, and £200 during the third and subsequent years with board, lodging, attendance, and washing. Applications on forms to be obtained at the Chief Office of the Board, Norfolk House, Norfolk Street, Strand, W.C., where they must be delivered by 10 A.M. on January 10th.
- 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.
- ROYAL COLLEGE OF PHYSICIANS.**—Milroy Lecturer for 1899. Applications to the Registrar, Royal College of Physicians, Pall Mall East, by January 10th.
- ROYAL HOSPITAL FOR CHILDREN AND WOMEN.** Waterloo Bridge Road, S.E.—Anesthetist and Registrar. Applications to the Secretary.
- ROYSTON URBAN DISTRICT.**—Medical Officer of Health and Inspector Nuisances. Salaries after the rate of £20 per annum respectively. Applications to H. F. J. Banham, Clerk to the Urban District Council, Council Offices, Royston, by January 8th.
- SUNDERLAND AND NORTH DURHAM EYE INFIRMARY, Sunderland.**—House-Surgeon. Salary, £100 per annum, outdoor. Applications to James F. Potts, Secretary, Eden Vale, Sunderland.
- 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.

- BUSH, J. Paul, M.R.C.S.Eng., L.S.A.,** appointed Senior Surgeon to the Bristol Police Force.
- CARBERRY, E., M.B., B.Ch., B.A.O.Dub.,** appointed House-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.
- CHALLINOR, Cedric, M.R.C.S.Eng., L.R.C.P.Lond., D.P.H.Vict.,** appointed Certifying Factory Surgeon for Leigh (Lancashire) District, *vice* G. H. Evans, deceased.
- DICKSON, Graeme, L.R.C.P.E., L.R.C.S.E., L.F.P.S.Glasg.,** appointed Medical Officer of Health by the Rural District Councils of Hay, Breconshire; Painscastle, Radnorshire; and Bredwardine, Herefordshire.
- DOHERTY, J. D., M.B., M.S.,** appointed Assistant House-Surgeon to the Northern Hospital, Liverpool.
- GARDNER, A., M.B., C.M.Édin.,** appointed Medical Officer of Health to the Kirby Moorside Rural District Council.
- GEMMEL, W. A.,** reappointed Ambulance Surgeon to the Northern Hospital, Liverpool.
- GRAVELEY, Richard, M.R.C.S.Eng., L.S.A.,** reappointed Medical Officer of Health to the Chailley Rural District Council.
- GREEN, T. A., M.D., C.M.Édin.,** appointed Medical Officer of Health by the Meltham Urban District Council.
- HAMILTON, Samuel, B.A., M.B., B.Ch.,** appointed Medical Officer and Public Vaccinator to the Saint Mellous District of the Newport, Monmouthshire Union, *vice* W. H. Richards, resigned.
- HERBERT, William, M.R.C.S., L.R.C.P.,** appointed Resident Medical Officer to the Wirral Children's Hospital, Birkenhead.
- HOMER, T., L.R.C.S., L.R.C.P.Édin.,** appointed Medical Officer of Health for the Small Isles District of Inverness-shire, *vice* J. Dewar, M.B., C.M.Glasg., resigned; and Parochial Medical Officer and Public Vaccinator for Small Isles, Inverness-shire, *vice* J. Maxwell, M.D.Glasg., resigned.
- HOUGHTON, E. H., M.B.Lond., M.R.C.S.Eng.,** appointed Medical Officer of Health to the Mansfield Woodhouse Urban District Council.
- JOHNSON, C. H., M.R.C.S.Eng., L.S.A.,** reappointed Medical Officer for the No. 4 District of the Basingstoke Union.
- LECHE, Arthur, L.R.C.P.Édin., M.R.C.S.Eng.,** appointed Medical Officer to the Workhouse and to the No. 7 District of the Axbridge Union, *vice* H. S. Smith, M.R.C.S.Eng., resigned.

- LLOYD, L. J., M.R.C.S., L.R.C.P.,** appointed Assistant Medical Officer of the St. Mary Abbots (Kensington) Workhouse Infirmary.
- MANDALL-COATES, J., M.B., M.S.Édin.,** appointed House-Physician to Northern House, Liverpool.
- MOORE, S., M.D., M.Ch., M.A.O., Roy. Univ. Irel.,** appointed Medical Officer to the West District of the Holbeck Union, *vice* J. W. H. Brown, M.R.C.S., L.R.C.P.Éd., resigned.
- PATERSON, C. E., M.D.,** appointed Medical Officer for the Frimley District of the Farnham Union, *vice* H. Manders, F.R.C.S.Eng., resigned.
- PEARCE, F. H., B.A.Camb., M.R.C.S.Eng., L.R.C.P.,** appointed House-Surgeon to Northern Hospital, Liverpool.
- WALKER, J. F., L.R.C.P., L.R.C.S.Irel., L.M.,** reappointed Medical Officer for the No. 6 District of the Basingstoke Union.
- WALLIS, Charles Edward, M.R.C.S., L.R.C.P., L.D.S.,** appointed Dental Surgeon to the Victoria Hospital, Chelsea.

DIARY FOR NEXT WEEK.

MONDAY.

- ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C., 8 P.M.**—Dr. J. E. Grevers, of Amsterdam, will show a series of lantern slides illustrating some Diseases of the Antrum and Cysts. Casual communications by Mr. Charles A. Clark and Mr. H. Lloyd Williams.
- MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.**—A discussion on Adherent Pericardium will be opened by Sir William Broadbent, Bart., M.D., followed by Sir R. Douglas Powell, Bart., M.D., Dr. John Broadbent, Dr. W. Ewart, and Dr. S. West.

TUESDAY.

- ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.**—Adjourned discussion on the Prevention of Enteric Fever. The discussion will be opened by Dr. Corfield.
- ROENTGEN SOCIETY, 11, Chandos Street, Cavendish Square, W., 8 P.M.** Mr. W. Webster: Practical Work with the Roentgen Rays.
- HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, 73, Welbeck Street, W., 4.30 P.M.**—Dr. T. D. Savill: Tabes Dorsalis and other Disorders of the Gait in Diseases of the Nervous System.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.**—Dr. Beevor: On Cerebral Localisation.

WEDNESDAY.

- LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.**—Annual general meeting. Report of Council, etc. After which an ordinary meeting will be held, and Cases and Specimens will be shown by Professor Kanthack (for Dr. Paul Bergengrün), Mr. H. T. Butlin, Mr. Cresswell Baber, Mr. E. Waggett, Mr. W. G. Spencer, Dr. H. E. Lack, Mr. Wyatt Wingrave, Dr. Tilley, Dr. Watson Williams, Dr. Adolph Bronner, Mr. Charters Symonds, and others.
- DERMATOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, 5.15 P.M.**—Demonstration of Clinical Cases.

THURSDAY.

- BRITISH GYNÆCOLOGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.**—The President's (Mr. Mayo Robson) Valedictory Address on Extrauterine Gestation. Dr. Elder, of Nottingham, will show (1) Solid Ovarian Tumour. (2) large Vesical Calculus, (3) a Six Weeks' Extrauterine Gestation.
- CHARING CROSS HOSPITAL, Post-Graduate Class, 4 P.M.**—Dr. Bruce: Cases in the Medical Wards.
- NEUROLOGICAL SOCIETY OF LONDON, 11, Chandos Street, W., 8.30 P.M.**—Annual general meeting. Inaugural Presidential Address by Mr. Victor Horsley: On the Degree of Discharge of Different Nerve Centres.

FRIDAY.

- CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.**—Clinical evening. Patients in attendance at 8 P.M. The following cases will be shown: Mr. W. G. Spencer: A case of Obliterative Arteritis affecting Three Limbs. Dr. C. W. Chapman: A case of Bradycardia with Obstruction of the Inferior Vena Cava. Dr. C. E. Beevor: A case of Locomotor Ataxia with almost universal Analgesia. And other cases.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which sum should be forwarded in post-office order or stamps with the notice not later than Wednesday morning in order to insure insertion in the current issue.

MARRIAGE.

- HAYNES-TARLETON.**—On 4th instant, at the Parish Church, Castle Bromwich (by the Rev. E. G. Harker), Sydney Walter Haynes, M.D., of Birmingham, to Rosetta Clara, daughter of the late John Haigh Tarleton, M.R.C.S., of Stockton-on-Tees.

DEATH.

- WATKINS.**—On the 30th December, at 30, Warrior Square, St. Leonard's-on-Sea, Charles Stuart Watkins, M.R.C.S., late of King William Street, Strand, aged 68.

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*.—1. p., Tu., 2.30; o. p., F., 2.
CHARING CROSS. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.45; Dental, M., 9; Throat and Ear, F., 9.30. *Operations*.—Th. F. S., 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*.—M. W. Th. 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., 2.
GUY'S. *Attendances*.—Medical, daily, 2; 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., 2. *Operations*.—Tu. F., 1.30; (Ophthalmic) M., 1.30; Th., 2.
HOSPITAL FOR WOMEN, SOHO. *Attendances*.—Daily, 10. *Operations*.—M. Th., 2.
KING'S COLLEGE. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o. p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30; F., 2; Dental, M. Th., 10; Skin, W., 1.30. *Operations*.—W. Th. F., 2.
LONDON. *Attendances*.—Medical, daily, 1. p., 2. o. p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o. p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu., 9. *Operations*.—Daily, 2.
LONDON TEMPERANCE. *Attendances*.—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. *Operations*.—M. Th., 4.30.
METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations*.—Tu. W., 2.30; Th., 4.
MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o. p., M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations*.—Daily, 1.30.
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, daily, exc. S., 2, S., 10; Surgical, daily, exc., W., 2, W., 10; 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, W., 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, 12.30 and 1. *Operations*.—M., 2.
ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily, 2.
ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o. p., W. S., 9; Eye, M. Tu. W. Th. S., 2; o. p., M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 2; Larynx, Tu. F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Electrical*, M. Tu. Th. F., 1.30. *Operations*.—Daily, 1.30; (Ophthalmic), Tu. F., 2.30; Abdominal Section for Ovariectomy, F., 2.
ST. GEORGE'S. *Attendances*.—Medical and Surgical, daily, 1. p., 1; o. p., 12; Obstetric, 1. p., Tu. F., 1.45; o. p., M. Th., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopædic, F., 12; Dental, M. Tu. F., S., 12. *Operations*.—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.
ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, males S., 2; females, W., 9.30. *Operations*.—M., 9; Tu., 2.30.
ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o. p., 12.45; Obstetric, Tu. F., 1.45; o. p., M. Th., 1.0; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. *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. F., 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*.—Daily, exc. M., 10.
UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 1.30; Skin, Tu. 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., 2; Ear, Tu., 2; S., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, M. Th., 2; Skin, M. F., 2; Throat and Nose, Tu., 2; S., 10. *Operations*.—Daily, about 2.30; F., 10.
WESTMINSTER. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, Tu. F., 9.30; Ear, Tu., 1.30; Skin, W., 1.30; 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 given 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.

SURGEON desires to hear of a home where a fairly healthy female could be received, suffering from a perforating ulcer on each foot. Her chief need is rest. The friends are willing to contribute about 10s. weekly. She has neither diabetes nor locomotor ataxy.

M. W. J. would be glad to know which are the best works on anaesthetics in the English, French, and German languages, besides those of Drs. Hewitt and Buxton; and, if possible, the names of publishers, the prices and date of last edition.

ROENTGEN RAY APPARATUS.

DR. C. HAROLD HARCOURT (Stonebroom) writes for information as to the best practical work upon the construction of a 6" spark coil for Roentgen ray photography.

* * The best practical book on the subject with which we are acquainted is the *Induction Coil in Practical Work*, by Lewis Wright (London: Macmillan and Co. 1897. 4s. 6d.). The back numbers of the *English Mechanic* also contain much useful information on the same subject. The requisite parts can be obtained from various dealers.

ELECTRIC LIGHT FOR A COUNTRY HOUSE.

COUNTRY PRACTITIONER writes to inquire the probable cost and the best arrangement for an electric light in a country house where only one or two lights would be required.

* * Where such a small amount of light only is wanted it will probably be found most convenient to use accumulators, and have them periodically recharged at the nearest electric power station; this is done for quite a small sum. If no station is available within a convenient distance there must be a special installation. In the country the source of power to drive the dynamo will present some room for choice depending on the situation. If water power can be employed this will probably be the cheapest; if not, a gas engine is the most convenient; but if a gas engine is not available, one of the many excellent oil engines that are now on the market may be employed, such as the Hornsby Akroyd. As to cost, this will entirely depend on which method our correspondent adopts.

EXAMINATIONS FOR THE D.P.H.

P. S. C. S. (India) asks: (1) Is it possible to go through the laboratory work, the fever hospital attendance, and the work under the medical officer of health in six months if one wants to qualify for the D.P.H. of Cambridge? (2) Is the attendance at any fresh course of lectures on public health necessary? (3) Is there any physical impossibility of combining attendance at the laboratory and attendance under the medical officer of health during the same period? (4) Besides water analysis and bacteriology what other practical work is required from the candidate for the D.P.H.? (5) Which is the best place for the training? Is it possible to have the training at Edinburgh? (6) What is likely to be (a) the fee for the attendance in infectious diseases hospitals? (b) The fee for getting the certificate from the medical officer of health? and (c) the laboratory fee both in Cambridge and London? (7) What will be the cost of living in London and Cambridge respectively?

* * (1) Yes. (2) Very desirable, but not absolutely necessary. (3) No. (4) The candidate's knowledge of how to detect the nature of certain gases is practically tested, and also his knowledge of the microscopic appearance of various parasites, starch grains, water deposits, food stuffs, textile fabrics, etc. A candidate would not pass the examination if he did not possess a fair practical knowledge of air, soil, and food analysis, although this knowledge has not often been put to a practical test in these examinations. The practical acquaintanceship with sanitary apparatus and appliances is tested, and the candidate may be asked to inspect and report upon a house, slaughter-house, hospital ward, offensive trade, common lodging-house, etc. "P.S.C.S." should write to Dr. Annington, Cambridge University, for a copy of the regulations affecting candidates for that D.P.H., and also for some of the more recent questions which have been set in the examination, and which are now published and sold for 6d. a set. These will give him the best idea of the scope of the examination. (5) Most of the medical schools have now made arrangements to take students through the necessary work for any D.P.H. The work may be done at Edinburgh, even if "P.S.C.S." is not a graduate of that University. (6) The fees generally asked amount to 23 guineas—that is, 20 guineas for (a) six months' laboratory work, including lectures on public health and weekly excursions to places of public health interest; (b) six months with a medical officer of health; (c) a course of bacteriological instruction, and 3 guineas for attendance and instruction at a fever hospital (7) It need not exceed from 30s. to 40s. a week at either place.

ANSWERS.

DR. C. A. LOCKE.—A description of Laloo, a case of parasitic fetus, was published in the BRITISH MEDICAL JOURNAL of February 25th, 1886, page 436.