

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

A CASE OF CLONIC SPASM OF THE DIAPHRAGM.
M. B., aged 16, a servant girl, was brought on January 24th, 1898, by her mother. The patient had been troubled with headache, shortness of breath, and pain in the left side for two or three years, but her health up to the commencement of her present illness had always been good, and the family history was satisfactory.

She was a fairly nourished girl, somewhat anæmic, dull and heavy-looking, and appearing much younger than her age. She had convergent strabismus dating from birth, and a dental cyst the size of a hen's egg on the right side of the lower jaw, which had steadily increased in size, since it was first noticed three years ago. She had never menstruated. The heart sounds were normal, but the pulse was 124, small and weak. The lungs were normal, and the respiration 20 per minute. She suffered from constipation and flatulence, and, at times, abdominal pain. The abdominal organs appeared healthy, but there was a rapid expansion and contraction of the abdominal wall, giving, at first, the impression that a pulsating abdominal tumour might be present. On closer inspection, it was found that this expansion and contraction which was not quite, though very nearly, rhythmical, was due to a contraction of the diaphragm, similar to that which takes place in hiccough, but without any interference with respiration, unless the patient attempted a deep inspiration. The contractions, which were at first at the rate of 70 a minute, became much more frequent and violent during examination. Her mother stated that she had noticed these spasms for over a year, and that they occasionally stopped for a day or two at a time, during which the patient complained more than usual of abdominal pain. The spasms stopped during sleep. She was treated with 15 gr. of potassium bromide, three times a day, and ordered to take a saline aperient when necessary. On her return, in a week, the mother stated that there had been no recurrence of the spasms, but on my examining the tumour in the jaw they again commenced, but not so violently as on the previous occasion.

She has been seen since at intervals of about a week, and during this time the spasms have not occurred more than twice, and then only for an hour or two at a time.

I am indebted to Mr. William Brown, under whose care the patient came first as an out-patient, for permission to publish these notes.

HERBERT FOX, M.B.Lond.,
Resident Medical Officer, Carlisle Dispensary.

HYPERPYREXIA IN A CASE OF MEASLES TREATED WITH COLD PACK: RECOVERY.

On March 7th, 1898, I was called to see R. B., aged 16 months, whom I found in bed with the premonitory symptoms of measles and a temperature of 107° F. After a tepid bath he was enveloped in warm blankets and put to bed, and a febrifuge mixture with aconite prescribed. Two hours later his temperature was 103° F., and the rash appearing on the face and chest. During the following forty-eight hours he remained in much the same condition. The eruption was scanty and he was very restless.

On the afternoon of March 11th I was hurriedly summoned, as the child was thought to be dying. I found him unconscious, pupils contracted, temperature 110°, rash gone, feeble pulse, and extreme congestion of lungs. After stripping and exposing him on a blanket in bed, I administered an enema of beef tea and brandy, and applied cold water cloths from his head to his feet, frequently renewing them. With the thermometer in the axilla this treatment was continued for three-quarters of an hour, when the temperature had fallen to 97° F. He was then again rolled up in warm blankets and hot water bottles applied. As convulsions now came on I gave an enema of chloral hydrate 10 gr. and potassium bromide 15 gr., and ordered quinine sulphate 2 gr. and a mixture containing small doses of potassium bromide every two hours. During the night he had several seizures, but slept in the intervals. For two days the rash, which had reappeared

after the cold pack, remained out and his temperature varied between 102° and 104° F. From this time he gradually convalesced, and but for the very free desquamation is now well.
Carlton Colville. R. H. A. HUNTER, L.R.C.P., etc.

PLACENTA PRÆVIA AND THE VOMITING OF PREGNANCY.

SOME time ago I was called to see a pregnant woman, Mrs. M., who was suddenly taken with a severe flooding and slight labour pains. I found a placenta prævia. She had gone six months, and had been nervous about herself on account of the absence of any morning sickness, from which she suffered greatly during her previous six pregnancies. At the time I was interested in the causation of this vomiting, and noted the fact.

I have now under notice another case of placenta prævia in a 9 para, to which I am hourly expecting to be called. This woman, Mrs. P., on the nine previous occasions suffered severely from sickness during the whole time she was pregnant, and I find that although she has now gone five months she has only been sick twice in the whole period.

These two cases, if corroborated by other observers, tend to prove (1) that the origin of the reflex sickness is to be found in or about the cervix uteri, as is generally thought; (2) that it is probably due to the stretching of the cervical fibres and consequent irritation of the nerve endings; (3) negative the flexion theory.

I regard this absence of vomiting as having three important aspects:

1. As a symptom, hitherto unrecorded, of placenta prævia. It certainly cannot be said to have happened accidentally that two women, 6 para and 9 para respectively, who suffered severely from sickness during all the previous pregnancies, without exception, should, when the placenta was prævia be exempt from it.

2. As a further proof that the vomiting of pregnancy is due to stretching of the cervical muscular fibres, cases are cited by Smellie¹ in which, when induction of premature labour was performed for excessive vomiting, the sickness stopped immediately on puncture of the membranes, thus relieving the pressure and showing that stretching of the uterine fibres was the causative agent.

3. As an indication for treatment. Evidently anything that will tend to bring about the cervical condition which obtains in placenta prævia will also alleviate the vomiting. For this I would suggest vaginal poultices.

B. HENRY SHAW, M.B., B.Ch., B.A.O.
Cradley Heath, Staffs.

A CASE OF TYPHUS FEVER.

A MARRIED woman, aged 30, without children, living in St. George's Southwark, sent for me late in the evening of April 8th. She complained of severe pain in the head, back, and limbs, and of frequent attacks of shivering; her temperature was 104° F., pulse rapid, skin dry, but no rash was present. As far as I could gather she appeared to have been taken ill the previous day, but was very reticent about her immediate antecedents. Sodium salicylate was administered. Next morning I was asked not to call, as an improvement seemed to have taken place. However, during the afternoon of April 11th, on being sent for, I paid a second visit. The woman's condition meanwhile had not improved, her temperature was 103.5° F., rigors were frequent; she looked apathetic, but there was no delirium; slight bronchial trouble had developed but no rash.

I was now informed that some days previously this woman had returned from a three weeks' stay in Western Buildings, Kensington, the scene of the outbreak described in the BRITISH MEDICAL JOURNAL of April 2nd and 9th. The history and symptoms seemed so conclusive that I had no hesitation in notifying the case as one of typhus fever. With great celerity the vestry authorities had the case removed to New Cross. The medical superintendent there informs me that a well-marked typhus rash was present on April 12th, followed by pneumonia on April 15th. Dr. Dudfield, of Kensington, in a note, says that the woman was seen by one of his staff on April 6th, when she appeared to be well.

¹ Midwifery, vol. 1, p. 138.

Three families living in the same dwelling were at once placed in the St. George's Reception House lately opened, and the husband was isolated. Disinfection of the whole dwelling was, without loss of time, carried out in a drastic manner by the vestry. So far no other case has appeared in the district.

Southwark.

THOMAS MASSIE, M.B.

REPORTS

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

VICTORIA HOSPITAL FOR SICK CHILDREN, CHELSEA, S.W.

THREE CASES OF HÆMARTHROSIS DUE TO HÆMOPHILIA.

(By A. CHANING PEARCE, M.B., B.S. Lond., House-Surgeon).

CASE I.—H F., aged 7 years, fell down and injured the left knee on August 29th, 1895. Admitted a week later with joint tense and freely fluctuating; hot, but not very tender. He was a feeble-looking boy, very anæmic, but with his cheeks covered with a network of dilated capillaries. Pulse rapid and small; hæmic *bruits* heard over precordium and in neck; temperature 102°. He frequently started in his sleep. An attempt at aspirating the joint was made under the impression that the condition was one of subacute synovitis, but was given up when it was found that nothing but dark, tracky-looking blood oozed out. A considerably quantity oozed away subsequently into the antiseptic dressing, but it ceased in a few hours and gave no further trouble. The high temperature persisted for ten days, and the swelling of the knee gradually diminished. Six weeks later the joint was nearly normal in size, and movement was only slightly limited.

The patient's mother says that he has been liable to attacks of "rheumatism" ever since he was 2 years old. These attacks are preceded by restlessness at night and aching of the limbs; it has been observed that the network of capillaries on his cheeks becomes greatly engorged before an attack. When he cuts himself, he is said to go on bleeding for a week.

His brother, 18 months old, has been noticed to bruise his elbows and knees in crawling, and lately has had three severe attacks of epistaxis, which have left him very anæmic. There are no other brothers or sisters. No history of hæmophilia can be obtained on the mother's or father's side. The mother's father died of influenza, aged 76.

The boy again came up on October 16th with troublesome oozing from the gum following removal of two fragments of his temporary incisors. His left elbow was said to have been knocked; the joint was distended and the skin over it discoloured; there was very slight tenderness. A week later the other elbow-joint was found to be in the same condition; this was not ascribed to any injury.

A month after this he was again admitted for an enormous hæmorrhage into the tissues about the popliteal space and the calf, extending down to the ankle. There was a clear history of injury as a cause. The boy was again feverish and weak, but rapidly improved under treatment, while the hæmorrhage became absorbed. When last seen, in January, 1896, he was fairly well in general health, but had a hæmarthrosis of the right elbow associated with a large cutaneous bruise over the inner condyle. This, added to the patient's account of a fall, made the traumatic origin a certainty. The patient was treated throughout on general principles, and no calcium chloride was given.

CASE II.—P. M., aged 2 years, had been admitted and treated for what was thought to be a "pulpy swelling" of the right knee when 10 months old. The notes record that the swelling extended half way up thigh. About this time it was noticed that the slightest pressure, such as that of the fingers in lifting or that of the rail of his chair, caused bruising of the skin. There is no family history of hæmophilia. Mother's father was gouty; her mother had had rheumatic fever when young. The family was composed as follows:

1. Male, now aged 23, epileptic.
- 2 and 3. Twins; died young of "water on the brain."
4. Mrs. M.; no history of flooding, menorrhagia, etc.
5. Female; no history of hæmorrhage.
6. Female; died young of measles.
7. Female; died young of bronchitis.
8. Female; died young of blood poisoning.

9. Male, aged 12; has had scarlatina severely, which left him with mitral regurgitation; he has adenoids which were once scraped without abnormal bleeding; often cuts himself but never bleeds to any great extent.

The patient has no brothers or sisters.

In May, 1895, the patient was admitted with a lacerated wound of mucous membrane at angle between upper lip and gum. It had bled continuously for twenty-four hours and was considerably blanched. The knee was perfectly well. In spite of plugging with gauze, local application, and internal administration of styptics (calcium chloride was not given) the bleeding continued to recur for a week, and child became seriously blanched. Wound was then very thoroughly cleansed and charred all over with Paquelin's cautery till all oozing was stopped. A scrap of gauze, well powdered with iodoform, was firmly fixed down with collodion. Under this scab dressing the wound healed without further trouble.

In September, four months later, the patient was again brought up with a slight effusion into the left knee (which had been previously sound). He was put on calcium chloride gr. iij ter die. A month later, while still taking the calcium chloride, a large hæmatoma appeared on the right knee. About January 8th, 1896, he was found to have an immense hæmatoma occupying the whole of right side of abdominal wall, and extending from the umbilicus in front well into flank behind. He seemed to be in a very serious condition, for he had retention of urine with constipation; and it was not surprising that a practitioner who saw him advised his parents to take him out of my hands and get him operated on at some hospital with as little delay as possible. In a day or two, however, all cause for anxiety was gone, and he made a rapid recovery.

One other item of interest remains to be mentioned. A fortnight after this (during which time he had been taking calcium chloride gr. v ter die) the child cut two fingers slightly. There was a little bleeding, but not in the least abnormal. The child appears to be in excellent health, and has quite lost the anæmia from which he suffered so long.

CASE III.—W. G., aged 2 years and 3 months had been treated when 1 year and 9 months old for a large hæmatoma on the buttock. He has always bruised readily. His mother gives no history of menorrhagia, etc. A brother of hers has epistaxis "whenever he washes," a fact which speaks for itself.

In May, 1895, the patient was seen several times for a recurring hæmatoma on the forehead. He was treated for fully a month with calcium chloride, gr. iij ter die, but still continued to bruise easily in spite of it.

In August he is said to have had a swollen knee. In September, after some slight injury, the left ankle-joint became distended with fluid; it was hot to the touch, and the skin over it was much stained with yellow blood pigment. This completely cleared up within six or eight weeks, and the patient has not again been seen.

REMARKS.—The error of diagnosis at first made in each of these cases points to the importance of remembering the existence of hæmarthrosis in children, whilst it is interesting to notice that in each case the movement of the affected joint remains good, though the recurrent attacks of inflammation seem likely to produce those destructive changes in the cartilage which have been found *post mortem* in many cases. The treatment by calcium chloride as recommended by Professor A. E. Wright was carried out for considerable periods of time upon three separate occasions. It was once followed by a remarkable suspension of the tendency to bleed, but Dr. Wickham Legg has pointed out that a similar abeyance of the hæmophilic tendency is sometimes met with even in patients who are not undergoing any treatment. On the other two occasions hæmatomata and ecchymoses still continued to appear, in spite of the administration of calcium chloride.

The rapid disappearance of the three large and really formidable extravasations of blood into the connective tissue was very remarkable, but it is in accordance with the general experience that such extravasations rarely suppurate. Lastly, the condition of capillary dilatation on the cheeks of the first

county and commenced practice at North Molton, where he remained for forty-three years. He became L.R.C.P. Edin. in 1862, and took the degree of M.D. St. And. in 1862. He was at work till the last, and only the day before his death was engaged in setting a fractured leg. He passed away after only a few hours' illness from cardiac failure, of which, however, he had had previous warnings. Dr. Spicer always took the keenest interest in the welfare of the parish and its inhabitants, and many a young man in both hemispheres owes a start in life to his recommendations, advice, and assistance. He was a man of wide general information and culture, and an enthusiastic sportsman of the old school, to which belonged his friends the late Parson Jack Russell, Mr. Froude Bellew, and Rev. John Matthews. Popular and respected by persons of all ranks and opinions in North Devon, he has gone to his rest amidst tokens of widespread regret, leaving five children to lament his loss and cherish his memory.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Worms, of Paris, member of the Académie de Médecine, physician to the Rothschild Hospital, and author of numerous writings on medical and sanitary subjects, aged 69; Dr. Georg Dragendorff, formerly Professor of Pharmacy and Toxicology in the University of Dorpat, and author of works on medicinal plants, poisons, etc., aged 62; Dr. C. Barzilai, sometime Professor in the University of Padua, and physician to the Military Hospital, Venice; Dr. G. Guelpa, who introduced hydrotherapy into Italy, aged 81; Dr. L. G. Hill, of Dover, New Hampshire, a former President of the New Hampshire Medical Society, and Vice-President of the American Medical Association, a descendant of Robert Leighton, Archbishop of Glasgow, aged 85; Dr. Lopez Alonso, Professor in the Medical Faculty of the University of Salamanca, and a well-known writer on medical subjects, aged 44; and Dr. Zancarol, physician to the Greek Hospital, Alexandria.

NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

DEPUTY-INSPECTOR-GENERAL THOMAS H. KNOTT is promoted to be Inspector-General, April 4th. His previous commissions are dated as follows: Surgeon, November 12th, 1867; Staff-Surgeon, December 31st, 1872; Fleet-Surgeon, February 19th, 1883; and Deputy-Inspector-General, May 30th, 1892.

Deputy-Inspector-General GEORGE MACLEAN, M.A., M.B., is also promoted to be Inspector-General from April 5th. He was appointed Surgeon, August 4th, 1862; Staff-Surgeon, February 19th, 1876; Fleet-Surgeon, March 2nd, 1883; and Deputy-Inspector-General, May 8th, 1893.

Staff-Surgeons CHARLES JAMES and GEORGE R. D. CHARLTON are promoted to be Fleet-Surgeons from March 12th and 19th respectively. Their commissions as Assistant-Surgeons date from September 29th, 1877; as Staff-Surgeons from September 20th, 1889. Fleet-Surgeon James was Surgeon of the *Tenedos* during the Zulu war in 1879 (medal); received the expression of their lordships' great satisfaction at the display of zeal and devotion to duty manifested during the epidemic of yellow fever at Jamaica, when attached to the hospital in 1852. Fleet-Surgeon Charlton was Surgeon of the *Triumph* (Flagship *Pacific*) during the Chili and Peruvian war, 1879-80-81; was detailed for duty at the hospitals at Lima to aid the sick and wounded during the course of hostilities; received the thanks of the Admiralty and a medal and thanks from the Peruvian Government for services rendered.

The following appointments have been made at the Admiralty: **HOWARD TODD**, Fleet Surgeon; **ARTHUR R. H. SKEY**, Surgeon, to the *Illustrous*, May 10th; **SIDNEY ROACH**, Surgeon, to the *Renown*, for the *Columbine*, April 21st; **WILLIAM HACKETT, M.D.**, Surgeon, to the *Cambridge*, April 23rd; **PERCIVAL M. MAX**, Surgeon, to the *Victory*, additional, February 8th.

Captain F. W. Fisher presided at a court-martial on board the *Victory*, flagship at Portsmouth, on April 21st, when Staff-Surgeon G. F. Dean, M.B., of the *Alexandra* coastguard ship at Portland, was charged with drinking to excess, and therefore becoming ill and unfit for duty. A circumstantial letter alleged that the accused was absent from duty on several occasions, and was eventually sent to the Royal Naval Hospital, Haslar, and treated for alcoholism. The prisoner pleaded guilty, and threw himself on the mercy of the Court. He stated that he was invalided with shattered health after service on the Zambesi, and consequently alcohol had more effect on him than on others. His service record described his character as very good. He was sentenced to lose one year's seniority, and to be dismissed his ship.

ARMY MEDICAL STAFF.

SURGEON-LIEUTENANT-COLONEL W. B. MILLER, M.D., is promoted to be Brigade-Surgeon-Lieutenant-Colonel, *vice* L. A. Irving, retired from April 6th. Brigade-Surgeon-Lieutenant-Colonel Miller entered the service as Surgeon, March 31st, 1874; became Surgeon-Major March 31st, 1886; and Surgeon-Lieutenant-Colonel, March 31st, 1894. He was in the Egyptian

war in 1882, being present at the action at Kassasin on August 28th. He was mentioned in dispatches, and has a medal and the Khedive's bronze star for the campaign.

Surgeon-Lieutenant-Colonel G. D. BOURKE is also promoted to be Brigade-Surgeon-Lieutenant-Colonel, *vice* A. A. Macrobin, retired from April 13th. Brigade-Surgeon-Lieutenant-Colonel Bourke's previous commissions are thus dated: Surgeon, September 30th, 1874; Surgeon-Major, September 30th, 1876; and Surgeon-Lieutenant-Colonel, September 30th, 1894. He served with the Nile Expedition in 1884-85 (medal with clasp, and Khedive's star); with the Egyptian Frontier Field Force in 1885-86, including the engagement at Ginnis; with the Chin-Lushai Expeditionary Force in 1889-90 (mentioned in dispatches, medal with clasp); and with the Burmese Expedition in 1887-89 (medal with clasp).

INDIAN MEDICAL SERVICE.

BRIGADE-SURGEON-LIEUTENANT COLONEL SIR A. S. LETHBRIDGE, M.D., K.C.S.I., Bengal Establishment, has retired from the service from April 1st. He was appointed Assistant-Surgeon, September 30th, 1867; and became Brigade-Surgeon-Lieutenant-Colonel, April 9th, 1892.

Surgeon-Lieutenant-Colonel D. N. PARAKH, Bombay Establishment, also retires from March 14th. He ranked as Assistant-Surgeon from September 30th, 1874; as Surgeon-Lieutenant-Colonel from September 30th, 1894.

Surgeon-Lieutenant-Colonel O. BAKER, Bengal Establishment, is permitted to retire from the service from July 6th next. He was appointed Assistant-Surgeon, April 1st, 1873, and became Surgeon-Lieutenant-Colonel twenty years thereafter.

Brigade-Surgeon-Lieutenant-Colonel A. CROMBIE, M.D., Bengal Establishment, also retires from the service from April 7th. His first commission dates from March 30th, 1872; that of Brigade-Surgeon-Lieutenant-Colonel from August 11th, 1896.

Surgeon-Lieutenant-Colonel J. F. FITZPATRICK, M.D., Madras Establishment, likewise retires from July 9th next. His commission as Assistant Surgeon bears date April 1st, 1868; as Surgeon-Lieutenant-Colonel, April 1st, 1888.

Brigade-Surgeon-GEORGE MONCRIEFF GOVAN, M.D., Bengal Establishment, retired, died at Almora, N.W.P., India, April 1st, aged 69 years. He was in the Burmese war in 1852-53, being present at the capture of Rangoon (medal with clasp), and with the Bhootan expedition in 1864-66, including the taking of the Bala stockades (clasp).

The following promotions have been made: *Bengal*: Surgeon-Majors to be Surgeon-Lieutenant-Colonels from March 30th: J. FRENCH-MULLEN, M.D.; E. CRETIN, M.B., F.R.C.S.; A. DUNCAN, M.D., B.S., F.R.C.S.; G. F. NICHOLSON, M.D., F.R.C.S.I.; S. F. BIGGER, M.B.; Sir G. S. BOBBERTON, K.C.S.I. Surgeon-Captains to be Surgeon-Majors from April 1st: W. G. THOROLD; P. HEHIE, M.D.; L. J. PISANI, F.R.C.S.; W. R. EDWARDS, M.D.; C. MACTAGGART, M.B.; J. F. EVANS, M.B.; G. J. H. BELL, M.B.; J. T. DALY, M.B.; H. FOOKS; E. HUDSON, F.R.C.S.; A. W. DAWSON, M.D.; W. H. B. ROBINSON. *Madras*: Surgeon-Majors to be Surgeon-Lieutenant-Colonels from March 30th: V. H. POPE, M.D.; R. FEMBERTON; J. J. MORAN, M.D.; W. A. QUAYLE, M.D.; H. ARMSTRONG. *Bombay*: Surgeon-Majors to be Surgeon-Lieutenant-Colonels from March 30th: C. MONKS; G. H. BULL, M.D.; F. F. MACCARTHE, M.B., B.Ch., C.I.E.

It has been decided that when officers of the Indian Medical Service hold appointments outside the cadre of the service they shall be seconded if such employment is to last more than a year, on the understanding that an officer recruited to complete the establishment in the place of one seconded shall be absorbed on the first occasion of recruitment after the reversion of the seconded officer to his regular appointment within the cadre of the service.

THE VOLUNTEERS.

CAPTAIN H. M. BROWNFIELD, 3rd (Duke of Connaught's Own) Volunteer Battalion the Hampshire Regiment, resigns his commission, and is appointed Surgeon-Lieutenant, April 20th.

Surgeon-Major D. COWIE, M.B., 5th (Glasgow Highland) Volunteer Battalion the Highland Light Infantry, is promoted to be Surgeon-Lieutenant-Colonel, April 20th.

Surgeon-Lieutenant J. DEWAR, M.B., 1st (Inverness-shire Highland) Volunteer Battalion the Queen's Own Cameron Highlanders, has resigned his commission, April 20th.

Surgeon-Lieutenant-Colonel W. J. FLEETWOOD, M.D., 4th Volunteer Battalion the King's Liverpool Regiment, is promoted to be Brigade-Surgeon-Lieutenant-Colonel on appointment as Senior Medical Officer to the Mersey Brigade Volunteer Infantry, April 20th.

THE FRONTIER RISING IN INDIA.

SURGEON-CAPTAIN H. F. WHITCHURCH, V.C., in medical charge of the 24th Bengal Infantry, is specially mentioned by the officer in command of the Mekan Field Force on the North-West Frontier of India, for the readiness of his arrangements. "He was" (it is added) "in the firing line attending to the wounded from the time the action commenced, and was from the beginning of the expedition in medical charge of the force, and looked after us well."

The *London Gazette* of the 2nd instant contains the despatch of Sir Bindon Blood reporting the operations of the Buner Field Force in January last. This despatch has been already noticed in the *BRITISH MEDICAL JOURNAL* of March 26th, where the particulars of special interest to medical readers are cited.

DEMOBILIZATION OF THE TIRAH FIELD FORCE.

ON the preliminary reduction of the Tirah Force, the following field hospitals and sections will be demobilised: British field hospital No. 11, Sections A and B; No. 8, C and D; No. 9, A and B; No. 13, A and C; No. 14, A and B; Nos. 23 and 24. Native field hospital No. 43, 44, 45, 48, and Sections A and B, 54 and 63.

The Base General Hospitals at Rawal Pindi have been closed, those at Nowshera receiving the sick and wounded until further orders. No. 2 Medical Store Depot has been demobilised.

Only 3 officers were on the sick list in the week ending April 1st, 2 the result of accidents. The general health of the troops was excellent.

of this kind should not be lightly undertaken, and, should our correspondent contemplate legal proceedings of any kind, we would recommend him first to consult his solicitor and lay all the facts before him.

UNIVERSITIES AND COLLEGES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

We are requested to publish the following "Protest and Claim of Right" with preliminary list of signatures:—

Whereas the Council of the said College has, on the 14th instant, refused to hold an election to enable the Members and Fellows thereof to exercise the right claimed in the above petition, on the *ex-cathedra* and irrelevant statements (a) "That the Council sees no reason to alter the mode of election" (b) "which has been in force for the last forty years," which last-named circumstance, if that mode be illegal, does not make it legal (since rights cannot be waived to the public detriment), but is the strongest reason for its immediate discontinuance:

We, the undersigned Fellows and Members and Members of the College, respectfully protest against the attitude and action of the Council as a violation of our undoubted right, and publicly claim our right as Fellows and Members and Members of the College to our franchise in the election of the representative of the College on the General Medical Council, and invite all Members and Fellows of the College to unite in this protest and claim, and in further, and more effectually, by all the means at their command, pressing the same upon the consideration of the Council.

Victor Horsley.

George Brown, M.R.C.S. Eng.

George Jackson, F.R.C.S. Eng.

T. Granville Hockridge, M.D., M.R.C.S.

J. Rees Gabe, M.D., M.R.C.S.

Joseph Smith, M.R.C.S.

Royd Joll, M.B. Lond., M.R.C.S. Eng.

W. G. Dickenson, M.R.C.S. Eng.

A. S. Morton, M.R.C.S. Eng.

Tom R. Taylor, M. B. Lond., F.R.C.S. Eng.

R. B. Anderson, F.R.C.S. Eng.

Chas. E. Bean, M.R.C.S. (Plymouth).

Colin Campbell, M.R.C.S. Eng. (Uppermill).

George Fardons, M.R.C.S. (Plymouth).

T. A. I. Howell, M.R.C.S. (Wandsworth).

E. Solly, M.D. Lond., F.R.C.S. Eng. (Harrogate).

Neville Williams, M.D., M.R.C.S. (Harrogate).

Walter L. Woolcombe, M.R.C.S. Eng., F.R.C.S. Edin. (Plymouth).

THE UNIVERSITY OF EDINBURGH.

UNIVERSITY COURT.—At the meeting of the University Court on April 18th the Right Hon. Lord Balfour of Burleigh was in the chair, and Principal Sir William Muir, Drs. Heron Watson and Joseph Bell, Mr. A. Taylor Innes, and Professors Butcher and Laurie were present.

Intimation was made of bequests to the University by the late Honourable Bouverie Francis Primrose, C.B., of £1,000 for the encouragement of original research and £1,000 for the Library.

There was submitted to a committee for consideration and report copy of the trust disposition and deed of directions by the late Sir William Fraser, K.C.B., LL.D., bequeathing to the University (1) £25,000 for the formation of a chair to be called "The Sir William Fraser Professorship of Ancient History and Palaeography"; (2) £10,000 for library purposes; and (3) half of the residue of his estate for general purposes, but especially for foundation of bursaries, etc., in connection with history, or for promoting historical research.

Applications for the use of the music class room were granted for meetings of the British Medical Association (Life Assurance Section) in July next.

GENERAL COUNCIL.—The statutory half-yearly general meeting of the General Council of the University of Edinburgh was held in the Examination Hall on April 16th; Sir William Muir, Vice-Chancellor, in the chair. The Business Committee reported that in February last they received a communication from the University Court, informing them that a Committee of the Court had been appointed to consider the best mode of laying before the public the more urgent requirements of the University, and of raising funds to provide for them, and inviting the co-operation of the Council by appointing four of their number to act in conjunction with the Committee of the Court. Having convened a joint meeting of the Committees of the Council, the following members were provisionally appointed to join the Committee of the Court:—Dr. John Duncan, Mr. D. D. Buchan, LL.B., D.Sc., and Messrs. Thomas McKie and J. C. Lorimer, advocates. These gentlemen had attended several meetings of the Committee, whose work was not yet completed. As the powers of the Universities Commission had now expired, it did not now seem necessary to reappoint the Ordinances Committee; and it was recommended that a cordial vote of thanks be accorded to the members of that Committee for their services. Mr. Campbell Lorimer, in submitting the report, said an urgent appeal had been framed, and was about to be issued, with the view of securing funds for the more immediate requirements of the University.

THE FINANCIAL POSITION OF THE UNIVERSITY.—The Finance Committee, in their report—now that the work of the University Commission was over—directed the attention of the Council to the position as regarded finance in which the University now stood, when the new ordinances had come into operation, and the new administration might be considered as fairly under weigh. When the Act of 1889 transferred the property and financial management from the Senatus to the University Court, enlarged and strengthened, the capital funds were as follows: General University fund, £28,543 11s. 5d.; funds partly or wholly appropriated to particular purposes, £70 187 3s. 5d.; funds appropriated other than bursary, etc., funds, £82,342 3s. 5d.; bursary, scholarship, and fellowship funds, £234,315 5s. 5d.; Eskbank feu duties, £128 6s. 3d. £415,516 9s. 8d. The only unfettered capital fund with which the Univer-

sity Court can deal is the General University Fund, which in 1889 amounted as above to rather more than £28,500. All the other funds are earmarked and devoted to educational purposes which cannot be said to be productive of revenue to the University as a whole. The University Court had, therefore, in 1889, to commence its work in the re-ordering of the University, having at its disposal as capital only this sum of £28,500. Prior to the Act of 1889 the revenues of the University were, exclusive of the bursary, etc., funds, broadly these: Emoluments of Principal and Professors—Parliament grant, £5,550; special endowments of Chairs, £6,835; class fees, £32,365—£44,750. General funds—Matriculation, £3,500; graduation, £8,000; interest of capital, £1,000; surplus from income of special endowments, £2,000; Parliamentary grant, £800; miscellaneous, £700—say £16,000. Out of this annual sum of about £16,000 had to be met the whole general working charges of the University, which may be roughly stated at £16,000. After pointing to changes made in the system for fixing the emoluments of the professoriate, the report went on: A very substantial increase to the general fund is the most clamant necessity of the University at the present time, and that notwithstanding the capital of that fund has increased from £28,500 in 1889 to £69,000 in 1897 by the accumulations of Parliamentary grant unexpended before the new ordinances took effect. Until the general fund is put upon a satisfactory footing the University Court will be almost powerless in its efforts to keep Alma Mater in the front rank among Universities. Touching on the plan adopted by the Commissioners in regard to the emoluments of the chairs, the report proceeded: It is impossible to pass from this subject without some anxiety for the future in regard to the charge upon the General University Fund, and that because of the serious shrinkage of the class fees since the Act of 1889. That the University of Edinburgh may progress and expand under the new order of things devised by Parliament and by the Commissioners will be the earnest wish of every alumnus and past and present, and we take it also of the citizens of Edinburgh, who are bound by many ties, parental and filial, to the University, where they have cherished since 1583. How these aspirations are to be carried to fulfilment is a practical question, not perhaps easy of solution. The University of Edinburgh has received, and continues to receive, many generous gifts. The magnificent buildings of the Medical School, and the more than magnificent McEwan Hall, proclaim the warm heart and princely benefaction. The special endowment funds of the University have, moreover, risen from £38,000 in 1889 to £66,000 in 1897. Yet, with every feeling of gratitude, the truth must be told that the University is in great need of money. In conclusion, the Committee submitted comparative abstracts of last year's accounts. The capital funds for 1896-97 were £675,081, as against £652,205 in 1895-96. The revenue for 1895-96 showed a total of £83,460, as against £84,927 for 1896-97; while the expenditure in 1895-96 was £78,533, compared with £81,439 in 1896-97, showing a surplus revenue in 1895-96 of £4,926, as against £3,488 in 1896-97. The total revenue of the General University Fund in 1895-96 was £44,038; and in 1896-97, £44,079. The total expenditure in 1895-96 was £43,743; and in 1896-97, £46,271, including £3,526 for property purchased.

THE NUMBER OF MEDICAL STUDENTS.

The total number of matriculated medical students was:

Year.	No.	Year.	No.
1890-91	1,951	1894-95	1,512
1891-92	1,852	1895-96	1,455
1892-93	1,736	1896-97	1,419
1893-94	1,560		

Giving an average of 1,641 medical students during the last 7 years.

UNIVERSITY OF DURHAM.

CONVOCATION.—Convocation of the University of Durham was held at the College of Medicine, Newcastle, on Saturday, April 23rd. There was a large attendance, including the Mayor and Corporation. The Warden of the University presided and conferred the degrees. Convocation is now held in Newcastle once in the year at the College of Medicine and at the College of Science alternately.

CONJOINT BOARD IN IRELAND.

SECOND PROFESSIONAL EXAMINATION.—Candidates have passed this examination as undernoted:

Completed the Examination.—Honours.—C. R. Royce.—Pass.—G. F. Alderdice, M. Ballesty, S. Browne, W. R. L. Cherry, W. H. Dodd, F. G. Fitzgerald, M. Gavin, Mrs. Hennessy, C. W. Holden, G. Lacy, J. S. Lane, J. Roberts, H. H. Swanzy, J. Verdon.

In Anatomy.—W. E. Adrian, R. Allison, A. J. Connolly, C. H. Cormac, A. S. Cosgrave, A. D. C. Cummins, W. Davis, J. Dundon, J. F. Fitzgerald, J. J. Givney, R. W. Hillis, R. A. Johnston, M. J. Loughrey, C. R. Millar, J. J. M'Inerney, L. R. M. O'Ferrall, T. F. M. Ormsby, J. F. Peart, J. M. Reynolds, T. Tallon, F. R. Thorn, S. Tucker.

In Physiology.—A. J. Connolly, C. H. Cormac, W. C. Croly, W. Davis, J. Dundon, L. Graham, R. M. O'Ferrall, J. M. Reynolds, G. J. Sexton, T. Tallon.

In Histology.—R. Allison, H. M. Clarke, P. N. Creagh, D. A. Faris, R. A. Johnston, C. R. Millar, L. R. M. O'Ferrall, J. F. Peart, L. G. de Rosario, G. J. Sexton, F. R. Thorn.

In Materia Medica.—C. Cormac, J. Cuffe, G. H. Enright, J. F. Fitzgerald, G. J. Sexton, F. R. Thorn.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, April, 1898.—The following candidates passed in:

Surgery.—J. Buckley (Section II), Manchester; F. W. Chesnaye (Section I), St. George's Hospital; A. E. Freer, St. Mary's Hospital; F. Hasler (Section I), London Hospital; T. C. Last, St. George's Hospital; F. A. Leete (Section I), Royal Free Hospital; G. M. F. Pereira, Calcutta and Royal Free Hospital; J. M. Sanderson, Cambridge and London Hospital; T. B. Sellors, Middlesex Hospital.

Medicine.—J. Buckley (Section II), Manchester; E. R. R. Cheesman, Charing Cross Hospital; W. A. Clement, Bombay; J. L. Elliott, Leeds; S. R. Hallam, St. Thomas's Hospital; F. Hasler (Section I), London Hospital; H. W. Hues, Birmingham; E. J. T. Jones, St. Thomas's Hospital; F. A. Leete (Section I), Royal Free Hospital;

Miss Pantin (Section II), Royal Free Hospital; O. T. A. Phillips, Cardiff and London Hospital; J. M. Sanderson, London Hospital; *Forensic Medicine*.—E. R. R. Cheesman, Charing Cross Hospital; W. A. Clement, Bombay; J. L. Elliott, Leeds; S. R. Hallam, St. Thomas's Hospital; F. Hasler, London Hospital; H. W. Hues, Birmingham; M. Jenkins, Guy's Hospital; J. Jones, Edinburgh and London Hospital; F. A. Lee, Royal Free Hospital; O. T. A. Phillips, Cardiff and London Hospital; W. R. Wilson, Dublin and Belfast.

Midwifery.—J. Brown, Manchester; J. Buckley, Manchester; P. Cator, St. Bartholomew's Hospital; H. E. Dalby, Charing Cross Hospital; J. L. Elliott, Leeds; S. R. Hallam, St. Thomas's Hospital; W. St. G. G. Hill, St. Mary's Hospital; B. Hogan, London Hospital; H. W. Hues, Birmingham; O. T. A. Phillips, Cardiff and London Hospital; R. C. Robertson, Charing Cross Hospital; J. M. Sanderson, London Hospital; T. B. Sellors, Middlesex Hospital; O. C. Sibley, Middlesex Hospital; N. Walmisley, St. Bartholomew's Hospital; A. J. Watson, St. Mary's Hospital; W. R. Wilson, Dublin and Belfast.

The diploma of the Society was granted to the following candidates: Messrs. J. Buckley, W. A. Clement, S. R. Hallam, B. Hogan, M. Jenkins, T. C. Last, T. B. Sellors, E. J. T. Jones, and Miss Pereira.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

DIPHTHERIA IN LONDON.

THERE was a slight decline last week in the mortality from diphtheria in London. The deaths referred to this disease, which had been 29 and 34 in the two preceding weeks, fell to 31 during the week ending Saturday last, April 23rd. Of these 31 fatal cases, 6 were of persons belonging to Wandsworth, 3 to Camberwell, and 3 to Hackney sanitary areas. The notifications of diphtheria in London, which had been 190, 180, and 205 in the three preceding weeks, declined to 181 during the week ending Saturday last, the 23rd inst. Compared with the preceding week, the prevalence of the disease remained almost stationary in West, North, and Central London, while in East London there was an increase, and in South London a very marked decline in the number of new cases. Among the sanitary areas of West London there was a considerable increase in the prevalence of diphtheria in Westminster, 9 new cases being notified, against 3 in each of the two preceding weeks. In all the sanitary areas of North London there was a decline in the number of new cases, except in Hackney, where there was a very marked further increase, 24 new cases being notified, against 7 and 16 in the two preceding weeks. The increase in the prevalence of diphtheria in East London was due to the rise in the number of new cases in Bethnal Green, St. George-in-the-East, and Poplar, in each of which sanitary areas the notifications last week considerably exceeded those recorded in recent weeks. In South London there was a very marked decline in the prevalence of diphtheria, the new cases being considerably fewer than in any week for several months past. This decline was most marked in Newington, Lambeth, Battersea, Woolwich, Lee, and Camberwell; in the last-mentioned sanitary area the new cases declined to 4 last week, against 17, 10, and 17 in the three preceding weeks. On the other hand, there was a fresh outbreak at Lewisham, 7 new cases being recorded, against 2 and 1 in the two preceding weeks. The admissions of diphtheria patients into the Metropolitan Asylums Hospitals during last week were 105, against 121, 120, and 128 in the three preceding weeks; and 950 cases remained under treatment in these hospitals on Saturday last, April 23rd.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 7,202 births and 3,905 deaths were registered during the week ending Saturday last, April 23rd. The annual rate of mortality in these towns, which had declined from 21.5 to 19.5 per 1,000 in the three preceding weeks, further fell to 18.1 last week. The rates in the several towns ranged from 8.4 in Croydon, 10.9 in Portsmouth, 13.6 in Brighton, and 13.8 in Swansea to 20.5 in Bradford and in Leeds, 21.0 in Salford, 23.8 in Newcastle-upon-Tyne, and 24.6 in Sunderland. In the thirty-two provincial towns the mean death-rate was 18.3 per 1,000, and slightly exceeded the rate recorded in London, which was 17.9 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.2 per 1,000; in London the rate was equal to 2.8, while it averaged 1.8 per 1,000 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.6 in Newcastle-upon-Tyne, 2.9 in Salford, 3.0 in Leicester, and 3.7 in Sheffield. Measles caused a death-rate of 1.5 in London, in Leeds, and in Bristol, 1.6 in Halifax and in Sheffield, and 2.7 in Leicester; and whooping-cough of 1.0 in Sheffield and in Gateshead, 1.1 in Oldham, and 1.9 in Salford. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 48 deaths from diphtheria in the thirty-three towns included 31 in London, 3 in Cardiff, and 3 in Liverpool. One fatal case of small-pox was registered in Sunderland, but not one in London or in any other of the thirty-three large towns; and no small-pox patients were under treatment last week in any of the Metropolitan Asylums Hospitals. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 2,377, 2,421, and 2,384 at the end of the three preceding weeks, had further declined to 2,334 on Saturday last, April 23rd; 241 new cases were admitted during the week, against 239, 234, and 217 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, April 23rd, 1,053 births and 663 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 24.2 to 22.5 per 1,000 in the three preceding weeks, further fell to 22.0 last week, but was 3.9 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the

death-rates ranged from 13.6 in Leith and 19.7 in Edinburgh to 24.8 in Paisley and 28.9 in Perth. The zymotic death-rate in these towns averaged 2.9 per 1,000, the highest rates being recorded in Paisley and Glasgow. The 315 deaths registered in Glasgow included 22 from measles, 16 from whooping-cough, 3 from scarlet fever, 3 from diphtheria, and 3 from "fever." Four fatal cases of measles were recorded in Edinburgh, and 2 of diphtheria in Aberdeen.

LUNATICS "NOT EXACTLY" PAUPERS.

DAPHNE writes to ask various questions in reference to lunatics who are not "exactly paupers," and what the usual procedure is in reference to such cases. He refers specially to one patient (presumably a lunatic) who wishes to conduct his own case.

"* We would recommend our correspondent to procure a copy of the Lunacy Act, 1890, which regulates the management of all lunatics, paupers and others. If, having studied this, he should then require further information, we will endeavour to give it. We hope, however, that he will state his own difficulty clearly should he have occasion to write again.

HOUSES UNFIT FOR HABITATION.

M.O.H. (Wales) asks if there are any lines laid down by any authority to guide medical officers in deciding whether a house is fit or unfit for habitation, and inquires as to practice adopted.

"* We know of no attempt on the part of the Local Government Board or other similar authority to dictate to the medical officer of health as to what class of houses he shall certify as unfit for habitation. On the other hand the Model By laws issued under the Board's authority show pretty clearly what are regarded as the conditions of a healthy house, and it is a matter for the judgment of the medical officer of health to what extent departures from these conditions may render any house unfit for habitation. It is the practice of most officers to regard the amount of light, the freedom of the circulation of air in and around the house as important. The absence of damp, or of any distinct nuisance from drainage in the house itself, or from accumulation in the immediate neighbourhood would be amongst the conditions of fitness. It would be for the judgment of the sanitary officials to determine whether any particular nuisance would be better dealt with by closing or threatening to close the house, or by direct action under the Public Health Act, 1875, Section XCI.

MEMBERS OF DISTRICT COUNCILS AND NOTIFICATION FEES.

MEMBER writes to ask whether he, being a member of a district council, can legally receive fees for notifying cases of infectious disease to the medical officer of his own district council.

"* We believe it is generally held that these fees can be legally claimed, as the duty of notification is a statutory one, and the amount is defined by law. We are not aware that the question has ever been raised before any court of law.

CHARGE FOR ATTENDANCE ON PRIVATE PATIENT.

M.O.H. attends A., daughter of business man. District hospital specially opened for A., who is there attended by M.O.H. Guardian charge A.'s father with expenses. Can M.O.H. charge for his attendance?

"* "M.O.H." *qua* M.O.H. has no duties in attending patients. If he is engaged by the district council (guardians can only come in as rural district councillors) or by the Hospital Board to attend their patients, and act as their paid officer, he cannot charge. Any infectious Hospital Board can charge and recover. If, however, "M.O.H." only attends as a private practitioner, he can charge. Some hospitals allow attendance of private practitioners, who charge their own clients. If "M.O.H." is retained and paid to attend all not so provided for, he must do so, even though the Board charge expenses.

CERTIFICATES AS TO INABILITY TO ATTEND SCHOOL.

DISTRICT M.O. writes to ask whether he is obliged to certify to inability to attend school—(1) for pauper children, (2) for non-paupers.

"* (1) If the guardians for their own use require any information in reference to any pauper patients actually under the care of a District Medical Officer the latter is bound to give this, by certification or otherwise; but we do not consider that a medical officer is called upon to visit a pauper child simply for the purpose of certifying in reference to school attendance. (2) Under no circumstances can a District Medical Officer be called on in his official capacity to give such school certificates.

VITAL STATISTICS OF LONDON SANITARY DISTRICTS DURING THE FIRST QUARTER OF 1898.

[SPECIALLY PREPARED FOR THE BRITISH MEDICAL JOURNAL.]

In the accompanying table will be found summarised the vital statistics of the forty-three sanitary areas of the metropolis, based upon the Registrar-General's returns for the first or winter quarter of this year. The mortality figures in the table relate to the deaths of persons actually belonging to the various sanitary areas, and are the result of a complete system of distribution of deaths occurring in the institutions of London among the various sanitary areas in which the patients had previously resided.

MEDICAL NEWS.

THE first annual *conversazione* of the Royal Society will be held on Wednesday, May 11th.

THE address of the British Institute of Preventive Medicine will, after May 1st, be Grosvenor Road, London, S.W.

THE Matrons' Council, a society composed of matrons of hospitals, will hold a conference in London on June 15th and 16th next.

THE trustees of the late Mr. Richard Gibbs have contributed to St. Thomas's Hospital the sum of £1,000 for the purpose of endowing a bed in his memory.

A NEW wing to the Scarborough Cottage Hospital has been formally opened by the Mayor. The addition provides a spacious dining hall, 45 feet by 19 feet, on the ground floor, and on the next floor two new wards with twenty beds.

THE discussion at the Society of Engineers on Dr. Thresh's paper on the Protection of Underground Water Supplies will be resumed on Monday next at the Royal United Service Institution, Whitehall, at 7.30 P.M.

ON March 20th the University of Halle conferred the degree of Doctor of Medicine on Fräulein Hildegard Ziegler, the daughter of a pastor of Liegnitz, who passed her final examination *magna cum laude*.

DR. MASSON, Public Vaccinator, Cottingham, East Yorks, has been awarded the Government grant for successful vaccination in the Cottingham and Willerby Districts of the Sculcoates Union.

PRESENTATION.—Dr. C. R. Leader has, on the occasion of his leaving Worthen, been presented with a silver revolving dish, ladle, and tray as a mark of appreciation of his professional services to the inhabitants of the district.

AMONG the other congresses to be held in Paris in 1900 it is proposed that one should be arranged for the discussion of questions of medical ethics and matters relating to the interests of the profession.

AMONG the papers to be read at the third annual Congress of the South-Eastern Union of Scientific Societies, which is to be held at Croydon on June 2nd, 3rd, and 4th, is one by Dr. H. Franklin Parsons on the nature of the soil in connection with the distribution of plants and animals.

THE COST OF TYPHOID.—It is estimated that the recent epidemic of typhoid fever at Camborne has cost £150. This is not a large sum in itself, but its expenditure is no guarantee against recurrence of the trouble. When will it be recognised that money invested in assuring public health pays good interest?

PROFESSOR VAUGHAN HARLEY will commence a practical course of Pathological Chemistry at University College, London, in May. The course will include lecture demonstrations on stomach contents, faeces, blood, urine, and pathological fluids, as well as practical laboratory work. Further information can be obtained from the Secretary of the College.

ON April 22nd, for the first time since February 1st, no case of small-pox was reported in Middlesbrough, and it was hoped that the epidemic was at an end. Cases have occurred, however, since then; on April 26th there were as many as 3. The total number of cases since the outbreak commenced is 1331, and the number of deaths 188.

THE RECENT EPIDEMIC AT MAIDSTONE.—It will be remembered that a number of sufferers from typhoid fever in Maidstone decided to bring a combined action against the water company for damages sustained. It is now stated that these claimants have accepted an offer of compensation to the extent of £3,000 from the company.

EPILEPTIC COLONIES.—The memorial stone of a home for boys at the Colony of the National Society for Employment of Epileptics at Chalfont St. Peters, Bucks, will be laid on Thursday, May 12th, at 2.45 P.M., by the Duke of Marlborough. On the same day the Duchess of Marlborough will open the Victoria House, one of the new homes for men; and

Mrs. Passmore Edwardes will lay the foundation stone of a home for girls. All these buildings are the gift of Mr. Passmore Edwards, and the elevations show picturesque houses in the modified English farmhouse style now so popular.

DOGS FOR WOUNDED IN WAR.—The German Society for training dogs to be used for finding wounded men in action, of which the Duke of Coburg is patron, and which now numbers over three hundred members, has resolved to train collies for military service in the tropics, as an experience of more than ten years has shown that they are the best fitted for it, and are especially able to stand the climate.

THE *Journal d'Accouchements*, of Liège, announces the death of Madame Henriette Rubbers, *née* Bay, which took place recently at Constantinople. Madame Rubbers, who had reached a very advanced age, for many years taught midwifery in the Imperial School of Medicine, Constantinople, and was midwife-in-ordinary to the Sultan's harem.

THE RED CROSS SOCIETY.—The National Society for Aid to the Sick and Wounded in War have not yet decided upon any action in relation to the war just declared between the United States and Spain. It is reported, however, that the Canadian Branch of the same Society is prepared to send an expedition to render aid to both parties, without distinction of nationality. No confirmation of this statement has been received at the headquarters of the Society in London.

THE annual meeting of the Medical Mission Auxiliary of the Church Missionary Society will be held at Exeter Hall on Thursday, May 5th, at 7.30 P.M. The chair will be taken by Sir William Broadbent, and among the speakers will be Mr. A. Neve, F.R.C.S. Edin., Medical Missionary in Kashmir, and Dr. Herbert Lankester, Physician to the Society. Those desiring to attend should communicate with the Secretary, Medical Committee, C.M. House, Salisbury Square, E.C.

MEDICAL SENATORS.—The following members of the medical profession have recently been elected members of the Spanish Senate: Dr. Cortezarena, representing the Royal Academy of Medicine of Madrid; Dr. Alejandro Martin, representing the Central University; Dr. Fernandez Caro, for Alicante; Dr. Rodolfo Castillo, for Cadiz; Dr. Justo Martinez, for Pontevedra; Dr. Martinez Pacheco, for Santander; Dr. Magaz, representing the University of Barcelona; Dr. Gimeno, representing the University of Valencia; Dr. Calleja, representing the University of Zaragoza; and Dr. Guzman Andres for Seville.

THE United States appear to possess an excellent hospital ship in the *Solace*, a well-chosen name, which is at present at Key West. According to the correspondent of the *Daily Telegraph* she is of 3,800 tons burden, with a speed of 17 knots. She is fitted up with bunks for the wounded, operating rooms with suitable antiseptic surgical appliances, convalescing rooms, a room for dying cases, and a mortuary. She has a laundry and disinfecting machines, and carries an adequate staff of nurses. She will sail under the flag of the Red Cross, and carries steam launches to be used at the time of or after action to collect the wounded.

FACTORY GIRLS' COUNTRY HOLIDAY FUND.—The Lord Mayor, who presided at the meeting of the fund at the Mansion House, said that during the past year 1,250 women and girls had been sent into the country for 2,120 weeks at the cost of £1,230, of which £246 was paid by themselves. Mrs. Garrett Anderson urged the immense importance of the country holiday to the girls, and Mr. Arnold White said the movement was of national importance. The factory girls penned up in great cities were shut out from all the health-giving delights of Nature, and yet they were to be the mothers of the future. This crowding into the great cities was really deteriorating the fibre of the nation. The Hon. Secretary is Miss Canney, St. Peter's Rectory, Saffron Hill, London, E.C.

DENGUE FEVER AT SYDNEY.—The fears that an epidemic of dengue fever might become established at Sydney have happily proved unfounded. Dr. Thompson has found that no further cases have followed the cases brought into the colony. So far the question of communicability of dengue has not been settled, and most conflicting statements are

made as to the question of the protection afforded by a previous attack. A large number of cases occurred at Kempsey during the later part of February. The disease was imported into New South Wales in 1886, when there was a very severe epidemic in New Caledonia.

ROYAL INSTITUTION OF GREAT BRITAIN.—Amongst the lectures to be delivered before the close of the present session will be three by Lord Rayleigh, F.R.S. on Natural Philosophy on Thursdays, May 12th, 19th, and 26th; two by Dr. E. E. Klein, F.R.S., on Modern Methods and their Achievements in Bacteriology, on Thursdays, June 2nd and 9th; and two by Mr. J. A. Thomson, M.A., on the Biology of Spring, on Saturdays, May 21st and 28th. The first of the Friday evening lectures was given on April 22nd, on the Recent Eclipse by the Astronomer Royal, Mr. W. H. M. Christie, C.B., F.R.S. Other lectures will be given on Friday evenings up to and including June 10th.

ST. MARK'S HOSPITAL.—A festival dinner to celebrate the 63rd anniversary of this hospital was given in the Whitehall Rooms at the Hôtel Métropole on April 25th. In the absence of the Duke of Connaught the Lord Mayor took the chair. In 1896 a new building was erected to provide additional accommodation. The cost of this was defrayed out of invested funds, and it is hoped that it will be possible, by means of subscriptions, to replace the capital thus withdrawn. In proposing the toast of the hospital, the Chairman spoke very directly on the abuse of charitable institutions by persons well able to afford medical treatment, and in reply to the toast of "The Medical Staff," given by the Earl of Cork, Mr. Alfred Cooper paid a tribute to Listerism by drawing attention to the increased facilities for operation that now existed owing to the introduction of antiseptics.

DECOMPOSING BODIES IN A CHURCH.—The Medical Officer of Health for St. George Southwark is at present in an unenviable position. It appears that for some time complaints have been made as to the presence of a highly objectionable smell in the parish church. This has been traced to some decomposing bodies interred in the crypt, which for obvious sanitary reasons Dr. Waldo is anxious to remove. But, on the one hand, the sanitary authority are indisposed to authorise the removal of the bodies on account of the cost, £1,000, which would add 1d. in the £ to the rates; and, on the other, the Rector and the worshippers of the church strongly protest against their remaining. The matter could probably be dealt with in one of two ways. Either the Home Office, through its inspector of burial grounds, could interfere, and by an Order in Council effect the necessary removal; or the local authority could treat the matter as a nuisance dangerous to the public health. The real question is, of course, who is to pay.

A LEAGUE OF SURGEONS OF THE MERCANTILE MARINE.—An International League of Surgeons of the Merchant Marine has been formed in America. The objects of the League are stated to be: (1) To increase the efficiency of the medical service on the ocean liners. (2) To encourage the surgeons to respect their position, and to prevent unworthy applicants from receiving employment. (3) To provide information on professional subjects relating to sea service with a view to lessen the difficulties of recently appointed medical officers. (4) To collect a history of the members for publications. (5) To publish a volume of records which shall be of value to those interested. (6) To furnish a list of the medical officers of the Merchant Marine, serving at sea, throughout the world. Further information may be obtained from the Secretary of the League, Dr. W. Thornton Parker, Groveland, Mass., U.S.A.

MEDICAL VACANCIES.

The following vacancies are announced:

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

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN, Steelhouse Lane, Birmingham. Resident Surgical Officer. Salary, £50 per annum, with board, washing, and attendance. Applications to the Secretary by May 10th.

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

CARDIFF INFIRMARY.—Assistant Resident Medical Officer. Appointment for six months without salary, but with board, washing, and apartments. Applications to the Secretary by May 9th.

CLAYTON HOSPITAL AND WAKEFIELD DISPENSARY.—Assistant House-Surgeon. Salary, £60 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by May 3rd.

COLCHESTER: ESSEX AND COLCHESTER HOSPITAL.—House-Surgeon; unmarried, or widower, without family. Salary, £100 per annum, with board, residence, and washing. Applications to the Committee before noon on May 20th.

DONCASTER GENERAL INFIRMARY AND DISPENSARY.—Indoor Dispenser and Assistant. No salary, but board, lodging, and washing provided. Applications to the Honorary Secretary by May 18th.

DUDLEY: GUEST HOSPITAL.—Resident Assistant House-Surgeon. Appointment for six months. Salary at the rate of £20 per annum, with board, lodging, and washing. Applications by May 12th.

GLOUCESTER: THE GENERAL INFIRMARY AT GLOUCESTER AND THE GLOUCESTER EYE INSTITUTION.—Assistant Surgeon. Applications by May 11th.

HEMEL HEMPSTEAD, HERTS: WEST HERTS INFIRMARY.—House-Surgeon and Dispenser; unmarried. Salary, £100 per annum, well-furnished rooms, board, fire, light, attendance, and washing. Applications to the Honorary Secretary by June 9th.

HANTS COUNTY ASYLUM.—Third Assistant Medical Officer; not to exceed 30 years of age, and unmarried. Salary, £100 per annum, increasing to £125 after twelve months' service, with furnished apartments, board, washing, and attendance. Applications to the Committee of Visitors, Hants County Asylum, Fareham, by May 17th.

HASTINGS, ST. LEONARD'S, AND EAST SUSSEX HOSPITAL.—Assistant House-Surgeon. No salary, but residence, board, and washing provided. Applications to the Secretary by May 20th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Physicians. Applications to the Secretary by May 18th.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Honorary Physicians and Honorary Surgeons. Applications to the Secretary-Superintendent by May 21st.

HOSPITAL OF ST. FRANCIS, New Kent Road, S.E.—Honorary Assistant Surgeon, Two Honorary Assistant Physicians, and Anaesthetist. Applications to the Secretary by May 1st.

HOSPITAL FOR WOMEN, Soho Square, W.—House-Physician. Appointment for six months. Salary, £30. Also Clinical Assistant. Applications to the Secretary before May 14th.

IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.—Senior House-Surgeon; unmarried. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by May 3rd.

KILBURN, MAIDA VALE, AND ST. JOHN'S WOOD GENERAL DISPENSARY.—Two vacancies on the Honorary Medical Staff. Applications to the Secretary, 13, Kilburn Park Road, N.W., by May 7th.

LONDON COUNTY ASYLUM, Claybury, Woodford Bridge, Essex.—Junior Assistant Medical Officer, between 23 and 30 years of age. Salary, £150 per annum, with board, furnished apartments, and washing. Applications, on forms provided, to be delivered at Asylums Committee Office, 21, Whitehall Place, S.W., by May 14th.

LONDON LOCK HOSPITAL.—House-Surgeon to the Female Hospital, Harrow Road. Salary, £50 per annum, with board, lodging, and washing. Surgeon to Out-patients at the Dean Street Hospital; must be F.R.C.S. Eng. Applications to the Secretary at Harrow Road by May 18th.

MIDDLESBROUGH: BOROUGH OF.—Medical Officer of Health. Salary, £350 per annum. Applications to George Bainbridge, Town Clerk, by May 2nd.

NEWARK-UPON-TRENT HOSPITAL AND DISPENSARY.—House-Surgeon; unmarried. Salary, £80 per annum, with board and lodging. Will be required to do the dispensing for the Hospital and Free and Provident Dispensaries, for which a further salary of £40 is paid. Applications, on forms provided, by May 2nd.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road.—Resident Medical Officer and Assistant Resident Medical Officer. Appointments for six months. Salary at the rate of £50 is attached to the senior post. Applications to the Secretary by May 2nd.

NORWICH: NORFOLK AND NORWICH HOSPITAL.—Physician. Applications to the Secretary by May 7th.

ST. ALBANS RURAL DISTRICT COUNCIL.—Medical Officer of Health. Salary, £100 per annum. Applications to the Clerk by May 2nd.

ST. PANCRAS AND NORTHERN DISPENSARY, 126, Euston Road, N.W.—Resident Medical Officer. Salary, £105 per annum, with residence and attendance. Applications to the Honorary Secretary, H. Peter Bodkin, 23, Gordon Street, Gordon Square, W.C., before May 2nd.

SEAMEN'S HOSPITAL (DREADNOUGHT), Greenwich, S.E.—House-Surgeon for the Dreadnought Hospital, Greenwich. Junior House-Surgeon for Branch Hospital, Royal Albert Dock. Salaries, £50 per annum, with board and residence. Applications to the Secretary by May 3rd.

SUFFOLK COUNTY ASYLUM, Melton.—Second Assistant Medical Officer; under 30 years of age. Salary, £100 per annum, with board, lodging, washing, and attendance. Applications to the Medical Superintendent, County Asylum, Melton, Suffolk, by May 10th.

VENTNOR, ISLE OF WIGHT: ROYAL HOSPITAL FOR CONSUMPTION.—Resident Medical Officer. Salary, £100 per annum, with board and lodging in the Hospital; unmarried. Applications to the Board of Management, 34, Craven Street, Charing Cross, London, by May 6th.

WARNEFORD HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Appointment for six months but may be renewed. Applications to the Secretary before May 12th.

WEST DERBY UNION.—Resident Assistant Medical Officer at Mill Road Infirmary. Salary, £100 per annum, with rations. Applications to H. P. Cleaver, Clerk to the Guardians, Brougham Terrace, Liverpool, by May 3rd.

WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, PARALYSIS, AND EPILEPSY, Welbeck Street, W.—Honorary Surgeon; must be F.R.C.S.Eng. Applications to the Secretary by May 16th.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—House Surgeon and House-Physician. Salaries, £100 a year, with board, lodging, and washing. Applications to the Chairman of the Medical Committee by May 6th.

MEDICAL APPOINTMENTS.

ALLAN, A. Smith, M.B., Ch.B.Glasg., appointed Medical Inspector of Seamen for the port of Calcutta, India.

ASTON, R. H., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Twelfth District of the North Bierley Union.

CHAWNER, Alfred, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Lane District of the Chesterfield Union.

CODD, J. Alfred, M.D., B.Sc.Lond., appointed Honorary Assistant Physician to the Wolverhampton and Staffordshire General Hospital.

CROOKS, Lewis A., M.B., C.M., appointed Assistant House-Surgeon (non-resident) to the Leith Hospital.

DENSHAM, W. Arnold, M.R.C.S., L.R.C.P., appointed Second Assistant Medical Officer to the Lewisham Infirmary.

DEVREUX, W. C., M.A., M.B., B.C.Camb., appointed Medical Officer for the Tewkesbury District of the Tewkesbury Union.

FULTON, George C. S., M.B., C.M.Glasg., appointed Medical Officer of Health for the Eston Urban District Council, *vice* Dr. Malcolmson, deceased.

GAIT, Hugh, M.B., C.M., D.P.H.Camb., appointed Professor of Forensic Medicine and Lecturer on Hygiene in St. Mungo's College, Glasgow.

GOSTLING, Thomas Preston, M.R.C.S., L.R.C.P., appointed Honorary Surgeon to the Worcester General Infirmary, *vice* G. E. Hyde, resigned.

GRANT, Cosmo, M.B., C.M.Aberd., appointed Medical Officer for the Haddleigh District of the Rochford Union.

GROOM, Dr. W., appointed Medical Officer for the First, Second, and Eighth Districts of the Wisbech Union.

HITCHINS, F. C., M.R.C.S.Eng., L.R.C.P., appointed House-Surgeon to the Stamford and Rutland Infirmary, Stamford.

HOPEWELL-SMITH, A., L.R.C.P.Lond., M.R.C.S.Eng., L.D.S.Eng., appointed Dental Surgeon to the Chelsea Hospital for Women, Fulham Road, S.W.

JOHNSTON, J. Somerville, L.R.C.S., L.K.Q.C.P.Irel., appointed Visiting Surgeon to St. Nicholas Industrial Schools, Manor Park, *vice* Dr. Boyd, resigned.

JOHNSTONE, J. E. St. Geo., M.B., B.Ch., B.A.Dub., appointed Medical Officer for the Strley District of the Tewkesbury Union.

JONES, Hugh, M.B., C.M.Glasg., D.P.H., appointed Medical Officer of Health to the Dolegely Rural District Council.

MACGREGOR, Alexander, M.D.Aberd., M.R.C.P.Lond., appointed Physician to the Westminster General Dispensary.

OLVER, T., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Third District of the Plympton St. Mary Union.

PARKHURST, Rodie, M.B., C.M.Edin., res appointed Medical Officer of Health to the Long Sutton Urban District Council.

PERRY, E. V., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Great Wingham District of the St. Faith's Union.

PORTER, Charles, M.B., C.M., appointed Surgeon for the Out-door Department to the Leith Hospital.

SHAW, B. Henry M.B., B.Ch., B.A.O.Univ. Irel., appointed Second Assistant Medical Officer to the Stafford County Asylum, Stafford.

SIMPSON, Francis Odell, L.R.C.P.Lond., M.R.C.S.Eng., appointed Senior Assistant Medical Officer to the Govan District Asylum, Crookston, N.B.

STRUTHERS, John Wm., M.B., Ch.B., appointed House-Surgeon to the Leith Hospital.

TURNER, A. C., M.B., C.M.Edin., appointed Assistant Medical Officer, Fisherton Asylum, Salisbury.

TURNER, A. F., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer of the Workhouse of the Tewkesbury Union.

WALKER, J. R. Hall, M.B., C.M., appointed House-Physician to the Leith Hospital.

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.

ANDERSON.—On April 23rd, at Limehurst, Moor Park, Preston, Lancashire, the wife of Joseph Anderson, M.B., of a son.

GOODMAN.—On April 22nd, at Elmsted, Kingston-on-Thames, the wife of Roger N. Goodman, M.D.Cantab., of a son.

D'ERF WHEELER.—On April 15th, at 17, St. George's Terrace, South Kensington, the wife of Percy D'Erfe Wheeler, M.D., F.R.C.S.E.,

F.R.G.S., Medical Superintendent, L. J. S. Mission Hospital, Jerusalem, of a son.

GRUMMITT.—At Kingsbridge, S. Devon, on April 20th, the wife of Charles C. Grummitt, M.A.C.S., L.R.C.P., of a daughter.

MARRIAGES.

COWAN—HAMILTON.—At St. Michael and All Angels Church, Helensburgh, on April 20th, by the Rev. J. Stuart Syme, John M. Cowan, B.A., M.B., B.C., youngest son of the late John B. Cowan, M.D., LL.D., Professor of Materia Medica in the University of Glasgow, to Maud Mary, eldest daughter of George W. Hamilton (formerly of Calcutta), View Park, Row, Dumbartonshire. (Indian papers please copy.)

DEVANE—STEVENS.—On April 27th, at the Church of St. Anthony of Padua, Anerley, Thomas Francis Devane, L.R.C.P.&S.Ed., Ashville, Maple Road, son of the late Thomas Devane, of West View House, Cork, and Mrs. Devane, 14, Selby Road, Anerley, to Ethel Mary, daughter of Warwick A. Stevens, A.M.I.C.E., of Silvertown, Weighton Road, Anerley.

GALLOWAY—SAWERS.—On April 21st, at St. John's Church, Blackheath, by the Rev. J. W. Marshall, B.A., Vicar, James Galloway, M.D., eldest son of the late James Galloway, of Calcutta, to Jessie Hermina, elder daughter of the late Robert Orr Sawers, of Calcutta and Blackheath.

HILL—MCDONOUGH.—On April 21st, at the Windsor Hotel, Glasgow, by the Rev. Robert Hill, M.A., Renfrew Free Church, assisted by the Rev. Dr. Stewart, Dennistoun Free Church and the Rev. John Hill, M.A., Coatdyke U. P. Church, James Hill, M.D., Renfrew, to Isa, youngest daughter of the late Dr. John McDougall, of Old Kilpatrick. At home, 3, Houston Terrace, Renfrew, second and fourth Tuesdays after May.

MIDDLEMASS—ELKINS.—At All Saints, Leavesden, Herts. on April 23rd, by the Rev. A. Wilson, Vicar, James Middlemass, M.B., F.R.C.P.E., Medical Superintendent of Sunderland Borough Asylum, to Loui, elder daughter of Joseph Elkins, of Stanford, near Rugby.

MURRELL—WILLIAMSON.—On April 26th, at St. John's Church, Putney, by the Rev. A. K. Hurley, George Frederick Murrell, M.B.Lond., of Craven Road, Reading, to Rose Annie, second daughter of John Williamson, of Beechhurst, Putney Common, Surrey.

PENTLAND-SMITH—AITKEN.—At the Cathedral, Inverness, on April 21st, by the Right Reverend the Lord Bishop of Moray, D.D., Archibald Lumsdane Pentland-Smith, M.A., B.Sc.St. And., M.B., C.M.Edin., Elie, Fifeshire, to Anne Margaret, eldest daughter of the late Thomas Aitken, M.D., Medical Superintendent, District Asylum, Inverness, and granddaughter of the late Very Rev. John Forry, Dean of St. Andrews.

DEATH.

SPICER.—On April 16th, at North Molton, Devon, Robert Henry Scanes Spicer, M.D.St.And., M.R.C.S.Eng., L.R.C.P.Ed., in his 71st year.

DIARY FOR NEXT WEEK.

MONDAY.

Odontological Society of Great Britain, 8 P.M.—Papers by Mr. Alfred Coleman and Mr. W. E. Ackland, and a casual communication by Mr. George Thomson.

London Post-Graduate Course, London Throat Hospital, 8 P.M.—Dr. Edward Law: Examination of Ear, Throat, and Nose.

TUESDAY.

Pathological Society of London, 8.30 P.M.—Dr. Payne: Sections of Liver from a case of Acute Yellow Atrophy of the Liver. Professor Kanthack: The Distribution of Leprosy Bacilli in the Tissues and the Origin of Giant Cells in Leprosy. Dr. Rose Bradford: Hematomas in a Hydropneumothorax. Dr. Hugh Walsham: Latent Tuberculosis of the Tonsils. Dr. Parkes Weber: Chronic Endophlebitis Proliferans; microscopic specimens illustrating a condition not rarely felt in middle-sized superficial veins. Drs. Andrewes, Garrod, Drysdale, Still, and Batten: Hemorrhage into the Suprarenal capsules in Infants. Dr. L. Freyberger: (1) External Rupture of an Aneurysm of the Ascending Part of the Arch of

the Aorta. (2) The Minute Structure of an Anemic Infarct of the Lung. Dr. Collection: (1) Pin in the Vermiform Appendix; (2) Round Pellets in a Dermoid Cyst. Card Specimens.

London Post-Graduate Course, Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Abraham: Keratosis.

Royal College of Physicians, 5 P.M.—Dr. S. Monckton Copeman: On the Natural History of Vaccinia. Milroy Lecture II.

City Orthopedic Hospital, 5.3 P.M.—Mr. Chisholm Williams: Angular Curvature of Spine.

National Hospital for the Paralyzed and Epileptic, 3.30 P.M.—Lecture by Dr. Buzzard.

WEDNESDAY.

London Post-Graduate Course, Hygiene at Parkes Museum, 4.30 P.M.—Professor A. G. Carter Blyth: Refuse Removal and Disposal, etc.

South-West London Medical Society, Town Hall, Wandsworth, 8 P.M.—A discussion on the Midwives Bill (1897) to be opened by the President (Mr. T. A. I. Howell).

Obstetrical Society of London, 8 P.M.—Specimens will be shown by Mr. Targett, Dr. Horrocks, Mr. Druce and others. Papers:—Dr. C. Hubert Roberts: Case of Primary Carcinoma of the Fallopian Tube. Dr. Arnold W. W. Lea: The Sagittal Fontanelle in the Heads of Infants at Birth.

THURSDAY.

Ophthalmological Society of the United Kingdom, 8 P.M.—Clinical evening. Cases and specimens will be shown by Mr. W. C. Rockliffe (Hull), Mr. Ridley (Leicester), Mr. Devereux Marshall, Surgeon-Captain H. Herbert, and Dr. G. H. Bogg.

London Post-Graduate Course, Central London Sick Asylum, 5.30 P.M.—Professor Kenneth McLeod, LL.D.:

Physical Requirements of the Public Services.

Royal College of Physicians, 5 P.M.—Dr. S. Monckton Copeman: On the Natural History of Vaccinia. Milroy Lecture II.

Charing Cross Hospital, Post-Graduate Class, 4 P.M.—Dr. Green: Clinical Demonstration of Cases in the Wards.

FRIDAY.

London Post-Graduate Course, Bacteriology at King's College, 3 to 5 P.M.—Dr. Wilkinson: The Microscope and Methods of Cultivation, etc.

West Kent Medico-Chirurgical Society, Royal Kent Dispensary, 8.15 P.M.

—Address by the President: A Few Remarks on the Principles that should guide us in Operations for Cancer.

West London Medico-Chirurgical Society, 8.30 P.M.—Papers will be read by Mr. McAdam Eccles and Mr. Tubby.

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. F., 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. *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., 3; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations*.—Tu. W., 2.30 Th., 4.
 MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o. p., M., 9; W., 10; Th., 2.30; Eye, W., 1.30; 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. F., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, W., 9. *Operations*.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
 ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 9. *Operations*.—Daily, 10.
 ROYAL ORTHOPEDIC. *Attendances*.—Daily, 2. *Operations*.—M., 2.
 ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily, 2.
 ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o. p. W. S., 9; Eye, M. Tu. W. Th. S., 2; o. p. M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 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. W. S., 1.30; Eye, W., 1.30; Tu. F., 2; Skin, W., 2.45; Throat, F., 2; Orthopaedic, F., 12; Dental, M. Tu. F., S., 12. *Operations*.—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.
 ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, males S., 2; females, W., 9.30. *Operations*.—M., 9; Tu., 2.30.
 ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o. p., 12.45; Obstetric, Tu. F., 1.45; o. p. M. Th., 1.0; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-therapeutic, 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, Tu., 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., 9; Dental, Tu. F., 9.30. *Operations*.—Tu. W. F., 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.

NATURALIST desires to learn the best fluid in which to keep dead mice and such small animals with a view to their ultimate dissection. Methylated spirit hardens them too much.

BOLUS asks for information as to the winter and summer climate of Jersey. Would the vicinity of St. Heliers be suitable for a case of recurring bronchitis in a patient aged 14 years?

XEROSTOMIA.

M. B. asks for advice in the treatment of the following case: A farmer, aged 56, suffers from chronic dryness of mouth, lips, and fauces. He has no exceptional thirst, but the whole buccal cavity feels, as he describes, dry as a stick. There is no sugar or albumen in his urine, and he seems in fair health. "M. B." has tried to stimulate the salivary glands, but so far without benefit.

"* Dry mouth, or xerostomia, was first demonstrated in this country in the case of a woman, by Mr. Jonathan Hutchinson, at the Neurological Society, in 1887. Since that time many cases have come under observation, most of them being women at about middle life. As a rule, the symptoms supervene rather suddenly. It is probably a nervous disorder. In many cases jaborandi has done good, but in as many more it has failed. Dr. Hadden in 1888 brought a case before the Clinical Society. In this case pilocarpin was pushed apparently with benefit. The disease is also known as aptyalism. It is an intractable condition, and, being to all appearances a nervous disease, alleviation will probably be found rather in treatment directed to the nervous system than in direct stimulation of the gland itself, which in all recorded cases has been found quite healthy.

TREATMENT OF FIBROUS ANKYLOSIS.

N. E. T. would be glad of suggestions for the treatment of this case—long-standing partial fibrous ankylosis of knee-joint. Cycling has brought about slight increase of mobility and range of motion, and the patient is anxious to increase this by gradual daily stretching of the joint. What kind of splint or instrument can be recommended for this purpose? Considerable force is required to make any impression. The joint is entirely free from inflammation, and the patella is movable. A radical operation is objected to.

ANSWERS.

N. G. H.—The inquiry might be addressed to the secretaries of the various colleges.

NOTES, LETTERS, ETC.

THE TEMPERATURE OF LIQUID AIR. In a paragraph on the analytic use of liquid air published in the BRITISH MEDICAL JOURNAL of April 23rd, p. 1006, it was stated that the temperature of the liquid air is 210° C.; it should have been "— 210° C."

AN APPEAL ON BEHALF OF THE FAMILY OF THE LATE MR. JOHN PAGE HENTSCH.

DR. D. G. KNIGHT (410, Brixton Road, S.W.) writes: I beg to submit a list of subscriptions received up to date.

Dr. W. Domett Stone	... 1 s. d.	£ s. d.
Dr. Chas. Terry	... 5 0 0	10 10 6
Dr. C. W. Chapman	... 1 1 0	1 1 0
One who Knew Him as a	... 1 0 0	5 0 0
Boy	... 1 0 0	
Dr. John Durno	... 0 10 6	15 4 0

AN INJUDICIOUS ADVERTISEMENT.

A GOOD many comments have been made lately on the subject of medical advertising, and though in some cases the doctor himself has been to blame, in by far the greater number it is the well-meaning but injudicious friend. Our attention has been called to an advertisement of the St. John Ambulance Brigade in the *Herne Bay Press*, and we cannot but think that the hon. surgeon himself will be the first to alter its wording, so that no one can imagine that he is the only doctor in Herne Bay or its neighbourhood who could be sent for.

FORECASTING THE SEX.

DR. PERCY SHARP (Brant Broughton, Newark-on-Trent) writes: Dr. Blake asserts that "unfertilised eggs could not produce drones or any other living bee;" on the contrary, a virgin queen is able to lay eggs which will produce drones; besides this, what are known as fertile workers are not uncommon; these insects are physically incapable of mating with a drone, yet their eggs are known to produce drones, but never worker bees. Further, Dr. Blake says: "The drones themselves are the fertilising bees that cohabit with the queen to produce her brood," etc.; he here overlooks the fact that a queen bee mates only once in the course of her life with one drone, the latter is unable to withdraw his penis, which is twisted off in the act and he immediately dies, leaving the organ *in situ*; the store of spermatozoa being retained in the spermatheca of the queen, and used as required. Though there may be many drones in a hive, they take no notice whatever of a queen once fertilised, nor even of a virgin while in the hive, as mating always takes place on the wing, the drone being unable to express the penis except while on the wing; that is, when the air sacs in the abdomen