

abnormal breathing, or from stoppage of the respiration from overdosing." The fact whether the respiration or the heart stops first is a matter of not the slightest importance, and yet the confirmation of this one point is that on which the Commission prides itself. What the Commission failed to give us is the reason why artificial respiration, even when applied before the pulse has stopped, frequently fails to bring about recovery. If an animal be simply asphyxiated the heart continues to beat for several minutes, and by artificial respiration the animal can be surely resuscitated. Now in Experiments Nos. 56 to 60 we find that the Commission failed more than once to smother an animal by means of a mouthpiece, and to kill it by asphyxia. On the other hand, when chloroform was pumped into the inhaler during partial asphyxia, death very rapidly ensued. In Experiment 59 the pulse stopped 22 minutes after the commencement of the smothering (with an empty inhaler). In the first four experiments chronicled by the Committee in which the animals were killed by means of a cloth inhaler filled with chloroform the pulse ceased (on the average) $27\frac{1}{2}$ seconds after the respiration. In the last six experiments recorded by the Subcommittee in which the animals were also killed by means of chloroform on a cloth inhaler, and struggled violently during inhalation, the pulse ceased (on the average) 24 seconds after the respiration. The shortest interval noted in this set is 7 seconds.

We must remember that the experiments were conducted at a temperature which was generally 23 to 25° C., that is to say, similar to our hottest summer day. In consequence of the heat "the Commission had almost to cut off the air before they could get anæsthesia with ether." This shows the rapidity with which chloroform would also evaporate. Hence the difficulty of obtaining cessation of the pulse before the cessation of respiration. The effect of the climate is shown forcibly in the following quotation: "There were thus three accidental deaths in the course of this one day, which it may be noted was exceptional in being a wet day, and was characterised by constant blunders and mistakes committed by everyone engaged in the experiments and in every department." Dr. Brunton brushes aside the question of these and other accidental deaths. He says, "Accidental deaths in man are probably due in great measure to fear, anxiety, or other emotional excitement, and may arise from respiratory and circulatory changes." He continues that the members of the Commission quite realised the deficiency in its explanation of accidental deaths. Surely it is necessary before coming to any such final and momentous decision that the Commission should be in a position to eliminate this "probably," and make it either a certainty or negative it altogether. Then again the use of the expressions "great measure" and "may arise" surely imply that there are other causes at work even in Dr. Brunton's opinion. These causes the Commission has on its own showing not attempted to ascertain.

The tracings of the Commission show that the blood pressure falls very greatly before the respiration ceases. The Commission affirms that this has nothing to do with the heart and that the failure of respiration is the primary cause of death. If this be true, artificial respiration should with absolute certainty produce recovery in all cases of chloroform collapse. It does not do so, because the heart cannot be made to beat again with efficiency. Deoxygenation of the blood or asphyxia cannot possibly bring about this failure of the heart in the time chronicled by the Commission in many of the experiments. I maintain with Gaskell and Shore that the tracings are wrongly interpreted. They prove that the respiration fails in consequence of the fall of blood pressure. Not only has MacWilliam proved that chloroform dilates the heart, but Barnard and myself have demonstrated with a cardiometer that the heart of a cat is enormously dilated with the smallest doses of this drug. If the respiratory centre be cut out, an animal can be maintained alive efficiently for hours by artificial respiration. Let the Commission tell us why the patient whose respiratory centre is paralysed by chloroform cannot be similarly kept alive.

The Hyderabad Commission continually dwells on the vast number of animals on which experiments were performed. It is obvious that in 47 days Dr. Brunton could have personally investigated but a small proportion of the 571 animals.

Day by day and year by year the sum of animals chloroformed by any busy physiologist grows to a far greater total than this. It is not only in experiment that he observes the effect of anæsthesia, but also when the numerous animals are killed for class dissection.

I am in entire sympathy with Dr. Brunton when he writes: "It would have been advisable to repeat several experiments if we had time, and it might have been advantageous on several occasions to use other apparatus if it had been available."

Anyone who has read the controversy between Surgeon-Lieutenant-Colonel Lawrie and Drs. Gaskell and Shore will admit that my attack was mild in character compared with the controversial methods of the President of the Commission. I regret exceedingly that vigour of criticism should be regarded by Dr. Brunton as of personal offence. I rejoice, however, that so important a question as chloroform syncope should be once more reopened.

REFERENCES.

- ¹ Report of the Hyderabad Commission, p. 1; ² *Ibid.*, p. 4; ³ *Ibid.*, p. 1; ⁴ *Ibid.*, p. 7; ⁵ *Ibid.*, p. 7; ⁶ *Ibid.*, p. 7; ⁷ *Ibid.*, p. 742; ⁸ *Ibid.*, p. 10.

MEMORANDA:

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

CONCURRENCE OF WHOOPING-COUGH, SCARLET FEVER, AND VARICELLA.

A. R., aged 3 years, one of three sisters, came under my care recently with a well-defined attack of scarlet fever, evidently contracted from her elder sister, who had developed a similar attack seven days previously.

At the time I first saw her the child had marked paroxysms of whooping-cough, from which a younger sister was also suffering, and which continued during the greater part of the period of desquamation.

During the third week of the scarlatinal attack, her temperature suddenly rose, and she developed a typical eruption of varicella, which appeared in crops, and followed the normal course of that disease. I could not trace any possible cause of infection for this, except a fresh nurse who might have conveyed it.

Hence, during the third week of scarlet fever the child was capable of conveying infection of whooping-cough, scarlet fever, and chicken-pox, which appears to me to be a somewhat unusual occurrence, and worth recording.

ALLAN J. SWALLOW, M.B., B.S. Durh., L.R.C.P.,
Clapham Rise, S.W. M.R.C.S. Eng.

THE REACTION OF HEALING AND NON-HEALING WOUNDS AND ULCERS.

DURING the treatment of a large number of cases of chronic ulcers and recent wounds by oxygen gas, it was observed that in a small number of them the healing process became arrested. This change was usually traceable to some general or constitutional disturbance, notably influenza. Careful bacteriological observations were made, and it was found that this arrest of healing was accompanied by the almost complete disappearance of staphylococci from the wound or ulcer, and the appearance of rod bacteria, especially bacillus fluorescens. The reaction of the wound, etc., was taken with ordinary litmus and reddened litmus paper, and showed that wounds that were not healing were in a high state of alkalinity. Following this up, a large number of cases, healing and otherwise, were examined, and it was found that all healing wounds were but slightly alkaline, and in those that had been stationary as soon as healing began the alkalinity rapidly diminished. On the advice of Professor Wright, of Netley, the method of estimating alkalinity by the strength of the acid solution necessary to neutralise the fluid to be tested, as devised by him for blood examinations, was adopted.¹ Twenty-three observations were then made on cases of ulcers and wounds, recent and chronic, and the results are given in the following table:

¹ *Lancet*, September 18th, 1897.

Date of Observation.	No.	Complaint	Progress.	Micro-organisms.	Reaction.
Jan. 3	1	Chronic ulcer	Doing well	Staphylococcus pyogenes aureus	N-50
" 3	2	" "	Improving	" " "	N-50
" 3	3	" "	Doing very well	" " "	Neutral
" 3	4	" "	Doing badly	Rod bacteria and streptococci	N-20 }
" 25	4	" "	Doing well and looking well	Staphylococcus pyogenes aureus	N-60 }
" 3	4	Recent surgical wound	Doing well	" " "	N-40 }
" 3	5	" "	Improving very rapidly	" " "	N-60 }
" 5	5	" "Chronic ulcer "	Not doing well	Rod bacteria and streptococci	N-25 }
Feb. 3	6	" "	Improving	Staphylococcus pyogenes albus	N-35 }
Jan. 11	6	" "	Doing very well	" " "	N-65 }
Jan. 3	7	Chronic ulcer, 25 years	Improving	Staphylococci	N-40 }
" 4	8	" "Chronic ulcer "	Doing badly	Streptococci, diplococci	N-20 }
" 5	9	" "	Healing rapidly	Staphylococcus pyogenes albus	N-35 }
Feb. 11	9	" "	Improving	" " aureus	N-45 }
Jan. 5	10	Recent surgical wound	Doing very well	" " albus	N-60 }
" 4	11	Ulcer after burn	" "	Rod bacteria and streptococci	N-30 }
" 4	12	Chronic ulcer for many years	Unhealed before treatment	Staphylococcus pyogenes albus	N-55 }
Feb. 11	13	Chronic ulcer	Healing well	Rod bacteria	N-30 }
Jan. 7	14	Chronic ulcer, 1 years	Not doing well	Staphylococcus pyogenes aureus	N-40 }
Feb. 12	14	" "	Improving rapidly	" " "	N-50 }
Jan. 11	15	" "Chronic ulcer "	Before treatment, looking well	" " "	N-50 }
" 18	16	Chronic ulcer, 20 years	Unhealthy, smells badly	Bacillus fluorescens "	N-20 }
Feb. 12	16	" " "	Improving, smell gone	Staphylococci and a few rods	N-30 }

All these cases have been under oxygen treatment, but it is not suggested that the same results could not be obtained in cases treated in the ordinary way. It is not proposed that these comparatively few observations can be regarded as conclusive, but the matter seems of some importance, and this note is offered in the hope that it will lead others to further investigation, and be an indication as to the reaction of dressings and applications used in ordinary forms of treatment.

GEORGE STOKER, M.R.C.P.I.,
Physician London Throat Hospital, etc.

REPORTS

ON

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

THE HOSPITAL, ROYAL ASYLUM, ABERDEEN.

CASE OF SIMPLE FRACTURE OF HUMERUS TREATED BY PLASTER OF PARIS APPLIED IMMEDIATELY AFTER INJURY.

[By ANDREW A. ROBB, M.B.]

E. K., a female patient, sustained a fracture of the right humerus in endeavouring to get out at a lavatory window. On examination about five minutes after the injury it was found that there was a complete transverse fracture at the junction of the lower and middle thirds. From the restless, excited condition of the patient, a case of active melancholia, it was considered that treatment by any of the ordinary forms of splints would be inadvisable. Plaster-of-paris bandages were at once closely applied over a single flannel roll extending from close to the axilla to within about two inches from the wrist-joint, the forearm being flexed to slightly less than a right angle, and the hand placed over the chest. This was done before any sign of swelling or effusion had time to manifest themselves.

Next day the hand had become very much swollen and oedematous. Large blebs formed on the dorsal and palmar surface of the hand and on the fingers, so that the hand looked as if it had been severely scalded. These blebs coalesced, and later burst, giving escape to a large amount of clear serum, and leaving a raw, weeping surface. There was found to be no undue pressure in the axillary region, and as the hand remained quite warm, it was resolved not to remove the plaster of paris. The hand was dressed, and its condition gradually improved. At the end of three weeks it was quite normal again, and the skin renewed all over.

The plaster was removed at the middle of the seventh week after injury. It was found that the result was in every way favourable. Union was complete and firm. There was no excessive atrophy of muscles, and all movements at the elbow were good excepting a slight impairment of extension, which, however, has disappeared almost wholly since. Shortening

was also very slight, and probably less than it would have been had the fracture been treated by ordinary splints.

The oedema of the hand was thought to have resulted from the effusion, not being able to take place at the site of injury by reason of the plaster of paris, having gravitated down to the hand.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

JOHN LANGTON, F.R.C.S., President, in the Chair.

Friday, March 11th, 1898.

MALFORMATIONS OF THE KIDNEY AND DISPLACEMENTS WITHOUT MOBILITY.

DR. DAVID NEWMAN (Glasgow) read a paper and described illustrative cases. He said malformations and displacements might be classified under the following heads:—A. *Displacements without Mobility*.—1. Congenital displacement without deformity. 2. Congenital displacement with deformity. 3. Acquired displacements. B. *Malformations of the Kidney*.—I. Variations in number. 1. Supernumerary kidney. 2. Single kidney. (a) Congenital absence of one kidney. (b) Atrophy of one kidney. 3. Absence of both kidneys. II. *Variations in Form and Size*.—1. General variation in form, lobulation, etc. 2. Hypertrophy of one kidney. 3. Fusion of two kidneys. (a) Horseshoe kidney. (b) Sigmoid kidney. (c) Disc-shaped kidney. C. *Variations in Pelvis, Ureters, and Blood Vessels*.—The paper was illustrated by cases and specimens which had come under Dr. Newman's observation during the last twenty years. *Congenital Displacement without Deformity*.—Case I. Fixed displacement of the right kidney above Poupart's ligament simulating a perityphlitic abscess. There was a slight fulness of the abdomen in the right iliac and lower lumbar regions, and a rounded swelling occupied an area of about 2 inches in breadth, running parallel with Poupart's ligament. The swelling simulated an abscess, but on being incised was found to be a misplaced kidney. Case II. Left kidney displaced downwards and forwards in a patient on whom lumbar colotomy was performed. The lower border of the kidney was found during the operation directly above the centre of the iliac crest. The organ was slightly lobulated, but normal in size. Case III. Right kidney displaced downwards, and rotated on its antero-posterior axis; shortened ureter entered upper aspect of bladder. The convex aspect of the organ rested upon the brim of the pelvis; the concave surface looked upwards. *Congenital Displacement with Deformity*.—Case IV. Right kidney at the brim of the pelvis, below bifurcation of aorta, was supplied by two arteries, one directly from the aorta and a second one from the common iliac artery. The kidney was deformed. Case V. Malposition of both kidneys, one to right

House-Surgeon at the Chichester Infirmary. In the year 1837 he was elected on the staff of the Royal Portsmouth Hospital, and on his resignation in 1882 he was appointed Honorary Consulting Surgeon. Mr. Knight was never married. He continued in practice up to the time of his last illness, and throughout his long and active life he enjoyed the uninterrupted confidence and esteem of all his professional brethren.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Staff-Surgeon Gottfried Lenhartz, Editor of the *Deutsche militär-ärztlichen Zeitung*; Dr. Max Dahmen, well known by a series of publications on bacteriology, and for many years director of a bacteriological laboratory at Krefeld, where he gave courses of practical instruction on the subject; Dr. Franz Lörinczy, Editor of the *Közegészségügyi Kalauz*, aged 52; Dr. Carlos de Silóniz y Ortiz, who had been Professor of Anatomy in the Medical Faculty of Barcelona since 1847; Dr. Gayraud, sometime Agrégé Professor of Surgery in the Medical Faculty of Montpellier, a former President of the Montpellier Academy of Science and Letters, and author of several important articles in Dechambre's *Dictionnaire Encyclopédique des Sciences Médicales*; Dr. Du Brueil, Physician to the hospitals of Rouen; Dr. A. D'Ambruso, Extraordinary Professor of Orthopædic Surgery in the Medical Faculty of Naples; Dr. John G. Truax, a well-known Physician of New York, a recognised authority in pottery, and a great art collector, aged 50; Dr. John Cronyn, of Buffalo, one of the founders of the Medical Department in Niagara University, Professor of the Principles and Practice of Medicine, and afterwards President of the Institution, and for the last twenty years President of the New York State Medical Society, aged 73; and Dr. S. G. Matson, of Iowa, a Member of the Constitutional Convention which formed the first constitution of the State of Iowa, Member of the first General Assembly of the State, Chairman of the Committee on Schools, and a prominent politician, aged 90.

NAVAL AND MILITARY MEDICAL SERVICES.

CHANGES OF STATION.

The following changes of station amongst the officers of the Army Medical Staff have been officially reported to have taken place during the last month:

	From.	To.
Surg.-Colonel F. B. Scott, M.D. C.M.G.	Bengal	Chester
Brig.-Surg.-Lt.-Col. O. G. Wood, M.D.	Punjab	Portsmouth.
Surg.-Lt.-Col. E. A. Mapleton, M.B.	Shorncliffe	Punjab.
" J. T. Carey, M.B.	Jersey	Aldershot.
" W. T. Johnston, M.D.	Dublin	Birr.
Surg.-Major S. J. Flood	Holywood	West Africa.
G. F. Poynder	Gosport	Bombay.
C. R. Woods, M.D.	Dublin	Egypt.
A. B. Cottell	Gibraltar	Colchester.
T. P. Woodhouse	Bombay	Punjab.
T. J. O'Donnell	Punjab	Aldershot.
C. W. Thiele, M.B.	Malta	Dover.
H. J. Peard	Punjab	York.
S. N. Cardozo	Canterbury	Bombay.
S. Hickson, M.B.	C. of Good Hope	Curragh.
W. T. Swan, M.D.	Punjab	Portsmouth.
F. J. Greig	Straits Settlements.	"
Surg.-Capt. E. W. Gray, M.B.	Dublin	Bengal.
R. J. Copeland, M.B.	Gosport	Portsmouth.
A. E. Smithson, M.B.	Portsmouth	Gosport.
G. A. T. Bray	Colchester	Egypt. Army.
C. W. H. Whitestone, M.B.	Madras	Dublin.
J. A. O. MacCarthy	Bengal	Woolwich.
C. Dalton	Belfast	West Africa.
H. A. Hinge	Madras	Punjab.
C. E. F. Fowler	York	Bengal.
Surg.-Lieut. E. T. F. Birrell, M.B.	Dover	Punjab.
E. W. W. Cochrane, M.B.	Woolwich	Bombay.
A. H. Morris	Aldershot	"
A. J. MacDougall, M.B.	Marjhill	"
G. E. F. Stammers	Dublin	West Africa.
C. F. Wanhill	Portsmouth	Egypt. Army.
E. W. P. V. Marriott	Dover	Bombay.

The newly-appointed Surgeon-Lieutenants—namely, H. O. B. Brown-Mason, F. S. Penny, B. Watts, H. G. Martin, J. G. Berne, F. F. Carroll, M.B.; J. D. G. Macpherson, M.B.; W. P. Gwynn, S. de C. O'Grady, M.B.; A. H. O. Young, E. A. Bourke, M. M. Lowsley, A. C. Lupton, M.B.; G. B. Carter, M.B.; N. H. Ross, M.B.; P. H. Collingwood, and C. J. O'Gorman, are stationed at Aldershot.

Brigade-Surgeon-Lieutenant-Colonel H. W. A. Mackinnon, D.S.O., retired pay, has been transferred from Reading to London, and Surgeon-Lieutenant-Colonel W. A. Parker, retired pay, has been posted to Reading.

Brigade-Surgeon E. R. O'Brien, M.D., retired pay, has relinquished the medical charge of troops at Christchurch.

THE NAVY.

INSPECTOR-GENERAL ALEXANDER TURNBULL, M.D., has been placed on the retired list, March 9th. He entered the service as Surgeon, August 12th, 1859; became Staff-Surgeon, August 19th, 1870; Fleet-Surgeon, June 2nd, 1880; Deputy-Inspector-General, May 14th, 1888; and Inspector-General, May 20th, 1896.

The following appointments have been made at Admiralty: CHRISTOPHER FEARSON, Fleet-Surgeon, to the *Wildfire*, additional, for Sheerness Dockard and Naval Barracks, March 24th; HORATIO S. R. SPARROW, Staff-Surgeon, to the *Hermione*, April 7th; HAROLD K. OSBORNE, Staff-Surgeon, to the *Boscawen* (temporary), March 14th; RICHARD W. STANISTREET, Surgeon, to the *Hermione*, April 7th.

INDIAN MEDICAL SERVICE.

SURGEON-LIEUTENANT K. V. KUKDAY, in medical charge of the 8th Bombay Infantry, is ordered to Bombay to take charge of Section D, No. 46 Native Field Hospital, under orders for Mombassa; Surgeon-Captain J. H. MACDONALD, at present on sick leave in Bombay, proceeds to Baroda to assume medical charge of the 8th Bombay Infantry.

Surgeon-Lieutenant-Colonel H. McCALMAN, M.D., Madras Establishment, is placed on temporary half pay from February 13th.

THE VOLUNTEERS.

SURGEON-LIEUTENANTS H. W. LAING, 1st Fife-shire Artillery, and H. G. O. COLLETT, 1st North Riding of Yorkshire Artillery (Western Division Royal Artillery), are promoted to be Surgeon-Captains, March 16th.

Messrs. DONALD G. CAMPBELL, M.B., and JOHN BRUCE, M.B., are appointed Surgeon-Lieutenants in the 3rd (Morayshire) Volunteer Battalion the Seaforth Highlanders (Ross-shire Buffs, the Duke of Albany's), March 16th.

BRITISH CASUALTIES—INDIAN FRONTIER.

UP to December 17th, 1897, the following were the numbers in the Tochi, Malakand Mohmud, and Tirah expeditionary and field forces:

	Killed.	Wounded.
Staff and departmental officers	2	7
Regimental officers	34	74
British N.C.O.'s and men	91	341
Native officers	6	36
Native N.C.O.'s and men	291	838
Followers	9	25

Total... 433 ... 1,321
Total killed and wounded, 1,754. The percentage of killed to wounded is 32.7, or almost one-third. In addition to those returned above as killed are many, including officers, returned as wounded who have since died of their wounds. In no European war are we likely to have so high a percentage of killed to wounded, for at present we are fighting against an enemy who give no quarter to the wounded who may fall into their hands. In addition to the killed and wounded five British soldiers and one native are reported missing. And when the enormous sick returns come to be counted up they will show a large number of men who have been rendered unfit for further service owing to disease resulting from climate and exposure. The above figures tend to show what an immense strain is being thrown on the officers of the Army Medical Staff and Indian Medical Service, both of which corps are at present working short-handed.

MEDICAL DEPARTMENT ROYAL NAVY NEW REGULATIONS FOR ADMISSION.

The last issue of regulations (February 1st, 1898) for the entry of candidates for commissions in the Medical Department of the Royal Navy contains some alterations. As before, the appointments announced for competition will be filled up from the list of qualified candidates, arranged in the order of merit as finally determined by the total number of marks each has obtained in both the compulsory and voluntary subjects; but, should it at any time be considered expedient to grant commissions beyond those periodically competed for, the new regulations provide that it shall be competent for the Board of Admiralty to admit annually one candidate proposed by the governing bodies of public schools of medicine in the United Kingdom or attached to such Colonial universities as they may think proper, the candidate so proposed to be approved by the Director-General of the Medical Department of the Navy, and to be certified by the governing body proposing him to be duly qualified according to the regulations in force for the entry of candidates. It is further provided that candidates from schools at home will be required to pass a physical and test examination in London, which will be arranged for by the Medical Director-General. Colonial candidates will pass a physical and test examination before a Board of naval medical officers on the station. The question papers for these examinations will be issued from the Medical Department of the Navy. With regard to the rank of surgeons entered as above without competition, they will take seniority next after the last surgeon entered at the same time by competition.

THE INDIAN FRONTIER FORCES.

THERE are still over 52,000 men on the frontier, mobile and supporting troops, and their health was on the despatch of last mail, about the end of February, excellent. In the week ending February 18th there were only 124 admissions among the British troops, 116 native soldiers, and 87 followers. The base general hospitals sick had fallen to 500 British and 457 natives, and the 1st and 2nd divisions massed for service had only with the divisional troops 4 officers, 164 British and 378 native soldiers on the sick list. All were well cared for, well clothed, well fed, and the medical needs thoroughly provided for. The spirit of the men was excellent. As to statements regarding hospital shortenings they must be taken with reserve. All the spare medical resources of India were thrown

into the Punjab command, nearest to the base of operations, and it is strange if the medical service could not apply them. The principal medical officer in India has done his utmost to make the medical arrangements successful and has been commended for hard work by the Commander-in-Chief. The strain on the Principal Medical Officer's office has been extraordinarily great. In the amendment to Sir Bindon Blood's despatch of October 27th the names of the following officers are mentioned amongst others: Brigade-Surgeon-Lieutenant-Colonel A. S. Reid, I.M.S., Brigade-Surgeon-Lieutenant-Colonel J. Ring, A.M.S., Surgeon-Lieutenant-Colonels Z. A. Ahmed, I.M.S., and P. F. O'Connor, A.M.S., Surgeon-Major C. R. Tyrrell, A.M.S., Surgeon-Captains H. J. M. Buist, A.M.S., and T. Fisher, I.M.S., Surgeon-Lieutenant E. L. Perry, I.M.S. The last two officers specially distinguished themselves in action on September 16th, 1897. Brigade-Surgeon-Lieutenant-Colonel W. J. Charlton, A.M.S., of the Punjab command, has been appointed Principal Medical Officer Malakand brigade and movable column vice Surgeon-Colonel Carmichael, relieved and posted to the Presidency District. Surgeon-Colonel Calthorpe returns to Mian Mir. On Surgeon-Major-General Cleghorn's departure to England on eight months' leave, Surgeon-Major-General Harvey, D.S.O., now Principal Medical Officer Punjab command, will officiate as Director-General I.M.S., and Surgeon-Colonel Spencer will take up the Principal Medical Officership of the Punjab command.

FRONTIER HOSPITAL WORK.

MAJOR-GENERAL MOORSOM, commanding at Pindi, speaks very highly of the work of the officers, both of the Army Medical Staff and the Indian Medical Services. He says that all the officers in his district have worked most satisfactorily and admirably, and on service they have gained golden opinions. The following notes upon the hospital work may be of interest.

No. 1 British General Hospital at Rawal Pindi—the base hospital of the Tirah Expeditionary Force—is situated on West Ridge, a salubrious elevation some three miles from Pindi. The 750 sick for whom the hospital is equipped are accommodated for the most part in pulka brick huts, the remainder being in tents. Each ward, which in times of peace holds 18 soldiers, contains 14 patients, the extra air space thus given being considered advantageous to the progress of sick and wounded men. A remarkable fact about the hospital is that on the ninth day after the arrival of the Principal Medical Officer, Brigade-Surgeon-Lieutenant-Colonel W. J. Charlton, A.M.S., the hospital, which was previously non-existent, was ready for the reception of 250 sick, and this number was soon increased to the full complement.

When it is considered that before a hospital can be opened it must be complete in every particular, must be furnished, equipped with medicine and surgical stores and clothing for the men, and that the large personnel of medical officers, warrant officers, ward servants, and followers must be organised, the enormous labour involved will be apparent. The sick and wounded received in the hospital have come from the Tochi Field Force and from the 1st and 2nd Divisions of the Tirah Force, and up to date the number of admissions has been about 2,300 men and 114 officers. Of this large number not one wounded officer or man has died, although it has unfortunately been necessary to perform many amputations—an excellent record. The bullets used by the enemy have evidently been of various kinds, some poor fellows having been struck by Dum-Dum bullets, causing complete shattering of the bone struck, others by native-made Martini bullets, causing serious wounds with splintering of the bones, and others again by Lee-Metford bullets, the most merciful of all. These last have caused very small wounds, which have soon healed, and some marvellous escapes have occurred. Men have been shot right through the lungs, through the leg and the arm, and have made perfect recoveries.

UNITED STATES ARMY MEDICAL SCHOOL.

The United States Army Medical School occupies well-equipped rooms in the Army Medical Museum building at Washington. The school, which was established in 1893 by Surgeon-General Sternberg, takes up the newly-appointed medical officer, and educates him in the line of work he is to follow. The regular course consists of lectures upon the "Duties of Medical Officers," "Military Surgery, Medicine, and Hygiene," and "Microscopy, Clinical and Sanitary." Weekly surgical clinics are held at the Barnes Hospital, Soldiers' Home.

THE MEDICAL DEPARTMENT OF THE ITALIAN ARMY.

A RECENTLY issued order constitutes the personnel of the medical department of the Italian Army on a peace footing as follows: One inspector-general and 12 medical directors of army corps, 26 directors of principal divisional military hospitals, 683 medical officers, 12 health service officers. The medical officers are graded as follows: 3 surgeon-major-generals, 15 surgeon-colonels, 28 surgeon-lieutenant-colonels, 71 surgeon-majors, 280 surgeon-captains, 286 surgeon-lieutenants and sub-lieutenants. Of these officers 245 are assigned to the principal military hospitals, the rest to the sanitary service of corps and institutions.

MEDICO-LEGAL.

DEATH OF AN INFANT FROM THE INCOMPETENCE OF A MIDWIFE.

AN inquest is reported at Woking upon the body of a newly-born child, which was born at 8.30 P.M. on February 21st. As reported in the *Woking News and Mail*, the midwife, as soon as she had washed the infant, administered some gruel, because she "had been in the habit of doing it." She said she gave a quarter of a teaspoonful; but at the *post-mortem* examination two teaspoonfuls were found in the child's stomach. The midwife stated that she did not think the child would live long, because it was a queer colour and made a peculiar noise. It was, however, a well-formed child, weighing 8 lbs. At 3 P.M. on February 22nd it died, and the midwife then sent for a doctor. The necropsy showed nothing wrong except

that the stomach was distended with gruel and air, and the cord had not been properly tied. The midwife said she had learned how to tie the cord from some other woman, who she said had "walked the hospitals." The coroner made some strong remarks. He said he thought that the poorer classes of the community should not be subjected to such danger. Two or three times a month he got cases like this. This child was simply allowed to die for want of proper attention, through the ignorance of this old woman, of whose class, unfortunately, there were too many about. The jury found that death was due to the ignorance of the midwife, and endorsed the coroner's remarks.

DANGEROUS COUGH MIXTURE.

THE evidence given at a recent inquest held at Derby, as reported in the *Derby Mercury*, is of a nature that suggests a want of due observance of the provisions of the Pharmacy Act, even among registered chemists and druggists. The inquiry had reference to the death of an old woman, who had taken a cough mixture containing morphine supplied by a local chemist, but without being labelled poison, or having any indication of its dangerous nature. The coroner was of opinion that the sale should have been registered in the poison book, since morphine is a poisonous vegetable alkaloid, and he appears to have overlooked the fact that as preparations of morphine are in the second part of the poison schedule, there may be some uncertainty on that point; but in any case the preparation should have been labelled "poison," though the chemist who sold it did not appear to be aware of the necessity, and another local chemist stated in evidence that the cough mixture in question did not come under the schedule which necessitated its being entered in the poison book. It is a matter for regret that the persons who are entrusted with the sale of dangerous medicines should appear, as in this case, unacquainted with the provisions of the statute which reserves to them the exclusive dealing in such articles. The coroner announced his intention of taking further steps to make the seller of the cough mixture amenable to the law for his neglect.

UNQUALIFIED PRACTICE.

FURTHER illustrations of the danger to the public caused by unqualified practice are found almost daily in the newspapers. Amongst others we note the report in the *Evening Reporter* of Ashton-under-Lyne of an inquest held as to the death of a married woman named Clara Beaumont. The husband is reported to have stated in evidence that his wife had a cough for some years, but was otherwise a healthy woman. She was working at the same mill as himself, and followed her employment up to four days before her death. Feeling tired whilst at work she left, stating that she would call and see "Dr. Spencer on her way home. She was bad that night when he returned home, and he sent the next morning for "Dr. Spencer. Deceased gradually got worse, and in the evening he called in Dr. Bisset-Smith, who stated that she was dying. Dr. Bisset-Smith refused a certificate, and Spencer stated he could not certify.

Charles Spencer was called, and stated that he was an unqualified surgeon, practising at 226, Stamford Street. He remembered the deceased coming to him, and he prescribed for her. He had no hospital training nor was he qualified. Once the registrar had accepted a certificate from him.

One of the jury remarked that an unqualified man should be prohibited from attending anyone.

The medical evidence was to the effect that the deceased had died from natural causes.

A suggestion was made by a juror that as the unqualified attendant evidently knew nothing about the nature of the case he was treating he should be very much censured for his conduct, but the coroner pointed out that if people chose to go to unqualified persons there was nothing to prevent them, and that censure would have no effect. The reporters were present, and it would now go forth to the public that "Dr. Spencer was not qualified. The law was in an unsatisfactory condition, and the medical men in England should be strong enough to move in the matter.

Finally, after further discussion, a verdict of "Death from natural causes" was returned.

FEES TO MEDICAL WITNESSES AT INQUESTS.

A MEDICAL WITNESS—The Coroners Act, 1887, makes no provision for payment of fees for adjournment. Section XXII only entitles the medical witness to a fee of one guinea "for attending to give evidence at any inquest, etc." or two guineas if a *post-mortem* examination has been made. A few years ago the opinion of an eminent Q.C. was taken on the interpretation of this section, and he advised "that although the medical witness attends for several days, he is only entitled to a fee of one guinea, and that the Act does not allow a larger fee to be paid to him." The clause may be an example of careless drafting, but it undoubtedly inflicts an injustice on medical men.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

READERSHIP IN SURGERY.—The Grace substituting a Readership in Surgery for the Professorship having passed the Senate, the General Board announce that the election of the new Reader will take place early in May. Candidates are to submit their names to the Vice-Chancellor on or before May 2nd. The stipend is £240 a year, and the appointment is for five years.

DEGREES.—At the Congregation on March 10th, the following medical and surgical degrees were conferred:

M.D.—F. C. Bottomley, B.A., Caius.
M.B. and B.C.—E. R. Delbruck, B.A., King's; A. V. Peatling, B.A., Magdalen; H. W. B. Shewell, B.A., Trinity; J. R. Charles, B.A., Caius; A. I. Petyt, M.A., Christ's; A. R. Paterson, B.A., Emmanuel; W. J. Lindsay, B.A., Sidney Sussex.
B.C. only.—C. R. Skryme, B.A., Christ's.

OWENS COLLEGE, MANCHESTER. MEETING OF THE COURT OF GOVERNORS

At the recent meeting of the Court of Governors of Owens College some announcements of importance affecting the interests of the Medical Department were made. It appears that during the past year the total attendance of medical students was 379. Dr. J. W. Renshaw, of Stretford, has made a donation of £500 to found a "Sidney Renshaw Exhibition" in Physiology, in memory of his son, the late Mr. Sidney Renshaw, who was from 1895 to 1897 a student in the Medical Department of the College. The exhibition will be competed for after the close of each winter session. A new Physical Laboratory is being built, in which increased facilities for study of practical physics will be afforded to the medical and other students of the College. Through the generosity of one of the devisees of the late Sir Joseph Whitworth, Mr. Christie, the College will soon be in possession of a large hall, in which all large ceremonies connected with the College or with graduation ceremonies in Victoria University can be held. The Hall will probably cost about £60,000.

SCHOOL OF MEDICINE OF THE ROYAL COLLEGES, EDINBURGH.
At a meeting of the Governing Board of the School of Medicine of the Royal Colleges, Edinburgh, Dr. G. A. Gibson presiding, the Secretary, Mr. R. N. Ramsay, reported that the number of students attending the school during the current winter session was 1,184, an increase of 285 as compared with the corresponding session of the previous year. Mr. Cotterill, Mr. Cathcart, Dr. Gulland, Dr. Fleming, and Dr. Aitchison Robertson have been elected as Lecturers.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,710 births and 4,535 deaths were registered during the week ending Saturday last, March 12th. The annual rate of mortality in these towns, which had been 20.9 and 20.7 per 1,000 in the two preceding weeks, rose again to 21.1 last week. The rates in the several towns ranged from 13.8 in Burnley, 14.5 in Norwich, 14.7 in Plymouth, and 15.7 in Birkenhead, to 24.6 in Sunderland, 25.1 in Liverpool, 26.1 in Gateshead, and 29.1 in Swansea. In the thirty-two provincial towns the mean death-rate was 20.8 per 1,000, and was 0.7 below the rate recorded in London, which was 21.5 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.5 per 1,000; in London the rate was equal to 3.0 per 1,000, while it averaged 2.2 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.5 in Oldham, 4.1 in Swansea, 4.8 in Bristol, and 5.5 in Leicester. Measles caused a death-rate of 1.6 in London, 2.0 in Derby, 2.6 in Brighton, 3.6 in Bristol, 4.1 in Swansea, and 5.0 in Leicester; whooping-cough of 1.8 in Oldham; and "fever" of 1.8 in Preston. The mortality from scarlet fever showed no marked excess in any of the large towns. The 68 deaths from diphtheria in the thirty-three towns included 33 in London, 6 in West Ham, 4 in Bristol, 4 in Cardiff, 4 in Birmingham, and 3 in Liverpool. No fatal case of small-pox was recorded last week, either in London or in any of the thirty-two large provincial towns; and only one small-pox patient was under treatment in the Metropolitan Asylums Hospitals on Saturday last, the 12th inst. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 3,818 to 2,534 at the end of the fifteen preceding weeks, had further fallen to 2,445 on Saturday last; 597 new cases were admitted during the week, against 233, 199, and 175 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, March 12th, 987 births and 753 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 21.8 per 1,000 in the six preceding weeks, further rose to 25.0 last week, and was 3.9 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 18.9 in Aberdeen and 21.2 in Dundee to 25.5 in Greenock and 26.9 in Glasgow and in Paisley. The zymotic death-rate in these towns averaged 2.7 per 1,000, the highest rates being recorded in Paisley, Glasgow, and Greenock. The 275 deaths registered in Glasgow included 16 from measles, 3 from scarlet fever, 2 from diphtheria, 10 from whooping-cough, and 4 from "fever." Four fatal cases of diphtheria and 3 of scarlet fever were recorded in Edinburgh, and 3 of whooping-cough in Paisley.

DIPHTHERIA IN LONDON.

The mortality from diphtheria in London last week showed a further decline. The fatal cases of this disease, which had been 33, 46, and 38 in the three preceding weeks, further fell to 32 during the week ending Saturday last, March 12th. Of these 32 deaths no fewer than 20 were of persons belonging to South London, including 5 to Wandsworth, 4 to Camberwell, and 3 to St. George Southwark sanitary areas. The notifications of diphtheria in London, which had been 266, 212, and 215 in the three preceding weeks, declined to 183 during the week ending Saturday last, March 12th. Compared with the preceding week there was a decline in each group of sanitary areas, which was most marked in West London, although the number of new cases in Kensington and in Fulham exceeded those recorded in the preceding week. Among the sanitary areas of North London there was a considerable decline in the prevalence of diphtheria in Islington, 8 new cases being notified, against 27, 9, and 15 in the three preceding weeks. Among the sanitary areas of Central London the disease showed increased prevalence in Clerkenwell, the 6 new cases exceeding the number recorded in any week for some months past. In most of the sanitary areas of East London there was a decline in the prevalence of diphtheria last week, but in Mile End Old Town 9 new cases

were notified, against 2, 5, and 4 in the three preceding weeks. In Bethnal Green, however, the 5 new cases were but half the number recorded in previous week. Among the sanitary areas of South London there was a slight decline in the prevalence of diphtheria in Lambeth, Battersea, Camberwell, and Greenwich, while in Wandsworth the 12 new cases corresponded with the number notified in the preceding week. In Newington, Lewisham, and Lee there was a slight increase in the number of new cases. The admissions of diphtheria patients into the Metropolitan Asylums Hospitals during last week were 122, against 146, 124, and 127 in the three preceding weeks; and 1,024 cases remained under treatment in these hospitals on Saturday last, March 12th.

BACTERIOLOGICAL EXAMINATION IN DIPHTHERIA AND TYPHOID FEVER.

THE vestry of St. George the Martyr Southwark, has under consideration at the present time the question of the desirability of giving opportunity for obtaining a bacteriological examination in cases of the above-mentioned diseases. From a report presented to the vestry by the medical officer of health it appears that among London sanitary authorities St. Pancras, St. Olave, Clerkenwell, and Fulham already adopt such a plan for both diseases, while St. Marylebone, Holborn, and the Strand make use of a similar method for diphtheria alone, and Camberwell and Poplar contemplate doing so. The aid of bacteriology has already been invoked for some years in certain provincial towns, notably Bristol, Brighton, Manchester, and Liverpool, in connection with diphtheria, and in some of these a typhoid fever examination has also been instituted. Dr. Waldo expresses the opinion that the adoption of both tests would be of distinct value to the sanitary administration of the district of St. George the Martyr.

LONDON WATER SUPPLY.

At the recent sittings of the Royal Commission, Mr. W. H. Dickinson continued his evidence. He explained the nature of the Purchase Bills prepared by the County Council last year, and stated the resolutions adopted by the Council as embodying their opinions. In cross-examination by Lord R. Cecil, he said that the policy of the Council with regard to the outside areas was to hand over to them entirely the distribution, and expressed a decided preference for a policy of purchase rather than one of administrative control. Sir John Lubbock, who was the next witness, said that in his opinion the purchase by the London County Council of the undertakings of the eight water companies would not be expedient in the interests of London, either as regards the purity of the water supply or from a financial point of view. In preference to a policy of purchase, he advocated a control with representatives of the ratepayers on the board of each company.

LONDON DEATH-RATES

DR. SIDNEY DAVIES, medical officer of health for Plumstead, writes: I shall be greatly obliged if you will explain the discrepancy as to the London deaths and death-rates in the two tables given in the BRITISH MEDICAL JOURNAL of February 26th and March 5th respectively. The populations and births are identical in the two tables, but there is a difference of about 2,000 in the total deaths, and corresponding differences in the death-rates.

* * The table on page 664 of the BRITISH MEDICAL JOURNAL of March 5th relates (as is explained in the heading thereto) to the deaths in London after the distribution of deaths in public institutions. Deaths of extra-metropolitan residents occurring in London institutions are therefore excluded from this table. The table on page 598 of the BRITISH MEDICAL JOURNAL of February 26th gives the totals for London as published by the Registrar-General in his weekly and quarterly reports, without correction for deaths in institutions of persons not belonging to London. The difference between the two totals for London is thus accounted for.

INFANTILE MORTALITY IN ENGLAND AND WALES.

THE infantile mortality of England and Wales in 1897 was equivalent to 156 per 1,000 births, and not to 156, as stated in error in the BRITISH MEDICAL JOURNAL, of February 19th, p. 534.

WORKHOUSE MEDICAL OFFICER AND HIS DEPUTY.

D. L. writes to say he is a workhouse medical officer, but that owing to increasing private practice he finds it difficult to attend to his workhouse duties. He proposes taking a partner, and asks whether he can relegate to him the whole or part of this work if appointed as his deputy. He further asks whether this change, if carried out, would facilitate an alteration contemplated by the guardians, who appear to wish for a resident medical officer to be appointed.

* * A Poor-law medical officer can under no circumstances relegate the whole or a major part of his work even to a properly appointed deputy, the latter being only supposed to act in case of absence or illness of the former. We can imagine that if our correspondent were to depute very much of his work to his deputy, this action might accelerate the change which the guardians appear to desire.

DISTRICT MEDICAL APPOINTMENT.

A. L. S. writes: A. is medical officer whose district consists of two parishes B. and C., five miles from A.'s residence. A stranger (D.) has come to reside in parish B., and has applied to be appointed medical officer of the two parishes. A. L. S. asks what can A. do, and whether he can claim compensation if the change is made?

* * A. has no power to prevent the guardians appointing D. if they decide to do so, but of course the consent of the Local Government Board will be necessary. We cannot say whether this is likely to be granted, but, in case it should be, no compensation could be claimed for loss of office.

MEDICAL NEWS.

At the meeting of the Childhood Society to be held at the Parkes Museum on March 23rd at 8 P.M., Mr. Sydney Stephenson will read a paper on How Children's Sight may be Lost.

DR. W. J. SIMPSON, D.P.H., late medical officer of health for Calcutta, has been appointed Professor of Hygiene in King's College, London.

AFTER a well-contested match, Guy's has wrested the Hospital Rugby Challenge Cup from St. Thomas's Hospital, which has held the trophy for a long period.

THE Belgian Government offers a prize of £2,000 to anyone who shall discover a chemical substance that will take the place of phosphorus in the making of lucifer matches.

THE annual Congress of the Royal Institute of Public Health will be held this year in Trinity College, Dublin, from Thursday, August 18th, to Tuesday, August 23rd, both inclusive, under the presidency of Sir Charles Cameron, M.D.

A PAPER on the desirability of making Watershed Areas and Sanitary Districts Coterminous will be read by Mr. R. E. Middleton, M.Inst.C.E., at the sessional meeting of the Sanitary Institute, on Wednesday, April 6th, at 8 P.M. The chair will be taken by Mr. G. J. Symons, F.R.S.

THE annual meeting of the Association of Asylum Workers will be held on Monday, March 28th, at 4 P.M., at the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W. The chair will be taken by Sir James Crichton Browne, M.D., LL.D., F.R.S.

DR. HALL HAIN'S DEFENCE FUND.—Dr. Carre-Smith asks us to state than since the list was closed he has received the following subscriptions: Mr. J. B. McIlroy, L.R.C.P.I., M.R.C.S., Sydney, N.S.W., £1 1s.; Surgeon-Captain R. Caldwell, F.R.C.S., St. Helena, £1 1s. The amounts will be handed over to Dr. Hall Hains.

THE MEDICAL LOG OF THE "MAINE."—Among the things recovered by the divers from the ill-fated *Maine*, now lying at the bottom of the harbour of Havana, was the journal of the medical officers. Surgeon Heneberger, the medical officer of the ship, had brought the record up to the last moment before the catastrophe, the last entry being dated February 15th.

In response to the special appeal now being made in aid of the Maintenance Fund of the London Hospital for the next five years the following further donations have been received: £500 from "S. P. Q.;" £105 from the Phoenix Fire Office; £105 from the Imperial Ottoman Bank. The fund has also received subscriptions of £52 10s. each from Messrs. Bryant and May and the Marine Insurance Company.

ACTION AGAINST THE MAIDSTONE WATER COMPANY.—Several hundred of the sufferers in the recent typhoid epidemic at Maidstone have decided, it is stated, to bring a combined action against the water company to obtain compensation for the losses which they have sustained. The company, it is stated, has expressed willingness to make a grant of £3,000 as compensation. This offer has been made, however, on certain conditions which the consumers do not see their way to accept.

THE Jenny Lind Infirmary for Sick Children at Norwich, which owes its foundation some fifty years ago to Madame Otto Goldschmidt, better known as Jenny Lind, has outgrown its present buildings, and it is now proposed to erect a new hospital on a new site. The site has been given by Mr. J. J. Colman, late M.P. for Norwich, and the Lord-Lieutenant of Norfolk (the Earl of Leicester) has promised £1,000 towards an endowment fund. The estimated cost of the new buildings is £8,500.

NATIONAL DENTAL HOSPITAL.—The prizes for the last session were presented to the students by Mrs. Victor Horsley on March 14th, at the Queen's Hall, Langham Place. Mr. Victor Horsley, in acknowledging a vote of thanks, congratulated the students on the brighter prospect that now existed for the dental profession. He alluded to the recognition of the necessity for a broader education. There were still a few, even among his colleagues on the General Medical

Council, who did not appreciate the necessity of surgical knowledge for a dentist; but this was a retrograde view held only by a limited number.

A NEW SYSTEM OF SMOKELESS COAL FIRING.—A method of burning coal without the production of smoke was recently the subject of trial at the Grand Junction Waterworks pumping station at Hampton. The method aims at producing complete and instantaneous combustion by surrounding each particle of coal with an adequate supply of oxygen. For this purpose the coal is finely pulverised and carried into the furnace by means of the draught of the chimney. The ordinary arrangements of a furnace are dispensed with, that is, the grate and firebars are removed, and in place of the door is fitted an iron plate through which passes a tube conveying air to the fire. As this current of air enters the furnace it meets a falling stream of pulverised coal and carries it into the furnace, where it is instantly consumed. The system is known as the Carl Wegener system.

PRESENTATION TO DR. ARLIDGE.—Dr. J. T. Arlidge was last week presented with a service of plate by a small deputation in the name of professional and other friends in various parts of the country. It may be remembered that some time ago, on the initiative of Dr. Charles F. Moore, of Dublin, a committee was formed to arrange for such a testimonial, and the proposal was so well received that the necessary funds were quickly placed at the disposal of Dr. Moore and Mr. W. H. Folker, F.R.C.S., of Hanley, and rendered it possible to make the presentation. The receipt of such a testimonial must be a source of great gratification to Dr. Arlidge, whose health, we regret to learn, gives grounds for serious anxiety. Another subscription raised among past and present members of the General and Medical Committee of the North Staffordshire Infirmary has been devoted to obtaining a portrait of Dr. Arlidge, which now hangs in the Board Room of the Infirmary.

THE AMERICAN MEDICAL ASSOCIATION.—The next meeting of the American Medical Association will be held at Denver, Colorado, on June 7th, 8th, 9th, and 10th. Among the subjects proposed for discussion are: Yellow Fever: its Etiology and Treatment (to be introduced by Dr. George M. Sternberg, Surgeon-General of the United States Army); the Aims of the Modern Treatment of Tuberculosis (to be introduced by Dr. Edwin Klebs, of Chicago); the Serumtherapy of Tuberculosis (to be introduced by Dr. S. O. L. Potter, of San Francisco). Among the communications promised are the following: The Therapeutics of Pulmonary Phthisis, by Dr. Paul Paquin, of St. Louis; Tuberculin as a Diagnostic and Curative Agent, with a report of Two Hundred and Fifty Tuberculous Cases, treated by Dr. C. H. Whitman, of Los Angeles, California; the Practical Value of Artificial Serum in Medical Cases, by Dr. P. C. Remondino, of San Diego, California; the Use of Remedies in Diseases of the Heart and Blood Vessels, by Dr. T. Lauder Brunton, of London; and the Mescal Button, by Dr. D. W. Prentiss, of Washington.

LADIES AS ELEMENTARY SCHOOL TEACHERS.—Miss E. Bonham Carter, acting lady superintendent of the Teachers' Hostel, Salisbury, asks us to state that that institution, which is managed by a Committee of which the Bishop of Salisbury is Chairman, has recently been opened for the purpose of enabling the daughters of professional men of 17 years and upwards to pass the Queen's Scholarship examination. This examination is a step towards qualifying for the profession of elementary school teacher; and the hostel, which is not a commercial undertaking, has been established to enable candidates to prepare for this examination without the delay and the great and mental and physical strain involved in working for it while holding the post of pupil teacher. It is hoped that the hostel may eventually be self-supporting, but at present the guarantors will probably have to be called upon to meet deficiencies, and the office of lady superintendent is honorary. The hostel is in connection with the training college established at Salisbury, and is under the immediate educational supervision of the principal, the Rev. Canon Steward. The summer term will commence on April 16th. The scheme is one with which our readers may be glad to be made acquainted, since it opens up to young girls, daughters of professional men, an honourable and useful career.

THE PRINCE OF WALES'S HOSPITAL FUND.—We have received a copy of the Subscription Book and Stamp Album for the Prince of Wales's Hospital Fund for London, containing a facsimile of an autograph letter from the Princess of Wales, in which she says: "It is very near to my heart that the Prince of Wales's Hospital Fund, in commemoration of the Queen's Diamond Jubilee, should be a perfect and pronounced success." Her Royal Highness appeals to every child in the kingdom to assist by contributing their donations, however small. As already stated, the object of the Book and Stamp Album is to enable subscribers of small amounts of 1s. to 10s. per annum to possess evidence of the fact that they are regular subscribers through the Prince of Wales's Hospital Fund to the metropolitan hospitals.

THE LATE MR. MADDOCK AND EPSOM COLLEGE.—Epsom College is so closely connected with the medical profession that anything which affects it for weal or for woe must be of interest to a large number of our readers. It is therefore with especial regret we announce that the College has recently suffered a great loss by the death of Mr. P. H. Maddock, who had been an Assistant Master for several years. Mr. Maddock's abilities and zeal were conspicuous, and in conjunction with the headmaster and the staff he did much to raise the tone of the school, and to bring it to its present high position in point of scholarship. Mr. Maddock has bequeathed £500 to the College, and has left his pictures and his library, consisting of several hundreds of valuable works, to the school. A valuable entomological collection made by Mr. Maddock has been generously given by his friend and sole executor to the College Museum. Such interest and affection for the institution in which Mr. Maddock lived and laboured is a striking proof of the tie that exists between the teachers and their pupils at Epsom, and goes far to explain the growing reputation of the College.

THE HALIFAX UNION INFIRMARY.—The medical officer of this infirmary, Dr. Dolan, has consistently kept in view the fact that this infirmary is to be modelled on the same lines and worked on the same methods as a voluntary hospital, and by degrees he is reaching his goal. The report now before us presents a record of treatment and nursing of nearly 1,000 patients, suffering according to the returns from all forms of disease, acute and chronic. There is one most satisfactory point to note, and that is that the average period of stay is decreasing; to the ratepayer this means that the cost is diminishing, whilst the actual good done to the individual is on the increase. It is true wisdom to encourage the speedy admission of the sick poor: in the long run it diminishes the rates, for it often prevents an acute illness becoming chronic. We are glad to note that this infirmary is also a training school for nurses; there are too few of these about the country, the increasing demand for nurses for service under the Poor Law should lead to the multiplication of these work-house infirmary training schools. At present they are few and far between. We would hold up Halifax Union Infirmary as an object lesson to certain Boards of Guardians of which we have knowledge.

MEDICAL SOCIETY OF LONDON.—The 125th anniversary dinner of the Medical Society took place on March 9th at the Hôtel Métropole. Dr. Sansom, the President, was in the chair, and was well supported by some 130 Fellows and their friends. The Society has had an annual dinner since its foundation in the eighteenth century, but that of 1898 was certainly not the least enjoyable of the series. Fashions and manners have changed, however, since the time when dinner began at 4 P.M. and took place in the City. In those early days the oration was always delivered before the dinner at the Ship and Turtle or City Tavern. The dishes with which the diners were regaled have undergone a great change during the last century and a quarter. On one occasion Lettsom, as related by Mr. E. Owen, "came into possession of a turtle, and, instead of regarding it as a subject for comparative anatomy, presented it to the Society, together with an invitation to each member, requesting the favour of his company at the King's Head Tavern in the Poultry on a June afternoon in 1775, where they made merry, feasting on its fat and its fins." The toast of the evening on the 9th was proposed by Dr. Goodhart, and the President replied in felicitous

terms. He characterised the Society as a combination of science and practice. He added that it had lately received a donation of £100 from Dr. Robert Barnes. He trusted the Society would remain an example of "plain living and high thinking." Dr. John Anderson, C.I.E., proposed "The Sister Societies," and Dr. Swanzy, of Dublin, replied with much humour. The toast of "The Visitors" was proposed by Mr. Alfred Cooper, to which the Hon. Sidney Holland and the Master of the Society of Apothecaries responded. Mr. H. R. McConnell, Q.C., proposed "The President;" the toast was received with musical honours, and Dr. Sansom replied. Mr. F. C. Wallis proposed "The Officers and Council," and Dr. F. T. Roberts and Dr. R. Maguire acknowledged the toast. An excellent programme of music, which was arranged by Dr. Maguire, was given in the course of the evening.

MEDICAL VACANCIES.

The following vacancies are announced:

- BETHLEM ROYAL HOSPITAL.**—Two Resident Clinical Assistants. Appointments for six months. Applications before March 23th.
- BIRKENHEAD BOROUGH HOSPITAL.**—Junior House-Surgeon. Salary, £50 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.**—Resident Surgical Officer, two Assistant House-Physicians, and two Assistant House-Surgeons. Residence, board, and washing provided in each case, with a salary of £100 per annum for the Resident Surgical Officer. Applications to the House Governor by March 26th.
- CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL.** Gray's Inn Road.—Assistant Registrar. Applications to the Secretary.
- CHELSEA HOSPITAL FOR WOMEN,** Fulham Road, S.W.—Dental Surgeon. Applications to H. H. Jennings, Secretary, by March 31st.
- DARENTH ASYLUM FOR ADULT IMBECILES,** near Dartford, Kent.—Medical Superintendent. Salary, £600 per annum, with unfurnished house, coals, gas, washing, milk, and vegetables. Must not exceed 45 years of age. Applications to be sent to the offices of the Metropolitan Asylums Board, Norfolk House, Norfolk Street, Strand, W.C., by March 23th.
- DENTAL HOSPITAL FOR LONDON,** Leicester Square, W.C.—Three Assistant Anesthetists, must be duly registered medical practitioners. Applications by March 21st.
- EAST LONDON HOSPITAL FOR CHILDREN,** Glamis Road, Shadwell, E.—Resident Medical Officer. Salary, £80 per annum, with board, residence, and laundry. Applications by April 12th.
- FOLKESTONE: VICTORIA HOSPITAL.**—House-Surgeon. Salary, £60 per annum, rising to £100, with board, residence, and washing. Applications by April 11th.
- 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.
- GLASGOW: ST. MUNGO'S COLLEGE.**—Professorship of Forensic Medicine and Lectureship on Hygiene. Applications by April 7th.
- GREENWICH UNION INFIRMARY.**—Assistant Medical Officer of the Infirmary and Workhouse. Salary, £120 per annum, with furnished apartments, rations, washing, and £3 per annum in lieu of beer. Applications before March 22nd.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,** Brompton.—Resident House-Physicians. Applications by March 30th.
- HOXTON HOUSE ASYLUM,** London, N.—Clinical Assistant. Board, lodging, and washing provided, and honorarium £40 a year.
- KING'S COLLEGE,** London.—Sambrook Surgical Registrarship. Applications by April 4th.
- LINCOLN LUNATIC HOSPITAL.**—Assistant Medical Officer. Applications to the Medical Superintendent.
- NORTH LONDON HOSPITAL FOR CONSUMPTION,** Mount Vernon, Hampstead, and Fitzroy Square, W.—Physician and Assistant Physician. Applications to the Acting Secretary, 41, Fitzroy Square, W., by March 31st.
- NORTHAMPTON GENERAL INFIRMARY.**—House-Surgeon. Salary, £125 per annum, with furnished apartments, board, attendance, and washing. The Assistant House-Surgeon is a candidate, and if appointed the Committee will elect Assistant House-Surgeon. Salary, £100, with furnished apartments, board, attendance, and washing. Applications by March 24th.
- OLDHAM INFIRMARY.**—Junior House-Surgeon. Salary, £50 per annum with board and residence. Applications by March 25th.
- 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.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST,** City Road, E.C.—Resident Medical Officer. Appointment for six months, when re-election is required. Salary at the rate of £100 per annum, with furnished apartments, board and washing. House-Physician. Appointment for six months. Salary at the rate of £40 per annum, with board, lodging, and washing. Applications by March 30th.

ST. BARTHOLOMEW'S HOSPITAL—Surgeon; must be F.R.C.S. Eng. Applications by March 31st.

SCARBOROUGH HOSPITAL AND DISPENSARY.—Senior House-Surgeon. Salary, £80 per annum, with board and lodging. Appointment for six months. Applications by March 22nd.

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.

STAFFORDSHIRE COUNTY ASYLUM, Stafford.—Junior Assistant Medical Officer, unmarried, and under 30 years of age. Salary, £100 a year, rising £25 per annum to £150, with furnished apartments, board, etc. Applications to the Medical Superintendent.

STAMFORD AND RUTLAND GENERAL INFIRMARY, Stamford.—House-Surgeon, unmarried. Salary, £100 per annum, with board, lodging, and washing. Applications by March 24th.

STRETTON HOUSE ASYLUM, Church Stretton, Salop.—Resident Medical Officer, unmarried. Salary, £100 per annum, with board, rooms, washing, etc. Applications to the Medical Superintendent by March 21st.

SWANSEA GENERAL AND EYE HOSPITAL.—House-Physician. Salary, £50 per annum, with board, apartments, laundress, and attendance. Applications by March 23rd.

TRURO: ROYAL CORNWALL INFIRMARY.—House-Surgeon. Salary first year, £120, increasing by £10 a year to £150, with furnished apartments, fire, light, and attendance. Applications before March 31st.

VENTNOR, ISLE OF WIGHT: ROYAL NATIONAL HOSPITAL FOR CONSUMPTION.—Assistant Resident Medical Officer, unmarried. Salary, £80 per annum, with board and lodging. Applications to the Board of Management, 34, Craven Street, Charing Cross, by March 25th.

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. Salary, £60 per annum, and Dispenser. Applications by March 28th.

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

WORCESTER COUNTY AND CITY LUNATIC ASYLUM, Powick, near Worcester.—Third Assistant Medical Officer, unmarried. Salary commencing at £100 per annum, with board, lodging, and washing. Applications to the Medical Superintendent by March 23rd.

MEDICAL APPOINTMENTS.

BEATLEY, W. C., M.D. Durh., M.R.C.S., appointed Honorary Physician-Accoucheur to the Newcastle-on-Tyne Lying-in Hospital.

BERRY, F. C., M.D. Dub., B.Ch., reappointed Medical Officer of Health to the Burnham Urban District Council.

BETTS, E. H., M.R.C.S., L.R.C.P. Lond., appointed House-Surgeon to the Dorset County Hospital, *vice* F. E. Adams, M.R.C.S., L.R.C.P. Lond.

BROWNIDGE, Dr., appointed Physician to the Paisley Infirmary Dispensary, *vice* J. N. Macarthur, M.B., C.M. Glas.

BURGESS, A. M.D., appointed Medical Officer for the No. 1 District of the Lincoln Union, *vice* A. L. Peacock, M.R.C.S. Eng.

COLE, George, M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer for the Sixth District of the Nottingham Union.

DARBY, H. C., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of Health to the Lye and Wollescote Urban District Council.

DENT, H. C., M.R.C.S. Eng., L.S.A., appointed Medical Officer for the Northrepps District of the Erpingham Union.

FAIRBANKS, William, M.D. Edin., M.B., C.M., appointed Medical Officer to the Workhouse of the Wells Union.

FOSBERY, W. Hubert S., M.A., M.D., B.C. Cantab., appointed Medical Officer to the Reading Dispensary.

FOX, Edward J., B.Sc. Lond., M.R.C.S., L.R.C.P., appointed Junior House-Surgeon to the Salford Royal Hospital, *vice* T. W. Arnison, appointed Senior House-Surgeon.

GILBETH, J. D. M.B., C.M. Edin., appointed Surgeon to the Arbroath Infirmary, *vice* E. B. Young, M.B., C.M. Edin., resigned.

GOODING, Dr., appointed Medical Officer of Health to the Barnstaple Port Sanitary Authority.

HICKMAN, Dr., appointed Medical Officer for the Coleford District of the Frome Union.

HOPE, Dr., appointed Medical Officer of Health to the Hanwell Urban District Council.

HOUSE, Dr., appointed Medical Officer for the No. 2 District of the Lincoln Union, *vice* A. L. Peacock, M.R.C.S. Eng.

JAFFREY, Francis, F.R.C.S. Eng., appointed Surgeon to out-patients at the Belgrave Hospital for Children.

MACFARLAND, B. M.D., R.U.I., M.Ch., appointed Medical Officer for the Workhouse of the Lincoln Union, *vice* A. L. Peacock, M.R.C.S. Eng.

MACKINTOSH, Angus, M.D. Glas., reappointed Medical Officer of Health to the Chesterfield Rural District Council.

MOLONEY, Dr., appointed Medical Officer for the Murroe Dispensary District.

MUSGRAVE, C. B. T., M.D. Lond., reappointed Medical Officer for the Cromer District of the Erpingham Union.

NEWBOLT, G. P., M.B. Durh., F.R.C.S. Eng., appointed an Honorary Surgeon to the Royal Southern Hospital, Liverpool, *vice* H. G. Rawdon F.R.C.S. E., retired.

PATTERSON, J. H., M.B., C.M. Edin., appointed House-Surgeon to the Bradford Children's Hospital.

PIRIE, W. R., M.A., M.B., C.M. Aberd., appointed Medical Officer to the Aberdeen General Dispensary, *vice* G. Watt, M.D., resigned.

SAUNDERS, Alfred Morison, M.A., M.B., C.M., D.P.H. Aberd., appointed Medical Officer of Health for the Burgh of Burghhead, Morayshire, N.B.

SIMPSON, W. J., M.D. Aberd., D.P.H. Camb., appointed Professor of Hygiene at King's College, London.

SMITH, F. G., L.R.C.P., L.R.C.S., appointed Medical Officer for the Workhouse and the Stockton District of the Stockton Union.

WATTS, A. M., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer for the East Ashford Union.

DIARY FOR NEXT WEEK.

MONDAY.

London Post-Graduate Course, Royal College of Surgeons, 5 P.M.—London Throat Hospital, 8 P.M.—Mr. Griffith C. Wilkin: Anatomy of the Ear, illustrated with Lanterns.

TUESDAY.

Royal Medical and Chirurgical London Post-Graduate Course, Society, 8.15 P.M.—Dr. Haig will demonstrate some results to be obtained by the Chloride of Ammonium Process as suggested by Mr. Barker Smith as a means for the Microscopic Detection of Uric Acid in Blood, 8.30 P.M., Surgeon-Captain Leonard Rogers: On the Epidemic Malarial Fever of Assam, or Kala-sazar, National Hospital for the Paralyzed and Epileptic, 3.30 P.M.—Mr. Gunn: Optic Atrophy.

Bethlem Royal Hospital for Lunatics, 2 P.M.—Dr. Craig: General Paralysis; Hospital for Diseases of the Skin; Blackfriars, 4.30 P.M.—Dr. Abraham: Erythema.

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

WEDNESDAY.

Royal College of Surgeons, 5 P.M.—Professor Henry Morris: On the Surgery of the Kidney. Lecture II.

Evelina Hospital, S.E., 4.30 P.M.—Dr. Frederick Wilcocks: Selected Medical cases. Post-graduate Lecture.

Dermatological Society of Great Britain and Ireland, 20, Hanover Square, W., 5 P.M.—Cases will be shown by Mr. William T. Freeman, Dr. F. Rufenacht Walters, Dr. J. H. Stowers, Dr. Alfred Eddowes, and others.

Hunterian Society, 8.30 P.M.—Dr. Appleford: Medical Practice in the West Indies. Dr. J. P. Woods: Further Observations on the Treatment by Suggestion.

West London Post-Graduate Course, West London Hospital, W., 5 P.M.—Mr. Swinford Edwards: Litholapaxy.

THURSDAY.

London Post-Graduate Course, Hospital for Sick Children, Great Central London Sick Asylum, 5.30 P.M.—Dr. Thun: Clinical Lectures.

Royal College of Physicians, 5 P.M.—Sir R. Douglas Powell: On the Principles which govern Treatment in Diseases and Disorders of the Heart. Lumlilan Lecture I.

Ormond Street, W.C., 4 P.M.—Dr. Garrod: Demonstration of Selected Cases.

London Temperance Hospital, 2 P.M.—Dr. Soltan Fenwick: Clinical and Pathological Demonstration to Senior Students.

FRIDAY.

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

Royal College of Surgeons, 5 P.M.—Professor Henry Morris: On the Surgery of the Kidney. Lecture III.

Clinical Society of London, 8.30 P.M.—Mr. Gilbert Barling: Two cases of Intra-capsular Thoracic Amputation for Sarcoma of the Humerus, with Statistics of the Operation. Dr. Frederick Taylor and Mr. A. D. Tripp: Renal Calculus detected by the Roentgen Rays, and successfully removed. Mr. Leonard A. Bidwell: Stricture of the Splenic Flexure; Transverse Colotomy; Ileosigmoidostomy. Dr. Buzzard and Dr. J. Risien Russell: Acute Ascending Paralysis, with Bacteriological Examination.

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.

BIRTH.

O'BRYEN.—On Thursday, March 10th, at Springfield Lodge, Sydenham, S.E., the wife of F. Wheeler O'Bryen, M.D., L.R.C.P., etc., of a son.

MARRIAGES.

BONNER-WHITFIELD.—On the 9th inst., at St. Augustine's Church, Edgbaston, by the Rev. J. C. Blissard, M.A., Thos. Irvine Bonner, M.A., C.M., M.B., of Aberdovey, North Wales, to Gertrude, daughter of the late S. B. Whitfield, of Birmingham.

JOHNSTON-RAWLINSON.—On the 10th inst., at Fullede Wesleyan Chapel, Burnley, Lancs., by the Rev. Thomas Rodgers, Bolton, George Minto Johnston, M.D., F.R.C.P.E., of 7, Wellington Place, Leith, N.B., to Mary Ingham (Minnie), only child of the late Joshua Rawlinson, J.F., and Mrs. Rawlinson, Oak Bank, Burnley.

DEATHS.

HILL.—On Sunday, March 13th, 1898, at Tregothnan, 138, Cromwell Road, Bristol, Emily Kezia, wife of Thomas Hill, M.D., aged 67 years.

LYLE.—On March 15th, at 178, Amhurst Road, Hackney, Sarah Mary, the beloved wife of Herbert Willoughby Lyle, M.B. Lond., M.R.C.S., L.R.C.P. Interred at Abney Park Cemetery, Friday, 18th inst., at 3 o'clock. No cards.

MOODIE.—At 7, Duncan Street, Edinburgh, on the 7th inst. Robert Moodie, M.D., B.Sc. Edin., D.P.H. Camb., late of the Bengal Medical Service, and of Stirling, son of the late Dr. A. L. Moodie, of Stirling, aged 52.

THIMBLEBY.—On March 7th, at Spi'sby, Lincen's' ire, John Thimbleby F.R.C.S. L.S.A., aged 80 years.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*—Daily, 2. *Operations*—Tu, F, S., 2.
 CENTRAL LONDON OPHTHALMIC. *Attendances*—Daily, 1. *Operations*—Daily.
 CENTRAL LONDON THROAT, NOSE, AND EAR. *Attendances*—M, W, Th, S., 2; Tu, F, 5. *Operations*—1, p., Tu, 2, 30; o-p., F, 2.
 CHARING CROSS. *Attendances*—Medical and Surgical, daily, 1, 30; Obstetric, Tu, F., 1, 15; Skin, M, Th., 1, 45; Dental, M, 9; Throat and Ear, F., 9, 30. *Operations*—Th, F, 8, 3.
 CHELSEA HOSPITAL FOR WOMEN. *Attendances*—Daily, 1, 30. *Operations*—M, Th, F., 2.
 CITY ORTHOPEDIC. *Attendances*—M, Tu, Th, F., 2. *Operations*—M, F., 2.
 EAST LONDON HOSPITAL FOR CHILDREN. *Operations*—M, W, Th, F., 2.
 GREAT NORTHERN CENTRAL. *Attendances*—Medical and Surgical, M, Tu, W, Th, F., 2, 30; Obstetric, W., 2, 30; Eye, M, Th., 2, 30; Throat and Ear, Tu, F., 2, 30; Skin, W., 2, 30; Dental, W., 2. *Operations*—M, W, Th, F., 2.
 GUY'S. *Attendances*—Medical, daily, 2; Surgical, daily, 1, 30; Obstetric, M, Tu, F., 1, 15; Eye, M, Tu, Th, F., 1, 30; 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., 2; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Th, Tu, 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., 3; 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*—Tu., 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. *Operations*—W, 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., 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, 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, Tu., 4; Th., 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, 15; 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., 8; 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; Tu, 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*—W, F., 2.
 ST. THOMAS'S. *Attendances*—Medical and Surgical, M, Tu, Th, F., 2; o-p., daily, 1, 30; Obstetric, Tu, F., 2; o-p., W, S., 1, 30; Eye, Tu, F., 2; o-p., daily, exc. S., 1, 30; Ear, M., 1, 30; Skin, F., 1, 30; Throat, Tu, F., 1, 30; Children, S., 1, 30. Electro-therapeutics, o-p., Th., 2; Mental Diseases, o-p., Th., 10; Dental, Tu, F., 10. *Operations*—M, W, Th, S., 2; Tu, F., 3, 30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
 SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*—Daily, 1, 30. *Operations*—Gynaecological, M., 2; W., 2, 30.
 THROAT, Golden Square. *Attendances*—Daily, 1, 30; Tu, F., 6, 30. *Operations*—Daily, exc. M., 10.
 UNIVERSITY COLLEGE. *Attendances*—Medical and Surgical, daily, 1, 30; Obstetrics, M, F., 1, 30; Eye, M, W., 1, 30; Ear, M, Th., 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 *Antilogia, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, Louisa*.

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.

DR. ETHEL WILLIAMS (19, Ellison Place, Newcastle-on-Tyne) asks if any of our readers can recommend a home where a female patient could be received, under the Inebriates Acts, at from 15s. to £1 a week.

HOUSE HUNTER wishes advice as to the choice of a locality within twenty miles from London suitable as a residence for an adult suffering from chronic phthisis. He also desires to obtain the title of a small pamphlet on "how to choose a house" which was issued some eighteen months or more ago.

BICYCLING AND PREGNANCY.

LEA asks how long a lady, who is an expert bicyclist, might continue to ride her machine after finding herself pregnant. Ought any special precautions to be taken?

FREQUENT MICTURITION.

PRACTITIONER asks for advice in the treatment of a married woman, healthy, about 30, without children, who is greatly annoyed by frequent micturition. There is no albumen or sugar in urine. Buchu, hyoscyamus, sodium benzoate, benzoic acid, liq. santal. flava, sanmetto, and belladonna have been tried. Belladonna alone had any effect and this only slight.

PREPARATION OF LANTERN SLIDES.

M. L. H. asks for information as to the preparation of lantern slides for lecture work on bacteriological subjects, both from photographic and coloured diagrammatic points of view. Is there any varnishing or other process by which smoked glass slides can be permanently fixed?

. Ordinary photo varnish, if run over warm, will fix everything on a smoked slide. The glass should in the first instance be very carefully cleaned.

POPULAR LECTURES.

LECTURER asks: (1) From what source can one obtain popular information (not medical) on the subject of the bacteriology of soil, air, water, etc.? (2) Do any firms lend magic lantern slides on hire to illustrate a lecture on the above subject?

. (1) *Bacteria and their Products*, by G. Sims Woodhead, M.D. (London: Walter Scott and Co., 1892, 3s. 6d.). (2) Messrs. Baird and Tatlock, Cross Street, Hatton Garden, and Charles Baker, 244, High Holborn, supply lantern slides.

UNDERSELLING.

DR. WM. J. RICHARDSON (Yorkshire) writes: A medical man comes into a district and endeavours to obtain practice by charging lower fees than his neighbours. (1) Is his conduct unprofessional? (2) Should other practitioners meet him in consultation?

. Assuming that no public appointments are in question, there are no laws or regulations prohibiting a medical man from putting his own value upon his professional services, though his claims may be lower than those of other medical practitioners in the neighbourhood. It would be highly impolitic to refuse consultations, though social relations may be a little strained.

RATIONAL SICK AND BURIAL ASSOCIATION.

A CORRESPONDENT writes that he has been asked to act as medical officer to a branch of the above Society. The members pay the doctor 4s. per annum, and the rules require that each shall be medically examined before admission to the Society, but no fee is paid for this examination. Our correspondent has demanded 2s. for each examination, that being the amount paid by the Hearts of Oak Friendly Society, and he encloses the reply from the general secretary of the association demurring to the charge for examination of members, and asserting that nothing is paid in any of the other branches for this work.

. Medical examination of members ought in all cases to be paid for, and 2s. is certainly not an excessive fee for such an examination. Our correspondent does well in refusing to do this work gratuitously, and if the general secretary is strictly accurate in his statements, it is sad to think that medical men can be found to accept posts under the conditions related.

CALF VACCINATION.

REV. GEORGE HENSLOW, Professor of Botany at King's College, asks whether it is intended to make it compulsory to secure lymph from calves under one month only, and if such can be procured; for Mr. James Long, in his article on Consumption in Cattle conveyable to Man, in the *Nineteenth Century*, October, 1897, p. 581, says that up to that age "not more than 1 in 10,000 are tuberculous" for "calves born with tubercle are extremely rare." Subsequent to one month, however, if the calves have been suckled by a tuberculous mother, what guarantee is there that the lymph from such calves will not convey consumption to human beings?

. The arrangements for supplying glycerinated calf lymph have not yet been completed by the Local Government Board, and we are unable to state what their intention is as regards the age of the calves to be used. But the inference that there is any substantial risk of tuberculosis after 1 month of age is not borne out by the experience obtained abroad. The practice on the Continent of Europe is to use calves of from 3 to 6 months old, and to have them slaughtered after they have served the purpose of supplying vaccine lymph. Unless they turn out to be healthy in every respect the lymph derived from them is not used. Tuberculosis in calves of the age named is so rare that the exceptional instances can hardly be reckoned as more than one in many thousands, even though this takes account of the most trivial evidence of tuberculosis. One thing may, we feel certain, be taken for granted, and that is, that no lymph will be distributed by the Government to which there attaches the most remote suspicion of tuberculosis.