

"went through to her back;" this gradually increased, and one week before admission she was suddenly seized with acute pain referred to the lower part of the abdomen, which compelled her to take to her bed. She applied hot flannels and hot sandbags to the abdomen, one of which was so hot that it produced a large burn to the left side of the umbilicus. Her bowels at first were constipated, but acted after an enema, and since this treatment she had passed frequent loose light-coloured motions. She vomited at intervals, but there was no hæmatemesis.

On admission she was a poorly nourished woman, who looked much more than her age. Her face was flushed, and she appeared worn and anxious. She lay on her back with her legs extended. Her voice was very weak, and she spoke in gasps. The breathing was hurried (40), and the pulse 128, small and weak. The abdomen was distended and tender throughout, most markedly in the upper part, the left side looking fuller than the right. Respiratory movement was diminished; no peristalsis was anywhere visible. Her temperature was 101° F., and she had some diarrhoea, the motions being loose but of normal colour. No physical signs of disease were discovered in the chest beyond a slightly diminished resonance at the base of the left lung behind. The apex beat was not palpable.

On September 28th the tenderness over the abdomen was less marked; the pulse was 144, respirations 52. On September 30th she had an attack of pain in the left side of the chest, with a feeling of suffocation and orthopnoea. She coughed up a very little fetid sputum, and said she felt that she wanted to bring up more, but could not. The breath was now highly offensive. The heart could be felt beating in the fourth intercostal space, just internal to the nipple. There was tympanitic resonance, with very weak, slightly bronchial, breathing in the left axilla and over the lower part of the left lung in front. Behind there was bronchial breathing over the root of this lung, and diminished resonance with very weak breath sounds over the base. There was a good deal of tenderness in the left hypochondrium and over the dull area behind. The pulse was now 143, respirations 60, temperature 100.8° F. Severe diarrhoea set in, and she passed seven loose light-coloured motions within about twelve hours. This continued on the following day, and on November 1st the patient passed several dark-coloured stools containing much altered blood. Later on she passed nearly 2 pints of bright red blood *per anum*, and also vomited about half a pint of clotted blood. The stools were now very frequent, being passed almost every half-hour, and still contained altered blood; this condition continued all the next day. She took her food well, and was not sick. The breath was very fetid. There was some pain in the abdomen referred to the umbilicus, but not very severe. She died of exhaustion on November 4th.

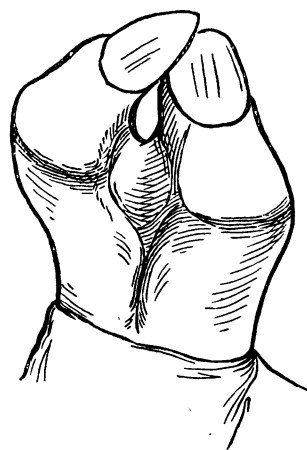
Necropsy by Mr. Cantlie.—The upper half of the abdominal cavity presented a condition of purulent peritonitis; the lower half was entirely free, being shut off from the upper by the adhesion of the great omentum to the anterior abdominal wall along a line running just above the umbilicus. The spleen and both upper and under surfaces of the liver were covered with recent lymph, the layer on the upper surface of the latter being nearly 3 inch in thickness, and of the appearance and consistence of stiff custard. In the lower and anterior part of the first portion of the duodenum was an ulcer, with thickened rounded edges, the size of a half-crown. Round it on the peritoneal surface was a thick ring of tough lymph, suggesting that adhesions had first formed, but that these had subsequently given way and allowed the contents of the duodenum to escape into the peritoneal cavity. In the stomach, on the lesser curvature about 3 inches from the pylorus, was an old cicatrised ulcer, the floor formed by peritoneum; in the process of cicatrisation the last 3 inches of the stomach were narrowed to form a tube about 1½ inch in diameter. In the centre of the left wing of the diaphragm was a large perforation the size of the palm of the hand, extending through into the left lung. The latter was adherent throughout to the diaphragm, and in the lower lobe was a large abscess cavity, with ragged walls, about the size of a Jaffa orange. It contained a small quantity of dark, offensive, purulent matter. The right lung was also partially adherent to the diaphragm, and a small collection of pus was found at the anterior border near the middle line, lying between the lung and the diaphragm.

In this case the symptoms were so well explained by the condition found *post mortem* that but few notes are necessary. The old history of indigestion was no doubt accounted for by the cicatrised gastric ulcer, the more recent attack of three months' duration being due to the duodenal lesion. Perforation of the latter into the upper part of the peritoneal cavity seems to have occurred at the date of the sudden acute attack of pain, the adhesions which shut off the lower part of the peritoneal cavity having formed ere this, owing to some localised subacute peritonitis. The abscess thus formed in the upper part of the abdomen first caused adhesion of the lungs to the diaphragm by spread of inflammation, and finally actually perforated into the base of the left lung at the time when the pain in this region and offensive expectoration occurred (September 30th), the small amount of pus actually brought up being due to the free communication with the abdominal cavity. The resemblance between the symptoms in the two cases is very close; in each the pain was at first referred to the lower part of the abdomen, while the morbid signs soon became confined to the upper part over the seat of the lesion; in each the perforation into the lung was accompanied by signs of pneumothorax and by profuse diarrhoea; the temperature in each case was irregular, and never very high. The severity of the lesion in the second case made recovery practically impossible, as, even if the exact condition could have been recognised at once, and an operation performed for suture of the ulcer and drainage of the

peritoneum, a favourable result could scarcely have been hoped for in the exhausted state of the patient, whose severe symptoms were already of seven days' duration before admission to hospital.

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

MALFORMATION OF THE THUMB.



Hooghly, Bengal.

M. MACNICOL, M.A., M.B., C.M.Glasg.

THE accompanying rough sketch shows the right thumb of a patient who appeared at my camp dispensary recently. The metacarpal bone is single, but the proximal and distal phalanges are double. In fact, there are two complete thumbs, though the skin does not divide till a point slightly beyond the interphalangeal joint.

The proximal phalanges articulate evidently with one another, and move, though not freely, on one another. They have also quite distinct articulations with the metacarpal bone.

No inconvenience is felt by the owner, who says he can work quite well with the hand.

TREATMENT OF GUINEA WORM BY INJECTIONS OF PERCHLORIDE OF MERCURY.

BEFORE my attention was drawn to this method of treatment by an article in the BRITISH MEDICAL JOURNAL, I was in the habit of employing the usual method of winding the worm, on its appearance superficially, on a piece of stick or lint. This manner of treatment was at its best long and tedious, and often, when the worm broke, attended by suppuration and considerable swelling. At the shortest the patient had to be kept in hospital for some weeks, which in the worst cases would extend into months. Moreover, the treatment was attended by considerable pain.

Since reading the above-mentioned article I have treated several cases now by the injection of perchloride of mercury solution into the mouth of and along the track. The method is simple: 11xx of a 1 in 1,000 solution is injected first into the mouth of the sinus; if this is not sufficient, it is repeated further up the track after an interval of a few days.

My experience has invariably been that the worm has been killed, and absorbed in the same way as a catgut ligature, and instead of a period of weeks being necessary to effect a cure, a week or ten days sees the patient back at work. As this method is perhaps not generally known in the districts where guinea worm is common, I think it worth while to add my testimony to its efficacy.

GEORGE LAMB,
Surgeon-Captain A.M.S.

Junior Army and Navy Club.

IMPACTION OF A COIN IN THE OESOPHAGUS: ULCERATION INTO AORTA: DEATH.

ON December 19th, 1897, I was called at 10 P.M. to see W. C. Y., a fine well-nourished boy aged 4 years and 7 months. A few minutes before I arrived a sudden attack of hæmatemesis had occurred, and, judging by the clots and stains, I estimated he had vomited about a pint of blood. The child was very pale, drowsy, and collapsed; the extremities were cold and the pulse was 127. I applied the usual remedies, and the condition remained unaltered until a little after 11 P.M., when he vomited about half a pint of blood. After this there was a distinct improvement, the pulse dropping to 104 and

becoming stronger until about 8 A.M., when death followed immediately on a violent attack of hæmatemesis.

The history of the case was that six months previously the child had swallowed a halfpenny, and up to the time of death had complained of pain, at times very acute, generally referred to the right side, after swallowing food, which usually had to be of a semi-fluid nature. There had been no blood in the fæces, no vomiting, regurgitation, or loss of flesh.

At the *post-mortem* examination I found a halfpenny impacted in the œsophagus, about an inch below the level of the aortic arch. The surfaces of the coin were facing backwards and forwards, and where the edges came in contact with the wall of the œsophagus were two deep ulcers, the one on the left communicating with the descending aorta by a passage large enough to admit a full-sized director.

The case seems to me to present several interesting points. Ten hours is, I should think, a long time to live with such a large rent in the aorta. Again, the coin was impacted at a very unusual spot. Foreign bodies are generally found at the lower end of the pharynx, or at the cardia. Finally, it is strange that a coin should remain in the œsophagus for six months without causing sufficiently marked symptoms to ensure diagnosis, either by the parents or by the medical attendant.

Walsall.

S. H. HAWLEY, M.B.

SPONTANEOUS EVOLUTION.

MANY years ago, when I was being examined for the L.R.C.P. Lond., one of the questions put to me was about spontaneous evolution. It was an easy question to answer, like many others which students know all about from textbooks. On my telling my tutor, the late Dr. Barron, that such a question had been asked, he remarked that the examiner might have occupied his and my time more profitably than by examining me on a subject which had little or no practical importance and was a literary curiosity, which only occurred once "in a blue moon," and when it did occur was the fault of the physician who allowed it to take place by waiting for it; that Denman and Douglas had argued over it to no useful end, each describing the same thing and calling it by different names. During a long experience I have had in my practice no fewer than three cases; the last occurred a few days ago, which I now describe.

I was called to see a black woman in her seventh month of gestation on account of severe flooding. She had been assaulted by her husband three days before, and the child had evidently died a few hours after. I found my patient very faint, the napkin being saturated with blood. The pains were feeble, and blood was oozing pretty freely. I at once ruptured the membranes and gave 15 grains of quinine, and dilated the os with my fingers. The pains became sharp, and the head of a dead child was forced down. The bleeding ceased. I left the woman in charge of the nurse, intending to return in a short time with chloroform and forceps, but a messenger soon followed me with a note from the nurse stating that the child had been expelled "feetwise," as she called it. On examining the dead child I found the placenta attached to it. There were no indications of its having been detached *in utero*. The hæmorrhage was clearly due to a relaxed condition of the uterus, which had been remedied by rupturing the membranes and the action of quinine. The child being dead and the uterus suddenly set in action from a relaxed condition, rendered the process of evolution an easy one.

My other cases, which happened many years ago, were shoulder presentations; one child lived.

Halfway Tree, Jamaica.

JASPER CARGILL, M.D.

EXTRAUTERINE PREGNANCY: FŒTUS AND PLACENTA IN PERITONEAL CAVITY.

ON December 30th, 1897, I was sent for to see a Kaffir woman about thirty years of age, who was reported to have been in labour a week, having been attended by all the native doctors in the district.

Previous History.—She had four living children, and all her confinements had been pretty quick.

On my arrival I made a vaginal examination. The uterus was flabby, and the os dilated to admit three fingers, but no

presentation could be detected. I then examined by palpation, and discovered the fœtus in the transverse position, head to the right side. I passed a No. 8 male catheter into the uterus, and found the catheter to pass half-way into the uterus, about 3 inches, without meeting any obstruction. No fœtal murmur could be detected on auscultation. I decided to have her brought to town, a distance of fourteen miles, for operation, as nothing could be done at the kraal. My partner, Dr. Abraham, went out to see her next morning, and further advised her being brought to town. She was brought that day on an ox-waggon over a rough country district.

Dr. Campbell, of Durban, being in town to meet me in consultation, I took him to see the patient, and he quite agreed in the diagnosis of extrauterine pregnancy. We passed the sound, the uterus being well dilated and pushed to the left side, admitting the sound for about 3 inches. Dr. Campbell then performed laparotomy on January 2nd, 1898. The fœtus was removed, and the placenta left *in situ*.

The child, a female, weighing 7 lbs., was alive on removal, but died in about half an hour, in spite of all our endeavours to save it.

Until the morning of January 6th the patient progressed favourably; the temperature was normal (taken night and morning). Then the placenta separated, giving rise to some internal hæmorrhage, causing complete collapse (owing to her already weak condition), from which she never rallied. I have no doubt that had the patient been seen earlier, and the operation performed, she and the child would have both been saved, as during the nine days previous she was in labour most of the time, and took very little nourishment.

R. A. MATE, L.R.C.P.&S.Ed., etc.

Dundee, Natal, S. Africa.

THE CAUSATION OF INFANTILE UMBILICAL HERNIA.

COMPARED with congenital umbilical hernia, this condition is much more frequent. According to statistics, congenital umbilical hernia is also not so easily treated with success. Its cause is readily found in the manner of development of the parts concerned; but the cause of infantile umbilical hernia is not quite so readily understood. The umbilical ring has not closed properly after birth, so that some omentum or small intestine protrudes. It is readily reducible, and proper strapping effects a cure in time.

Within the last eight months I have treated three such cases. I also attended these children at birth. In each case the cord was very short—Case I, 11½ inches; Case II, 13½ inches; Case III, 14 inches. When the cord is very short it must be pulled upon during the latter months of intrauterine existence to a greater extent than when it is comparatively long. In these cases it will be noticed that the umbilical ring is more everted than normal, and of somewhat greater diameter. Is it therefore reasonable to imagine that such a condition predisposes to infantile umbilical hernia?

Eastwood, Notts.

ROBERT TURNER, F.R.C.S.Edin.

IMMUNISATION BY DIPHTHERIA ANTITOXIN.

I READ the article by Dr. W. C. Aylward in the *BRITISH MEDICAL JOURNAL* of January 15th with much interest. While hoping at some future date to publish the results of antitoxin treatment in a number of cases under my care, I cannot refrain from giving at once my experience with regard to the prophylactic use of antitoxin serum.

I have used it for purposes of immunisation during an epidemic amongst children of ages varying from nine weeks to seven years. In one nursery alone, where 23 young children were congregated, 7 developed diphtheria, one after another within eight days; on the eighth day the remaining 15 were immunised (with Burroughs and Wellcome's serum), and no more cases occurred. In all some 60 children were immunised, and in no case did a child thus treated contract the disease at the time, although on a recrudescence of diphtheria some ten weeks later 2 of these children developed it. Two other children, aged 4 and 6 respectively, who had suspicious sore throats, were immunised and isolated with those suffering from marked diphtheria; both at the expiration of thirty days had the disease in a typical but modified form. As in the first instance in these cases no bacteriological examina-

tion was made, a doubt arises as to whether they suffered from a second attack of diphtheria, or whether it was a first attack at the expiration of a period of immunity.

All the adults in attendance upon or in communication with the cases were immunised with the exception of two of the nurses, of whom one unused to infectious nursing contracted the disease.

CONSTANCE E LONG, M.D.Brux., L.S.A.
Resident Medical Officer Babies Castle, Hawkhurst, Kent.

REPORTS

ON

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS
AND ASYLUMS OF THE BRITISH EMPIRE.

MANCHESTER ROYAL INFIRMARY.

A CASE OF LARGE SPINAL MENINGOCELE TREATED BY EXCISION
OF THE SAC.

(Under the care of Mr. WALTER WHITEHEAD.)

J. M., aged 11 years, was admitted on [October 7th, 1895, with a large spinal meningocele occupying the lumbar and upper sacral regions.

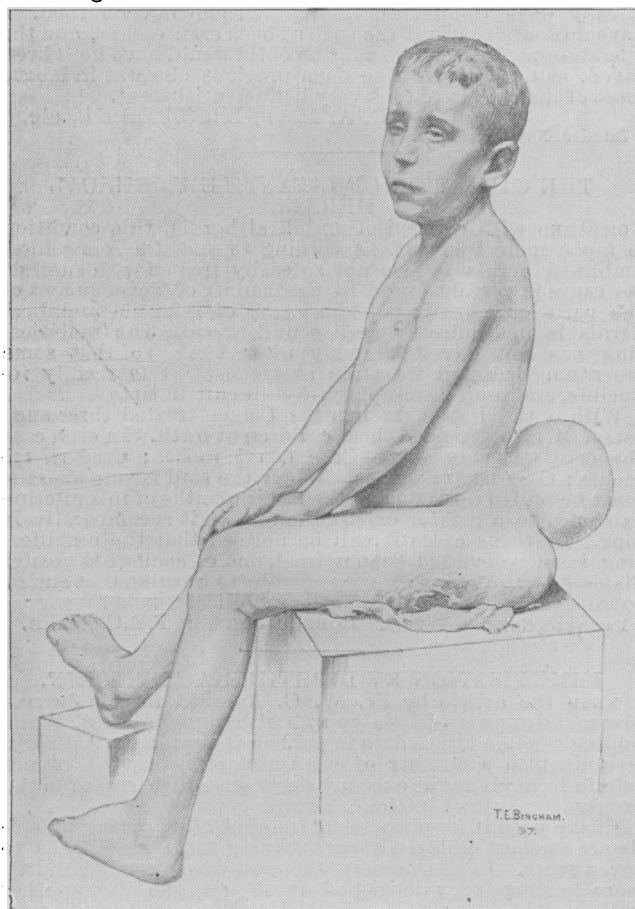


Fig. 1.—J. M., condition before operation.

History.—The meningocele was present at birth, being then about 2 inches in diameter, circular, somewhat flattened from before backwards, and puckered on its surface. It gradually increased in size up to the date of the patient's admission to hospital. At 5 years of age it is stated to have been twice the size of a "man's fist." There was a tendency to talipes calcaneo-valgus, but the boy could then walk without assistance. When 8 years old he began to lose the use of the lower limbs, and in a short time they became completely para-

lysed; about the same time incontinence of urine and fæces developed. During the past three years several ulcers of trophic origin have formed on the legs.

On admission, the boy was found to be fairly intelligent, and, although he was hydrocephalic, there was no marked mental defect. The meningocele, which was about the size of a child's head, occupied the whole of the lumbar and upper sacral regions. Its measurements were as follows: Circumference at base $16\frac{1}{2}$ inches, circumference at widest part 18 inches, horizontal 11 inches. It was tense, semi-fluctuant, and translucent in every direction. The overlying skin was smooth and shining, evidently tightly stretched, and somewhat whiter than the surrounding skin. There was a distinct impulse in the tumour on coughing; the muscles of the legs were completely paralysed, with the exception of the adductors and extensors of the thighs, and these were very weak; all the muscles of the legs were wasted and flabby. The patient had no control over either bladder or rectum. The skin covering the tumour, and that over the scrotum, perineum, and the backs of the thighs, was quite anæsthetic, and sensation was almost lost in the other parts of the legs. It was difficult, however, to map out the exact limits of the anæsthesia owing to the somewhat unreliable answers of the patient. On both hips there were several large, indolent, trophic sores, and the legs showed many cicatrices, the result

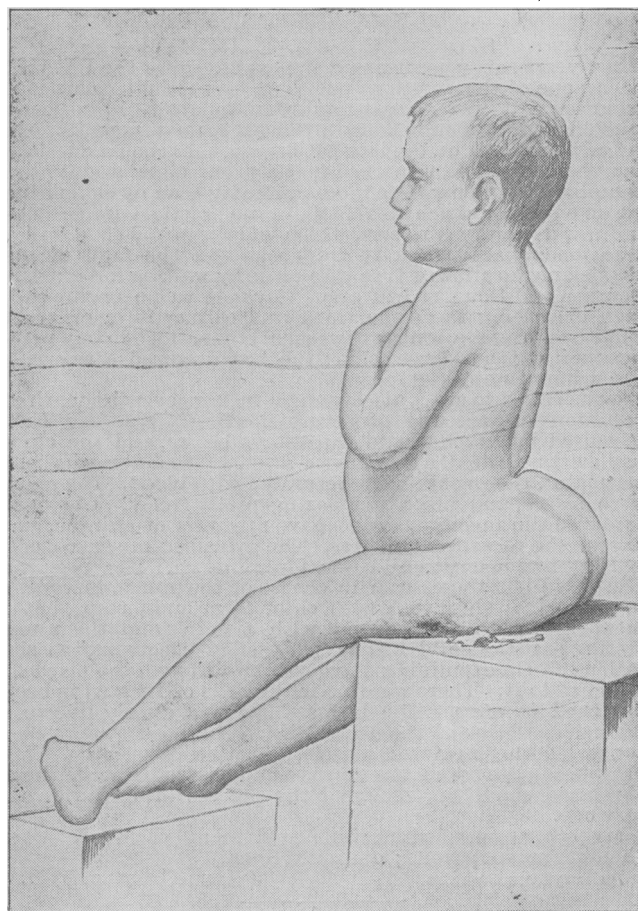


Fig. 2.—J. M., condition after operation.

of old ulcers. The patient stated that he had never had any pain in his back. Both feet were in a condition of slight talipes calcaneo-valgus; there was also internal strabismus of the left eye. Under careful dressing the ulcers commenced to heal. The meningocele, however, became more tense, and the overlying skin was so thin that it was in great danger of giving way. Operative measures were therefore decided upon.

Operation.—On November 15th, 1895, chloroform having been administered, the patient was placed in the prone posi-

fore desired that it should be known that in all cases of death where he found Mr. Berry was in attendance he would, in the interests of the public, hold an inquest. If Mr. Berry possessed sufficient medical knowledge to enable him to practise, he trusted that he would take steps to place himself under proper regulations.

It would certainly be to the interest of the public were other coroners to act as Mr. Butcher did in this case. If inquests were held in all cases where death followed unqualified practice such practice would be discontinued. The registrars should report all cases of uncertified deaths to the coroner, and it should of necessity follow that an inquiry be held into the cause of death with all attendant circumstances.

UNQUALIFIED PRACTICE.

It is a matter for congratulation that the public is gradually but surely becoming impatient, at least, at the practice of medicine by unqualified persons. The numerous instances which have been recorded lately in the press in which coroners' juries have commented upon the fraud which is perpetrated upon the poor by unregistered practitioners show that the condemnation of such practice is by no means confined to the medical journals. At Sheffield lately an inquest was held, as reported in the *Sheffield and Rotherham Independent*, upon the body of George Slack, aged 13 years. The mother, a widow, deposed that her son came home from work and complained of pain in his leg. The next day, as the pain was no better, she took him to the surgery of Mr. Allan, in Mowbray, whom she looked upon as a fully qualified man. Mr. Allan saw the boy and prescribed for him. As she could not afford to continue payment, Mr. Allan later advised her to get assistance from the parish, but as some delay took place he continued to attend the boy. Later she obtained an order, and the district medical officer came and saw the boy. Upon examination it was found that the patient was suffering from pneumonia and was in a most critical condition. The boy died the same day. The medical evidence was to the effect that the signs of pneumonia were well marked, and that any competent man could have diagnosed it at least four days previously. A jurymen asked the very pertinent question if the law allowed unqualified men to practise as doctors, and further added that it seemed a pity that as people could now obtain medical assistance for a "very reasonable figure" that they should go to an unqualified man. After discussion as to the addition of a rider, the jury returned a verdict of "Death from pneumonia," with a rider to the following effect: "And the said jurors further add that they are of opinion that had the deceased been seen on the Saturday previous to death by a duly qualified medical man there was a possibility of the deceased's life being saved." Every verdict of this character and every occasion on which jurors call attention to the dangers of unqualified practice should be forwarded to the Home Secretary by the coroners. Official attention would then be called repeatedly to this subject so that when the time is ripe for further legislation the Government would be more likely to support measures for the protection of the lives of the poor and to restrain unqualified practice more effectually than is the case at present.

PROSECUTION UNDER THE INFECTIOUS DISEASES NOTIFICATION ACT.

A PROSECUTION for failing to notify cases of scarlet fever to the Medical Officer of Health of Peterborough resulted on February 25th in conviction with a fine of 10s. and costs in each case. The defence was to the effect that the illness in question was influenza and biliary catarrh, and not scarlet fever at all. After hearing the evidence, however, the Bench convicted both the practitioner in attendance and his assistant, the latter for "aiding and abetting" in the non-notification.

ACTION BY THE APOTHECARIES' SOCIETY.

WE learn from the *Lancashire Daily Post* that on March 7th J. Tempest of Oswaldtwistle was proceeded against in the Blackburn County Court by the Apothecaries' Society of London for having acted as an apothecary without having obtained a certificate as required by the Apothecaries' Act of 1815. Mr. Slinger, who appeared for the plaintiff Society, said that the defendant had practised at Oswaldtwistle for the last two or three years under an unrecognised American diploma. He had no qualification that was recognised by law and was a quack. Defendant had the word "Dr." over his door and he had given a bill to a patient on which he described himself as "M.D., U.S.A." The Defendant, who conducted his own case, made a technical objection which was overruled. Evidence was then called. One witness stated that he had seen handbills distributed. A handbill was handed to the judge, who asked the defendant what was the meaning of the letters "F.C.S.M." which followed his name. Defendant replied, "Fellow of the College of Safe Medicine, London," and added in reply to the judge, "It is a duly chartered college for botanic physicians. By that I have a licence to practise medicine in this country. I have practised as a physician and surgeon, but not as an apothecary." It was pointed out that defendant's name was not on the *Medical Register*, and this he admitted. The judge found that defendant had practised as an apothecary and had brought himself within the law, and that he had no alternative but to inflict the penalty of £20. Defendant asked for leave to appeal, which was granted.

LIABILITIES OF LUNATICS.

CANTAB writes: Some years ago I attended a lady through a prolonged illness which resulted in her removal to an asylum. Her trustees profess their inability to settle my account out of her ample means until she either leaves the asylum or dies. Are they right, and have I no remedy?

It is probable that the trustees of the will or settlement under which the lady in question may be interested are correct with regard to their inability to settle our correspondent's account, and we think that the proper course would be to take proceedings against the lunatic personally in the usual way, assuming, of course, that the debt is not statute barred in point of time. As there are certain technicalities attending proceedings against lunatics, our correspondent would be well advised to act through a solicitor.

M.D. BRUX.

L.R.C.P., L.R.C.S., L.F.P.S.G. writes: Is it legal or contrary to etiquette for a duly qualified and registered medical practitioner who is also an "M.D.Brux" in addition, to put the prefix "Dr." before his name on his doorplate—that is, without putting M.D.Brux. after it?

We assume our correspondent here refers to a registered degree of M.D.Brux. as an additional qualification, and, this being so, there can be no objection to his prefixing the title of "Dr." before his name on his doorplate, without putting M.D.Brux. after it.

ASSISTANTS AND LEGAL FEES.

"A. D." submits the following question: Is the principal or his assistant entitled to the fee for medical evidence given by the assistant in the coroner's court, or in any other court of justice?

We think there is no doubt that the principal is entitled to the fee in such a case, in the absence of any special arrangement between the principal and assistant.

QUESTIONS AS TO COVERING.

MEX submits the following: A medical man is honorary physician to a maternity charity. He attends difficult cases (when sent for by the charity's nurses) and babies, if required, during the nurse's attendance on the mother. Is he liable to a charge of "covering" or "unprofessional conduct"?

Having regard to the fact that the institution is a *bona-fide* charity, we do not think that the action of the medical man would be deemed covering by the General Medical Council.

A MEMBER.—We consider that a medical man in taking such a course would be acting very injudiciously, but we are not aware that the General Medical Council has hitherto been called upon to give any decision upon the point.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

PRIZE FOR PHYSIOLOGICAL RESEARCH.—The regulations for the biennial Gedge Prize, of the value of about £60, to be given for original observations in Physiology, in the wide sense of the term, have been issued by the Special Board for Biology. Candidates must have worked in the University laboratories, or attended University lectures for six terms, and must be of not less than five and not more than seven years' standing from matriculation. They may be asked to deliver their papers in the form of a lecture. If the prize is not awarded, the amount is to be transferred to the Museum of Zoology.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the large English towns, including London, 6,573 births and 4,454 deaths were registered during the week ending Saturday last, March 5th. The annual rate of mortality in these towns, which had been 20.4 and 20.9 per 1,000 in the two preceding weeks, declined to 20.7 last week. The rates in the several towns ranged from 13.0 in Preston, 15.3 in West Ham, 15.7 in Blackburn, and 16.5 in Bradford to 23.9 in Sunderland, 24.0 in Birmingham, 25.0 in Bristol, and 26.1 in Gateshead. In the thirty-two provincial towns the mean death-rate was 20.6 per 1,000, and was 0.3 below the rate recorded in London, which was 20.9 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.2 per 1,000; in London the rate was equal to 2.7 per 1,000, while it averaged 1.9 in the thirty-two provincial towns, among which the highest zymotic death-rates were 4.0 in Gateshead, 4.4 in Bristol, 4.6 in Swansea, and 5.5 in Leicester. Measles caused a death-rate of 1.6 in Blackburn, 3.5 in Bristol, 4.1 in Swansea, and 5.0 in Leicester; whooping-cough of 1.1 in Nottingham; and "fever" of 1.0 in Gateshead. The mortality from scarlet fever showed no marked excess in any of the large towns. The 66 deaths from diphtheria in the thirty-three towns included 38 in London, 4 in Liverpool, 4 in Leeds, 3 in West Ham, 3 in Cardiff, and 3 in Birkenhead. No fatal case of small-pox was recorded last week, either in London or in any of the thirty-two large provincial towns; but one small-pox patient was admitted into the Metropolitan Asylums Hospitals. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 3,818 to 2,764 at the end of the fourteen preceding weeks, had further fallen to 2,534 on Saturday last, March 5th; 175 new cases were admitted during the week, against 232, 233, and 199 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, March 5th, 881 births and 659 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 17.4 to 20.5 per 1,000 in the five preceding weeks, further rose to 21.8 last week, and was 1.1 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 12.3 in Leith and 19.3 in Paisley to 24.3 in Glasgow and 25.5 in Perth. The zymotic death-rate in these towns averaged 2.6 per 1,000, the highest rates being recorded in Paisley and Glasgow. The 338 deaths registered in Glasgow included 18 from measles, 4 from

sections. That section (P. H. Am. Act, Sec. XIX) lays down that "Where two or more houses belonging to different owners (italics our own) are connected with a public sewer by a single private drain, an application may be made under Section XLII of the P. H. Act, 1875.....and the local authority may recover.....from the owners of the houses in such shares and proportions as shall be settled by their surveyor....." etc., and that "(3) for the purposes of this section the expression 'drain' includes a drain used for the drainage of more than one building."

In the case of *Travis v. Uttley*, 1894 (1 Q.B. 233; 58 J.P. 85), the houses drained by a common pipe belonged to one owner, therefore Section XIX of the Public Health Amendment Act did not apply (*Russell, C. J.*, in *Bradford v. Mayor*, etc., *Eastbourne*). If our correspondent's "sewer" drains only buildings belonging to one owner, this same difficulty—absurdity we might say—would render it a sewer repairable by the authority.

In the case *Bradford v. Mayor*, etc., *Eastbourne*, 1896 (2 Q.B. 205; 60 J.P. 501), a pipe or conduit constructed on private property and conveying the drainage of two or more houses belonging to different owners, had been constructed before the passing of the Amendment Act, which the corporation had adopted, and it was held that the single conduit pipe was a single private drain within the meaning of Section XIX of the Public Health Amendment Act, 1890. This judgment approved the finding in *Self v. Hove Commissioners*, 1895 (1 Q.B. 685; 59 J.P. 103), and dissented from that in *Hill v. Hair*, 1895 (1 Q.B. 906; 59 J.P. 374). It was followed in *Seal v. Merthyr Tydvil Urban District Council*, 1897 (61 J.P. 551).

The *Eastbourne* case decided therefore what might be a single private drain, and that a drain might be such though in existence prior to 1890. Whether the "sewer" described by our correspondent is not only entirely in private ground, but is not in any way usable by the general public, and serves properties belonging to different owners, whether also the Public Health Amendment act has been adopted in the district, he does not state.

DISTRICT MEDICAL OFFICERS AS MEMBERS OF PARISH COUNCILS.

MEMBER OF ASSOCIATION asks whether he being a district medical officer is thereby disqualified for membership of the parish council in the same district.

. We are advised that a district medical officer is eligible for election to a parish council and can act on it if elected. No parish council has anything whatever to do in reference to the administration of the Poor Law; if overseers (appointed by the parish council) are occasionally called upon to grant medical orders in urgent cases, this action has nothing whatever to do with parish council, and is not subject to its supervision or sanction.

SALARIES OF MEDICAL OFFICERS OF HEALTH.

S.R. asks what might be considered a sufficient salary for a medical officer of health for a burgh having a population of 17,000 or 18,000?

. Salaries of medical officers of health vary within wide limits, even in the case of towns with like populations. Salaries have also in the past been much higher in England than in Scotland, but the additional responsibilities devolving upon health officers under the new Scottish Public Health Act will undoubtedly involve an increase of salaries all round in Scotland, unless officers shirk these responsibilities. The salary in the case of a town with a population of 17,000 or 18,000 in England may be set down as ranging from £60 to £100.

DISTRICT MEDICAL OFFICER AND ELECTION OF GUARDIAN.

DISTRICT MEDICAL OFFICER writes, saying that there is to be a contest in his parish for a vacancy on the Board of Guardians, and asks whether, by his official position, he is debarred from taking an active part in reference to the election.

. Our correspondent is not in any way debarred from action, but we question whether any active part taken by him in support of either candidate would be judicious. As to this, he ought to be the best judge.

DUTY OF DISTRICT MEDICAL OFFICER IN REFERENCE TO LUNATICS.

J. F. F. asks the following question: When a parish doctor has seen a lunatic, is it his duty personally to call in the relieving officer and advise him? If not, what ought the parish doctor to do?

. If the lunatic in question is a pauper (which is not stated) it is the duty of the district medical officer under Section XIV of the Lunacy Act, 1890, to give notice thereof in writing to the relieving officer of the district within three days after having obtained knowledge of the existence of the case.

THE East London Hospital for Children has received through Mr. Benjamin L. Cohen, M.P., donations of £200 and £105 from the Baroness de Hirsch and Lord Rothschild respectively.

MEDICAL NEWS.

DR. PEREIRA DIAS, Professor in the Medical Faculty of Coimbra (Portugal) has been elected Rector of that University.

A CONGRESS of the Italian Medical Association of Hydrology and Climatology will be held at Parma on April 3rd, 4th, and 5th.

THE Worshipful Company of Clothworkers have made a further grant of £50 to the building fund of the Royal Westminster Ophthalmic Hospital.

A TELEGRAM from Sierra Leone announces that Surgeon-Captain Scott of the Army Medical Staff has been brought down from Karene seriously wounded.

A HYDROTHERAPEUTIC CLINIC has been founded in the University of Heidelberg. The Baden Legislature has voted for this purpose a subvention of 10,000 marks.

THE DUKE OF CONNAUGHT, President of the City of London Hospital for Diseases of the Chest, Victoria Park, will preside at the annual festival dinner at the Hotel Cecil on May 12th.

DR. HENEAGE GIBBES, formerly Lecturer on Physiology at the Westminster Hospital Medical School, and afterwards Professor at the Ann Arbor University, Michigan, has been appointed Health Officer to the City of Detroit.

THE next examination of the Medico-Psychological Association of Great Britain and Ireland for the Certificate in Nursing and Attending on the Insane will be held on May 2nd. Schedules to be filled up can be obtained from the Registrar, Dr. Spence, Burntwood Asylum, near Lichfield, by whom they must be received by April 4th.

PRESENTATION.—Dr. J. Gawler Murray, of Scarborough, has been presented by the members of the St. John Ambulance and Sick Nursing Classes, which he has conducted during the winter, with a travelling clock and a silver cruet, on which was engraved the monogram, "J. G. M., 1898," as a mark of their respect and esteem.

MR. P. J. FREYER, M.D., M.Ch., R.U.I., has been appointed Surgeon to St. Peter's Hospital for Stone and Genito-urinary Diseases. The rules of this hospital were altered recently, and in future a Master in Surgery of a university, or a Fellow of any College of Surgeons in the United Kingdom will be eligible for election to the surgical staff of the hospital.

SMOKING CONCERT AT ST. MARY'S HOSPITAL.—To assist in clearing off the debt on the new out-patient department, a smoking concert was held on March 3rd. The concert took place in the waiting hall. The following ladies kindly gave their services: Lady Frances Hope, Miss Clarke, Miss Etta Lane, and Miss Carpenter; as also did many gentlemen, amongst whom we would mention Dutch Daly, Charles Coborn, and Fred Russell.

ARSENIC POISONING.—From 40 to 50 men quartered at Hilsa Barracks, chiefly of the Royal Artillery, were seized one day last month with severe vomiting shortly after dinner. Several persons in the married quarters also suffered more or less from alarming symptoms. Analysis of samples of the vinegar from the men's plates and from a cask showed them to contain arsenic in poisonous quantity. A court of inquiry of an officer of the East Lancashire Regiment, an officer for supply inspection, and a medical officer has investigated the circumstance. The steward of the canteen where the vinegar was sold was acquitted of all blame. The firm which supplied the vinegar to the canteen has offered an explanation that "the vinegar was by mistake put into a wrong barrel." There has fortunately been no fatality, and the men who were under treatment were able to return to duty next day.

FEMALE STUDENTS IN THE UNIVERSITY OF BERLIN.—There are said to be 162 women now studying in the University of Berlin. Of this number, 98 are German, 26 American, 23 Russian, 4 Austrian, 4 English, 2 French, 1 Swiss, 1 Dutch, 1 Bulgarian, and 1 Hungarian. Three of the female students belong to the faculty of divinity, 3 to that of law, 1 to that

of medicine, and all the others to that of philosophy, or what in this country would be called Arts. Professor Benda, it is said, will in the next semester give a course of dissection and histology exclusively for women.

FACTORY GIRLS' COUNTRY HOLIDAY FUND.—The tenth yearly report of the Factory Girls' Country Holiday Fund bears testimony to a continuation of the excellent work that this body has carried out during the few years it has existed. During the past year 1,250 women and girls have been sent to the country or seaside, at a cost of £1,230. It seems a pity that, as the report states, nearly half the cost of the holidays is the journey; the railway companies still refuse to grant any reduction in fares. The average cost of each girl's holiday is 10s. a week. Many girls pay a proportion of this themselves, though hardly any are able to pay the whole of it. Those who have had long sickness are sent free whenever necessary and possible throughout the year.

METROPOLITAN POLICE SURGEONS' ASSOCIATION.—The annual dinner of this Association was held on March 8th at the Criterion Restaurant. The chair was taken by Mr. A. O. Mackellar, President of the Association, and Surgeon-in-Chief of the Metropolitan Police. In proposing the toast of "The Association," he said that Sir Edward Bradford and the other commissioners were anxious to do all in their power to support the surgeons, and he appealed to the surgeons to render loyal service. The toast of "The Commissioners" was acknowledged by Dr. Anderson, Director of the Criminal Investigation Department in a humorous speech, in which he expressed the opinion that the profession of medicine had made greater advances in the estimation of the public than any other profession.

HOSPITAL ABUSE.—The Liverpool Medical Club, in pursuance of the resolution published in the *BRITISH MEDICAL JOURNAL* of November 27th, 1897, has given notice that it intends to keep a book for the record of cases of hospital abuse, and has issued a circular to members of the medical profession practising in Liverpool and adjoining districts, asking that particulars of cases of abuse should be sent to the Honorary Secretary of the Committee, Dr. Percy Edwards, 1, Newsham Drive, Liverpool. The Committee propose to bring cases reported to it before the managers of the hospital against which the abuse is alleged. Further, when a sufficient number of well-authenticated cases has been brought together, it is intended to invite the various hospital committees to join with the Liverpool Medical Club in forming a committee to consider what means should be adopted for remedying the abuses.

THE PRINCE OF WALES'S HOSPITAL FUND.—The sixth published list of contributions for 1898 shows that the further sum of £1,802 11s. has been received in annual subscriptions and £45 0s. 6d. in donations annual and otherwise. The fund has received from Sir Frederick Abel, Honorary Secretary and Director of the Imperial Institute, the sum of £672 16s. 10d., which amount, together with the £500 received in November, represents the moiety (£1,172 16s. 10d.) of the net proceeds of the exhibition at the Imperial Institute of the gifts and addresses presented to the Queen on the occasion of Her Majesty's Diamond Jubilee. The trustees of the London Parochial charities have voted £1,000 per annum (until further order) to the fund conditionally on the same being applied towards the maintenance of convalescent hospitals.

ALCOHOLIC EXPENDITURE IN 1897.—In his annual alcoholic budget to the *Times*, Dr. Burns recently estimated the drink bill of 1897 at £152,281,723. The estimated population of the United Kingdom having been 39,824,562, there was an average of £3 16s. 5½d. per head. This is a slight increase over that of 1896, when the average per head was £3 15s. 6d. Whether this very slight increase is to be attributed to the celebrations of the Queen's Diamond Jubilee is difficult to say. The increase in the expenditure on alcohol in 1897 over 1896 was made up mostly of beer, on which the increase was £2,405,714. Spirits came next with an increase £911,141. Wine, however, showed a decrease of £7,362, leaving the net increase £3,309,493.

The late Dr. H. W. Freeman of Bath has left personal estate valued at £75,524. By his will the deceased has be-

queathed to the Infirmary at Bideford, Devon, for investment, £1,000, free of duty, in addition to a similar sum to the Mid-dlesex Hospital for the development of an obstetric scholarship; to the Samaritan Fund of the Royal United Hospital at Bath the reversion of a sum of money which is to be invested for the purpose of paying a life annuity of £100 to his brother. Dr. Freeman left also a sum of £15,000 in trust to pay the income to his widow during her lifetime, and after her death the sum to be paid to the Royal United Hospital for the purchase and maintenance of a convalescent home for the patients and sick staff of the hospital. The same hospital will receive his surgical instruments.

HARVARD UNIVERSITY.—The annual report of Harvard University for 1896-97 shows that in the medical school the number of students during that year was 600, of whom 50.32 per cent. were the holders of a degree in letters, science, or medicine. After the year 1900 no student will be admitted to the school unless he possesses such a degree. There were 101 candidates for the degree of M.D., of whom 71 passed and 30 failed. Of the 71 who were successful, 29 received the degree *cum laude*. Four new scholarships, each of the annual value of £40, were established during the year, and the school now offers nineteen scholarships. With the constant development of laboratory instruction and research, the demand for increased accommodation is becoming more and more pressing, and the enlargement of the school buildings is a question which, it is stated, will have to be seriously considered in the near future. Moreover, the clinical departments are asking for a hospital to be under the control of the school and the University.

THE DELANCY HOSPITAL, CHELTENHAM.—This hospital, the isolation hospital of the town of Cheltenham, stands in a commanding position at the foot of the Cotswolds, in some six acres of land. It has been erected at a cost of about £32,000, the greater part of which has been derived from a few large benefactions, and the remainder from smaller contributions. Hitherto, whilst the hospital had separate installations for scarlet fever, typhoid fever, and small-pox, it had no special provision for diphtheria. A special wing for the reception of patients suffering from this disease was formally opened on March 5th by Mrs. Russell, the wife of General Russell, M.P. This wing consists of three wards, with two beds in each, a convalescent ward, nurses' room, bath room, stores, and other accessories, which make it complete in itself. The hospital is partly supported by private subscriptions, and partly by a grant from the Town Council, and has, since it was first established, done invaluable service to the town in stamping out the sparks of infection, which, without its aid, would often have blazed into an epidemic. For this noble building the town has largely to thank the exertions of Dr. E. T. Wilson, who has from its foundation acted as its Honorary Secretary and Director.

CONGRESS FOR THE STUDY OF HUMAN AND ANIMAL TUBERCULOSIS.—The Congress for the Study of Human and Animal Tuberculosis will hold its fourth meeting in Paris from July 27th to August 2nd, 1898. The questions proposed for discussion are: (1) Sanatoria as a Means of Prophylaxis and Treatment of Tuberculosis (to be introduced by MM. Le Gendre, Netter, and Thoinet); (2) Serums and Antitoxins in the Treatment of Tuberculosis (to be introduced by Professors Landouzy and Maragliano); (3) The X-rays (Radioscopy and Radiography) in the Diagnosis of Tubercle (to be introduced by MM. Béclère, Claude, and Teissier); (4) The X-rays in the Treatment of Tuberculosis (to be introduced by Professors Bergonié and Lortet); (5) The Struggle against Animal Tuberculosis by Prophylaxis (to be introduced by Professor Bang, of Copenhagen); (6) The Struggle against Human Tuberculosis by Disinfection of Places inhabited by Tuberculous Patients (to be introduced by M. A. J. Martin); (7) The Diffusion of Tuberculosis in the Army and its Prophylaxis (to be introduced by Professor Vallin). Whilst leaving members of the Congress liberty to choose a certain number of questions outside this programme, the Organising Committee calls special attention to the following points: The semeiological and prognostic value of tachycardia in pulmonary tuberculosis; tuberculous infection by milk (authentic instances) and the means of avoiding it; in particular the practical means of obtaining sterilised milk,

and of making the exclusive use of such milk general; the modifications in form of the tubercle bacilli and their pathological significance; the organic, cellular, and humoral conditions which constitute the tuberculous soil, and which predispose to tuberculosis.

MEDICAL VACANCIES.

The following vacancies are announced:

- BIRKENHEAD BOROUGH HOSPITAL.**—Junior House-Surgeon. Salary, £60 per annum, with board and lodging, but no wine, spirits, or beer. Applications to the Chairman of the Weekly Board by March 21st.
- BIRKENHEAD UNION.**—Assistant Medical Officer for the Infirmary, Workhouse, and Schools. Salary, £80 per annum, with board, washing, and apartments. Applications by March 21st.
- BIRMINGHAM GENERAL HOSPITAL.**—Two Assistant House-Physicians, two Assistant House-Surgeons, and Resident Surgical Officer. Residence, board, and washing provided in each case, with a salary of £100 per annum for the casualty officer. Applications to the House Governor by March 26th.
- BRECON INFIRMARY.**—Resident House-Surgeon, unmarried. Salary, £70 per annum, with furnished apartments, board, attendance, fire, and gas. Applications by March 19th.
- CHELSEA HOSPITAL FOR WOMEN,** Fulham Road, S.W.—Dental Surgeon. Applications to H. H. Jennings, Secretary, by March 31st.
- CITY OF LONDON ASYLUM,** near Dartford, Kent.—Second Assistant Medical Officer, unmarried; doubly qualified, and under 30 years of age. Salary, £100 per annum, with board, lodging, washing, and attendance. Applications, on forms to be obtained of the Clerk, to be sent to Charles Fitch, Clerk to the Visiting Committee, Guildhall, E.C., by March 15th.
- DENTAL HOSPITAL FOR LONDON,** Leicester Square, W.C.—Three Assistant Anesthetists, must be duly registered medical practitioners. Applications by March 21st.
- DUDLEY: GUEST HOSPITAL.**—Resident Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided. No salary. Applications to the Secretary by March 17th.
- GLASGOW EYE INFIRMARY.**—Resident Assistant House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to William George Black, Secretary, 88, West Regent Street, Glasgow, by March 21st.
- HALIFAX ROYAL INFIRMARY.**—Honorary Ophthalmic Surgeon.—Applications to John S. Hurst, J. L. Cox, Honorary Secretaries, by March 17th.
- LEICESTER INFIRMARY.**—Surgical Dresser and also a Clinical Clerk. Appointment for six months. Board and apartments in the Infirmary provided.—Applications to the Secretary by March 14th.
- LIVERPOOL: ROYAL SOUTHERN HOSPITAL.**—Resident Junior House-Surgeon. Salary, 60 guineas per annum. Applications to the Chairman of the Medical Board by March 17th.
- LONDON TEMPERANCE HOSPITAL,** Hampstead Road, N.W.—Assistant Resident Medical Officer; doubly qualified. Appointment for six months. No salary, but residence in the hospital, board, and washing provided, and honorarium on satisfactory completion of term.—Applications to A. W. Bodger, Secretary, by March 16th.
- METROPOLITAN HOSPITAL,** Kingsland Road, N.E.—House Physician, House-Surgeon, Assistant House-Physician, and Assistant House-Surgeon. Appointments tenable for six months. The House-Physician and House-Surgeon will each receive salary at the rate of £40 per annum, and the other officers at the rate of £20 per annum.—Applications to Charles H. Byers by March 14th.
- NORFOLK AND NORWICH HOSPITAL.**—House-Physician; doubly qualified, unmarried, and not more than 30 years of age. Salary, £60 per annum, with board, lodging, and washing. Applications to Poole Garrett, Secretary, by March 15th.
- OLDHAM INFIRMARY.**—Junior House-Surgeon. Salary, £50 per annum, with board and residence. Applications by March 25th.
- PORTSEA ISLAND UNION.**—Resident Assistant Medical Officer of the Infirmary Workhouse and schools. Salary, £150, rising £10 per annum to £200, with rations and furnished apartments. Applications to the Clerk, 1, St. Michael's Road, Portsmouth, by March 14th.
- ROYAL FREE HOSPITAL,** Gray's Inn Road, W.C.—Senior Resident Medical Officer. Salary, £100 per annum, with board, residence, and washing. Applications by March 26th.
- SCARBOROUGH HOSPITAL AND DISPENSARY.**—Senior House-Surgeon. Salary, £80 per annum, with board and lodging. Appointment for six months. Applications by March 22nd.
- SIERRA LEONE GOVERNMENT RAILWAY.**—Assistant Medical Officer. Age between 25 and 30. Salary, £30 per month. Applications to the Crown Agents for Colonies, Downing Street, London, S.W., by March 15th.
- STAFFORD: COTON HILL REGISTERED HOSPITAL FOR MENTAL DISEASES.**—Assistant Medical Officer; doubly qualified. Salary commencing £100 per annum, with two annual increases of £25 each to a maximum of £150, with board, lodging, and washing. Applications to the Medical Superintendent by March 22nd.
- SWANSEA GENERAL AND EYE HOSPITAL.**—House-Physician. Salary, £50 per annum, with board, apartments, laundress, and attendance. Applications by March 23rd.
- WEST LONDON HOSPITAL,** Hammersmith Road, W.—House-Physician and House-Surgeon. Applications by March 28th.
- WESTMINSTER GENERAL DISPENSARY,** 9, Gerrard Street, Soho, W.—Third Honorary Physician; Dispenser. Salary, £60 per annum. Applications by March 28th.

WINCHESTER: 'ROYAL HANTS COUNTY HOSPITAL.—Honorary Physician and Honorary Surgeon. Applications by March 21st.

WORCESTER COUNTY AND CITY LUNATIC ASYLUM.—Third Assistant Medical Officer, unmarried. Salary, £100 per annum, rising to £120 in a year, with board, lodging, and washing.—Applications to the Medical Superintendent, The Asylum, Powick, near Worcester, by March 16th.

MEDICAL APPOINTMENTS.

- BARNES,** George, L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health for the Chard Urban District.
- BASDEN,** H. S., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer for the Stanford-le-Hope District of the Orsett Union.
- BASTIAN,** Charlton, M.D. Lond., appointed Consulting Physician to University College Hospital, and Emeritus Professor of Medicine and Clinical Medicine at University College.
- BENNETT,** William B., L.R.C.P., M.R.C.S., has been appointed Assistant Resident Medical Officer in the Brownlow Hill Workhouse, Liverpool.
- BERRY,** H. Poole, M.D., M.B. Lond. M.R.C.S. Eng., reappointed Medical Officer of Health to the Grantham Town Council.
- BEVAN,** Richard, L.R.C.P. Lond., and D.P.H. Eng., reappointed Medical Officer of Health for Ashford, Kent.
- BRYANT,** J. H., M.D. Lond., appointed an Assistant Physician to Guy's Hospital.
- CHATTERTON,** H., M.R.C.S. Eng., L.R.C.P. Lond., appointed Assistant Medical Superintendent at the St. Pancras Infirmary.
- COURTNEY,** Guy B., M.A., M.D., B.C., D.P.H. Cantab, L.R.C.P., M.R.C.S., appointed Honorary Surgeon to the Ramsgate and St. Lawrence Royal Dispensary, vice R. T. Bowden, M.D., resigned.
- CROOKSHANK,** G., M.D. Lond., appointed Assistant Medical Officer to the County Asylum, Berry Wood, Northampton.
- DUNCAN,** W., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Western District of the Luton Union, vice M. R. Draper, L.R.C.P., L.R.C.S. Edin., deceased.
- FARNFIELD,** W. W., M.R.C.S., L.R.C.P., reappointed Resident Medical Officer to St. Mary's Children's Hospital, Plaistow, E.
- FORSTER,** Dr. James, appointed Medical Officer for the Conisborough District of the Doncaster Union, vice Anthony McGall, M.B., C.M. Glas., resigned.
- FREW,** J. F., M.B., C.M. Glas., appointed Medical Officer for the Sixth District of the Oldham Union.
- FRYER,** P. J., B.A. (R.U.I.), M.D., M.Ch., appointed Surgeon to St. Peter's Hospital for Stone and Genito-Urinary Diseases, Henrietta Street.
- GIBBES,** Dr. Heneage, appointed Health Officer to the City of Detroit.
- GLAISTER,** John, M.D. Glas., appointed Professor of Forensic Medicine in the University of Glasgow.
- GOODLIFF,** J. H., M.D. Aberd., appointed Assistant Medical Officer County Asylum, Berry Wood, Northampton.
- GORDON,** Dr., appointed Medical Officer for the Dalwood and Stockland Districts of the Axminster Union.
- GROSVENOR,** Dr., appointed Medical Officer of the Gloucester Union Workhouse, vice R. M. Cole, L.R.C.P. Lond., M.R.C.S. Eng., resigned.
- HATFIELD,** J. R., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of Health to the Chirbury Urban District Council.
- HIGGINSON,** C. G., M.D. Lond., M.R.C.S., L.R.C.P., appointed Assistant Resident Medical Officer to the Chorlton Union Workhouse.
- HILL,** Reginald H., M.D. New York, L.S.A., appointed Assistant House-Surgeon to the Derbyshire Royal Infirmary.
- HOMAN,** W. T., L.M., L.Ch. Dublin, appointed Medical Officer for the Fourth District of the Rixbridge Union.
- HORNER,** W. E. L., M.B., B.S. Lond., M.R.C.S., L.R.C.P., appointed House-Physician to the North Staffordshire Infirmary.
- JACKSON,** R. A., M.R.C.S. Eng., appointed Medical Officer for the Kirby Moorside District and the Workhouse of the Kirby Moorside Union.
- JARVIS,** Dr. H. C., appointed Medical Officer for the St. George's District of the Camberwell Union, vice Samuel Hague, M.D. St. And.
- KEATS,** W. J. C., M.R.C.S., L.R.C.P. Lond., D.P.H., appointed Medical Superintendent to the Havill Street Infirmary and Gordon Road Workhouse of the Camberwell Union, vice J. C. H. Beaumont, L.R.C.P., L.R.C.S. Edin., resigned.
- MCKAY,** Dr. H., appointed Medical Officer for the South-East District of the Sheffield Union, vice C. E. Strickland, L.R.C.P.I., M.R.C.S. Eng.
- MARTIN,** Fred. W., M.R.C.S. Eng., L.R.C.P. Ed., appointed Medical Superintendent of the Brighouse Joint Hospital for Infectious Diseases.
- MIDDLEMASS,** James, M.A., M.B., C.M., F.R.C.P.E., Senior Assistant Physician, Royal Edinburgh Asylum, appointed Medical Superintendent of Sunderland Borough Asylum, vice Dr. F. A. Elkins.
- MOBBIS,** Sylvanus Glanville, M.D., M.S. Edin., appointed Medical Officer and Public Vaccinator for the Western District of the Llandilo Fawr Union.
- MUIR,** D. C., M.D., D.P.H., appointed Medical Officer for the Abertillery District of the Bedwelty Union.
- ORD,** W. W., M.D. Oxon., appointed Physician to the Salisbury Infirmary, vice G. G. Morrice, M.D. Cantab, resigned.
- ROSE,** W. D., M.B., C.M. Glas., appointed Medical Officer of the Workhouse of the Luton Union, vice M. R. Draper, L.R.C.P., L.R.C.S. Edin.
- RUSSELL,** J. S. Risien, M.D. Edin., F.R.C.P., appointed Assistant Physician to University College Hospital.
- SCHAUB,** J. M., M.R.C.S. Eng., L.R.C.P. Lond., appointed Second Assistant Medical Officer at the Parish of St. Leonard (Shoreditch) Infirmary.

SIDEBOTTOM, T., M.B., C.M., appointed Medical Officer for the No. 6 District of the Lincoln Union.

SMITH, Dr. A. H., appointed Medical Officer for the Yarm District of the Stokesley Union.

THOMAS, C. Nelson, B.A., M.B., B.C., appointed Certifying Factory Surgeon to the Lydney District and Surgeon to Lydney Tin Plate Works.

TURNER, William, M.B., B.S.Lond., appointed Surgeon to the Royal Hospital for Diseases of the Chest, City Road, E.C., vice A. Pearce Gould, M.B., M.S.Lond., F.R.C.S., resigned.

VINES, Sidney K., L.S.A., appointed Junior House-Surgeon to St. Mary's Children's Hospital, Plaistow.

WADD, H. Randall, M.R.C.S., L.R.C.P., appointed Anaesthetist to the Great Northern Central Hospital, Holloway Road, N.

WALTER, E. C., M.R.C.S. Eng., L.R.C.P.Lond., appointed Medical Officer for the Cholesey District of the Wallingford Union.

WHITAKER, J. H., M.B. (R.U.I.), appointed Assistant Medical Officer to the North-Western Fever Hospital, London.

WRANGHAM, W., M.B.Lond., M.R.C.S., L.R.C.P., appointed House-Physician to Leices'er Infirmary.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 8.30 P.M.—Dr. Seymour Taylor: Gastric Ulcer. Dr. E. Kingscote: The Vagus Origin of Asthma and its Treatment.

Royal College of Surgeons, 5 P.M.—Professor C. Stewart: On the Verte-

bral Column and Some Additions to the Museum. Lecture IV.

London Post-Graduate Course, London Throat Hospital, 8 P.M.—Dr. Herbert Tilley: Demonstration of Selected Cases.

TUESDAY.

Pathological Society of London, 8.30 P.M.—Dr. Eden: A Lantern Demonstration of the Age Changes in the Placenta. Dr. Morley Fletcher: (1) A Uterus and its Appendages with Pedunculated Tumour; (2) A Double Vagina. Mr. D'Arcy Power: Cryst from a Case of Ovariotomy in a Child aged 4 months. Dr. Raymond Crawford: A Tumour of the Large Bowel. Dr. William Hunter: A Case of Acromegaly with Casts and Formalin Preparations. Dr. L. Freyberger: A Congenital Tumour of the Left Kidney and Origin of the Left Vertebral Artery from the Aortic Arch in the same Subject.

Royal College of Physicians, 5 P.M.—Dr. J. Rose Bradford: Observations on the Pathology of the Kidneys. Goulstonian Lecture I.

London Post-Graduate Course, Bethlehem Royal Hospital for Lunatics, 2 P.M.—Dr. Craig: Alcoholic Insanity. Insanity with Syphilis. Insanity with Organic Brain Disease.—Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Abraham: Epithelioma and Rodent Ulcer.

West End Hospital for Diseases of the Nervous System, 7.30 P.M.—Dr. Thomas D. Savill: On Electricity in the Treatment and Diagnosis of Diseases of the Nervous System.

National Hospital for the Paralyzed and Epileptic, 3.30 P.M.—Dr. James Taylor: Jacksonian Epilepsy.

City Ophthalmic Hospital, 5.30 P.M.—Mr. John Poland: Deformities of Bones after Injury. Lecture II.

WEDNESDAY.

Royal College of Surgeons, 5 P.M.—Professor C. Stewart: On the Vertebral Column and Some Additions to the Museum. Lecture V.

Evett's Hospital, S.E., 4.30 P.M.—Dr. George Carpenter: The Differential Diagnosis of Abdominal Diseases. Post-Graduate Lecture.

West London Post-Graduate Course, West London Hospital, W., 5 P.M.—Mr. Percy Dunn: Cataract, and Demonstration of Eye Cases.

North-West London Clinical Society, 8 P.M.—Annual General Meeting.

Royal Microscopical Society, 20, Hanover Square, W., 3 P.M.

Hospital for Consumption and Diseases of the Chest, Brompton, 4 P.M.—Dr. Fowler: Prognosis in Valvular Disease of the Heart.

Royal Meteorological Society, 25, Great George Street, Westminster, 7.30 P.M.

THURSDAY.

London Post-Graduate Course, Central London Sick Asylum, 5.30 P.M.—Mr. R. Barwell: Clinical Lecture.

Harveian Society of London, 8.30 P.M.—Dr. William Armstrong (Buxton): The Symptoms and Treatment of Gastric Dilatation.

Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.—Dr. Barlow: Clinical Lecture or Demonstration of Recent Specimens.

East London Hospital for Children, Shadwell, E., 4 P.M.—Mr. L. A. Dunn: Hernia in Childhood.

Royal College of Physicians, 5 P.M.—Dr. J. Rose Bradford: Observations on the Pathology of the Kidneys. Goulstonian Lecture II.

Charing Cross Hospital, Post-Graduate Class, 4 P.M.—Dr. Willocks: Demonstration of Medical Cases.

Society of Anaesthetists, 20, Hanover Square, W., 8.30 P.M.—Mr. Alfred Coleman and Mr. Harvey Hilliard: On the Continuous Administration of Nitrous Oxide Gas for Prolonged Operations on the Mouth and Upper Air Passages. Clinical Cases.

FRIDAY.

London Post-Graduate Course, Bacteriology at King's College, 3 to 5 P.M.—Professor Crookshank: Actinomycosis and Glanders, etc.

Epidemiological Society of London, 8.30 P.M.—Dr. D. S. Davies: Milk-borne Enteric Fever in Clifton in Relation to Distribution, Incidence of Attack, and Character of Illness.

Royal College of Surgeons, 5 P.M.—Professor C. Stewart: On the Vertebral Column and Some Additions to the Museum. Lecture VI.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTH.

HUGO—On Wednesday, March 2nd, at Purley, Surrey, the wife of R. M. Hugo, L.R.C.S., L.R.C.P.I., of a daughter.

MARRIAGE.

RODGERS-PARKINSON.—On March 2nd, at Priory Place, Wesleyan Road, Doncaster, by the Rev. Joseph Westcombe, brother-in-law of the bridegroom, John William Rodgers, M.B., C.M., of Redfield, Bristol, eldest son of the late John Marshall Prime Rodgers, of Nuenborough Lodge, Leicestershire, to Helena Sophia, youngest daughter of the late George Parkinson, of Oakley House, Avenue Road, Doncaster.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). Attendances.—Daily, 2. Operations.—Tu. F. S., 2.

CENTRAL LONDON OPHTHALMIC. Attendances.—Daily, 1. Operations.—Daily.

CENTRAL LONDON THROAT, NOSE, AND EAR.—Attendances.—M. W. Th. S., 2; Tu. F., 5. Operations.—I. p., Tu., 2.30; o. p., F., 2.

CHARGING 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., 8, 3.

CLEVELAND 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, Tu., 2.30; Dental, W., 2. Operations.—M. W. Th. F., 2.

GUY'S. Attendances.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. Operations.—Tu. F., 1.30; (Ophthalmic) M., 1.30; Th., 2.

HOSPITAL FOR WOMEN, Soho. Attendances.—Daily, 10. Operations.—M. Th., 2.

KING'S COLLEGE. Attendances.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o. p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30, F., 2; Dental, M. Th., 10; Skin, W., 1.30. Operations.—W. Th. F., 2.

LONDON. Attendances.—Medical, daily, 1-2 p., 2.30; Surgical, daily, 1.30 and 5; Obstetric, M. Tu. Th. F., 2; o. p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Tu., 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., 2; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Throat, 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. F., 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., 2; 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 Ovariotomy, F., 2.

ST. GEORGE'S. Attendances.—Medical and Surgical, daily, 1-2 p., 1; o. p., 12; Obstetric, 1-2 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., 1.10; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 9; Skin, M. Th., 9; Dental, W. S., 9; Electro-therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 3. 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., 8.30; (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., 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., 2; Ear, Tu., 2; S., 2; (Ophthalmic), Tu. F., 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 *Atiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.