

the swallowing power was soon completely restored. He rapidly gained flesh and strength, and returned to his duties on the West Coast, where, I regret to say, he died of fever about Christmas last. When last heard of, not long before his fatal illness, he had not had any return of his trouble. In his case the stricture was not exactly at the cardiac orifice, but about 2 inches above it. This is a case of failure of bougie treatment and consequent erroneous secondary diagnosis.

CASE IV.—D. W., a man aged 42; seen March, 1897. Two and a half years ago he felt uneasiness at pit of stomach while eating, and could feel his food "bolt" suddenly through. About six months after, food began to come back, first solids and then liquids also. He went to a hospital physician, who sent him to a surgeon. The latter passed bulbs eighteen inches down his throat and sent him back to the physician, who thereupon prescribed as for disease of the stomach. A month after, he saw a well-known physician, who suspected the bougies had not reached the stomach, but prescribed liquid food of specified kinds. There being still no improvement, he went to yet another prominent provincial surgeon, who passed a bougie 18 inches, and recommended washing out the stomach, which the patient was supposed to do himself. Although the tube did not enter the stomach some improvement ensued, and he became able to swallow rusks boiled in milk. When seen by me he had a stricture at the cardiac orifice, which would not pass a No. 23 Jaques but passed No. 18. It was easily dilated to No. 23 and then stretched, and in a few weeks he regained the normal power of swallowing. He continues well.

CASE V.—A retired naval officer, 65 years of age, seen April, 1897. For three or four years had intermittent difficulty of swallowing. Three years ago a physician diagnosed stricture, but no local exploration was made and no treatment used. When I saw him his diet was reduced to jellies, eggs, and milk, which sometimes returned. There was a tight stricture at the cardia. Bougies were used and then the dilator, with the result of restoring the function completely. At Christmas last he continued well.

CASE VI.—J. A., a youth of 20, seen April, 1897. A little over three years ago he began to vomit after some of his meals, and became gradually worse till he vomited a great part of each meal he took. He was never easy till it came back. It sometimes caused acute pain. It made no difference what the food was or whether solid or liquid. He was treated for dyspepsia, and was washing out his stomach. I could find no trace of stricture, the tube passing easily into the stomach. He was told to feed himself through the tube and report whether the food so taken returned. He did so, and reported that no more than a mouthful of that so taken returned. I stretched the cardia several times, with the result that he was usually able to eat without any food coming back, though occasionally some did so. He had then to leave the town and return to his work. I saw him about Christmas, and he reported great improvement but not absolute freedom from vomiting. I stretched the cardia once then and have not heard from him since. There might be some doubt as to the exact pathology of this case, but, as will be seen by the following case, there may exist undoubted spasm closing the cardia absolutely, without any stricture being perceptible by an instrument.

CASE VII.—Seen February, 1898; a medical man. Illness of about three years' duration. At one time scarcely able to swallow anything. At present he can eat a considerable quantity, say an entire course of a meal. He then feels that he can eat no more, and takes a large and continuous draught of water, during which the spasm gives way, and he feels food and water pass together into the stomach, after which he can go on with his meal, and repeat the process. If, however, he is interrupted in drinking, the entire quantity he has eaten is immediately rejected. No trace of stricture could be found on passing a tube. I only saw him twice as he was about to start on a distant voyage. There is no treatment to record, and I mention the case merely as being one of the kind in question, and showing the possibility of the œsophagus being completely closed without demonstrable stricture.

For the sake of brevity, I have omitted much that might be said, and if I have seemed to dwell unduly on faulty diagnosis it is because I believe this to be the chief obstacle to the proper treatment of these cases. I may be permitted to conclude with the following suggestions: That in all cases of persistent vomiting, unless obviously due to disease of the stomach, it should be positively ascertained whether or not a stricture is present. That it should not be assumed that no stricture or spasm exists because none can be detected by a bougie, nor that stricture is not the cause of the symptoms because these persist after the largest possible bougies have been passed. In cases of doubt, the behaviour of food given through a tube may be of assistance. In using instruments for the diagnosis or treatment of stricture, it is very easy to be deceived on the question as to whether they have passed into the stomach or not; measurement of the length passed is not an infallible guide. In using the dilator, I always pass it well below the point required, and then withdraw it until I judge it to be on the spot, before expanding.

I have seen it stated that Professor Loreta, of Bologna, stretched some strictures from below, through an opening made into the stomach. This plan might be useful if the dilator failed, as in my second case. In the *American Year-book* for 1898, p. 172, a case obviously of this kind is quoted under the title of "Fusiform Dilatation of the Œsophagus." It was treated by tube feeding. The author had collected records of twenty cases, in none of which was the diagnosis made during life, which tends to support my thesis that if this condition were more carefully looked for it would be more frequently found.

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

A PROLONGED CASE OF SARCOMA OF OVARY.

M. B., aged 35, domestic servant, unmarried, first complained of intermittent pain in the region of the left ovary in January, 1892. Mr. Page of Newcastle-on-Tyne diagnosed sarcoma of the left ovary, and in May, 1892, removed a solid sarcomatous left ovary. There were no adhesions, but a little fluid in the peritoneum. The right ovary seemed quite healthy.

The patient's condition was for some time critical, but eventually she made a good recovery and returned to service. In the autumn of 1893 the growth showed signs of recurrence, and by April, 1894, it had increased enormously.

Mr. Page again operated and he says: "The abdomen was occupied by a large soft growth springing from the stump of the left ovary and closely connected with the intestines and peritoneum from which it could not be separated; a large amount was however removed with difficulty. The hæmorrhage was very severe and the left ureter was accidentally torn across. The ends were fixed in the wound. The right ovary could not be found." After some weeks the patient returned home. Urine flowed from the wound for nine months and then ceased.

In June, 1895, and September, 1895, she had localised attacks of peritonitis from which she made good recoveries. By June, 1896, the tumour was the size of the gravid uterus at full term and occupied the left side of the abdomen principally, but from this date it seemed to grow more towards the right hypochondriac region.

In May, 1897, menstruation, hitherto normal, ceased, and from then till Christmas she had better health than she had had since the second operation; in fact, she frequently walked unaided a distance of four miles at a time. In December, however, cough, dyspnoea, insomnia, ascites, and general anasarca gradually developed, accompanied by syncope and weak, intermittent pulse.

On March 10th, 1898, aspiration was resorted to. At first only a little glairy fluid escaped, but eventually about two pints of clear serum were withdrawn, when the needle became blocked. Fluid, however, ran from the puncture for five days giving much relief.

By March 29th the ascites was so much worse that Southey's tubes were tried. They, however, became blocked at once, but on withdrawing the needles fluid ran for three days.

From this time, however, the patient got gradually worse, with increasing cachexia and syncope, till on April 20th she had a severe attack of hæmatemesis, from which she never rallied but died on April 26th, more than six years from the commencement of the symptoms. Unfortunately, a *post-mortem* examination could not be obtained.

The chief points of interest in the case are (1) the long course it ran; (2) the good health the patient had after the second operation, being practically free from pain for four years; (3) the marked improvement that followed the cessation of the catamenia for eight months when she died. Was this the menopause?

Harrogate, Northumberland. W. F. MILLER, M.B., B.S., etc.

DIPHTHERIA AFFECTING THE SKIN.

Cases of diphtheria affecting the skin surfaces are nowadays rare, hence the following cases may be worthy of record. Even in the essays of Bretonneau and his pupils I find few cases of cutaneous diphtheria, although it was no doubt more common than it is to-day. Diphtheria of the skin appears to be not so dangerous as the same malady affecting the mucous surfaces. Trousseau says, "It is not very dangerous when it affects the skin."

CASE I.—In November, 1895, I saw a boy, aged 2, with spots on the cheeks, lips, and breast. At first I thought the condition one of herpes which had become purulent, but on touching them I found them soft and leathery, and on removal a bleeding surface was revealed. Under the microscope they had a glassy appearance and stained badly. This

excited suspicion, and the bacteriological examination by Professor Trevelyan showed "numerous diphtheria bacilli, with staphylococcus aureus." Most likely the organism had become implanted on an herpetic eruption.

At this time the mouth and throat were free from the disease, but on the second day sores appeared, which, however, yielded to treatment. The most characteristic patch was over the top of the breast bone. It was dark red in colour, having a yellowish membrane at one side.

The child had had a cold some days previous to my seeing him. When I first saw him the temperature was 1° F. above normal, but soon came down. Vomiting and diarrhoea were present. The secretion of the mouth was highly acid. The glands under the jaw were swollen. No rash was seen. The urine could not be examined. There was no affection of the air passages. The local treatment consisted in the application of a solution of biniodide of mercury, 1 in 3,000. The patient was given internally sodium salicylate gr. iij, and potassium iodide gr. ij in solution every four hours. The diet was milk. In a week the parts were well, but on the ninth day a white speck appeared on the lower lip. This was removed, and there was no further trouble. In a fortnight the child was well.

CASE II.—The next case was a brother of the above, aged 6. He had his cheek burnt by a cracker, and the wound had not healed. Over the sore a membrane appeared similar to that already described. The upper lip also became affected. In this case there was no constitutional disturbance, and the condition yielded to local treatment alone. The membrane was not examined, but it was so like the former that the diagnosis may be considered correct.

The patients lived in an old stone house; the sanitary inspector found the traps to the kitchen sink defective. The kitchen sink itself was of soft sandstone, and was fixed against the soft stone wall, hence all the parts were highly absorbent, and, not having been too cleanly kept, exuded a foul-smelling slimy fluid. Probably this condition had something to do with the rise and spread of the disease. And here we are once more confronted with the question, Have insanitary conditions anything to do with diphtheria?

Leeds.

GORDON SHARP, M.D. Edin.

TETANUS NEONATORUM.

On April 26th I attended Mrs. P., a primipara. The presentation was occipito-posterior, and necessitated delivery with the forceps. The mother made an excellent recovery. For the first three days the baby appeared to be all right; on the fourth day the nurse informed me that the infant would not take the breast. Upon examination I found the mouth could scarcely be opened. The next day the muscles were in a state of tetanic spasm, the child every now and then becoming perfectly rigid. The facial expression constituting the appearance known as the "risus sardonius" was especially marked. The child died on the seventh day, from exhaustion consequent upon the tetanic spasm. The umbilical cord came off on the fifth morning. The umbilicus after the cord had come off was slightly inflamed round the edge. The scissors used at birth to divide the umbilical cord were perfectly clean.

FREDK. H. DAYUS, M.R.C.S. Eng., L.R.C.P. Lond.
West Ham.

URÆMIC ECLAMPSIA: COMA: DEATH.

On April 16th, 1898, I was called to see M.M., aged 24, a primipara. She had been confined three hours previously, being attended by a midwife. The patient had already had two fits, and while I was present had a third convulsion, after which she was semi-conscious, and had a death-like pallor. I at once injected pilocarpin gr. $\frac{1}{4}$, which produced very little effect. I also gave πj of croton oil, and ordered a mixture of potassium bromide and chloral hydrate. The patient was placed between blankets, and hot fomentations applied to the kidneys. I saw her again the same evening, and to my surprise found that none of the medicine had been administered, and that the patient was still unconscious and had had three more fits. I administered a dose of medicine *per rectum*, and again another hypodermic of pilocarpin. I saw her again the following morning, April 17th. She was now in a state of coma, having had several convulsions through the night, in all

amounting to fourteen. The bowels had acted well. Notwithstanding, she remained in a state of complete unconsciousness, unable to take either nourishment or medicine until her death on the evening of May 19th, the third day after her confinement. Her temperature continued rising to 105° F., and her pulse was 130, and very weak.

The urine was loaded with albumen. There was the faintest trace of œdema of her legs, but the conjunctivæ were very dropsical. The patient had been working in lead at a pottery for years previously.

There is a close similarity in many respects except the issue between this case and that recorded by Dr. A. Thompson in the BRITISH MEDICAL JOURNAL of April 23rd.

Hanley, Staffs.

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

REPORTS

ON

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

EAST SUSSEX HOSPITAL, HASTINGS.

A CASE OF HÆMORRHAGIC PANCREATITIS.¹

(Under the care of Dr. TROLLOPE.)

[Reported by H. LANGDON, B.A., M.R.C.S., House-Surgeon to the Hospital.]

THE patient, a labourer 32 years of age, was admitted to the East Sussex Hospital on February 20th. He had been brought a distance of five miles in a cab, and arrived early in the afternoon, not having been examined by a medical man till that morning.

History.—His history was that he had been previously healthy, except for vague abdominal pains, till a week before admission. Then he had been suddenly attacked with violent pains in the abdomen accompanied by constant vomiting and obstinate and complete constipation. This had gone on for a week, and he had naturally been getting weaker progressively.

Condition on Admission.—On admission he was in a state of profound collapse. His face was somewhat cyanosed, his extremities cold. The pulse was all but imperceptible, the temperature below 96° . Examination of the chest revealed a diffuse and throbbing apex beat and a loud systolic murmur audible over the whole front of the chest. The lungs were normal. In the abdomen there was a somewhat indefinite swelling visible, occupying the epigastrium and reaching into the left hypochondriac and lumbar regions; otherwise the abdomen was retracted and not particularly tender. The area of gastric resonance was increased. There was violent pulsation visible and palpable over the epigastric swelling, but not of an expansile character, and on auscultation a loud rasping murmur was heard over the pulsating area, and a loud splash could be heard over the stomach at each beat. The patient, when left to himself, lay curled up on the right side, when he seemed fairly comfortable; on being turned over on his back he at once became distressed and the respiration became rapid and gasping. A curious feature of the respiration in this position was a little expiratory puff audible at the mouth, and synchronous with the epigastric pulsation, being evidently caused by the upward thrust of the diaphragm. A consultation of the staff was held, and the practically unanimous opinion was arrived at that the symptoms were due to an aneurysm of one of the branches of the celiac axis, which had probably burst and was leaking. The patient's general condition precluded the possibility of operation, and treatment was confined to the administration of stimulants hypodermically and *per rectum*. These unfortunately had little or no effect, and the patient got gradually weaker, and died seven hours and a half after admission.

Post-mortem Examination.—At the necropsy held the next day the heart was found to be normal. The abdominal viscera were dry and congested, but there was no general peritonitis. The stomach was dilated; the intestines, especially the colon, were contracted. The duodenum and

¹ Read at a conjoint meeting of the East and West Sussex Districts of the South-Eastern Branch.

MARTIN B. HECKSCHER, M.D.,

Formerly of Manchester.

By the death of Dr. Martin B. Heckscher, Manchester loses another link with the past. Dr. Heckscher was a contemporary of the late Professor Williamson, but their lines fell in different spheres. Dr. Heckscher went to Manchester many years ago, and his practice lay largely amongst the numerous families of Germans, or, at least, German-speaking races, who have taken up their abode in Manchester. For many years Dr. Heckscher was the trusted physician of a large number of German families, and only a year or two ago he retired from the active duties of his profession, having well earned a period of repose. Always assiduously devoted to duty, his well-known figure will be missed even in the busy throng of Manchester life.

Dr. Heckscher studied at Berlin, Leipzig, and Prague, and graduated as M.D. as long ago as 1847 in Berlin. He took the M.R.C.P. in 1860, having previously, in 1858, obtained the M.D. of St. Andrews. He died at his residence, Didsbury, on May 29th, aged 74. Although for him the active duties of his profession had ceased, with his passing there disappears for many families one who was not only medical adviser, but counsellor and friend.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Professor F. J. Trier, of Copenhagen, one of the leading clinicians of Denmark, aged 67; Dr. Smet-Van Aeltert, formerly Senior Surgeon of the Ostend Hospitals; and Dr. Erasmus Garrott, Chief Medical Inspector of the Health Department of the City of Chicago, aged 62.

NAVAL AND MILITARY MEDICAL SERVICES.

ARMY MEDICAL STAFF EXCHANGE.

The charge for inserting notices respecting Exchanges in the Army Medical Department is 5s. 6d., which should be forwarded in stamps or post office order with the notice, not later than Wednesday morning, in order to ensure insertion in the current issue.

A SURGEON-MAJOR, 35th on the list of Field Officers for foreign service, would exchange to go abroad. Egypt, China, West Indies, or Colonies preferred, but no objection to India. Officer exchanging would have at least another year at home, and longer if a Surgeon-Captain on the verge of promotion, as his promotion would bring him lower down the roster for foreign service. Please address, with offers, No. 1832, care of BRITISH MEDICAL JOURNAL Office, 429, Strand, London, W.C.

MEDICAL DEPARTMENT, R.N.

The undermentioned gentlemen, who competed on May 16th and following days at Examination Hall, Victoria Embankment, for appointments as Surgeons in the Royal Navy, have been granted commissions;

Names.	Marks.	Names.	Marks.
H. C. Whiteside ...	2,646	H. J. Chater ...	2,237
R. L. Dickinson ...	2,563	R. St. G. S. Bond, M.B. ...	2,223
H. W. B. Shewell, M.A., M.B.	2,539	C. C. Macmillan, M.B. ...	2,188
J. Martin ...	2,521	F. C. B. Gittings, M.B. ...	2,147
C. B. Fairbank ...	2,494	R. M. Richards ...	2,132
F. F. Lobb ...	2,489	H. E. Raper ...	2,119
G. B. Brown ...	2,445	A. G. Eastment ...	2,105
S. D. T. Halliday ...	2,407	G. E. Duncan ...	2,057
J. G. Corry, M.B. ...	2,354	J. G. Watt ...	2,022
L. B. Todd ...	2,324	G. E. Glynn, B.A., M.B. ...	1,973

THE NAVY.

STAFF-SURGEON MICHAEL J. MCCARTHY, M.D., has been promoted to be Fleet-Surgeon, May 14th. He was appointed Surgeon, March 31st, 1877; and Staff-Surgeon twelve years thereafter. He was Surgeon of the *Carysfort* during the Soudan campaign in 1884, when he served with the Royal Marine Battalion, and received a medal and the Khedive's bronze star.

The following appointments have been made at the Admiralty: ROBERT HICKSON, Staff-Surgeon to the *Sans Pareil*, when commissioned, undated; WILLIAM W. PRYN, Staff-Surgeon to the *Lion*, May 27th; WILLIAM R. TRYTHALL, Surgeon, to the *Wildfire*, additional, May 27th; HORACE B. MARRIOTT, Surgeon, to the *Wildfire*, May 31st.

ARMY MEDICAL STAFF.

BRIGADE SURGEON-LIEUTENANT-COLONEL F. W. TREVOR, who is serving in the Bombay Command, has taken charge of the current duties of Principal Medical Officer Sind District as an additional duty, from March 1th.

Brigade-Surgeon-Lieutenant-Colonel J. M. BEAMISH, M.D., serving in the Bombay Command, is directed to proceed to Mhow to officiate as Principal Medical Officer, Mhow and Deesa Districts.

INDIAN MEDICAL SERVICE.

BRIGADE-SURGEON-LIEUTENANT-COLONEL J. ARNOTT, M.D., Bombay Establishment, has been permitted to retire from the service from April 1st. He was appointed Surgeon April 1st, 1867, and Brigade-Surgeon-Lieutenant-Colonel April 30th, 1891. He served with the Field Hospital during the Abyssinian war in 1867-68 (medal); in the Afghan war in 1879-80 as Principal Medical Officer of the Reserve Brigade in the Bolan Pass, and in medical charge of the headquarters staff at the defence of Candahar (mentioned in despatches), and present in the sortie of Deh Khojah (mentioned in despatches) and at the battle of Candahar (medal with clasp). He is in receipt of a reward for distinguished service granted him in 1895.

The Government of India have formally opened leave for the medical service, and local governments are given power to sanction leave and furlough, but have to make their own arrangements.

THE YEOMANRY AND VOLUNTEER RIFLES.

SURGEON-LIEUTENANT H. C. MARTIN, M.D., Suffolk Yeomanry (the Duke of York's Own Loyal Suffolk Hussars) is promoted to be Surgeon-Captain, May 18th.

Surgeon-Major R. M. P. LOW, M.B., 1st Middlesex Engineers, has resigned his commission, retaining his rank and uniform, May 18th.

Surgeon-Major A. NAPIER, M.D., 3rd Lanarkshire Rifles, is promoted to be Surgeon-Lieutenant-Colonel, May 18th.

VOLUNTEER MEDICAL STAFF CORPS.

MR. WILLIAM B. FRITCHARD is appointed Surgeon-Lieutenant in the Manchester Companies, May 18th.

VOLUNTEER GRANTS.

SURGEON-CAPTAIN could not claim the grant on getting a new uniform, even though the corps changed its uniform. The order says £10 on appointment and £10 on obtaining certificate.

THE NORTH-WEST FRONTIER RISING IN INDIA.

A FINAL despatch from Sir William Lockhart, describing the operations of the Tirah Expeditionary Force from January 27th to April 5th has been published in India. Sir William writes in the most laudatory manner of the conduct of the troops, not only while actively engaged in the field, but also while employed on the tedious and monotonous duties of a blockade. Among the officers selected for special mention is Surgeon-Lieutenant M. Dick, of the Bombay Establishment. The following, omitted from previous reports, are also specially brought to notice: Surgeon-Major A. E. C. Spence, M.B., and Surgeon-Captain J. C. Jameson, M.B., both of the Army Medical Staff.

A correction in Sir E. Blood's despatch of January 18th, 1898, noticed in the BRITISH MEDICAL JOURNAL of March 26th, appears in the *London Gazette* of May 31st: For "Surgeon-Major C. W. Johnson, Army Medical Staff," read "Surgeon-Major H. H. Johnston, Army Medical Staff."

CONTINENTAL REGULATIONS FOR THE TRANSPORT OF SICK AND WOUNDED BY RAIL.

AN instructive and interesting paper on this subject by Surgeon-Captain C. H. Melville, A.M.S., appears in *The Journal of the Royal United Service Institution* for May. The importance of the subject, in a military no less than in a military-medical point of view, will attract, we trust, the attention at home and in India that it well deserves. Surgeon-Captain Melville considers and compares in his lengthy article the regulations for the transport of sick and wounded by rail as laid down in four of the leading Continental armies—namely, those of Germany, France, Austria, and Italy, and has followed the classification of hospital trains used in the French service as far as the names of the three classes go—namely, permanent hospital trains, improvised hospital trains, and ordinary trains. The paper will well repay careful perusal, and should be studied in detail by all ranks of the medical services.

MEDICO-LEGAL.

DOCKRELL v. DOUGALL.

THIS case, which was heard in the Queen's Bench Division before Mr. Justice Ridley and a common jury on May 26th and 27th, was an action for damages and for an injunction to restrain the defendant from further publishing the alleged libel and from distributing circulars imputing to the plaintiff that he prescribes or uses sallyco as an habitual drink.

Mr. Blake Odgers, Q.C., and Mr. Brooke Little appeared for the plaintiff, and Mr. Witt, Q.C., and Mr. E. de Witt for the defendant.

The plaintiff, Dr. Morgan Dockrell, is a physician of St. John's Hospital for Diseases of the Skin, and the defendant Dr. Keir Johnston Dougall (a licentiate of the Royal College of Physicians, Edinburgh, and the Faculty of Physicians and Surgeons, Glasgow, but not now practising) is the proprietor of a recipe for a mineral water known as "sallyco" and trades as "The Sallyco Company."

The plaintiff in his evidence stated that in April last he saw defendant, and told him that he had been trying his "sallyco," but could not go on taking it nor order it for patients without knowing what its constituents were. At this interview Dr. Dockrell said jocularly, "Nothing seems to have done my gout so much good." He also added, "I have been taking other drugs and perhaps sallyco is getting the credit for it."

The defendant told the plaintiff that it contained one-sixtieth of a grain of colchicine, 3 grains of salicylate of soda, some carbonate of lithia and bicarbonate of potassium, and was really a dose of medicine in an aerated bottle of water.

It appeared that in July last it was brought to the plaintiff's notice that certain circulars were issued containing the statement that "Dr. Morgan Dockrell and many of the leading physicians are prescribing sallyco as an habitual drink. Dr. Dockrell says nothing has done his gout so much good."

The plaintiff stated that it was quite untrue that he had ever prescribed sallyco as an habitual drink, and complained to the defendant, and in reply he received an undertaking that no more of his circulars should be sent out. He subsequently saw Dr. Dougall, and told him that he was bringing him into collision with the hospital authorities, and was likely to injure his practice and injure him socially, as it was considered unprofessional conduct to attach his name to puff an article of commerce. Dr. Dougall made a full apology, and promised that the circulars should not be issued, and that they would all be destroyed.

As late as October 15th, however, plaintiff received another of the circulars at his private address and it came to his notice that other persons, or at all events another person had received a circular of the same kind, and thereupon he placed the matter in his solicitor's hands, and eventually it was decided to commence the present proceedings.

Evidence was also given by a lady, who stated that she had been advised by Dr. Dockrell to try a little sallyco, and the witness proved the receipt of one of the circulars.

Professor Victor Horsley gave evidence to the effect that the appearance of Dr. Dockrell's name on the advertisement was distinctly detrimental to him from a professional point of view, because it would appear as though Dr. Dockrell was puffing or pushing the sale of this water, which was a secret remedy; and it was wholly contrary to the etiquette of the medical profession that a medical practitioner should be in any way associated with the sale or use of a secret remedy; and the statement on the circular that the plaintiff prescribed sallyco as an habitual drink would do him harm with the governing body of the hospital, with his professional colleagues, and socially.

Dr. Arthur Ernest Sansom, F.R.C.P., and President of the Council of the Medical Society of London, agreed with the opinion of Professor Victor Horsley in every particular.

Mr. Witt then stated the defendant's case; and

Dr. Dougall, the defendant, said in his evidence that he always told every medical man what the ingredients of sallyco were: he did not keep it a secret; he said that one of the ingredients was colchicine, which, however, differed from the commercial form of colchicine, in that every particle of the poisonous oil was removed from it. Dr. Dockrell had said that nothing had done him so much good as sallyco.

The defendant gave evidence as to the destruction of the circulars, and how it was that some circulars had not been destroyed and had been subsequently sent out, but that only five or six of the old circulars were sent out in October.

Dr. Archibald Keightley said that he had prescribed sallyco for between twenty and thirty patients, and that he and his wife used it every day. In cross-examination he stated that he would not entirely recommend the sallyco for general consumption but should do so as a rule. There were specific cases, as mentioned by the plaintiff in his evidence, in which he would not recommend it, and he also said it was a little too sweeping to say that this was a health-restoring beverage which suited all constitutions.

Mr. John Campbell Maclean also gave evidence in favour of sallyco, and of having taken it and prescribed it for patients.

Mr. Granville Hawley Sharp, formerly Principal of the Liverpool College of Chemistry, deposed that he had made an analysis of sallyco, and stated that, in his opinion, there was nothing injurious in it, and that colchicine was not cumulative in its action. In cross-examination he stated that in certain doses colchicine as contained in the sallyco was medicinally a poison.

Mr. Miller, the defendant's manager, said that he drew up the circular and put in Dr. Dockrell's name. It was an oversight that they were not all destroyed after Dr. Dockrell's complaint. It was through one of the clerk's carelessness that some of those not destroyed were subsequently sent out, and the clerk was dismissed.

Counsel having addressed the jury, Mr. Justice Ridley summed up, and the jury, having retired for some time, on their return into court stated that their unanimous verdict was that there was no libel.

Mr. Justice Ridley: A verdict for the defendant?

The jury: For the defendant.

Mr. Blake Odgers said there was this point of law; even if it be no libel still, it being the unauthorised use of the plaintiff's name, that was a matter which gave him a ground of action and the right to an injunction.

The case was adjourned for further consideration, and judgment was not given.

COUNTY COUNCIL APPOINTMENT: MEDICAL OFFICER OF HEALTH.

DISGUSTED.—In reply to our correspondent's question under this head, we do not think that any useful step could be taken in the matter. The provisions of the Local Government Act (1888) are to the effect that the county council may, if they see fit, appoint and pay a medical officer of health. If the county council do not appoint such medical officer, it would probably be obligatory upon the district council under the Public Health Act (1875) to make such appointment; but where the county council has appointed a medical officer of health, the obligation of the district council under the Act of 1875 in that respect is to be deemed to be satisfied.

THE TITLE OF "DR."

J. A. inquires if it is right for a medical man with the L.S.A. to print Dr. — over his door.

. This subject has been much discussed in the columns of the BRITISH MEDICAL JOURNAL, and we would refer our correspondent to the views expressed in the article in the JOURNAL of December 14th, 1895. He will there find it stated that in the opinion of the writer "no legal proceedings would lie against a qualified medical practitioner who chooses to call himself 'Dr.' or even to put that title on his doorplate," and we cannot carry the matter further than this.

THE Prince of Wales's Hospital Fund for London has received from "A Lady" a donation of £1,000. The donor requested that her name should be withheld.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DR. ALEX HILL, Master of Downing College, has been re-elected Vice-Chancellor.

READERSHIP IN SURGERY.—Joseph Griffiths, M.A., M.D., F.R.C.S., Surgeon to Addenbrooke's Hospital, and late Assistant to the Professor of Surgery, has been appointed Reader in Surgery from Midsummer, 1898.

LECTURESHIP IN CHEMICAL PHYSIOLOGY.—The General Board of Studies propose the establishment of a new University Lectureship in Chemical Physiology. In view, however, of the state of the University finances they are unable to assign to the office a stipend from the University chest, and the lecturer will probably be paid from the fees received by the department of Physiology.

MEDICAL REGULATIONS.—The Medical Board report that the work of examining in Anatomy and in Physiology for the M.B. Examinations, the Tripos, and the Special Examinations has become too onerous for a single Board of four examiners. They accordingly propose that separate examiners shall in future be appointed for the Tripos and Special Examinations on the one hand, and the Medical Examinations on the other. The Board further proposes that, with a view to the earlier study of pharmacology and therapeutics, evidence of attendance on a course of instruction in these subjects shall be required before Part I (Surgery and Midwifery) of the Third M.B. Examination, instead of before Part II (Medicine, etc.) as at present.

HONORARY DEGREES.—Among the recipients of honorary degrees on June 15th will be Sir William Turner, F.R.S., President of the General Medical Council, on whom the degree of Doctor in Science will be conferred.

DEGREES.—At the Congregation on May 26th, the following degrees in Medicine and Surgery were conferred:

M.D.—M. Craig, M.A., Caius; A. Eichholz, M.A., Emmanuel; C. E. Hedges, B.A., Sidney Sussex.
M.B.—C. E. Skyrme, B.A., Christ's.
M.B. and B.C.—H. D. O'Sullivan, B.A., Emmanuel; E. M. Corner, B.A., Sidney Sussex.
B.C.—F. A. Mills, B.A., Clare.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,704 births and 3,548 deaths were registered during the week ending Saturday last, May 28th. The annual rate of mortality in these towns, which had declined from 18.4 to 16.4 per 1,000 in the three preceding weeks, rose again to 16.5 last week. The rates in the several towns ranged from 8.0 in Croydon, 10.1 in Wolverhampton, 10.4 in West Ham, and 11.1 in Brighton, to 22.1 in Gateshead, 22.2 in Newcastle-upon-Tyne, 22.5 in Liverpool, and 23.2 in Sunderland. In the thirty-two provincial towns the mean death-rate was 16.8 per 1,000, and exceeded by 0.8 the rate recorded in London, which was 16.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.9 per 1,000; in London the rate was equal to 2.1 per 1,000, while it averaged 1.7 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.3 in Birmingham and in Hull, 3.0 in Liverpool, 3.5 in Manchester, and 7.0 in Halifax. Measles caused a death-rate of 1.1 in Bradford and 4.3 in Halifax; scarlet fever of 1.6 in Halifax; and whooping-cough of 1.1 in Birmingham and in Sunderland, 1.2 in Liverpool and in Sheffield; 1.5 in Gateshead, and 1.9 in Newcastle-upon-Tyne. The mortality from "fever" showed no marked excess in any of the large towns. The 55 deaths from diphtheria in the thirty-three towns included 27 in London, 4 in West Ham, 4 in Cardiff, 4 in Liverpool, and 3 in Leeds. One fatal case of small-pox was recorded in Newcastle-upon-Tyne, but not one in London or in any other of the thirty-three large towns; and no small-pox patients were under treatment in any of the Metropolitan Asylum Hospitals. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 2,421 to 2,241 at the end of the seven preceding weeks, had further fallen to 2,195 on Saturday last, May 28th; 256 new cases were admitted during the week, against 209, 229, and 223 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, May 28th, 1,023 births and 647 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.8 and 19.9 per 1,000 in the two preceding weeks, further rose to 21.4 last week, and was 4.9 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 14.8 in Aberdeen and 15.7 in Leith to 23.7 in Dundee and 26.2 in Paisley. The zymotic death-rate in these towns averaged 3.0 per 1,000, the highest rates being recorded in Glasgow and Greenock. The 325 deaths registered in Glasgow included 14 from measles, 3 from scarlet fever, 2 from diphtheria, 18 from whooping-cough, and 9 from "fever." Seven fatal cases of measles, 3 of scarlet fever, and 2 of diphtheria were recorded in Edinburgh.

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 27, 20, and 31 in the three preceding weeks, fell to 27 during the week ending Saturday last, May 28th. Of these 27 fatal cases, 3 belonged to Battersea, and 2 each to Kensington, Chelsea, Westminster, St. Pancras, Bethnal Green, and Lewisham sanitary areas. The notifications of diphtheria in London, which had been 202, 196, and 212 in the three preceding weeks, declined again to 201 during the week ending Saturday last, May 28th. Compared

HOSPITAL AND DISPENSARY MANAGEMENT.

SURREY COUNTY ASYLUM, BROOKWOOD.

THE total number of patients under treatment at this asylum during the year 1897 was 1,355, and the average number daily resident was 1,066. Overcrowding continued in the asylum throughout the year, and the committee record their satisfaction at the appointment of a special committee to report upon the provision of further accommodation for the pauper lunatics of the county, and express the hope that their labour will result in the early establishment of another asylum. There were 296 patients admitted during the year, and of these only about 34 per cent. were thought to have a favourable prospect of recovery, 78 were over 50 years of age, 31 were epileptics, 21 were idiots or imbeciles, and 17 were general paralytics. Dr. Barton in his report states that the large majority presented a mental condition of a most unfavourable character, being mostly cases of chronic mania and dementia. The recovery-rate for the year stands at 28.47 per cent, the lowest recovery-rate since 1876, and it is accounted for by Dr. Barton in the few curable cases remaining in the asylum at the end of 1896, and the very unfavourable nature of the cases admitted. The death-rate is 8.44 per cent. of the average number resident. No deaths from injury occurred, but a homicidal assault was committed by an ex-criminal patient upon an attendant.

MEDICAL NEWS.

ALFRED MAXWELL WILLIAMSON, M.B., C.M., B.Sc. (Public Health), has been appointed sanitary inspector for the city of Edinburgh. The salary is £400.

THE Rev. H. Golding-Palmer of Reading has by his will bequeathed £2,000 to the Royal Berks Hospital, and £1,000 to the Essex and Colchester Hospital.

WE are asked to state that the library of the Royal College of Surgeons of England will be closed on Tuesday, Wednesday, and Thursday next, to enable the necessary arrangements to be made for the *conversazione* of the Metropolitan Counties Branch of the British Medical Association.

THE late Mr. Edward Mackeson has left his residuary estate, so far as it is applicable for charitable purposes, in equal shares to the Royal Asylum of St. Anne's Society, the Surgical Aid Society, and the Association for Promoting the General Welfare of the Blind. It is expected that the institutions will thus receive eventually about £100,000.

THE next meeting of the International Prison Congress will take place at Brussels in the year 1900. It will consist of four sections—Penal Legislation, Penitentiaries, Preventive Methods, and the Protection of Children. The programme has been drawn up, and further particulars will be supplied by Mr. E. Ruggles-Brise, Prison Commission, Home Office.

THE annual general meeting of the St. George's Hospital Graphic Society will be held at the hospital on June 7th, at 2.30 P.M. By permission of the Board of Governors the annual exhibition, which is strictly limited to the work of members, will be held in the Board-room of the hospital. The exhibition will be opened immediately after the meeting, and will remain open until the end of the week.

DURING the annual Congress of the Institute of Public Health, which will commence in Dublin on August 18th, a health exhibition will be open, and will be continued until August 27th. The exhibition will be of a comprehensive character, and will include, in addition to sanitary appliances, bicycles and tricycles and motor cars. The President of the Congress will be Sir Charles Cameron, and the Honorary President the Lord Mayor of Dublin.

WE are glad to be able to correct the statement of a contemporary that Miss Hart, sister of the late Mr. Ernest Hart, has died. Miss Charlotte Hart, who was the trusted assistant of her brother in the conduct of the *London Medical Record* and of the *Sanitary Record* while under his direction, and who in the early days of his editorship of the *BRITISH MEDICAL JOURNAL* rendered him unwearied assistance, still lives in London and enjoys the esteem and affection of a large circle of friends.

THE late Mr. Richard Berry has, among other bequests, bequeathed £1,000 each to the Earlswood Asylum for Idiots, the London Fever Hospital, Guy's Hospital, St. Thomas's Hospital, the London Hospital, the Metropolitan Hospital, the Poplar Hospital for Accidents, Charing Cross Hospital,

the Middlesex Hospital, the Royal Free Hospital, King's College Hospital, and the Great Northern Central Hospital; and £500 each to the London Lock Hospital and Asylum, the City of London Hospital, Queen Charlotte's Lying-in Hospital, and the General Lying-in Hospital.

ST. THOMAS'S HOSPITAL.—The following gentlemen have been appointed house-officers from June 7th, 1898: *House-Physician*: R. W. C. Pierce, M.B., B.Sc.Lond., L.R.C.P., M.R.C.S., L.S.A., D.P.H.Camb. *Obstetric House-Physicians*: (Senior) H. T. M. Alford, L.R.C.P., M.R.C.S.; (Junior) L. Gilbert, L.R.C.P., M.R.C.S. *Clinical Assistants in the Special Department for Diseases of the Throat*: F. R. Martin, B.A., M.B., B.C.Camb., L.R.C.P., M.R.C.S. *Clinical Assistants in the Special Department for Diseases of the Skin*: W. J. E. Davies, L.R.C.P., M.R.C.S.; P. W. G. Sargent, B.A.Camb., L.R.C.P., M.R.C.S. *Clinical Assistants in the Special Department for Diseases of the Ear*: F. H. Allfrey, B.A.Camb., L.R.C.P., M.R.C.S.; H. P. Kennard, M.B., B.S.Durh. *Clinical Assistants in the Electrical Department*: S. H. Belfrage, L.R.C.P., M.R.C.S.; W. Thornely, M.A., M.B., B.C.Camb., L.R.C.P., M.R.C.S. Several other gentlemen who held offices before received an extension of their appointments.

DINNER OF THE WEST LONDON HOSPITAL.—On May 31st about 90 of those connected either in the past or present with the West London Hospital, sat down to dinner at the Trocadéro Restaurant. Mr. Alfred Cooper was in the chair, and in proposing "The West London Hospital," he briefly sketched the history of the hospital, and referred to Mr. Ernest Hart's connection with the institution. The cordial relations existing between the staff and practitioners in the neighbourhood were emphasised, a fact largely due to the West London Medico-Chirurgical Society and its close association with the hospital. The post-graduate course was mentioned, and increased facilities for post-graduate work promised in the near future. A Pathological Laboratory is about to be opened in which examinations of hospital specimens will be made and investigations undertaken for the practitioners of West London for a small charge. The Chairman stated during the course of the evening that the past residents have given two beds in the new wards. Amongst the other speakers were Dr. Darley Hartley, of South Africa, who is well known in Cape politics, and Mr. Butlin, who in an appreciative speech proposed the health of the Chairman.

MEDICAL VACANCIES.

The following vacancies are announced:

ASTON MANOR URBAN DISTRICT COUNCIL.—Medical Officer of Health for the District, and Medical Attendant at Infectious Hospital. Salary, £125 per annum. Applications to Joseph Ansell, Clerk, Council Offices, Albert Road, Aston Manor, Birmingham, by June 15th.

BELFAST DISTRICT ASYLUM.—Assistant Medical Officer; unmarried, and not more than 32 years of age. Salary, £100 per annum, with £50 in lieu of rations; also furnished apartments, fuel, light, washing, and attendance. Applications to the Resident Medical Superintendent by June 11th.

BIRMINGHAM GENERAL HOSPITAL.—House Surgeon. Appointment for six months. No salary, but residence, board, and washing provided. Applications to the House Governor by June 25th.

BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL.—Honorary Assistant Surgeon. Applications to the Hon. Secretary, 109, Edmund Street, Birmingham, by June 15th.

BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES.—Clinical Assistant. Applications to the Secretary, 13, St. Paul's Square, Birmingham, by June 14th.

BRADFORD ROYAL INFIRMARY.—Honorary Physician. Applications to the Secretary.

BRIGHTON THROAT AND EAR HOSPITAL.—Resident Lady Dispenser. Salary £30, with board, lodging, and washing. Applications to the Hon. Secretary by June 18th.

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

CHORLEY DISPENSARY AND COTTAGE HOSPITAL.—House Surgeon. Salary £80 per annum, with board and lodging. Applications to the Rev. Thomas Lund, Hon. Secretary, by June 11th.

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 June 10th.

DUDLEY: GUEST HOSPITAL.—Resident Assistant House Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the Secretary by June 9th.

EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN, Glamis Road, Shadwell, E.—House Physician. Board, residence, etc., provided, and honorarium at completion of six months' approved service. Applications to the Secretary by June 11th.

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.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road, S.E.—Senior Resident Medical Officer. Salary £70 per annum, with board and washing. Applications to the Committee of Management by June 21st.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—Physician or Surgeon to the Skin Department. Applications to the Secretary by June 13th.

HASTINGS, ST. LEONARDS, AND EAST SUSSEX HOSPITAL.—House Surgeon. Salary £75 per annum, with residence, board, and laundry. Applications to the Secretary by June 24th.

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.

ISLINGTON: GUARDIANS OF ST. MARY.—Resident Assistant Medical Officer at the Workhouse and Infirmary, and Temporary Medical Officer of the Highgate Hill Temporary Workhouse. Remuneration, £80 per annum, and rations, apartments, and washing. Applications on forms provided to the Clerk, Guardians Offices, St. John's Road, Upper Holloway, N., by June 6th.

LEEDS: YORKSHIRE COLLEGE.—Demonstrator of Physiology. Salary, £150. Applications by June 10th.

LINCOLN COUNTY HOSPITAL.—Assistant House Surgeon. Honorarium of £10 for each period of six months, with board, residence, and washing. Applications to the Secretary by June 27th.

MIDLAND COLLIERY OWNERS' MUTUAL INDEMNITY COMPANY.—Consulting Surgeons. Applications to Mr. W. Saunders, Wilson Street, Derby.

NOTTINGHAM CITY ASYLUM.—Second Assistant Medical Officer. Salary £100, with apartments, board, and washing. Applications to the Medical Superintendent by June 14th.

NOTTINGHAM GENERAL HOSPITAL.—Assistant House Physician. Salary £50, with board, lodging, and washing. Applications to the Secretary by June 4th.

PAISLEY: RICCARTSBAR ASYLUM.—Assistant Resident Medical Officer. Salary £70, with board and apartments. Applications to the Clerk by June 13th.

ROYAL EAR HOSPITAL, Soho.—House Surgeon, non-resident, for six months. Honorarium, 12 guineas. Applications to the Honorary Secretary by June 7th.

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.

SHEFFIELD: ROYAL INFIRMARY.—Vacancy on the Honorary Surgical Staff. Applications to the Secretary by June 27th.

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

SHOREDITCH: PARISH OF ST. LEONARD.—Second Assistant Medical Officer for the Infirmary, Hoxton Street, N. Appointment for six months. Salary at the rate of £60 per annum, with rations, washing, and furnished apartments. Applications, on forms provided, to the Clerk to the Guardians, 213, Kingsland Road, N.E., by June 13th.

WAKEFIELD; WEST RIDING ASYLUM.—Pathologist. Salary £150, increasing to £200. Applications to the Medical Director.

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

WEST HAM UNION.—Dispenser. Salary £40 per annum. Applications, on forms provided, to the Clerk, Guardians' Offices, Union Road, Leytonstone, E., by June 8th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House Physician and House Surgeon. Appointment for six months. Applications to the Secretary Superintendent by June 22nd.

WORCESTER GENERAL INFIRMARY.—Assistant House Surgeon and Dispenser. Salary £70 per annum, with board, residence, and washing. Applications to the Secretary, Worcester Chambers, Pierpoint Street, Worcester, by June 18th.

YORK DISPENSARY.—Resident Medical Officer; unmarried. Salary £150 a year, with furnished apartments, coals, and gas. Applications to W. Draper, Esq., De Grey House, York, by June 13th.

MEDICAL APPOINTMENTS.

ASHTON, George, M.B., appointed Medical Officer to the London County Asylum, Claybury, Essex.

BROOKS, Charles, M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Gerrard's Cross District of the Eton Union.

COLEMAN, P., M.B., appointed Medical Officer for the Eighth District of the Tending Union.

COOMBS, Wellesley, F.R.C.S., L.R.C.P.Edin., appointed Anaesthetist to the Worcester Infirmary.

CROMPTON, H. J., M.B., B.Ch.Vict., appointed House Physician to the Royal Infirmary, Manchester.

DON, W. W., M.D., appointed Clinical Assistant to the Chelsea Hospital for Women.

DUNCAN, R. B., M.D., B.S., B.Hy. Dunelm., appointed Surgeon to the Hele District of the Great Western Railway.

GARNER, John E. M.D.Aberd., reappointed Medical Officer for the No. 1 District of the Preston Union.

GEMMELL, John E., M.B., C.M.Edin., appointed Honorary Acting Medical Officer to the Hospital for Women, Shaw Street, Liverpool, *vice* T. B. Grimsdale, M.B.

GOODWIN, Dr. Herbert, appointed House Surgeon to the Durham County Hospital.

KELSALL, R., M.B., B.Ch.Vict., appointed House Surgeon to the Royal Infirmary, Manchester.

MULLICK, S., M.B., C.M., reappointed Resident Medical Officer to the National Hospital for Heart and Paralysis, Soho Square, W.

ORFORD, Dr., appointed Medical Officer of Health to the Market Bosworth Rural District.

PATON, Robert N., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer to Her Majesty's Prison, Wormwood Scrubs.

STEVENSON, John Findlay, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., appointed Casualty Surgeon, Glasgow Police, *vice* Professor Glaister, resigned.

WYLIE, D. S., M.B., B.Ch.Vict., appointed House Surgeon to the Royal Infirmary, Manchester.

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.

BENSON.—On May 26th, at Broomhill, Sheffield, the wife of Henry Mitchell Benson, M.B., C.M.Edin., of a daughter.

FALCONAR.—On May 25th, at "Penlea," Shirehampton, near Bristol, the wife of Henry Barclay Falconar, of Avonmouth, Bristol, of a daughter.

MARRIAGE.

NORRIS—JOHNSON.—On May 3rd, at St. Anthony's, Montserrat, B.W.I., by the Rev. F. W. Haines, assisted by the Rev. G. Evans and Rev. C. W. Johnson, Frederick Laing Norris, M.B., C.M., to Emma, daughter of the late Burdett Johnson, M.R.C.S.

DIARY FOR NEXT WEEK.

MONDAY.

Central London Throat, Nose, and Ear Hospital, Gray's Inn Road, W.C. 5 P.M.—Mr. Lennox Browne: The Treatment of Lupus and Tubercle of the Upper Air Passages. **Odontological Society of Great Britain**, 8 P.M.—Papers by Mr. Kenneth D. Goadby and Mr. W. R. Humby.

TUESDAY.

Röntgen Society, 11, Chandos Street, Cavendish Square, W., 8 P.M.—Mr. T. C. Porter: Work on the X Rays; Mr. A. A. Campbell Swinton: A Pin-hole Röntgen Ray Camera and its Applications. **West End Hospital for Diseases of the Nervous System**, 73, Welbeck Street, 4.30 P.M.—Dr. T. Dixon Savill: Cases of Neurasthenia and Acroparasthesia. **National Hospital for the Paralyzed and Epileptic**, 3.30 P.M.—Lecture by Dr. Ormerod. **London Post-Graduate Course**, Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Abraham: Neoplasms.

WEDNESDAY.

West London Post-Graduate Course, West London Hospital, Hammersmith Road, W., 5 P.M.—Dr. Donald Hood: The Symptoms of Gastric Ulceration. **Hospital for Consumption**, Brompton, 4 P.M.—Dr. Wethered: Incipient Pulmonary Tuberculosis. **Dermatological Society of London**, 11, Chandos Street, Cavendish Square, 5.15 P.M.—Demonstration of Clinical Cases. **Laryngological Society of London**, 20, Hanover Square, W., 5 P.M.—Cases and Specimens by Drs. Ferneman, Tilley, Pegler, and Spicer, Mr. Lake, and others. Council meeting at 4 P.M.

THURSDAY.

London Post-Graduate Course, Central London Sick Asylum, 5.30 P.M.—Dr. Heron: Clinical Lecture. **Ophthalmological Society of the United Kingdom**—Cases and Card Specimens at 8 P.M. Papers at 8.30 P.M. Mr. Percy Flemming: A Case of Retinitis Proliferans, in which the Eyeball was Examined after Death; Mr. Holmes Spicer: Oedema of the Conjunctiva; Mr. Treacher Collins: The Pathogenesis of Anterior Polar Cataract. **British Gynaecological Society**, 8.30 P.M.—Specimens: Mr. Skene Keith: Ovaries illustrating a Cause of Failure of Apostoli's Treatment; Mr. Charles Ryal: Uterine Myoma. Dr. F. Edge (Wolverhampton): Uterus Septus Bilocularis and Vagina Subseptae. Dr. G. Bantock: Dysmenorrhoea. **Central London Throat, Nose, and Ear Hospital**, Gray's Inn Road, W.C. 5 P.M.—Dr. Dundas Grant: Clinical Anatomy and Methods of Examination of the Sinuses of the Nose. **Charing Cross Hospital**, Post-Graduate Class, 4 P.M.—Mr. Wallis: Demonstration of Surgical Cases. **Hospital for Sick Children**, Great Ormond Street, W.C., 4 P.M.—Dr. Barlow: Clinical Lecture or Demonstration of Recent Specimens.

FRIDAY.

Ophthalmological Society of the United Kingdom, 8 P.M.—Mr. Priestley Smith: The Bowman Lecture, on the Etiology and Educative Treatment of Convergent Strabismus. **London Post-Graduate Course**, Bacteriology at King's College, 3 to 5 P.M.—Dr. Wilkinson: Typhoid Fever and Diphtheria, etc.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE
LONDON HOSPITALS.

CANCER, Brompton (Free). Attendances.—Daily, 2. Operations.—Tu. F. S., 2.	
CENTRAL LONDON OPHTHALMIC. Attendances.—Daily, 1. Operations.—Daily.	
CENTRAL LONDON THROAT, NOSE, AND EAR.—Attendances.—M. W. Th. S., 2; Tu. F., 5. Operations.—1-p., Tu., 2.30; o-p., F., 2.	
CHARING CROSS. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30. Skin. M. Th., 1.45; Dental, M., 9; Throat and Ear, F., 9.30. Operations.—Th. F., S., 3.	
CHLSEA HOSPITAL FOR WOMEN. Attendances.—Daily, 1.30. Operations.—M. Th. F., 2.	
CITY ORTHOPEDIC. Attendances.—M. Tu. Th. F., 2. Operations.—M., 4.	
EAST LONDON HOSPITAL FOR CHILDREN. Operations.—M. W. Th. F., 2.	
GREAT NORTHERN CENTRAL. Attendances.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Tu., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. Operations.—M. W. Th. F., 2.	
GUY'S. Attendances.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. 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, 30; Eye, M. W. Th., 1.30; Ear, Tu., 2.30; Throat, M., 1.30; F., 2; Dental, M. Th., 10; Skin, W., 1.30. Operations.—W. Th. F., 2.	
LONDON. Attendances.—Medical, daily, 1-p., 2, o-p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o-p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu., 9. Operations.—Daily, 2.	
LONDON TEMPERANCE. Attendances.—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. Operations.—M. Th., 4.30.	
METROPOLITAN. Attendances.—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 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., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. Operations.—Daily, 1.30.	
NATIONAL ORTHOPEDIC. Attendances.—M. Tu. Th. F., 2. Operations.—W., 10.	
NEW HOSPITAL FOR WOMEN. Attendances.—Daily, 2; Ophthalmic, W. S., 9.30. Operations.—Tu. F., 9.	
NORTH-WEST LONDON. Attendances.—Medical, daily, exc. S., 2, S., 10; Surgical, daily, exc. W., 2, W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. Operations.—Tu., 2.30.	
ROYAL EYE, Southwark. Attendances.—Daily, 2. Operations.—Daily.	
ROYAL FREE. Attendances.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, 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., 9; Abdominal Section for Ovariotomy, F., 2.	
ST. GEORGE'S. Attendances.—Medical and Surgical, daily, 1-p., 1; o-p., 12; Obstetric, 1-p., Tu. F., 1.45; o-p., M. Th., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopaedic, F., 12; Dental, M. Tu. F., S., 12. Operations.—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.	
ST. MARK'S. Attendances.—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., 10; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W., 9.30; Electro-therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. Operations.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.	
ST. PETER'S. Attendances.—M., 2 and 5; Tu., 2; W., 5; Th., 2; S., 10 (Women and Children), 2; S., 4. Operations.—W. F., 2.	
ST. THOMAS'S. Attendances.—Medical and Surgical, M. Tu. Th. F., 2; o-p., daily, 1.30; Obstetric, Tu. F., 2; o-p., W. S., 1.30; Eye, Tu. F., 2; o-p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children, S., 1.30; Electro-therapeutics, o-p., Th., 1.30; Mental Diseases, o-p., Th., 10; Dental, Tu. F., 10. Operations.—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Tu., 2; (Gynaecological), Th., 2.	
SAMARITAN FREE FOR WOMEN AND CHILDREN. Attendances.—Daily, 1.30. Operations.—Gynaecological, M., 2; W., 2.30.	
THROAT, Golden Square. Attendances.—Daily, 1.30; Tu. F., 6.30. Operations.—Daily, exc. M., 10.	
UNIVERSITY COLLEGE. Attendances.—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. Operations.—Tu. W. Th., 2.	
WEST LONDON. Attendances.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electric, M. Th., 2; Skin, M. F., 2; Throat and Nose, Tu., 2; S., 10. Operations.—Daily, about 2.30; F., 10.	
WESTMINSTER. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, Tu. F., 9.30; Ear, Tu., 1.30; Skin, W., 1.30; Dental, W. S., 9.15. Operations.—M. Tu. W., 2.	

LETTERS, NOTES, AND ANSWERS TO
CORRESPONDENTS.

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

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429 Strand, W.C. London; those concerning business matters, non-editorial, 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.

J. S. H. desires to be recommended to a good school in a healthy situation for the daughters of professional men.

GONOCOCCI AND THE DIAGNOSIS OF GONORRHOEA.

H.R. asks: Does demonstration of gonococci in pus from urethritis prove the existence of genuine gonorrhoea, and also prove the unchastity of the female from whom the urethritis was caught? Simple urethritis from intercourse with a woman suffering from leucorrhoea or menstruation does not, I believe, contain gonococci.

* * The greatest caution must be observed in dealing with such a case as that mentioned. Lustgarten, Bumm, and others, maintain that there are several "pseudo-gonococci," which may appear even in the healthy vagina or urethra. It is very difficult to distinguish these "pseudo" forms from the real form, except in acute cases, and even then there is a relative difficulty. The unchastity of the person referred to should certainly not be accepted on the evidence submitted.

FORMATION OF MEDICAL CLUBS.

COUNTRY PRACTITIONER.—A correspondent writes that he has been requested by the "X" Assurance Society to form a medical sickness club in his village; he is already medical referee to the "Y" Assurance Society, and he is in doubt whether he can rightly act for both societies.

* * If the proposed club tends to injure the "Y" Assurance Association, our correspondent could not honestly act for both societies; otherwise there would be nothing to prevent him from doing so. The formation of cheap medical clubs by individual practitioners, nominally under the direction of friendly societies, is much to be deprecated especially in districts where there are other practitioners; ill-feeling is nearly sure to be engendered in the minds of the latter, whose practices tend to be unfairly injured by such clubs.

ANSWERS.

DR. T. EDMONDSTON SAXBY AND ANTI-HUMBUG.—As the question of right is shortly to be argued before a court of law, we think it inadvisable to publish our correspondents' letters at present.

D. W. R.—Dr. George Oliver's hæmoglobinometer and hamocytometer may be obtained from the Tintometer Company, 6, Farringdon Avenue, London, E.C., from whom particulars as to price and other details may be obtained.

A. T.—We have no reason to doubt the truth of the statement. Efforts have been made to ascertain the name of the qualified medical man in question in order that his conduct should be inquired into by the General Medical Council, but without avail.

CHIRURGUS.—The net receipts must, we apprehend, be understood to mean after expenses are paid; that is to say, net profits. Having regard to all the circumstances, and the comparatively small sum involved, we think that our correspondent would be ill advised to take the case into court. The matter might be referred to a common friend for his decision.

CORONERS' FEES.

NEVER ASKED.—The fees paid to the medical witness are, like all the other disbursements at the conclusion of an inquest (police fees, hire of room, removal of body to mortuary, expenses of ordinary witnesses, etc.), paid in the first instance by the coroner out of his private resources. He has no fund on which he can draw. These disbursements are subsequently, if passed by the county auditor, refunded to the coroner, usually at the end of the quarter, out of the county rates. Beyond the inconvenience of having to advance the medical witness's fee in this way, and so lock up the amount for some months, the coroner has no pecuniary interest one way or the other in summoning a medical witness. There is of course a possibility of fees being disallowed—a very frequent occurrence formerly whenever the magistrates thought in their wisdom that an inquest had been "unnecessarily" held. Our correspondent says that "many inquests have been held in his district, and in only one of them has a medical man been summoned to give evidence, and that was by the deputy coroner. It is hard to imagine a long series of cases in which medical evidence was not required. This happens in a small proportion of cases (accidents witnessed by trustworthy eye witnesses, and so on); but in almost all cases coming under the head of "sudden death, the cause of which is not known," an inquest without a post-mortem examination settles nothing.

NOTES, LETTERS, Etc.

AN APPEAL ON BEHALF OF THE WIDOW OF THE LATE DR. ARTHUR BARLOW.

THE following additional subscription has been received on behalf of this fund:

Per Dr. J. W. Moore, 40, Fitzwilliam Square West, £ s. d.
Dublin—"Postmark," Waterford 1 0 0

LEOPARD'S BANE.

DR. A. CRAIGMILE (Liscard) writes: On May 7th I saw a lady with severe nettle rash of face, wrists, and hands. On May 8th small bullæ had developed over the worst patches on the face, and the eyelids were greatly