

of the wounds produced by the weapons and projectiles used in it, then war is more humane now, dum-dum bullet notwithstanding, than when it was when Sniders or even Martini-Henrys were employed. The object to be attained by leaving the point of the dum-dum bullet uncovered by the cupronickel envelope was to increase its stopping power on traversing soft parts only, in consequence of its breaking up without contact with bone; but this does not nearly always occur, and then the wounds it produces in soft parts are precisely similar to those of the service Lee-Metford or of the French Lebel bullets. When it does break up it causes a severely lacerated wound of the soft parts, but one not nearly so severe as those resulting from the ordinary small-bore or any of the older rifle bullets when they meet bone in their passage. The fractures of the shafts of long bones and of their cancellous ends resulting from the dum-dum bullet are comparable in every way with those produced by the service Lee-Metford, and are no more difficult of cure than the latter, notwithstanding that particles of the core and of the envelope are liable to remain in the tissues. The Snider bullet was probably the most destructive small-arm projectile ever used in an army, but the inhumanity of its employment in war was never suggested. When travelling at the same velocity it produced more extensive fractures of bones than any small-bore bullet, dum-dum or other; it comminuted the bone into larger fragments, and displaced these to a greater extent; the fissuring of the bone did not extend so far from the seat of fracture as it does in the case of the small-bore missile, but in the former case the periosteum was also greatly lacerated, while in the latter it, to a great extent, remains unbroken over the fissures, and preserves the larger fragments in their normal positions, this being, of course, favourable towards recovery. Besides increased accuracy of shooting, the only advantage a small-bore rifle possesses over the older weapons is that it preserves a higher rate of "remaining velocity" at all ranges than they do, and, as a result, will cause a greater number of severe injuries. But at equal velocities the Snider and Martini-Henry bullets produce greater damage to bony structures than do the Lee-Metford or dum-dum bullets, while the latter, if it deforms, causes a more lacerated wound of the soft parts.

I have made experiments with dum-dum bullets; I have seen our men who were hit with them on the Indian frontier, and I have received numerous letters from medical officers who saw and treated the injuries produced by them in the Tirah campaign, and I am convinced that an exaggerated idea of their effects exists. The experiments referred to proved that they often pass through the soft parts without changing their shape or breaking up; the fractures resulting from them in the wounded from India are no more severe—are, indeed, perhaps less so—than those caused by the Afridi Snider and Martini-Henry missiles; and the information obtained from some of the medical officers in the late expeditions in India goes to show that they often produce clean, punched-out holes in long bones, a class of injury favourable to recovery and seldom seen to result from Snider bullets.

That the dum-dum bullet, when it breaks up, produces a more lacerated track through soft parts is no doubt true; for this it was invented, because the "stopping power" of the Lee-Metford was found to be *nil* when bone was not implicated, and something had to be done to render the small-bore weapon effective against the rushes of Asiatic fanatics. But that the fractures of bones caused by it are more severe, or more lethal in their results, I very much doubt. The carcasses of the animals experimented on did not show it on dissection; the wounded men now at Netley afford no evidence of it, nor do the statements of some medical officers in India bear out this view.

It was with reference to fractures that Bruns raised this question of the "brutal inhumanity" of the dum-dum bullet; but if the suggestion that it produces no more damage to bony structures than the service Lee-Metford does be correct, then it follows that its use in warfare is no more "inhuman" than is the employment of any of the small-bore weapons with which the armies of all the civilised nations of the world are now armed, for they all produce injuries of about the same degree of severity; and with regard to this latter class of small arm Bruns himself has stated that "the new

arm of small calibre is not only the best, but it is also the most humane, in that it lessens the horrors of war as far as possible."

In conclusion, it may be well to point out that the articles of the Geneva Convention do not refer at all to the use of small-arm shells in warfare, but to quite different matters; it was, as already mentioned, at a Congress of the representatives of all the European Powers held at St. Petersburg in 1868, that a minimum weight of 400 grammes, or about 14 ozs., for explosive projectiles was agreed upon.

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

THE SCHOTT TREATMENT OF CARDIAC DISEASE.
A REVIEW of certain cases of cardiac disease which have been treated at Nauheim, or by the Nauheim method, without benefit, leads me to venture on a discussion as to the *rationale* which governs that treatment.

It is now generally accepted that a portion of the change in the area of cardiac dulness and in the position of the apex beat is due to the altered relations of the lungs and diaphragm to the heart which result from the treatment. There is, however, a real reduction of the capacity of the heart in those cases which receive benefit.

I find that among the numerous explanations which have been advanced to account for the contraction of the organ there is one assumption in common—that there exists some specificity in the Nauheim waters residing in the salts contained therein. I venture to maintain that there is a law of hydrostatics involved which has been altogether disregarded.

The principle to which I allude is the complement to the principle of Archimedes, that "a body immersed in a liquid loses a portion of its weight equal to the weight of the liquid displaced." "Every body immersed in a liquid is subject to a resultant pressure equal to the weight of the liquid displaced." If a body float on the surface of a liquid, the pressure on the immersed portion of that body equals the weight of the body. If a human body be floated in a bath of water, the pressure exerted by the water on the skin and underlying structures equals the weight of the subject.

The result in the case of a living subject is the application of massage to the immersed portion of the body by hydraulic pressure. The effects may be enumerated as follows: (1) Compression of the vessels (arteries, veins, and lymphatics) in all tissues unprotected by the bony skeleton; resulting in greatly increased resistance to the heart's action in circulating the blood, with propulsion of the lymph and venous blood towards the cavities protected by the bony skeleton. (2) The reflex effect on the heart (retarding it) through the splanchnic nerves, dependent on increased pressure on the abdomen from without. (3) The ascent of the diaphragm in response to the increased abdominal tension, a consequent diminution of the long axes of the lungs, an increase in the short axes of the lungs, and a displacement of the heart upwards (resulting in alteration of the relations of the heart and lungs). (4) A reflex action of doubtful existence and degree from the cutaneous nerves. (5) The influence of the temperature of the water in which the body is immersed, varying with its degree.

I do not refer to the other portions of the Schott method; they are "exercises," and have no pretensions to being anything more.

We have evidently in the Schott treatment a new demonstration of the old truth that exercise is beneficial in some forms of cardiac disease, and it is highly doubtful if we have anything more. The balneological treatment is doubtless an ideal one for some cases; the exercise can be perfectly graduated, respiration is free, and the cardiac beat is well regulated from the splanchnic area—but it may be potent for evil as for good.

There is another lesson to be learnt from a study of the law of hydrostatics referred to, namely, that there are many cases

of heart disease which should never be subjected to the strain involved on the organ by immersion of the body in a bath.
Chapel Street, S.W. KENNETH STEWART, M.D.

A CASE OF CHOREA DUE TO FRIGHT.

THE remote effects of shock or fright to the nervous system may afford grounds for much divergence of opinion. For example, a child aged 12 years, the son of highly neurotic parents, happened to be in a railway accident in which three or four people lost their lives and many were severely injured. After the accident the boy walked home in company with his parents seemingly none the worse for his adventure.

When he had an attack of rheumatic fever, which lasted for some weeks and ultimately left him in a debilitated condition. About a week after the accident he developed symptoms of chorea. The convulsive movements of the hands and facial muscles were extremely well marked. The features at times were distorted, articulation impeded, appetite irregular, and temper irritable. A soft systolic murmur was audible at the apex. The patient was confined to bed and treated with arsenic and cod-liver oil. As soon as convalescence was established he was allowed plenty of fresh air and exercise. The case, at first severe, made a speedy recovery.

The question arises in this case as to the cause of the disease. Was it due to the rheumatic fever which such a short time previously preceded the attack or to the fright of the accident? Fright, I think, must be considered as an exciting cause in a subject predisposed.

Gateshead-on-Tyne.

WM. GLADSTONE COOK, L.R.C.P.

REPORTS

ON

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

BRITISH GENERAL HOSPITAL (No. 3) NOWSHERA, PUNJAB, INDIA.

CASES OF BULLET WOUND.

(Under the care of Surgeon-Major W. C. T. POOLE, M.B.,
F.R.C.S.I., Army Medical Staff.)

CASE I.—*Bullet Wound of Left Elbow received in Action in Tirah: Joint Disorganised: Recovery.*—Private S., aged 26, seven years' service Oxfordshire Light Infantry, was wounded in the left arm on December 30th, 1897, during a rear-guard action in the vicinity of the Khyber Pass, about five miles from Lundi Kotla.

The bullet entered the flexor aspect of the left forearm, about 2 inches below the elbow, and came out about 2 inches above the joint on the anterior surface of the arm, fracturing the upper third of the ulna, and disorganising the joint as it passed. He was at first removed to one of the Khyber villages, and afterwards to the field hospital, where the olecranon process of the ulna was excised.

He was transferred to No. 3 British General Hospital, Nowshera, on January 7th, 1898. On arrival he was in a very weak and anæmic state; the arm was greatly swollen and œdematous, and both wounds were in a septic condition. Shortly after admission secondary hæmorrhage set in from the upper wound, probably from a branch of the superior profunda artery. It was promptly controlled by a boracic compress and bandage.

Treatment.—The wounds were washed out with a solution of mercury perchloride, 1 in 1,000, and the injured part freely dusted over with boracic acid, covered with boric lint and wool, and the arm placed in a poroplastic splint. All inflammatory action rapidly subsided, and the wounds assumed a healthy appearance. He regained partial use of his arm, and was discharged from hospital and invalided to Netley on February 16th, 1898, forty-eight days after admission.

CASE II.—*Bullet Wound of Face received in Action in Tirah: Recovery.*—Private W. C., age 22, service four years King's Own Yorkshire Light Infantry, was wounded in the face whilst out reconnoitring in the Shin-Kamar Pass in Tirah on January 20th, 1898. He was in a stooping position at the time, with his head inclined to the left, in the act of picking

up a wounded comrade. The bullet entered the right side of the upper jaw, close to the right ala nasi, passed through his mouth, and came out below the ramus of the left jaw, fracturing the inferior maxilla, and bulging out a small portion of the digastric muscle as it passed. It then entered the upper part of the chest, close to the outer end of the clavicle, and came out in the axilla.

He was transferred to No. 3 British General Hospital, Nowshera, on February 14th, 1898, sixteen days after receipt of the injury. On arrival, he was in a weak state, the upper lip and tongue were greatly swollen, his powers of mastication were interfered with, and he was unable to open his mouth wide or to articulate distinctly. Both wounds in the chest were small, but discharged pus freely.

The wounds were washed out with a solution of mercury perchloride, 1 in 1,000; afterwards dusted with boracic acid and boracic wool applied. He made a good recovery, and was discharged. He was invalided to Netley, March 16th, 1898, thirty-two days after admission.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

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

Tuesday, May 17th, 1898.

REPORTS OF THE MORBID GROWTHS COMMITTEE.

THE SENIOR SECRETARY read the reports which had been made upon various specimens referred to the Committee during the session: (1) Dr. Wellington's specimen of Spina Bifida; the Committee considered that the deeper sac in this case had the disposition of a meningo-myelocoele, the unusual feature consisting in the presence of a second more superficial sac corresponding with the subdural space. (2) Dr. Littlewood's case of Sarcoma of the Tongue; the author's view of this was confirmed. (3) Dr. Raymond Crawford's Tumour of the Colon; this the Committee regarded as an œdematous swelling due to a second intussusception which had escaped observation in consequence of reduction. (4) Dr. Raymond Crawford's specimen of Tumour of the Pulmonary Artery. The majority of the Committee considered this as a spindle-celled sarcoma, rather than an organised blood clot. (5) Mr. D'Este Emery and Dr. Kelly's case of Spheroidal-Celled Carcinoma of various organs, following on papillary tumour of the breast removed four years previously. The Committee, on examination of the original growth and the mammary tissue around determined that there was carcinomatous disease, and that the series of growths afterwards observed were true recurrences.

INTESTINAL OBSTRUCTION DUE TO INFLAMMATION OF THE GREAT OMENTUM.

Dr. C. P. WHITE and Dr. T. A. BOWES shortly recounted this case, which concerned a man 66 years of age, who died with the symptoms of intestinal obstruction. After death recent peritonitis was found, and a greatly contracted condition of the omentum, which had led to constriction of the colon. Microscopic examination showed no malignant disease.

SARCOMA OF THE KIDNEY.

Dr. C. P. WHITE exhibited this specimen, which was obtained from a child 6 years of age, who died with ascites, but without renal symptoms. After death the growth was found projecting from the hilum, and reaching across the middle line to the opposite kidney. The proper renal tissue was not involved. There were secondary growths in the submucous coat of the intestine, especially the transverse colon, as well as in the mesentery and lesser omentum. Histologically the neoplasm was a round-celled sarcoma.

FAT IN THE GLANDERS BACILLUS.

Mr. S. G. SHATTOCK presented a communication on this subject. He had been led to inquire whether the bacillus contained fat from the luminosity of the flame having often struck him whilst sterilising the loop in carrying on cultures. The method adopted was to transfer superficial portions of potato cultures to coverglasses, mix with distilled water, and expose the material in dark, sealed chambers to the pro-

Theory, and other kindred topics. He held some not generally-accepted views on the functions of the crystalline lens, and on the cochlea. His latest publication of importance was on the Archæopteryx. In 1895 Dr. Hurst left Owens College to fill a similar position in the Royal College of Science, Dublin.

Dr. Hurst's untimely death came as a surprise to his former colleagues and his numerous former pupils. He had been ailing for some time from a nervous affection. His premature death robs zoology of a conscientious and enthusiastic worker, whose merits were best known to those who came into intimate relation with him.

WE have to record the death on May 7th of Dr. JOHN HAMILTON KINGLAKE, of Taunton, at the age of 83. His family, which had been settled in the neighbourhood of Taunton for many generations, came from Scotland with James I, and the name is said to be a variant of Kinloch. He was a brother of the author of *Eöthen* and of the *History of the Crimean War*. Dr. Kinglake was educated at Dr. Davis's school in Taunton, and afterwards went to Edinburgh University, where he graduated M.D. in 1837. He established himself in practice in Taunton, and was appointed Honorary Physician to the Taunton and Somerset Hospital in 1840. He resigned this position in 1859, but as a life governor retained his interest in the hospital, of which he was a liberal supporter. For some years he was Visiting Physician to the West Somerset Lunatic Asylum. His practice was mainly as a consultant, and his opinion was much valued for many miles round Taunton. In his earlier years he took a prominent part in the political and social life of the district, but for some time before his death had lived in retirement.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the profession abroad who have recently died are Wilhelm Grube, formerly Professor of Surgery in the University of Charkow, aged 71; Dr. Amadeo Marianelli, Extraordinary Professor of Dermatology and Syphiligraphy in the Medical Faculty of Modena; Dr. Philogonio Lopes Utinguassu, Deputy Professor of Physiology and Pathological Anatomy in the Medical Faculty of Rio de Janeiro; Dr. Cornelius N. Hoagland, of Brooklyn, widely known in the United States as a philanthropist, and particularly as a generous giver of money for the furtherance of medical science; and Dr. David W. Yandell, of Louisville, a well-known American physician.

NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

The following appointments have been made at the Admiralty: GEORGE W. BELL, Fleet-Surgeon, to the *Crescent*, June 8th; ALFRED J. PICKTHORN, Staff-Surgeon, to the *Marathon*, June 2nd; WILLIAM M. CRAIG, M.B., Staff-Surgeon, to the *Galatee*, June 2nd; JOHN J. DINNIS, M.D., Staff-Surgeon, to the *St. Vincent*, June 8th; SHIRLEY H. BIRT, Surgeon, to the *Crescent*, June 8th; ARTHUR E. KELSEY, B.A., M.B., Surgeon, to the *Collingwood*, lent to the *Despatch*, temporarily, June 8th; EDWARD C. WARD, M.D., Staff-Surgeon, to the *Severn*, May 22nd; JOHN A. KEOGH, Surgeon, to the *Isis*, May 14th.

ARMY MEDICAL STAFF.

SURGEON-CAPTAINS C. G. WOODS, M.D., and H. T. BAYLOR, are promoted to be Surgeon-Majors. Their first commissions date from August 1st, 1888.

Surgeon-Major-General S. A. LITHGOW, M.D., C.B., D.S.O., retired pay, is appointed Honorary Physician to the Queen, *vice* Surgeon-General S. Currie, M.D., C.B., half pay, deceased. Surgeon-Major General Lithgow's military career has been of a distinguished character. He served with the 75th Regiment during the Indian campaign of 1857-59 (in medical charge from the commencement of the operations against Delhi until the relief of Lucknow), and was present at the action of Budleekeserai, siege of Delhi and capture of the city, pursuit of the enemy and actions of Bolundshuhur, Agra, Allyghur, Akrahad, and Kanoj, advance into Oode, and affairs of Maragunge, Alumbagh, and Dilkoosha, and relief of Lucknow by Lord Clyde, thereafter remained with Outram's Division at the Alumbagh, and was present at the repulse of the several attacks and at the affair of Guillee (medal with two clasps). He was with the Nile expedition in 1884-85 as Principal Medical Officer on the Line of Communication (mentioned in despatches, medal with clasp, and Khedive's star); with the Egyptian Frontier Field Force in 1885-86, including the engagement at Ginnis (mentioned in despatches); and in the operations of the Zhob Valley Field Force in 1890 (mentioned in despatches). He was nominated a Companion of the Order of the Bath in 1885 for his services with the Nile Expedition, and a Companion of the Distinguished Service Order in 1886 for service with the Egyptian Frontier Field Force.

Mr. OPIE BEWLEY SMITH, late Surgeon 7th Dragoon Guards, died at Clifton on May 13th, aged 70 years. He entered the service as an Assistant-Surgeon, February 4th, 1853; and was placed on half-pay, October 22nd, 1861.

INDIAN MEDICAL SERVICE.

SURGEON-LIEUTENANT COLONEL JAMES MOORHEAD, M.A., M.D., Bengal Establishment, has retired from the service from May 29th. He was appointed Surgeon, September 30th, 1876, and Surgeon-Lieutenant-Colonel twenty years thereafter.

Brigade-Surgeon-Lieutenant-Colonel ALEX. CROMBIE, M.D., Bengal Establishment, is permitted to retire from the service, which he entered as Assistant-Surgeon, March 30th, 1872.

The death is announced of the undermentioned officers: Inspector-General JOHN EMELIUS MAYER, retired, on December 3rd, 1897; Deputy-Inspector-General WILLIAM EVANS, M.D., Madras Establishment, retired, at Ladley, Hampshire, on February 21st; Deputy-Surgeon-General JOHN HOUSTON, M.D., retired, at Edinburgh, on December 25th, 1897.

The question having arisen whether all Indian Medical Service doctors are entitled to exchange compensation allowance, the Government have decided that this is the case, provided they are Europeans. This term includes Eurasians who are not statutory natives.

MILITIA MEDICAL STAFF CORPS.

SURGEON-LIEUTENANT H. E. MORTIS is promoted to be Surgeon-Captain.

PRESS COMMENTS ON LORD LANSDOWNE'S SPEECH.

THE *Dublin Express* "is delighted a satisfactory arrangement has been arrived at in reference to the position of army doctors. . . . That it has taken so long to bring this about is due to the obstinate manner in which the officials adhered to what was an antiquated system. The feeling of civilians if tested would be that the medical officers are entitled to the very fullest consideration, and that, in recognising these claims Lord Lansdowne has acted wisely will be the verdict of the public."

The *Irish Times* says: "Lord Lansdowne has steadily striven to overcome the prejudices and practical difficulties that stand in the way of recognition of the true position of the army surgeon. . . . He deserves the highest credit for his successful effort to settle the controversy, and we believe it will be the general verdict that he has determined it wisely and sufficiently. The medical profession will bear in mind the obstacles that the Minister had to overcome, as well as some natural embarrassments in the case."

The *Birmingham Post* says: "The announcement which the Secretary of State for War made at the Mansion House is held by the medical executives to be absolutely satisfactory, and to mean the termination of the difficulties which have resulted from the dearth of applicants for medical positions in the army."

The *Manchester Guardian* says: "Lord Lansdowne's speech at the Mansion House has won favourable opinions from the medical press. It was, indeed, high time that some definite move was taken in the matter he referred to. The chief difficulty has not lain with emoluments, but in such matters as precedence and social status. The bestowal of army rank and title will do away with the social inferiority, which has so long been the bane of the service, and by degrees the evils complained of will disappear. The medical officers' position while actually in the army should at least be well defined and free from obloquy; and Lord Lansdowne's promises will be welcomed on all sides as securing that end."

The *Glasgow Herald* says: "There is good reason to believe that it will be found for once that a great department of State has instituted a reform which is at once thorough and whole-hearted, and entirely satisfactory to those whom it is intended to benefit. . . . Army surgeons will henceforth have a better chance of being treated by their colleagues and superiors as officers and gentlemen. . . . The profession will doubtless look with interest for the details of Lord Lansdowne's scheme, and hope that Sir William Mac Cormac's unconditional eulogy of it was not premature."

The *Morning Post* says: "Again and again in the past have promises and fair statements been made in high quarters, which altogether failed to find fulfilment when the actual dry-as-dust details have come to be published in the prosaic form of a Royal Warrant. Lord Lansdowne should be particularly careful not to allow himself to be persuaded into reducing to the very slightest extent the present prospects of promotion to the highest grades of the Medical Staff. . . . It is the easiest thing in the world to insert a clause in the Royal Warrant declaring that the rank of major-general, when conferred on a medical officer, shall not carry with it any authority of command outside the ranks of the Royal Army Medical Corps."

A military correspondent of the *Morning Post* "expresses surprise at that paper advocating the granting of the rank of major-general to medical officers: Lord Lansdowne had shown great weakness in giving way to the medical officers, and in granting combatant rank to non-combatants. But in refusing to make general officers of doctors, he had prevented them becoming the laughing-stock of the Army. Equal treatment should now be meted out in regard to precedence and promotion: a medical officer enters the army with the rank of lieutenant and becomes a captain after three years' service, while a combatant enters as a sub-lieutenant, and does not become a captain under nine years or more."

* * This writer ignores the fact that medical officers enter the army fully professionally equipped at their own expense, at an age from 4 to 8 years older than the combatant; if he attains the rank of captain at from 26 to 28 years of age, so also does the combatant.

THE KHYBER FORCE.

THE demobilisation of the Tirah Expeditionary Force has been decided on, to take effect from April 7th. The troops to be retained in position and until further orders are to be designated the "Khyber Force," and will include the following among other officers: Surgeon-Colonel E. Townsend, as Principal Medical Officer of the Force; and Brigade-

Surgeon-Lieutenant-Colonel W. E. Saunders as Principal Medical Officer of the Staff at the Base.

The composition of the Force includes No. 11 British Field Hospital and No. 64 Native Field Hospital with the First Brigade; No. 6 British Field Hospital and No. 31 Native Field Hospital with the Second Brigade; No. 5 British Field Hospital and No. 4 Native Field Hospital with the Third Brigade; No. 12 British Field Hospital and No. 53 Native Field Hospital on the lines of communication.

The Force will enjoy the same concessions and privileges as were granted to the Tirah Expeditionary Force.

LEAVE FOR MEDICAL OFFICERS.

It is stated that leave, which has been stopped for many months past, will be reopened for the Medical Service now that the Frontier War is over. A number of officers have been retransferred from the military to the civil side, and a fair proportion of medical officers will, it is hoped, now be able to take leave. Meantime, we understand that owing to the prevalence of plague many officers of the Indian Medical Service find it very difficult to get leave. This seems hard after the good service done on the harassing work of the frontier. From all reports a large import of civil doctors from England is much needed in India.

THE ARMY SANITARY COMMITTEE.

THE delay in the appointment of a President to the Army Sanitary Committee has caused some comment. In the monthly Army Lists for both May, and back even into February last, page 50, the space opposite "President" remains blank, while the names of all the members appear.

Now, we strongly recommend that the name of the Director-General of the Army Medical Staff, or of a Surgeon-Major-General on full pay, should fill the blank space. This would give the Sanitary Committee the benefit of an expert's casting vote on army sanitary matters where the members (eight in number) of the Committee may be equally divided on a specified point of military sanitation. Now that (thanks to Lord Lansdowne) medical officers are qualified for the presidency of Mixed Boards, there can be no Committee more suitable for the presidency of a medical officer than the Army Sanitary Committee.

THE EXPECTED WARRANT.

HOPKINS writes: I understand the pay of medical officers in the new Royal Medical Corps will be adjusted similarly to the methods in the Royal Engineers and Army Service Corps. But an officer on sick leave, in addition to losing his allowances as at present, will also lose his corps pay, and be reduced to the bare regimental pay of his rank. This will be a serious loss, in view of the much greater strain thrown upon the health of the medical officer than upon others. It is to be hoped this will be fully inquired into.

* * We do not know upon what authority our correspondent makes this statement; we have always heard there was no intention to alter the present financial relation in a new corps.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

APPOINTMENTS.—Mr. A. C. Seward, St. John's, has been appointed University Lecturer in Botany; and Mr. H. Y. Oldham, King's, Reader in Geography. The appointment in each case is for five years.

DEGREES.—At the congregation on May 12th the following degrees were conferred:

M.D.—T. F. Budden, B.A., Caius; H. E. Wingfield, M.A., Caius; G. P. Mathew, B.A., Trinity Hall; H. Hollis, B.A., Sidney Sussex.
M.B. and B.C.—F. R. Martin, B.A., Caius; C. A. Trouncer, B.A., Jesus.
B.C. only.—H. E. May, B.A., Clare.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

FIRST PROFESSIONAL EXAMINATION FOR THE DIPLOMA OF "FELLOW."—The following gentlemen have passed this Examination:

C. H. Bullen, Mason University College, Birmingham; W. Gough, B.Sc. Lond., Yorkshire College, Leeds; J. I. Sangster, M.R.C.S. Eng., L.R.C.P. Lond., M.B., Ch.B. Adel., Adelaide University, Yorkshire College, Leeds, and London Hospital; E. D. Telford, Cambridge University; A. E. Finney and W. P. Noall, Owens College, Manchester; W. S. Dickie, St. Mungo's College, Glasgow; W. J. Young, University College, Liverpool; N. B. Harman, M.R.C.S. Eng., L.R.C.P. Lond., M.B., B.C. Cantab., Cambridge University and Middlesex Hospital; J. T. Hewatson, M.R.C.S. Eng., L.R.C.P. Lond., M.B., C.M. Edin., Edinburgh University and King's College Hospital; A. G. Pitts, Charing Cross Hospital; N. F. Ticehurst, B.A. Cantab., Cambridge University and Guy's Hospital; A. S. Morley, St. George's Hospital.

Nineteen gentlemen were referred for six months.

The following are the arrangements for the forthcoming Final Examination for the Fellowship, for which 40 gentlemen have entered their names:

At Examination Hall.			
Monday, May 23rd	Written Examination	...	1.30 to 5.30
Tuesday, May 24th	Clinical Examination (written and <i>visu voce</i>)	...	2.30 to 5.30
Wednesday, May 25th	Operations	...	1.30 to about 6
Thursday, May 26th	Surgical Anatomy	...	2 to 4
At Royal College of Surgeons.			
Friday, May 27th	Pathology	...	5 to 7.40
Saturday, May 28th	Pathology	...	3 to 5.40.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

THE following candidates having passed the examination for the licence in Midwifery of the College, were admitted as licentiates on May 13th: G. H. Brand, L.S.A.; A. W. Shea, L.S.A.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

DENTAL EXAMINATION.—The following candidates having passed the necessary examination, have been admitted licentiates in Dental Surgery of the College:

J. J. Hayden, F. H. G. Pakenham, T. J. Rea, and A. G. Taylor.
Miss A. H. Hall and J. I. Potter have passed the primary part of the examination.

MEDICO-LEGAL.

THE TITLE OF "DR."

At Newcastle Thomas Paine Hetherington, styling himself "Dr.," but not on the *Medical Register* or holding any registrable qualification, was charged before the magistrates under the 40th Section of the Medical Act, 1858, with wilfully and falsely pretending to be a doctor of medicine. It was stated that the defendant was a dentist and a doctor of medicine of the United States. The case was however practically undefended, no evidence being called on behalf of the defendant, and who, in the absence of proof that he held any medical qualification, was fined £20 and costs. The prosecution was instituted by the Medical Defence Union.

UNQUALIFIED MEDICAL PRACTICE.

At the Newcastle County Court, recently, before Judge Greenwell and a jury, Thomas Paine Hetherington (who, as above stated, was fined £20 at the police-court for illegally using the title of "Dr.") was sued by the Society of Apothecaries for having practised without having a medical diploma. The jury found for the Society, and judgment was given against the defendant for the full amount claimed, £20 and costs.

ANDERSON AND WILLIAMS v. DR. TIBBLE'S VI-COCOA, LIMITED.

This case was heard before the Lord Chief Justice on May 18th.
Mr. H. F. Dickens, Q.C., for the plaintiffs, said: In this case, my Lord, judgment is to be entered by consent, but the object of the action will not be attained unless I say a few words for the plaintiffs, because it is right that the medical profession should know how the matter stands. The two plaintiffs are medical students who are studying at a school in Chandos Street, connected with the Charing Cross Hospital, and also with the Dental Hospital in Leicester Square, and before very long they hope to pass the examination which will qualify them to practise as surgeons. I daresay your Lordship is aware that the Royal College of Physicians and the Royal College of Surgeons have very strong views with regard to any medical practitioner giving testimonials for the purpose of advertising either medicine or other commodities of that kind. They look upon it as derogatory to the best interests of the profession and contrary to the conditions of the profession, and anybody who does that can be very severely dealt with. Of course the plaintiffs, the medical students, are not yet members of the College; but if they do anything which unfits them to become members of the College, they can be turned back on presenting themselves for examination. A short time ago—in October last year, I think it was—in several of the London papers, and not only in the London papers, but in all of the country papers as well, a very flaming testimonial appeared in the advertisement of Dr. Tibble's Vi-Cocoa, and it was headed in very large characters "Two Medical Students and Vi-Cocoa," and in that advertisement it appeared that the following unsolicited letter from two medical students was received, by which they advocated that students should use Vi-Cocoa, and praised it up to the skies. In order to make it worse, in order that there might be no question about it they had photographs of these two gentlemen very plainly appearing upon the advertisement. The first the plaintiffs heard of this was one day they went to the hospital on the very day it appeared. When they got on the steps one of the students asked them if they had enjoyed their Vi-Cocoa for breakfast. When they got into the students' room they were greeted with roars of laughter, and posted on the wall was the *Daily Chronicle* with this advertisement appearing upon it, and since that time they have been subjected to every kind of annoyance that they possibly could be subjected to. Of course it was necessary for them to put themselves right, not only with these medical students but also with the Dean and the Governor of the hospital and the school, who looked upon it as a serious matter if this had been in any way done through their instrumentality. Therefore they communicated with the Vi-Cocoa Company, and unfortunately the Vi-Cocoa Company did not see their way at that time to giving any apology, and this went on.

The Lord Chief Justice: Had the students given a certificate?
Mr. Dickens: No, my Lord; it is an absolute concoction by somebody. I do not for a moment suggest who did it.

The Lord Chief Justice: Did they sit for the photographs?
Mr. Dickens: Yes, my Lord. The way that arose was this: It appears that the students sit for their photographs, and then they exchange photographs one with the other, and there is no doubt somebody—I wish we could find out who it was—

The Lord Chief Justice: A practical joke.
Mr. Dickens: A practical joke of an extremely bad character, and an extremely annoying one to us. The Dean and the Governor also made an inquiry upon the subject, and it was thought necessary in order to clear themselves that there should be either a public apology or they should be put right in the eyes of the profession. Unfortunately, the defendants did not give an apology, and unfortunately also, whether it was through negligence of anybody connected with them I do not know, but this went on appearing up till November. It first appeared on October 21st, and also by some slip apparently as late as February it was alluded to in another testimonial that was given. That being the state of things, the defendants have now met us very fairly, they have felt and appreciated the importance of this to my clients, and in order to show that the plaintiffs had nothing on earth to do with this they are prepared that judgment should be entered for £200 and costs as between solicitor and client, and that my friend Mr. Carson should apologise for the defendants

cise but to administer the law. He fined the defendant 20s. and 8s. costs, or seven days. Asked to say if he found the privies were in good order at the date these proceedings were instituted, the magistrate replied he would decide that point in drawing up the case the defence asked for. The deputy town clerk added that the corporation were not satisfied with the repairs and alterations that had been made.

Though this case, even if the Higher Court sustain the judgment as given above, only settles the law so far as Bradford is concerned, it will be of interest to many other towns, especially in Lancashire and Yorkshire. The landlord element has carefully impressed the public, and too often the governing authorities of these towns, with the idea that because a few years ago certain cheaper and dirtier forms of sanitary convenience were tolerated, and because, often for want, on the part of the corporations, of power to do otherwise, plans for these objectionable structures were officially stamped, that this type of legitimatised nuisance is to continue to all time. Usually—and it seems to have been so in this Bradford case—the corporation refrain from requiring an alteration in the principle of the convenience until something in the nature of dilapidations has occurred, and then, to save the owner expense, they require him to make the changes demanded by modern sanitation when he is called upon to remove the grosser nuisance. For there is, we admit, an element of comparison in these matters, and the older forms of pump are viler than the more modern, and vilest of all when they get out of repair. In the open country these may be the only arrangements possible. In crowded cities they are an abomination and a disgrace. We would remind any who cherish a lingering fondness for these structures of the fact, lately drawn attention to in these columns, of the discovery by Professor Delépine, of the typical bacillus in earth removed from the floor and walls of such places after they had been "cleansed and disinfected."

PORT SANITARY WORK.

THE work of a port medical officer can scarcely be described as a "daily round" or "common task." He must naturally often be confronted with something out of the common occurring on ships from foreign ports. The report of Dr. Collingridge, Medical Officer of Health for the Port of London, for the second half of 1897, shows indeed that the unexpected happens also within the limits of the port itself: witness the history of the barge *Lothar*, which was found last September stranded on the Surrey shore just below Teddington Lock with refuse from the Lambeth Vestry Wharf. No one being in charge the owner was served with a notice to abate the nuisance by covering the barge and removing her as soon as the tide allowed her to float. This was done, but early in October she was found lying off Chiswick waterlogged, and a notice was served to abate the nuisance by transferring the cargo to a seaworthy barge and removing it down the river within twenty-four hours. As this was not done the owner was summoned, and a fine imposed, but in the meanwhile she had been taken down the river and beached at Dagenham. The owner of the slip refused to discharge her, whereupon a second notice was served, and finally she was emptied and cleansed. Again, there was the curious adventure of a cargo of eggs which led to a complaint from the Limehouse Board of Works of a nuisance due to sorting 423 cases of eggs within their district. It appears that some of the eggs had gone bad, and in the process of separating the good from the evil, which was done under the supervision of an inspector, the nuisance arose. From the list of notices to abate nuisances it appears that in a very large number of instances the notices had to do with barges containing manure, and the report contains the by-laws drawn up for the conveyance of offensive cargoes which have been made under Section XVI (1) (a) of the Public Health (London) Act, 1891, and now in force in the Port of London. Some further idea of the varying character of the duties devolving upon a port medical officer may be indicated by the reference to the fact that during the latter part of 1897 he exercised supervision over the provision made in the docks and elsewhere for the shelter of non-unionists in connection with the engineering strike, and reported upon the condition of the river Brent, while again his report concludes with a recommendation concerning the systematic education of canal boat children.

During the six months 14,795 vessels (7,322 of which were from "foreign") were inspected, and structural alterations affecting ventilation, water supply, etc., were carried out in 217 of these.

Again the work of medical inspection of vessels arriving from infected ports may be instanced. During the half year the diseases requiring attention were practically only yellow fever and plague. At Gravesend 448 vessels were medically inspected, involving the examination of 6,927 persons. At Sheerness the difficulties attending inspection are at the present time considerable. The Customs take the medical officer when he is ready on the spot, but do not wait for him. "Not only is the distance great, but at times, owing to fog and other causes, a vessel is not seen till she is close in. The medical officer is telephoned for, but by the time he arrives at the Point the coastguards have put off, and the vessel is not medically visited." It appears that between May 11th and October 24th 25 vessels passed up the Medway without any medical inspection at all, and on investigation Dr. Collingridge finds that the following causes for such escape obtained: "In 14 cases your medical officer was too late in reaching Garrison Point Fort, the coastguard boat having put off; in 3 cases the weather was too bad to put off in a boat, 3 others passed during illness of your medical officer, and 2 were missed owing to a fall from a bicycle, 1 during his absence at Rochester, 1 owing to absence of proper signal on vessel, and 1 for which no explanation is forthcoming." It seems that the subject of medical inspection at Sheerness is receiving the careful consideration of the Port Sanitary Committee "with the view of effecting an improvement in the arrangements which will facilitate the boarding of vessels at Sheerness."

It is interesting in connection with medical inspection to note that a case reported to be bubonic plague was notified on July 26th. The patient was found, however, on examination by the acting medical officer of health, Dr. Williams, to be suffering from enlarged glands the result of injury.

The report also contains, it may be noted, the by-laws for conveyance of offensive cargoes made under Section XVI (1) (a) of the Public Health (London) Act, 1891, which are now in force in the Port of London.

FEEs FOR NOTIFICATION OF INFECTIOUS DISEASES.

C.E.L.—We are not aware of any judicial decision on the point of whether an institution such as that to which our correspondent refers would be deemed to be a public institution within the meaning of the Infectious Diseases Notification Act, 1889, Section IV, Subsection II. We think, however, that such an institution would be deemed to be a public institution, and that our correspondent would only be entitled to a fee of 1s. for notifying each case of infectious disease.

RENT OF VACCINATION STATIONS.

PUBLIC VACCINATOR.—Boards of Guardians are required by Section VII of the Vaccination Act of 1867 to provide all vaccination stations, except when they are at the residence or surgery of the public vaccinator. Provision is held to include payment of rent, the rental being matter for sanction by the Local Government Board so far as London is concerned.

MEDICAL NEWS.

A PAPER by Professor Dewar on the liquefaction of hydrogen was communicated to the French Academy of Sciences by M. Moissan on May 16th.

THE late Mr. Henry Horsfall, of Wakefield, whose will was proved recently, left property sworn for probate at £112,105 8s. 6d.

MEDICAL MAGISTRATE.—Dr. W. A. Satchell, of Ealing, has been appointed by the Lord Chancellor to the Commission of the Peace for the County of Middlesex.

PRESENTATION.—Dr. W. E. Williams, medical officer of health for Abertillery, has, on the occasion of his marriage, been presented with a set of silver dessert knives and forks with a silver centre piece and dessert service.

THE late Mr. George Henry Leather, of Bingley and Bradford, Yorks, has by his will bequeathed £400 each to the Bradford Infirmary and Dispensary, the Bradford Children's Hospital, and £200 to the Eye and Ear Hospital.

THE physicians and surgeons of the various children's hospitals in Paris, at a meeting recently held under the presidency of M. Cadet de Gassicourt, decided to found a Society of Infantile Medicine and Surgery.

THE spring meeting of the Northern and Midland Division of the Medico-Psychological Association will be held at the Cheadle Asylum, near Manchester, on Wednesday, May 25th. Dr. Mould will open discussions on (1) The New Lunacy Bill, and (2) The Villa Treatment of Insanity.

THE Athletic Ground and Pavilion of the Union Society of University College and Hospital, London, will be opened at 3.30 p.m. on Wednesday, May 25th, by Mrs. McKinnon Wood, the wife of the Chairman of the London County Council. The ground is situated at Acton, close to the G.W.R. station, and a special train will leave Paddington at 3.5 p.m. Further particulars can be obtained from Mr. W. F. Addey, Hon. Sec.

CHELSEA CLINICAL SOCIETY.—This new and active society concluded its first session on Tuesday, May 10th, with a dinner at the Criterion Restaurant, the President, Dr. J. Foster Palmer, in the chair. The society, which owes its establishment largely to the energy of Dr. J. J. Marsh, has already a membership of over forty, and a substantial cash balance, while the papers read before it have been both numerous and interesting. At the dinner the principal speakers were the President, the Rev. Mr. Bridgewater, Mr. Edmund Owen, Dr. Marsh, Dr. Cuthbert Gibbes, and Dr. Austin Cooper, the Secretary. During the evening the members were variously entertained by Dr. Elliott, Dr. Blumfeld, Dr. Robert Maguire, Dr. George Herschell, and others.

SIR WILLIAM BROADBENT presided on Thursday, May 12th, at the annual meeting of the Medical Mission Auxiliary of the Church Missionary Society at Exeter Hall. Dr. Herbert Lankester, Secretary of the Medical Committee, presented his report, which showed that there was a deficit of £1,122. The Society has 47 medical men on active service. During the past year new stations have been opened in Africa, Persia, India, and China. Sir William Broadbent declared that whatever criticisms might be passed on missions, no one could object to taking the blessings of medical science to foreign lands. Commenting on the cost, he said he was amazed at the small expenditure by which the hospital and other work was supported.

THE THIRD PAN-AMERICAN MEDICAL CONGRESS.—The third meeting of the Pan-American Medical Congress is to be held in Caracas, Venezuela, in Christmas week, 1899. The Organising Committee has been constituted as follows: President, Dr. José Manuel de los Ríos; First Vice-President, Dr. Nicanor Guardia; Second Vice-President, Dr. José I. Cardozo; Third Vice-President, Dr. Alfredo Machado; Treasurer, Dr. Luis Ezpelecin; Recording Secretary, Dr. Luis Rizetti; Corresponding Secretary, Dr. Francisco A. Riquelme; with several other members.

A NAVAL "NON-COMBATANT."—We take the following account of a recent incident from an American newspaper; it has a moral of general application. The *Topeka* was forced to pick up hastily a crew in a foreign port. The best she was able to do was to ship a brood of "wharf rats" of various tints of villainy. They were in a semi-mutinious state all the way to New York. The only naval officers on board were the commanding officer, Lieutenant Knapp, and Surgeon La Monte, and these two officers took turns, night and day, on the bridge. We do not mean (says our contemporary) to imply that such gallant actions are unusual in the medical corps of the navy; we simply make use of this recent instance to emphasise the fact that they are not. The truth is that nobody on board a man-of-war can properly be called a non-combatant.

THE BELFAST HOSPITALS BILL.—The Belfast Corporation (Hospitals) Bill has passed the second reading in the House of Commons, having previously passed through all its stages in the House of Lords, and it has been referred to a Committee, of which Sir William Houldsworth is chairman. The second reading was opposed by Mr. Knox, M.P., and a considerable section of the Irish Party, on the ground that the Bill proposed to confer exceptional advantages upon the new Royal Victoria Hospital, and that similar benefits were justly due to the new Roman Catholic hospital in Belfast, the Mater Infirmorum. In view of the allegations regarding sectarianism in the management of the present Royal Hospital (to which the Royal Victoria Hospital will be the successor) the Board of Management of that institution have issued a memorandum, in which these charges are positively denied.

"CHANGED STROKE" RESPIRATION.—"From the sublime to the ridiculous is but a step," and even into the tragedy of a deathbed scene which has been watched with sympathetic interest by the whole civilised world the evil genius that delights in misleading the newspapers in things medical has contrived to introduce a touch of farce. In an interview with a reporter published by many newspapers Dr. Dobie, of Chester, is made to say that Mr. Gladstone's breathing was of the "changed stroke" type. There is certainly a "stroke" here which sadly needs to be changed, but it is one introduced by the reporter, for the printer's devil must clearly be acquitted this time. To print "changed stroke" for "Cheyne-Stokes" is an absurd blunder. When a newspaper informs us that an interesting prisoner is in a critical condition as "pneumonia is supervening upon inflammation of the lungs," or that an illustrious personage died of "cardiac apoplexy," one is not disposed to look too critically at the form of words. But such phonetic travesties as "changed stroke" are as ridiculous as the "ulsters in the stomach" and the "conflagration of diseases" of which illiterate patients complain; and in the press, the professed business of which is the diffusion of knowledge, they are inexcusable.

BIRKENHEAD MEDICAL SOCIETY.—The annual dinner of this Society was held on April 30th, in the Masonic Hall, the President (Dr. R. Sydney Marsden) in the chair. There was a large attendance, the three vice-chairs being occupied by Dr. A. C. E. Harris, J.P.; Dr. W. C. Cornwall, J.P.; and Dr. A. Stewart. Amongst those present were: the Rev. Dr. Knox, the President of the Liverpool Medical Institution (Dr. Macfie Campbell), the President of the Literary and Scientific Society (Dr. Nazeby Harrington), Professors Boyce, Carter, Glynn, Rushton Parker, Wallace, and Mitchell Banks, of University College, Liverpool; Drs. Barr, Briggs, Blood, Brien, Butcher, Caton, P. Davidson, W. R. Floyd, Stanley Gill, Grimsdale, Gemmell, Gorringer, Hamilton, Hunt, F. Johnston, Lambert, Marsh, Murray, Fawse-Nesbitt, Per-

mewan, H. L. Pearson, Pinkerton, Shears, and Vacher; the Borough Coroner, and Messrs. Thos. Mansell, L.D.S., and F. Griffin. After the loyal toast, Dr. Vacher proposed "University College, Liverpool," which was responded to by Professors Glynn and Boyce; "The Birkenhead Medical Society" was given by Professor Carter, and responded to by Dr. Marsden; "Kindred Societies," proposed by Dr. Johnstone and replied to by Dr. Macfie Campbell, Dr. Harrington, and Dr. Barr; "The Guests," proposed by Dr. H. L. Pearson, and responded to by Rev. Dr. Knox, Dr. Gill, and the Coroner. A number of songs were given during the evening, and many of the speeches were both witty and amusing.

MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM GENERAL HOSPITAL.**—House-Surgeon. Appointment for six months. Residence, board, and washing. Applications to the House Governor by May 28th.
- BRISTOL: CITY AND COUNTY OF.**—Medical Officer for the Workhouse. Salary, £250 per annum, with allowance of £50 per annum for rent. Applications on forms provided by May 26th.
- BRENTFORD UNION.**—Dispenser for the Infirmary, Workhouse, and Schools. Salary, £100 per annum, with dinner and tea daily. Applications on forms provided to the Clerk, Union Offices, Isleworth, Middlesex, by May 25th.
- BRISTOL EYE HOSPITAL.**—House Surgeon. Salary £60, with board and residence. Applications to the Secretary by June 1st.
- CAMBRIDGE: ADDENBROOKE'S HOSPITAL.**—Resident Assistant House-Surgeon. Board, lodging, and washing provided, but no salary. Applications by June 14th.
- CARDIFF INFIRMARY.**—Assistant House Surgeon and Assistant House-Physician. Appointments for six months. Board, washing, and apartments. Applications to the Secretary by May 23rd.
- CHESTERFIELD: CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL.**—Junior House Surgeon and Dispenser. Salary £50 per year, with board, apartments, and laundress. Applications to the Secretary by June 2nd.
- DONCASTER GENERAL INFIRMARY AND DISPENSARY.**—Indoor Dispenser and Assistant to House Surgeon. No salary, but board, lodging, and washing provided. Applications to the Hon. Secretary by May 31st.
- EGYPTIAN GOVERNMENT: SCHOOL OF MEDICINE AND THE KASREL-AINI HOSPITAL.**—Professor of Surgery at the School and Senior Surgeon to the Hospital, £400 per annum; Professor of Clinical Surgery at the School and Surgeon to the Hospital, £320 per annum; Professor of Clinical Medicine at the School and Physician to the Hospital, £320 per annum; Resident Medical Officer to the Hospital, £250 per annum and quarters; Resident Surgical Officer, salary £250 per annum and quarters. Applications on forms provided to the Director-General, sanitary Department of the Egyptian Government, care of the Secretary, Examination Hall, Victoria Embankment, by June 13th.
- FULHAM UNION.**—Assistant Medical Superintendent of the Union Infirmary; unmarried. Salary, £120 per annum, increasing £10 yearly to £150, with board, furnished apartments, attendance, and washing. Applications on forms provided to the Clerk, Union Offices, Fulham Palace Road, W., by May 23rd.
- GLASGOW UNIVERSITY.**—Examiner in Physics for Degrees in Medicine and Science. Appointment for three years. Annual fee £30. Applications to A. E. Clapperton, Secretary of the Court, by June 1st.
- GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.**—Physician or Surgeon to the Skin Department. Applications to the Secretary by June 13th.
- 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.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury.**—Two House Surgeons to Out-patients (non-resident). Appointments for six months. Salary £26 5s. Applications to the Secretary by May 31st.
- HOSPITAL FOR WOMEN, Soho Square, W.**—Registrar. Appointment for twelve months. Honorarium, 25 guineas. Applications to the Secretary by May 25th.
- INVERNESS: NORTHERN INFIRMARY.**—House Surgeon and Dispenser. Salary £70, with board, etc. Applications to the Hon. Secretary by June 1st.
- 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 24th.
- ISLINGTON: GUARDIANS OF ST. MARY.**—Resident Assistant Medical Officer. Salary £50 per annum with rations, apartments, and washing. Applications on forms provided to the Clerk, Guardians' Office, St. John's Road, Upper Holloway, N., by May 24th.
- MIDDLESEX COUNTY ASYLUM, Upper Tooting, S.W.**—Assistant Medical Officer. Unmarried and not more than 30 years of age. Salary commencing at £160, rising to £200, with furnished apartments, board, etc. Applications to the Medical Superintendent.
- NEWARK-UPON-TRENT HOSPITAL AND DISPENSARY.**—House Surgeon, unmarried. Salary, £80 per annum, with board and lodging. Applications on forms provided to the Secretary by May 26th.

NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.—Two Female Assistant Anaesthetists. Appointments for one year. Applications to the Secretary by May 25th.

NOTTINGHAM GENERAL DISPENSARY.—Clinical Assistant for six months. Salary, £60 for six months, with furnished rooms. Applications to the Secretary.

PADDINGTON INFIRMARY.—Resident Clinical Assistant and Second Assistant to the Medical Superintendent. Appointment for six months. Salary at the rate of £50 per annum. Applications to the Medical Superintendent, 285, Harrow Road, W., by May 28th.

PRESCOT UNION.—Resident Medical Officer for Workhouse and Infirmary at Whiston. Unmarried. Salary, £80 per annum, rising to £100, with furnished apartments and residential allowances. Applications on forms provided by May 23rd.

READING: ROYAL BERKS HOSPITAL.—House Surgeon. Salary £60 per annum with board, lodging and washing. Assistant Medical Officer. Board, lodging, and washing provided, and honorarium of ten guineas. Appointment for six months. Applications to the Secretary by June 2nd.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Hunterian Professors, the Erasmus Wilson Lecturer, and the Arris and Gale Lecturer. Applications to the Secretary by May 30th.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, West Strand, W.C.—House Surgeon and Clinical Assistants. Applications to the Secretary by May 28th.

ST. PANCRAS AND NORTHERN DISPENSARY, 126, Euston Road, N.W.—Resident Medical Officer, unmarried. Salary, £105 per annum, with residence and attendance. Applications to H. Peter Bodkin, Secretary, 23, Gordon Street, Gordon Square, W.C., before June 6th.

ST. PETER'S HOSPITAL, Henrietta Street, Covent Garden, W.C.—House Surgeon. Appointment for six months. Salary at the rate of £100 per annum, with board, lodging, and washing. Applications to the Secretary by May 31st.

SHEFFIELD: UNIVERSITY COLLEGE.—Lecturer in Physiology. Applications to the Registrar by June 11th.

SHEFFIELD: PARISH COUNCIL OF WALLS, SANDNESS, PAPA STOUR, AND FOULA.—Medical Officer and Public Vaccinator. Salary, £35 per annum, exclusive of medicine. Applications to the Clerk of the Council by May 30th.

TOWER HAMLETS DISPENSARY, White Horse Street, Stepney.—Resident Medical Officer. Salary £120 per annum, with furnished rooms, coals, gas, and attendance. Applications to Dr. Corner, at the Dispensary, by June 1st.

WEST BROMWICH DISTRICT HOSPITAL.—Resident Assistant House Surgeon. Appointment for six months. Board, lodging, and washing provided. Gratuity £20. Applications to the Secretary.

WHITTINGHAM, LANCASHIRE: COUNTY ASYLUM.—Locum Tenens. For five or six months. Two guineas a week. Applications to the Medical Superintendent.

WOLVERHAMPTON: WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—House Surgeon. Salary £100 a year, with board, lodging, and washing. Applications to the Chairman of the Medical Committee by June 3rd.

MEDICAL APPOINTMENTS.

ALTHORP, C. F. M., M.B.Lond., M.R.C.S., L.R.C.P.Lond., appointed Honorary Surgeon to the Bradford Royal Infirmary *vice* John Appleyard, M.B.Lond., F.R.C.S.Eng., resigned.

ATKINS, J. F., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer to Messrs. Tangye's Cornwall Works, Smethwick, Birmingham.

BOWES, C. K., M.A., M.B., B.Ch.Oxon., appointed Medical Officer for the St. Anne's Home, Herne Bay.

BURGESS, A. H., C.L.B.Vict., appointed Medical Officer for the Crumpsall Workhouse, Manchester.

BURGESS, Robert E., B.A., R.U.I., M.D., M.Ch., reappointed Medical Officer of Health to the Hoole Urban District.

CAYLEY, F. P., M.R.C.S.Eng., L.R.C.P.Lond., appointed Clinical Assistant at the Whitechapel Union Infirmary.

CHETWOOD-AIKEN, K. C., appointed Ophthalmic Surgeon to the Royal Cornwall Infirmary, *vice* Dr. Helm, deceased.

COOPER, W. H., M.R.C.S., L.R.C.P., appointed Medical Officer for the Staveley District of the Kendal Union.

DINGLE, C. V., M.D., B.Sc.Durh., B.Hy., appointed Medical Officer of Health for Middlesbrough, *vice* J. A. Malcolmson, M.D., R.U.I., deceased.

EHRMANN, A., M.R.C.S., L.R.C.P., appointed Clinical Assistant to the Chelsea Hospital for Women.

FRASER, Dr. D., appointed Medical Officer of Health to the Buckley Urban District Council.

HARDWICK, Geo., M.R.C.S., L.R.C.P., appointed Resident Medical Officer at Ida Hospital.

LIMRICK, W. S., L.R.C.P., L.R.C.S.Édin., reappointed Medical Officer of Health to the Waterloo District Council.

LLOYD, Mr. E. E., appointed Junior Assistant Medical Officer to the Fulham Union Infirmary.

MACKAY, Dr., appointed Medical Officer of Health to the Crook Urban District Council.

MACPHERSON, Dr., appointed Medical Officer and Public Vaccinator for the Bere Ferrers District of the Tavistock Union.

MARKLEY, H., M.R.C.S., L.R.C.P., appointed House Surgeon to the General Infirmary, Leeds.

MARTINEAU, A. G., M.R.C.S., L.R.C.P., appointed House Surgeon to the Nottingham General Hospital, *vice* W. R. Smith, M.D.Lond., B.S., resigned.

OVEREND, W., M.D., B.Ch., appointed a Clinical Assistant to the Chelsea Hospital for Women.

PIERSON, C., M.R.C.S., L.R.C.P., appointed House Physician to the General Infirmary, Leeds.

SIBBALD, Ian G., M.B., C.M.Édin., appointed House Surgeon to the Northern Infirmary, Inverness, *vice* Dr. Taylor, resigned.

SIMPSON, G. B., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the Lasingham District of the Pickering Union.

SPRAKELING, R. J., M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Bootle Town Council.

TALBOT, F., M.R.C.S., L.R.C.P., appointed House Surgeon to the General Infirmary, Leeds.

TURNER, Arthur F., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer of Health for the Borough of Tewkesbury.

VEALE, H., L.S.A., appointed House Physician to the General Infirmary Leeds.

VRIELAND, C. J., M.D.Durh., M.R.C.S., reappointed Medical Officer of Health to the St. Thomas Urban District Council.

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.

CUSHNY.—At Ann Arbor, Michigan, on May 1st, the wife of Arthur R. Cushny, M.D., Professor of Materia Medica and Pharmacology in the University of Michigan, of a daughter.

FLEMING.—On the 17th inst., at 37, Hyde Park Gate, the wife of Samuel Fleming, M.B., D.P.H., Barrister-at-Law, of a daughter.

OWEN.—On May 15th, at Irlams-o'th'-Height, Manchester, the wife of David Owen, M.R.C.S., of a daughter.

WILLIAMS.—On May 12th, at Gwaun House, Fishguard, Pemb., the wife of G. J. Williams, M.B., B.S.Dunelm., of twins, son (stillborn) and daughter.

MARRIAGES.

STANWELL—EVANS.—On May 12th, at St. Martin's, Stamford, by the Rev. Charles Stanwell, M.A., Vicar of Ipsden, uncle of the bridegroom, assisted by the Rev. A. Jones, M.A., Vicar of the Parish, St. John Stanwell, M.B.Éd., M.R.C.S., fifth son of the late William Stanwell, M.R.C.S., of Rochdale, to Alice, third daughter of Daniel J. Evans, of Stamford.

THOMAS—DAVIES.—On May 10th at All Saints, Wellington, Salop, by the Rev. T. C. Davies, Curate of St. Mark's, Sheffield, assisted by the Rev. H. M. Marsh-Edwards, Vicar of Wellington, William George Thomas, M.R.C.S. and L.R.C.P.Lond., of Small Heath, Birmingham, to Annie M. Davies, second daughter of Walter Davies, Esq., of Wellington, Salop.

DEATHS.

COVENTON.—On the 4th inst., at Indore, St. Leonard's-on-Sea, Helen, the wife of Charles A. Coventon, M.R.C.S., L.R.C.P., age 45.

OATES.—On May 15th, after a short illness, John Harrison Oates M.R.C.S.Lond., L.R.C.P.Édin., Manor Place, Dewsbury.

DIARY FOR NEXT WEEK.

MONDAY.

Central London Throat, Nose, and Ear Hospital, Gray's Inn Road. 5 P.M.—Mr. Lennox Browne: Diseases of the Lingual Tonsil, and their Treatment.

TUESDAY.

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

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

Hospital for Diseases of the Nervous System, 73, Welbeck Street, W., 4.30 P.M.—Dr. Harry Campbell: Neuralgia and Headache.

Royal Medical and Chirurgical Society, 8.30 P.M.—Mr. Alban Doran: A Case of Cyst of the Urachus; with Notes on Urachal and so-called "Allantoic Cysts." Dr. H. Lambert Lack: Fibrous or Membranous Rhinitis and its Relation to Diphtheria (communicated by Dr. Allan Macfadyen). Mr. J. Lynn Thomas will show Two Large Vesical Calculi, and Nine Calculi removed from the Urethra.

WEDNESDAY.

West London Post-Graduate Hospital for Consumption, Brompton, 4 P.M.—Dr. Kidd: Cases of Pneumothorax.

West London Hospital, Hammersmith Road, W., 5 P.M.—Dr. Mansell Moullin: Gynaecological Cases.

THURSDAY.

London Post-Graduate Course, Central London Sick Asylum, 5.30 P.M.—Dr. Seymour Taylor: Drugs in Chlorosis.

Charles Cross Hospital, Post-Graduate Class, 4 P.M.—Mr. Stanley Boyd: Demonstration of Surgical Cases.

Harveian Society of London, 8.30 P.M.—Clinical Evening.

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

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

FRIDAY.

London Post-Graduate Course, Bacteriology at King's College, 3 to 5 P.M.—Dr. Wilkinson: Tuberculosis and Leprosy, etc.

Clinical Society of London, 8.30 P.M.—Annual General Meeting. Election of Officers for Session 1898-99. The following papers will be read:—Mr. Howard Marsh: Case of Primary Sarcoma of the Synovial Membrane of the Knee-joint. Dr. C. R. Box and Mr. Cuthbert S. Wallace: Case of Acute Dilatation of the Stomach. Dr. Hugh E. Smith: Seven Cases of Cirrhosis of the Liver in Children. Dr. G. F. Still: Erythema Enematomagenes (Enema Rash) in Children.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). Attendants.—Daily, 2. Operations.—Tu. F. S., 2.	
CENTRAL LONDON OPHTHALMIC. Attendants.—Daily, 1. Operations.—Daily.	
CENTRAL LONDON THROAT, NOSE, AND EAR.—Attendants.—M. W. Th. S., 2; Tu. F., 5. Operations.—I.-p., Tu., 2.30; o.-p., F., 2.	
CHALKING CROSS. Attendants.—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.	
CHELSEA HOSPITAL FOR WOMEN. Attendants.—Daily, 1.30. Operations.—M. Th. F., 2.	
CITY ORTHOPEDIC. Attendants.—M. Tu. Th. F., 2. Operations.—M., 4.	
EAST LONDON HOSPITAL FOR CHILDREN. Operations.—M. W. Th. F., 2.	
GREAT NORTHERN CENTRAL. Attendants.—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.	
GUY'S. Attendants.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. 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. Attendants.—Daily, 10. Operations.—M. Th., 2.	
KING'S COLLEGE. Attendants.—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. Attendants.—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, Tu., 9; Dental, Tu., 9. Operations.—Daily, 2.	
LONDON TEMPERANCE. Attendants.—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. Operations.—M. Th., 4.30.	
METROPOLITAN. Attendants.—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. Operations.—Tu. W., 2.30; Th., 4.	
MIDDLESEX. Attendants.—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. Attendants.—M. Tu. Th. F., 2. Operations.—W., 10.	
NEW HOSPITAL FOR WOMEN. Attendants.—Daily, 2; Ophthalmic, W. S., 9.30. Operations.—Tu. F., 9.	
NORTH-WEST LONDON. Attendants.—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. Attendants.—Daily, 2. Operations.—Daily.	
ROYAL FREE. Attendants.—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. Attendants.—Daily, 9. Operations.—Daily, 10.	
ROYAL ORTHOPEDIC. Attendants.—Daily, 2. Operations.—M., 2.	
ROYAL WESTMINSTER OPHTHALMIC. Attendants.—Daily, 1. Operations.—Daily, 2.	
ST. BARTHOLOMEW'S. Attendants.—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. F., 1.30. Operations.—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariotomy, F., 2.	
ST. GEORGE'S. Attendants.—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. Attendants.—Fistula and Diseases of the Rectum, males S., 2; females, W., 9.30. Operations.—M., 9; Tu., 2.30.	
ST. MARY'S. Attendants.—Medical and Surgical, daily, 1.45; o.-p., 12.45; Obstetric, Tu. F., 1.45; o.-p., M. Th., 1.0; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. Operations.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.	
ST. PETER'S. Attendants.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. Operations.—W. F., 2.	
ST. THOMAS'S. Attendants.—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., M. Th., 9; Ear, M., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children's, 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. Attendants.—Daily, 1.30. Operations.—Gynaecological, M., 2; W., 2.30.	
THROAT, Golden Square. Attendants.—Daily, 1.30; Tu. F., 6.30. Operations.—Daily, exc. M., 10.	
UNIVERSITY COLLEGE. Attendants.—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. Attendants.—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. Attendants.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, Tu. F., 9.30; Ear, Tu., 1.30; Skin, W., 1.30; Dental, W. S., 9.15. Operations.—M. Tu. W., 2.	

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

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

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

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

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

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

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.

T. C. W. would be glad to know of a practical book on the rearing and management of children for household use, as he is frequently asked for such a work by his patients.

. The following would probably meet our correspondent's wants:—Chevasse's *Advice to a Mother on the Management of Her Children*, by George Carpenter, M.D. (London: J. and A. Churchill, 1898. 2s. 6d.) Also a little book by Mrs. Langton Hewer, entitled, *Our Baby*. (Bristol: John Wright and Co. 1897. 1s. 6d.)

TREATMENT OF SLOUGHING EPITHELIOMA.

INQUIRER writes: I should be grateful for any hints as to treatment of a sloughing epithelioma situated in the groin, especially with a view to overcoming smell and discharge. The size of the sore is about as big as a hand. Operation is out of the question.

M. D. BRUSSELS.

A CORRESPONDENT writes to say he has lost his diploma of graduation as M.D. Brux., and is desirous of knowing how to obtain a duplicate of the same.

. The best course to adopt would be to apply to M. A. Lavachère, Secrétaire, Université Libre, Bruxelles, stating the loss of diploma. We are informed, however, that it is hardly likely the University will grant another.

CLUB PATIENTS.

A. is a member of a workmen's club. B. is A's family's medical attendant. C. is medical officer of A's club. When A. became ill he sent for his club doctor, C., to attend him, but after a time he left C. and sent for B. to attend him, who then took up the case. What ethical conditions are involved?

. This is a complication which not infrequently arises in club practices, involving no doubt in its more serious aspect tender questions of medical ethics generally settled by the doctors by a few friendly lines communicating the facts. A. was justified in sending for C. and it was C's duty to attend on A. When A. dismissed C. and sent for B., C's responsibility to A. ceases; but should A. be in receipt of other benefits from the club necessitating a medical certificate, it would be C's duty to call upon A. and report on his health whenever the club required him to do so. When A. sent for B. strict ethics would require him to refuse attendance until he was satisfied A. had explained to C. his intention of consulting B., but in this case one friendly line from B. to C. would render the matter simple.

PARALYSIS OF THE FOREARM FOLLOWING SUBGLENOID DISLOCATION OF THE HUMERUS.

ENQUIRER writes: I should be glad to know if any member of the Association has met with a case like the following. I was called some four weeks ago to see a lady who had had a fall and dislocated her right humerus into the axilla. Complete paralysis of sensation and motion of the forearm and hand immediately set in. I did not see her for four days after the accident, during which period the dislocation continued. On my first visit the patient was placed under ether, and the dislocation reduced by manipulation with the greatest ease, but the reduction did not relieve the paralysis of the forearm and hand. When she fell it is supposed she struck her arm with great force against a chair and injured the median and musculo-spiral nerves. Since the date of the accident the paralysis continues notwithstanding treatment consisting of rubbing, massage, and galvanism has been adopted in turn. Would any of your numerous readers kindly state in the BRITISH MEDICAL JOURNAL if they ever met with such a case, and with what result? And if the paralysis continued for any length of time after such an accident, what treatment would be the best to adopt?

UNFERMENTED WINES.

CAROLUS asks: (1) For the names of firms who supply so-called unfermented wine; (2) what preservative is used to prevent the decomposition of these wines; (3) what percentage of alcohol is added when that agent is used as a preservative?

. (1) We are informed that unfermented wine can be obtained from Frank Wright, Mundy, and Co., 27, Merton Road, Kensington, W. (2) Probably different producers employ different antiseptics. The above firm employs heat, with preservation in bottles from which the air has been expelled. (3) Possibly 18 to 20 per cent., and upwards; but we have no definite information. The density of the substance to be preserved would vary the percentage.

ANSWERS.

C.P.—We understand that our correspondent can obtain the information on application to the Secretaries of the Companies.

H.—The principle involved in our correspondent's question has not, so far as we can ascertain, been decided in a court of law, and it is impossible to foresee what view might be taken.

PRIAM.—Any registered practitioner who is a natural-born subject of Her Majesty is eligible as a candidate for the Indian Medical Service if between the ages of 21 and 28. Full particulars can be obtained on application to the Under-Secretary of State, India Office, London, S.W., and a short statement will be found in the Educational Number of the JOURNAL, published on August 28th, 1897, p. 557.