Conversely, one would expect that the subjects of dermographism would be liable to skin disorders, especially those of the urticaria type. My patient has never had any skin trouble of any kind. As to the cause of the phenomenon, I take it it must be due to hyperexcitability or abnormal irritability of the nerves controlling the blood supply to the skin, a moderate stimulus resulting in the pouring out of a quantity of serum, thus producing the phenomena in question. I cannot find much reference to this condition in the medical literature at my disposal, but it is said to be fairly common amongst the French, as one might expect in a race with such highly-strung nervous systems. We know, for example, that the Protean manifestations of hysteria are to be observed across the Channel in their fullest perfection.

MEMORANDA:

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

A SALIVARY FISTULA OF THIRTY YEARS' STANDING: OPERATION: CURE.

MR. G., aged 61, native of St. Helena, consulted me in June, 1896, for what he termed "a leak in his neck." Examination revealed an opening about the size of a small pinhead situated in the inferior portion of the superior carotid triangle of the left side of the neck, and from which there was oozing a thin watery fluid. On giving him a small crystal of citric acid to suck, the flow of this fluid would markedly increase. It was evidently salivary secretion. I passed a small probe into the fistula in the direction of the parotid gland about two inches.

Over thirty years ago the patient underwent an operation for an enlargement in the neck, which he says the doctor called "a tumour"—what variety of tumour I could not elicit from the patient. After the healing of the wound, which was several months after the operation, he noticed that his neck was always wet, and that from the lower portion of the cicatrix there seemed to be an oozing of water. He had undergone treatment on several occasions without success.

I injected, hypodermically, cocaine, placing the patient in the recumbent posture (which I believe to be the only safe manner for the administration of that anæsthetic), and passed a probe well into the fistula. I then passed a curved needle, threaded with heavy silkworm gut, well under the probe and fistula, bringing it out on the other side. Removing the probe I ligated the fistula. This would be at a point about 4 c.cm. from the opening of the sinus. Reinserting the probe to the point of ligation, I cut down upon the probe, laying the fistula open, and curetting thoroughly, sutured the incision with three or four sutures.

I asked the patient to return in four days. Examination then showed no signs of suppuration, and the wound seemed well healed. On the fifth day I removed the ligature. On the eleventh day the sutures were taken out. It is now fully three months since the operation, and there are no signs of the recurrence of the fluid, and the surface is thoroughly healed.

The only points to be noted in this operation are these: The ligating of the fistula at the proximal end of the fistula, thus shutting off the flow of saliva, to allow the curetted portion of the canal to heal; and the early removal of the ligature before its cutting its way to the fistula, or causing the parts to slough. I might here add that I found the opening of Stenson's duct, and I had no difficulty in passing a probe its full length.

Claremont, near Cape Town. R. S. ANTHONY, M.D.

THE TOLERANCE OF CREASOTE.

IT may be of interest to record briefly the particulars of a case under my care in which creasote was exhibited with apparently unique tolerance. A gentleman, aged 35, with a distinct phthisical family history, was attacked twelve months ago with pulmonary tuberculosis. Positive evidence from bacteriological examination of the sputum was from time to time forthcoming during a period of six weeks, when he was acutely ill. In addition to the general principles of treatment, so soon as the diagnosis was established, I prescribed beechwood creasote by the stomach, commencing with mj thrice daily, as well as inhalations of guaiacol. The patient who was possessed of scientific attainments, fully realised the nature of his illness, and was most anxious from the first to saturate his system with the drug, being imbued with a strong faith in it. The dose was very rapidly increased, till at the end of a month, when I sent him to Arôsa, he was taking exactly 340 minims in every twenty-four hours. He never had any toxic symptoms. During the two and a half months the patient was at Arôsa he continued to take between 3 and 4 fluid drachms each day. He returned completely restored to health in every detail. Shortly after his return home the patient's belief in creasote as a prophylactic inspired him to go on taking the drug, and this he has done ever since without any ill-effects, the dose varing from 100 to 140 minims a day. He continues in perfectly good health.

In searching records relating to the tolerance of creasote, I have failed to discover any parallel to this case. Advocates of creasote in the treatment of phthisis maintain that the value of it as a specific remedy must be in its exceptional tolerance. It should be noted that the patient inhaled large quantities of guaiacol all the time he was taking creasote by the stomach.

Carlisle. C. W. GRAHAM, L.R.C.P.

AIROL POWDER IN CORNEAL ULCER WITH HYPOPYON.

THE dark green impalpable odourless powder of airol[1] will be found a very useful application in these serious ulcers of the cornea. The cases are common in agricultural districts, often as the result of slight injury, such as is received in "cutting the quick," that is, trimming the hedge, or when the eye is "stubbed," that is stabbed with stubble. Such lesions of the cornea seem very liable to infection; sometimes doubtless are fouled from the first, as when the scratch is received where the butcher bird has been at work, and covered the thorns of the hedge with putridity, but often the corneal wound is illtreated before it can heal, and the tainted wound is bathed in microbic exudation, the irritating products of the microbes then rapidly affects the vascular tissues in the eyes, and causes the formation of pus in the anterior chamber. The pus can be watched through the clear and imperforate cornea. The ulcer may be a comparatively small one, but the patient will usually need admission to the wards, and sometimes incisions or the cautery. Some of the most threatening cases have been successfully treated with airol powder in the following manner:

The eyelids are held open and the airol powder flicked on to the eye with a dredger, the powder turns gradually to an orange colour, and in three to six hours the conjunctival sacs are washed out gently with boric water, which brings out superfluous cakes of yellow powder. The airol is again used as before, and this proceeds every few hours, the eye being treated by the open method—no bandage or pad is used—but the patient is kept in bed.

The ulcer heals, and the pus is absorbed in a proportion of cases greater, as far as I can judge, than by other methods. The eye is singularly tolerant of the airol; in no case have I seen signs of irritation from its use, and when incision and cautery have been used the after-treatment by airol has seemed to be satisfactory.

At present I have not tried it in purulent ophthalmia. In herpes and ulcers of the glans penis, carbuncles, boils, and sloughing sores it has been useful in acting like iodoform, but without the objectionable odour.

GEORGE WHERRY,
Cambridge. Surgeon to Addenbrooke's Hospital.

POISONING BY SWALLOWING THREE OUNCES OF CHLOROFORM:

RECOVERY AFTER UNCONSCIOUSNESS LASTING TWELVE HOURS.

A ROBUST housemaid, aged 19, finding herself three months pregnant, took with her to her bedroom on a Friday night in November last a bottle of chloroform, and swallowed 3 fluid ounces of the liquid, most probably between 3 and 4 A.M. on the Saturday morning. At 6.30 A.M. her mistress found her

[1] Airol is a gallate of the subiodide of bismuth.

lying with her head over the side of the bed, her cheek resting on the floor. She was snoring loudly, and was quite unconscious. Dr. Waterston saw her shortly afterwards, and called in Dr. Robinson at 8.30 A.M. She was in bed, perfectly unconscious, with complete muscular relaxation, flushed face, and widely dilated pupils; the corneæ were insensitive. The pulse was regular and full. Her mouth and breath smelt strongly of chloroform.

The stomach pump was applied with little result; the fluid which returned did not smell much of chloroform. Strychnine gr. $\frac{1}{30}$ was injected hypodermically, and the dose repeated two or three times during the day. Enemata were given to unload the bowels, so as if possible to get rid of some of the poison; they were not relieved, however, till about 3 P.M. Enemata of strong coffee and of brandy were also given. The mouth gag was used, and the tongue kept well forward all the day. The breathing kept good and the pulse natural. At 4 P.M. consciousness returned after an absence of twelve hours. In the evening she was removed to her home in a cab, and her sister states that she made an excellent recovery from the chloroform.

JAMES WATERSTON, L.R.C.S.Ed.
Sunderland. WILLIAM ROBINSON, M.D., F.R.C.S.Eng.

ETIOLOGY OF LARYNGISMUS STRIDULUS.

ATTACKS of laryngismus stridulus are known to be dependent on a reflex, the effective stimulus of which may pass along various afferent tracts.

In the following case, which may be of interest, the afferent impulse was demonstrably started from the irritation of cutting teeth; in most cases the exact irritating cause is very much a matter of conjecture.

The patient is a strong, healthy, well-nourished female child, with good hygienic surroundings, and presenting no evidence of rickets. When 5 months old she had mild attacks of laryngismus stridulus, which passed off when she cut her first tooth. She had attacks of a similar nature six weeks later, and these again passed off on the appearance of another tooth. She now remained free from the disease till she was 12 months old, when the attacks returned with increased severity. On visiting the child I rubbed my finger along her gums, which immediately brought on a typical attack of laryngismus stridulus with carpopedal contractions. After the attack subsided I lanced her gums, which were very tense and swollen. In a few days three more teeth appeared, with complete cessation of the attacks.

Goole. ALEX. M. ERSKINE, M.B., D.P.H.

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

CITY HOSPITAL, BIRMINGHAM.

SCARLATINA MALIGNA.

(By C. KILLICK MILLARD, M.D., B.Sc., Medical Superintendent).

MRS. A. M. H., aged 27, was admitted on July 27th, suffering from scarlet fever.

History.—She had never had any serious illness, but had not been strong since her last confinement. Prior to her present illness she had been staying in the country with her two children on a visit to her married sister. The latter developed scarlet fever, and Mrs. A. M. H. and her children at once returned home in the hopes of escaping the infection. Before reaching Birmingham, however, she had already commenced to sicken, the rash appeared the next day, and on the day following she was admitted to hospital, together with the two children, a girl, E. H., aged two years, and a boy, T. H. H., aged 4 months.

On admission she was very prostrate; temperature 103.6°; tongue dry and brown; throat congested and filled with sticky mucus, and faint but typical scarlatiniform eruption was present on trunk and limbs.

July 28th. Has been very restless all night, had no proper sleep, and vomited several times. She is now quite delirious. Pulse rapid and weak. A mixture containing nux vomica, strophanthus, and spirit of camphor was ordered every two hours. At 5.40 P.M. she was still very delirious, and had not slept all day. A draught containing potassium bromide and chloral hydrate was given, but without effect. At 10.30 P.M. liquor morphinæ hypodermica ℥iv was injected, but also without effect. Two hours later the morphine was repeated; the pupils contracted, but still she had no sleep. She was now wildly delirious, and refused all food and medicine by the mouth. Enemata were not retained. Temperature 105°. The patient continued in much the same condition through the night, and sank at 4 A.M., just three days and a-half after commencing to be ill.

The husband came to see me the following morning, bringing a telegram he had just received informing him that his sister-in-law was also dead. She had died a few hours before our patient, having been ill almost precisely the same length of time; the symptoms and course of illness were also almost identical. Strange to say, the two sisters had been married on the same day!

Of A. M. H.'s two children, the elder had a comparatively mild attack of simple scarlet fever, complicated, however, during convalescence by obstinate otorrhœa, which persisted for three months. The other, the baby, was found not to have scarlet fever, and was discharged after eight days' quarantine.

REMARKS.—True scarlatina maligna is now fortunately comparatively rare, and in consequence scarlet fever is no longer the dreaded and fatal disease it once used to be. What this change in type is due to we do not know, but it is to it rather than to any improvement in our methods of treatment that we must chiefly attribute the remarkably low case mortality which now attends our scarlet fever cases. When the true malignant form does occur, as in the above cases, we are forced to realise how helpless we still are. The cases, occurring in two sisters, appear to indicate that "malignancy" depends rather upon "soil" than upon "seed"—that is, it is due to excessive constitutional reaction of the individual to the scarlet fever poison rather than to exceptional virulence of the infecting germs, for, although the child E. H. was doubtless infected from the same source—what this was was not discovered—she nevertheless showed no sign whatever of malignancy. The case of the baby, T. H., illustrates the immunity usually enjoyed by very young children to scarlet fever. Out of an experience of over 5,000 cases of the disease I can only remember seeing 3 undoubted cases in children under 4 months of age.

BIRKENHEAD UNION INFIRMARY.

EFFECTS OF AN OVERDOSE OF NITRITE OF AMYL.

(By GEO. S. STANSFIELD, M.R.C.S., Medical Officer.)

A WOMAN, aged 58, is under treatment for angina pectoris. She has from six to twelve attacks in the twenty-four hours. Nitrite of amyl inhaled (from capsules) quickly relieves the distressing symptoms; owing to the costliness of capsules a small quantity of amyl nitrite was obtained, and this was given both internally and by inhalation, but had not the same effect as the capsules, so its use in this form was discontinued.

On November 24th paraldehyde ℥ij in water ℥ij had been ordered. The nurse went to her locked cupboard and inadvertently measured amyl nitrite, the two bottles (though not the labels) being exactly alike. It was only after she had given it to the patient that she realised from the odour and a remark of the patient what she had done. She at once gave the whites of two eggs in one pint of hot water; the patient vomited within five minutes. Meanwhile I had been telephoned to, and had ordered apomorphine gr. $\frac{1}{10}$, to be followed by cocaine gr. $\frac{1}{2}$, and at once visited the patient. I found that after the apomorphine she had again vomited freely; hot water was given and the vomiting encouraged. At this time—half an hour after the unfortunate dose—the pulse was exceedingly weak, about 130 per minute; respiration very shallow, with long intervals; and temperature as low as 95°—the index had not been shaken lower, so it may have been less than this. The patient was semi-comatose,

have been in some measure qualified, as there can be little doubt that the powers of the Apothecaries' Society could be enforced against an unregistered foreign practitioner practising here, however doubtful it may be that such a course would be taken by the Society, where such foreign practitioner held a diploma in his own country legally qualifying him to practise, and where the duties of his profession were exercised in a manner not otherwise objectionable.

INDIA AND THE COLONIES.

INDIA.

VACCINATION IN THE BOMBAY PRESIDENCY.—The report for the year 1896-97, submitted by Surgeon-Lieutenant-Colonel J. W. Clarkson, Sanitary Commissioner, indicates that, notwithstanding the disturbance of all sorts of work caused by the plague, the outturn of work was good. Results were, as might be expected, worse in the city of Bombay, where successful vaccination amounted only to 14 per 1,000 of population. In other districts the rate varied from 22 to 34. It is estimated that 79 per cent. of children available for vaccination were protected. The percentage of success in primary vaccination was 92 and in revaccination 78. Diagrams are given to illustrate the relation between vaccine protection and the prevalence of small-pox. The fluctuations of the latter show that there are influences at work other than vaccination. Still, the better-vaccinated districts manifest on the whole lower small-pox rates than the worse. Animal vaccination is making progress, and it is satisfactory to find that no evidence was forthcoming during the year that vaccination was instrumental in communicating plague.

HOSPITALS AND DISPENSARIES IN THE CENTRAL PROVINCES.—The year 1896 was in these provinces a famine year, and the mortality increased from 349,137 in 1895, to 468,469 in 1896, in a population of some 13 millions. The 95 dispensaries included in the report afforded relief to 1,374,129 patients, 112,539 more than in the previous year. In addition, some 189,345 patients were treated in 24 private dispensaries, and medical relief was also given in a large number of poorhouses and relief camps connected with the famine operations. There was a large increase in the number of cases of cholera treated, the disease having prevailed during the year epidemic. Small-pox was, however, dormant. A substantial augmentation took place in malarial fevers, dyspepsia, bowel complaints, worms, venereal diseases, and ulcers. The surgical practice in these institutions appears from the returns to be active and successful. Government contributes 30 per cent. of their cost, the remainder being derived from local sources. A return is given of *post-mortem* examinations performed by civil surgeons and subordinate officers, amounting to a total of 563. Eleven hundred and one packets of quinine were sold to the public through the post-office, realising Rs.1,541. The report is written by Surgeon-Colonel G. Hutcheson, M.D.

VACCINATION IN THE CENTRAL PROVINCES.—Dr. Hutcheson reports that operations were in 1896-7 greatly impeded by famine, the consequent reduction of the birth-rate, the migrations of the people caused by scarcity of food, and the employment of vaccinators on famine, cholera, and plague duty. In spite of these serious hindrances the successful vaccinations amounted to 30.56 per 1,000 of population. The operations under 1 year of age amounted to two-thirds of the whole. The use of animal instead of human lymph is increasing. There seems to be no prejudice against vaccinating calves, which are procured in many places gratis. The percentage of success in primary vaccination was 96, and in revaccinations 77, and some 50 per cent. of operations were inspected by the superintendent, who reported a success of 93. The small-pox diagrams exhibit somewhat unequal results, and without explanation are not of much value as indicating the result of protection. Smaller areas and more detailed data would be better. The subject requires special inquiry and study.

VACCINATION IN ASSAM.—The results for 1896-97, as represented in the report submitted by Surgeon-Colonel A. Stephen, M.B., are satisfactory. During the last ten years the number of vaccinations in Assam has doubled. The proportion of successful vaccinations per 1,000 of population was in 1896-97 45.7, but it is estimated that not more than 24 per cent. of infants available for vaccination were protected. Calf lymph is prepared at a depôt in Shillong, and mixed for distribution with glycerine and lanolin. The percentage of success obtained with this material was high. It is said that there is a prejudice against using calves for this purpose in the province, and that they are difficult to get in the districts. The Chief Commissioner thinks, however, that fresh calf lymph should be prepared at the head quarters as an alternative and supplementary supply. Small-pox inoculation is practised in many parts of Assam. The province is still insufficiently protected by vaccination, and the diagram indicating protection as compared with small-pox is held on this account to be of little value. Besides, it is stated that owing to the nature of the country and difficulties in communication, accumulations of susceptible subjects are apt to occur, and give rise in particular places to excessive death-rates after the lapse of a few years.

THE TREATMENT OF THE INSANE IN INDIA.—Dr. T. W. McDowall selected this as the subject of his Presidential Address delivered at the fifty-sixth annual meeting of the Medico-Psychological Association held at Newcastle-on-Tyne on July 29th, 1897. He admits frankly that he has no personal knowledge of India or its peoples, and appears to be unaware that a statistical comparison of the relative amount of insanity in India and England is available. The latest Indian census reveals a proportion of about 5 insanes and imbeciles per 10,000 of population in India, against some 32 per 10,000 in England. He quotes from official returns the number of insanes confined in Indian asylums, but omits to mention that the death-rate among these is, class and climate considered, very moderate, and that the recovery rate is higher than that of British asylums. He deplores that so few Indian insanes are under asylum treatment, and advances some surmises regarding the treatment and fate of those who remain under the custody of their friends and relations, hinting "that they are got rid of in a variety of objectionable ways." Those who know the disposition and social habits of Indian natives testify that they are wonderfully kind and patient, according to their lights and means, towards the weaklings and infirm of their families and communities. The Indian Governments, as in duty bound, segregate and care for the mad folk who are dangerous or offensive or helpless or uncared for, and offer an asylum to those, also, whom their relatives may desire to submit to special care and treatment; but to whip all the deranged and imbecile among the Indian population into asylums is a project the advisability of which is very open to question. The charges advanced against the management of Indian asylums are mainly that they are entrusted to military medical officers who are not specialists; that these are too frequently changed; that most of the real work is delegated to incompetent subordinates, medical and otherwise; and that sanitarily, economically, and medically the asylums of India are in a very backward and bad plight. The truth is, however, that the Indian civil surgeon, despite his military status and liability to be summoned on emergency to military work, spends most of his service in the performance of civil medical work, which, as all the world knows, he performs very diligently and skilfully, and when an asylum constitutes part of his charge he takes interest and trouble in the work, and does it well. It is true that administrative details and returns make much—perhaps too much—demand on his time and attention, and that the class of attendants employed in Indian asylums is not by any means satisfactory. But are the trouble of pestering administrative details and inefficient servants unknown in British asylums? Dr. McDowall recommends that Indian insane women should be collected into asylums, and placed under the charge of medical women trained in this country. Such a project might land the Government in very hot water indeed.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

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

Surgery.—First Class: B. Dyball (gold medal and moiety of scholarship), St. Thomas's Hospital; C. H. Fagge (gold medal and moiety of scholarship), Guy's Hospital; †E. J. Toye, B.Sc., St. Bartholomew's Hospital. Second Class: A. H. Evans, Westminster Hospital; A. L. Home, St. Thomas's Hospital; J. D. Russell, University College and London Hospital. Third Class: C. H. J. Lockyer, Charing Cross Hospital; H. P. Noble, Middlesex Hospital; A. W. Sikes, B.Sc., St. Thomas's Hospital.

† Obtained the number of marks qualifying for a gold medal.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, PART I.—The following candidates passed in:

Biology.—G. M. Crockett, Royal Free Hospital; K. A. Dawson, Royal Free Hospital; A. Kellgren, Royal Free Hospital; M. E. Martin, Royal Free Hospital; F. Murray, Royal Free Hospital; L. G. Simpson, Royal Free Hospital; H. O. Sutcliffe, Cambridge.

Chemistry.—J. B. Bradley, Birmingham; A. M. Dodd, Royal Free Hospital; F. D. D. Ledgard, Royal Free Hospital.

Materia Medica and Pharmacy.—M. A. Alabone, Guy's Hospital; A. H. Bell, Cork and Guy's Hospital; W. M. McLoughlin, University College Hospital; J. Notley, Birmingham; G. E. Saltau, Royal Free Hospital.

PRIMARY EXAMINATION, PART II.—The following candidates passed in:

Anatomy.—A. J. Beardmore, Sheffield and Middlesex Hospital; J. H. Beasley, Birmingham; A. A. F. Clarke, St. Thomas's Hospital; W. A. C. Cox, St. Mary's Hospital; M. Foley, Royal Free Hospital; A. W. H. Grant, Charing Cross Hospital; G. H. L. Hammerton, Sheffield; H. L. Hands, Madras; D. T. C. Jones, University College Hospital; E. McD. Judge, Guy's Hospital; A. J. Kennedy, Edinburgh; W. L. Norwood, Royal College of Surgeons of Ireland; C. V. Smith, University College Hospital.

Physiology.—W. P. Allen, Birmingham; A. J. Beardmore, Sheffield and Middlesex Hospital; J. H. Beasley, Birmingham; A. A. F. Clarke, St. Thomas's Hospital; W. A. C. Cox, St. Mary's Hospital; M. Foley, Royal Free Hospital; H. L. Hands, Madras; D. T. C. Jones, University College Hospital; E. McD. Judge, Guy's Hospital; A. J. Kennedy, Edinburgh; C. J. Marsh, University College Hospital; W. L. Norwood, Royal College of Surgeons, Ireland; L. Sells, St. Thomas's Hospital.

NORFOLK AND NORWICH HOSPITAL.—At the quarterly meeting of the Board of Management of the Norfolk and Norwich Hospital on January 8th, Dr. Michael Beverley was appointed consulting surgeon to the hospital, and a special resolution of thanks for his twenty-five years' service as surgeon to the hospital was adopted unanimously. Mr. S. H. Burton was at the same time appointed surgeon, and Mr. H. A. Ballance assistant-surgeon, to the hospital. Dr. Beverley, in thus making room for the promotion of younger men, has set an example of self-abnegation which will be generally recognised.

DONATIONS TO HOSPITALS.—The London Hospital has received through its bankers, Messrs. Glyn, Mills, Currie, and Co., an anonymous donation of £2,000 for the maintenance fund. The Treasurer of Guy's Hospital has received a Bank of England note for £500 from "A. B." in aid of the funds of the hospital.

typhus, enteric, and simple and ill-defined forms of fever), which had been 406,280, and 499 in the first three quarters of 1897, further rose to 772 during the three months ending December last, and were equal to an annual rate of 0.28 per 1,000; in London the "fever" death-rate was 0.21 per 1,000, while it averaged 0 33 per 1,000 in the thirty-two provincial towns, among which the highest rates were recorded in Bristol, Wolverhampton, Norwich, Liverpool, Preston, and Sheffield. The fatal cases of scarlet fever, which had been 469, 410, and 492 in the three preceding quarters, further rose to 599 during the quarter ending December last, and were equal to an annual rate of 0.22 per 1,000; in London the death-rate from this disease was 0.22 per 1,000, and corresponded with the mean rate in the thirty-two provincial towns, among which scarlet fever showed the highest proportional fatality in Liverpool, Manchester, Huddersfield, Halifax, and Leeds. One death from small-pox was registered last quarter in Bristol, but no death occurred in any other of the thirty-three large English towns.

Infant mortality in the thirty-three towns, measured by the proportion of deaths under 1 year of age to registered births, was equal to 160 per 1,000 during the quarter under notice, against 155, 178, and 150 in the corresponding periods of the three preceding years. In London the rate of infant mortality was equal to 152 per 1,000, while it averaged 166 in the thirty-two provincial towns, among which it ranged from 95 in Brighton, 119 in Croydon, 122 in Cardiff, and 123 in Plymouth and in Hull, to 193 in Norwich, 209 in Oldham, 233 in Burnley, 259 in Blackburn, and 269 in Preston.

The causes of 695, or 1 3 per cent., of the deaths in the thirty-three towns during the three months ending December last were not certified either by a registered medical practitioner or by a coroner. The proportion of uncertified deaths in London did not exceed 0.7 per cent., while it averaged 1.8 in the thirty-two provincial towns. The causes of all the deaths during the quarter in Croydon, Derby, Bolton, and Oldham were duly certified; and only 1 death was uncertified in Brighton, in Wolverhampton, and in Gateshead: while the highest proportions of uncertified deaths were registered in West Ham, Birmingham, Leicester, Liverpool, Preston, and Huddersfield.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 7,628 births and 4,612 deaths were registered during the week ending Saturday last, January 8th. The annual rate of mortality in these towns, which had been 17.7 and 24.9 per 1,000 in the two preceding weeks, declined to 21.4 last week. The rates in the several towns ranged from 12.6 in Cardiff, 15.8 in Oldham, 16 5 in Portmouth, and 16 6 in Brighton, to 24.4 in Salford, 25.0 in Blackburn, 26.8 in Plymouth, and 27.5 in Norwich. In the thirty-two provincial towns the mean death-rate was 20.4 per 1,000, and was 2.6 below the rate recorded in London, which was 23.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.5 per 1,000; in London the rate was equal to 3.3 per 1,000, while it averaged 2.0 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.1 in Preston, 3.6 in Swansea, 4.0 in Derby, and 6.7 in Blackburn. Measles caused a death-rate of 1.6 in Halifax, 2.1 in Croydon, 2.5 in Derby, 3.6 in Swansea, and 4.3 in Blackburn; scarlet fever of 1.2 in Wolverhampton; whooping-cough of 1.0 in Leeds, 1 5 in Birmingham, and 2.3 in Norwich; and "fever" of 1 6 in Blackburn and 1.8 in Preston. The 73 deaths from diphtheria included 50 in London, 3 in West Ham, and 3 in Leicester. 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 3,572 at the end of the six preceding weeks, had further fallen to 3,450 on Saturday last, January 8th; 239 new cases were admitted during the week, against 260, 222, and 273 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, January 8th, 1,026 births and 733 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.6 and 24.1 per 1,000 in the two preceding weeks, further rose to 24.3 last week, and exceeded by 2 9 per 1,000 the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 18.7 in Perth and 21.1 in Aberdeen to 25.0 in Edinburgh and 34 9 in Greenock. The zymotic death-rate in these towns averaged 2.6 per 1,000, the highest rates being recorded in Aberdeen and Greenock. The 338 deaths registered in Glasgow included 11 from measles, 4 from scarlet fever, 2 from diphtheria, 12 from whooping-cough, 2 from "fever," and 7 from diarrhœa. Three fatal cases of scarlet fever and 2 of diphtheria were recorded in Edinburgh, 4 of diphtheria in Aberdeen, and 3 of scarlet fever in Greenock.

DIPHTHERIA IN LONDON.

THERE was a slight further decline last week in the mortality from diphtheria in London. The deaths referred to this disease, which had been 63, 56, and 53 in the three preceding weeks, further declined to 50 during the week ending Saturday last, January 8th, but exceeded the corrected average number in the corresponding periods of the ten preceding years. Of these 50 fatal cases, 6 were of persons belonging to Islington, 4 to Paddington, 4 to Hackney, 3 to Bethnal Green, 3 to St. George Southwark, and 3 to Newington sanitary areas. The notifications of diphtheria in London, which had been 288, 218, and 292 in the three preceding weeks, declined again to 238 during the week ending Saturday last, January 8th. Compared with the preceding week there was a slight increase in the number of new cases notified in Central London, but a decline in West, North, East, and South London. Among the sanitary areas of West London there was an increase in the prevalence of diphtheria in Hammersmith and in Chelsea, the new cases exceeding those recorded in any recent week. In all the sanitary areas of North London, except Hampstead, there was a decline in the prevalence of the disease; in Islington the new cases, which had increased from 8 to 22 in the four preceding weeks, fell to 14 last week; and the 19 new cases notified in Hackney showed a decline of 4 from the number in the preceding week. There was also a marked decline last week in the prevalence of diphtheria in East London; in Poplar the new cases, which had been 21 and 18 in the two preceding weeks, further declined to 9 last week; and Bethnal Green 7 new cases were notified, against 15 in the preceding week. In most of the sanitary areas of South London the disease showed decreased prevalence, especially in Lambeth, Camberwell, and Lewisham; but in St. Saviour Southwark, Battersea, Greenwich, and Lee there was a somewhat marked increase, the number of new cases exceeding those recorded in any recent week. The admissions of diphtheria patients into the Metropolitan Asylum Hospitals during last week were 134, against 164, 141, and 142 in the three preceding weeks; and 1,060 cases remained under treatment in these hospitals on Saturday last, January 8th.

FEE FOR ATTENDANCE ON CASE OF COMPOUND FRACTURE REMOVED TO WORKHOUSE.

E. P. K., who is a district medical officer, writes, saying that he received a medical order to attend a case of compound fracture of the leg; that he set the fracture, and attended the case for two days, when, at his recommendation, the patient was removed to the workhouse, as the cottage in which the patient lived was not suitable for the treatment of the case. "E. P. K." asks whether he is not entitled to the usual extra fee for this case, as the guardians refuse to pay more than half the same.

*** We are advised that our correspondent would do well to accept the offer made by the guardians, as there is some doubt as to whether he can claim the whole fee; this being allowed for the treatment of the case, and not simply for the first attendance and the setting (so called) of the fracture.

MEDICO-LEGAL.

MEDICAL PRACTICE AND COVERING.

MIDLAND writes: A medical society has started, or proposes to start, with an unqualified man; our correspondent, therefore, makes the following inquiries: (1) Can a registrar accept the unqualified man's death certificate? (2) If he does, how should our correspondent proceed? (3) The same society has a qualified man at a distance. Can he, under orders from the society, or on application by a patient, without recognising unqualified person, attend where the latter has been without being chargable with covering? (4) Can he allow patients who have been attended by the unqualified man to come and receive medicine at his house; or can he allow the man himself to come and dispense medicines for patients he has attended, without being deemed guilty of unprofessional, or rather, infamous conduct?

*** In reply to the above questions:

1. An unregistered medical practitioner cannot sign death certificates.

2. If he does, if the registrar accepts such certificates, reference should be made to the Registrar-General, Somerset House.

3 and 4. These questions are a little difficult to reply to by a direct negative; but if it can be shown that the qualified man does that which enables the unqualified man to practise, then we think he would come within the liability referred to in the recent Notice of the General Medical Council. The case on being brought before the Council would, of course, be dealt with on its merits, and in accordance with the evidence adduced.

RECOVERY OF FEES.

W. A. S. R. states that he was sent by a well-to-do farmer to attend his groom, who had met with an accident in his service, and was in attendance for about a fortnight. On sending in his account the master repudiates liability. Our correspondent inquires if the fact of the master having sent to request his attendance does not render him liable; he also inquires if the Employer's Liability Act affects the case.

*** In reply to the first question, assuming the fact can be established that the master requested the attendance, we think there is no doubt that he is liable, and would probably pay on threat of legal proceedings. As to the second question, we do not think the Employers' Liability Act affects the case.

MEDICAL NEWS.

THE NEW OPERATING THEATRE AT THE BOLTON INFIRMARY.—A new operating theatre has just been added to the Bolton Infirmary, which will greatly increase the capacity of that institution from a surgical point of view. The new buildings comprise the operating room itself, which is 30 feet long by 23 feet wide, a vestibule, an anæsthetising room, a consulting room, and a lavatory. The operating room has a circular end to the west which is largely occupied by windows, and there are also windows both on the north and south side. The circular roof also has glass 8 feet deep all round. There can be no doubt therefore that the room is well lighted. The floor is finished with encaustic tiles, while the walls are lined with white and cream-coloured tiles, rounded at all angles. Varnished pitch pine is used wherever woodwork is required, and all modern appliances in the way of sterilisers, glass tables, and electric light are liberally supplied.

AT a meeting of medical men practising at Darlington, held recently, 17 out of the 19 practitioners, who are ratepayers, resolved to send a protest against the use of "water gas," and to transmit it to the Town Council. The protest was brought before the Town Council by the Mayor, and referred to the Gas Committee.

MEDICAL VACANCIES.

The following vacancies are announced:

BIRMINGHAM GENERAL HOSPITAL.—Two Assistant House-Physicians. Appointments for six months. No salary, but residence, board, and washing provided.—Also Assistant Dispenser. Salary, £80, with meals. Applications to Howard J. Collins, House-Governor, by January 29th.

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

BRAMLEY UNION.—Medical Officer and Public Vaccinator for the Upper and Lower Wortley District. Salary, £20 per annum and usual fees. Applications to Arthur Bottomley, Acting Clerk, Union Offices, Tong Road, Armley, by January 15th.

BRIXTON DISPENSARY, Water Lane, Brixton, S.W.—Resident Medical Officer; unmarried and doubly qualified. Salary, £150 per annum, with furnished apartments, attendance, coal, and gas. Applications to the Secretary by January 28th.

DUBLIN: MERCER'S HOSPITAL.—Vacancy on the Surgical Staff. Applications to the Registrar by January 29th.

FINSBURY DISPENSARY, Brewer Street, Goswell Road, E.C.—Resident Medical Officer. Appointment an annual one subject to re-election. Salary, £100 per annum, with furnished residence, attendance, coals, and gas. Applications to the Secretary by January 25th.

FLINTSHIRE DISPENSARY.—Resident House-Surgeon. Salary, £120 per annum, with furnished house, rent and taxes free, also coal, light, water, and cleaning, or, in lieu thereof, the sum of £30 per annum. Knowledge of Welsh desirable. Applications to Thomas Thomas, Secretary, Board Room, Bagillt Street, Holywell, S. Wales, by January 24th.

HARTSHILL, STOKE-UPON-TRENT: NORTH STAFFORDSHIRE INFIRMARY.—House-Physician. Salary, £100 per annum, increasing £10 per annum at the discretion of the Committee, with furnished apartments, board, and washing. Applications to the Secretary by January 20th.

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 £800, 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.

LAGOS RAILWAY.—Principal Medical Officer for service on railway in course of construction in Lagos, West Africa; age between 30 and 40, unmarried man preferred. Salary, £40 per month, first-class passage out and home, quarters or allowance in lieu thereof. Applications to the Office of the Crown Agents for the Colonies, Downing Street, London, S.W., by January 15th.

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.

ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge Road, S.E.—Anæsthetist and Registrar (non-resident). Salary, £45 per annum. Application to T. S. Conisbee, Secretary.

SHEFFIELD ROYAL HOSPITAL.—Senior Assistant House-Surgeon: unmarried. Salary, 70 guineas per annum, with board (exclusive of wine and beer) and lodging. Applications to Dr. Sinclair White, Secretary to the Honorary Medical Staff by January 28th.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Assistant House-Surgeon. Appointment for six months, and a small honorarium will be given at the expiration of the term of office. Applications to the Chairman of the Medical Committee by January 24th.

MEDICAL APPOINTMENTS.

BALLANCE, H. A., M.S.Lond., F.R.C.S.Eng., appointed Assistant Surgeon to the Norfolk and Norwich Hospital.

BENNETT, H. P., M.B., C.M.Edin., appointed Assistant Surgeon to the Northumberland, Durham, and Newcastle Infirmary for Diseases of the Eye.

BEVERLEY, Michael, M.D.Edin., M.R.C.S.Eng., appointed Consulting Surgeon to the Norfolk and Norwich Hospital.

BURTON, S. H., M.B.Lond., B.S., F.R.C.S.Eng., appointed Surgeon to the Norfolk and Norwich Hospital.

CADDICK, C. J., M.B., C.M.Edin., appointed Assistant Medical Officer to the City Hospital, Edinburgh.

CREWDSON, Thomas G., M.B., C.M.Edin., appointed Assistant Medical Officer to the City Hospital, Edinburgh.

EDWARDS, Charles S., L.R.C.P.&S.Edin., L.F.P.S.Glasg., appointed Certifying Surgeon under the Factory Act for the Tunstall District, *vice* G. C. Holt, deceased.

EDWARDS, H. N., M.R.C.S., L.R.C.P., appointed Medical Officer for the Flamsted District of the Hemel Hempstead Union.

HAMILTON, Roger K., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer for the Hasland District of the Chesterfield Union, *vice* Dr. Robinson.

HILL, Hedley, M.D., appointed Surgeon to the B. Division of the Bristol Police.

MATHESON, J. Colin, M.B., C.M.Glasg., appointed Resident Medical Officer to the Westminster General Dispensary, Gerrard Street, Soho, W., *vice* Lionel Smith, resigned.

MORRIS, C. G., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Third District of the Bath Union, *vice* F. W. Hanham, L.R.C.P. Edin., L.F.P.S.Glasg., resigned.

RICHMOND, J. R. M., appointed Medical Officer of Health to the Overton Rural District Council, *vice* W. N. Thursfield, M.D.Edin., D.P.H.Camb., resigned.

THORMAN, W. H., B.A.Cantab., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Royal United Hospital, Bath, *vice* W. H. Cooke, M.D.Brux., M.R.C.S., L.R.C.P., L.S.A., resigned.

WARD, Walter Fisher, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer for the Blyth District of the Worksop Union.

WAY, Montague, M.R.C.S.Eng., L.R.C.P.L., appointed Assistant House-Surgeon to Guy's Hospital.

WHITAKER, E. J., M.B., C.M.Edin., D.P.H.Camb., appointed Medical Officer of Health to the Blymhill Rural District Council.

DIARY FOR NEXT WEEK.

TUESDAY.

WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, 73, Welbeck Street, W., 4.30 P.M.—Dr. Dundas Grant: Cases of Ménière's Disease and other forms of Vertigo.

CITY ORTHOPÆDIC HOSPITAL, 5.30 P.M.—Mr. John Poland: Deformities of Bones after Injury.

PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Dr. Voelcker: Ulceration of a Caseous Gland into the Bronchus: death from asphyxia. Dr. H. Betham Robinson: A Papilliferous Cyst of a Sudoriparous Gland from the Axilla. Dr. Drysdale: The Blood from a case of Pemphigus. Mr. C. B. Lockwood: Stricture of the Small Intestines leading to Intestinal Obstruction and Perforation. Mr. F. C. Wallis: (1) A piece of Intestine removed by Enterectomy; (2) A case of Appendicitis. Mr. A. W. Addinsell: A case of Appendicitis with Suppuration of the Right Suprarenal Capsule. Dr. Freyberger: An Anomalous Truncus Brachicephalicus associated with Aortic Disease and symptoms simulating Aneurysm. Mr. Furnivall: An Unusual Cyst of the Tongue. Mr. A. G. R. Foulerton: Cystic Dilatation of the Vermiform Appendix.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.—Dr. Risien Russell: A Pathological Demonstration of Cerebral Tumours.

WEDNESDAY.

WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M. Dr. J. B. Ball: Cases in Throat Department.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, W., 8 P.M.—Annual Meeting. Address by the President.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, S.W., 7.45 P.M.—Annual General Meeting.

NORTH-WEST LONDON CLINICAL SOCIETY, North-West London Hospital, Kentish Town Road, 8.30 P.M.—Monthly Demonstration of Cases.

HOSPITAL REFORM ASSOCIATION, 20, King William Street, Strand, W.C., 4.30 P.M.—Annual Meeting.

THURSDAY.

SOCIETY OF ANÆSTHETISTS, 20, Hanover Square, W., 8.30 P.M.—Discussion on Resuscitation in Emergencies under Anæsthetics, to be opened by Dr. Wilson.

CHARING CROSS HOSPITAL, Post-Graduate Class, 4 P.M.—Mr. Stanley Boyd: Surgical Cases in the Wards.

HARVEIAN SOCIETY OF LONDON, Stafford Rooms, Tichborne Street, Edgware Road, W., 8.30 P.M.—Annual Meeting. 9.30 P.M.—*Conversazione.*

FRIDAY.

EPIDEMIOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Dr. Christopher Childs: On the History of Typhoid Fever in Munich.

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.

DEATHS.

BRADBURN.—On January 4th, at Fair Home, Leamington, James Denham Bradburn, M.R.C.S., F.R.C.P.Edin., eldest son of the late James Bradburn, of Monk's Hall, Eccles, aged 46.

BROWN.—On December 31st, 1897, at Weston-super-Mare, George James Brown, M.R.C.S.Eng., late of Birmingham, aged 71 years.

FREELAND.—On December 8th, 1897, at Long Lane, Antigua, West Indies, Phyllis Elvie, second daughter of F. J. Freeland, M.D., aged 3 years and 4 months.

HUNT.—On January 8th, at 16, Francis Road, Birmingham, Joseph Hunt, M.R.C.S., aged 49, late of 29, Temple Row, Birmingham.

PRICHARD.—On January 6th, at his residence, 4, Chesterfield Place, Clifton, Bristol, Augustin Prichard, F.R.C.S., aged 79.

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*.—I.-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.

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, i.-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., 9; 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; Abdominal Section for Ovariotomy, F., 2.

ST. GEORGE'S. *Attendances*.—Medical and Surgical, daily, i.-p., 1; o.-p., 12; Obstetric, i.-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; (Gynæcological), Th., 2.

SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—Gynæcological, 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., 9; 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-deli very of the JOURNAL etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

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

CORRESPONDENTS who wish notice to be taken of their communications should authenti cate 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 *Aitiology, 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.

MEDICAL RESPONSIBILITIES.

G. P. has been consulted by a young woman A., aged 18, who is four months pregnant; her father is dead, and her mother C. has neglected her. A. has lived with Mrs. B., a patient of our correspondent; neither C. nor B. knows the condition of things, though B. suspects. G. P. asks whether he should acquaint B. and C., or B. only, or C. only, or neither.

*** We think that "G.P." would be well advised not to acquaint either. His proper course is to urge A. to communicate the facts to B., or some other near friend or relative if it be impossible to confide in her mother.

THE IRREPRESSIBLE NURSE.

F. H. T. asks: 1. Is a parish nurse justified when a medical man is in attendance on a patient in going to that patient and saying, "Oh, this is a hospital case, and I will get you a ticket," without consulting the medical man? 2. Is the medical man under the circumstances justified in calling on the nurse, and demanding an explanation of her conduct?

*** However annoying such expressions of opinion on the part of nurses and others may be, it is, as a rule, wise to avoid being drawn into a discussion with those who have uttered them, and it is best as far as possible to ignore them altogether. Such conduct on the part of a nurse is less excusable than in others, but unfortunately a medical man is likely rather to lose than gain by calling it in question.

MUSCULAR EXERTION IN CYCLING.

DR. C. M. JESSOP (Redhill) writes: Will any of your readers be so good as to inform me of the muscular exertion put forth by a person of 150 pounds' weight in riding a cycle one mile on a level road? And again on an incline of 1 in 25 and 1 in 50? The following formula is for walking on the level:

$$\frac{W \times D}{20 \times 2240}$$

This equals 17.67 foot tons per mile. But in cycling the whole weight of the body (150 pounds) is not lifted, only the thighs, legs, and feet. I assume this to be equal to one third of the weight of the whole body (150 pounds). Consequently the work done in foot tons per mile would be 5.4 foot tons. But is this a correct estimate for the first part of the question? If so, then, 65 miles cycling will equal 20 miles walking.

ANSWERS.

ETHICS.—We regret that such use should have been made of our reply.

MR. GEORGE STOKER (Hertford Street, W.) writes: In answer to "Surgeon," who asks for a home for a woman with perforating ulcers on each foot, I beg to inform him that such case can be admitted into the Oxygen Home, 2, Fitzroy Square, and there submitted to the oxygen treatment.

FEES FOR ATTENDING CONSULTATION.

NEMO.—We believe that it is the universal custom in the medical profession that when a medical attendant is required to attend a consultation he should receive a special fee. The rule given in the *Medico-Chirurgical Tariffs* is as follows: "When the ordinary medical attendant has to meet another practitioner in consultation, he is fully entitled, from loss and disarrangement of time, to not less than double his usual fee, exclusive of that for inordinate or needless detention."

RURAL DISTRICT NURSES.

R. D. P.—The sum of £100 should suffice to establish a district nurse. Where the population is scattered, one of the greatest difficulties—that of locomotion—has been to a great extent solved by the introduction of the cycle, and the expenses considerably reduced in consequence. Detailed information as to the best means of carrying out a scheme of district nursing may be obtained from Dr. Hurry's book (recently published), entitled *District Nursing on a Provident Basis*.

F.R.C.S.EDIN.

M.D., F.R.C.S.ED. would like to point out that "P. B. G.'s" remarks about the F.R.C.S.Edin. were much more correct than those of "F.R.C.S.Edin. 1896." An average of 60 per cent. is necessary all round to pass the examination, but he understands that now everyone is to be allowed up for the clinical whatever he may make in the written examination. The question of books is a matter of opinion to a large extent. Erichsen will still continue to be a favourite textbook. Treves's *Surgical Anatomy* is not sufficient, though a nice book to read. McLachlan's book is to be preferred.

DUTIES OF SHIP SURGEONS.

W.D.—We have referred our correspondent's letter to an experienced physician, who writes: I do not know of any book that would be specially useful to a medical man who "meditates ship-surgeoncy," nor is there likely to be such a book. The diseases which a man has to treat on board ship, with the single exception of sea-sickness, are exactly like those which he has to treat on shore.

SWEATING.

DR. W. RICHARDSON RICE (Coventry) writes: Increase in the amount of sweat is usually accompanied by dilatation of the cutaneous vessels, but it often also occurs when the opposite condition prevails. From this we may infer that the secretion of sweat is under the direct control of a nervous apparatus going to the gland, rather than influenced by the