

To rightly see the position, more delicate testing than that resorted to by Voit requires to be adopted. The examination of the blood shows that even two hours after the injection it has not recovered its normal condition. There is a further point that the experiments show in a decided manner, and that will therefore have to be considered by physiologists, namely, that notwithstanding that dextrose has been used, what is found in the urine, and, after the lapse of a little time, likewise in the blood, is a product of much lower cupric oxide reducing power. Baisch's<sup>1</sup> results obtained from normal urine stand in accord.

Towards the conclusion of his article Dr. Paton says: "The evidence may therefore be considered as establishing (1) that glucose is formed in the liver; (2) that glucose is used in the tissues, and is not all excreted by the kidneys." That glucose is susceptible of being formed in the liver is a truism with which everyone is familiar. Under a great variety of abnormal conditions abundant evidence is forthcoming showing that sugar escapes from the liver, and its escape is made manifest by its influence upon the blood and the urine. As regards the second proposition, whilst I contend that the entrance of sugar into the circulation is revealed by its influence upon the urine—that the urine, in fact, stands as an indicator of the state of the blood in relation to sugar—it has not been in my mind that all the sugar that may happen to reach the blood is eliminated by the kidney. At page 236 of my *Physiology of the Carbohydrates*, I say, in connection with the consideration of the subcutaneous injection of glucose: "I have referred to the protoplasmic transmutation of sugar into glycogen in the liver. But the transmutative power by no means exclusively belongs to the liver; indeed, I am disposed to think it exists as a general property of the protoplasmic matter of the body."

What we have broadly to deal with is the application of our food supply of carbohydrate matter within the animal system. Under the glycogenic doctrine, everything is centred in the liver. The liver takes the carbohydrate, stores it as glycogen, and then gives it out to pass as sugar into the circulation, to be conveyed to the tissues for oxidation, and thence heat, or some other form of force-production. Such was the doctrine propounded for the disposal of carbohydrate matter within the animal system; and, further, to meet the want of the tissues, if the tangibly evident supply was not afforded by the food, the liver was alleged to form it out of other material, it not being then realised that with animal food we get a certain amount of supply of carbohydrate matter, sufficient, it appears to me, to account for the glycogen found under the circumstances in the organ. What is the alimentary form of diabetes but this passage of the carbohydrate matter of our food into the general circulation as sugar, and do we not, by cutting down the supply of it, protect the system from the sugar invasion, and thereby bring the urine to a natural state?

## REFERENCES.

<sup>1</sup> Churchill, 1894. <sup>2</sup> BRITISH MEDICAL JOURNAL, i, 1896. <sup>3</sup> *Phug. Arch.*, lxviii, p. 613. <sup>4</sup> *Deut. Arch. f. klin. Med.*, Bd. lviii, Heft 6. <sup>5</sup> *Verh. d. Cong. f. inn. Med.*, 1895, p. 422. <sup>6</sup> *Wien. klin. Woch.*, 1896, 4. <sup>7</sup> *Zett. f. phys. Chem.*, xix, xx.

## NOTE ON THE ETIOLOGY OF TYPHUS FEVER.

By E. J. McWEENEY, M.A., M.D.,

Professor of Pathology Catholic University Medical School, Dublin.

Of late years opportunities for bacteriological examination of cases of exanthematic typhus have become increasingly rare. Existing observations on this subject appear to be mostly due to foreign observers. Thus Hlava<sup>1</sup> described a diplobacillus, and subsequently fungi, a vibrio which he calls *V. proteus ruber*, and several other organisms as occurring in the blood of patients examined during life. Lewaschew<sup>2</sup> found cocci which he names micrococcus exanthematicus in the spleen pulp. Calmette<sup>3</sup> found what he looked upon as a fungus belonging to the ascomycetes or ustilaginæ. Dubieff and Bruhl<sup>4</sup> found a diplococcus exanthematicus, which they cultivated and looked upon as the cause of the disease. These researches have failed to obtain confirmation at the hands of other observers. I think it desirable, considering the obscurity of the subject, to publish the following account of an unsuccessful attempt lately made by me to

isolate micro-organisms from the blood of a typical case of spotted typhus.

The patient was a young woman, aged 22, who was admitted into the Hardwicke Fever Hospital, Dublin, under the care of my friend Dr. J. B. Coleman, suffering from a typical attack of typhus fever. Course, temperature, and exanthem were in all respects characteristic. Tested by the Gruber-Widal method, the blood serum gave a negative reaction. The skin of the forearm, having been thoroughly disinfected, the sterilised needle of a sterile antitoxin syringe was introduced into one of the large cutaneous veins, and about 20 c.cm. of blood readily obtained. The blood was at once distributed amongst a number of tubes of glycerine agar and faintly alkaline peptone broth. In some of the agar tubes the blood was allowed to flow over the oblique surface of the medium and settle at the bottom. Others of the agar tubes had been previously melted, and cooled to 40° C. These, after addition of the blood, were poured out on sterile Petri dishes. All were put away at 37° C. to incubate. On the following and subsequent days they were carefully examined, but no signs of growth appeared on any of them. In the broth tubes the coagulated blood formed an opaque flocculent mass, partly floating in the surrounding liquid, which was perfectly clear and bright. That the media were capable of supporting bacterial life was proved by subsequently inoculating some of the tubes and plates with *staphylococcus aureus* and *B. typhosus*, both of which grew luxuriantly. At the time of the examination—the eighth day of the fever—the patient's temperature was 103°, and her skin abundantly covered with the characteristic "mulberry rash." Crisis ensued on the fourteenth day, and recovery followed.

This negative result, obtained under very favourable circumstances—for example, the amount of hæmoglobin introduced into the media must have rendered them very favourable to the growth of strictly obligate parasites—leads me to the conclusion that micro-organisms capable of growing on our nutrient media are at any rate not always present in the blood of typhus fever; and confirms the reports of Szwajcer and Bujwid,<sup>5</sup> Weinschal,<sup>6</sup> Thoinot and Calmette,<sup>7</sup> and Curtis and Combemale,<sup>8</sup> who found the blood of considerable series of typhus cases absolutely sterile. It would seem probable that our present methods of investigation are not capable of solving the question as to the nature of the *materies morbi* in this disease.

I desire, in conclusion, to express my best thanks to Dr. Coleman for his courtesy in allowing me to examine this case, and for his assistance in obtaining the blood.

[Since writing the above note I have had an opportunity of examining another case, that of a young woman under the care of Dr. Murphy at my own hospital, the Mater Misericordiae, suffering from typical spotted typhus. The blood was aseptically obtained in a Gruber-Widal collecting pipette and inseminated on broth, agar, and obliquely solidified human blood serum. All the media are still (after forty-eight hours at 37° C.) quite free from growth of any kind. In this case also, the serum gave an absolutely negative result by the Gruber-Widal method.]

## REFERENCES.

<sup>1</sup> *Proceedings of the Prague Medical Academy* (in Bohemian). <sup>2</sup> *Deutsch. med. Woch.*, 1892, and *Prach.*, 1894. <sup>3</sup> *Ann. de Micrographie*, 1893. <sup>4</sup> *Semaine Médicale*, 1893. <sup>5</sup> *Gazeta lekarska*, 1892 (in Polish). <sup>6</sup> *Protocol of the Imp. Caucasian Medical Soc.*, 1892 (in Russian). <sup>7</sup> *Ann. de l'Institut Pasteur*, 1892. <sup>8</sup> *Comptes Rendus de la Soc. de Biol.*, 1893.

## MEMORANDA:

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

## TWO CASES OF LARYNGEAL SPASM FATAL IN THE FIRST ATTACK OCCURRING IN THE SAME FAMILY.

THE following cases may be of some general interest from the rarity of a fatal termination to this affection, and also from the strange coincidence of two members of a family being carried off within a couple of days of one another with precisely the same symptoms, both having been perfectly well right up to a few minutes of their death.

One afternoon, in obedience to an urgent call, I went to see a child, living close by, who was said to be suffocating, if not already dead. I arrived at the house within two or three minutes of the receipt of the message, but found the child quite dead, death evidently having occurred only a few minutes before.

The child was a boy, 19 months old, and was one of twins, the other twin having died within a month of its birth. According to the mother's account the child was perfectly well, and had been so for months. Just before his death he

was lying on the bed, and the mother took him up to wash him. The child always had a violent temper, and on this occasion seemed to have a fit of passion, and then suddenly threw his head back and became blue in the face and rigid. He was at once put in a hot bath, but this was of no avail, and he died without uttering a sound.

Two days later we received an urgent summons to the boy's sister, a baby 7 months old, living in the same house, who was said to have just been seized in exactly the same way. My colleague, Dr. Starkie, went immediately, and arrived at the house within two or three minutes, but found the baby dead. In this case also, according to the mother, the baby had been perfectly well since birth, and was lying in her mother's arms at the time of the fatal seizure. Suddenly, without any warning, the baby became rigid and blue in the face, and died without uttering a sound, in exactly the same way as the boy.

In both cases the seizure was accompanied by well-marked "carpo-pedal contractions," the hands being flexed on the wrists and the fingers bent into the hand, and the feet flexed on the legs. There were no general convulsions. In neither case had there been crowing respiration at any time.

Dr. Starkie and I together made a *post-mortem* examination of the bodies. Both bodies were very well nourished, but showed marked signs of rickets, especially in the case of the boy. There was no foreign body or obstruction of any kind in the larynx or trachea of either child. All the organs were perfectly healthy, and we found nothing to account for death. It was clear that death was due to asphyxia from spasm of the glottis. As, in an ordinary non-fatal attack of spasm of the glottis, the crowing noise heard is the sign that the spasm is relaxing and the air entering through the partly closed glottis, one can understand that, in a fatal attack, death may occur without a sound being heard.

Rickets is found in 75 per cent. of the cases of laryngismus stridulus (Frederick Taylor), and evidently was the predisposing cause of the spasm in these two cases, but what the exciting cause was is not so clear.

Sussex Street, S.W.

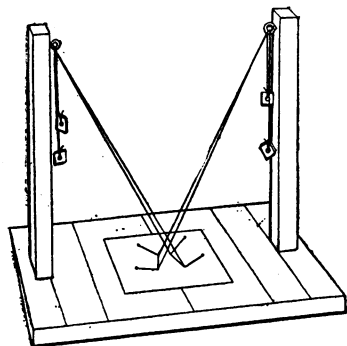
CLEMENT H. HUNTER.

#### ROENTGEN RAYS AND LOCALISATION.

SINCE writing to you on the above subject I have devised an apparatus by which the whole object can be localised—that is, as many points in it as you care to determine.

For subjects about the size of a hand I find the 7 in. square quite sufficient, but for larger subjects the apparatus may be made larger.

A 7 in. square is drawn on a board, and its centre accurately marked; at the ends of a line drawn through the centre, perpendicular to two of the sides, two upright rods are fixed (for convenience of carriage these can be made to take in and out); at a height of 7 in. on each of these pillars a hook or loop is placed.



Take the case of a needle in the hand. A double photograph of the hand and needle is taken with the light alternately right and left. A tracing of this photograph is then taken on the sensitive side, marking distinctly the ends of the needle. This tracing is then placed so that its centre coincides with the centre of the square; pins are then stuck slantingly through the tracing into the board at the ends of the needle. Cross threads are carried from the pins to the loops, and kept

stretched by small weights. Where these threads intersect will show the position of the needle relatively to the sensitive plate which is represented by the tracing.

Ealing.

GEORGE HARRISON.

#### TREATMENT OF HÆMATEMESIS.

IN the BRITISH MEDICAL JOURNAL of February 26th, Mr. Reid records the treatment he successfully pursued in two cases of severe hæmatemesis. Mr. Reid appears to have relied chiefly on the administration of pounded ice and a solution of perchloride of iron.

In 1894 I was summoned to a lady, aged 56, who was vomiting blood profusely. She had been a "martyr to her stomach" for a number of years, and always suffered a good deal of pain when she ate food of a "tough, hard, or doughy" nature. The evidence pointed to an ulcer of the stomach, which had apparently eaten its way into a vessel of considerable size. I prescribed a mixture of ergot and opium, and ordered small quantities of liquid food.

The vomiting continuing, Dr. Mackenzie, Edinburgh (formerly of Tain) met me in consultation. The patient was so exsanguine that in attempting to raise her head from the pillow she was immediately seized by a convulsion. I instantly tied towels round her thighs and arms. As a result of our consultation, we agreed to feed the patient entirely by the rectum, and gave her hypodermic injections of ergotin and morphine every three hours, and an ice-bladder was applied to the epigastrium till vomiting was checked.

In a week she was allowed small quantities of liquid food. She made a good recovery, and is now alive and well.

The chief point in the treatment, in my opinion, is to put nothing into the stomach till dangerous symptoms pass away.

I also regard opium, pushed if necessary, as the most reliable drug in internal hæmorrhages.

Glasgow.

JOHN T. MACLACHLAN, M.D.

#### DISLOCATION OF THE UNGUAL PHALANX.

[Communicated by the DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.]

R. E., a stoker, aged 22, was engaged in coaling ship on September 21st, 1896, and while in a bunker, trimming, some of the coal slipped and his right middle finger became jammed between two lumps. He did not make any complaint at the time, but the following morning presented himself at the sick bay, and the distal phalanx was then found to be dislocated completely backwards. The soft parts were also somewhat bruised and lacerated, but the wounds were quite superficial. The dislocation was easily reduced by making traction upon the terminal phalanx at the same time that the base of the bone was pressed forwards.

Dr. Bays quotes (BRITISH MEDICAL JOURNAL, December 4th, 1897) from the eighth edition of Erichsen's *Surgery*, "I do not think that simple dislocation of the unguis phalanx from the second is possible," but in a later edition (ninth) Erichsen has modified that opinion and says, "complete dislocation of the unguis phalanx, though very rare, is possible."

H.M.S. Pigmy.

F. DAVIDSON LUMLEY,  
Surgeon R.N.

#### ANTERIOR DISLOCATION OF FOOT.

MR. MARTIN'S report on this subject in the BRITISH MEDICAL JOURNAL of December 4th, 1897, recalls to my mind a similar case I was called to in the early part of last year. A boy, aged about 11, had climbed a post and rail fence, and, losing his hold, fell to the ground, one foot having become fixed between the rails. The nature of the accident was at once recognisable, and easily reduced without chloroform by flexing the leg upon the thigh, and then making traction with the heel in the left hand and the anterior part of the foot in the right. Reduction took place with an audible click. The swelling was very slight, and there was no fracture of either malleoli. I am inclined to think that these accidents are not so rare as textbooks would have us believe, for a bystander perceives the injury and makes a little traction, and the dislocation is reduced.

A. TEEVAN, M.R.C.S.Eng., L.R.C.P.Edin.  
Ballarat, Victoria, Australia.

## INDIAN MEDICAL SERVICE.

SURGEON-LIEUTENANT-COLONEL J. MOOREHEAD, M.A., M.D., Bengal Establishment, is permitted to retire from the service from May 25th. His first commission dates from September 30th, 1876; that of Surgeon-Lieutenant-Colonel from September 30th, 1896. He has no war record.

Brigade-Surgeon-Lieutenant-Colonel Sir ALFRED S. LETHBRIDGE, K.C.S.I., M.D., Bengal Establishment, retires from the service from April 1st. He dates as Assistant-Surgeon from September 30th, 1867; as Brigade-Surgeon-Lieutenant-Colonel from April 9th, 1892. He also has no war record.

Surgeon-Captain G. C. HALL, Madras Establishment, who was transferred to the half-pay list, March 12th, 1896, is permitted to retire from the service from March 12th. His first commission dates from September 30th, 1886.

The undermentioned promotions, which have been already announced in the BRITISH MEDICAL JOURNAL, have received the approval of the Queen: Surgeon-Lieutenant-Colonels, Bengal Establishment, to be Brigade-Surgeon-Lieutenant-Colonels, October, 1897; G. C. HALL, J. T. B. BOOKEY, October 24th, 1897; and JAMES YOUNG, October 24th, 1897; Surgeon-Lieutenants to be Surgeon-Captains, dated January 20th: Bengal—CHARLES J. MILNE, ALGERNON F. STEVENS, CLEMENT H. BENSLEY, FRANCIS H. WATLING, ARTHUR GWYHER, EDGAR J. MORGAN, WILLIAM CARR, JOHN A. HAMILTON: Madras—FRANK WALL, CHARLES M. MATHEW; Bombay—SAMUEL EVANS, JAMES H. McDONALD.

## THE NORTH-WEST FRONTIER RISING IN INDIA.

THE despatch of Sir William Lockhart describing the operations of the Tirah Expeditionary Force under his command has been published. All ranks, officers and men alike, have, says Sir William, "been subjected to great hardship, harassed at night by assaults at close quarters or by distant rifle fire, and engaged in long and trying rearguard actions. Their duties on picket and in guarding foraging parties have been specially onerous. Hardly a day or night has passed without casualties, and whether we advanced or retired, every soldier had to be constantly on the alert against enemies who made no stand in the open, but were unrivalled as skirmishers and marksmen." Then comes a reference to the natural advantages which favoured the tribesmen and imposed on the troops the necessity for individual initiative, unremitting watchfulness and personal activity; and the remarks are fittingly closed in the following words:—"I am glad to say that the troops responded nobly to the call made upon them. Cheerful and soldierlike under exceptionally trying conditions officers and men upheld to the utmost the traditions of their corps and the honour of Her Majesty's army."

Amongst those selected for special mention are the following: Surgeon-Major-General A. A. Gore, M.D., Principal Medical Officer of Her Majesty's Forces in India; Surgeon-Major-General G. Thomson, M.B., C.B., Principal Medical Officer to the force, and his Secretary, Surgeon-Major W. A. Morris. The following are mentioned as having come under Sir William's personal observation: Surgeon-Captain J. C. Morgan, Staff-Surgeon; Surgeon-Colonel E. Townsend, Principal Medical Officer First Division; Surgeon-Colonel G. M. B. Davis, M.B., D.S.O., Principal Medical Officer Second Division; Surgeon-Majors H. R. Whitehead, W. C. Beevor, M.B., J. J. Gerrard, M.B., and J. Shearer, M.B., of the Second Division; Surgeon-Colonel W. E. Saunders, Principal Medical Officer on the Line of Communications.

The following are mentioned by the several Divisional Generals: Brigade-Surgeon-Lieutenant-Colonels C. H. Swayne and J. Ring, M.D., Surgeon-Majors H. B. Briggs, M.B., and T. M. Corker, M.D.; Surgeon-Lieutenant-Colonel G. D. Bourke, Surgeon-Major T. Grainger, M.D., Surgeon-Captain C. H. Burtchall, M.B., and Surgeon-Captain W. Selby, of the Fourth Brigade; Surgeon-Lieutenant-Colonel H. Hamilton, M.D., and Surgeon-Major S. F. Bigger, M.B., on the Line of Communications; Brigade-Surgeon-Lieutenant-Colonel W. R. Murphy, D.S.O., and Surgeon-Major C. F. Willis, M.D., of the Kurram Movable Column.

## THE RANK OF SURGEON-MAJOR-GENERAL.

A CORRESPONDENT writes: It is difficult to understand upon what grounds, other than jealousy, the rank of surgeon-major-general is objected to. It is to be hoped Lord Lansdowne will be firm, and insist upon the medical having a full footing of equality with other branches of the service.

DEPUTY-INSPECTOR-GENERAL LENNARD LUCAS, R.N., who met his death on March 25th by a fall from a sleeping saloon of the London and North-Western Railway, entered the naval medical service on September 22nd, 1857. He served against the Ashantis in 1873, and received the medal, and was Staff-Surgeon of the Tamar during the war against the Zulus in 1877-79. He received also the medal for this campaign, and retired in 1881, with the rank of Honorary Deputy-Inspector-General of Hospitals and Fleets.

## MEDICO-LEGAL.

## CHARGE OF COMMITTING AN ILLEGAL OPERATION.

WE learn from a report published in the *Times* of March 30th that on the previous day at Westminster, on a warrant granted by Mr. Marsham, and executed by Chief Inspector Moore, of Scotland Yard, William Maunsell Collins, M.D., Master of Surgery, etc., at one time holding a commission in the Horse Guards Blue, now unregistered as a medical practitioner, was placed in the dock charged with committing an unlawful operation on Emily Edith Uzielli, a married woman, who died from peritonitis at her husband's residence, Buckingham Gate, on March 25th. Mr. and Mrs. Uzielli went to reside at Buckingham Gate, a house taken for the season on March 12th, and about this time Mrs. Uzielli had occasion to believe that she was *enchantée*. She complained to her husband of feeling unwell, and subsequently called the accused to attend her, which he did for several days. The lady died on March 25th. A *post mortem* examination was made by Mr. Bond, surgeon to Westminster Hospital, who had

arrived at the opinion that there had been an operation with an instrument for an unlawful purpose. In reply to Mr. Arthur Newton, who appeared for the accused, Chief Inspector Moore, who had made the above statement, said that he did not understand that it was the defendant who had suggested to Mr. Uzielli the desirability of calling in a second doctor. The husband, immediately his suspicions were aroused, insisted on doing so, and the defendant acquiesced. Mr. Newton said that there was no concealment from beginning to end; the accused had sent for an independent nurse, and when the lady was in a serious condition told the husband what was the matter, and suggested that another doctor should be called in. When the lady died, and before the *post-mortem* examination, the second doctor called in accused the defendant of having done something illegal. Though the charge was made and the certificate of death refused, Dr. Collins made no attempt to go away, but at once wrote a letter saying that he was most anxious to give information. Mr. Newton said the arrest was a harsh proceeding, and expressed the hope that the accused would not be kept in prison during a long inquiry. The magistrate refused bail, and remanded the prisoner for a week, certifying for the legal aid of the Public Prosecutor.

## VACCINATION INQUIRY AT BATTERSEA.

AT Battersea Mr. Braxton Hicks has held a protracted inquiry into the death of three children who were alleged to have died from the effects of vaccination. In lucidly and exhaustively summing up the evidence, Mr. Braxton Hicks, the coroner, said he thought that the lancet should be held in the flame of a spirit lamp after each operation, and that the public vaccinator had acted wrongly in placing the lymph on his thumb-nail. The jury found that the children had died from erysipelas; that neither they nor the vaccinator had been properly examined before the operation; and that the lancet had not been properly cleansed. They recommended that Parliament should be urged to pass the Vaccination Bill. They condemned as absolutely unjustifiable attacks that had been made on the coroner by opponents of vaccination. The public vaccinator was deeply affected. He stated that he had been thirty years in practice and had always tried to do his duty, and that these were the first mishaps he had had.

## THE M.D.BRUX.: A SIMPLE SOLUTION.

L.R.C.P.E. writes: On page 863 of the BRITISH MEDICAL JOURNAL you state, in answer to Dr. Greenwood's protest, that you were advised by counsel that a duly registered and qualified practitioner would be liable to a penalty under Section XL of the Medical Act, 1858, if he placed a foreign unregistrable degree after his name without any indication of its origin. Section XL of the Medical Act, 1858, says: "Any person who shall wilfully and falsely pretend to be, or take or use the name or title of a physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, surgeon, general practitioner or apothecary; or any name, title, addition, or description implying that he is registered under this Act, or that he is by law recognised as a physician or surgeon, or licentiate in medicine and surgery, or a practitioner in medicine, or an apothecary, shall, upon summary conviction for any such offence pay a sum not exceeding twenty pounds."

(a) I am registered under the Medical Act, 1858, although I was not born till long after.

(b) I am by law recognised as a physician and surgeon.

(c) A licentiate in medicine and surgery; (d) and a practitioner in medicine, therefore, according to your answer to Dr. Greenwood's protest, if I obtained the M.D.Brux. to-morrow, and if I placed M.D. alone after my name, I imply that I am registered under the Medical Act. Dr. Greenwood can settle this question once for all by getting a registered medical practitioner who has obtained the M.D.Brux. within the last ten years to put M.D. on his door plate, and if he is fined £20, which I doubt, I will contribute my mite.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF EDINBURGH.

FIRST PROFESSIONAL EXAMINATION.—The following candidates have passed in the subject of Botany for this examination:

W. Alston, A. W. Atkinson, Nuing Ba, Nina H. Beath, M. N. Rose, R. D. Brown, D. G. Carmichael, P. Ba. Cremona, C. W. C. Crooke, W. J. Crow, N. M. Cuthbertson, W. H. Elder, S. Garvin, E. C. Grimson, W. Goodchild, A. Grant, H. W. Gush, P. J. Hay, J. H. Jones, J. N. Karma, P. G. McCaughey, R. J. McClelland, F. D. S. Mackenzie, R. Morrison, R. S. Munro, E. G. O. Nixon, J. L. Palmer, H. St. J. Randall, A. Rose, F. E. Ross, F. L. Rigby, W. A. Robinson, J. M. Taylor, E. Wells, H. Whittaker, and D. Young.

## UNIVERSITY OF GLASGOW.

THE following have passed the First Professional Examination for the degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated (B. Botany; Z., Zoology; P., Physics; C., Chemistry):

W. K. Anderson (Z., C.), W. Armitage (C.), T. Ballantyne (C.), A. G. Banks (Z., C.), A. Baxter (B., P.), A. F. Bell (Z., C.), W. R. Blackwood (Z.), G. T. Bogle (C.), T. F. Bowie (B., Z.), R. Bruce (Z., P.), R. Bryson (B., Z., P., C.), E. C. Burnett (B., C.), J. M. H. Caldwell (B.), A. Campbell (Z., P.), J. J. Y. Campbell (B., P., C.), R. D. Campbell (C.), D. L. Carmichael (B., P.), E. S. Chapman (C.), W. B. Chapman (Z., C.), G. H. Clark (C.), S. C. Cowan (Z., C.), J. S. Dale (B., C.), D. W. Davidson (B., P.), A. Dick (Z., C.), M. I. Dick (B., Z.), H. M. M. Donaldson (B., Z.), W. Dow (Z., P.), W. Elder (B.), G. Ferguson (B., C.), J. Ferguson (Z., P.), W. W. George (B.), J. P. Gilmour (Z., C.), J. M. Gordon (Z., P.), J. Guthrie (Z., C.), J. A. Hagerty (R., C.), D. Haig (B., Z.), S. H. Harris (Z., C.), R. D. Hodge (Z., C.), J. M. Huey (Z., C.), J. B. D. Hunter (Z., C.), M. Hunter (B., P.), W. J. Isbister (C.), G. R. Jeffrey (Z., C.), W. F. Kay (Z.), A. D. Kennedy (Z.), A. M. Kerr (Z., C.), D. R. Kilpatrick (B., Z.), A. King (C.), J. Lambie (C.), A. Leggat (Z., C.),

S. E. Lewis (B. Z. P.), W. J. Logie (Z. P.), T. W. Love (C.), T. Lovett (P. C.), R. H. Manson (B. Z.), R. Menzies (Z. C.), A. J. Mitchell (C.), A. D. Mitchell (B. P. C.), S. J. Moore (B. P.), C. Macdonald (P.), A. A. Macfarlane (Z. C.), A. Macintyre (Z. C.), A. Maclean (B. Z.), H. A. McLean (C.), J. Maclean (B.), A. M'G. M'Millan (B. Z.), G. W. M'Millan (B. Z. P.), D. H. Macphail (Z. C.), A. A. M'Whan (Z.), J. S. Nicolson (Z. C.), J. D. Nisbet (B.), R. Orr (B. P.), J. Paton (B.), A. M. M. Pollock (B. Z. C.), J. N. Prentice (C.), T. Rankine (Z.), A. R. Reid (C.), N. Reid (Z. C.), J. W. Renton (P. C.), T. R. Rodger (P. C.), N. C. Rogers (P. C.), E. H. Ross (P. C.), J. Russell (Z.), J. Samson (Z. C.), D. Sandler (Z.), R. C. J. Schlomka (Z. C.), F. D. Scott (B. P.), M. B. G. Sinnette (P.), R. C. Smith (B. C.), D. Steel (C.), J. Stewart (Z. C.), J. Stewart, M.A. (Z.), J. B. Stewart (Z. C.), J. A. Thom (Z. C.), W. W. Turner (Z. C.), K. Wallace (Z. C.), T. I. Wallace (Z. C.), A. B. Watt (B. P.), P. M. Waugh (P. C.), J. F. Weston (P.), A. S. Wilson (B. C.), D. A. Wilson (B.), J. Wilson (B. C.), J. Wyper (C.), W. Young (Z. C.).

*Women.*—J. Campbell (P. C.), M. Edgar (P. C.), J. B. Higgins (B. Z.), E. MacL. Lochhead (P. C.), A. Moorhouse (P. C.), E. A. E. M'Cosk (P. C.), E. J. M. Pryce (P.), M. H. Scott (P. C.), E. M. Waddock (B. Z. P.), E. C. Wallace (P. C.).

The following have passed the Second Professional Examination for the degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated (A., Anatomy; P., Physiology; M., *Materia Medica* and Therapeutics):

G. Arthur (A. P.), G. Barbour (A.), J. C. Barclay (A. P.), T. T. Broughton (A. P.), A. Binning (A. P.), H. E. Brown (A. P.), W. H. Brown (A. P.), J. D. Brownlie (A. P.), W. A. Burns (P.), T. Carruthers, M.A. (M.), E. P. Cathcart (A. P.), J. T. Clark (A. P.), R. Clark (A. P.), D. M. Cowan (M.), G. M. Crawford (M.), C. C. Cuthbert, M.A. (A. P.), A. W. W. Davidson (M.), J. Davidson, M.A. (A. P.), J. A. Dickie (A. M.), F. L. Dickson (P.), J. P. Duncan (A. P.), L. Findlay (A. P.), C. MacG. Finlay (M.), D. J. Fletcher (M.), J. Forrest (A. P.), A. Fraser, M.A. (A. P.), M. W. Fraser (A.), G. Gardner (M.), J. Gardner (M.), G. Garrey (A.), J. Gemmell (M.), E. Gillespie (A. P.), H. Goodman, M.A. (P.), J. Gracie (A.), J. M. Henry (A. P.), I. M. Huey (A. P.), T. H. Jack (A. P.), P. Jones (M.), J. Kennedy (P.), N. M. Leys (A.), J. D. Lickley (A. P.), D. M'F. Livingston (A. P.), A. Logan (A. P.), D. D. Logan (M.), R. Lunan (P.), J. Mains (A. P.), A. Mair (A. P.), R. MacN. Marshall (A. P.), A. Martin, M.A. (A. P.), W. A. Mills (P.), E. Mitchell, M.A. (M.), A. R. Moir (M.), P. Moir (A. P.), D. Morrison (M.), J. W. M'Dougall (M.), A. G. M'Kendrick (M.), G. S. M'Kinnon (P.), J. Mackinnon (A. P.), G. T. Maclean, M.A. (P.), M. W. J. Macleure (M.), A. R. MacLurkin (M.), B. M'Phee (M.), T. Neill (M.), D. S. Paterson (A. P.), R. Paterson (A. P.), T. S. Picken (M.), W. B. I. Pollock (A. P.), P. M. Reid (A.), K. Rennie (P.), M. J. D. Richmond (A. P.), D. Russell (A. P.), D. Shannon (A.), E. W. Sharp (A. P.), J. S. Smith (A. P.), W. S. Stalker (A.), A. Stewart (P.), F. R. Stewart, M.A. (P.), R. Taylor (M.), R. B. Thom (M.), J. S. Townley (M.), J. C. Turnbull (A. P.), A. E. Wainwright (A. P.), G. H. Wildish (M.), M. W. Williams (P.), A. Wilson (M.), T. W. Wilson (A. P.), W. W. W. Wilson (P.), H. P. Wright (A.), J. Young (A. P.).

*Women.*—G. J. Campbell (A. P.), L. T. Fraser (A. P.), M. H. Gordon (M.), L. S. Greig (A. P.), M. F. Liston (A. P.), M. J. F. Marshall (A. P.), K. M. Myhre (M.), M. M. Ritchie (A. P.), M. A. T. Ritchings (M.), C. C. W. Smith (A. P.), M. Talbot (A. P.), E. M. S. Walker (M.).

The following have passed the Third Professional Examination for the degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subject or subjects indicated (P., Pathology; M., Medical Jurisprudence and Public Health):

J. N. Baxter (P. M.), J. F. Bennett (P.), W. Broad (P. M.), T. B. Calland, (M.), A. H. Cassells (P. M.), J. R. Chalmers (P.), W. Crerar (P.), J. Cullen (P. M.), C. G. Cumming (P. M.), J. L. Davie (P. M.), D. C. Douglas (P.), J. Drummond (P.), B. Dunlop (P. M.), H. C. Ferguson, (P.), W. Gibson (P.), J. G. Green (P.), T. Inglis (P. M.), A. Kerr (P.), A. S. Lang, (M.), J. W. Leitch, M.A. (M.), R. Millar (P.), H. Miller (P.), E. W. Milne (P.), J. H. Macdonald (P.), P. M'Fadyen (P.), J. M'G. Christ (P.), C. F. Maclean (P.), N. F. Macleod (P.), J. M'William (P. M.), J. Patton (P. M.), J. Reid, Lanark (P. M.), W. A. Riddell (P.), A. Robin (P.), J. Scott, M.A. (P.), D. J. Smith (P.), J. J. Smith (P. M.), W. H. Steel, B.A. (M.), P. A. Steven (P.), F. Stevenson (M.), A. G. Stewart (P.), C. F. Thomson (P.), W. B. Thomson (P.), A. Vost (P. M.), A. L. Watson, M.A. (P.), A. S. Wells, M.A. (P.), R. O. Whyte, M.A. (P.), W. Wright (P.), J. D. Young (P. M.).

*Women.*—J. D. Granger (P. M.), J. Grant (P. M.), M. Hardie (P.), J. S. B. Hunter (P. M.), M. Longmire (P. M.), I. L. M'Neill (P. M.), J. E. Frowse (M.), S. M. Robertson (P. M.), C. L. Smith (P. M.), G. F. Taylor (P. M.), S. Whiteford (M.), G. L. Young (P. M.).

#### UNIVERSITY OF ABERDEEN.

DEGREE OF M.B. (C.M. (OLD REGULATIONS)).—The following candidates have satisfied the examiners:

J. S. Purdie. R. S. Trotter, W. Cartwright, E. St. Clair Henriques, W. Cromer, W. K. Glover.

Mr. Henriques has passed both Second and Third Professional Examinations.

DEGREE OF M.B., CH.B. (NEW REGULATIONS).—The following have satisfied the examiners:

A. W. C. Young, G. Mowat, J. Mackay, W. Tuach, C. C. Storach, E. B. Wilson, D. Stewright, T. F. Ritchie, J. M. Cowie, E. A. Thomson, A. Urquhart, G. F. Petrie, J. M. Petrie, D. R. Moir, J. E. Esslemont, D. J. Kelly, W. S. Clarke.

#### UNIVERSITY OF VICTORIA.

FACULTY OF MEDICINE: FINAL EXAMINATION.—The following candidates have satisfied the examiners:

Part I.—J. W. Aldred, Owens; F. H. Allen, Owens; G. Carter, Yorks.; W. Cunliffe, Owens; C. A. Dixon, Yorks.; H. Dunk, Yorks.; J. T. Grierson, Univ.; I. W. Hall, Owens; W. S. Henderson, Univ.; J. E. McFall, Univ.; R. A. Needham, Owens; W. F. Oyston, Yorks.;

J. A. Reed, Yorks.; C. R. Schofield, Owens; W. A. Stott, Yorks.; W. H. Tattersall, Owens; W. Thompson, Owens.

Part II.—W. Bradley, Owens; W. J. S. Bythell, Owens; H. J. Crompton, Owens; H. Davies, Owens; \*R. Kelsall, Owens; H. A. Mawdsley, Univ.; W. T. Melling, Owens; J. Milne, Owens; S. C. Moore, Univ.; \*D. S. Wylie, Owens.

\* First class honours. † Second class honours.

FACULTY OF MEDICINE: SECOND EXAMINATION.—The following candidates have satisfied the examiners:

A.—*Anatomy and Physiology.*—G. Ainsworth, Owens; A. Anderson, Owens; E. W. Auderton, Yorks.; J. T. Bailey, Owens; A. D. Beckett, Owens; P. Benington, Univ.; A. T. Blease, Owens; J. E. Bolton, Yorks.; H. Brown, Yorks.; F. I. Caddow, Univ.; A. C. Clarke, Owens; R. Cook, Univ.; E. R. Cooper, Owens; J. L. Dimond, Univ.; T. H. B. Dobson, Owens; W. F. Ellis, Yorks.; D. J. Ferris, Owens; M. Gamble, Owens; J. P. Good, Owens; R. Gordon, Owens; F. G. Hack, Owens; C. R. Hall, Owens; F. W. Harrowell, Yorks.; A. R. Jackson, Univ.; L. C. Johnson, Univ.; R. E. Kelly, Univ.; R. Lawrence, Owens; C. H. Lee, Owens; J. McIlraith, Owens; J. C. Mann, Univ.; A. F. Martin, Yorks.; P. A. H. Radcliffe, Yorks.; H. W. Russell, Owens; J. H. Sutcliffe, Yorks.; T. Tierney, Owens; C. R. Willans, Yorks.; T. B. Williams, Owens; W. J. Woodyatt, Owens; W. A. B. Young, Owens.

† University Scholar in Medicine.

B.—*Materia Medica and Pharmacy.*—J. L. Beddoes, Univ.; W. H. Broad, Univ.; P. I. Caddow, Univ.; B. H. Hirst, Yorks.; A. S. Hopper, Univ.; W. C. Johnson, Owens; R. S. Nichol, Owens; C. A. Ricketts, Owens; N. M. Rodgers, Owens; C. W. S. Saberton, Owens; E. Swales, Univ.; G. Taylor, Owens; R. N. West, Owens; H. M. Williamson, Owens; P. G. Williamson, Owens.

## PUBLIC HEALTH

AND

### POOR-LAW MEDICAL SERVICES.

#### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 5,974 births and 4,342 deaths were registered during the week ending Saturday last, March 26th. The annual rate of mortality in these towns, which had increased from 20.7 to 21.8 per 1,000 in the three preceding weeks, declined to 20.2 last week. The rates in the several towns ranged from 12.9 in Derby, 14.5 in Blackburn, 15.5 in Croydon, and 15.9 in Norwich to 25.0 in Oldham, 25.1 in Preston, 25.4 in Bradford, and 31.2 in Swansea. In the thirty-two provincial towns the mean death-rate was 20.3 per 1,000, and was slightly above the rate recorded in London, which was 20.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.6 per 1,000; in London the death-rate was equal to 3.3 per 1,000, while it averaged 2.1 in the thirty-two provincial towns, among which the highest zymotic rates were 3.1 in Bradford, 4.0 in Leicester, 4.8 in Bristol, and 5.3 in Oldham. Measles caused a death-rate of 2.0 in Swansea, 2.2 in Halifax, 2.8 in Oldham, 3.8 in Bristol, and 4.0 in Leicester; whooping-cough of 1.0 in Leeds, 1.1 in Oldham and in Hull, and 1.5 in Gateshead; and "fever" of 1.1 in Oldham. The mortality from scarlet fever showed no marked excess in any of the large towns. The 82 deaths from diphtheria in the thirty-three towns included 53 in London, 5 in West Ham, 5 in Cardiff, and 3 in Birkenhead. One fatal case of small-pox was registered in Leeds and 1 in Sunderland, but not one in London or in any other of the thirty-three large towns; and 1 small-pox patient was under treatment in the Metropolitan Asylums Hospitals on Saturday last, March 26th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 3,818 to 2,419 in the seventeen preceding weeks, had further fallen to 2,371 on Saturday last, March 26th; 189 new cases were admitted during the week, against 175, 197, and 255 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, March 26th, 1,033 births and 692 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had 25.0 and 24.1 per 1,000 in the two preceding weeks, further declined to 22.9 last week, but exceeded by 2.9 per 1,000 the mean death-rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 15.3 in Greenock and 17.8 in Aberdeen to 23.4 in Edinburgh and 25.1 in Glasgow. The zymotic death-rate in these towns averaged 2.4 per 1,000, the highest rates being recorded in Perth and Glasgow. The 349 deaths registered in Glasgow included 21 from measles, 19 from whooping-cough, 2 from "fever," and 2 from scarlet fever. Three fatal cases of scarlet fever and 2 of diphtheria were recorded in Edinburgh.

#### DIPHtheria IN LONDON.

THE mortality from diphtheria in London showed a marked further increase last week. The fatal cases of this disease, which had been 33 and 36 in the two preceding weeks, further rose to 53 during the week ending Saturday last, March 26th; this number was higher than in any previous week during this year, and was 17 above the corrected average. Of these 53 fatal cases, 7 were of persons belonging to Hackney, 5 to St. Pancras, 5 to Battersea, and 4 to Bethnal Green sanitary areas. The notifications of diphtheria in London, which had been 215, 185, and 231 in the three preceding weeks, were 226 during the week ending Saturday last, March 26th. Compared with the previous week there was an increase in the prevalence of the disease in North and Central London, while in West, East, and South London there was a decline. Among the sanitary areas of West London, there was a slight further increase in the number of new cases notified in Fulham; but in Kensington and in Paddington, there was a marked decline in the number of new cases.

of vaccination is mainly defrayed by municipalities and local funds in Lower Burma; but in Upper Burma Government provides most of the money. Inspection is pronounced insufficient and unsatisfactory by the administration, and various shortcomings are pointed out in the amount and character of the work. A diagram is given showing the proportion of population protected in the several districts during the seven years ending 1896-97, and the mortality from small-pox in 1897. No definite conclusion can be drawn from such a comparison, but it is shown that for the whole province, while the vaccination-rate has increased, the small-pox-rate has declined.

**THE SANITARY ADMINISTRATION OF BURMAH.**—The report for 1896 has been prepared by Surgeon-Colonel D. Sinclair, M.B. The province is still very backward in sanitary matters and the registration of vital statistics very imperfect; in Upper Burma it is limited to a few towns. The figures collected in 1896 give a birth-rate of 32.27 and a death-rate of 23.63 per 1,000. Great variations are manifest in comparing different areas, and, apart from doubtful returns, free immigration still further detracts from the accuracy of the ratios. Cholera was severe in some districts of Lower Burma, and, curiously, caused a higher mortality in rural than urban circles. Small-pox caused considerable mortality, and, as usual, was most fatal among infants and children. Fevers accounted for very nearly one-half of the total deaths, and bowel complaints were rife and fatal. The dry months (February, March, and April) are the healthiest in Burma, and the wet (July, August, and September) the least healthy. The urban and rural authorities spent about 35 per cent. of their income on sanitary work, but, except in the large municipalities, it has been of a primitive kind, no important schemes of water supply or drainage having been carried out. It is hoped that the appointment of a sanitary engineer, which was to take place in November, 1897, will expedite such measures. Meantime surveys were being made in anticipation.

**SANITARY ADMINISTRATION OF MADRAS.**—The Sanitary Board in this Presidency has been reconstituted, and is composed of the chief engineer to the Government (who is president), the surgeon general, and a member of the Civil Service. The sanitary commissioner and sanitary engineer work under the Board in concert or separately according to circumstances, and on certain subjects continue to communicate directly with Government. The Sanitary Report for 1896 contains reports submitted by all these authorities and a review of the whole by the Government. The year was on the whole a healthy one. There was a deficient rainfall in some districts, and the prices of food stuffs rose in consequence of exportation to the famine tracts. The birth-rate of the year was 26.7 and death-rate 20.6 per 1,000 of estimated population. Registration is still imperfect in many parts, but arrangements are being made for its improvement. Cholera prevailed throughout the Presidency, in some places rather severely, and small-pox was also bad in some districts. In the year 1896 the amount of fever was moderate, and bowel complaints were about the average. Sanitary works are being executed in several towns, and the sanitary condition of villages is under close attention. "Village sanitary inspection books," which are to constitute a permanent record of their sanitary state, have been started. "The scheme for replacing the unqualified sanitary inspectors of municipal towns by certified and trained officers was also brought into force."

**MEDICAL INSTITUTIONS OF THE CITY OF BOMBAY.**—The report for 1896 is written by Brigade-Surgeon-Lieutenant-Colonel G. W. R. Hay, M.D., Acting-Surgeon-General. The number of institutions, namely, eleven, underwent no change, and 16,233 indoor and 85,148 outdoor patients were treated, the mortality among the former being 10.6 per cent. The attendance was somewhat smaller than in the preceding year, owing to the exodus of inhabitants and the panic caused by the plague. The number of deaths in the city attributed to this cause, from September 22nd to the close of the year was 1,803; but as the excess of deaths from all causes during this period was 6,153, it is thought that most of it was due to plague, though registered under other names. Of the number treated, 56.9 per cent. were men, 24.5 women, and 18.6 children. Two of the hospitals are restricted to the two latter classes. In the Leper Asylum 300 patients were under treatment throughout the year, the deaths amounting to 19.2 per cent. "The thyroid-gland treatment was extensively tried, but without any benefit to the patients." Surgical, general, and obstetrical operations to the number of 40,704 were performed. Many of them were of course of a trivial description. Government contributed 71.6 per cent. of the expenditure. Rs. 29,602 were received from paying patients for diet. The whole of this was recovered in the St. George's Hospital, the patients in the remaining institutions being too poor to pay for either diet or treatment.

**VACCINATION IN THE NORTH-WESTERN PROVINCES AND OUDH.**—The results for the year 1896-97 were good, showing a substantial advance on the preceding year, notwithstanding that the famine interfered greatly with vaccine work. More children were found to be unfit for vaccination, and the vaccinators were employed largely on famine and plague duty. The successful vaccinations bore a ratio of 28.87 per 1,000 to the population of the province. In municipalities the ratio was 38.55, and that of the preceding five years for the whole province 23.92. These figures fall considerably short of the birth-rate, and the successful vaccination of infants under 1 year constitutes only 35 per cent. of the year's births. The ratio of success, number vaccinated by each vaccinator, and cost of each successful case are satisfactory, and vaccination in these provinces is undoubtedly progressive. Small-pox, which has since the year 1892 been inconceivable and diminishing, prevailed extensively in 1896, the mortality amounting to 9.1 per 10,000 of population. The best protected districts show on the whole smaller rates and *vice versa*, but the rule is by no means universal. The Sanitary Commissioner, Surgeon-Major S. J. Thomson, who submits the report, remarks that the disease did not particularly affect the districts in which scarcity was most prevalent.

**THE PUNJAB NURSING ASSOCIATION.**—This institution will commence work on April 15th. The home for the nurses will be located at Kussowlie (a hill sanitarium). Miss Macpherson (well known in the Punjab) has accepted the post of Lady Superintendent, and will receive all applications for the services of nurses.

**SANITATION AT BARRACKPORE.**—Malaria being largely on the increase at this station, not far from Calcutta, an extensive drainage scheme is now being carried out. Several of the existing tanks are being filled up, and every effort is being made to improve the subsoil of the station.

## MEDICAL NEWS.

MR. EDWARD THEW TURNBULL, of Roos, Yorkshire, has been awarded for the fourth time in succession the Government grant for efficient vaccination.

PROFESSOR W. J. SIMPSON will read a paper dealing with Observations on the Rinderpest of Calcutta at the meeting of the Epidemiological Society on April 15th.

**THE ROYAL INSTITUTION.**—The Friday evening meetings of the Royal Institution will be resumed after Easter on April 22nd, when the Astronomer Royal, Mr. W. H. M. Christie, will give an address on the recent eclipse.

**ACADEMY OF MEDICINE IN TORONTO.**—The *Canadian Journal of Medicine and Surgery* for March announces that the various medical societies of Toronto are likely to be amalgamated into an Academy of Medicine.

Good eyesight is not decreasing among Germans in the army. On the contrary, according to statistics furnished by Surgeon-General Seggel, the proportion of recruits endowed with more than the normal power of vision is now 92 per cent., whereas in 1873 it was not more than 56.

WE are asked to state that the Hospital Reform Association propose to hold a meeting at Edinburgh, during the week in which the British Medical Association meets there, in order to discuss the hospital system in Scotland and dispensaries both provident and free. Those who may be disposed to take part in the proposed meeting should communicate with Dr. T. Garrett Horder, 10, Windsor Place, Cardiff.

THE annual mess of the Volunteer Medical Staff will take place at Limmer's Hotel, Hanover Square, W., on Wednesday, May 4th, when Sir Joseph Fayrer, Bart., K.C.S.I., M.D., F.R.S., Hon. Surgeon to the Queen, will preside. Volunteer medical officers wishing to be present should communicate with Surgeon-Captain Rory Fletcher, Croome, Streatham Park, S.W., the Honorary Secretary.

**TYPHUS FEVER IN LONDON.**—The notification returns issued by the Metropolitan Asylums Board show that 5 cases of typhus fever were certified from Western Dwellings, North Kensington, on March 21st and 22nd; 2 of the cases had been under treatment since March 14th and 16th respectively. The ages of the patients varied from 18 to 24 years, with the exception of one, which occurred in a child aged 2.

THE will of Mr. Ernest Hart has been proved, and shows personal estate of the gross value of £15,966, and of the net value of £12,114. The executors of the will are his widow, Mr. Stephen Hyam, solicitor, and Sir Ernest Clarke. Mr. Hart bequeathed to the trustees of the British Museum the signet ring of Anemophet, King of Thebes, and he appointed the trust fund of the settlement made on his first marriage to his sisters. After a few legacies to his relatives and servants he left his residuary estate to Mrs. Hart.

**THE INTERNATIONAL HYGIENIC CONGRESS AT MADRID.**—We are requested to state that Messrs. T. Cook and Son, Ludgate Circus, have made arrangements with the French railway companies by which they can issue first-class tickets to Irun and back *via* Calais and Paris for £6 15s. each. The "identification cards" required to obtain the reduction on the Spanish railways can be procured by members from the Honorary Treasurer, Professor Corfield, 19, Savile Row, from whom all information with regard to tickets, etc., can be obtained.

**THE MEDICAL PROFESSION IN GERMANY.**—During the academic year 1896-97 the number of persons admitted to the medical profession in Germany was 1,284, showing a slight decrease as compared with 1895-96, when the number was 1,374, and with 1894-95, when it was 1,357. The largest number of admissions on record was in 1890-91, when the output of new doctors in the Fatherland was 1,570. Taking the States forming the German Empire severally, the number of new admissions during the last year was in Prussia 556, in Bavaria 388, in Saxony 115, in Baden 88, in Alsace-Lorraine 43, in the Thuringian States 28, in Württemberg 19, and in Hesse 16.



**ANTIVIVISECTION IN INDIA.**—The Committee of the Indian Antivivisection Society has addressed a circular letter to the Native Princes of India asking them to desist from giving their patronage and support to the Indian Princes' Victoria Health Institution on the ground that they should not support an institute where animal life may be tortured and sacrificed with the best intentions imaginable.

**MALE NURSES.**—We are informed that the fourth year of working of the Male Nurses (Temperance) Co-operation, 10, Thayer Street, Manchester Square, W., has been most successful. The average earnings, after paying all expenses, of each man have been at the rate of £102 3s. This result, we are informed, has been attained by making moderate charges, and by careful management in maintaining an adequate but not too large staff. The staff has been considerably increased during the year. A sick fund was established at the beginning of the year, but has been drawn upon only to the extent of 8½d. a member.

**OLDHAM VIGILANCE COMMITTEE AND MEDICAL REFORM.**—At a special meeting of the medical profession of Oldham and the neighbourhood convened by this Committee on March 22nd, under the chairmanship of Dr. James Corns, an address on medical reform was given by Mr. R. B. Anderson, and a resolution was adopted pledging the meeting to support the course taken by the Corporate and Medical Reform Committee. The Chairman gave a short account of the work done by the Vigilance Committee, including a resolution accepted by all the practitioners in and around Oldham pledging them not to accept office in any medical aid society. He believed that by this means the profession of Oldham had been saved trouble and loss.

**THE MEDICAL SERVICE OF THE UNITED STATES NAVY.**—The United States Navy is suffering from a dearth of candidates for its medical service to an extent relatively almost as great as our own army, and from a like cause. The Surgeon-General has therefore recommended that authority be granted immediately for enlisting acting assistant surgeons for ships to be placed in service and on auxiliary cruisers that may be impressed by the Government. There are already eighteen vacancies in the lower grade of the medical corps, and in the event of war the medical department would be seriously crippled. Even now there are not sufficient medical officers of the lower grades to meet the requirements of the navy, and the Surgeon-General recommends that the obnoxious regulations which have rendered the service so unpopular be removed, and at the same time that he be authorised to enlist any number of acting assistant surgeons deemed necessary.

**PROPOSED INCREASE OF DIRECT REPRESENTATIVES.**—The President and other members of the Corporate and Medical Reform Committee have addressed a letter to the direct representatives on the General Medical Council for England, Scotland, and Ireland respectively, requesting them to take steps to procure that the General Medical Council at its approaching meeting should consider a petition setting forth the expediency of conferring on the registered practitioners of England, Scotland, and Ireland respectively the power of returning an additional member to the Council. The letter also requests the representatives to adopt an attitude of uncompromising opposition to the registration of midwives, which, it is stated, by "creating an imaginary and non-existent boundary line between natural and other cases, removes from timely medical attendance a great number of cases in which it is essential to the health and lives of the people, and is a retrogression from the progress of civilisation, and would be a blot upon civil government." The letter further requests the direct representatives "to meet the demand for an alternative by the sound policy of enforcing and strengthening existing laws against fraud, injury, and manslaughter by ignorant and incompetent practitioners of every class, including midwives."

**FIRE AT DUNDEE ROYAL INFIRMARY.**—On March 25th a somewhat alarming outbreak of fire occurred in the roof over one of the female medical wards. The alarm was given from outside, and Dr. Fraser, the Medical Superintendent, took prompt measures for the removal of the patients and for checking the fire. The house is fortunately well supplied with water, but the fire had got a good hold, and the ward

ceiling was scorched before the last of the patients were removed, and it shortly afterwards fell in. This gave much better access to the burning part, and the ready service of the large staff of workmen engaged at the new Maternity Hospital, as well as of the medical staff and some of the directors, enabled the ward to be cleared of patients and furniture in an incredibly short time, and by the arrival of the Fire Brigade the fire was well within control. The volume of water used soon began to find its way to the wards below, so that these had also to be cleared of patients; and though the use of a vacant ward for the female medical patients made things easier, it speaks well for the organisation of the house that three wards, each of some two dozen beds, were cleared of patients and furniture within half an hour of the alarm being given. The origin of the fire is not definitely known. The damage to property is considerable, as the whole block will probably have to be reroofed.

**PRESENTATION.**—At a crowded meeting on March 24th, at St. Bartholomew's Hospital, a presentation of a testimonial and a picture was made to Mr. James Berry, F.R.C.S., on his resigning the Surgical Registrarship. Sir Thomas Smith, Dr. Church, Mr. Langton, Mr. Marsh, and many others officially associated with the hospital, were present. The presentation was a spontaneous expression of the feeling of the house-surgeons and dressers who have worked under Mr. Berry. Mr. H. W. Lance, as Senior House-Surgeon, took the chair, and Dr. H. B. Meakin made the presentation. The wording of the address was as follows: "This testimonial, together with a painting of St. Bartholomew's the Great, was presented to James Berry, Esq., F.R.C.S., by the undersigned, on the occasion of his resigning the Surgical Registrarship of the Hospital, in token of the esteem in which he is held by those who have had the privilege of working under him, their admiration for the excellence of his work, and their sincere wishes for the success of his future career." The picture was painted by Miss Sprague, and has since been exhibited at the Ridley Art Club. Mr. Berry acknowledged the presentation in a suitable speech.

#### MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon. Salary, £150 per annum (with allowance of £30 per annum for cab hire), and unfurnished rooms, fire, lights, and attendance. Applications by April 18th.
- BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.**—A Resident Medical Officer and a Resident Surgical Officer. Salaries, £70 and £50 per annum respectively, with board, washing, and attendance. Applications by April 12th.
- BURNLEY: VICTORIA HOSPITAL.**—Resident Medical Officer. Salary, £80, increasing by £10 per annum up to £100, with board, etc. Applications, endorsed "Resident Medical Officer," to be received by April 8th.
- BURY INFIRMARY, Knowsley Street, Bury, Lancs.**—Junior House-Surgeon. Salary, £60 per annum, with board, residence, and attendance. Applications to the Hon. Secretary.
- CAMBERWELL: PARISH OF ST. GILES.**—Assistant Medical Officer for the Workhouse, Gordon Road. Salary, £120 per annum, with furnished apartments and £1 1s. in lieu of board and washing. Applications, on forms provided, to be sent to the Clerk, 29, Peckham Road, S.E.
- CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road.**—Assistant Registrar. Applications to the Secretary.
- CRONSTADT SEAMEN'S HOSPITAL.**—Resident Medical Officer. Salary, £180 per annum, with free lodgings, lights, fuel, and attendance. Applications to Chairman of Hospital Committee, British Consulate, St. Petersburg.
- DARENTH SCHOOL FOR IMBECILE CHILDREN, near Dartford, Kent.**—Assistant Medical Officer. Salary, £160, rising £20 annually to £200, with board, lodging, attendance, and washing. Must be unmarried, and not exceeding 35 years of age. Applications, on forms provided, to be received by April 12th.
- DERBY COUNTY ASYLUM.**—Second Assistant Medical Officer, unmarried. Salary, £100 per annum, rising to £120, with board, lodging, and washing. Applications to Mr. B. Scott Currey, St. Michael's Churchyard, Derby, by April 6th.
- 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.
- EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN, Shadwell, E.**—Medical Officer for Casualty Department. Salary at the rate of £100 per annum. Applications by April 16th.
- FOLKESTONE: VICTORIA HOSPITAL.**—House-Surgeon. Salary, £80 per annum, rising to £100, with board, residence, and washing. Applications by April 11th.

GLASGOW: ST. MUNGO'S COLLEGE.—Professorship of Forensic Medicine and Lectureship on Hygiene. Applications by April 7th.

GOSFORTH, NEWCASTLE-ON-TYNE, CITY ASYLUM.—Assistant Medical Officer, unmarried, and under 30 years of age. Salary, £130 a year, with furnished apartments, board, etc., and rising £10 per annum up to £150. Applications before April 6th.

GOVAN DISTRICT ASYLUM, Crookston, near Paisley, N.B.—Senior Assistant Medical Officer. Salary, £150 a year, with board. Applications by April 7th.

KING'S COLLEGE, London.—Sambrook Surgical Registrarship. Applications by April 4th.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Resident Medical Officer. Salary, 100 guineas per annum, with board, lodging, and washing. Applications by April 15th.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—House-Physician. Salary, £40 a year, with board and residence. Also Assistant Physician. Applications by April 9th.

NORTH INDIA SCHOOL OF MEDICINE.—Three Fully Qualified Medical Women. Applications to the Hon. Sec., Miss M. W. Brown, 23, Cameron Road, West Croydon.

NORWICH: HEIGHAM HALL.—Assistant Medical Officer. Applications to the Medical Superintendent.

PLYMOUTH PUBLIC DISPENSARY.—Physician's Assistant. Salary, £70 per annum. Applications by April 5th.

QUEEN CHARLOTTE'S LYING IN HOSPITAL, Marylebone Road, N.W.—Assistant Resident Medical Officer. Appointment for four months. Salary at the rate of £50 per annum, with board, residence, and washing. Applications by April 12th.

RAINHILL (NEAR LIVERPOOL) COUNTY ASYLUM.—Assistant Medical Officer; unmarried, and not more than 30 years. Salary commences at £100 per annum, with prospect of increase to £250, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent.

ST. BARTHOLOMEW'S HOSPITAL.—Assistant Surgeon. Must be F.R.C.S.Eng. Applications to W. H. Cross, Clerk, by April 11th.

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

STRATHERICK PORTION OF THE PARISH OF BOLESKINE AND ABERTARFF.—Medical Officer. Salaries from various sources over £100 per annum. Applications to Andrew Urquhart, Inspector of Poor, Gorthick, by April 20th.

SUNDERLAND: MONKWEARMOUTH AND SOUTHWICK HOSPITAL.—House-Surgeon; unmarried. Salary, £80 per annum, with board, residence, and washing. Applications by April 12th.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Two Honorary Assistant Physicians. Applications to Chairman of Medical Committee by April 18th.

WORCESTER GENERAL INFIRMARY.—Surgeon. Applications by April 6th.

### MEDICAL APPOINTMENTS.

ATTFIELD, D. Harvey, M.A., M.B.Camb., appointed Medical Officer of Health to the Watford Urban District Council, *vice* R. A. St. Leger, M.B., C.M., resigned.

BENNETT, Robert A., M.B.Lond., M.R.C.S., L.R.C.P., appointed Resident Medical Officer of the Manchester Hospital for Consumption and Diseases of the Chest, *vice* Dr. Hodge, resigned.

BISHOP, Dr. appointed Medical Officer for the Barham District of the Bridge Union.

BOND, Eleanor C., M.D.Bruce, L.S.A., appointed House-Surgeon to the Belgrave Hospital for Children.

BROWN, Dr., appointed Medical Officer for the No. 1 District of the Hackney Union.

CHATER, J. S., M.B.Lond., M.R.C.S., L.R.C.P., appointed Senior House-Surgeon to the Royal Surrey County Hospital, Guildford.

COATES, Matthew, M.D., F.R.C.S.Eng., L.S.A., Retired Deputy Inspector-General, R.N., appointed House-Surgeon to the Philanthropic Society.

DYBALL, Brennan, M.B., B.S.Lond., F.R.C.S., L.R.C.P., appointed Resident Surgical Officer to the General Infirmary, Leeds.

EWART, Mr. R. W. J., appointed Medical Officer to the Masham Urban District Council.

FORBES, Arthur D., M.B.Aberd., appointed Medical Officer for the seventh District (Horsmonder) of the Tonbridge Union.

GAIRDNER, J. Francis, M.B., C.M.Glasg., M.R.C.S.Eng., L.R.C.P.Lond., appointed Resident Casualty Officer to the General Infirmary, Leeds.

GREATBACH, Herbert W., M.B. and C.M. Edin., appointed Medical Officer of Health for the Burgh of Montrose, *vice* Samuel Lawrence, M.D., resigned.

HOBLING, J. H., L.S.A., appointed Medical Officer of Health to the Bideford Rural District Council.

JAFFEY, Francis, F.R.C.S.Eng., appointed Assistant Surgeon to the St. George's Hospital.

JOYCE, J. H., M.B., appointed Medical Officer for the No. 2 District of the Ashby-de-la-Zouch Union.

LAWTON, Mr., appointed Assistant Medical Officer to the Workhouse of the Edmonton Union.

LOGAN, R. B. W., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the No. 3 District of the Ashby-de-la-Zouch Union.

MUIR, J. C., B.A., M.B., B.C.Cantab., M.R.C.S.Eng., L.R.C.P.Lond., appointed Junior Resident Medical Officer of the Manchester Children's Hospital.

MYERS, Charles J., M.R.C.S. and L.S.A., appointed Medical Officer of Health to the Louth Rural Sanitary Authority, *vice* Dr. Domenichetti, resigned.

PETERKIN, George, M.B., C.M. Edin., appointed Medical Officer of Health and Police Surgeon for Forfar, *vice* W. F. Murray, M.D.St.And.

SUCKLING, C. W., M.D.Lond., appointed Consulting Physician to the Queen's Hospital, Birmingham.

TRANT, James, L.R.C.P.I., L.R.C.S.I., J.P., appointed Medical Attendant to Commercial Cable Company's Staff, Waterville, and Medical Officer, Darrynane Dispensary District.

WOOD, Miles A., F.R.C.S., L.R.C.P., reappointed Medical Officer of Health to the Ledbury Urban District Council.

WOODCOCK, H. B., M.B., Ch.B.Vict., appointed Assistant Medical Officer to the Salford Union Infirmary.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**Medical Society of London.** 8.30 P.M.—Clinical evening. Mr. J. H. Morgan: Case of Fracture of Condyle of Femur. Mr. G. E. Turner: Case of Neuralgia Successfully Treated by Injection of Osmic Acid. Dr. F. J. Smith: Case of Multiple Angioma. Dr. Robert Macaire: (1) Case of Congenital Heart Disease; (2) Case of Tremors; (3) Dissected Scleriosis. Mr. W. H. Battle: (1) Case of Intracapsular Fracture of the Femur in a Boy; (2) Case illustrating the Advantage of Treatment by Coley's Fluid in Inoperable Tumours.

**London Post-Graduate Course.** London Throat Hospital, 8 P.M.—Dr. Whistler: Tuberculosis of Larynx.

**Odontological Society.** 8 P.M.—Paper by Mr. Wm. Rushton. Casual communications by Mr. S. K. Aphorpe and Mr. Charles West.

#### TUESDAY.

**Pathological Society of London.** 8.30 P.M.—Professor Kanthack: The Distribution of Leprosy Bacilli in the Tissues, and the Origin of Giant Cells in Leprosy. Mr. S. G. Shattock: Molluscum Contagiosum in two (Mated) Bunting Sparrows. Mr. H. J. Curtis: Adenocarcinoma of the Right Submaxillary Gland. Dr. Percy Kidd and Dr. Habershon: Primary Lymphosarcoma of the Pleura. Dr. Habershon: Primary Sarcoma of the Lungs. Mr. Cecil F. Beades: Two Cases of Myxodema, one of which was associated with Trichine in the Muscles. Mr. G. Bertram Hunt: Extreme Contraction of the Stomach, with some remarks on the Pathology of the condition. Dr. Lee Dickinson:

Aneurysm of the Thoracic Aorta, which Ruptured externally. Dr. Parkes Weber: (1) Liver showing an Early Interlobular Type of Cirrhosis from a case of Suppurative Pylephlebitis; (2) Cirrhosis of the Liver in a Child. Card Specimens will be shown by Mr. Percy Furnivall and Dr. H. D. Rolleston.

**London Post-Graduate Course.** Bethlem Royal Hospital for Lunatics, 2 P.M.—Dr. Craig: Moral and Impulsive Insanities and Lunacy Law. Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Abraham: Impetigo.

**Röntgen Society.** 11, Chandos Street, Cavendish Square, W., 8 P.M.—Mr. James Wimshurst: The Influence Machine and its Advantages for Lighting X-ray Tubes.

#### WEDNESDAY.

**Obstetrical Society of London.** 8 P.M.—Specimens will be shown by Drs. Handfield-Jones, Macnaughton-Jones, Ernest Dawson, John Phillips, and others. Papers:—Mr. Walter Heape (introduced by Dr. W. S. A. Griffith): The Menstruation and Ovulation of Monkeys and the Human Female. Dr. H. K. Spencer: Two Cases of Fibromyoma of Uterus removed by Operation from Women under 25 years of Age.

**Evelina Hospital.** S.E., 4.30 P.M.—Mr. E. Denison Pedley: Dental Diseases in Children.

**Sanitary Institute.** 8 P.M.—Discussion on the Desirability of Making Watershed Areas and Sanitary Districts Coterminous, to be opened by Mr. E. E. Middleton.

#### THURSDAY.

**London Post-Graduate Course, London Temperance Hospital.** 2 Central London Sick Asylum, 5.30 P.M.—Mr. Jonathan Hutchinson, F.R.S.: Pathological Demonstration to Senior Students.

#### FRIDAY.

**London Post-Graduate Course.**—Good Friday.—No Lecture.

### BIRTHS, MARRIAGES, AND DEATHS.

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

#### BIRTHS.

DAGGETT.—On March 25th, at Boroughbridge, York, the wife of Henry Ingledew Daggett, M.A., M.B., of a daughter.

MALCOLM.—On March 26th, at 421, Holloway Road, N., the wife of W. A. Malcolm, M.B., C.M., of a son.

#### MARRIAGES.

ANDERSON—JONES.—On March 24th, at St. Bride's Church, Stretford, Manchester, by the Rev. K. L. Jones, Charles Arthur Anderson, M.B., C.M. Edin., of 89, Rectory Road, Burnley, Lancashire, fourth son of John Anderson, Hillswick, Shetland, to Florence, eldest daughter of the late Augustine Jones, Manchester. No cards.

HARRIS—FAWCKNER.—On March 24th, at Dock Street Church, Newport, Mon., by Rev. Arthur Murrell, of London, uncle of the bridegroom, assisted by Rev. E. Walrond Skinner, of Newport, Frank Drew Harris, M.B. Lond., of Cowley Hill, St. Helens, Lancs., to Isabel Mary, elder daughter of J. Follett Fawckner, Esq., of Newport, Mon. No cards.

#### DEATHS.

DAVIS.—On March 25th, at the Western Hospital, London, Albert E. Davis, L.R.C.P., M.R.C.S.Eng., youngest son of the late Robert Davis, of Wreckenton House, of typhus fever, aged 32 years.

GALTON.—On March 26th, 1898, at 128, Brixton Hill, S.W., Edmund Hooper Galton, F.R.C.S., aged 61 years.

HOARE.—On March 23rd, at Clifton House, Aston Manor, Birmingham, Reginald Kateff Hoare F.R.C.S., aged 54.

## 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., 1.30; Skin, M. Th., 1.45; Dental, M., 9; Throat and Ear, F., 9.30. Operations.—Th. F. S., 3.	
CHURCH LANE HOSPITAL FOR WOMEN. Attendances.—Daily, 1.30. Operations.—M. Th. F., 2.	
CITY ORTHOPEDIC. Attendances.—M. Tu. Th. F., 2. Operations.—M., 4.	
EAST LONDON HOSPITAL FOR CHILDREN. Operations.—M. W. Th. F., 2.	
GREAT NORTHERN CENTRAL. Attendances.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30. Skin W., 2.30; Dental, W., 2. Operations.—M. W. Th. F., 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, 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 4; 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., 9; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. Operations.—Tu. W., 2.30 Th., 4.	
MIDDLESEX. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o-p., M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. Operations.—Daily, 1.30.	
NATIONAL ORTHOPEDIC. Attendances.—M. Tu. Th. F., 2. Operations.—W., 10.	
NEW HOSPITAL FOR WOMEN. Attendances.—Daily, 2; Ophthalmic, W. S., 9.30. Operations.—Tu. F., 9.	
NORTH-WEST LONDON. Attendances.—Medical, daily, exc. S., 2, S., 10; Surgical, daily, exc., W., 2, W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. Operations.—Th., 2.30.	
ROYAL EYE, Southwark. Attendances.—Daily, 2. Operations.—Daily.	
ROYAL FREE. Attendances.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Tu., 9; Throat, Nose, and Ear, W., 9. Operations.—W. S., 2; (Ophthalmic) M. F., 10.30; Diseases of Women, F., 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., 3; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9. Electrical, M. Tu. Th. F., 1.30. Operations.—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, F., 2.	
ST. GEORGE'S. Attendances.—Medical and Surgical, daily, 1-p., 1; o-p., 12; Obstetric, 1-p., Tu. F., 1.45; o-p., M. Th., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopaedic, F., 12; Dental, M. Tu. F., 12. Operations.—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.	
ST. MARK'S. Attendances.—Fistula and Diseases of the Rectum, males S., 2; females, W., 9.30. Operations.—M., 9; Tu., 2.30.	
ST. MARY'S. Attendances.—Medical and Surgical, daily, 1.45; o-p., 12.45; Obstetric, Tu. F., 1.45; o-p., M. Th., 1.0; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. Operations.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), Th., 10.	
ST. PETER'S. Attendances.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. Operations.—W. F., 2.	
ST. THOMAS'S. Attendances.—Medical and Surgical, M. Tu. Th. F., 2; o-p., daily, 1.30; Obstetric, Tu. F., 2; o-p., W. S., 1.30; Eye, Tu. F., 2; o-p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30. Electro-therapeutics, o-p., Th., 2; Mental Diseases, o-p., Th., 10; Dental, Tu. F., 10. Operations.—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.	
SAMARITAN 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. Tu., 2; Ear, Tu., 2; S., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electrical, 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 *Atletypho, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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

## QUERIES

W. B. B. asks where he could obtain a good, steady, labour bed, which could be wheeled from the labour room to the lying-in ward.

S. desires to hear of suitable places for a patient with phthisis and slight pyrexia to reside during the summer months. Dryness and absence of wind, with warm sunshine, and of course country life, would be the chief considerations. He has heard the Malvern district well spoken of.

H. V. M. desires to know what facilities there are for the treatment of cases of neurasthenia, requiring forced feeding, etc., for patients who are unable to afford more than 20s. to 40s. a week. Are there institutions where such cases could be taken in on such terms?

M.R.C.S. asks for suggestions for the treatment of an old lady, aged 80, who for the last twelve months has been suffering from acute pain in the toes due to sluggish circulation. At times the toes are purple, and look as if gangrene was setting in. This condition disappears and reappears at intervals, but the pain remains. Hot applications and belladonna liniment with tincture of opium internally give most relief, but are losing their effect.

## A HARD CASE.

JUNIOR, who practises in a well-known provincial town, writes to us that he was called up at midnight by a woman claiming a certificate to obtain brandy from a publichouse, which at that hour was of course shut up. She stated that she had been sent by the police from the nearest police-station. The brandy was required for a woman who was ill, but not under medical treatment. On inquiry at the police station in question the officer in charge stated that it was their custom to send applicants of this kind to the nearest doctor. "Junior" desires to know the experience of others of his colleagues, and whether the Licensing Acts permit such use of medical certificates, and, if so, who pays?

\* \* It is manifestly unjust that such a service should be rendered by a medical practitioner without remuneration, especially as it usually involves getting out of bed at untimely hours and paying a visit to the alleged sick person, in addition to writing a certificate, as we cannot imagine that any practitioner would give such a certificate without verifying the necessity. If the patient does not pay, the police must give a certificate for payment for a night visit and attendance.

## ANSWERS.

ETHICUS.—The question is one for the practitioner's own decision.

G. N.—We may call our correspondent's attention to the disclaimer which was published in the BRITISH MEDICAL JOURNAL of January 15th, 1898, p. 196.

S. WILL find particulars as to the subjects required for the examination for the D.P.H. in the Educational Number of the BRITISH MEDICAL JOURNAL for August 28th, 1897. A list of books is there given, and a revised list was published in the JOURNAL of February 5th, p. 415.

TREATMENT OF EXOPHTHALMIC GOITRE BY HYDROFLUORIC ACID. DR. HORACE MANDERS (Gloucester Terrace, W.) writes: In answer to the question of "L. C.," I have found most excellent results from the following. Take half an ounce of distilled water, and drop into it five drops of pure hydrofluoric acid, then make up the mixture to an ounce and a-half with distilled water. This mixture will keep well for a considerable time in a glass bottle. Of this solution, place 2 drachms in an ounce and a-half bottle, and fill it up with distilled water. The dose of this is one teaspoonful twice or three times a day, after food and well diluted. It is often a little time before the good effects begin to appear, but the remedy should be persevered with. After some weeks or months of administration, a curious splitting of the finger nails with a brown discoloration of the skin around may be observed.

## NOTES, LETTERS, Etc.

## A QUESTION OF PRECEDENCE.

A. W. writes: "M.D.," writing in the BRITISH MEDICAL JOURNAL of March 25th, appears to have an idea that graduates in medicine form a class by themselves and are quite superior to the rest of the profession. He quite ignores the fact that the examinations for the F.R.C.S. Eng. require more hard work than those for any M.D. Besides, "M.D." may mean anything in the matter of efficiency. There is a very wide gap between the standard required for the M.D. London and that for the degree of any other university. As regards the question of title I always address a letter to a medical man "—, Esq.," and then I add his qualifications. Colloquially I always address him as "Doctor" unless he is F.R.C.S. or practises as an operating surgeon, in which case he would naturally prefer to be called Mr. —. I think that is the usual custom and the most generally satisfactory. That "M.D." or any other man below the rank of knight should consider the title of Esquire "a distinct slight, not to say insult," is a little curious.

DR. ARTHUR J. CARY (Weston-super-Mare) writes: With all due deference I must submit that "M.D." has not quite grasped the subject of the title of "Esquire" in its strictly technical sense. In the annual list of members it is just those who are entitled to the "Esquire" who drop it. Probably not 0.5 per cent. of the non-doctorate members can claim it, excluding, of course, those of and above the rank of Captain in Her Majesty's Services. "Esquire" is a distinct rank recognised by heralds, and is allowed to the following: Eldest sons of Barons and Knights, Masters of Arts; Doctors of Divinity, Laws, and Medicine; Barristers.