

after parturition, that is, for three months, she has complained more or less constantly of pain in the abdomen and lower part of the back.

Physical signs: There is an ill-defined fulness in the left iliac region, but otherwise there is nothing to note abdominally. Vaginal examination: The cervix uteri is located high, and far back. The body of the uterus is felt in front on the right side, slightly enlarged. By bimanual examination a small, firm swelling is detected in the left pelvis close to the uterus. The temperature is normal.

Operation: The tumour, which was the left ovary, was of the size of a hen's egg. It was adherent to the posterior surface of the left broad ligament and the left Fallopian tube was involved in the adhesions. The uterus was half as big again as it should have been. The ovary, when cut into, was a sac containing creamy inoffensive pus. The left Fallopian tube was thickened and very patent, but contained no purulent material.

In this case the patient had apparently recovered well from her confinement, and one month after this event she was suddenly seized with pain. She evidently had had no rigor, and when I saw her there was no elevation of temperature. The left ovary when removed four months after parturition was converted into an abscess, and no trace of ovarian tissue remained.

CASE II. *Suppuration (Tuberculous?) in the Left Fallopian Tube: Operation: Recovery.*—E. H., aged 28, and married three years, has never been pregnant. Since marriage the menstrual discharge has recurred regularly, and has been of the usual amount. Eight months ago, during a menstrual period, she was suddenly seized with severe pain in the lower abdomen. This pain continued off and on for seven days, and then gradually subsided. She was confined to bed for one month. Two months later, in consequence of the continuance of a general feeling of indisposition and loss of flesh, the doctor in attendance advised her to go to Hastings. This change produced some improvement. Ten weeks after her return from Hastings (eight months after the onset of the illness) I was asked to see her, as a small lump detected (four weeks previous to my visit) in the lower abdomen had gradually increased in size, and she was losing flesh.

Physical signs: The patient is emaciated. The hypogastrium is occupied by a central globular and cystic swelling, which pushes forward markedly the contiguous portion of the anterior abdominal wall. It extends upwards from the pelvis to a spot $\frac{1}{2}$ inch below the umbilicus.

Vaginal examination: The cervix uteri is pushed toward the right wall of the pelvis. The vaginal roof, anteriorly and toward the left side, is pushed down by a globular and cystic swelling, which is a portion of the abdominal swelling. The body of the uterus is felt to the right of, and in close apposition with, the abdomino-pelvic tumour. The temperature is 100° F.

Operation: On opening the abdomen in the median line, a large tense swelling was seen lying in front and to the left of the uterus. It was adherent to the anterior abdominal wall. The adhesions were separated and the tumour tapped. About a pint of thick creamy inoffensive pus was evacuated. The interior of the cavity presented a markedly tuberculous appearance. On account of the pelvic adhesions it was found impossible to remove the sac, consequently it was stitched to the abdominal wall and drained. The left ovary was felt adherent to the posterior wall of the tumour very low in the pelvis. Tubercle bacilli were detected in the pus and scrapings of the sac.

The illness in this case was accompanied by elevation of the body temperature and loss of flesh.

CASE III. *Suppuration of an Ovarian Cyst: Inflammatory Thickening of the Cyst Wall: Operation: Recovery.*—E. B., aged 42, and married twenty-two years, has had one child; the child was born 21 years ago. Menstruation recurred regularly until two months ago, since which time there has been complete amenorrhoea. For two years she had remarked that her abdomen was increasing in size. Two months ago she was seized with severe pain in the left iliac region and with sickness, and since then she has complained more or less of pain all over the lower abdomen. She seems to have had an elevation of temperature during the fourteen days succeeding the onset of this attack, and she was confined to bed for one month.

Physical signs: The abdomen is prominent. It is occupied by a central and globular swelling which extends upwards from the pelvis to $8\frac{1}{2}$ inches above the pubes. The tumour over its lower 6 inches feels solid, whilst the upper portion is distinctly cystic.

Vaginal examination: The cervix uteri is located centrally. The vaginal roof on the left side and posteriorly is markedly drawn up. The body of the uterus is directed slightly backwards. The abdominal tumour is firmly fixed, but it appears to be attached to the uterus. The temperature is normal.

Operation: The tumour was firmly incorporated with the anterior abdominal wall over the lower three-quarters of its anterior surface by a pad of dense fibrous tissue an inch and a half in thickness. The omentum, which was greatly thickened, was extensively adherent to the tumour on its upper and posterior surfaces. The tumour was removed entirely. It was a thick-walled cyst of the left ovary, and contained most fetid pus.

In spite of the foetid and purulent fluid in the tumour the temperature was normal, and the state of health of the patient was good. The solid feel of the lower portion of the tumour was due to the organised inflammatory material which had incorporated it with the abdominal wall.

FEMALE MEDICAL PRACTITIONERS IN SWITZERLAND.—The number of legally qualified medical women now practising in Switzerland is 24; of these 10 reside at Zurich, 4 at Geneva, 2 at Basel, 2 at Lausanne, while Bern, St. Gall, Winterthur, Aarau, Schinznach, and Samaden have 1 each.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

FRACTURE OF RIB DURING COUGH.

Mr. G. some few weeks ago had a very smart attack of influenza, with a good deal of bronchitis. Partial recovery took place, leaving a most obstinate tracheo-laryngeal catarrh, the cough resulting being most distressing. In spite of advice to go to the South Coast for a short time, he went to business intending to "work it off." One morning, on arrival at the office, and whilst in the act of hanging up his coat, he was seized with a sudden and severe coughing bout, and before he could get his hand to his side a pain took him, which, as he expressed it, was like a knife being driven in. Three hours after I saw my patient at his own home, he having travelled by rail some miles, and on examination found a marked fractured rib on the left side. Being a somewhat unusual accident I thought it possibly worth recording.

On February 7th I saw an elderly woman, aged 58, who had had influenza for the previous five weeks with bronchitis and a most persistent cough. On February 5th she was sitting up but complained of her right side. I found the cartilage separated from the rib and crepitus easily felt, in fact almost heard. These cases raise the question of the treatment of the very severe and persistent cough which has followed many of the attacks this season.

Green Lanes, N.

AMB. ATKINSON.

SCARLATINA MALIGNA.

THE publication in the BRITISH MEDICAL JOURNAL of January 15th, p. 145, of a case of scarlatina maligna which proved rapidly fatal recalls to my mind a somewhat similar case, in which, however, the rash was suppressed, which occurred in my practice some twenty years ago, where cold affusion rescued the patient from almost certain death.

I was attending a case of enteric fever in a young man living in the country, when one day his sister, a girl of 19, who appeared perfectly well up to 2 P.M., was suddenly seized with green vomiting and stools, headache, and delirium; she "ran about the house like a mad woman." Next day, when I first saw her, the temperature was 105.6°, pulse 160, respiration 60. She had intense headache, delirium, and great thirst. As her brother had typhoid, at first sight the possibility of her being attacked with same disease, but with a very anomalous mode of onset, suggested itself; but I expressed the opinion that the symptoms were more like what might be expected in suppressed scarlatina. Brandy and ammonia were ordered, and a full dose of quinine. At 6 P.M. I saw her again in company with an elder practitioner, when she appeared to be in a moribund condition. No pulse could be felt except a mere flicker; the first sound of the heart was inaudible, temperature 105°, eyes congested, her face pale. On speaking loudly to her she opened her eyes and stared stupidly at us, but could not be got to utter a word or put out her tongue. She seemed *in extremis*. My friend threw up his hands with a significant gesture, implying that it was "all up" with her.

However, we decided to try the effect of cold affusion as a last resource. Her hair was rapidly removed, and her head brought over the edge of the bed, and two large jugsful of cold water poured over it. The result was marvellous. Her intelligence returned, she spoke almost immediately, and said she was frightened, and put out her tongue, then seemed inclined to fall into a somnolent state. A blister to the nape was ordered, turpentine to the chest and back, 3ss of brandy every half hour, and carb. ammon. mixture.

At 11 P.M. I saw her again; her pulse could just be counted, but was the merest thread, and as she seemed likely to fall into the same comatose state as previously, the douche was repeated, and this time she violently resisted it. Next morning the temperature was 101.2°, pulse 136, respiration 36. Her intellect was clear, she said she was better, but remembered nothing of what had happened. The following morning the temperature had fallen to 100.8, and a bright scarlet rash had made its appearance on her feet, legs, and back of hands. In

five days she was convalescent, and some days subsequently desquamation set in.

This case, and others of a kindred nature, would seem to indicate that where the cerebral centres are overpowered by a morbid poison, and life thereby endangered, cold affusion is the remedy *par excellence*. It is probably hardly used as often as it might be (in the coma of typhus and uræmia, for example), and valuable lives might be saved by its timely employment.

Ennisclorthy.

THOMAS DRAPES, M.B.

MALARIAL CRESCENTS AND SPHERES.

ON reading Surgeon-Captain Duggan's communication to the BRITISH MEDICAL JOURNAL of January 15th on the parasite of malaria in the fevers of West Africa, I was unable to make sure if he wished to convey the idea that crescent bodies originate from the pigmented spheres which are seen in blood preparations taken from æstivo-autumnal infections. If he did mean to infer this, I should like to say that although I have had some good opportunities of studying the parasitology of malaria, I have never seen this phenomenon occur. I have, however, seen hundreds of crescents become spheres, passing through the following successive stages: (1) Crescents, (2) oval bodies, (3) spheres, (4) flagellated bodies, (5) degenerate spherical bodies. Knowledge of the life-history of the malarial parasite is not yet complete, but many facts have come to light which tend to prove that these changes are intimately associated with the development and multiplication of the plasmodium outside the body; to say, therefore, that crescents originate from spheres is equivalent to saying that a mother originates from her offspring. We recognise at this hospital the three following varieties of spheres as being present in blood preparations from æstivo-autumnal cases, namely:

1. The normal crescent-derived sphere which subsequently under favourable conditions becomes a flagellated body. This sphere has three zones, namely, the central clear, the middle pigmented, and the peripheral clear.

2. The degenerated sphere. This is usually smaller than the above-mentioned variety. It contains a large amount of scattered pigment; sometimes, however, two zones can be recognised, namely, a central clear zone and a peripheral pigmented zone. This sphere is the remains of the flagellated body, it is often irregular in shape, and frequently entirely engulfed by the phagocytes.

3. The large spheres or discs with scattered pigment in active Brownian movement. These are mechanically injured parasites. They are most frequently seen in badly prepared specimens in which pressure has been applied to the cover glass, or which have been imperfectly ringed and then allowed to stand. When examining preparations I have by screwing the lens too firmly on the cover glass converted a normal sphere into one of these bodies. This variety is rarely present in carefully prepared fresh specimens, especially if Marshall's method for promoting rapid exflagellation be employed.

I have never seen spores in oval bodies, but I have frequently observed fragments of red corpuscle adhering to the side of the crescent and oval bodies. I have also on one or two occasions noticed a bud-like process develop at the periphery of the crescent body as it is passing into the oval form, but there is no evidence that this is a spore; it is probably due to the artificial conditions in which the crescent is placed. Dr. Manson first demonstrated to me the presence of preformed flagella in active movement within the outer zone of the crescent-derived sphere, and I have observed them in specimens since. Could Surgeon-Captain Duggan have seen these flagella commencing to appear in the oval body?—I am, etc.

Seamen's (Branch) Hospital, Albert Dock, E.

D. C. REES.

OVERWORKED DRUGGISTS' ASSISTANTS.—A Bill has been introduced in the New York State Legislature which is intended to relieve assistants in druggists' shops within the City of New York from extra long hours of work. The ostensible object of the measure is the prevention of mistakes in mixing the wrong drugs owing to mental confusion caused by overwork. The Bill provides that no assistant shall work more than ten hours a day, except on Saturdays, when he may work twelve hours. On Sundays and holidays only six hours' work is allowed.

BEQUESTS.—The late Sir Charles Hutton Gregory, who died on January 10th, has bequeathed £500 each to the Westminster Hospital, the London Hospital, the Middlesex Hospital, and St. Mary's Hospital.

REPORTS

ON

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

SUSSEX COUNTY HOSPITAL, BRIGHTON.

AN UNUSUAL CAUSE OF LEAD POISONING.

(By E. HOBBHOUSE, M.D., M.R.C.P., Assistant Physician.)

THE following case of lead poisoning is of some interest, as it was due to a very unusual cause:

J. P., aged 55, a foundryman, came to the out-patient room complaining of loss of power in both arms of six weeks' duration. It was chiefly in the muscles of the upper arm, especially the deltoid, biceps, and triceps, which were very flabby and evidently wasted. There was no wrist drop, and pronation and supination of the forearm was good. There was no anæsthesia. He had had some pain in the arms. There was no history of colic, but a distinct punctate blue-line on the gums.

On being questioned as to lead he denied the possibility of poisoning, but admitted having had syphilis. On his second visit, however, he said he had forgotten that for two or three months he had been washing out his nose with a solution of sugar of lead, of which he dissolved one pennyworth in half a pint of water. He did this to stop a discharge from his nose. On examination extensive destruction of the septum was visible, and ulceration in two or three spots. I do not know how much lead acetate can be bought for a penny, but it was clear that he had used a pretty strong solution two or three times daily on a surface well calculated to absorb it.

The distribution of the paralysis, which was almost symmetrical, was somewhat unusual, and but for the blue line I was inclined to think that it might be due to a syphilitic affection of the nuclei in the upper cervical region, but the subsequent history cleared up all doubt.

It is interesting to note that though the extensors of the forearm were still capable of extending the hand at the wrist-joint, and therefore the most characteristic feature of lead palsy, dropped wrist, was absent, they showed the reaction of degeneration; while the muscles of the upper arm, which seemed the feeblest (elevation of the arm being more especially feeble) reacted to faradism better on the left side than the right. The most obvious symptom was the inability to raise the arms on either side, characteristic of deltoid palsy; after that the biceps, spinati, triceps, and brachialis anticus—forming the so-called Duchenne-Erb group—were affected in the order named, as regards loss of power. They were capable of use, but showed weakness and flabbiness, even when contracted, in a very marked degree, considering that the man was well developed and a foundryman.

Erb, quoted by Dr. Oliver in Allbutt's *System*, vol. ii, seems to have found somewhat the same phenomena in a case investigated by him. It is difficult to say what is the pathology of a condition in which the muscles perform their appropriate actions fairly well yet do not react to faradism, though, as Sir William Gowers says, voluntary power may return before faradic irritability, therefore they cannot be absolutely correlated. On the other hand, the fact that the deltoids and spinati reacted to faradism, though obviously much weakened, would certainly look as if there might be some direct action on the muscles themselves; in fact, coupled as it was with distinct softness and flabbiness of the muscular tissue, it is hard to see what other explanation is possible, though Sir William Gowers says such primary action on the muscles is doubtful. He himself quotes some facts which would seem to point to the same conclusion.

STERILISING WATER FOR TROOPS.—The military authorities at Bangalore, which has an evil reputation for typhoid fever, intend to erect a Larymore boiler for sterilising drinking water for the use of the British troops, and a committee has been appointed to select a site for the purpose. The evil reputation of Bangalore for the prevalence of enteric fever points to this important measure not being taken a day too soon.

Mr. Hempson said he would admit it was the plaintiff's duty to attend the deceased; the hospital annual report would show that he was the medical officer. The subsections of the Act referred to said that no fee should be paid to a medical officer where an inquest was held on the body of a person who had died in a county or other lunatic asylum, or in a "public hospital, infirmary, or other medical institution, or in a building or place belonging thereto," etc., but he was going to argue most strongly that this was not a public hospital, and that the plaintiff was not a medical officer within the meaning of the subsections. As to the first point, the hospital was founded for the purpose of admitting poor persons from only three parishes, and he contended that the limitation took it out of the category of "public" hospital.

Mr. Braxton Hicks pointed out that in the annual report it was stated that "this hospital has been founded to meet the pressing requirements of a population of 150,000 persons." If that did not constitute it a public hospital he was at a loss to know what would. He would ask his Honour to interpret the subsection of the Act and give judgment on them. If the hospital was a public institution it was admitted that the plaintiff was the medical officer.

His Honour said he was very glad the case was likely to go elsewhere whatever his decision might be, because he considered it a matter which should be determined by a higher authority than the County Court, affecting as it did a large body of medical men and a great many coroners. The Act provided for the payment of certain fees, but there was the proviso, which precluded certain medical men from receiving fees. He was not going to inquire why that was so; it was not necessary. His duty was only to carry out the Act of Parliament. It was very difficult to determine what was or what not a public hospital, but he did not understand a public hospital necessarily meant "for all the public;" it must be limited to a certain section of the public. However, he preferred leaving that point to the High Court. He held that this hospital came within the meaning of Subsection 2 of the Act, and that the plaintiff was not entitled to recover. He granted leave to appeal.

THE TRUCK ACTS.

ALTIORA PETO.—If the questions raised by our correspondent are *sub judice*, we think it would be undesirable at present to express any opinion thereon.

RECOVERY OF FEES.

W. J. M.—We are advised that from the facts stated by our correspondent it is probable that the employer has rendered himself responsible for medical attendance on his groom, but we would recommend our correspondent to consult his solicitor before actually taking legal proceedings.

NOTICE TO DETERMINE ENGAGEMENT OF MEDICAL OFFICER.

NEMO.—We do not think that an unsigned notice could be substantiated as a valid notice to determine the employment, but there may be attendant circumstances which would lead to a modification of this opinion, and we would recommend our correspondent to consult a solicitor before testing the point by legal proceedings.

M.D. BRUX.

L.R.C.S.I. and L.K. and L.C.P.I. wishes to know whether, if he obtains the degree of a Doctor of Medicine of Brussels, there would be any objection to his using the letters M.D. on his doorplate, and after his signature, the above degree not being registrable.

. We think there would be no legal objection in such a case to our correspondent using the letters and word "M.D. Brux." on his doorplate and after his signature, but not the letters M.D. alone, which might be held to imply a registrable qualification. It is not, however, usual to put the letters M.D. on a doorplate.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

MEDICAL SCHOOL BUILDINGS.—The Regius Professor of Physic has sent the following circular letter to resident graduates of the University:—

Cambridge, February, 1898.

DEAR SIR,—During the last twenty years the School of Medicine in Cambridge has grown and developed in a very remarkable way, bringing no little success of more than one kind to the University. This progress we owe in the first instance to the great work of Sir George Paget and Sir George Humphry, in later years to the labours of others in the advancement of the ancillary sciences, such as anatomy and physiology, which are, however, by no means exclusively departments of the medical school. The medical school properly so called can hardly be said to be housed at all. Moved from one temporary habitation to another, medicine is at present accommodated in a building never intended for it, nor adapted to its uses; a building, moreover, now suffering from acute dilapidation. The departments of medicine, other than the hospital, for which provision is most urgently required, are those of Pathology (including the Museum) and of Pharmacology. Certain other apartments are also needed, such as rooms for examinations and the keeping of Acts, and private rooms for the professors and other teachers. By the courtesy of Downing College, and the liberality of the Downing Professor, apartments and apparatus are provided for the pharmacological work; this is but a temporary provision, and the work is moreover at a great disadvantage in its remoteness from the departments of chemistry and physiology on which it is closely dependent.

In the words of the Vice-Chancellor "the Medical School of Cambridge, while its reputation is second to that of no other school in the world, is the worst housed medical school in England." Its very existence is jeopardised by the want of due provision for the ordinary work; and this at

a time when in Europe and America schools of medicine, already equipped in a way scarcely dreamed of here, are adding persistently to their resources, and not only turning out apt pupils, but also forwarding the progress in pathology and therapeutics which is so remarkable a feature of the medicine of our own time.

To provide the buildings required a sum of least £20,000 will be needed; in the hope of raising a portion of so large an amount we are calling a meeting of Cambridge medical graduates in London on March 2nd, when the Vice-Chancellor, Mr. Balfour, Professor Jebb, and other representatives of the University, have kindly promised to be present. Our medical graduates are, however, for the most part still young men unable to contribute largely in money; by their efforts and our own we must endeavour to raise money from other sources also. The Meiclers' Company has already given us a generous donation, and I have good reason to hope that in this year or next other City Companies will follow its example.

My object in sending out this letter to resident members of the Senate is to inform them of our needs, and of our efforts to bring our School within some degrees of comparison with the schools of other universities. To rival their establishments we cannot hope, but at least we would not fall grotesquely short of them.

A site for our new buildings has been assigned to us by the Senate almost without discussion. I make no appeal to resident members of the Senate outside the teachers of medicine, knowing too well how large are the claims upon their small official stipends; still it may be in the power of many of them to give us indirect aid, and a few may be able to extend to us a more substantial support.

The list of subscriptions paid or promised up to the present date is published on the opposite page. Subscriptions are payable in instalments during the years 1898-1901 inclusive, or at any early date or dates, as may be convenient to the donors.

Faithfully yours,

T. CLIFFORD ALLBUTT, R.P.P.

List of Subscriptions.

| | £ | s. | d. | | February 8th, 1898. | £ | s. | d. |
|----------------------------|-------|----|----|--------------------------|---------------------|---|----|----|
| The Mercers' Company... | 1,050 | 0 | 0 | H. W. Hoffmann, Esq., | | | | |
| Professor Bradbury ... | 100 | 0 | 0 | M.A., M.B. ... | 100 | 0 | 0 | |
| W. A. Brailey, Esq., M.A., | | | | Lady Humphry ... | 300 | 0 | 0 | |
| M.D. ... | 20 | 0 | 0 | A. P. Humphry, Esq., | | | | |
| F. Deighton, Esq., M.A., | | | | M.A., LL.M., and Mrs. | | | | |
| M.B. ... | 21 | 0 | 0 | Humphry ... | 200 | 0 | 0 | |
| J. Griffiths, Esq., M.A., | | | | Miss Humphry ... | 100 | 0 | 9 | |
| M.D. ... | 50 | 0 | 0 | Dr. L. Humphry ... | 100 | 0 | 0 | |
| Sir Reginald Hanson, | | | | Donald MacAlister, Esq., | | | | |
| Bart. (on condition | | | | M.A., M.D. ... | 50 | 0 | 0 | |
| that nine other non- | | | | The Regius Professor ... | 250 | 0 | 0 | |
| medical graduates give | | | | | | | | |
| the same) ... | 100 | 0 | 0 | | | | | |

* To be reserved for such part of the buildings as may be dedicated to the memory of the late Sir George Humphry.

PROFESSORSHIP OF SURGERY.—The following Report appears in the *Cambridge University Reporter* of February 15th:

REPORTS.

Report of the General Board of Studies on the Professorship of Surgery.

February 6th, 1898.

The General Board of Studies beg leave to report to the Vice-Chancellor for publication to the Senate as follows:

In their Report dated 25th November, 1896 (*Reporter*, p. 263), the General Board stated that, "in the opinion of some persons well qualified to judge, the conditions at present affecting the Professorship of Surgery are such as to limit seriously the choice of the Electors," and in consequence they recommended the temporary suspension of the Professorship. This opinion was supported by a letter from Lord Lister printed in their Report.

Since the date of this Report it has become clear to the Board that the absence of any certain opportunity of clinical teaching and of hospital practice will seriously limit the number of suitable candidates for the professorship.

It appears impossible at present to make arrangements whereby beds in a hospital in Cambridge could be secured to a Professor of Surgery, and in these circumstances the Board are not prepared to recommend the assignment of a stipend to the Professorship.

A Memorial presented to the Council of the Senate on December 9th, 1896 (*Reporter*, p. 343) by Graduates in Medicine suggested that the appointment of a Professor should be postponed "until such an arrangement has been made as shall place the Professor on the staff of a hospital and in full charge of in-patients."

A similar course was recommended to the Board in a letter to the Vice-Chancellor dated January, 1897, signed by seven former Examiners in Surgery. This letter is printed as an Appendix to this Report.

The Board concur in thinking such a course advisable.

Accordingly the Board have agreed to recommend the suspension of the Professorship until such time as the University otherwise determine.

If this recommendation be accepted by the Senate, it would become necessary to appoint an officer to discharge some of the duties now assigned to the Professor of Surgery. The Board are of opinion that such an officer should hold the position of Reader, and they suggest that a Readership in Surgery should be established, and that a Reader in Surgery should be appointed to hold office for five years, unless a Professor of Surgery be appointed before the end of that period. In this case the duties assigned to the Reader would again fall to the Professor, and the Board are of opinion that the Readership should lapse.

It would be the duty of the Reader to deliver lectures and to conduct practical teaching in Surgery in connection with the Special Board for Medicine, to be responsible, under the direction of the Regius Professor of Physic, for the general arrangement of the surgical side of the Examinations for degrees in Medicine and Surgery, and to act in place of the Professor of Surgery in those Examinations. He would be permitted to exercise the private practice of his profession. In the opinion of the Board the stipend attached to the Readership should be £240 per annum. The General Board of Studies therefore recommend:

J.M.—The parish council has power to discontinue the services of their medical officer, and there is no appeal to the Local Government Board.

MEDICAL NEWS.

It is announced that the centenary of the Royal Institution will be celebrated next year.

H.R.H. the Duke of York has graciously consented to become President of the National Society for Employment of Epileptics.

The tenth Congress of Russian Scientists and Physicians will be held at Kieff from August 21st to 30th, under the presidency of Professor J. Rachmaninow.

LADY nurses are to be employed in the British general hospitals in the Punjab command until active operations cease and the hospitals are closed.

THE Duke of Cambridge, President of the Sanitary Institute, will preside at the annual dinner of the Institute to be held on Wednesday, March 23rd.

PROFESSOR HUERTHE has been appointed to succeed Professor Heidenhain, whose assistant he formerly was, in the Chair of Physiology in the University of Breslau.

INDIAN DAIRIES.—The Government of India have sanctioned Rs.24,900 for the extension of the model dairy farm at Umbala, and Rs.8,000 for the improvement of existing Government dairies in the four commands.

PRESENTATION.—Dr. Sidney Matthews was presented on February 10th, by the members of his ambulance class, held under the joint auspices of the West Sussex District Council and the St. John Ambulance Association, with a silver card case in acknowledgement of his services as lecturer.

IN Buenos Ayres there is one physician to each 1,000 inhabitants, and it has been proposed there to close the medical schools for five years to prevent overcrowding of the profession. In the United States there is about one physician to every 500 inhabitants.

THE trooping service between England and India will be very heavy this relief season, for a very large number of sick and wounded men have to be sent home owing to the frontier operations, while more drafts to fill the gaps in the ranks will be required. The transport *Dunera* will make an extra voyage out and home at the end of the service.

A BILL intended to limit the lawful use of hypnotism to legally qualified practitioners of medicine will shortly be introduced into the New York Legislature, on the ground that its use by irresponsible persons is dangerous and opposed to the public interest.

COMPULSORY VACCINATION IN PORTUGAL.—In the Portuguese Chamber of Deputies Viscount da Serra de Tourega recently reintroduced a Bill to make vaccination compulsory, which was brought forward in 1891 by Senhor Adriano Monteiro. A Bill with the same object was introduced two years ago by Dr. Moraes de Carvalho.

DR. MACNAUGHTON-JONES will on February 25th, at 8 P.M., at Bloomsbury Hall, give an address to the Public Dispensers Association, which was founded last year to protect and further the interests of public dispensers, and in particular to secure for them adequate remuneration and a general improvement in their status.

THE NEGUS ON VACCINATION.—The *Perseveranza* of Milan makes the somewhat startling announcement that at the next meeting of the International Medical Congress, to be held in Paris, Dr. Mandon will present, on behalf of the Emperor Menelek of Abyssinia, a communication by that monarch on "Small-pox and Preventive Vaccination as it has been practised in Abyssinia for Two Centuries."

GERMAN SURGICAL CONGRESS.—The twenty-seventh Congress of the German Surgical Society will be held this year in Berlin in the Langenbeckhaus, from April 13th to the 16th, under the presidency of Professor F. Trendelenburg, of Leipzig. In connection with the Congress there will be an exhibition of preparations, instruments, etc., and a display of Roentgen photographs. The General Secretary of the Congress is Professor Gurlt, Keithstrasse Nr. 6, Berlin, W.

A MEMORIAL of August Kekulé, the famous chemist, is to be erected in the Chemical Institute of Bonn, where he was Professor for nearly thirty years. A Committee for this purpose has been formed, of which Privy Councillor von Rottenburg is the Honorary President, and Dr. Curtius, Director of the Chemical Laboratory, the Acting President. Contributions should be sent either to the Treasurer of the German Chemical Society, Dr. J. F. Holtz, Müllerstrasse, 170, 171, Berlin, N., or to Consul Jos. Zuntz, Poppletsdorferalle, 63, Bonn.

LEPROSY IN THE UNITED STATES.—According to the *Philadelphia Medical Journal* the Committee on Public Health has reported favourably to the United States Senate on a Bill authorising an investigation into the prevalence of leprosy in the United States. The investigation will be undertaken with the object of confirming or disproving a prevalent opinion—and one to which the Surgeon-General of the United States Marine Hospital Service has given expression—to the effect that there exist in the United States many more cases of leprosy than are known.

INTERNATIONAL CONGRESS OF HYDROLOGY AND CLIMATOLOGY.—The fifth International Congress of Hydrology, Climatology, and Geology will be held at Liège this year, from September 25th to October 1st, under the patronage of His Royal Highness Prince Albert of Belgium. Among the Honorary Presidents is M. De Bruyn, Minister of Agriculture and Public Works. The President of the Organising Committee is Professor G. Dewalque, the Vice-President being Dr. V. Desguin, President of the Royal Academy of Medicine, Belgium. The General Secretary is Dr. J. Jorissen, of Liège. The work of the Congress will be divided among three Sections: (1) Medical Hydrology, (2) Medical Geology, including General Hydrology, and (3) Climatology. French, Flemish, German, or English may be used in the discussions.

NEW ZEALAND AND TUBERCULOSIS.—A Bill introduced by the Hon. Mr. Carroll into the New Zealand Legislature provides that the master of any vessel arriving in New Zealand shall not allow any passenger who is suffering from any form of tuberculosis to land in New Zealand, nor shall it be lawful for any such person to do so, the penalty being £10. If any passenger is found to be suffering from any form of tuberculosis within three months of landing in New Zealand, he shall, until the contrary is proved, be deemed to have been suffering from that disease when he was landed in New Zealand. The master of any ship engaged in the New Zealand coast trade is to be liable to a penalty not exceeding £50 if he allows any passenger suffering from any form of tuberculosis to occupy the same cabin as any other passenger. For the purpose of the principal Act, tuberculosis and syphilis are declared highly infectious disorders, dangerous to the people, and dangerous infectious diseases.

MEDICAL INSPECTION OF SCHOOLS IN BOSTON, U.S.A.—For the last three years every public and parochial school in Boston, Mass., has been subject to daily medical inspection, and the results of this measure are said to have been eminently successful. For the purpose of medical visitation the city is divided into fifty districts; each inspector has from one to five schools to visit. Every teacher in the school is required to report to the master any case of apparent illness; if the child seems to be sufficiently ill to make absence from school desirable he is sent home at once. In no case does the medical inspector interfere with the practice of the family doctor. A report for one year states that 8,964 pupils were examined, of whom 1,156 were found to be too ill to remain at school. The diseases from which the children were suffering are classified as follows: Specific infectious diseases, 267; oral and respiratory diseases, 3,934; ear diseases, 66; eye diseases, 382; skin diseases, 628; miscellaneous diseases, 3,687. The President of the Board of Health describes how an epidemic of diphtheria was prevented by taking a whole school in time. In a primary school of 40 pupils, 14 were attacked with diphtheria within eighteen days. Thorough treatment of the sick and care for the entire school and disinfection of the premises limited the disease to those who were known to be infected when the epidemic was discovered.

SMALL-POX AT MIDDLESBROUGH.—Local data as to the number of cases of small-pox which have occurred at Middles-

brought are somewhat conflicting and confusing. Only 236 cases were shown in the authorised lists on February 9th. Since then there would seem to have been some 120 cases, an average of 20 a day, with a total to February 16th of 365 cases. Dr. Reece, one of the medical inspectors of the Local Government Board, proceeded to Middlesbrough on February 10th, and has been of immense usefulness to the numerous local authorities. A vast amount of primary vaccination and re-vaccination is being done, not only in Middlesbrough, but also in the outlying townships of the union, and house-to-house visitation in the borough is in process of being carried out. The town is severely handicapped by the presence within it of a migratory population, with children who in other places have escaped vaccination; and hence the local effective administration of the law as regards Middlesbrough-born infants has proved quite ineffectual to limit the spread of infection on account of imported unvaccinated individuals. The closure of schools, of lending libraries, and other precautions for lessening risks of spread of disease have been adopted; but the inadequacy of isolation accommodation in the earlier phases of the outbreak and the home treatment of scores of cases in the poorer tenement dwellings of the town, have doubtless given an impetus to the disease, which the present enlarged number of hospital beds will do little to counteract for some time to come.

MEDICAL VACANCIES.

The following vacancies are announced:

- BELGRAVE HOSPITAL FOR CHILDREN**, 77 and 79, Gloucester Street, S.W.—Surgeon to Out-patient; must be F.R.C.S. Eng. Also House-Surgeon. Appointment for six months. Board, lodging, and washing found.—Applications to the Honorary Secretary, before March 6th.
- BIRMINGHAM GENERAL HOSPITAL**.—Two Assistant House-Physicians. Appointment for six months. No salary; residence, board, and washing provided.—Applications to Howard J. Collins, House Governor, by February 26th.
- BRIGHTON: SUSSEX COUNTY HOSPITAL**.—Fourth Resident Medical Officer; doubly qualified; unmarried; and, when elected, under 30 years of age. Salary not exceeding £30 per annum, with board, washing, and residence in the hospital. Applications to the Secretary by February 23rd.
- BRISTOL HOSPITAL FOR SICK WOMEN AND CHILDREN**.—House-Surgeon; doubly qualified. Salary, £100 per annum, with rooms and attendance (not board).—Applications, endorsed "House-Surgeon," to H. Lawford Jones, Secretary, by February 26th.
- CAMBERWELL: PARISH OF ST. GILES**.—Medical Officer for the Infirmary at Havit Street, Camberwell, and their Workhouse at Gordon Road, Peckham. Salary, £350 per annum, increasing £25 annually to a maximum of £400, with unfurnished house, water, gas, and coals. Must devote his whole time to the duties.—Applications, on forms to be obtained of the Clerk, to be sent to Charles S. Stevens, Clerk to the Guardians, Guardians' Office, 29, Peckham Road, S.E., by February 25th.
- CHELSEA HOSPITAL FOR WOMEN**, Fulham Road, S.W.—Dental Surgeon. Applications to H. H. Jennings, Secretary, by March 31st.
- CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL AND DISPENSARY**, Chesterfield.—Resident Junior House-Surgeon and Dispenser. Salary, £50 per annum, with board, apartments, and laundry.—Applications to the Secretary by March 3rd.
- DARENTH (ADULT) ASYLUM**, near Dartford, Kent.—Assistant Medical Officer, unmarried; doubly qualified; and must not exceed 35 years. Salary £160, rising at the discretion of the Committee to £200, with board, lodging, attendance, and washing.—Applications, on forms to be obtained at the Chief Offices of the Board, Norfolk House, Norfolk Street, Strand, W.C., where they must be received by March 1st.
- DERBYSHIRE ROYAL INFIRMARY**, Derby.—Assistant House-Surgeon. Appointment for six months. Honorarium £10, and board, residence, and washing provided.—Applications to Walter G. Carnt, Secretary, by February 24th.
- DUBLIN, MERCERS' HOSPITAL**.—Resident Medical Officer.—Applications to the Registrar by February 24th.
- EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN**, Glamis Road, Shadwell, E.—House-Surgeon. Appointment for six months. Board and residence provided, with honorarium of £15 15s. at the expiration of term.—Also Casualty Officer. Appointment for six months, and is renewable. Salary at the rate of £100 per annum. Applications to Thomas Hayes, Secretary, by March 12th.
- FLINTSHIRE DISPENSARY**.—Resident House-Surgeon. Salary, £120 a year, with furnished house, rent, and taxes free; also coal, light, water, and cleaning, or in lieu thereof £20 per annum. Knowledge of Welsh desirable. Applications to Thomas Thomas, Secretary, by February 21st.
- FROME UNION**.—Medical Officer for the Coleford Medical District. Salary, £30; midwifery 10s. per case; certifying lunatics 20s. per case. Must reside within the district. Applications to George W. Bradbury, Clerk, Public Offices, Frome, by February 21st.

- GLOUCESTER: BARNWOOD HOUSE HOSPITAL FOR THE INSANE**.—Junior Assistant Medical Officer. Salary, £400 per annum, with board lodging, etc.—Applications to the Medical Superintendent.
- GLOUCESTER: GENERAL INFIRMARY AND THE GLOUCESTER-SHIRE EYE INSTITUTION**.—Surgeon. Applications, to be sent under cover, to the Secretary by March 19th.
- GUILDFORD: ROYAL SURREY COUNTY HOSPITAL**.—Resident House-Surgeon, salary, £80; Assistant House-Surgeon, salary £30. Board, residence, and laundry found in each case.—Applications to the Hon. Secretary, at the Hospital, by March 8th.
- LIVERPOOL, CITY OF: INFECTIOUS DISEASES HOSPITAL**, Parkhill.—Resident Medical Officer; doubly qualified, unmarried, and must not exceed 30 years of age. Salary, £120 per annum, increasing £10 per annum to £140.—Applications, endorsed "Resident Medical Officer," to the Chairman of the Port, Sanitary, and Hospitals Committee, under cover, to the Town Clerk, Municipal Offices, by February 21st.
- LIVERPOOL ROYAL INFIRMARY**.—Honorary Gynaecological Surgeon. Applications to the Chairman of the Committee of the Royal Infirmary, Liverpool, by March 10th.
- LONDON TEMPERANCE HOSPITAL**, Hampstead Road, N.W.—Assistant Resident Medical Officer; doubly qualified. Appointment for six months. No salary, but residence, board, and washing provided, and an honorarium on satisfactory completion of term. Applications to A. W. Bodger, Secretary, by February 21st.
- NEW HOSPITAL FOR WOMEN**, 144, Euston Road, N.W.—Clinical Assistant (Female) for Out-patient Department.—Appointment for one year.—Applications to M. M. Bagster, Secretary, by February 23rd.
- NORTH DUBLIN UNION**.—Second Medical Officer for the North City (No. 1 East) Dispensary District. Salary, £145 per annum, with an addition of £25 per annum as Medical Officer of Health, and his proportion of vaccination fees. Applications to Thos. J. O'Neill, Hon. Secretary, 62, Lower Dorset Street, Dublin, by February 23rd.
- OMAGH DISTRICT ASYLUM**.—Assistant Medical Officer; unmarried; doubly qualified, and not more than 30 years of age. Salary, £100 per annum, with allowances of furnished apartments (including fuel, light, and attendance), washing, milk, and vegetables, and £50 in cash in lieu of all other rations. Candidates must attend at the Asylum at 10.30 A.M., on March 4th.
- SALFORD ROYAL HOSPITAL**.—House-Surgeon. Salary, £100 per annum, with board and residence. The present Junior House-Surgeon is a candidate, and, in the event of his being appointed, there will be a vacancy in the post of Junior House-Surgeon. Salary, £50 per annum, with board and residence. Must be doubly qualified.—Applications to the Secretary by February 28th.
- SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN**, Marylebone Road, N.W.—Pathologist.—Applications to George Scudamore, Secretary.
- STOCKPORT INFIRMARY**.—Assistant House and Visiting Surgeon; doubly qualified. Salary, £70 a year, with board, washing, and residence.—Applications to Major C. Tyler, Secretary, by February 23rd.
- SUFFOLK COUNTY ASYLUM**.—Second Assistant Medical Officer. Salary £100 a year, with board, lodging, washing, and attendance. Must be unmarried; doubly qualified; and under 30 years of age. Appointment for three years, and thereafter as may be agreed.—Applications to the Medical Superintendent, County Asylum, Melton, Suffolk, by March 1st.
- SUNDERLAND BOROUGH ASYLUM**.—Medical Superintendent; must give his whole time to the duties; doubly qualified. Salary, £350 a year, with furnished house, board for self and wife (if married), washing, coals, light, two servants, and use of garden.—Applications, endorsed "Medical Superintendent," on forms to be obtained of Fras. M. Bowey, Clerk to the Visiting Committee, Town Hall, Sunderland, to whom they must be sent by February 21st.
- TOTTENHAM HOSPITAL**.—House-Surgeon. Salary, £40 per annum. Board, washing, and lodging in the institution.—Applications to Director, Evangelical Protestant Deaconesses' Institution and Training Hospital, South Tottenham, by February 23rd.
- WALLASEY DISPENSARY**.—House-Surgeon; must give whole time to the duties. Salary, £150 per annum, with furnished house, coal, and gas.—Applications to Mr. William Heap, Elm Mount, Penkett Road, Liscard, Cheshire, by February 22nd.
- WESTON-SUPER-MARE HOSPITAL**.—House-Surgeon; unmarried; doubly qualified. Salary £60 per annum, with board and residence in the hospital.—Applications to the Honorary Secretary, by March 2nd.
- WISBECH UNION**.—Medical Officer and Public Vaccinator for the First, Second (a), and Eighth Districts of the Union. Salary for First District, £70 per annum, Second (a) District, £10, and Eighth District, £15 per annum, with extra fees.—Applications to G. Carrick, Clerk, Union Offices, Wisbech, by March 2nd.

MEDICAL APPOINTMENTS.

- ANNING**, George Paul, M.R.C.S. Eng., L.R.C.P. Lond., appointed one of the House Physicians at the General Infirmary, Leeds.
- BAKEWELL**, R. T., M.B., M.R.C.S., L.R.C.P., appointed Anaesthetist to the National Hospital for the Paralyzed and Epileptic, Queen Square, vice Dudley Buxton, M.D. Lond., appointed Consulting Anaesthetist.
- BROSTER**, Arthur E., L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer for the Brasington District of the Ashbourne Union.
- BURY**, A. T., L.R.C.P. Edin., L.M., M.R.C.S. Eng., reappointed Medical Officer for the Alstonfield District of the Ashbourne Union.
- CAMPBELL**, John, M.A., M.D., F.R.C.S. Eng., appointed Examiner in Anatomy at the Apothecaries' Hall, in Ireland.
- CAVE**, E. J., M.D. Lond., M.R.C.P., appointed Honorary Assistant Physician to the Royal United Hospital, Bath.

CHEATLE, G. Lenthal, F.R.C.S.Eng., appointed a Surgeon to the Hospital for Epilepsy and Paralysis, Regent's Park.

DERAVIN, H. A., M.B., Ch.B.Melb., appointed a Clinical Assistant to Out-patients at the Chelsea Hospital for Women.

DODSON, G. E., M.R.C.S., L.R.C.P., appointed Temporary Assistant Medical Officer at the Workhouse of the Nottingham Union, *vice* G. J. Blackmore, resigned.

FROST, T. J., L.R.C.P., L.R.C.S.Eng., appointed Medical Officer for the Llanhilleth District of the Pontypool Union.

GARDNER, William, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer and Public Vaccinator for the Nunney District of the Frome Union.

GOULD, A. Pearce, M.S.Lond., F.R.C.S.Eng., appointed Consulting Surgeon to the Hospital for Epilepsy and Paralysis, Regent's Park.

GUNTHER, Theodore, M.D.Tübingen, L.R.C.P.Lond., reappointed Medical Officer of Health to the Hampton Wick District Council.

HARNWORTH, E. M., M.D., B.S., B.Sc.Lond., F.R.C.S.Eng., appointed Honorary Assistant Surgeon to the Hull Royal Infirmary, *vice* Dr. Lowson.

HALL, Alfred, M.R.C.S.Eng., reappointed Medical Officer for the Calton District of the Ashbourne Union.

HANSON, R. J. E., M.B., B.C.Cantab., appointed a Clinical Assistant to Out-patients at the Chelsea Hospital for Women.

HILL, Dr., appointed Medical Officer for the Beerferris District of the Tavistock Union.

JAMES, W. E., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer and Public Vaccinator for the Mynyddislwyn District of the Newport Union.

LANE, Jas. Oswald, M.D.Camb., M.R.C.S.Eng., reappointed Medical Officer for the Burghill District of the Hereford Union.

LITTLETON, Philip Richard, M.R.C.S.Eng., reappointed Medical Officer for the Union Workhouse and Ashbourne District of the Ashbourne Union.

MACCARTHY, Eugene, L.R.C.P.I., L.R.C.S.I., L.M., appointed as an Additional Physician to the British Hospital for Mental Disorders and Brain Diseases, Euston Road.

MORRIS, Edgar Freeman, M.R.C.S.Eng., L.S.A., reappointed Medical Officer for the Fownhope District of the Hereford Union.

FRONGER, C. E., F.R.C.S., appointed Ophthalmic Surgeon to the Harrogate General Hospital.

RICHARDS, J. B. O., L.R.C.P., L.R.C.S.Eng., L.F.P.S.Glasg., appointed Medical Officer for the Swinhope District of the Caistor Union.

THOMAS, C. N., B.A.Camb., M.B., B.C., appointed Medical Officer for the Lydney District of the Chepstow Union.

THOMASON, Richard, M.R.C.S.Eng., L.S.A., reappointed Medical Officer for the Dewchurch District of the Hereford Union.

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

TURNER, John Andrew, M.B., C.M., D.P.H.Camb., Medical Officer of Health to the Combined Districts of East Herts and Essex, appointed Medical Superintendent to the Hertford and Ware Joint Hospital for Infectious Diseases; and Honorary Pathologist and Bacteriologist to the Hertford General Infirmary.

TURNER, Waldren, M.D.Eng., F.R.C.P.Lond., appointed to take charge of In-patients at the Hospital for Epilepsy and Paralysis, Regent's Park.

WADE, Dr., appointed Medical Officer for the Mark District of the Axbridge Union, *vice* J. Ford, M.R.C.S.Eng., resigned.

WATTS, A. M., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer and Public Vaccinator for the First District of the East Ashford Union.

WILKINSON, James B., M.D., C.M.Eng., D.P.H.Vict., appointed Medical Officer of Health for the County Borough of Oldham, *vice* Dr. Tattersall, resigned.

WILLIAMS, Robert, M.B., C.M.Eng., reappointed Medical Officer of Health to the Leominster Town Council.

WILSON, Francis Kenneth, M.B., B.S.Lond., M.R.C.S.Eng., L.R.C.P., appointed House-Surgeon to the Seamen's Hospital in the Royal Victoria and Albert Docks, *vice* Mr. Rees, resigned.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, London Throat Hospital, 204, Great Portland Street, W., 8 P.M.—Dr. Woakes: Nasal Neurosis.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Mr. H. J. Waring: On the Pathology and Treatment of those Diseases of the Liver which are amenable to Direct Surgical Interference. Lecture I.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Mr. J. H. Morgan: The Affections of the Urinary Apparatus. Lettsomian Lecture II.

TUESDAY.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Adjourned discussion on Mr. Marmaduke Shield's paper: Immunity and Latency after Operations for reputed Carcinoma of the Breast.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital for Lunatics, 2 P.M.—Dr. Craig: Melancholia and Hypochondriasis.—Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Phineas Abraham: Alopecias.

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

WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, 73, Welbeck Street, W., 4.30 P.M.—Dr. Fletcher Beach: General Paralysis of the Insane, and other Disorders of the Nervous System, characterised by General Paralysis; with cases.

WEDNESDAY.

HUNTERIAN SOCIETY, London Institution, Finsbury Circus, E.C., 8.30 P.M.—Mr. H. T. Butlin: On what Operation can do for Cancer of the Tongue. Hunterian Lecture I.

EVELINA HOSPITAL, Southwark Bridge Road, S.E., 4.30 P.M.—Dr. Nestor Tirard: Albuminuria in Children.

LONDON POST-GRADUATE COURSE, Hygiene and Public Health at Parkes Museum, 74A, Margaret Street, W., 4.30 P.M.—Professor Wynter Blyth: Construction of Dwelling Houses, etc.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Mr. H. J. Waring: On the Pathology and Treatment of those Diseases of the Liver which are amenable to Direct Surgical Interference. Lecture II.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, 4 P.M.—Dr. Biss: Asthma.

WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M.—Dr. Turner: Neurological Cases.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND, 20, Hanover Square, London, W., 5 P.M.—Dr. A. Eddowes: On a Case of Ringworm contracted from a Hedgehog. Patients will be shown by Dr. T. D. Savill and others.

THURSDAY.

NEUROLOGICAL SOCIETY OF LONDON, 11, Chandos Street, W., 8.30 P.M.—Clinical Meeting. Dr. Donkin: (1) Condition resembling Thomsen's Disease in a child aged 3 years; (2) Hemianæsthesia (including special senses) alternately appearing and disappearing in a man aged 50. Dr. Mott: Case for Diagnosis. Dr. Herbert Hawkins: Case of Muscular Atrophy. Dr. Beevor: Case of Pachymeningitis. Dr. Leonard Guthrie: Unilateral Syringomyelia. Dr. James Taylor: Acute Bulbar Paralysis. Dr. Ormerod: Peculiar Form of Athetosis. Dr. F. E. Batten: Friedreich's Disease with Mental Defect. Dr. Stephen Mackenzie: Case of "Head Nodding."

LONDON TEMPERANCE HOSPITAL, 2 P.M.—Dr. Soltan Fenwick: Clinical and Pathological Demonstration to Senior Students Pulmonary Disease.

CHARING CROSS HOSPITAL, Post-Graduate Class, 4 P.M.—Dr. Montague Murray: Demonstration of Medical Cases.

LONDON POST-GRADUATE COURSE, Cleveland Street Sick Asylum, 5.30 P.M.—Dr. Gilbert Smith: Clinical Lecture.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C., 4 P.M.—Mr Kellock: Demonstration of Selected Cases.

FRIDAY.

CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Clinical evening. Patients in attendance at 8 P.M.—The following cases will be shown:—Mr. J. Hutchinson, jun.: Case illustrating the Result of Laminectomy for Paraplegia eighteen months after operation. Dr. A. E. Garrod: Achroodroplasia in a child. Mr. G. R. Turner: (1) Retained Testis and Abdominal Tumour; (2) Hypertrophy of the Gums. Dr. Cayley: Muscular Wasting following Operation for Double Empyema. Dr. Pringle: Case of Xeroderma Pigmentosum. Mr. E. Cotterell: (1) Case of Paraplegia due to Spinal Caries, to show Walking Power after Treatment by M. Calot's Method; (2) Case of Gastro-jejunostomy; and other cases.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Mr. H. J. Waring: On the Pathology and Treatment of those Diseases of the Liver which are amenable to Direct Surgical Interference. Lecture III.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E., 4 P.M.—Dr. Arnold Chaplin: Chronic Pulmonary Induration (Fibroid Phthisis).

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Professor Crookshank: Examination of Air, Soil, and Water, etc.

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.

MARRIAGE.

HARGREAVES—JESSOP.—On December 18th, 1897, at St. Michael and All Angels, Christchurch, New Zealand, by the Rev. A. W. Averill, M.A., Walter Herbert Hargreaves, M.R.C.S., L.R.C.P.Lond., of Akaroa, N.Z., to Alice, third daughter of Z. Jessop, Esq., The Park, Nottingham, England.

DEATHS.

DUFFUS.—On February 5th, at North London Fever Hospital, London, of scarlet fever, John Charles Grant Duffus, M.A., M.B., C.M., late of Springbarn, Glasgow, and Cullen, Scotland, aged 36 years.

LONGMORE.—On February 7th, at Luxor, Upper Egypt, Thomas William Muir Longmore, M.R.C.S., L.R.C.P.Lond., eldest son of the late Sir Thomas Longmore, C.B., F.R.C.S., aged 33.

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, 5.
- 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., 1.3; 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.** *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, 1-p, 2, o-p, 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o-p, W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu., 9. *Operations*.—Daily, 2.
- LONDON TEMPERANCE.** *Attendances*.—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. *Operations*.—M. Th., 4.30.
- METROPOLITAN.** *Attendances*.—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations*.—Tu. W., 2.30; Th., 4.
- MIDDLESEX.** *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o-p, M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations*.—Daily, 1.30.
- NATIONAL 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, 2. *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., 3.30; 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, 1-p, 1; o-p, 12; Obstetric, 1-p, Tu. F., 1.45; o-p, M. Th., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopaedic, F., 12; Dental, M. Tu. F., S., 12. *Operations*.—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.
- ST. MARK'S.** *Attendances*.—Fistula and Diseases of the Rectum, males S., 2; females, W., 9.30. *Operations*.—M., 9; Tu., 2.30.
- ST. MARY'S.** *Attendances*.—Medical and Surgical, daily, 1.45; o-p, 12.45; Obstetric, Tu. F., 1.45; o-p, M. Th., 1.0; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
- ST. PETER'S.** *Attendances*.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—W. F., 2.
- ST. THOMAS'S.** *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o-p, daily, 1.30; Obstetric, Tu. F., 2; o-p, W. S., 1.30; Eye, Tu. F., 2; o-p, daily, exc. S., 1.30; Ear, M., 1.30; (Skin), F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30. Electro-therapeutics, o-p, Th., 2; Mental Diseases, o-p, Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
- SAMARITAN FRANK 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., 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; 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 *Athology, 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.

ARM would be glad to know if there is any charity or fund for the purpose of supplying the poor with artificial limbs.

POLICY asks for a book that would serve as a guide to the general practitioner in the examination for life insurance.

* * Our correspondent might consult either of the following works: *Medical Handbook of Life Assurance*, by J. E. Pollock, F.R.C.P., and J. Chisholm. Fourth edition. (London: Cassell and Co. 1895. 7s. 6d.) *The Medical Adviser in Life Assurance*, by Sir Edward H. Sieveking, M.D. Second edition. (London: J. and A. Churchill. 1882. 6s.)

BICYCLING AND LACTATION.

A. M. S. asks if bicycling "for the first time" is likely to bring on menstruation in a nursing mother, child 3 months old. Should the nursing be continued and the cycling stopped?

COTTAGE HOSPITALS.

HOSPITAL asks for information as to the starting and management of a cottage hospital for a small town.

* * Our correspondent might consult *Cottage Hospitals*, by Sir Henry Burdett, K.C.B. Third edition. (London: Scientific Press. 1896. 10s. 6d.)

MEDICAL PARTNERSHIPS.

M.B., L.R.C.P. asks for the name of some books on the usual regulations in medical partnerships.

* * *Medical Partnerships, Transfers and Assistantships*, by G. B. Stocker and Wm. Barnard (Stevens, 119, Chancery Lane. 8s. 6d.) will probably meet our correspondent's requirements.

AMBULANCE WAGONS.

SURGEON-CAPTAIN JAMES TURTON, Commanding Sussex Volunteers Brigade Bearer Company (71, Middle Street, King's Road, Brighton) writes: Will any medical officer of volunteers whose corps may be in possession of an ambulance wagon kindly furnish me with particulars of where it was obtained and the cost? I wish to procure one for the bearer company under my command.

VERTIGO AND SEA SICKNESS.

F. B. asks for hints as to the advice which might be given to a patient who states that on one or two voyages across the Atlantic he suffered very much from vertigo, which obliges him to remain lying in his berth for the first two or three days, and that he is then all right. He is never really sea-sick. He also states that on the return voyage he has not been so affected.

ROENTGEN RAYS IN DIAGNOSIS.

KENSINGTON asks whether demonstrations are given in x ray work at any London hospitals, or where it is constantly used for diagnostic purposes.

* * Our correspondent will find the x rays in daily use at St. Bartholomew's, the London, and St. Thomas's Hospitals, among others. We are not aware of any regular demonstration, those in charge are usually glad to give any information.

HARD WATER.

F. H. L. asks which is the best kind of filter to use for water which is obtained from a shallow well, not under pressure. The well is situated in limestone rock, and the water is hard, but not polluted in any way so far as is known.

* * If our correspondent is perfectly satisfied that the well water is not in any way polluted, and wishes merely to get rid of the hardness, Maignen's anti-calcaire added to the water will do all that is required. If, however, he wishes to filter it, a Pasteur or a Berkefeld filter with some pressure apparatus should be used. If large quantities are required, it would be advisable to use a Berkefeld filter.

DISTRICT MEDICAL OFFICER AS MEMBER OF RURAL DISTRICT COUNCIL.

MEMBER writes to ask whether being district medical officer he is eligible for election to the district council (rural), under which he holds his appointment.

* * If our correspondent holds this appointment under the rural district council, he is, of course, ineligible for election as a member of that body.

INSTRUCTION OF DEFECTIVE BOY.

P. G. McR. asks to be put into communication with a home where a boy aged 5 could be taught to speak. He is sharp, intelligent, and very clean in his habits. At 3 years old he was operated on for "cleft palate" (partial). His head is large, and rather hydrocephalic in shape. Hearing is defective. The boy is in good health. His parents could pay a small sum weekly or monthly for his support and instruction.

THE RISKS OF PRACTICE.

B.A., M.B. LOND. wishes to know how far a medical practitioner's responsibilities extend under the following circumstances: A married woman is suffering from primary vulvular syphilis, for which she has declined treatment. Subsequently pelvic symptoms develop, which indicate most urgently a complete vaginal examination. Is the medical attendant either legally or morally bound to take the risk of infection to himself? Some time ago a comparable case occurred to our corre-