

his leaving hospital he was attacked by epileptiform convulsions. On February 11th, 1896, while at work his head swam and ached; on getting home he became faint, and the head and eyes were involuntarily turned towards the right as if trying to look over the shoulder, the arms and legs got stiff, his skin greatly congested, and he lost consciousness for fifteen minutes, after which interval he recovered. The second attack happened about six weeks later, and was of a similar type. It would seem as if these two seizures were in some way dependent on the state of his bowels. On both occasions he was badly constipated, and was completely relieved by purging. Since he has paid more attention to his habits he has not for over twelve months been similarly troubled.

Mental Condition.—He is at the present time in full possession of all his faculties. The ear is perfectly dry, and he is able to discharge with efficiency his duty as keeper of a railway crossing.

MEMORANDA:

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

ON THE USE OF NITROUS OXIDE GAS FOR PROLONGED OPERATIONS.

IN his interesting communication to the British Medical Association, recently reported,¹ Dr. Kemp remarks that "As the result of his experiments (on animals) it is strongly suggested that nitrous oxide gas combined with oxygen would be an appropriate anæsthetic for prolonged operations. A deep and smooth anæsthesia can be maintained for a sufficient length of time to warrant a wider trial in major surgery for long and severe operations. The gas is many times safer than either chloroform or ether, and after-vomiting is practically never present if the ordinary precautions of feeding be observed."

I have anticipated this suggestion, and as the result of clinical experience have arrived at very similar conclusions. During the past two years I have frequently given both nitrous oxide gas and air, and also gas mixed with oxygen, in preference to ether for long operations, with in most cases satisfactory results. The long prevalent idea that it is dangerous or injurious to prolong nitrous oxide anæsthesia is not, I think, supported by facts. I have given pure gas, with occasional breaths of air, for periods of over ten minutes in nearly 200 cases, the longest administration in the series lasting fifty minutes, without the occurrence of any disquieting symptoms, nor have I seen anything to suggest that an undue strain is thrown upon the right side of the heart. The patients, too, recover quickly, and no bad after-effects ensue either on the same or on the following day. But the anæsthesia thus produced is far inferior to that obtainable by nitrous oxide mixed with oxygen.

Mr. Gardner² has recently called attention to the value of this mixture for some of the operations of *minor* surgery, the longest administration he records lasting fourteen minutes. There are, however, many operations in *major* surgery for which this mixture is suitable, sometimes even preferable to chloroform or ether. I have given the mixture for periods varying from fifteen to sixty-five minutes in nearly 150 cases for such operations as radical cure of hernia and hydrocele, Syme's amputation, amputation of leg, removal of polypi and exostoses from the external ear, trephining long bones, removal of lipomata, adenomata of the breast, etc. In one case, a girl aged 14, anæsthesia was maintained for fifty-five minutes while the mastoid antrum was trephined. The longest case is that of a man aged 20, in whom varicose veins of the thigh and leg were excised, the operation lasting one hour and five minutes. Except for three or four slight movements of the leg, absolutely quiet and smooth anæsthesia was obtained, and no reflex movements occurred while the skin was being sutured. The patient vomited once, but was quite ready for his tea on his return to the ward.

All persons are not equally good subjects for gas. Heavy smokers occasionally, but more especially heavy drinkers, often struggle violently under gas, but even when this is so at first, these patients often settle down after four or five minutes, and take the anæsthetic fairly well.

Gas and oxygen is, I think, a highly valuable anæsthetic in cases of extensive cellulitic inflammation occurring in broken-down alcoholic subjects, for in these patients the risks of

either chloroform or ether are often so much increased that although, as pointed out above, such persons are especially prone to struggle, it is, I venture to think, worth while to put up with this inconvenience for the sake of the greater safety of the patient's life. Children as a rule take the mixture well; the youngest patient I have notes of was aged 1½ year, in whom smooth anæsthesia was maintained for fifteen minutes while a tuberculous abscess was scraped, injected with iodoform emulsion and sewn up; the oldest a man aged 74. As far as my experience goes, patients with pyæmia, bronchitis, and even acute pneumonia take the mixture well. As regards after-effects, my experience is that the patients often vomit slightly at the close of a long operation, but this is seldom repeated, and the patient is quite himself at the end of five or ten minutes. The only disadvantage is the difficulty of invariably maintaining absolutely quiet anæsthesia during the whole period of a long operation, but this, I believe, is a difficulty due rather to want of experience than to any defect in the method itself. In conclusion, gas and oxygen may with advantage be substituted for ether in a large number of the cases in which that anæsthetic is usually given; sometimes it may be preferable even to chloroform, and, being undoubtedly the safest anæsthetic we possess, it merits a wider trial in major surgery.

HERBERT J. PATERSON,
Senior Assistant Anæsthetist, St. Bartholomew's Hospital.

TWO CASES OF POISONING WITH CARLINE THISTLE.

I THINK these cases are worth recording. They occurred at Bahria, Citta Vecchia, in the third week of November. The carline thistle (local name, Xeuikit-il-Miskta) is the *carlina gummifera* (Dec.), *atractylis gummifera* (Lin.), a plant common in Malta and in other countries on the shores of the Mediterranean. It is notable for its root, which can grow to enormous proportions, and for its purple composite flower surrounded by radical spinous leaves.

Three children ate the root of one of these plants, which they cut with a knife; two of them, a girl aged 8 years and a boy aged 9 eating it rather freely. They ate it on a Wednesday afternoon, and did not complain at all before the catastrophe came on. On Thursday evening the girl was taken ill, and the parents were soon alarmed at the stertorous breathing and at the drowsiness of the child. There was some retching, but no actual vomiting. Early in the morning the child became collapsed and died before any medical aid could be got. In the evening of Friday the boy returned home and refused to eat. He was told that the girl had died, and he confessed that they had been eating some roots the day before. He went to bed, and soon after the family were startled at his difficult breathing. The father of the girl (the children were cousins) was sent for, and he declared that his daughter had suffered in the same way. The district medical officer was hastily called, but it was too late, as the boy died a few hours after comatose and with marked signs of asphyxia.

At the *post-mortem* examination the two bodies had the same appearance. The tongue protruded slightly between the lips, the pupils were greatly dilated. The appearance consisted in a general congestion in the venous system. In the girl all the organs were highly congested, the lungs and the brains especially so. The stomach showed capillary injection in limited areas. It contained a brown liquid in which fibres of the ingested root were identified. The intestines were congested and contained abundant solid fæces. The heart in both cases was flaccid, and contained a little dark fluid blood.

In the boy the congestion was not so well marked in the organs, with the exception of the brain, of which the veins were injected to the extreme. No trace of the root could be found in the stomach, but the fibres were found abundantly in the intestines, which contained a very great quantity of solid fæces. No attempt was made to examine chemically the organs, as the poisonous principle of the plant is not known to me. I have searched all the books of botany and medical jurisprudence which I could find here, but no cases of poisoning by this plant are fully described, nor is the active principle of the plant mentioned anywhere. The only literature on the subject I am aware of is an article in the *Barth*, September, 1875, an extinct local medical paper,

¹ BRITISH MEDICAL JOURNAL, November 20th, 1897.
Lancet, June 12th, 1897.

which, among others, refers to a communication by Lefranc in 1866 to the Botanic Society of France. No definite notions on the active principle of the plant can be gathered from that article, and I could not obtain the *Bulletin* of the Botanic Society of France.

The third child, a boy of about 12 years of age, ate a small quantity of the root. Up to Saturday morning he did not complain of the least ailment, but he was given a good dose of castor oil, which he very much needed, and is well.

THEM. ZAMMIT, M.D.

The Laboratory, Public Health Department, Malta.

A CASE OF FIBRINOUS RHINITIS.

THE following are the chief points observed in a case of this uncommon disease. A boy, aged 10, was brought on account of bloody discharge of the nose for the last three days. There was a history of nasal obstruction on the left side for a fortnight following a bad cold, and of slight *ozæna* for two days. He was otherwise well, and in his usual good health. There was no history of sore throat, or other illness, nor of the introduction of a foreign body. The pharynx and nasopharynx were normal, and the nose was healthy on the right side; on the left it was completely obstructed owing to a purulent-looking mass filling the narrow space between the deflected septum and turbinates. This mass came away like a pledget of wool, in the form of a rolled-up membrane, its consistence being between that of coagulated muco-pus and a diphtherial cast. Under the microscope it was found to be partly muco-pus, but chiefly fibrinous, but without definite cellular structure. Further examination of the nasal chamber showed the mucous membrane sodden, and in one spot red and raw, the passage itself being little more than a chink. No foreign body or polypus was found, though careful search was made.

Under the influence of syringing with an antiseptic and alkaline lotion, the mucous membrane became healthier. As this occurred the new epithelium could be seen forming a whitish surface, which after a time came away in flakes, leaving a red surface beneath. This process recurred in a decreasing degree until at the end of six weeks the mucous membrane was quite normal. During this time no foreign body or other cause could be discovered, and there were no constitutional symptoms whatever.

The condition at first suggested "membranous" rhinitis as appropriate, but to call it membranous in the sense that a diphtherial cast is so would be as misleading clinically as to consider it mere secretion; it was something between the two. The total absence of constitutional symptoms also made it highly improbable that the disease bore any relation to diphtheria.

With the few descriptions of cases of fibrinous rhinitis, however, it corresponded very closely, clinically and pathologically. No doubt other forms of rhinitis may be "fibrinous" to some extent, and though the line drawn may be somewhat arbitrary, yet this disease seems a fairly well-defined one.

Clinically, somewhat similar appearances are seen after the application of the cautery or caustics, and also in the new epithelium growing over a cut surface, as, for instance, after removal of a spur, but in this case these causes could be excluded; there was, however, slight superficial ulceration.

Noteworthy points in the case were: 1. The marked nasal stenosis. 2. The fibrinous nature of the exudation with the recurring exfoliation of the epithelium. 3. The complete absence of constitutional symptoms.

Clinically, the features of the case suggested that the stenosis, causing pent-up discharge and secretion, was one of the chief causes.

On the question whether such an affection of the mucous membrane is associated with a particular micro-organism as has been suggested, this case, I regret to say, throws no light. Bacteriological examination was not satisfactory, being limited to stained cover-glass preparations; no bacilli were found, but no cultivations were taken.

I have once seen a somewhat similar condition, and that was in a child where both sides were affected; in that case cultures were taken by Mr. St. George Reid, who found

micrococcus albus liquefaciens and *bacillus termo* of Vignal, but no others.

Dulwich.

F. J. DIXON, M.A., M.B., B.C.

TWO CASES OF NIGHT BLINDNESS.

THE following cases of night blindness are interesting specially as the subject has been recently brought forward at the annual meeting in Montreal:

A. and B., brothers, aged 12 and 5 years respectively, are said by their parents to have always been quite blind at night, so much so that they are quite unable to find their way home if left alone away from the house after dark. This was noticed from the time that they first moved about alone. These are the only two boys in a family of five, the three girls not having the least difficulty in seeing at night. The sight of the boys by day has always been excellent. They are both quite up to the average in intellect.

I was only able to test the acuteness of vision and fields of the elder boy, the other being too young to give reliable answers. In the elder boy the sight was excellent by day (V.=4 easily). The fields were much contracted, their diameter not being more than a quarter of the normal. He distinguished colours perfectly.

Both boys were examined with the ophthalmoscope, and in both very little abnormality was to be discovered. There was slight pallor of the discs, and the retinal arteries were perhaps a little small. Tracing the arteries towards the periphery, their sheaths were found in places to be thickened, as shown by white lines running along each side of them, but this was not uniformly the case. At the extreme periphery of the fundus there seemed to be some thinning of the retina, making the choroidal vessels stand out more clearly than elsewhere; but nowhere could I discover any disturbance of pigment or any pigment arranged in the reticulated manner characteristic of retinitis pigmentosa.

Though the characteristic signs were wanting, one must consider these to be cases of retinitis pigmentosa. It is remarkable that the boys only were affected in the family. This agrees with the known fact that retinitis pigmentosa is more common in males than females. I examined one of the girls, and her fields were normal. The parents knew of none of their relatives who were affected in the same way. It is to be noted, however, that the parents were second cousins, and this supports the theory that consanguinity is in many cases a cause of the disease.

Kimberley, Cape Colony.

H. SYMONDS, M.D.

NECROPSY ON A CASE OF INFECTIOUS JAUNDICE (WEIL'S DISEASE).

THIS was the only fatal case out of forty-five patients who suffered from the disease. The cases, which came under my notice some years ago, were all children from 5 to 15 years of age, except one man of 25 years. They all ran a fairly typical course, and there was not anything in the early symptoms to suggest that this was an especially severe case. Death took place on the tenth day of illness from asthenia caused by uncontrollable vomiting and diarrhoea.

The body, that of a girl of 10 years, was wasted, and stained a deep yellow colour. There were numerous petechiæ about the ankles; the inner side of the thighs, and the lower part of the abdomen. The two upper central incisors were short and notched; many of the other teeth were carious. The nose was well formed, and there were no signs of interstitial keratitis. The abdomen contained about a quart of reddish-brown fluid. The peritoneum, both parietal and especially intestinal, presented numerous ecchymoses, varying in size from a millet seed to a threepenny piece. The mesenteric veins were gorged with blood. The intestines, large and small, were absolutely empty. They presented no lesion on the internal surface. The gall bladder was empty. The liver appeared larger than normal (no scales were available for weighing), and so soft that a finger could be pushed into it. It seemed in a state of disintegration, and, in spots, was almost fluid, but there was no sign of pus. It was yellow on section, and emitted a faint but unusual and unpleasant smell, similar to a smell which had been noticed in life in this and some other cases. The spleen was congested and friable, and about three times the usual size. The kidneys

were congested and soft, the calices, pelvis, and ureters bile-stained. The pleural cavities contained a little yellow fluid. The lungs were pale and collapsed, and showed numerous small ecchymoses. The heart and large vessels were empty, the valves normal, the endocardium spotted with petechiæ, and the pericardium contained a little yellow fluid.

Newquay.

N. E. NORWAY, M.R.C.S., L.R.C.P.

SPURIOUS ABORTION.

IN connection with the cases published by Dr. Eden in the BRITISH MEDICAL JOURNAL of November 20th, 1897, the following case may be of interest.

E. J., aged 18, unmarried, and living with her parents, was brought to me on June 28th, 1897, with the history of being four weeks late in her menstrual period. She began to menstruate at 15, and had previously been perfectly regular. Amenorrhœa continued a further fortnight (ten weeks altogether). The flow then commenced, and continued irregularly, but not more profusely than usual, for a few days over a fortnight, ceasing on July 29th. On August 11th, while spending the night in an excursion train, slight hæmorrhage began, with pain, trifling at first, but rapidly increasing in severity. On arrival at home the pain became more acute, and continued throughout the next day, while the hæmorrhage remained slight. When seen she was in great pain, which was continuous, with exacerbations at irregular intervals. There was slight bleeding from the vagina, but under the circumstances no vaginal examination was made. The uterus could just be felt suprapubically on deep pressure. There was no enlargement nor tenderness of the breasts; the nipples and areolæ were normal, and careful pressure failed to cause any discharge to appear at the nipple. Early the next morning she passed a fleshy mass, which, on superficial examination, appeared to be an ordinary abortion. A more careful inspection, however, showed it to be a cast of the interior of the uterus, 3 inches by 2 inches, of pyriform shape, and containing fluid in the interior. The outer surface was rough, fleshy, and irregular, with fissures traversing it in various directions. On opening it up, about half an ounce of clear fluid escaped, but no embryo with it. In thickness the wall averaged a quarter of an inch. The interior was lined by smooth, glistening membrane, homogeneous throughout, and the most careful examination failed to detect any trace of an embryo, or any sign of placental tissue, nor could any spot or depression be found suggestive of where an ovum had been implanted. Unfortunately, the specimen was thrown away, and no microscopical examination could be made.

The patient made an uneventful recovery, and has been in perfect health since; she has menstruated regularly three times. During the period of amenorrhœa she was in her usual health, with the exception of occasional slight headaches; she had no sickness. She has always been under immediate supervision, and her behaviour throughout has been in no way different from usual.

The question arises, What was the nature of the cast? The presumption is strongly against pregnancy. Apart from the absence of physical signs, notably in the breast, which would probably have been recognisable at that period (fifteenth week), supposing her to have been pregnant, the circumstances of the case render the possibility of her having been exposed to the risk of conception extremely slight. Too much reliance must not, however, be placed on the latter, as we know how pregnancy may occur under the most exceptional circumstances. If she was pregnant, and the case an example of "missed" abortion, the ovum must have perished very early and its absorption been complete, as no trace of it was found in the fluid that escaped, or of its site in the wall of the cast. Extrauterine gestation is negatived by the fact of its having reached the fifteenth week, supposing her to have been pregnant, without giving rise to symptoms, and by her complete recovery. There remains the third possibility of spurious abortion. The evidence for this, though incomplete, is highly suggestive. It is to be regretted that the circumstances prevented a vaginal examination being made, and that the cast was not examined microscopically.

Harrogate.

W. EDGECOMBE, M.D. Lond., F.R.C.S. Eng.

SOME time ago I was sent for to a lady with a history of chronic dysmenorrhœa and menorrhagia. Menstruation had

been suspended for a short time, and when I arrived, to all appearances abortion had occurred. I was shown a pear-shaped mass which exactly coincided with the idea of abortion, but on closer examination I found that there was at the narrower end an opening into a widening cavity in the mass. On examination I found the os a good deal dilated, and a large cavity inside a hypertrophied cervix, the opening from the cervix to the uterus being quite closed. The expelled body was undoubtedly a very thick cast of the cavity existing between the two openings of the cervix uteri. I do not think it was a case of pregnancy occurring within the cervix, but simply a casting off of an extremely hypertrophied lining of the cervix uteri. I did not examine the body microscopically.

Highgate.

HUGH WOODS.

REPORTS

ON

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

MILITARY HOSPITAL, GLENCORSE, N.B.

CASE OF ADDISON'S DISEASE RAPIDLY FATAL.

(By WILLIAM ALEXANDER, M.D., Brigade-Surgeon-Lieutenant-Colonel, Portobello, N.B.)

IN former years Addison's disease was supposed by some to cause death by starvation, and no doubt the occlusion of the thoracic duct in the inflammatory process occurring in the course of its progress gives grounds for such beliefs. In recent years, however, it has been demonstrated that men can live for many weeks without food, and the fact that a strongly developed man should die within a fortnight of the time he was actively engaged in his duties shows that there is another factor engaged which appears to have a specific toxic effect on the heart, and thus produces death.

The following case may be of interest: Sergeant T. H., aged 29, was admitted to hospital on October 10th, 1891, having been up till that date engaged as drill instructor. Previous history: He appears to have had jaundice in Egypt in 1882, but recovered, and was always healthy. He was very fond of cycling, and had had one or two heavy falls, of which one was particularly severe. It gave him a severe shock, from which, however, he speedily recovered. His comrades observed that he had been failing in health for a considerable time, but he continued at his duty and amusements till his admission. The physical signs were bronzing of face, neck, hands, knees, and genitals. The symptoms were general weakness, with a pulse very slow (40), weak, and compressible. There was no pain in epigastrium, but a feeling of vertigo was complained of. The tongue coated and dry, and the temperature 98.7° in the morning and 99.8° in the evening.

On October 14th he complained of irritability of stomach, general restlessness, a feeling of sinking and nausea, and indefinite pain about the epigastrium. The temperature was normal, the pulse very slow and weak.

The treatment consisted chiefly in easily-assimilated food and stimulants, which, however, had no apparent effect, as debility increased and the heart's action became slower and weaker till October 19th, when the pulse was not perceptible at the wrist. He died at 3.35 P.M. on that date, being the tenth day after admission.

Post-mortem Appearances Nineteen Hours after Death.—The body was well nourished. Muscular development was great. The face, neck, hands and knees on exposed parts of a dark sunburnt colour. The genitals very dark. The sclerotic was clear. The liver was very dark and stained in the vicinity of gall bladder, which was distended with bile. The gall bladder was adherent to the duodenum, which was also stained with bile. This part of the intestine was inflamed for about 12 inches, and dilated into a pouch below the pylorus. The mesenteric glands were enlarged, and, on section, showed a yellow cheesy matter. The parts in the vicinity of the pancreas were agglomerated by recent inflammatory products, and were with difficulty distinguished. The suprarenal cap-

of the British Guiana Branch of the British Medical Association, and a contributor to the pages of the *British Guiana Medical Annual*. As a physician his skill, care, and courtesy endeared him to many in the different districts of the colony in which he acted, and his treatment of the diseases of the organs of special sense gained him a wide reputation throughout the colony. In his latter years, though weighed down by weakness and the knowledge of the progress of his malady, he bravely bore up, and continued to practise his profession with zeal, and to collect materials for the investigation and elucidation of our local diseases.

In private life he was as much beloved as he was in public esteemed, as the large attendance at his funeral in Georgetown testified. He leaves a widow and son, as well as a large circle of friends and relatives to lament his loss.

MR. WILLIAM KEAYS, of Cappamore, County Limerick, died on January 4th at the age of 54 years. He had been suffering for a long time from a tumour in the neck, the nature of which was obscure. Latterly, owing to increasing discomfort, he was compelled to give up work and seek surgical advice. For this purpose he proceeded to Leeds early in November, and there underwent two operations. Although nothing was left undone which care and attention could accomplish the result was unsuccessful, and he quickly sank from exhaustion. Mr. Keays received his medical education in Dublin, where he was a pupil of the late Mr. Morgan. After qualifying he was appointed to the medical charge of the Munroe Dispensary District, where he won the goodwill and esteem of everyone with whom he came in contact. The deceased qualified as L.R.C.P. and L.R.C.S.Irel. in 1868.

THE death of Mr. FREDERICK DOWKER, M.R.C.S., L.S.A., and L.M., of Helmsley, in the 63rd year of his age, removes from Yorkshire a medical practitioner of the old school, who was held in great respect by all with whom he came in contact. He was educated at Christ's Hospital, and afterwards at St. Bartholomew's Hospital. After gaining his diploma he lived for a short time at Crewe, and afterwards acted as assistant to a medical practitioner at Helmsley, where he continued to practise until failing health compelled him to relinquish active duties. Mr. Dowker, until recently, was Medical Officer for the Oswaldkirk District of the Helmsley Union, and also Medical Officer of Health of the Helmsley Sanitary Authority. He is survived by a widow and three children.

THE death of Mr. HENRY WEECH RANDOLPH occurred at his residence, Milverton, Somerset, on January 5th. Mr. Randolph was born in 1807, qualified as L.S.A. in 1829, and M.R.C.S.Eng. in 1830. He commenced professional studies at the Wiveliscombe Dispensary, where he was apprenticed to Mr. Sully, a surgeon, who at that time had a large practice in the West of England. He afterwards entered at St. Bartholomew's Hospital, where he was a pupil of Abernethy. Starting practice in Milverton in 1831, he continued engaged in his professional work until within a few years of his death. He held for many years the post of Surgeon to the Wiveliscombe Dispensary, and was twice President of the West Somerset Branch of the British Medical Association.

WE regret to have to record the death of Dr. OWEN DALY, which took place at his residence in Hull on December 28th, 1897. The deceased was the second son of Mr. Owen Daly, J.P., of Mornington Hall, County Westmeath, Ireland, where he was born on March 6th, 1821. In 1839 he went to the Dublin University, where he took the degrees of B.A. and M.D. in 1843 and 1857. He was also a Fellow of the Royal College of Physicians of London, and a Fellow of the Royal College of Surgeons in Ireland. On June 26th, 1857, he was elected Physician to the Hull Royal Infirmary, which post he resigned in 1886, when he was appointed Consulting Physician to the institution. Among the appointments held by Dr. Daly were those of Physician to the Hull and Sculcoates Dispensary and Consulting Physician to the Grimsby District Hospital. He was formerly lecturer on the Principles of Materia Medica and Therapeutics at the Hull and East Riding School of Medicine. On April 5th, 1870, he was appointed a Justice of the Peace

for the East Riding of Yorkshire. Dr. Daly married, in June, 1847, the daughter of Mr. Thomas Oldham, of Saltfleetby, Louth, Lincoln, by whom he had two daughters and two sons, one of whom is Dr. E. O. Daly, one of the physicians to the Hull Royal Infirmary.

MR. J. DALE, of Stockton, died at his residence on January 12th after a protracted illness. The deceased gentleman, who was a native of Yarm, qualified as M.R.C.S. and L.S.A. in 1851. He had been in practice at Stockton for about forty years. He was senior borough magistrate, and was medical officer under the Factory Acts for the Stockton district. He leaves a widow, two sons, and four daughters. Dr. Dale was 67 years of age.

THE death is recorded of Dr. THOMAS TORNEY, who for more than fifty years practised his profession in the city of Dublin. He was 78 years of age, and qualified as L.R.C.S.Edin. in 1850; he took the degree of M.D. of the University of St. Andrews in 1851, and became M.R.C.P.I. in 1891. He was also a Fellow of the Royal Academy of Medicine of Ireland. The funeral, which took place on December 27th, 1897, was attended by a large number of members of the profession.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are: Dr. Filippo Lussana, Emeritus Professor of Physiology in the Universities of Parma and Padua; Dr. G. Alexianu, Professor of Medical Pathology at Bucharest; Count Motta Maia, Professor of Anatomy and Operative Surgery in the Medical Faculty of Rio de Janeiro; Dr. C. H. Jones, founder and first President of the Baltimore Medical Association, aged 70; Dr. J. W. Hamilton, Professor of Surgery in the Columbus Medical College, Ohio, aged 72; and Dr. Francesco Bini, for many years Professor of Psychological Medicine at Florence, aged 84.

NAVAL AND MILITARY MEDICAL SERVICES.

ARMY MEDICAL STAFF EXCHANGE.

The charge for inserting notices respecting Exchanges in the *Army Medical Department* is 3s. 6d., which should be forwarded in stamps or post office order with the notice, not later than Wednesday morning, in order to ensure insertion in the current issue.

A SURGEON-CAPTAIN of six years' service in the Indian Medical Service is willing to exchange with an officer of the same length of service in the Army Medical Staff. Apply, stating terms offered, to "Easedale," care of Messrs. Grindlay and Co., 55, Parliament Street, London, W.

A SURGEON-MAJOR high up on the Roster wishes for an exchange with an officer recently returned home. Apply, S. H. C., care of Messrs. Holt and Co., 17, Whitehall Place, London, S.W.

THE NAVY.

The following appointments have been made at the Admiralty: EVAN ST. M. NEPEAN, Staff-Surgeon, to the *Raccoon*, February 1st; EDWARD B. TOWNSEND, Staff-Surgeon, to the *Black Prince*, February 1st; ALFRED H. JEREMY, M.B., Surgeon, to the *Victory*, additional, January 20th.

ARMY MEDICAL STAFF.

BRIGADE-SURGEON JAMES GREIG LEASK, M.B., died at 44, Clarges Street, Piccadilly, on January 16th, in his 66th year. He was appointed Assistant-Surgeon, August 28th, 1855; Surgeon, February 15th, 1871; and Surgeon-Major, March 1st, 1873. He was granted retired pay, with the honorary rank of Brigade-Surgeon, August 9th, 1881. He was in the Zulu war in 1879.

INDIAN MEDICAL SERVICE.

SURGEON-LIEUTENANT-COLONEL H. D. MASANI, Bombay Establishment, is permitted to retire from the service, from January 16th. He was appointed Assistant-Surgeon, March 31st, 1877, attaining the rank of Surgeon-Lieutenant-Colonel twenty years therefrom. He served in the Afghan war in 1879 as Sanitary Officer in the Bolan Pass (medal), and in the operations of the Zhob Field Force in 1890.

MILITIA MEDICAL STAFF CORPS.

MR. ARTHUR ERNEST MADGE is appointed Surgeon-Lieutenant, January 19th.

THE VOLUNTEERS.

MR. MORDAUNT GEORGE DUNDAS is appointed Surgeon-Lieutenant, in the 1st Norfolk Artillery (Eastern Division Royal Artillery), January 19th.

Lieutenant JOHN C. WRIGHT, M.B., and West Riding of Yorkshire Artillery (Western Division Royal Artillery), resigns his commission, and

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

A GENERAL meeting of Convocation was held on January 17th in Burlington Gardens, Mr. E. H. BUSK, Chairman of Convocation, presiding.

THE COMMISSION BILL.

Dr. J. B. BENSON presented the report of the Special Committee appointed on May 12th, 1896, and moved its reception (see *BRITISH MEDICAL JOURNAL*, January 8th, p. 123), which was carried by a large majority. Dr. Benson moved the following resolution recommended by the Special Committee:

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

Dr. BLAKE ODGERS, Q.C., seconded the motion. The subject had been discussed for about twelve years, and opinion had been ascertained. The cause of one university as against two had prevailed, and the Bill, which was the result of months of negotiation, embodied what might be made a working system which carried the consent of the bulk of persons who were best acquainted with the history of the question and the needs which had to be satisfied.

Mr. LITTLER, Q.C., moved the following amendment:

"In view of the fact that Convocation consists of about 4,000 members, most of whom are precluded by the nature of their avocations or by the distance of their abode from attending a meeting in London, this House postpones the expression of opinion on any scheme of legislation for the reconstitution of this University until such scheme shall have been submitted to members of Convocation for individual consideration, their approval or otherwise to be signified in the same manner as at a Senatorial election."

Mr. MOULTON, Q.C., seconded the amendment.

Mr. HANBURY failed to see why there should be two sets of examinations, one for members of the teaching body and another for external students.

The CHAIRMAN said that no official expression of opinion could be given except by members actually present at Convocation.

Mr. LITTLER said he was quite aware of that, and his amendment was framed to include an unofficial ascertainment of the views of members of Convocation.

Mr. T. B. NAPIER said a fair and reasonable compromise had been effected, and the interests for which he had been anxious were better protected than in the original Cowper scheme. He was unable to accept Mr. Littler's amendment; as a working agreement had been arrived at and public opinion had been distinctly expressed against two Universities, the wisest course was to at once accept the scheme, as delay was injurious to the University and to the cause of education.

Dr. SILVANUS THOMPSON opposed the amendment, and though he thought the Bill was by no means perfect, he was prepared to support it as a satisfactory settlement of conflicting opinions and interests.

Dr. HEBER HART supported the amendment.

Sir JOSHUA FITCH pointed out that the amendment necessitated indefinite postponement of a settlement. At Oxford and Cambridge members of Convocation had to go to the University to give their votes, and if people felt strongly on a subject they would make a journey to enforce their convictions.

Mr. JOSEPH said at a Senatorial election voting papers were used, and no such indefinite delay arose as Sir J. Fitch feared, and this was a far more important question than any Senatorial election.

A division was then taken, and there voted for the amendment 42, against 76.

The resolution was then carried.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

THE Morison Prizes, consisting of £3, a certificate, and a silver medal, bequeathed to the College by Sir Alexander Morison, a former President of the College, have, on the recommendation of the present Morison Lecturer, Dr. Alexander Morison, been awarded to George Grant, Montrose Asylum, and to Mary Petrie, Elgin District Asylum.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentleman, having previously passed the necessary examinations, and having now attained the legal age of twenty-five years, has been admitted a Fellow of the College:

F. J. Steward, M.B., B.S. Lond., L.R.C.P. Lond., Guy's Hospital.

The following gentleman, having previously passed the necessary examinations, and having now conformed to the by-laws and regulations, has been admitted a Member of the College:

A. Kinsey-Morgan, exams. for L.R.C.P. Lond., Guy's Hospital.

CONJOINT BOARD IN ENGLAND.

SECOND EXAMINATION.—The following candidates have satisfied the Examiners in the subjects indicated:

Anatomy and Physiology.—W. Lister, H. L. Atkinson, and H. C. Alderman, Yorkshire College, Leeds; J. C. Wadmore and J. C. Norton, University College, Bristol; R. A. L. Graham and W. J. Hogg, Queen's College, Belfast; J. L. Prichard, E. G. Narramore, and R. H. Crompton, University College, Liverpool; C. C. W. Mays, Firth College, Sheffield, and Mr. Cooke's School of Anatomy and Physiology; A. W. S. de Vine, Mason College, Birmingham; A. H. Style, Cambridge University and St. George's Hospital; E. H. Hunt, Oxford University; L. H. Guest, Owens College, Manchester; P. Savill, University College, London; H. S. Harris and W. C. Mence, St. Thomas's Hospital; P. S. Blaker, Medical College, Calcutta; J. H. McAllum, of Cambridge University and the London Hospital; R. A. Jones, Charing Cross Hospital, and Mr. Cooke's School of Anatomy and Physiology; S. J. D. Esser and A. S. David, London Hospital; T. H. J. E. Hughes, G. J. S. Atkinson, A. de Morgan, W. S. Page, and W. G. Speers, St. Mary's Hospital; E. Shelton-Jones

and B. Rodil, Guy's Hospital; J. B. C. Francis, Westminster Hospital and Mr. Cooke's School of Anatomy and Physiology; S. C. Jellicoe and S. M. W. Meadows, Middlesex Hospital; R. M. McQueen, St. George's Hospital; M. B. Hay, F. K. Etlinger, J. S. New, University College, London; G. E. Cathcart, St. Bartholomew's Hospital; E. S. Cocke, King's College, London; A. H. Tovey, St. George's Hospital; E. C. Hepper and J. F. Robertson, St. Bartholomew's Hospital; W. P. Ker, B. S. Maudy, and J. L. Whalley, Guy's Hospital; M. W. Haydon, St. Thomas's Hospital; C. A. Marsh and B. M. S. Sodi, London Hospital; K. H. Bennett, University College, London; H. C. Baker, E. F. Sall, and W. R. Harrison, St. Mary's Hospital; and T. Domela-Nieuwenhuis, Lausanne and Zurich Universities; A. C. Newport, Charing Cross Hospital; F. F. Alderson, Middlesex Hospital; E. D. Smith, F. E. Tayler, and E. B. D. Adams, St. Bartholomew's Hospital; D. C. O. C. Finigan, Berlin and Kiel Universities and St. Bartholomew's Hospital; M. D. Wood, T. T. Kelly, T. R. Beale-Browne, R. D. Attwood, E. J. F. Hardenberge and K. Tilbury, Guy's Hospital; V. R. F. Kroenig and C. E. Bulteel, King's College, London; A. S. Downton, W. H. Davidson, and A. H. Williams, London Hospital; C. A. Wiggins, St. Mary's Hospital; and A. de V. Blathway, University College, London.

Anatomy.—A. A. Vernon, Long Island College Hospital, New York, and J. P. E. Henery, St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology; F. A. Simpson, Cambridge University and St. Mary's Hospital, and C. T. Magee, Melbourne University and the London Hospital.

Physiology.—Mr. C. T. Fox, University College, London. Sixty-nine gentlemen were referred in both subjects, 2 in Anatomy and 4 in Physiology.

MEDICO-LEGAL.

THE PROCURING OF MISCARRIAGE.

JAMES CHARLES ADY, aged 42, described as a surgeon, was indicted for using an instrument with intent to procure miscarriage, and for using means unknown with the same intent, was tried at the Central Criminal Court before Mr. Justice Channell on January 18th, and was found guilty. Leon Tomasso, who was found guilty of administering a drug with intent to procure miscarriage, was brought up for judgment. Mr. Justice Channell, according to the report in the *Times*, said that there was abundant evidence to show that the prisoners had been habitually doing this as a matter of business, and they had carried it on, each of them as far as he knew, with the greatest skill. He thought they were very dangerous persons on the ground of the extreme skill with which the operations were performed. He sentenced Tomasso to seven years' penal servitude, and Ady to seven years' penal servitude. The prisoner Ady was struck off the *Medical Register* on June 4th, 1896.

CORONERS AND MEDICAL CERTIFICATES.

Dr. A. writes that he has attended for many years Miss B., a lady, aged 75 years, who has been for some time a chronic invalid with "fatty heart," cardiac asthma, and other complications. He usually saw his patient three times weekly. On the Saturday morning, before the usual visit was paid, his attendance was requested at an early hour, and on his arrival the patient was found to be dead. He was informed that the deceased had vomited, and shortly after had suddenly jumped out of bed; that she soon after swooned, and almost immediately expired. Our correspondent having seen his patient on the previous Wednesday, and taking into consideration the circumstances attending the death, and knowing the diseases from which she was suffering, did not hesitate to give a certificate of the cause of death as arising from syncope. It appears that the coroner for the district regards this as discourteous to his office, and asserts that it was "Dr. A.'s" duty to have communicated with him before doing so.

"* Under all the circumstances of the case as related by our correspondent, no exception can be taken to the certificate of death being given by him in the usual way. It is true that on the arrival of "Dr. A." on the Saturday morning in question, he found the deceased dead in her bed, but finding that the conditions under which she died were quite consistent with the diseases for which he had so recently attended her, he was legally justified in certifying to the best of his knowledge and belief the cause of death. We presume no inquest was held in this case, but that the coroner having received notice of the sudden death made the usual preliminary inquiries; and it is, perhaps, the wiser course, if the medical practitioner knows that such inquiries are pending, to withhold any certificate he may feel disposed to give until the decision of the coroner is known, for if an inquest is held a *post-mortem* examination might possibly reveal some other cause than that mentioned in the certificate already given. In the present case no discourtesy could possibly be attributable to "Dr. A.," and it is probable that the certificate given materially assisted the coroner in his decision. Again, it is possible that in the inquiries made by the coroner certain facts in connection with the death may be revealed which might have been unknown to, or concealed from, the medical practitioner.

UNQUALIFIED ASSISTANTS AND COVERING.

ENQUIRING M.D. submits the following point: He and his partner employ a medical student as dispenser. In cases of emergency the latter attends to a confinement, but never uses instruments and never continues attending the case afterwards, one of the partners always going on with the case himself. Our correspondent inquires if such conduct would be considered infamous conduct in a professional respect, and

George Southwark, 4.87 in Bermondsey, 5.25 in St. Olave Southwark, 5.69 in St. George-in-the-East, and 5.79 in St. Saviour Southwark.

No fatal case of small-pox was registered in London during the three months ending December last. Measles showed the highest proportional fatality in St. James Westminster, Shoreditch, St. George-in-the-East, St. Saviour Southwark, St. George Southwark, Newington, St. Olave Southwark, and Bermondsey; scarlet fever in St. James Westminster, St. Luke, St. Saviour Southwark, St. Olave Southwark, Bermondsey, and Rotherhithe; diphtheria in Hackney, Clerkenwell, Poplar, St. Saviour Southwark, Battersea, Woolwich, and Plumstead; whooping-cough in Hackney, St. Luke, Bethnal Green, Limehouse, Mile End Old Town, and St. Olave Southwark; and "fever" in Westminster, City of London, St. George-in-the-East, Mile End Old Town, and Woolwich sanitary areas.

During the quarter ending December last 2,033 deaths from phthisis were registered in London, equal to an annual rate of 1.82 per 1,000. Among the various sanitary areas the lowest phthisis death-rates were recorded in Paddington, Hampstead, St. Martin-in-the-Fields, Wandsworth, Lee, and Lewisham; and the highest rates in St. Giles, Strand, St. Luke, Bethnal Green, Whitechapel, St. George-in-the-East, St. Saviour Southwark, and St. Olave Southwark.

Infant mortality, measured by the proportion of deaths under one year of age to registered births, was equal to 151 per 1,000, and slightly exceeded the mean-rate in the corresponding periods of the ten preceding years, 1887-96, which was 150 per 1,000. Among the various sanitary areas the rates of infant mortality were lowest in St. Giles, London City, Lambeth, Wandsworth, Lee, Lewisham, and Plumstead; while they showed the largest excess in Kensington, Westminster, Clerkenwell, Shoreditch, Bethnal Green, St. George Southwark, and Bermondsey.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,944 births and 4,432 deaths were registered during the week ending Saturday last, January 15th. The annual rate of mortality in these towns, which had been 24.9 and 21.4 per 1,000 in the two preceding weeks, further declined to 20.6 last week. The rates in the several towns ranged from 12.2 in Huddersfield, 12.6 in Cardiff, 12.9 in Birkenhead, and 13.3 in Swansea, to 23.7 in Plymouth, 25.7 in Liverpool, 28.9 in Norwich, and 29.6 in Wolverhampton. In the thirty-two provincial towns the mean death-rate was 19.0 per 1,000, and was 3.9 below the rate recorded in London, which was 22.9 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.4 per 1,000; in London the rate was equal to 3.3 per 1,000, while it averaged 1.8 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.0 in Gateshead, 3.2 in Oldham, 3.5 in Derby, and 3.7 in Sheffield. Measles caused a death-rate of 1.6 in London and in Sheffield, 1.7 in Croydon, 2.0 in Derby, 2.1 in Brighton and in Oldham, and 2.2 in Halifax; scarlet fever of 1.0 in Huddersfield; and whooping-cough of 1.0 in Derby and 1.1 in Portsmouth. The mortality from "fever" showed no marked excess in any of the large towns. The 72 deaths from diphtheria included 44 in London, 6 in Birmingham, 4 in Cardiff, and 4 in Liverpool. 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 3,450 at the end of the seven preceding weeks, had further fallen to 3,253 on Saturday last, January 15th; 215 new cases were admitted during the week, against 222, 273, and 239 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, January 15th, 1,000 births and 615 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had risen from 18.6 to 24.3 per 1,000 in the three preceding weeks, declined again to 20.4 last week, and almost corresponded with the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 15.7 in Leith and 15.8 in Paisley to 23.8 in Perth and 31.5 in Greenock. The zymotic death-rate in these towns averaged 1.9 per 1,000, the highest rates being recorded in Glasgow and Greenock. The 295 deaths registered in Glasgow included 14 from measles, 4 from scarlet fever, 5 from whooping-cough, and 9 from diarrhoea.

DIPHTHERIA IN LONDON.

THE mortality from diphtheria in London showed a slight further decline last week. The fatal cases of this disease, which had been 56, 53, and 50 in the three preceding weeks, further fell to 44 during the week ending Saturday last, January 15th, but exceeded the corrected average number in the corresponding periods of the ten preceding years. Of these 44 fatal cases, 10 were of persons belonging to Islington, 4 to Hackney, and 3 to Bethnal Green sanitary areas. The notifications of diphtheria in London, which had been 218, 292, and 238 in the three preceding weeks, further declined to 194 during the week ending Saturday last, January 15th. Compared with the preceding week there was a slight further increase in the number of new cases notified in Central London, but a decline in each of the other groups of sanitary areas. Among the sanitary areas of West London there was a general decline in the prevalence of the disease, although in Westminster the 4 new cases exceeded the number recorded in any recent week. In most of the sanitary areas of North London there was a further decline in the prevalence of diphtheria; in Islington the new cases, which had been 22 and 14 in the two preceding weeks, further fell to 10 last week; and in Hackney 16 new cases were notified, against 23 and 19 in the two preceding weeks. Among the sanitary areas of East London there was a further decline in the number of new cases in Shoreditch, Bethnal Green, and Poplar, but in Mile End Old Town there was an increase. In most of the sanitary areas of South London the prevalence of diphtheria showed a marked decline, especially in Newington, Lambeth, Battersea, and Lee; in Camberwell, however, there was a slight increase, 16 new cases being notified, against 28 and 14 in the two preceding weeks. The admissions of diphtheria patients into the Metropolitan Asylum Hospitals during last week were 111, against 141, 142, and 134 in the three preceding weeks; and 1,020 cases remained under treatment in these hospitals on Saturday last, January 15th.

BACTERIOLOGICAL DIAGNOSIS.

THE Public Health Committee of the Aberdeen Town Council have under consideration a scheme for making bacteriological examinations in connection with the diagnosis of certain infectious diseases. A plan suggested by Dr. Matthew Hay, Medical Officer of Health, has been strongly recommended for adoption.

ALCOHOL IN WORKHOUSES.

At a recent meeting of the Malton Board of Guardians a resolution was carried to the effect that the guardians ask the medical officers not to recommend spirits for paupers through relieving officers, but when such spirits were absolutely necessary that the medical officers supply the whisky, brandy, etc., in the ordinary way as medicine. Another Board not long ago advertised for a medical officer, who was to contract to supply alcoholic beverages in this way; but the Local Government Board speedily declared the illegality of this procedure, not for the first time.

MEDICAL OFFICERS OF HEALTH IN SCOTLAND.

PRACTITIONER writes: In the BRITISH MEDICAL JOURNAL of January 1st, in the article on the Public Health (Scotland) Act, 1877, you state: "After January 1st, 1898, no person may be appointed medical officer to any district in Scotland unless he possesses a qualification in Sanitary Science." I would like to ask you if this applies to small local medical officers of health acting under the county medical officer, and if it is necessary that they should have a B.Sc. or D.P.H. as well as their qualifications in Medicine and Surgery?

. There is no exemption under the Act; the statutory requirement will apply to all local medical officers appointed hereafter. In practice such officers will probably continue to be appointed, but they cannot discharge any duties specifically reserved for medical officers of health.

DUTIES OF SCOTTISH MEDICAL OFFICERS.

DISTRICT MEDICAL OFFICER.—It is difficult to delimit the duties and responsibilities of a medical officer of health. We are of opinion that in respect of Case I, where our correspondent was called upon by the School Board to visit (at a distance) and advise, he was acting in the service of the School Board, and is entitled to be paid by them, and £2 2s. would probably be a reasonable fee. Case II is a narrower one, and it is questionable whether D. M. O. would be well advised in demanding a fee.

MEDICAL NEWS.

MEDICAL MAGISTRATE.—Dr. A. A. G. Dickey, of Colne, has been appointed by the Lord Chancellor of the Duchy of Lancaster (Lord James) a magistrate for the borough of Colne.

THE Right Hon. the Lord Mayor has consented to take the chair at the festival dinner of the Metropolitan Hospital, of which he is the President, to be held at the Whitehall Rooms on April 18th.

THE CHALMERS HOSPITAL, EDINBURGH.—Miss Mary D. Stephenson, formerly of Charing Cross Hospital, and latterly of Tiverton Infirmary, has been appointed matron of the Chalmers Hospital, Edinburgh, in the room of Miss Agnes E. Bourne, resigned.

THE UNIVERSITY OF LONDON BILL.—The following resolution was passed at a meeting of the Medical Board of King's College, held on Wednesday, January 12th: "The Board of the Medical Faculty of King's College report to their Council that they are in favour of the scheme for a new University of London embodied in the Bill of 1897, and would desire that the delegates should obtain those amendments that are recommended in the report."

THE ASCENT OF THE NURSE.—According to the *Nursing Record* the University of Texas has formed a nursing department, and has recognised the head of the Nurse Training School as one of the professors of the University with a chair of Clinical Nursing. The lady in question is in future to teach not only the pupil nurses but all the medical students at the University Hospitals in the details of nursing. There appears to be no limit to the "professional" ambition of the modern nurses, and doubtless the fair incumbent of the "Chair of Clinical Nursing" will fully maintain the dignity of her academic position. But what of the unhappy medical student, who, already burdened almost beyond his strength, is to have a course of lectures on the making of poultices and the adjustment of bedpans inflicted upon him? Sydney Smith's vision of being "preached to death by wild curates" seems not altogether unlikely to be fulfilled, with the appropriate change of circumstances in the case of the latter-day medical student.

THE STAFF OF THE ENGLISH LOCAL GOVERNMENT BOARD.—Mr. Chaplin, President of the Local Government Board, recently replied to the criticisms of the Earl of Kimberley with regard to the undermanning of the English Local Government Board; in the course of his remarks, while insisting upon the complexity and multiplicity of the duties which have been piled upon the shoulders of the Board, stated that he had recently been able to make arrangements with the Treasury by which the staff would be raised from 467 members of all ranks to 572. He added that this would involve an increased expenditure of £18,000 a year.

LARYNGOLOGICAL SOCIETY OF LONDON.—The following is the list of Officers and Council for 1898:—*President:* H. Trentham Butlin, F.R.C.S. *Vice-Presidents:* J. W. Bond, M.D.; A. Bronner, M.D.; H. de Havilland Hall, M.D.; Scanes Spicer, M.D.; T. J. Walker, M.D. *Treasurer:* W. J. Walsham, F.R.C.S. *Librarian:* J. Dundas Grant, M.D. *Secretaries:* Herbert Tilley, M.D.; William Hill, M.D. *Council:* A. A. Kanthack, M.D.; Sir F. Semon, M.D.; W. R. H. Stewart, F.R.C.S.; StClair Thomson, M.D.; P. Watson Williams, M.D.

HEALTH OF BELFAST.—In his report presented to the City Council at their usual monthly meeting on January 1st, Dr. Whitaker, medical officer of health, gave the death-rate for the previous four weeks as 24.4 per 1,000, and the zymotic rate at 2.8 per 1,000. The number of cases of typhoid fever notified during this period was 273, but the mortality had been low. The deaths from zymotic diseases numbered 61, as compared with 71 in the corresponding period of last year. The epidemic of typhoid fever was steadily declining, and, as the above figures show, the deaths from zymotic diseases were actually less at the present time than at the corresponding period of last year, when there was no typhoid epidemic.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS.—A Quarterly Court of the Directors of the Society was held on Wednesday, January 12th, Dr. Pollock, Vice-President, in the chair. It was resolved to distribute, on January 19th, £1,222 10s. among 50 widows, 3 orphans, and the 5 recipients on the Copeland Fund. Application for assistance was read from a widow for herself and son, aged 13, and a grant at the rate of £50 per annum was made to the widow, and one of £12 per annum to the son. One member was elected, the death of one reported. The Christmas present, amounting to £934 had been made on December 20th to the widows and orphans on the Funds. A committee was appointed to draw up the report for 1897. The expenses of the quarter were £75 19s. 6d. The Secretary was desired to convey to the President (Sir J. Paget, Bart.), the best wishes of the Directors for his health and happiness during the present year. The offices of the Society are at 11, Chandos Street, Cavendish Square, W.

SOCIETY FOR THE STUDY OF INEBRIETY.—At a quarterly meeting on January 13th, the Chairman (Dr. Norman Kerr) in proposing a vote of condolence to Mrs. Ernest Hart, referred to the serious loss to the Society in the lamented death of Mr. Ernest Hart, who had been a Vice-President for fourteen years. Mr. Hart had repeatedly rendered most valuable service editorially and in person. He had taken part in the proceedings at the British Medical breakfasts at Cork and Belfast, and at various other medical breakfasts. His remarkable paper on Ether Drinking was specially valuable. Dr. Pitcairn seconded the resolution, which was carried. Surgeon-General the Hon. J. L. Lovell, C.M.G., reported the remarkable decrease in the therapeutic prescription of intoxicants in the three Trinidad hospitals, amounting to 60 per cent. during the past few years. Mr. W. L. Brown, L.R.C.P. (Edin.), gave an elaborate account of ancient so-called remedies for intoxication, illustrated by slides. These remedial measures included mixing drinks, wreaths and unguents, drink dress, vegetable acids and bitters, essential oils, oils and emulsions, the mineral cure (pumice stone, sandy soils, the ancient external "gold cure") the water cure, the animal cure, etc. The true cure was represented to be the treatment of the inebriate as a diseased individual, with involuntary curative restraint.

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.
- 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.
- CHELSEA HOSPITAL FOR WOMEN,** Fulham Road, S.W.—Clinical Assistant. Post tenable for three years. Applications to the Secretary.
- DEVONPORT ROYAL ALBERT HOSPITAL.**—Assistant House-Surgeon for six months. Board, lodging, and washing; no salary. Applications to "Chairman of Medical Committee" by January 28th.
- DUBLIN: MERCER'S HOSPITAL.**—Vacancy on the Surgical Staff. Applications to the Registrar by January 29th.
- EVELINA HOSPITAL FOR SICK CHILDREN,** Southwark Bridge Road, S.E.—Senior Resident Medical Officer. Salary, £70, with board and washing. Applications to the Committee of Management at the Hospital by February 1st.
- 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 £20 per annum. Knowledge of Welsh desirable. Applications to Thomas Thomas, Secretary, Board Room, Bagillt Street, Holywell, S. Wales, by January 24th.
- HERTFORD UNION.**—District Medical Officer and Public Vaccinator for the Second and Third Districts; doubly qualified. Salary for No. 2 District, £20 16s., and for No. 3 District, £55 per annum, exclusive of fees. Applications, on forms to be obtained at the Clerk's Office, to be sent to T. J. Sworder, Clerk, by January 27th.
- HOSPITAL FOR SICK CHILDREN,** Great Ormond Street, Bloomsbury, W.C.—House-Surgeon; unmarried. Appointment for six months. Salary, £20, with board and residence in the hospital. Applications, on forms provided, to be sent to the Secretary by February 2nd.
- HULL ROYAL INFIRMARY.**—Junior Assistant House-Surgeon. Salary, £40, with board and lodging. Applications to "Chairman, House Committee," by January 24th.
- 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.
- LONDON COUNTY ASYLUM,** Hanwell, W.—Junior Assistant Medical Officer; doubly qualified, and between 23 and 30 years of age. Salary, £50 per annum, with board, furnished apartments, and washing. Applications, on forms to be obtained at the Asylums Committee Office, 21, Whitehall Place, S.W., where they must be delivered by 12 noon on January 22nd.
- MANCHESTER ANCOATS HOSPITAL.**—Resident Junior House-Surgeon. Salary, £50, with board and washing. Applications to Alex. Forrest, Honorary Secretary.
- MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT AND CHEST,** Bowden, Cheshire.—Resident Medical Officer for the In-patient Department. Salary, £60 per annum, with board, apartments, and washing. Applications to C. W. Hunt, Secretary, by January 31st.
- MILLER HOSPITAL AND ROYAL KENT DISPENSARY,** Greenwich Road, S.E.—Junior Resident Medical Officer. Salary, £30 per annum, with board, attendance, and washing. Appointment for six months, with prospect of re-election as Senior. Applications to the Secretary by February 4th.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC** (Albany Memorial), Queen Square, Bloomsbury.—Anaesthetist. Applications to H. Burford Rawlings, Secretary and Director, by January 31st.
- NORTHAMPTON: BERRY WOOD ASYLUM.**—Assistant Medical Officer; under 30 years of age; unmarried and doubly qualified. Salary, £150, increasing to £200, with board, lodging, washing, and attendance. Appointment for five years, but eligible for re-election. Applications to the Medical Superintendent by February 9th.
- NOTTINGHAM CHILDREN'S HOSPITAL.**—House-Surgeon; non-resident. Appointment for six months, but eligible for re-election. Salary at the rate of £100 per annum. Applications to Mr. A. F. Kirby, St. Peter's Church Walk, Nottingham, by February 1st.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST,** City Road, E.C.—Surgeon; must be F.R.C.S. Eng. Applications to the Secretary by February 1st.
- 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.
- SUNDERLAND EYE INFIRMARY.**—House-Surgeon. Salary, £150 per annum, living out. Applications to J. F. Potts, 13, Eden Vale, Sunderland, by February 3rd.

UNIVERSITY COLLEGE, London.—Assistant Physician to the Hospital. Applications to the Secretary by February 8th.

WARWICK COUNTY LUNATIC ASYLUM.—Second Assistant Medical Officer. Salary, £130, rising to £150 per annum. Applications to the Medical Superintendent before January 22nd.

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.

BENSON, Jas. Walsh, L.R.C.P.I., L.R.C.S.I., L.M., appointed Resident Surgeon of the North Riding Infirmary, Middlesbrough-on-Tees, *vice* Dr. Geo. F. Longbotham, resigned.

CLOUGH, Joseph, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the First District of the Hunslet Union.

COLMAN, W. S., M.B., C.M., appointed House-Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.

CRAWFORD, Dr., appointed Medical Officer, for the Fifth District of the Tonbridge Union.

CURTIS, H. J., B.S.Lond., F.R.C.S.Eng., appointed Surgical Registrar to University College Hospital, London.

DE VILLIERS, J. H., M.R.C.S., L.R.C.P.Lond., appointed House-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

DOBSON, Arthur, M.R.C.S.Eng., etc., Surgeon to the Ilkeston Hospital; and Honorary Lecturer and Surgeon to the Ilkeston Ambulance Association.

EDWARDS, C. W., M.R.C.S., L.R.C.P., appointed Surgeon to the East Grinstead College Hospital.

ELLIOTT, Chas. N., B.A., T.C.D., M.B., M.Ch., reappointed Medical Officer of Health to the Thrapston Rural District Council.

HOLMES, Jas. D., M.B.Glasg., appointed House-Surgeon to the General Infirmary and Fever Hospital, Paisley, *vice* E. McKay, M.B.Glasg., resigned.

JEPP, Dr., appointed Medical Officer of Health to the Whitchurch Rural Council.

LUCY, Reginald H., M.B.Édin., F.R.C.S.Eng., appointed Surgeon to the South Devon and East Cornwall Hospital, Plymouth, *vice* W. Paul Swain, F.R.C.S., appointed Consulting Surgeon.

MAPLES, R., L.R.C.P.Édin., L.M., M.R.C.S.Eng., appointed Medical Officer of Health to the Kingsclere District Council.

MOFFAT, Dr., appointed Medical Officer to the Alness Parish Council, *vice* Dr. Rutherford, resigned.

PALMER, P. Allan, M.R.C.S.Eng., L.R.C.P.Lond., Junior Assistant House-Surgeon, appointed Assistant House-Surgeon of the Hull Royal Infirmary, *vice* Dr. Grieve, resigned.

PICKERING, Harold J., L.D.S.R.C.S.Eng., appointed Assistant Dental Surgeon to York Dispensary.

FORBITT, E. E., M.B., C.M., appointed House-Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.

PRESTON, J. M. S., M.B., C.M.Édin., appointed Assistant Medical Officer of the New Bridge Street Workhouse of the Township of Manchester.

SCOTT, H. Ainslee, M.B., Ch.B.Vict., M.R.C.S., L.R.C.P., appointed Third Assistant Medical Officer to the Monsall Fever Hospital, Manchester.

THOMSON, H. Campbell, M.D., M.R.C.P.Lond., appointed Physician to Out-patients at the Hospital for Epilepsy and Paralysis, Regent's Park.

TINKER, Dr., appointed Medical Officer for the No. 7 (Newton) District of the Ashton Union.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Mr. Thomas Bryant: Remarks on Rectal Surgery, illustrated by the drawings of the late Mr. Gowland.

TUESDAY.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.—Lecture by Dr. Ferrier, F.R.S.

WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, 73, Welbeck Street, W., 4.30 P.M.—Dr. Harry Campbell: On Disorders of the Nervous System characterised by Widespread Muscular Wasting.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Mr. A. Marmaduke Shield: Immunity and Latency after Operations for Reputed Carcinoma of the Breast, illustrated by 108 tabulated cases.

WEDNESDAY.

MEDICAL OFFICERS OF SCHOOLS ASSOCIATION, 11, Chandos Street, Cavendish Square, W., 3.30 P.M.—Dr. Greville Macdonald: Some Points in the Physics of Adenoids.

WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M.—Dr. Beddard: Heart Disease due to Alcohol.

HUNTERIAN SOCIETY, London Institution, Finsbury Circus, E.C., 8.30 P.M.—Dr. Hingston Fox: The Treatment of Constipation. Dr.

Bertrand Dawson: Physical Signs of Stomach Disease and their Relation to Diagnosis and Treatment.

DERMATOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.—Mr. J. Hancock Wathen (Clifton): Local Effects of Iodoform. Cases will be shown by Dr. Savill, Mr. W. T. Freeman, Dr. Walsh, Dr. Abraham, and others.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Dr. Samuel Hyde (Buxton) will introduce a discussion on the Treatment of Cardiac and Circulatory Affections by Baths, Climate, and Exercises. The following gentlemen have signified their intention of taking part in the discussion: Dr. George Oliver (Harrogate), Dr. Douglas Kerr (Bath), Dr. Sansom, Dr. William Ewart, Dr. Bezly Thorne, Dr. Leonard Williams, Dr. Alexander Morison, Dr. Herringham, Dr. Wethered, Dr. Ward Humphreys (Cheltenham), Dr. Eardley Wilmot (Leamington), Dr. Bowen Davies (Llandrindod Wells), Dr. Havell (Felixstowe), Dr. Shirley Jones (Droitwich), the President, and others.

THURSDAY.

CHARING CROSS HOSPITAL, Post-Graduate Class, 4 P.M.—Dr. Galloway: Demonstration of Dermatological Cases.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 11, Chandos Street, Cavendish Square, W., 8 P.M.—Mr. Hartridge: (1) Foreign Body lodged in the Eyeball. (2) Rupture of Choroid and Extensive Pigmentation of Retina after Severe Concussion of the Globe. Mr. Lawford: Case showing New Development of Vessels on the Retina. Papers at 8.30.—Mr. Sydney Stephenson: Epithelial Xerosis of the Conjunctiva. Dr. A. Breuer: The Function of the Rods and Cones of the Retina. Messrs. MacKenzie Davidson and Treacher Collins: The Localisation of Foreign Bodies in the Eye and Orbit by means of Roentgen Rays, with illustrative cases.

FRIDAY.

CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Dr. W. P. Herringham: Sudden Death in Rheumatic Fever due to Myocarditis. Mr. F. C. Abbott: Two cases of General Peritonitis due to Unusual Causes—(1) Gangrenous Intussusception of Small Intestine; (2) Strangulation of a Meckel's Diverticulum by Itself. Dr. Samuel West: Case of Serous Effusion of Fifteen Months' Standing treated by incision. Mr. J. Hutchinson, jun.: Internal Strangulation of Loop of small Intestine by a Fibrous Ring detached from an Old Hernial Sac: Operation: Recovery.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION, 11, Chandos Street, W., 3 P.M.—Mr. F. Marsh: Notes of Five Cases of Cerebral Abscess due to Ear Disease. Dr. Dundas Grant: Case of Otitic Extradural Abscess, with patient. Mr. C. A. Ballance: Some Lessons in the Diagnosis and Treatment of Intracranial Complication and of Otitis Media gleaned from Fatal Cases. Mr. St. George Reid: Notes of Traumatic Rupture of Tympanic Membrane. Dr. Fayette C. Ewing: Recurring Parotitis in a Healthy Child. Exhibition of cases by the President, Mr. Wyatt Wingrave and Dr. F. Spicer.

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.

BIRTHS.

GALLETLY.—At Sycamore House, Northwold, Norfolk, on January 14th, the wife of Wm. Gloag Galletly, M.B., C.M., of a daughter.

WATSON.—On January 11th, at Hendro, Overton Park, Cheltenham, the wife of Deputy-Surgeon-General George Alder Watson, Bengal Army (retired), of a son.

MARRIAGES.

DICKSON—FARRAR.—On January 12th, at St. Mary's Church, Crumpsall, Manchester, by the Rev. R. Catterall, Rector, Thomas Graeme Dickson, L.R.C.P., and L.R.C.S.Édin., of Hay, Breconshire, eldest son of F. K. Dickson, J.P., F.R.C.P.Édin., of Buxton, to Elizabeth Lister Farrar (Bessie), eldest daughter of T. Lister Farrar, of Manchester, solicitor.

HUGHES—MELLOR.—On Wednesday, January 12th, at Christ Church, Ashton-under-Lyne, by the Rev. Thomas Foster Clarke, Rector of Thurstaston, Cheshire (late Vicar of Rostherne), cousin of the bridegroom, assisted by the Rev. F. H. Burrows, Vicar, William Hugh Hughes, of Latchford House, Ashton-under-Lyne, to Mary Alice (Minna), second daughter of Thomas Walton Mellor, of The Reynolds, Ashton-under-Lyne, and Tan-y-Bryn, Abergelle.

TURNER—DAWSON.—On January 5th, at St. Jude's Church, South Kensington, by the Rev. Eardley Wilmot, Vicar, Surgeon-Major W. Turner, A.M.S., to Jeannie Kemp, second daughter of Major R. E. Dawson, J.P. (late Suffolk Regiment), of Nohaville, co. Westmeath, Ireland.

DEATHS.

PARE.—On December 28th, at 25, Buckland Crescent, N.W., of influenza and pneumonia, Margaret Edmondson, the dearly-loved wife of John William Pare, M.D., C.M., L.D.S.

RENTZSCH.—On January 16th, John Sigismund, son of Sigismund H. Rentzsch, of the Firs, Waltham Cross, Herts, aged 6 months.

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.**—L. 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 ORTHOPEDIC. Attendances.—M. Tu. Th. F., 2. **Operations.**—M., 4.
EAST LONDON HOSPITAL FOR CHILDREN. Attendances.—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. **Operations.**—Th. F., 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, 1; 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., 2.30; 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 ORTHOPEDIC. Attendances.—M. Tu. Th. F., 2. **Operations.**—W., 10.
NEW HOSPITAL FOR WOMEN. Attendances.—Daily, 2; Ophthalmic, W. S., 9.30. **Operations.**—Tu. F., 9.
NORTH-WEST LONDON. Attendances.—Medical, 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 ORTHOPEDIC. 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; Orthopaedic, 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 Ovariectomy, F., 2.
ST. GEORGE'S. Attendances.—Medical and Surgical, daily, 1; o. 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; Orthopaedic, F., 12; Dental, M. Tu. F., 12. **Operations.**—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.
ST. MARK'S. Attendances.—Pistula and Diseases of the Rectum, males S., 2; females, W., 9.30. **Operations.**—M., 2; 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., 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; Orthopaedic, 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 taken of their communications should authenticate them with their names—of course not necessarily for publication.

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

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

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

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

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

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

QUERIES.

ENQUIRER (L.R.C.S., L.R.C.P. Edin., 1885) asks what books are best to read for the D.P.H. Conjoint of Edinburgh.

A. W. S. asks whether anyone has ever weighed hen's eggs at the time of setting, and compared the weight with that of the chicken and the egg-shell at the time of hatching?

RETIRED asks: Is the whole of the Isle of Wight considered relaxing? I have lately retired from practice, and want to find a home quite close to the sea, where there is something to be seen, as I cannot take exercise? Would Bembridge answer the purpose?

FREQUENT MICTURITION.

H. S. B. asks for suggestions as to the treatment of a case of frequent micturition, both by day and night, in a boy aged $\frac{3}{4}$ years, the intervals between the acts varying from a quarter of an hour to two hours. Circumcision was performed in infancy. There were no evidences of calculus or worms. The urine is normal. Prolonged treatment by belladonna and atropine has been tried.

SCHOOL FOR BOY PARTIALLY BLIND.

DR. J. DAVOREN (Mitcham Lane, Streatham, S.W.) writes: I should feel much obliged if you could acquaint me with the name and address of a home or school which would receive an intelligent lad, aged 16 years, nearly blind, where he would be taught some useful occupation. He can pay £25 a year. Not being totally blind he is ineligible for the School for the Indigent Blind.

CHEMISTS' SHOPS AND DOCTORS' MESSAGES.

APEX and A. H. S. C. both have under consideration a proposal for an arrangement by which a chemist who resides at some distance should receive messages from patients who may desire their attendance. One correspondent proposes to have a consulting-room in the chemist's private house, next door to the shop; the other proposes to have a brass plate on the chemist's private door. We are asked for an opinion as to the desirability of such arrangements.

* * We entertain no doubt that the arrangements proposed would be regarded by professional opinion as undesirable.

PRACTITIONERS OF MEDICINE AND DENTISTRY.

A. asks what is the general custom between medical and dental practitioners regarding charges for attendance and professional services? Is it usual for medical men who attend the wife and family of a dentist to charge the same fees as for an ordinary patient?

* * The general custom appears to be that when the dentist and the doctor are friends and neighbours, and reciprocity reigns between them, for the question of fees to be in abeyance. On the other hand, it is the custom for halfpence to be paid on either side in a large number of cases, while in some cases each side insists upon paying full fees, but this is the most unusual.

TREATMENT OF TERTIARY SYPHILIS.

CYCLOPS would be thankful for a hint respecting treatment (local and constitutional) of a case of tertiary syphilis, the chief symptoms of which are obstinate rash in the head, with ulceration of the inner surface of nostrils and gradual enlargement of the end of the nose. The patient has taken for the last three years iodide of potassium with perchloride of mercury, the former to the extent of half-drachm doses three times a day. The only application to the head has been to rub in an ointment composed of oleate of mercury, ol. tereb., and lanolin. Would the long-continued and large doses of the iodide tend to cause the irritation of nostrils and thickening of the cellular tissue of the nose? Information on these points will be gladly received.

THE HISTORY OF THE MEDICAL STUDENT.

G. F. B. writes: What books are there I could consult in order to obtain some information about medical students, as regards their history, habits, customs, etc., from the earliest times up to modern dates? A book in which I could get references to others would suit my purpose best.

* * Our correspondent will obtain some of the information he requires in Mr. Young's *Annals of the Barber Surgeons*, and Mr. South's *Memorials of the Craft of Surgery*, if he looks for it under the heading of "Apprentices." The medical student of his day, amusingly but not untruthfully portrayed by Albert Smith in the *Physiology of the London Medical Student*, whilst the statistics of his fate are given by Sir James Paget in the fifth volume of the *St. Bartholomew's Hospital Reports* (1869).

TREATMENT OF PEMPHIGUS.

G. H. V. writes: For four months past I have had under my care a case of pemphigus vulgaris in a lady, who is also pregnant now seven months. Bullæ (mostly small now) keep recurring over the same parts, despite four months' treatment by liq. arsenicalis mx. with ferri et ammon. cit. gr. x. and tinct. nuc. vom. mv. combined with liberal and regular feeding. Lotions of carbolic acid or liq. carb. detergents are the only means of alleviating, and that temporarily, the most distressing itching and pain. I can exclude syphilis as a cause, and ascribe it to worry and neglect of food; she has six troublesome children. The whole of the skin is more or less affected, except the head above the collar line and the hands beyond the cuff line. This suggests to me that either light or air are in some way concerned with keeping the unaffected parts free from the disease, and also suggests that an effective treatment might be found in keeping the patient in a state of