

axilla. The patient was quickly placed in a large bath of cold water, which was kept reinforced by buckets of cold water from the cellar as the warmed water was allowed to escape. The temperature gradually fell, and after being in the bath for nearly a quarter of an hour he was carried to bed, and wrapped in blankets, with hot bottles to the sides and feet, and ether was injected subcutaneously. He gradually recovered consciousness, and took a little warm milk and chicken broth.

One of us remained with him during the night, as it seemed very probable that the temperature would rise again when the effect of the bath had passed away. About 1 A.M. on the following morning it had already reached 105°. The patient was carried on a blanket to the bath and immersed again. He was quite conscious, free from shivering, and much enjoyed the coldness of the water. When the temperature fell he was removed to bed again, and was extremely comfortable for several hours.

On June 7th he became very delirious, though he answered quite rationally when spoken to. During the night the temperature reached 103°, but was kept under control by frequently-applied wet packs to the trunk. As the delirium increased and coma vigil came on, his head was shaved and a blister applied to the scalp.

On June 8th, as he was still somewhat delirious, an icebag was applied to the head, and he became quiet, and slept at intervals. In the evening the temperature was 102°. Food was taken well.

On June 9th his right ankle was red and swollen; he was quite free from delirium and the skin was moist.

On June 11th he was aphasic though quite rational, and had a free and constant action of the skin.

On June 16th it was noted that for some days he had been quite comfortable, though the temperature had occasionally reached 103°, and required frequent application of the pack. He gradually from this time recovered strength and vigour. The speech difficulty and defect of memory, of which he much complained, were, as one might expect, the last effects of the hot blood on the cerebral centres to disappear.

MEMORANDA:

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

A CASE OF PLACENTA PRÆVIA.

MRS. A. B., a married woman 28 years old, had had two children, with both of whom she had trouble with "false pains" at six months. She was suddenly seized with flooding, and I found that she had lost much blood. The external os was slightly open, admitting the point of the forefinger, but the cervix and the internal os were firmly closed and could only be very slightly dilated with force. A mixture containing iron and ergot was given and the hæmorrhage stopped.

Next day the bleeding recurred slightly, but on the succeeding day she had none. On the fourth day from the onset it came on again, but stopped in a short time. No recurrence took place for two days, but then it came on more severely than ever.

It was evident, in order to save the mother's life, that the child must be delivered as speedily as possible; but with the os in the condition stated and the whole organ high up above the brim the case was an awkward and difficult one. By means of bimanual manipulation I was able to reach the os, and could insinuate one finger into the cavity, where it touched what I took to be placental tissue on the left side and extending over the os. I was able to separate the attachment as far as the finger could reach. The cervix and internal os gradually dilated with the movement of the finger, so that I was able to pass two fingers, but was unable to reach the further edge of the placenta. I therefore kept up a steady and increasing pressure from the cervix outwards. This process is slow and severe, but as the pressure is kept up the parts are felt to dilate. I felt sure that if I had taken away my hand the hæmorrhage would have come on again, and most likely have proved fatal. All the time this pressure was

kept on I was doing what I could to get more fingers past the internal os, and in the course of an hour I got four in, but the thumb was the greatest difficulty; ultimately it was got in, and shortly after the knuckles followed, with the whole hand, I was then able to separate the placental attachment in the whole of its extent. The membranes were punctured, and the placenta had to be taken away, the amniotic fluid escaping, and the membranes remaining *in utero*. The child was in transverse position, dorso-posterior. The uterus at this time began contracting periodically; I tried to turn and deliver either as a facial or cranial, but found it impossible to get the head through the os. The uterine contractions seemed to be stronger than ever, and my hand was rendered almost useless by the pressure against the head of the child. I then made a search for the feet, and with difficulty in partially turning again brought them down, but the head struck firmly in the cervix, and had to be relieved with ordinary forceps. The membranes were expelled immediately thereafter. The mother was very weak and almost pulseless, and during the progress of the manipulations was given small quantities of water frequently repeated. She made an excellent recovery, with a slight elevation of the temperature for a few days.

The following points seem to me to be of importance:

1. The dilating power of the fingers if pressure be kept up in a steady manner with increasing force.
2. The turning of the child after the escape of the amniotic fluid.
3. The influence of small quantities of cold water often repeated in averting collapse.
4. The influence of iron and ergot in stopping unavoidable hæmorrhage, although only temporarily, but thus giving time.
5. The fact that the uterus did not contract until after the amniotic fluid and placenta were away.
6. The fact that no hæmorrhage took place from beginning to end of the operation.

Johnstone, N.B.

W. WESTWOOD FYFE, M.B., C.M.

A CASE OF ATRESIA ANI VAGINALIS.

B. A., who will be 3 years of age in May, came under my notice a few weeks ago. Her mother gave the following history. Until the child was two months old nothing abnormal was observed. A slight relaxation of the bowels then necessitated more careful attention to the parts, and the mother then discovered that there was no anus. The child, who is well nourished and in good health, suffered very little inconvenience. On examining the parts the normal anal depression was found to be absent, and nothing to indicate the normal situation of the anus was observed. Situated just within the entrance to the vagina could easily be seen the fistulous opening, and except that the vulva was slightly swollen and excoriated, the surrounding parts were normal. As the little patient objected to much manipulation I did not feel justified in making a closer examination, if, indeed, anything further could be made out.

I find from Starr's *Diseases of Children*, 1895, that congenital malformation of the rectum and anus occur in the proportion of 1 in 10,000 births. Bodenhamer classifies these under eight headings, the above case coming under No. 6. Treves, in his *System of Surgery*, gives no proportion, but states they are of extreme rarity, and divides them into three classes, according to developmental errors; this one comes under his heading No. 2.

I have advised the mother of the child to wait until she is older before submitting her to any operative treatment and hope for a very successful result. Rizzoli's suggests itself as being a very suitable operation.

Dublin.

F. CHARLES FITZGERALD, L.R.C.S.I.

PUERPERAL VOMITING.

DR. BUXTON'S case of puerperal vomiting recorded in the BRITISH MEDICAL JOURNAL of February 5th recalls to me a somewhat similar case.

On February 21st, 1897, Dr. S. Bridger, who was then assisting me, was called to see Mrs. S., a 3-para, at full term. Her former confinements were normal. She had no labour pains, but complained of great sickness, being unable to retain anything. The temperature was normal. She was ordered sinapisms and a bismuth mixture.

On February 22nd I received an urgent message at 1 P.M.

I found that the sickness had not abated, but rather aggravated. The vomit was watery and straw coloured. There had been slight labour pains, and the os was found to admit the tip of the finger. The head was low down in the pelvis, pressing on the anterior lip of the cervix. I gave a hypodermic injection of morphine, and visited her again at 10 P.M. The vomiting still continued. The labour pains were still slight, and occurred at long intervals. Another injection of morphine was given. At the next visit, 2 A.M. (February 23rd), I found matters much in the same condition. The vomiting continued every few minutes; the pulse 148, the respirations 30, and the temperature normal. Assuming that the condition was reflex and due to the pressure of the head on the anterior lip of the cervix, I resolved to dilate manually with a view to apply the forceps and deliver as speedily as possible. With Dr. Bridger's assistance I delivered the patient about 5 A.M. of a living female child. The patient was much collapsed, but slowly recovered. Contrary to expectation the vomiting continued in spite of sinapisms, bismuth, morphine, etc. On the evening of the same day all nourishment by the mouth was stopped and nutrient enemata given, the only thing administered by the mouth being tincture of iodine $\frac{m}{i}$ every hour. The vomiting continued for three days, during which time the pulse and temperature were normal. On the tenth day the patient developed a slight pleurisy at the base of the right lung. Otherwise she made a good recovery. ALEXANDER GREGOR, M.B., C.M.
Sutton-on-Trent, Notts.

REPORTS

ON

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

THE COUNTY ASYLUM, LANCASTER.

NOTES ON THREE CASES OF CEREBRAL TUMOUR OCCURRING IN THE INSANE.

(By J. H. GOODLIFFE, M.D. Aberd., Pathologist.)

THE following three cases of cerebral tumour are interesting from the diversity of their symptoms, and from the fact that no lesion was suspected up to a short time before death. This is accounted for in a great measure, no doubt, by their occurrence in insane patients, who gave no evidence of the usual subjective symptoms accompanying the development of the disease:

CASE I.—W. G., a male idiot, aged 19, was suddenly seized on March 31st, 1895, with convulsions, which were general, and lasted from 2.30 to 4 o'clock in the afternoon; they ceased on the application of cold to the head, but returned again at 4.30. In the interval the patient was noted to be cyanosed and his breathing laboured. The convulsions lasted only a few minutes the second time, and left the patient comatose. His breathing was stertorous, and his pulse could not be felt at the wrist; he failed to rally in spite of stimulants, and died the following morning at 6 A.M. Three tumours were found *post mortem* in the brain: one in the left gyrus fornicatus, another in the vermes cerebelli, and a third in the left inferior frontal convolution. The tumours were spherical, and about the size of a small horse bean; microscopically they were sarcomata of the round and spindle-celled variety, and were evidently secondary to a larger tumour of a similar nature found in the anterior mediastinal glands.

CASE II.—J. V., a male, aged 35, who had been subject to epilepsy for 14 years, and was much demented, was apparently in good bodily health up to April 1st, 1895. On the morning of that day he was suddenly seized with bilious vomiting, which continued at intervals throughout the day, and resisted all treatment. The vomiting ceased early in the evening, and left the patient collapsed and comatose; his pulse was thready, temperature subnormal, and respiration laboured. He died early the following morning. A tumour was found *post mortem* in the cortex of the brain, involving the superior and middle frontal convolutions on the left side. The tumour was about the size of a half-crown piece, round and flat, and presented the usual characters of a gumma. The membranes were adherent over the tumour.

CASE III.—E. H., admitted on February, 1895, as a melancholic of three months' duration. Her symptoms in many ways suggested general paralysis of the insane, and this was borne out by the *post-mortem* appearances, both macroscopic and microscopic, presented by the brain. In March the patient was observed to be losing flesh, and to become feeble in gait and general condition. She rapidly grew worse, and was soon confined to bed. On April 19th she was noted to have lost 19 lbs. within the last month. She now passed faeces and urine involuntarily in bed, and lay with her legs drawn up; her breath was foul, and the tongue thickly coated and bowels constipated. On May 11th she had some twitchings of both arms and legs, which left her semi-conscious for some time; her speech was noted to be slurred afterwards, and her right pupil persistently larger than the left one; she still passed faeces and urine in bed. On June 16th she was again seized with twitchings in the left arm and leg, which quickly passed into general convulsions, closely resembling those so often seen in general paralysis. They lasted for a few minutes, and recurred at frequent intervals during the next four days, during which time she was fed by nutrient enemata. The fits finally ceased on June 20th and left her comatose. Examination of the chest showed considerable congestion of the lungs; she died early on June 21st. *Post mortem*, two tumours were found in the cortex of the brain, one situated in the first and second frontal convolutions on the right side, the other involving the superior and part of the middle temporo-sphenoidal convolutions on the left side. Both were gummatous in nature, about $1\frac{1}{2}$ inch in diameter and $\frac{3}{4}$ inch thick in the thickest part, and presented appearances like those described in connection with Case II.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

F. J. PAYNE, M.D., President, in the Chair.

Tuesday, April 5th, 1898.

THE ACTION OF TISSUE EXTRACTS ON COBRA POISON.

MR. WALTER MYERS, before recounting his observations on this subject, stated the various theories advanced in regard to the action of antitoxins and toxins, the author holding Ehrlich's to be the one most probably true. According to Ehrlich each toxin is specific, in that it enters into a special chemical combination or selects for its action certain tissues: thus tetanus toxin selected in this way the tissues of the brain and spinal cord, as could be proved by the fact that an emulsion of brain and cord would neutralise the toxin *in vitro*, in consequence of its chemical combination with it. The author's experiments were made with the organs of guinea-pigs, and with the result that the suprarenal body was alone found capable of neutralising the cobra poison. Cobra poison containing a specific toxin, which on repeated graduated injection leads to a formation of antitoxin, a search for antitoxic properties in the tissues of a susceptible animal was undertaken. For this purpose guinea-pigs were used, on which animals also the inoculations were performed. The animal was decapitated, the organs were then quickly removed with aseptic precautions, and ground up by hand with sterilised saline solution (5 per cent.). In each case a 10 per cent. emulsion was made. A dose of venom was then added, and the mixture at once injected subcutaneously. The test animals weighed between 250 and 350 grammes, the dose of poison was 0.15 milligramme, the minimal certain lethal dose for guinea-pigs of this weight being 0.1 milligramme. The control animals generally died in two to four hours. With the exception of one experiment where the cerebral cortex was used, and in which the animal lived two days—a result that was not obtained in the other cases—the only organ which prevented death was the suprarenal capsule. Out of seven experiments with these organs, the result was negative in 3 cases. In one of these, however, the symptoms after seven hours were trivial, though the control died in two and a-half hours. In the other cases there were no symptoms in six and three hours respectively, by which time the control was found dead, so that these experiments cannot be regarded as altogether negative; with bone marrow, cerebral

THE ROYAL VICTORIA HOSPITAL, NETLEY.

A CONSIDERABLE strain is being put on the resources of this hospital by the number of invalids arriving from India. Some 300 arrived on March 23rd. By the end of April about 2,000 more invalids are expected, and the arrangements for accommodating so large a number is at present occupying the attention of the authorities. The question of putting some convalescents and the garrison under canvas is under consideration. Then comes the resource of drafting a number of convalescents on to other hospitals—for example, Portsmouth and Aldershot—and sending others on sick furlough. Such cases as are not to be discharged the service will probably be drafted to their corps or regimental depôts. A large staff of both officers and men of the Army Medical Corps at Netley is needed if the heavy work in the hospital is to be done smoothly. The men of the Medical Staff Corps have been under establishment, but a draft from the depôt (some twenty-four non-commissioned officers and men) is expected.

THE FINAL DISPATCHES AND THE MEDICAL SERVICES.

The Adjutant-General in India, in forwarding, by the direction of the Commander-in-Chief, General Lockhart's dispatch to the Government of India, says:

"The administration of the Military Medical Service has been successfully and satisfactorily carried out by Surgeon-Major-General A. A. Gore, Principal Medical Officer H.M.'s Forces in India, through whose efforts, and the ready co-operation of officers and subordinates, the Department has, at a time of pressing emergency, been able to comply with the heavy demands made upon it. The extent of these demands may be best realised from the statement that it was considered necessary to provide hospital accommodation for 12 per cent. of troops and followers. On this basis 6,526 beds were made available, including 36½ field hospitals. The accuracy of this forecast may be gauged from the fact that on December 20th, 1897, the number of sick in hospital, then at its highest, was 11.16 per cent. of the force. The results obtained in the treatment of the sick, and especially in surgical cases, of wounds, have been most satisfactory."

General Sir William Lockhart says:

"The officers of the Army Medical Staff and of the Indian Medical Service have fully maintained their high reputation by their attention to the sick and wounded, both under fire and in hospital. The hospital arrangements were generally excellent."

MENTIONED IN DISPATCHES.

Surgeon-Major-General G. Thomson, C.B., I.M.S., P.M.O., to whom General Sir William Lockhart expresses his indebtedness, and to other officers of the Department of which the P.M.O. had been in charge, for the high state of efficiency in which it has been maintained, often under very unfavourable conditions.

The Secretary to the P.M.O. of the Force, Surgeon-Major W. A. Morris, A.M.S., is spoken of in highest terms by the Principal Medical Officer.

Army and Personal Staff.—Sir William Lockhart's acknowledgements are due to the following officer: Surgeon-Captain J. C. Morgan, A.M.S., Surgeon at headquarters.

1st Division—Staff.—Surgeon-Colonel E. Townsend, A.M.S., P.M.O.

2nd Division—Staff.—Surgeon-Colonel G. McB. Davis, D.S.O., I.M.S., M.O.

Line of Communications.—Surgeon-Colonel W. E. Saunders, A.M.S., M.O.; Surgeon-Lieutenant-Colonel H. Hamilton, I.M.S.; Surgeon-Major F. Bigger, I.M.S.

1st Division—Regimental.—Brigade-Surgeon-Lieutenant-Colonels C. H. Wayne and James Ring, A.M.S.; Surgeon-Majors H. B. Briggs and T. M. Corker.

2nd Division—Regimental.—Surgeon-Majors H. R. Whitehead and W. C. Beevor, A.M.S.; Surgeon-Captains J. J. Gerrard, A.M.S.; and Surgeon-Major J. Shearer, I.M.S.

4th Brigade—Regimental.—Surgeon-Lieutenant-Colonel G. D. Bourke, A.M.S., and Surgeon-Captain C. H. Burtchall, A.M.S.; also Surgeon-Major T. Grainger and Surgeon-Captain W. Selby, I.M.S.

The following officers' names have been brought to the notice of His Excellency the Commander-in-Chief as being favourably mentioned by general officers and by the officer commanding Kurram movable column: Surgeon-Lieutenant Colonel W. R. Murphy, I.M.S., P.M.O.; Surgeon-Major C. C. F. Willis, I.M.S.

The following honorary, commissioned, warrant, and non-commissioned officers have been specially recommended by general officers and heads of departments: 1st Class Assistant Surgeon D. F. O'Connor; 2nd Class Assistant Surgeon W. C. M. Charters; 3rd Class Assistant Surgeon W. G. St. J. Hussey.

THE DISASTER TO THE 4TH BRIGADE, TIRAH EXPEDITION.

IN connection with this the services of the medical officer are referred to in the following gratifying terms: "The enemy, as our troops retired, pressed, and at times got to close quarters, where many were laid low by volleys from the Yorkshires. The retirement became hampered with wounded, to whom Surgeon-Lieutenant Dick, I.M.S., rendered all the aid he could under a galling fire, and remained till the last, helping the wounded Yorkshires, for which he was afterwards thanked by the Yorkshires for his pluck and gallantry. It soon became evident that trying to carry off the dead was hopeless, and the wounded were with difficulty removed, many a gallant fellow in so doing losing his life."

Surgeon-Lieutenant Dick was wounded by a bullet that struck Lieutenant Brown and himself; both these officers belong to the 36th Sikhs.

THE ARMY MEDICAL CORPS.

M.D. writes: Now that it is decided to give medical officers plain military titles, is there any chance of their being extended to retired medical officers, whether liable to recall or not? Or, are they to continue to be saddled with compound titles, allowed by the Secretary of State for War to be absurd?

A CORRESPONDENT writes: It would be ungenerous to distrust the absolute good intentions of the Secretary of State for War in the forthcoming reorganisation of the army medical service, but we do distrust these old opponents of the "doctors," his military advisers. I is felt

an attempt will be made to give with one hand and take away with the other; why should then he delay in promulgating a warrant?

HALF-PAY writes: The Financial Secretary was clearly in error in describing the rank of surgeon-major-general as honorary, and that the title of major-general implied "a general command." If difficulty there be, could not the present surgeon-colonels be called "colonels on the staff," and the present surgeon-major-generals "colonels on the staff with honorary rank of major-general"?

MILES writes: Will the new titles be extended to the medical officers of Militia, Yeomanry, and Volunteers?

* Several of these questions are of the nature of conundrums. The new titles would undoubtedly have to be extended to retired medical officers liable to recall, but we doubt if there is a precedent to extend them to non-effective officers; their extension to medical officers of the Indian and Auxiliary forces is a matter for full deliberation; and there should be no undue impatience over a reasonable delay in the issue of the new warrant. The changes in the army medical department undoubtedly involve changes in the other medical services. It is natural to distrust old and obstinate opponents, but we have little doubt that on this occasion they will have less to say in the matter than heretofore. It is remarkable how quietly the announcement of the Secretary of State for War's intentions has been received in military circles.

MEDICO-LEGAL.

WHAT DOES A CONFINEMENT FEE INCLUDE?

THE question of the length of attendance after a confinement which an obstetric fee covers was raised recently in the Shoreditch County Court. The county court judge said that he could not lay down any hard and fast rule in the matter. He found at first for the defendant, but subsequently reconsidered his decision, and gave judgment for the plaintiff with costs.

The answer to the question appears to be one rather of custom than legal right, and hinges in many cases on the specific arrangements made by the contracting parties. An obstetric fee *per se* is an equivalent for the performance of a specific act, the attendance during the stages of parturition, and is most frequently paid as soon as labour is accomplished. It has become the custom, however, in some cases to include a visit or two during the week after delivery, and in some practices the privilege is extended to the tenth day. When any indisposition arises in the mother or child subsequent to these dates, or when any serious ailment occurs to either within these periods, a charge should be made for each visit as in ordinary cases of disease.

CHARGE OF COMMITTING AN ILLEGAL OPERATION.

THE charge against William Maunsell Collins, M.D., now unregistered as a medical practitioner, to which we referred last week, was proceeded with in the Westminster Police Court on April 5th, and after further evidence had been heard the accused was remanded, bail being refused. An inquest with regard to the death of the lady was opened by Mr. Troutbeck, the coroner, on March 29th, and was continued on April 1st and 2nd, and it was adjourned until April 19th.

PRACTICE BY UNREGISTERED PERSONS.

IN the Queen's Bench Division on March 31st, Mr. Muir Mackenzie, on behalf of the General Medical Council, applied to the Lord Chief Justice and Mr. Justice Matthew for a rule in the nature of a mandamus calling upon Mr. Sheil, the magistrate at the Westminster Police Court, and William Maunsell Collins to show cause why the magistrate should not hear and determine a complaint under the 40th Section of the Medical Act, 1858. The circumstances were stated in the BRITISH MEDICAL JOURNAL of March 5th, page 643. The magistrate, it will be remembered, refused to issue a summons on the ground that there was no obligation under the Medical Act for a medical practitioner to be registered. The Court granted the rule *nisi*.

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

DR. MAJOR GREENWOOD, Honorary Secretary of the Brussels Medical Graduates' Association, Barrister-at-Law, writes: In answer to the letter of "L.R.C.P.E." in the BRITISH MEDICAL JOURNAL of April 2nd, p. 925, will you allow me to thank him for his suggestion, and to inform him that both I myself and many other brother graduates have for many years past used the affix "M.D." without any qualifying word. We have long waited for a prosecution, and are quite prepared to meet it, and to prove that our reading of Section XL of the Medical Act is the correct one. I am also obliged for the offer of contribution, but I am happy to say that I believe our own funds would be amply sufficient to fight the case should any of the writers of the captious letters on this subject, that from time to time appear in the medical papers, wish to test our position at law.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

FIRST PROFESSIONAL EXAMINATION.—The following candidates have passed in Chemistry:

May Agnew, G. C. Anderson, L. Anderson, R. G. Archibald, J. Arthur, Maung Ba, A. K. Bazher, L. H. J. Bell, G. Bennett, W. Bennett, J. Bentley, A. W. Beveridge, H. Beveridge, W. Black, B. B. Blacklock, C. H. Rosenberg, J. R. Bosman, J. C. Boyd, E. A. Braine, G. B. Brand, F. H. Bridgeman, J. E. M. Brown, A. Brownlie, G. M. Brunton, G. G. Buchanan, H. H. Bullmore, C. M. Campbell, E. E.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,998 births and 4,635 deaths were registered during the week ending Saturday last, April 2nd. The annual rate of mortality in these towns, which had been 21.8 and 20.2 per 1,000 in the two preceding weeks, rose again to 21.5 last week. The rates in the several towns ranged from 14.7 in West Ham, 15.3 in Huddersfield, 15.5 in Croydon, and 15.6 in Gateshead to 24.4 in Leeds, 24.9 in Birkenhead, 25.6 in Swansea, and 30.7 in Liverpool. In the thirty-two provincial towns the death-rate averaged 21.4 per 1,000, and was slightly below the rate recorded in London, which was 21.8 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 2.1 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.3 in Newcastle-upon-Tyne, 3.6 in Bristol, 4.5 in Leicester, and 6.0 in Brighton. Measles caused a death-rate of 2.6 in Swansea, 2.7 in Halifax, 3.0 in Leicester, 3.3 in Bristol, and 5.5 in Brighton; scarlet fever of 1.4 in Birkenhead; and whooping-cough of 1.1 in Plymouth and 1.9 in Salford. The mortality from "fever" showed no marked excess in any of the large towns. The 64 deaths from diphtheria in the thirty-three towns included 45 in London, 4 in Birmingham, 3 in Leicester, and 3 in Sheffield. No fatal case of small-pox was registered last week, either in London or in any of the thirty-two large provincial towns; and no small-pox patients were under treatment in the Metropolitan Asylums Hospitals on Saturday last, April 2nd. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 3,818 to 2,371 in the eighteen preceding weeks, had risen to 2,377 on Saturday last; 239 new cases were admitted during the week, against 197, 255, and 191 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

IN eight of the principal Scotch towns 997 births and 720 deaths were registered during the week ending Saturday last, April 2nd. The annual rate of mortality in these towns, which had declined from 25.0 to 22.9 per 1,000 in the three preceding weeks, rose again to 24.2 last week, and exceeded by 2.7 per 1,000 the mean death-rate during the same period in the thirty-three large English towns. Among these Scotch towns the rates ranged from 15.3 in Greenock and 20.0 in Aberdeen, to 26.2 in Paisley and 30.6 in Perth. The zymotic death-rate in these towns averaged 2.7 per 1,000, the highest rates being recorded in Dundee and Glasgow. The 363 deaths registered in Glasgow included 20 from measles, 14 from whooping-cough, 8 from scarlet fever, 2 from diphtheria, and 4 from "fever." Three fatal cases of measles were recorded in Edinburgh.

SINGULAR MEAT CASE.

THE Bradford Stipendiary lately gave his decision in a meat case in which he had about a week earlier heard evidence. The defendant, according to the report in the *Bradford Observer*, was a draper in Bradford with forty employees boarding wholly or partially on the premises. He lived himself not at the shop but at Eldon Lodge, and had also a farm at Baildon. It was shown that meat killed at the farm had occasionally been sent to customers in Bradford direct, and in some cases, though not recently, had been sent to the shop and sold over the counter. The particular meat, that of a sheep with scab, was seized by the inspector at the defendant's residence. The magistrate stated that he had three questions to determine—two of fact, one of law. In the first place he decided that it had been found that the meat was intended for the food of man, that it was unfit for that purpose, that it was on the defendant's premises, and that it was legally seized. On this first question he therefore decided for the Corporation. On the second point he decided for the defendant that the sheep was not exposed for sale, or deposited for sale as for preparation for sale. He further found that no meat had been sold for about twelve months from defendant's shop and none from the house, but that the sheep were slaughtered at and supplied from the farm at Baildon. There was evidence of sale to employees. The sheep in question had been sent to the meat house or larder at Eldon Lodge, probably for the consumption of the family, and possibly some portions might have gone to the "trimming shop" for the assistants. The question of law was an involved one. The case of *Mallinson v. Carr*, which Mr. Justice Stephen decided that exposure for sale was not a necessary ingredient in the offence seemed to cover the present case, and though it involved the somewhat startling position that an inspector might enter anyone's private larder and seize his high mutton or game, still as it was the ruling case of a superior court he felt bound to follow it. A case has been stated for the higher court.

As we read the judgment in *Mallinson v. Carr* the point decided was that exposure for sale was not necessary to constitute an offence. But in that case intention to sell was clearly enough proved. The Selby butcher had bought the carcass on the understanding that it was unfit for food, the vendor hearing he had expressed his intention of pickling it, tried to get it back, and failing, notified the authority, whose inspector seized and proved that it was deposited "for the purpose of sale or of preparation for sale." These words are in Section CXVI of the Public Health Act, 1875, empowering the seizure. Section CXVII, enabling a justice to destroy, and afterwards the same or another justice to inflict a penalty, does not repeat the words "preparation for sale," but uses the words "the person to whom the same belongs or did belong at the time of exposure for sale, or in whose possession or on whose premises the same was found, shall be liable to a penalty, etc." "The same" would seem to refer to the meat seized or brought before the justice under the conditions named in Section CXVI, amongst which are depositing for sale or for preparation for sale. According to the account of his judgment given in the *Bradford Observer*, Mr. Skidmore seems to have decided that there

Cassidy, J. N. Cathles, A. M. Carvellill, A. Clark, L. M. S. Clark, C. E. Clay, D. M. Crooks, S. Cunliffe, D. M. Cuthbert, N. S. Cuthbertson, F. J. Dawson, J. Dommissie, J. Dunlop, P. Elkarez, J. S. Elliot, J. Fairbairn, S. E. Ellison, S. A. Ellerbeck, N. C. Fischer, A. J. Gardner, B. P. Ghose, S. Gilford, Jeannie Gordon, R. G. Gordon, A. Grant, E. J. Hall, P. Hallam, T. B. Hamilton, D. J. Hanman, H. Harding, F. M. Harper, A. W. M. Harvey, H. Herd, R. Hole, C. H. Houghton, W. Hume, A. Hurley, R. C. Irvine, I. Ivey, A. A. Jardine, Bertha Jex-Blake, E. Johnstone, J. M. Johnston, J. P. Kennedy, H. Kerr, S. Khan, R. D. Kidd, J. Kirkwood, W. G. Knight, H. Kramer, W. S. Laidlaw, P. V. Langmore, A. Leach, A. B. Leakey, G. J. Lecesne, Norah Lenwood, W. Lillico, A. W. B. Loudon, J. C. Loudon, R. C. Low, T. S. M. Lumsden, W. F. Macdonald, G. M'Farland, J. N. M'Keand, D. Mackinnon, T. H. Mackinnon, J. J. McMillan, R. J. McNeill, G. M'Neill, A. H. M'Shrine, W. E. Marshall, J. B. Mason, J. K. Matheson, P. Matthews, R. J. Mayberry, C. E. F. N. Mengerhausen, E. L. Meynell, W. S. Milne, A. M. Moll, J. H. Montgomery, G. J. Moriarty, A. E. Morton, E. J. Morton, D. N. W. Murray, E. Murray, C. Nelson, C. O'Flaherty, T. H. Osler, A. C. Owen, F. Pawlett, J. J. N. Pierre, J. Politachi, E. Porter, E. C. Pritchard, A. M. Pringle, J. A. Raubenheimer, J. R. Redhead, C. Reece, E. M. Reece, W. R. Reid, A. B. dos Remedios, H. H. Roberts, W. J. D. Robertson, A. Rose, F. E. Ross, T. W. E. Ross, A. J. Rowan, R. E. Russell, J. S. Sewell, J. J. Shannon, E. S. Sharpe, C. J. Shaw, F. W. S. Shepherd, M. Sinclair, J. A. Small, W. T. Smeal, J. M. Smith, E. W. Smyth, J. P. Steven, A. W. K. Straton, H. M. Stumbles, W. H. Swaffield, A. B. M. Thomson, P. Vickers, J. F. Van de S. De Villiers, B. P. Watson, G. Wells, J. Weir, G. Wight, S. A. K. Wilson, and W. Young.

FIRST SCIENCE EXAMINATION FOR THE DEGREE OF B.Sc.—The following candidates have passed in the subjects named:—

Chemistry.—T. P. W. Barty, W. Bruce, J. C. Cameron, J. L. S. Clark, D. W. Durie, J. J. Geikie, Grace H. Jacob, J. W. S. Macfie, T. R. de F. Magalhães, J. A. Raubenheimer, M. Ritchie, C. R. Sprague, A. Wadell, F. J. Wilson.

Botany.—W. Bruce.

Zoology.—D. Lorimer and J. A. Raubenheimer.

FIRST B.Sc. EXAMINATION in the Department of Public Health.—The following candidates have passed this Examination:—

1. M. R. Crichton, J. McNaughton, and A. H. Pirie.

FINAL EXAMINATION FOR THE DEGREE OF B.Sc.—The following candidates have passed this Examination:—

H. Lathom, M. McLarty, R. E. Selby, and A. P. Zule.

UNIVERSITY OF ABERDEEN.

GRADUATION IN MEDICINE.

Degree of Doctor of Medicine (M.D.).—W. G. Grant, M.B., C.M. Thesis: (1) On the Histology of the Parovarium; (2) Ventrifixatio Uteri and Pregnancy. W. C. Hossack, M.B., C.M. Thesis: Hypertrophy of the Cervix Uteri, its Varieties and Causes; also an account of a new form of Infusion Canula. R. G. McKerron, M.A., M.B., C.M. Thesis: The Complication of Pregnancy, Labour, and Childbed with Ovarian Tumour. J. M. H. Macleod, M.A., M.B., C.M. Thesis: On the Development of the Human Epidermis and its Appendages. P. Mitchell, M.B., C.M. Thesis: Notes on 260 cases of Enteric Fever, more especially in reference to Complications, Sequelæ, and Treatment. J. R. Reid, M.B., C.M. Thesis: The Treatment of Typhoid Fever. C. Robertson, M.B., C.M. Thesis: A case of Typhoid of the Falx treated by Operation, with some remarks on the Operative Treatment of Cerebral Tumours. G. Taylor, M.B., C.M. Thesis: The Bacteriology of Typhoid Fever, especially in its Relation to the Bacillus Coli Communis of Diarrhoea and the points thereby raised regarding Ætiology. C. T. D. Urquhart, M.B., C.M. Thesis: Urticaria. J. S. Warrack, M.A., M.B., C.M. Thesis: Pain in Relation to Visceral Disease.

The theses of Messrs. R. G. McKerron, J. M. H. Macleod, and J. S. Warrack were considered worthy of "commendation."

Degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.) (Old Ordinances).—W. Cartwright, W. Cromar, E. St. C. Henriques, W. M. Ogilvie, J. S. Purdy, R. S. Trotter, E. W. Wood-Mason.

Degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) (New Ordinances).—H. Adams, M.A.; A. Chalmers, J. S. Chapman, W. S. Clark, J. McR. Cowie, W. D. M. Donald, J. E. Esslemont, T. Fraser, M.A., W. K. Glover, W. E. Henderson, D. J. Kelly, J. McKay, D. R. Moir, T. W. I. Moir, G. Mowat, G. F. Petrie, J. M. Petrie, F. Philip, T. F. Ritchie, G. J. Saunders, D. Sivewright, M.A., C. C. Slorach, J. A. Thomson, B.Sc.; A. Urquhart, M.A.; E. B. Wilson, A. W. C. Young.

* Passed Final Examination "with credit."

† Passed with "honourable distinction."

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a meeting of the President and Fellows held on April 1st, 1898, the following Members of the College, who had been duly nominated in January, 1898, were elected Fellows:

J. Campbell, M.B., Univ. Dubl., L.R.C.P.I., M.R.C.P.I.; J. H. R. Glenn, M.D., Univ. Dubl., L.R.C.P.I., M.R.C.P.I.; W. H. Symes, L.R.C.S.I., L.R.C.P.I., M.R.C.P.I.; T. H. Wilson, L.R.C.S.I., L.R.C.P.I., M.R.C.P.I.

QUACK PAMPHLETS.—A measure which forbids the general distribution of pamphlets, circulars, and other advertisements, in which symptoms of disease are described, is now pending before the Ohio legislature.

THE Prince of Wales's Hospital Fund has received £500 as the current year's instalment of the £5,000 voted by the Corporation of London.

MEDICAL NEWS.

THE seventh meeting of the German Otological Society will be held at Würzburg on May 27th and 28th.

DR. H. W. MARETT TIMS has been appointed Professor of Zoology in Bedford College, London, in succession to Professor W. B. Benham.

GRESHAM LECTURES.—Dr. E. Symes Thompson, Gresham Professor of Medicine, will give four lectures on Sleep and Pain, commencing on April 19th and terminating on April 22nd, at Gresham College, Basinghall Street, E.C.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—We are asked to state that the paper which was announced as to be read by Dr. W. J. Simpson on April 15th has been unavoidably postponed. There will therefore be no April meeting of the Society.

ARRANGEMENTS are being made for two additional wards to be added to the Longmore Hospital for Incurables at Edinburgh. These are to be in a new wing of two storeys, the ground flat giving accommodation to twenty consumptive patients and the first flat to the same number of patients suffering from cancer.

PRESENTATION.—On March 22nd Dr. A. J. Rice-Oxley was presented with a gold chronometer by the members of the Norwood and Streatham Literature, Science, and Art Society, on the occasion of his retiring from the post of secretary to the society. Mrs. Rice-Oxley was at the same time presented with a gold bracelet.

THE sixth congress of the German Dermatological Society will be held at Strassburg from May 31st to June 2nd. The chief subject proposed for discussion is Acne, its Pathology and Treatment, to be introduced by Drs. Touton of Wiesbaden, and Veiel of Cannstatt. A large number of communications and demonstrations have been promised.

At the meeting of the Blackburn Infirmary Board on April 4th, Mr. Henry Harrison, the Chairman, announced that he had received from a gentleman, who did not wish his name to be disclosed, railway stock of the value of £11,000 for the endowment fund of the institution, while he had also received £2,000 from the same donor towards the Victoria wing of the infirmary.

SMALL-POX AT GOOLE.—For some time past the Local Government Board have been urging the Goole Urban Council to provide a small-pox isolation hospital, but without success. Last week a case of small-pox was discovered in the town, and the best suggestion which could be made by the Hospital Committee was that an arrangement might be made with the Hull and Goole Port Sanitary Authority. This meeting was held on the First of April.

THE Duke and Duchess of Marlborough will on May 12th visit the colony established by the National Society for Employment of Epileptics, at Chalfont St. Peter, when the Duke will lay the memorial stone of a home for epileptic boys, and her Grace will open the Victoria House, one of the homes for epileptic men. On the same occasion Mrs. Passmore Edwards will lay the foundation stone of a new home for epileptic girls.

THE CLAPHAM FREE HOME FOR THE DYING.—The sixth annual report of this charity states that during the year 1897, 48 patients were admitted to the Home, being an increase of 13 over the previous year. The institution is managed by the Sisters of St. Margaret's, East Grinstead. Dr. Mackintosh in his medical report draws attention to the unremitting care of the Sisters in carrying out the treatment necessary to prolong and render bearable the lives of the inmates. No fees of any kind are received from patients or asked from those recommending them.

EDINBURGH NURSES' "AT HOME."—On the invitation of the Lord Provost, Convener, and the Committee on Public Health, the nurses in the Edinburgh City Hospital for Infectious Diseases had an "At Home" on Wednesday, March 30th. Nurses from all the hospitals in the city and neighbourhood were present. The company, to the number of over 400, was received by Lord Provost Mitchell Thomson and Mrs. Mitchell Thomson, and by Bailie Pollard, the Con-

vener of the Public Health Committee. They were announced by Mr. James Russell, the principal city officer. Dancing began at 8 and went on till about midnight. The evening's entertainment also included songs and exhibitions of dancing.

MEDICAL LEGISLATORS IN CANADA.—At the recent elections for the Ontario Legislature there were 19 members of the medical profession in the field. Of these, 12 were Conservatives and 7 Liberals. Of the whole number, 7 were elected—5 Conservatives and 2 Liberals. In the last Parliament there were also 7 medical members. Of these, only one, Dr. McKay, of Oxford, will sit in the new House. Of the others, 2 did not offer themselves for re-election, and 4 were defeated. Of the 7 doctors in the last Parliament, 4 were Conservatives and 3 Liberals.

HABITUAL DRUNKARDS.—Among the public bodies which have responded to the circular signed by the Chairman of the Inebriates Legislation Committee are the justices of Bolton, who have not only sent a copy of the following resolution to the Premier and other members of the Ministry, but are also going to consider further the subject of legislation for inebriates: "The justices of the County Borough of Bolton in special sessions assembled express regret that the Government have not been able to find time for the introduction of the promised measure for amended legislation for inebriates. They are of opinion it is of urgent importance that further provision be made by law for the restraint of habitual drunkards (with due regard to the liberty of the subject) with a view to their reformation in special curative institutions. The justices hope that the Government will at an early date introduce a Bill having for its purpose the accomplishment of the above object."

HOSPITAL ABUSE.—The *Bradford Observer* of April 4th publishes some paragraphs on this subject. Our contemporary draws attention to a recent protest of the Bradford and District Medico-Ethical Society against the abuse of medical charities; it remarks that while there is a unanimity of opinion in the ranks of the profession as to the evil, there is great diversity as to the best means to be adopted to bring about reform. In one point, however, it agrees, the profession are unanimous, namely, in urging "that the idea that a workman who pays a penny a week to a hospital thereby establishes an absolute right to treatment there, irrespective of his financial circumstances, ought to be completely stamped out."

THEORIES OF HEALING.—Professor Behring, in a recent address (*Deut. med. Woch.*, No. 5, 1898), at the Marburg University, gave an interesting account of the history and development of the etiological and isopathic theories, and of their influence on the thought of the time. Broadly speaking, the etiological theory is concerned with the causes of disease existing outside the body only, whilst the isopathic theory is chiefly concerned with the means employed for protecting the body from external causes of disease. Professor Behring gave a short history of the earlier theories of healing with the appropriate motto for each. The Hippocratic principle was contained in the words "aliena alienis," whilst the opinions of Galen were embodied in the words "contraria contrariis." The motto of homoeopathy is "similia similibus," whilst "aequalia aequalibus" belongs to isopathy, the most modern development. Professor Behring described the difference between "old" and "new" theories by criticising the explanations given by each concerning the action of quinine in malaria. This drug was used by Sydenham, who was the first to observe the remarkable effect it had on the disease. At one time quinine was said to "brace up" the nervous system and thus render the body less "impressionable" to the action of the malaria poison. In modern times attention has been solely directed to the hæmatozoon in the blood corpuscle, whose vitality is more or less affected by quinine. Lister is called the pioneer of the etiological theory. The fact that wounds will heal of their own accord if allowed rest and cleanliness was one of the most startling revelations of modern times. The action of antitoxin and serumtherapeutics in general formed the chief part of the address, which contained a summary of the work done by authorities such as Pasteur, Koch, Ehrlich, Wernicke, Pfeiffer, and others.;

ROYAL GIFTS TO NETLEY HOSPITAL.—As a memento of their recent visit to Netley Hospital Her Majesty the Queen and Princess Henry of Battenberg have forwarded a number of gifts to that institution. For each of nineteen wards visited by the Queen she has sent her latest photograph bearing Her Majesty's signature in her own handwriting: "Victoria R.I. 1837-97, June 22nd, 1897." These are framed in oak, with gold and brass plates, and bear the inscription: "Presented by Her Majesty the Queen." A portrait of the late Prince Consort is also forwarded. The other gifts are engravings of the Queen in her pony carriage; the Jubilee procession passing Trafalgar Square and leaving Buckingham Palace; a group of the Royal Family, and three coloured prints, with appropriate inscriptions. Her Majesty ordered to be provided for those suffering from loss of arm or leg the very finest artificial limbs which modern invention has produced. Invalid chairs of the latest pattern have also been provided. The Princess Henry has presented a steel portrait of the late Prince Henry of Battenberg framed in oak and gold with suitable inscription.

MEDICAL VACANCIES.

The following vacancies are announced:

BIRMINGHAM CITY ASYLUM.—Clinical Assistant. Board, lodging, and washing provided, but no salary. Applications to the Medical Superintendent.

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: GENERAL HOSPITAL.—House-Surgeon, appointment for six months. No salary, but residence, board, and washing provided. Applications to Howard J. Collins, House-Governor, by April 30th.

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.

CAMBERWELL HOUSE. Peckham Road, S.E.—Junior Assistant Medical Officer; single and under 28 years of age. Salary commencing at £120 per annum, with board, lodging, and laundry. Applications to the Medical Superintendent.

CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—Resident Assistant House-Surgeon. Board, lodging, and washing provided, but no salary. Applications by June 14th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Resident Medical Officer. Salary, £100 per annum, with board, etc. Applications by April 18th.

DARENTH SCHOOL FOR IMBECILE CHILDREN, near Dartford, Kent.—Assistant Medical Officer. Salary, £160, rising £20 annually to £200, with board, lodging, attendance, and washing. Most be unmarried, and not exceeding 35 years of age. Applications, on forms provided, to be received by April 12th.

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.

FAREHAM: HANTS COUNTY ASYLUM.—Third Assistant Medical Officer, unmarried, and not to exceed 30 years of age. Salary, £100 per annum, increasing to £125 after twelve months' service, with furnished apartments, board, washing, and attendance. Applications to the Committee of Visitors by April 26th.

FOLKESTONE: VICTORIA HOSPITAL.—House-Surgeon. Salary, £80 per annum, rising to £100, with board, residence, and washing. Applications by April 11th.

GATESHEAD DISPENSARY.—Assistant Medical Officer. Salary, £120 per annum, increasing £10 annually to £150, without board or lodging. Applications to W. Swinsburne, Hon. Secretary, Town Hall, Gateshead, by April 20th.

KING'S COLLEGE, LONDON.—Sambrook Medical Registrarship. Applications by April 25th.

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 ASYLUMS BOARD.—Assistant Medical Officer at the Mountain Fever Hospital, Lower Tooting.—Salary, £160 first year, £180 second year, and £200 during third and subsequent years, with board, lodging, attendance, and washing. Applications, on forms provided, to be sent to Norfolk House, Norfolk Street, Strand, W.C., by May 20th.

NOTTINGHAM GENERAL HOSPITAL.—House-Surgeon. Salary, £100 per annum, rising £10 a year to £120. Applications by April 26th.

PLYMOUTH ROYAL EAR INFIRMARY.—Honorary Physician. Applications by April 20th.

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.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—House-Physician. Appointment for six months. No salary, but board, etc., provided. Applications by April 25th.

ROYAL ORTHOPÆDIC HOSPITAL, 207, Oxford Street, and 15, Hanover Square, W.—House-Surgeon and Anaesthetist, unmarried. Salary, £100 per annum, with board and residence. Applications by April 20th.

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

SALFORD UNION.—Dental Surgeon. Applications to F. Townson, Clerk to the Guardians, Union Offices, Eccles New Road, Salford, by April 14th.

SMETHWICK, BIRMINGHAM: CORNWALL WORKS MEDICAL ASSOCIATION AND DISPENSARY.—Medical Officer. Salary, £400 per annum. Applications by April 12th.

STAFFORDSHIRE GENERAL INFIRMARY, Stafford.—Assistant House-Surgeon. Salary, £30 per annum, with board, lodging, and washing. Applications to the House-Surgeon by April 22nd.

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.

WINCHESTER: ROYAL HANTS COUNTY ASYLUM.—Honorary Physician. Applications by April 15th.

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

YORK DISPENSARY.—Resident Medical Officer. Salary, £250 a year, with furnished apartments, coals, and gas. Applications to Mr. W. Draper, De Grey House, York, by April 12th.

MEDICAL APPOINTMENTS.

CUNARD-CUMMINS, Miss Lillian, L.R.C.S. and L.R.C.P.I., appointed Assistant Medical Officer of the Lincoln Lunatic Hospital.

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

GANGE, F. A., M.D. St. And., M.R.C.S., reappointed Medical Officer of Health to the Faversham Rural District Council.

HARE, A. W., M.B., B.Ch. Aberd., appointed Junior House-Surgeon to the Borough Hospital, Birkenhead.

KENNINGTON, E., M.R.C.S., L.R.C.P., appointed Medical Officer for the No. 8 District of the Basingstoke Union.

TURNER, G. R., F.R.C.S. Eng., appointed Surgeon to St. George's Hospital.

WASHBURN, William, L.R.C.P. Lond., M.R.C.S. Eng., appointed Surgeon to the General Infirmary at Gloucester and the Gloucestershire Eye Institution.

WIGGINS, William Denson, M.R.C.S., M.R.C.P. Lond., appointed Assistant Medical Officer to the Greenwich Union Infirmary.

WILLIAMS, C. R., M.B., C.M. Edin., reappointed Medical Officer of Health to the Ashby-de-la Zouch Urban District Council.

WYNNE, W. M.B., appointed Medical Officer for the No. 2 District of the Rye Union.

DIARY FOR NEXT WEEK.

WEDNESDAY.

Hunterian Society, 8.30 P.M.—Clinical evening. Sir Hugh Beevor: General Alopecia. Dr. F. J. Smith: Two Cases of Myopathy in Adult Males. Dr. Arthur Davies: Congenital Heart Disease. Mr. John Adams: Case of Raynaud's Disease.

Dr. J. H. Sequeira: (1) Pseudo-hypertrophic Paralysis. (2) Cerebellar Tumour. Other cases will be shown by Fellows.

Evelina Hospital, S.E., 4.30 P.M.—Mr. A. H. Tubby: Swellings in the Groin: their Diagnosis and Treatment.

FRIDAY.

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

BIRTHS, MARRIAGES, AND DEATHS.

BIRTHS.

FLEMING—On Monday, April 4th, at 10, Chester Street, Edinburgh, the wife of Robert A. Fleming, M.D., F.R.C.P.E., of a son.

SHAND—On March 31st, at St. Aubin's, Augerstein Road, North End, Portsmouth, the wife of Surgeon J. Shand, Royal Navy, of a son.

MARRIAGES.

McELWAIN—YOUNG.—On March 23rd, by license, Patrick McElwaine, L.R.C.S., L.R.C.P. Edin., L.F.P.S.G., 21, Great St. Andrew Street, Shaftesbury Avenue, W.C., sixth son of John McElwaine, Esq., Lisgar, Ballieborough, co. Cavan, to Charlotte (Chattie), fourth surviving daughter of the late Samuel Young, Esq., Lisburn, co. Antrim.

TORNEY—DODD.—On March 23rd, at Christ Church, Surbiton Hill, by the Rev. Ralph H. Sneyd, M.A., cousin of the bridegroom, assisted by the Rev. H. J. Watney, George Parsons Torney, Medical Superintendent, Braintree Asylum, Lincoln, eldest son of the late Thomas Torney, Esq., M.D., of Dublin, to Mildred Florence Ethersey, fourth daughter of the late Captain A. I. Dodd, of Ditton Hill, Surbiton, and Moulmein, Burma.

DEATHS.

BINGHAM.—On March 26th, at The Lodge, Mountpottinger, Belfast, Henry Bingham, M.D., L.R.C.S.E.

GRIFFITH.—On March 21st, Caroline, beloved wife of Samuel Clewin Griffith, Esq., M.D., Master of the Society of Apothecaries of London.

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.
 CHLSEA 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, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30, F., 2; Dental, M. Th., 10; Skin, W., 1.30. *Operations*.—W. Th. F., 2.
 LONDON. *Attendances*.—Medical, daily, 1-p., 2, o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu., 9. *Operations*.—Daily, 2.
 LONDON TEMPERANCE. *Attendances*.—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. *Operations*.—M. Th., 4.30.
 METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 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., 9, W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Th., 2.30.
 ROYAL FREE, Southwark. *Attendances*.—Daily, 2. *Operations*.—Daily.
 ROYAL FREE. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, W., 9. *Operations*.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
 ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 9. *Operations*.—Daily, 10.
 ROYAL ORTHOPEDIC. *Attendances*.—Daily, 2. *Operations*.—M., 2.
 ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily, 2.
 ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o.p., W. S., 9; Eye, M. Tu. W. Th. S., 2; o.p., M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopaedic, M., 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, W., 2.45; Throat, F., 2; Orthopaedic, F., 12; Dental, M. Tu. F., S., 12. *Operations*.—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.
 ST. MARK'S. *Attendances*.—Pistula and Diseases of the Rectum, males S., 2; females, W., 9.30. *Operations*.—M., 9; Tu., 2.30.
 ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, Tu. F., 1.45; o.p., M. Th., 1.10; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 9; Skin, M. Th., 9; Dental, W. S., 9; Electro-therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
 ST. PETER'S. *Attendances*.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—W. F., 2.
 ST. THOMAS'S. *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children's, 1.30. *Electro-therapeutics*, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
 SAMARITAN 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., 1.15. *Operations*.—M. Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429 Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

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

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

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

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

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

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

QUERIES.

S. B. C. asks where he could hire or purchase secondhand a full-sized spinal carriage.

C. B. wishes to know of a children's hospital by the sea, preferably on the south coast, where a child, aged 3, suffering from strumous ostitis, can be taken in. Parents could pay about 10s. weekly.

D. O. C. writes to ask what are the boundaries of "Greater London," and what is the population. He understands that it includes such districts as Richmond and Greenwich, and that the population is two or three times as much as that of London proper.

HOME FOR INEBRIATE.

We are asked by a medical correspondent if any of our readers know of any home or establishment where a man in reduced circumstances, whose friends could afford only 21s. to 25s. a week, could be treated for inebriety. At times he is stated to be violent.

ANSWERS.

J. O.—We are informed that eucasin cannot be got in London at present; it may, however, be procurable in a week or two. It is on the list of G. and K. Fritz of Vienna.

DR. F. W. BYWATER.—*Medicine and Kindred Arts in the Plays of Shakespeare*, by the late Dr. John Moyes (Glasgow: James MacLehose and Sons, 1896), deals fully with the medicine of Shakespeare.

ASSISTANTS' HOLIDAYS.

SOUTH COAST.—It is considered politic to give an assistant a fortnight's absolute break from his work during the year, and this in addition to and independently of an occasional day now and again.

THE EXAMINATIONS AT THE APOTHECARIES' HALL.

DR. FRANK HAYDON, Secretary, Society of Apothecaries of London, writes: If "Passed in Surgery" will apply for the present regulations, he will see that candidates can take midwifery separately whether under the four or five years' regulations.

TINCTURE OF NUX VOMICA AND DILUTE ACIDS.

QUERIST.—Tincture of nux vomica made according to the *British Pharmacopoeia*, by dissolving the extract in a mixture of spirit and water, forms cloudy mixtures with dilute acids. These mixtures after standing some time deposit a sediment at the bottom of the bottle. Extract of nux vomica contains, in addition to alkaloids, fatty and other matters. The amount of these varies in different samples of extract, so that the tincture varies also in this respect. The appearance of a mixture containing tincture of nux vomica and a dilute acid may vary according to the extract used for making the tincture.

NOTES, LETTERS, Etc.

ASSISTANTS AND CYCLES.

EXPERIENTIA, who is an assistant, states that it is now becoming the custom to require an assistant to use a cycle, thereby saving the principal in many cases the cost of a horse and trap. He complains that he has found a tendency growing to require the assistant to provide his own cycle. Under the circumstances of the economy to the principal he considers this to be very unfair, and urges that the custom should become general of providing the assistant with a cycle at the cost of the principal.

AN ANTIVACCINATION LETTER-WRITING RING.

MR. ALEX. WHEELER (Darlington) writes: I have for the first time just seen the BRITISH MEDICAL JOURNAL of March 5th, and your mention of my name.

You say that there is in the Antivaccination Society "an inner circle, or letter-writing ring, which has special functions delegated to it in the way of propaganda." Mr. Alex. Wheeler of Darlington, himself a well-known letter writer, took it upon him flatly to deny the existence of any such circle, but we had no difficulty in proving from the evidence of Mr. J. T. Biggs, of Leicester, the truth of our statement, and since that time, so far as we are aware, no denial has been attempted. It is the duty of every member of this ring to send to the public press at least one letter a month, making an attack on vaccination.

Vaccination must indeed be in a bad strait when it has to resort to personalities like this. I have before told you that I know of no ring. Why not say exactly what you mean? Do you mean that we receive payment for writing against vaccination, and that that payment depends upon one letter a month being sent to the press? If so, I say again, it is absolutely false, so far as I am concerned, and so far as I know. Not only have I never received anything for letter writing against vaccination, but, on the contrary, I have lost in this present decade no less a sum than £89 in out of pocket expenses alone on opposition to vaccination. From my first prosecution to the present time, although I am not a man of means, it has personally cost me more than £250 in money alone in the same opposition to vaccination.

Is it impossible for you to believe that opponents of vaccination spend time, energy, money (yes, and some have much shortened their lives) in honest unrewarded labours to obtain freedom to choose or to refuse the rite? If you cannot believe this, I leave you to your shame.

Once for all, I positively deny that I am under any obligation to any one to write a line, or to say a word, or to do a thing, against vaccination. I do it because vaccination is an abominable tyranny imposed on an unwilling people, doing not one particle of good, and serving no