

a large walnut was found occupying the lower half of the right side of the pons Varolii. It had pushed aside the cerebellum, thinning out the flocculus almost to a line. The right side of the medulla was indented by pressure. The sixth and seventh nerves were involved in the tumour, and could not be traced. Microscopic examination showed the tumour to be a myxosarcoma.

After the development of crossed paralysis the diagnosis of tumour and its localisation in the pons were easy. But the decision as to opening the mastoid cells, or trephining and searching for an abscess of the brain, had to be made at an earlier stage, when the diagnosis was more difficult.

YAWS IN THE SOUTH SEA ISLANDS.

By STAFF-SURGEON V. GUNSON THORPE, R.N.

FOR nearly a century the existence of yaws in the islands of the South Pacific Ocean has been known. William Mariner in 1807¹ when a prisoner for four years in the hands of the



natives of the Tonga Islands, made some accurate observations on the disease, and afterwards described it by its native name of *tona*; and it was then recognised as being identical

with African yaws, to which continent the disease at that time was supposed to be entirely confined. Surgeon H. B. Guppy, R.N.,² mentions it as existing in the northern portion of the Solomon Islands, and I have myself seen children suffering from it in the southern islands of the group.

All actual observers seem to concur in recognising yaws as being distinct from syphilis, and agree that children are chiefly affected, the mother looking upon it as a necessary evil, which the child has to go through, or even as actually beneficial to its health. It is probable that the disease is due to a micro-organism which has its existence in the soil, especially as those parts of the body which frequently come in contact with the ground, as the feet, legs, and perineal regions, are, as a rule, primarily affected.

In Fiji, yaws is known by the name of *coko*, and it is prevalent not only amongst the natives themselves, but also amongst the Indian coolies employed upon the sugar plantations. When H.M.S. *Penguin* visited the islands in August, 1895, through the courtesy of the Hon. B. Glanville Corney, principal medical officer, I was able to secure the photograph, which is here reproduced, of an Indian boy, about 12 years old, who was under treatment for the disease in the hospital at Suva, and who showed the characteristic eruption in a marked manner. It will be seen that the disease is in its second stage, and consists of raised tubercles, irregularly oval in form, with a raw ulcerated surface, a third of an inch or more in diameter, generally grouped together and tending to coalesce, though here and there single "yaws" can be seen. The eruption affected the face, the right eyebrow, the eyelids, lips and corners of the mouth, the arms and legs, front of the thighs and knees, and the scrotum and genital regions. As is usually the case, the trunk is unaffected. The lymphatic glands in both femoral regions, but especially the left, are seen to be enlarged.

REFERENCES.

¹ *An Account of the Natives of the Tonga Islands*, by William Mariner, and John Martin, M.D., 1817. ² *The Solomon Islands and their Natives*, by H. B. Guppy, M.B., R.N., 1887.

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

TUBERCULOUS TESTES FOLLOWING AN ATTACK OF MEASLES: DOUBLE CASTRATION: RECOVERY.

ON December 20th, 1896, W. T., a young unmarried labourer, aged 26, first consulted me as to his health. He then complained of general *malaise*, for which I could find no special cause, and which was but little relieved by tonic treatment. At the end of a week he became unfit for work and remained indoors. I then found him presenting all the symptoms of an influenzal cold, and I thereupon took measures to reduce his high temperature and relieve his aches and pains, and in this effort I was successful; but two days later I found he had developed an unmistakable measles rash, which, taken in conjunction with his suffused eyes, bronchial catarrh, and tonsillitis, enabled me at once to pronounce definitely on the exact nature of his ailment. In the course of a few days no trace remained of the above symptoms, but the original debility had distinctly increased. His convalescence was slow, but he was fit to resume work at the end of the following January.

He, however, had not been at work many days when he contracted a chill, which was followed by pericarditis, with many muscular aches and pains. With this illness he was bedfast for many weeks, as, although the minor symptoms of the rheumatic fever yielded readily to antirheumatic treatment, his pericardial affection was obstinate. His convalescence from this rheumatic attack was slow, and one day he drew my attention to a swelling and hardening of one of his testicles. I found the upper fourth of the right testicle distinctly indurated and swollen; the remaining three-fourths of the testicle, the epididymis, and cord on the same side were quite normal to palpation. On the left side there was an indurated and swollen condition of the

epididymis at its lower end (globus minor) of the size of a small marble. After making a careful examination and finding the testicular sensation quite normal, and having inquired into any possible venereal contagion, but with absolutely negative results, and knowing the patient's family history, I concluded that the case was in all probability one of idiopathic tuberculosis testis, and immediately recommended specially liberal and nourishing dietary, with syrup of the iodide of iron, and gentle open-air exercises. Slowly but surely the swellings increased on both sides, involving on the right side more and more of the testicle and on the left more of the epididymis, and this despite a month's change of air and scene.

At this juncture, the case becoming urgent, I, for reasons which I need not here set forth, sent my patient to Edinburgh Royal Infirmary for treatment, but he soon returned in the face of the most serious counsel to undergo an operation. For a few weeks subsequently he contemplated suicide, and as his physical condition called for immediate relief I proposed to operate. Consent was at once given, and on June 13th I carried out the operation of double castration after the orthodox fashion. Rather rapid softening of the tumours had taken place during the week preceding operation, and on section the right testicle presented a large caseating tuberculous focus centrally situated; the epididymis, vas deferens, cord, and membranes on this side were free and normal. The testicle on the left side was apparently normal. The epididymis at its lower end was indurated and craggy from congestion, and on section was found to be the seat of an advancing caseating tuberculous mass. The tunica vaginalis, which was to some extent infiltrated by the disease, was cut away. The cord and vas deferens were apparently quite free from new formation. After operation there was neither fever nor hemorrhage, and while the scrotal wounds were slow to heal, the patient's general health improved apace and without interruption, and by the end of the year he was able to return to his employment, and up to the present is perfectly healthy and well.

Etiology.—The family history practically negatives the possibility of there being any hereditary predisposition to tuberculous disease. The disease was manifestly not secondary to any tuberculous mischief (pulmonary or other) in the patient. There are absolutely no signs of struma or scrofula. He had had some of the diseases peculiar to infancy and childhood. His surroundings and occupation are included in "a country life." That the malnutrition following an attack of measles so often met with in younger subjects predisposes to struma and other tuberculous affections is a well-established fact, and as I regard my case in this light, and the testicle being the only site of tuberculous mischief (surely a somewhat rare occurrence), I have thought fit to record the case.

Selkirk, N.B.

JAS. B. SHAW, M.B. and C.M. Edin.

PES VALGUS, VARUS, AND LATERAL CURVATURE.

THE mother of the child whose case I am about to describe was a multipara, and had several miscarriages. On the present occasion comparatively little abdominal protrusion was observable when carrying the child, and a very small amount of amniotic fluid escaped at birth. The sacral region was the presenting part of the child, and a condition analogous to "caput succedaneum" developed thereon, and was manifest at birth.

The ovum was born *en masse* at the eighth month; that the child and afterbirth arrived together was attributable to the fact that the long umbilical cord usual at this period was represented by a condition which obtains about the beginning of the second month, in which the connection between the fetus and the chorion is really a continuation of the body cavity, and quite short.

The right leg at the hip was greatly flexed and abducted, owing to the abdominal viscera protruding from the patent abdominal wall; the knee was also flexed and rotated out, whilst the tibia was bent outward, especially at its lower end. The foot was greatly adducted and rotated in, so that the plane of the sole lay against the right buttock, and was a typical club foot. It was difficult to disturb the relation of the parts, as the tendons and bones had adapted themselves to the condition and retained the position permanently.

In regard to the left lower extremity, the hip-joint was in a position of extreme flexion, and the rest of the limb was fully extended, the foot lying beside the head with its dorsum facing the crown. The foot presented a marked valgus deformity, with obliteration of the arch, eversion, and flattening of the sole. Here, also, it was impossible to bring the limb into its normal position. The trunk was bent round the left thigh, the spinal column presenting a lateral curvature to the right, extending from the upper dorsal region to its lower limit, and carrying the horizontal plane of the pelvis round to a corresponding degree, thereby tilting it at an angle to the horizontal.

Of the various explanations brought forward as to the causes of club foot, I do not think it will be difficult to select the causative factor in this instance, and the same factor that explains the talipes varus explains the valgus. The obvious cause is pressure due to the dearth of liquor amnii, and the consequent diminution of the cubic content of the enveloping membranes and uterus. It accordance with the nature of things, it was necessary for the feet to present their respective deformities, as the fetus in the position that was assumed would have presented a considerable protuberance from the main body of each foot. Lack of room could not permit of this, and so the two projecting parts were pressed towards and moulded to the main mass as described.

Kensington.

J. ROSS MACMAHON, M.B., C.M. Aberd.

ATRESIA ANI VAGINALIS.

D. M., aged 6 months, was admitted to St. Mary's Hospital for Children, Plaistow, on January 18th, 1898. I had seen the child when she was 3 months old, and recommended a delay until she was stronger, before operating. The anus was absent, an elevated ridge occupying the median line of the perineum. Faeces were discharged from an opening at the lower end of the posterior vaginal wall, which was about the size of a crow's quill, and led into the rectum. The following operation was performed:

An elliptical incision was made enclosing the opening into the rectum, and from the posterior end of the ellipse a straight incision was carried back in the median line nearly as far as the coccyx. The rectum was then freed from its attachment to the posterior vaginal wall and all around up to the insertion of the levator ani, and then carried backward so that the opening into it corresponded to the normal anal site. The opening was then dilated, and a large quantity of solid faecal matter evacuated from the rectum, which was much distended. The mucous membrane was then sewn to the skin edges, and the remaining wound, which resembled that made in the operation for the repair of a badly ruptured perineum, was closed in the manner adopted in that operation.

The appearance of the parts directly after the operation was all that could be desired, but unfortunately the wound suppurated and the stitches gave way, it being impossible to keep clean. In spite of this the rectum could easily be kept in its new position, and the wound was granulating up when, ten days after, the child had an attack of diarrhoea, which caused its death.

This operation would give an excellent result if primary healing could be ensured. In a similar case I would adopt the following precautions, which might, I think, lead to a better healing of the wound:

1. Dilatation of the abnormal opening and evacuation of the rectum three weeks before operation, with daily washing out of the bowel to prevent accumulation of solid faeces.
2. Use of silkworm gut for deep sutures instead of silk, as being non-absorbent, or giving more support to the edges of the wound.
3. Fastening into the bowel a glass tube, on the principle of Paul's intestinal tubes, in order to prevent the wound from being contaminated, and to prevent the retention of flatus.

As regards the age at which to operate, probably after the first dentition would be the best, if the child's health were good, and provided that the opening allowed the faeces to escape sufficiently freely to obviate the evils consequent upon a chronic obstruction of the bowels.

Southend.

ERNEST A. T. STEELE, M.R.C.S. Eng.

A GIRL, aged 19, was confined at the Union Infirmary, in whom this condition existed. She was unaware of any

abnormality, and suffered no inconvenience beyond a tendency to looseness of the bowels, which generally acted twice a day. The labour was normal, and her convalescence good. Through the vagina, and about 1 inch from the orifice, I could feel the opening into the rectum, which was large enough to admit the forefinger. I did not advise any operation, as all the functions of these parts were so well performed.

Eastbourne.

JAMES ADAMS, M.D., F.R.C.S.

YAWS IN THE MALAY PENINSULA.

THOUGH it has been frequently asserted that there is no such disease as yaws or frambœsia apart from syphilis, the experience of the majority of surgeons in the British Colonies is against this statement. Recently a Chinese was admitted for a most characteristic attack of yaws (known amongst the Malays as "puru") into Parit Buntar Hospital in Perak, where 50 per cent. of the Chinese patients were under treatment for syphilis in different stages. There was a well-marked granuloma about the size of a dollar on his right cheek, and smaller granulomata and ulcers, the result of suppuration, existed on the trunk and limbs. From the numerous cases of yaws which I had seen in West Africa amongst the Fantis and Housas, I had no difficulty in recognising the disease. The case was treated with sulphate of copper externally, and without mercury in any form. There was a good recovery, and, as was afterwards ascertained, no recurrence.

The disease is very common among the Malays, but unusual among the Tamil and Chinese coolies, the latter of whom suffer most from syphilis.

R. M. CONNOLLY, L.R.C.S. and P. Edin.

Rathmines, co. Dublin.

REPORTS

ON

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

PUBLIC HOSPITAL, GEORGETOWN.

A CASE OF CONTRACTING MALIGNANT DISEASE OF BREAST.*

(By J. F. S. FOWLER, M.B. Aberd., Government Medical Officer, British Guiana.)

THOSE who attended the last meeting will remember my exhibiting a patient with a very contracted left breast, and

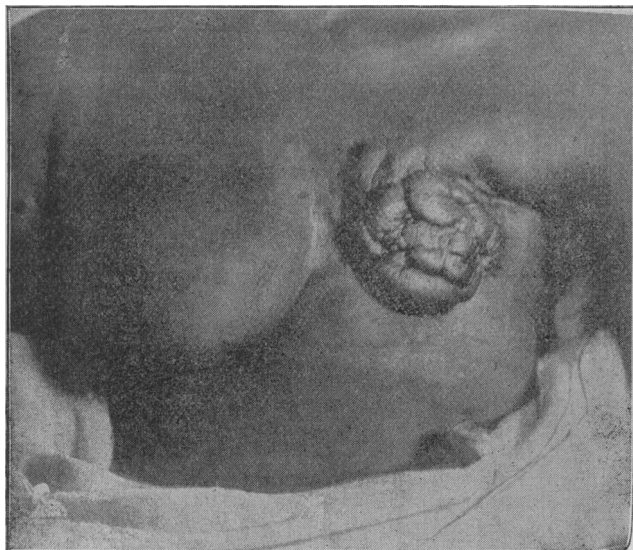


Fig. 1.—Malignant Disease of Breast. Taken soon after admission (January 26th, 1898.)

* Read before the second quarterly meeting of the British Guiana Branch, British Medical Association, with exhibition of patient.

as, in looking through my very limited library, and consulting with my colleagues, the case seems to be unique in many particulars, I will give a more detailed history of the case, with the progress it has made.

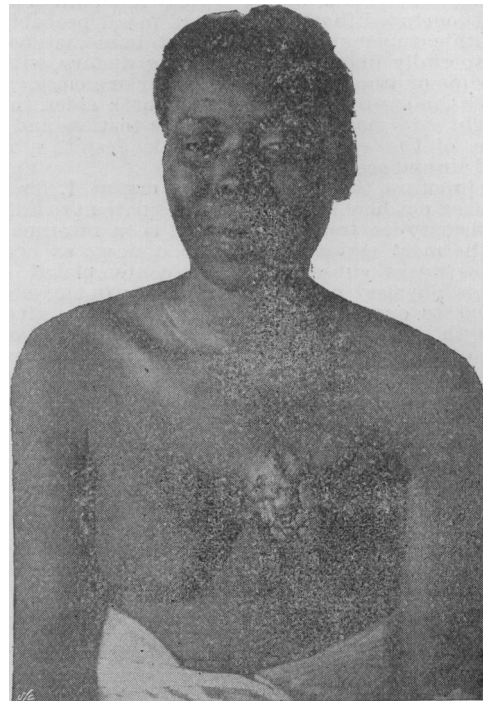


Fig. 2.—Taken March 6th, 1898.

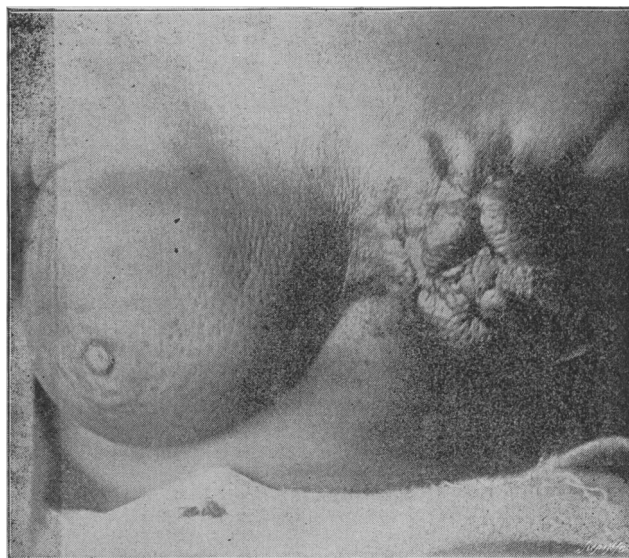


Fig. 3.—Taken March 29th, 1898.

R. D. F., aged 30, a well-developed black woman, native of British Guiana, was admitted to the Public Hospital, Georgetown, on January 19th, 1898, complaining that her left breast had gradually been getting smaller since Christmas, 1895. It had caused her no pain or inconvenience, but she came to hospital because she was afraid the right one was going the same way, as it was getting hard as the other did before it began to contract.

Family History.—Mother and father both dead. States that mother died from kidney trouble after influenza; father also died of kidney trouble. Had two sisters and three brothers—

At this time a great responsibility fell upon the medical profession, because of the increased illness in the city from lack of proper food and shelter. Dr. Garrott was appointed Medical Inspector in the Department of Health in 1877, and Chief Medical Inspector in 1890, serving the city faithfully more than twenty-one years. Dr. Garrott was wholly wrapped up in his public work, and he was so devoted to duty that he forgot how to take relaxation. He was an acknowledged authority on small-pox, which he fought with unceasing activity. He used to say that the only recognition of his labours he wished to have placed on his tombstone was the legend, "He Vaccinated."

NAVAL AND MILITARY MEDICAL SERVICES.

THE PARKES MEMORIAL PRIZE.

THIS Prize, founded in memory of the late Professor E. A. Parkes, M.D., F.R.S., and awarded triennially, is open to all medical officers of the army, navy, and Indian services of executive rank on full pay. The prize, which is of the value of 25 guineas, accompanied by a bronze medal, has been awarded this year to Surgeon-Captain Fred. Smith, of the Army Medical Staff. The assessors were Dr. Arthur Ransome, F.R.S., Dr. James Niven, and Professor Sheridan Delépine, M.D., of the Victoria University. The assessors also declared that Staff-Surgeon W. W. Pryn, R.N., and Surgeon-Lieutenant-Colonel Andrew Duncan, Indian Medical Service, contributed essays of great merit. The subject was "The Etiology, Prevalence, and Prevention of Diphtheria."

CHANGES OF STATION.

THE following changes of station amongst the officers of the Army Medical Staff have been officially reported to have taken place during the last month:

		From.	To.
Surg.-Colonel J. F. Supple	...	Dover	C. of G. Hope.
Surg.-Lt.-Col. E. H. Fenn	...	Bombay.	Bombay.
" J. L. Peyton	...	Bengal	Belfast.
" J. Armstrong	...	Cork	Kilworth.
Surg.-Major P. E. Polloyd	...	Madras.	Madras.
" J. J. Falvey	...	Colchester	Weedon.
" A. E. J. Croby	...	Madras	India.*
" R. H. Forman, M.B.	...	Dublin	Dover.
" P. M. Carleton, M.B.	...	Dublin	Cork.
" E. Butt	...	...	Dundalk.
" G. H. Younge	...	Madras	Chatham.
" W. G. Clements	...	Chatham	Tower.
" W. Babbie, M.B.	...	Crete	Aldershot.
" F. H. Treherne	...	India*	Dover.
" H. J. Barratt	...	Punjab	Canterbury.
" W. W. Pike	...	Belfast	Aldershot.
" E. V. A. Phipps	...	Bengal	Langard Fort.
" T. W. O'H. Hamilton, M.B.	...	...	Fort George.
" R. P. Bond	...	Bury	Altcar.
" A. E. Tate	...	Bengal	Cochester.
" H. N. Thompson, M.B.	...	...	Aldershot.
" B. F. Zimmermann	...	Madras	...
" W. T. Swan, M.B.	...	Gosport	Portsmouth.
" R. G. Hanley, M.B.	...	Punjab	Aldershot.
" J. H. Brannigan	...	Bengal	Dublin
" F. J. W. Stoney	...	Fermoy	Limerick.
" L. P. Mumby, M.B.	...	Punjab	Colchester.
" J. B. W. Buchanan, M.B.	...	Bombay	Dover.
Surg.-Capt. L. Way	...	Shorncliffe	Lydd.
" T. B. Beach	...	Bengal	Woolwich.
" C. W. R. Healey	...	...	Coldstrm. Gds.
" O. L. Robinson	...	Cork	Fort Camden.
" J. E. Brogden	...	Punjab	Devonport.
" J. C. Jameson, M.B.	...	...	Woolwich.
Surg.-Lieut. S. A. Archer	...	Woolwich	Egypt.
" W. E. Hudleston	...	Aldershot	...
" M. P. Corkery	...	...	...
" F. J. Gaine	...	Woolwich	...
" J. Poe, M.B.	...	Curragh	...
" H. L. W. Norrington	...	Preston	...
" R. D. Jephson	...	Curragh	...
" G. B. Carter, M.B.	...	Aldershot	Curragh.
" N. H. Ross, M.B.	...	...	Portsmouth.
Quart.-Master J. H. W. Beach	...	Cork	Egypt.
" A. Freshwater	...	London	Cork.

* Surgeon to Commander-in-Chief in India.

Deputy-Surgeon-General H. J. ROSE, retired pay, has relinquished the Medical Charge of the School of Musketry at Hythe, and has been succeeded by Surgeon-Lieutenant-Colonel W. M. JAMES, retired pay, lately stationed at Beverley.

THE NAVY.

STAFF-SURGEON FRANCIS A. JEANS has been promoted to be Fleet-Surgeon, May 21st. He was appointed Surgeon, September 29th, 1877, and Staff-Surgeon twelve years later. He was Surgeon of the *Coguette* during the Egyptian war of 1882, receiving the medal and the Khedive's

bronze star, and during the operations in the Eastern Soudan in 1884-85, for which he received a clasp.

Staff-Surgeon ROBERT H. NICHOLSON has been appointed to the *Caledonia*, June 20th.

ARMY MEDICAL STAFF.

SURGEON-LIEUTENANT-COLONEL BREAME WESTON FOWLER, retired pay, died at St. Helena, where he was in medical charge of the troops there, on April 24th. He entered the service as Surgeon, September 30th, 1873; became Surgeon-Major, September 30th, 1885; and Surgeon-Lieutenant-Colonel, September 30th, 1893. He went on retired pay, April 18th, 1894. He has no war record in the Army Lists.

ARMY MEDICAL RESERVE.

SURGEON-CAPTAIN J. W. T. GILBERT is promoted to be Surgeon-Major, June 15th.

INDIAN MEDICAL SERVICE.

SURGEON-COLONEL G. HUTCHESON, M.D., Bengal Establishment, is confirmed in the appointment of Administrative Medical Officer and Sanitary Commissioner, Central Provinces, from April 9th.

Brigade-Surgeon-Lieutenant-Colonel WILLIAM ALEXANDER BARREN, Bombay Establishment, in medical charge of the Bombay Sappers and Miners, died in London on June 8th, aged 48 years. His first commission was dated March 31st, 1874; that of Brigade-Surgeon-Lieutenant-Colonel, September 15th, 1897. He was in the Afghan war in 1880 in medical charge of the 4th Bombay Infantry (medal), and with the Burmese expedition in 1886-88 (medal with two clasps).

Surgeon-Major J. SHEARER, M.B., Bengal Establishment, has been appointed to succeed Surgeon-Lieutenant-Colonel C. H. Beaton as Secretary to the Principal Medical Officer, Her Majesty's forces in India, on expiration of three months' extension of appointment granted to the latter to permit of completion of his general report on the medical history of the recent frontier operations.

THE VOLUNTEERS.

SURGEON-LIEUTENANT W. H. WEBB, 5th (the Hay Tor) Volunteer Battalion the Devonshire Regiment, is promoted to be Surgeon-Captain, June 15th.

The surname of the medical officer 1st (Brecknockshire) Volunteer Battalion the South Wales Borderers, hitherto described as Brigade-Surgeon-Lieutenant-Colonel SHRIMPSHIRE, is SKIRMISHIRE.

Surgeon-Lieutenant J. MCWATT, M.B., and (Berwickshire) Volunteer Battalion the King's Own Scottish Borderers, has resigned his commission, June 15th.

Surgeon-Major R. P. O'GORMAN, 4th Volunteer Battalion the Manchester Regiment, has resigned his commission, June 15th; he is at the same time granted the rank of Surgeon-Lieutenant-Colonel, and permitted to retain his uniform.

Surgeon-Major T. FORT, 6th Volunteer Battalion the Manchester Regiment, is promoted to be Surgeon-Lieutenant-Colonel, June 15th.

A PRESENTATION.

SURGEON-MAJOR J. J. DE ZOUCHÉ MARSHALL recently attached to the 3rd Volunteer Battalion of the East Surrey Regiment has been presented with a silver bowl bearing the following inscription: "Presented to Surgeon-Major J. J. de Zouche Marshall by the officers of the 1st Cinque Ports Volunteer Rifle Corps on his exchange from that Corps after twelve years' service, 1885 to 1897, to the 3rd V.B. East Surrey Regiment. June, 1898."

THE VOLUNTEER AMBULANCE ASSOCIATION.

SURGEON-CAPTAIN R. R. SLEMAN, 20th Middlesex (Artists) Rifle Volunteers, writes, with reference to the statement on page 1562 of the *BRITISH MEDICAL JOURNAL* of June 11th as to the grant for equipment to volunteer medical officers, to point out that no volunteer medical officer will get the grant unless he has been appointed direct to the medical branch and to the establishment of his corps. By turning to pages 608, 625 (and many others) of the *Army List*, it will be seen that many corps have supernumerary medical officers; these will not get the grant, nor will combatant officers who are transferred to the medical branch.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

BENEFACTIONS.—The Vice-Chancellor announces that over £6,000 has been received for the University Benefaction Fund started last year. Many of the donations are expressly assigned to the rebuilding of the Medical Schools. The late Mr. A. W. G. Allen has bequeathed £10,000 to the University for the purpose of establishing a prize or scholarship in memory of his grandfather, a former Bishop of Ely. Many will be of opinion that the building of one of the many new schools that are required for the proper equipment of the University would be a more serviceable and opportune memorial.

MATHEMATICAL TRIPOS.—St. John's College this year again claims the Senior Wrangler in Mr. R. W. H. T. Hudson, son of the Professor of Mathematics in King's College, London. A lady, Miss Cave, of Girton, is Fifth Wrangler.

MEDICAL DEGREES.—At the Congregation on June 9th the following degrees were conferred, namely:

M.D.—J. Nachbar, B.A., Clare; E. T. Fison, M.A., Corpus; A. M. Mitchell, M.A., Queen's; H. W. J. Marks, M.A., Jesus; L. G. Davies, B.A., non-coll.
M.B. and B.C.—R. H. Bell, B.A., Trinity; Hon. G. H. Scott, B.A., Trinity; H. L. Gregory, B.A., St. John's; T. H. Brown, B.A., Pembroke; P. Levick, B.A., Jesus; B. R. Turner, B.A., Emmanuel; A. B. Green, M.A., Downing.
B.C.—H. W. A. Marks, M.A., Jesus.

UNIVERSITY OF EDINBURGH.

THE CHAIR OF PUBLIC HEALTH.—The University Court of the University of Edinburgh has received the Order of Her Majesty in Council declaring her approbation of the Ordinance of the Scottish Universities Commissioners that a Professorship of Public Health and Sanitary Science be instituted in the University, the chair to be called "The Bruce and John Usher Chair of Public Health." The Court, in which the patronage of the chair is vested, intends to make the appointment on Monday, July 18th next. The Court has learned with great satisfaction that through the munificence of a benefactor of the University a sum sufficient to build and equip a laboratory and classroom in connection with the chair is to be placed at the disposal of the Court.

MEDICAL PRACTICE IN ITALY.—A representation was recently submitted to the Senatus of the University of Edinburgh by British practitioners of medicine in Italy, requesting that the University should take steps to prevent, if possible, the passing of a law, which was being strongly supported, to prevent British medical men from practising in Italy, even amongst their own countrymen, unless they possessed a diploma from one of the Italian universities. The Senatus prepared a memorial in support of the existing conditions under which British graduates in medicine practise in Italy, and this was submitted by Lord Balfour of Burleigh to Her Majesty's Secretary for Foreign Affairs. A communication has now been received from the Scottish Office to the effect that the Secretary for Scotland has received information from the Foreign Office that it has "been decided not to alter the existing law relative to foreign doctors in Italy."

VICTORIA UNIVERSITY.

APPLICATION OF UNIVERSITY COLLEGE, SHEFFIELD, TO BECOME A CONSTITUENT COLLEGE OF THE UNIVERSITY.

IN view of what may happen in connection with the London Colleges in relation to the proposed new university for London, it may be instructive to give in outline some more details of the report than we were able to publish in the BRITISH MEDICAL JOURNAL of June 11th. The Charter of Victoria University in Clause XXIII, which deals with the admission of colleges, states that the University Court, after a report to be made in each case by the University Council, may accept the application of an incorporated college, on the Court being satisfied (1) that the college applying has established a reasonably complete curriculum, and possesses a reasonably sufficient staff in the departments of Arts and Sciences at least; (2) that the means and appliances of the college for its teaching are established on a sound basis, and (3) that the college is under the independent control of its own governing body. The report practically assumes that 3 will be satisfied. As to 1 and 2, the Council made full inquiries as to the details of its financial position, and also requested the Board of Studies to report as to the academic fitness of the college for admission as a college of the University, having regard to the first and second points of the Charter (Cap. XXIII). The following statements *inter alia* are given as to finance and buildings: Total capital of College (sites and buildings), £139,503, of which £64,690 goes for sites, buildings, and equipments; £10,555 for capital for specific purposes; £58,258 for capital yielding income. Of the £64,690 there has been expended: £29,070 for central College buildings (chiefly arts and science); £8,790 for medical school building; £26,830 for technical school. Of the capital specifically appropriate, £58,255 belongs to the medical department. The College is reported to be "ill provided with permanent buildings except for the technical department, and a very considerable expenditure upon buildings and equipment would be necessary in order to make satisfactory provision for the advanced teaching of any considerable number of students." With regard to the medical department, the report states that the number of students is very small. The total number of medical students now availing themselves of instruction in the college is 45. One student in each year paid the composition fee at the medical school. Also, "generally speaking, the number of class rooms and laboratories is insufficient." Only one member of the staff, the professor of anatomy, devotes his whole time to teaching and the duties of his office. It is important to note, however, that the council of the College propose to elect a lecturer on physiology, who similarly shall devote all his time to the duties of that office. The Board of Studies, after reporting on the points referred to them, unanimously resolved that, in their opinion, the College does not at present fulfil the requirements of the University, having regard to the first and second conditions laid down in the University Charter, Cap. XXIII. The council, while recognising all the advantages and efforts of University College, as narrated in the BRITISH MEDICAL JOURNAL of June 11th, after full consideration, are not satisfied that the College has at present "established a reasonably complete curriculum, and possesses a reasonably sufficient teaching staff in the departments of arts and sciences at least, or that the means and appliances of the College for its teaching are established on a sound basis," and "that they do not recommend the Court to admit University College, Sheffield, as a College of the University." The Court, as is already known, passed a resolution not accepting the application of University College for admission to the University.

APPOINTMENT OF LECTURER.

At the same Court, James Niven, M.A., M.B., was appointed as a Lecturer of the University. Dr. Niven is Lecturer in Public Health in Owens College.

THE DEGREE OF M.D.

At a meeting of the University Council held on Thursday, June 9th, the following candidates were declared deserving of the M.D. degree in virtue of the Theses submitted by them: W. C. T. Brown, Owens; F. J. H. Coutts, Owens; J. S. Dockray, Owens; F. C. Moore, Owens. F. J. H. Coutts and F. C. Moore were awarded gold medals.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen, having previously passed the necessary examinations, and having conformed to the by-laws and regulations, have been admitted Fellows of the College:

G. W. Roll, B.A., M.B. and B.C.Camb., L.R.C.P.Lond.; D. D'A. Wright,

L.R.C.P.Lond.; H. Tilley, M.D., B.S.Lond., L.R.C.P.Lond.; J. E. S. Frazer, L.R.C.P.Lond.; G. A. Clarkson, L.R.C.P.Lond.; A. W. R. Cochrane, M.B.Lond., L.R.C.P.Lond. (Surg.-Lt. I.M.S.); F. S. Collard, L.R.C.P.Lond.; J. L. Prain, L.R.C.P.Lond.; E. J. Toye, M.B., B.S.Lond., L.R.C.P.Lond.; A. Cooke, M.A., M.B., B.Ch.Oxon., L.R.C.P.Lond.; H. F. Tod, M.A., M.B., B.C.Cantab., L.R.C.P.Lond.; J. R. Benson, L.R.C.P.Lond.; J. A. O. Briggs, M.B.Lond., L.R.C.P.Lond.; J. C. H. Leicester, B.Sc., M.D.Lond., L.R.C.P.Lond.; H. J. Price, L.R.C.P.Lond.; A. H. Godson, L.R.C.P.Lond., B.A., M.B., B.C.Cantab.; H. M. Masini, L.M. and S.Bombay.

One other gentleman passed, but, not having attained the legal age, will receive his diploma at a future Council; 15 were referred for six months and 5 for one year.

The following gentlemen, having previously passed the necessary examinations and having now conformed to the by-laws and regulations, have been admitted members of the College:

J. H. Crawford, M.B., B.S.Edin.; R. H. Strong, M.B., B.S.Melb.

The following gentlemen, having passed the necessary examinations, have been admitted Licentiates in Dental Surgery:

W. M. Anderson, L. F. Barton, W. H. Bean, Surg.-Capt., M.R.C.S.Eng., L.S.A.Lond.; F. R. Bishop, G. P. Cardell, A. E. Carden, H. Cardwell, and F. Coleman, of Charing Cross and the Dental Hospital of London; S. d'A. Corbett, of St. George's and the Dental Hospital of London; F. L. Etheridge, of St. Bartholomew's and the National Dental Hospital; S. W. Garne and Z. J. Gibson, of Charing Cross and the Dental Hospital of London; W. J. Greweck, of Mason University College, Queen's, General, and the Dental Hospital, Birmingham; H. M. Griffiths, of Middlesex and the National Dental Hospital; J. Harper, M.R.C.S.Eng., L.R.C.P.Lond., of St. Thomas and Guy's Hospital Dental Department and School; H. C. Hessenaur and F. Holding, of Charing Cross and the Dental Hospital of London; R. C. Holt, of University College, Royal Infirmary and Dental Hospital, Liverpool; W. W. James, of Middlesex and the Dental Hospital of London; G. F. W. Jennings, of Charing Cross and the Dental Hospital of London; W. H. Jones, of Owens College, Royal Infirmary and Victoria Dental Hospital, Manchester; H. P. Joscelyn, of Mason University College, Queen's, General, and the Dental Hospital, Birmingham; W. H. Loosely, of Guy's Hospital Dental Department and School; A. R. Marks, of St. George's and the Dental Hospital of London; C. E. Mountford, of Mason University College, Queen's, General, and the Dental Hospital, Birmingham; E. G. Narramore, of University College, Royal Infirmary and Dental Hospital, Liverpool; W. Nicholson, of Owens College, Royal Infirmary and Victoria Dental Hospital, Manchester; C. D. Outred, of Guy's Hospital Dental Department and School; A. M. Partridge, of University College, Royal Infirmary and Dental Hospital, Liverpool; H. J. Paterson, of Mason University College, Queen's, General, and the Dental Hospital, Birmingham; O. C. Penfold, of Middlesex and the Dental Hospital of London; H. W. Robey, of Charing Cross and the Dental Hospital of London; A. L. Rowley, of Guy's Hospital Dental Department and School; W. A. H. Saul, of University College, Royal Infirmary and Dental Hospital, Liverpool; F. W. S. Stone, M.R.C.S.Eng., L.R.C.P.Lond., of St. Thomas's and Guy's Hospital, Dental Department and School; E. Stringfellow, of Guy's Hospital Dental Department and School; H. Tattersall, of Middlesex and the National Dental Hospital; W. A. Taylor, of Westminster and the Dental Hospital of London; D. P. Tracey, R. Umney, E. W. West, and T. H. Wilkinson, of Guy's Hospital Dental Department and School; H. Winder, of Charing Cross and the Dental Hospital of London.

Twenty-one gentlemen were referred back to their professional studies, one of whom was referred for 1 year.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,982 births and 3,643 deaths were registered during the week ending Saturday last, June 11th. The annual rate of mortality in these towns, which had increased from 16.4 to 16.8 per 1,000 in the three preceding weeks, further rose to 16.9 last week. The rates in the several towns ranged from 8.4 in Croydon, 10.3 in Norwich, 11.1 in Brighton, and 12.2 in Hull to 20.3 in Manchester, 20.4 in Liverpool, 23.6 in Sunderland, and 24.1 in Newcastle-upon-Tyne. In the thirty-two provincial towns the mean death-rate was 17.3 per 1,000, and was 1.0 above the rate recorded in London, which was 16.3 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.8 per 1,000; in London the rate was equal to 2.1 per 1,000, while it averaged 1.5 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.1 in Liverpool, 2.5 in Gateshead, 3.4 in Salford, and 4.0 in Newcastle-upon-Tyne. Measles caused a death-rate of 1.3 in Bradford, 1.5 in Salford, and 2 in Newcastle-upon-Tyne; scarlet fever of 1.0 in Gateshead; and whooping-cough of 0.2 in Salford, 1.5 in Gateshead, and 1.6 in Newcastle-upon-Tyne. The mortality last week from "fever" showed no marked excess in any of the large towns. The 42 deaths from diphtheria recorded in the thirty-three towns during the week under notice included 23 in London, 3 in Cardiff, 3 in Birmingham, 2 in West Ham, 2 in Sheffield, and 2 in Hull. No fatal case of small-pox was registered last week, either in London or in any of the thirty-two large provincial towns; and only one small-pox patient was under treatment in the Metropolitan Asylum Hospitals on Saturday last, June 11th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 2,195 and 2,207 at the end of the two preceding weeks, had declined again to 2,169 on Saturday last; 206 new cases were admitted during the week, against 223, 256, and 220 in the three preceding weeks.

MEDICAL NEWS.

WE understand that Mr. Vincent Jackson has been appointed by the Home Secretary Medical Referee, under the Workmen's Compensation Act, for County Court Circuit No. 35, Wolverhampton, and Mr. A. Stanley Barling for the Lancaster County Court District.

SPECIAL sermons were preached in the churches and chapels of London on June 12th, and collections were made on behalf of the Hospital Sunday Fund. Up to June 14th the sum of £10,000 had been received at the Mansion House for the Fund.

FARMERS AND TUBERCULOSIS.—It is interesting to find that farmers, who as a class have not the reputation of readily adopting new ideas, are moving in the matter of the prevention of tuberculosis. The Bury and District Tenant Farmers' Association recently forwarded to local members of Parliament copies of a correspondence between them and Sir William Harcourt, with a covering letter calling attention to the effect of tuberculosis upon agricultural interests. The letter asks the members to give their assistance in removing what is regarded as a great injustice to the farming interest.

REQUESTS AND DONATIONS.—St. Thomas's Hospital has received a donation of £1,000 from "G. R." to endow a medical bed. Mrs. Douglas Henty has forwarded a cheque for £1,000 to the St. Mark's Hospital for Fistula, City Road, for the purpose of endowing a bed to be called the "Julia Henty Bed." The trustees of Smith's (Kensington Estate) Charity have contributed £200 to St. Thomas's Hospital, and £250 to the Dental Hospital of London, and £100 to the East London Hospital for Children and Dispensary for Women, Shadwell, E.

THE QUEEN'S JUBILEE INSTITUTE FOR NURSES.—A permanent Committee has been formed to co-operate with the representatives of the music halls to assist annually the funds of this nursing institution. Last year a large sum had been handed in from this source, and under the auspices of the Duke of Westminster a scheme had been matured by which this will become an annual contribution. It is probable that music-hall performers have as much cause as any of Her Majesty's subjects to feel grateful for the timely help of the Queen's nurses; their opportunities of bread-winning depend entirely on their health.

PACK AND AMBULANCE SADDLES AND STRETCHER.—An inspection of the improvised pattern of combined pack and ambulance saddles, also of an improved pattern of folding stretcher for use in mountain warfare, has been held by a committee at Simla, comprised of the Principal Medical Officer of H.M.'s Forces at Simla, the Commissary General in Chief, the Director-General of Ordnance in India, the Deputy Quartermaster-General, the Secretary to the P.M.O. H.M.'s Forces, and the Commissary General of Transport. Reports from the Tochi and Malakand Field Forces on the combined pack and ambulance saddles were considered.

RUTHIN DISTRICT NURSING ASSOCIATION.—The report of the meeting of this Association is of interest to us, as Dr. Lloyd Roberts shadows forth a scheme of a central nursing home to meet the wants of the locality by providing nurses for those who can pay as well as for the poor. It appears that the committee are feeling their way to some form of provident nursing association; and as the population is principally composed of the wage-earning class, it is likely that the proposal may take shape before long; but by whatever means the wants of the various classes of the community are met we would urge that the scheme should be comprehensive. It is only possible to obtain efficient and economical nursing by the grouping of districts.

SANATORIA FOR CONSUMPTIVES IN SWEDEN.—The Swedish Parliament has voted the sum of 850,000 kroner for the establishment of a public sanatorium for lung diseases in South Sweden. Two other sanatoria, one for Central, the other for North, Sweden, have been established with the help of the fund of 2,200,000 kroner presented by the nation to King Oscar on the occasion of his jubilee not long ago. For all three sanatoria the State has provided the site and the timber

required for the buildings. Queen Sophia takes a special interest in the provision of sanatoria for lung diseases in Sweden; and it was at her wish that the national gift to the King was applied to this purpose.

THE first annual conference of the Matrons' Council was held at the rooms of the Medical Society of London on June 15th and 16th. Miss Stewart, Matron of St. Bartholomew's Hospital, who was in the chair, said that the chief object the Council had in view was to bring about a uniform system of education, examination, and certification of nurses with State regulation. A resolution was adopted recommending the Matrons' Council to take steps to draw the attention of the Red Cross Society to the desirability of organising a corps of nurses for active service in foreign wars. Various papers were read on subjects of practical interest to nurses.

THE WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—The West London Medico-Chirurgical Society will hold its meeting for the Cavendish Lecture to be delivered by Mr. Howard Marsh at the Hammersmith Town Hall on Friday, June 24th, at 8 P.M. The hall will be suitably decorated, and in connection with the smoking *conversazione* which will follow, given by the President and Council, there will be an exhibition by many of the well-known firms who cater for the needs of medical practitioners. Upwards of twenty firms will be represented, all the available space for the purpose having thus been allotted. Formerly the meeting and *conversazione* were held in one of the new wards of the West London Hospital; but the attendance of members and their friends last year exceeded the accommodation, and thus the Council this year decided to take larger quarters.

THE NATIONAL HEALTH SOCIETY.—The Princess Christian distributed on June 11th, at Grosvenor House, the diplomas, medals, and certificates gained during the past year by candidates at the examination of the National Health Society. The Duke of Westminster said that during the twenty-one years he had been the President of the Society he had been greatly impressed by its extraordinary success. Its work had largely increased in the country districts, and it had been able to accede to an application to examine quartermasters of regiments stationed at Aldershot in hygiene and sanitation. In conclusion, he referred with deep regret to the loss which the Society had sustained by the deaths of Mr. Ernest Hart, a former chairman of the Society, and of Sir Robert Rawlinson, a member of its Council. The Rev. C. J. Ridgway moved a vote of thanks to the Princess Christian, which was seconded by Sir J. Crichton Browne, who referred to the great diminution in the rate of tuberculous disease during the past fifty years, attributable to increased knowledge on sanitary matters. He hoped that the National Health Society would spare no effort to hasten the day when pulmonary consumption in this country would be a mere memory of the past.

NATIONAL SOCIETY FOR THE EMPLOYMENT OF EPILEPTICS.—The above Society has issued, at the desire of H.R.H. the Duke of York, an appeal to make known its claims to sympathy and support, its present position, and its immediate needs. The rapid development of the colony established by the National Society at Chalfont St. Peter's has led to a widespread impression that the Society is in a state of extreme prosperity. This impression is, unfortunately, erroneous. The object of the colony is to provide epileptics with a home amidst healthy surroundings, under suitable medical treatment. The success that has so far attended the operations of the society has in one way been the cause of its present wants. The necessity for increasing the accommodation has so weighed upon the minds of the Society's principal supporters that they have from the first given their contributions specifically for the building of new homes, each of which has involved considerable outlay in furnishing, and one of which is still unfurnished. The result is that the Society finds itself in the unfortunate position of having both accommodation and patients, but not the wherewithal to maintain them adequately. Apart from the philanthropic aspect of the work that is being carried on, there is a large opportunity for the careful clinical study of the disease under the best conditions for remedy. On both counts the Society is worthy of support.

FRENCH CONGRESS OF GYNÆCOLOGY AND OBSTETRICS.—The second annual meeting of the French Congress of Gynæcology, Obstetrics, and Pediatrics will be held at Marseilles from October 8th to 15th. Dr. Pozzi will preside over the Gynæcological, Professor Pinard over the Obstetric, Dr. A. Broca over the Pediatric Section. The Gynæcological and Obstetric Sections will combine to discuss the following questions: (1) The diagnosis and treatment of extrauterine pregnancy; (2) auto-intoxications in gravid women. In the Pediatric Section the principal questions discussed will be: Congenital abdominal herniæ; microbic associations in diphtheria; the dyspepsia of schoolboys; the treatment of infantile heart disease; the purpura of childhood; the diplegias of childhood; colitis in childhood; and the treatment of paralytic clubfoot.

MEDICAL MEN IN THE FRENCH LEGISLATURE.—The general election of 1893 in France resulted in the return to the Chamber of Deputies of 61 members of the medical profession; at that which has recently taken place the number returned was 57. This leaves the proportion of doctors in the Chamber practically what it was before, namely one-tenth of the whole number of Deputies. France probably stands first of all the countries of Europe in respect of the numbers of its medical legislators. The following are the names of the medical members of the new French Chamber with those of the places which they represent: Drs. Amodru (Etampes); Barrois (Lille), Baudon (Beauvais), Bizarelli (Valence), Bontemps (Vesoul), Borne (Montbeillard), Bourgeois (La Roche-sur-Yon), Bontard (Saint Triex), Cazals (Aurillac), Cazanvieuilh (Bordeaux), Chambige (Clermont Ferrand), Chapuis (Toul), Chassaing (Paris), Chautemps (Bonneville), Cheysson (Marseilles), Chopinet (Senlis), Clamant (Bergerac), Clédon (Orthez), Cosmao-Dumenez (Quimper), David (Châteauroux), Defontaine (Avesnes), Delarue (Gannat), Delbet (Coulommiers), Devins (Brioude), Dubief (Macon), Dubois (Paris), Dubuisson (Châteaulin), Dufour (Grenoble), Duquesnay (La Martinique), Gacon (La Palisse), Girard (Riom), Herbet (Bourg), Hugon (Saint Flour), Isambard (Evreux), Lachaud (Brive), de Lanessan (Lyon), Langlais (Pontivy), Leoraud (Paris), De Mahy (Réunion), Mathéy (Louhauss), Merlou (Auxerre), R. Paulin-Méry (Paris), Pédebidou (Tarbes), Peschaud (Murat), Pourteyron (Ribérac), Quinta (Pau), Rey (Cahors), Ricard (Beaune), Sarrazin (Sarlat), Theulier (Nontron), Turigny (Nevers), Vacher (Tulle), Vaillant (Paris), Vazeilles (Montargis), Vigès (Orleans), Vigné (Lodève), and Villejean (Tonnere).

BECKENHAM AND PENGELLY MEDICAL SOCIETY.—The annual dinner of this Society was held at Howard's Assembly Rooms on May 26th, when some five-and-thirty were present. The company included the Rector of Beckenham and Dr. Walker, honorary members of the Society, and the majority of the medical practitioners of the neighbourhood. Among the visitors were Dr. Frederick Roberts, Mr. Bland Sutton, Mr. Marmaduke Sheild, and Mr. Keetley. The dinner was a great success, and the pleasure of the evening was in no way decreased by the absence in the speeches of any allusion to the bitter conflict of last year. The medical practitioners evidently remain as they were, but prefer to leave to the healing influence of time and the good sense of the public the settlement of the club question. The toast of "The Queen" was proposed by the President, Dr. Frank Sturges, who made a feeling reference to the death of Mr. Gladstone. Mr. Prangley, Vice-President, proposed "The Royal Colleges of Physicians and Surgeons," urging on them a more serious attention to the duties devolving on them as the governing bodies of the profession. This was replied to by Dr. Roberts for the College of Physicians and by Mr. Sheild for the College of Surgeons. In proposing "The Local Medical Society" the rector spoke in the warmest terms of his love and admiration for his old profession, and dwelt on the many advantages of the Society in rubbing away rough corners and promoting good will and good fellowship among the members. Dr. Sturges replied on behalf of the Society. Dr. Wells proposed "The Visitors," Mr. Keetley replied; and the health of his old friend "The Chairman" by Mr. Bland Sutton, and the chairman's reply concluded the list. During the evening Mr. C. A. Lidgely presided at the piano, and Dr. Roberts and Mr. Henley sang.

MEDICAL VACANCIES.

The following vacancies are announced:

- ABERDEEN UNIVERSITY.**—One additional Examiner in (1) Botany, (2) Chemistry, (3) Medical Jurisprudence and Public Health. Grant, £30 per annum. Applications to the Secretary by July 5th.
- 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.
- BRADFORD POOR LAW UNION.**—Medical Officers for the No. 4 and No. 5 Districts. Salaries, £50 and £40 respectively. Applications to Thos. Crowther, Clerk to the Guardians, 22, Manor Row, Bradford, by June 20th.
- BRIGHTON: SUSSEX COUNTY HOSPITAL.**—Assistant House-Surgeon, unmarried, and under 30 years of age. Salary not exceeding £30 per annum, with board and residence. Applications to the Secretary by June 29th.
- CAVAN INFIRMARY.**—Surgeon. Salary, £94 per annum, with house and garden. Applications to the Secretary by July 1st.
- CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL AND DISPENSARY.**—House Surgeon. Salary £100 per year, with board, apartments, and laundress. Applications to the Secretary by June 23rd.
- DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY,** Leicester Square.—Demonstrator. Honorarium, £50 per annum. Applications to the Dean by July 18th.
- DUDELEY: GUEST HOSPITAL.**—Resident Assistant House-Surgeon. Appointment for six months. Salary at the rate of £40 per annum, with board, lodging, and washing. Applications to the Secretary by June 30th.
- EDINBURGH ROYAL HOSPITAL FOR SICK CHILDREN.**—Two Resident Medical Officers. Applications to Messrs. Henry and Scott, 20, St. Andrew's Square, Edinburgh, by July 9th.
- 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. Also Junior House Physician. Appointment for six months. Board and lodging provided. Applications, on forms provided, to the Secretary by June 21st.
- HALIFAX: ROYAL INFIRMARY.**—House-Surgeon; unmarried. Salary, £80 per annum, increasing to £100, with residence, board, and washing. Applications to the Secretary by June 29th.
- 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.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,** Brompton.—Resident House-Physicians. Applications to the Secretary by June 29th.
- 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.
- METROPOLITAN ASYLUMS BOARD.**—Assistant Medical Officer at Gore Farm Convalescent Small-pox and Fever Hospital, Darenth. Salary, £160, increasing to £200 per annum, with board, lodging, and washing. Unmarried, and age not to exceed 35 years. Applications to the Office of the Board.
- NORWICH: NORFOLK AND NORWICH HOSPITAL.**—House Physician. Salary £60 per annum, with board, lodging, and washing. Tenable for two years. Unmarried, and under 30 years of age. Applications to the Secretary by June 28th.
- PADDINGTON GREEN CHILDREN'S HOSPITAL, W.**—Honorary Anæsthetist. Applications to the Secretary by June 30th.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Member of the Court of Examiners; and an Examiner in Dental Surgery. Applications to the Secretary by July 6th.
- ROYAL LONDON OPHTHALMIC HOSPITAL,** Moorfields, E.C.—Assistant Surgeon, must be F.R.C.S. Eng. Applications to the Secretary by June 30th. Also Junior House-Surgeon. Salary, £50, with board and residence. Applications to the Secretary by July 4th.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL,** King William Street, Strand, W.C.—House-Surgeon. Applications to the Secretary by July 2nd.
- ST. MARYLEBONE GENERAL DISPENSARY,** 77, Welbeck Street, Cavendish Square.—Resident Medical Officer. Salary 100 guineas per annum, rising to 120 guineas annually to 120 guineas, with furnished apartments, attendance, coal, and light. Applications to the Secretary by June 30th.
- SALISBURY INFIRMARY.**—Assistant House-Surgeon; unmarried. Honorarium of £10 at end of six months satisfactory service. Applications to the Secretary by June 23rd.
- SHEFFIELD: ROYAL INFIRMARY.**—Vacancy on the Honorary Surgical Staff. Applications to the Secretary by June 27th.
- SHOREDITCH: PARISH OF ST. LEONARD.**—Resident Assistant Medical Officer for the Workhouse and Infirmary. Salary, £120 per annum, with rations, furnished apartments, and washing. Applications, on forms provided, to the Clerk by June 27th.
- SUNDERLAND BOROUGH ASYLUM,** Ryhope, near Sunderland.—Clinical Clerk for three or six months. Salary at the rate of £20 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

SUNDERLAND INFIRMARY.—House-Surgeon. Salary, £80 per annum, rising to £100, with board and residence. Applications to the Chairman of the Medical Board by July 1th.

VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea, S.W., and **VICTORIA CONVALESCENT HOME,** Broadstairs.—House-Physician. Honorarium, £50, with board and lodging; House-Surgeon and Anaesthetist to Out-patient Department. Appointment for six months. Honorarium, £20, and luncheon provided. Applications to the Secretary by June 25th.

WAKEFIELD: CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY.—Junior House Surgeon, unmarried. Salary, £60 per annum, with board, lodging, and washing. Applications to the Hon. Secretary by June 22nd.

WALSALL AND DISTRICT HOSPITAL.—Resident House Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to Mr. E. J. Brooks, Chairman, Leicester Street, Walsall, by June 20th.

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

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 July 1st.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided, and a small honorarium. Applications to the Chairman of the Medical Committee by July 1st.

MEDICAL APPOINTMENTS.

BLUMFELD, J. M.D., B.Cantab., appointed Anaesthetist to the Grosvenor Hospital for Women and Children.

BOWDEN, W. J., M.B., Ch.B.Vict., appointed Medical Officer for the Glossop Union Infirmary.

BROWNE, Ada M., L.S.A.Lond., appointed Senior Assistant Anaesthetist to the New Hospital for Women, Euston Road, London.

CANTLIE, James, M.A., M.B., F.R.C.S., appointed Surgeon to the West End Hospital for Nervous Diseases, Welbeck Street, *vice* Edward Cotterell, F.R.C.S., deceased.

CHRISTOPHER, S. R., M.B., Ch.B.Vict., appointed Assistant Medical Officer of the Mill Road Infirmary of the West Derby Union.

DAVIES, W. T., M.R.C.S.Eng., L.R.C.P., appointed Medical Officer for the Second and Third Districts of the Hertford Union.

DICK, Robert, M.B., Ch.M.Syd., D.P.H., appointed Medical Officer of Health for the Combined Hunter River Districts, Newcastle, N.S.W.

FORBES, J. G., M.B., C.M.Édin., appointed Assistant Resident House-Surgeon to the Cardiff Infirmary.

FULLER, E. Barnard, M.B., C.M.Édin., F.R.C.S.E., appointed to the Honorary Visiting Staff of the Somerset Hospital, Cape Town, Cape Colony, *vice* Dr. C. F. K. Murray, resigned.

GODFREY, H. P., M.B.Melb., F.R.C.S.Eng., appointed Health Officer at Bardock, Western Australia.

GOUGH, Bernard B., M.R.C.S., L.R.C.P.Lond., appointed House-Surgeon to the Burton-on-Trent Infirmary.

GREENWOOD, T. Parker, M.B., C.M., B.Sc.Édin., appointed Third Assistant Medical Officer to the County Asylum, Fareham, Hants.

HART, J. W., M.B., C.M.Édin., appointed Government Medical Officer and Vaccinator for the Gunning District, *vice* Dr. W. H. Tibbits.

HUNT, S. J., L.R.C.P.Édin., M.R.C.S.Eng., appointed Government Pathologist for Queensland.

LETHEBRIDGE, R. W., M.B., appointed Acting Medical Superintendent to the Ballarat Lunatic Asylum, Victoria.

MADDOX, W. G., L.R.C.S.Eng., appointed Honorary Consulting Surgeon to the Launceston Hospital, Tasmania.

MORLEY, H. W., M.R.C.S.Eng., L.R.C.P.Lond., appointed Resident Medical Officer at the Infirmary of the Portsea Island Union.

MULLEN, W. L., M.D., appointed Acting Medical Superintendent to the Sunbury Lunatic Asylum, Victoria.

OLIVER, Archibald R., M.B., C.M., appointed Extra Dispensary Surgeon to the Glasgow Central Dispensary.

PARDEY, J. M.L., M.B., B.Ch.Melb., appointed Honorary Consulting Surgeon to the Launceston Hospital, Tasmania.

POWELL, Caleb J., L.R.C.S.Irel., L.R.C.P.Irel., L.M.Rotunda Hospital, appointed Visiting Physician to the North Dublin Union Hospital.

REYNOLDS, F. M., M.B., C.M.Édin., reappointed Medical Officer of Health to the Ottery St. Mary Urban District Council.

SEACOME, Arthur F., L.R.C.P., L.R.C.S.Édin., L.F.P.S.Glasg., appointed Assistant House-Surgeon to the General Infirmary, Chester.

SIDEBOTTOM, R. B., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the Whitfield District of the Glossop Union.

SINCLAIR, Eric, M.D., Ch.M.Glasg., appointed Inspector-General of the Insane of N.S.W., *vice* F. Norton Manning, resigned.

TABB, J. F., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the East District of the Greenwich Union.

THOMPSON, J. L., M.B., appointed Acting Medical Superintendent to the Ararat Lunatic Asylum, Victoria.

THOMSON, H. Hyslop, M.B., C.M., appointed Extra Dispensary Physician to the Glasgow Central Dispensary.

THORNE, May, L.S.A.Lond., M.D.Bru., appointed Assistant Anaesthetist to the New Hospital for Women.

TURNER, G. Nelson, M.B., C.M., appointed Physician to the Glasgow Central Dispensary, *vice* Thomas Colvin, M.B., C.M.Glasg.

WIGGINS, W. D., M.R.C.S., L.R.C.P.Lond., appointed Assistant Medical Officer to the Greenwich Union Workhouse and Infirmary.

WILLIAMS, D. E., L.R.C.P. & S.Irel., appointed Health Officer for Bunbury, Western Australia.

WILLIAMS, John D., M.D., B.Sc.Édin., appointed Honorary Consulting Gynaecologist to the Cardiff Provident Dispensary, Cardiff.

WOOD, T. Jason, M.D.Lond., M.R.C.S., L.R.C.P., appointed Assistant Surgeon to the Bradford Royal Infirmary.

YOUNG, Archibald, B.Sc., M.B., C.M., appointed Surgeon to the Glasgow Central Dispensary, *vice* James Luke, M.B., C.M.Édin., resigned.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 2s. 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.

BERRIDGE.—On June 8th, at Enderby, Leicestershire, the wife of William Robert Morpott Berridge, M.R.C.S.Eng., L.R.C.P.Lond., of a daughter.

MARTINE.—On the 9th inst., the wife of W. R. Martine, M.B., C.M.Édin., Weston, Haddington, of a son.

TUCKETT.—On June 5th, at Woodhouse Eaves, Loughborough, Leicestershire, the wife of W. Reginald Tuckett, of a son.

MARRIAGES.

AUSTIN-ROBINSON—ROGERS-JENKINS.—On May 10th, at St. Augustine's, Durban, Natal, by the Rev. Canon Booth, M.D., assisted by the Revs. Hayes Robinson and J. Walton, Frederick Augustine Robinson, L.R.C.P., M.R.C.S., District Surgeon Nondweni, Zululand, to Lillian Agnes Rogers-Jenkins, L.R.C.P. & S.Édin., L.F.P.G., etc., late of Lucknow, N. India.

BOWER—SHERINGHAM.—On June 9th, at Tewkesbury Abbey, by the Rev. H. A. Sheringham, Vicar, brother of the bride, assisted by the Ven. the Archdeacon of Gloucester and the Rev. Ernest Dykes, Vicar of Barrow-in-Furness, cousin of the bridegroom, Ernest Dykes Bower, of Elton House, Gloucester, to Margaret Dora Constance Sheringham, youngest daughter of the Archdeacon of Gloucester and Canon of Gloucester Cathedral.

GREENWOOD—WOOLLEY.—At Oswaldtwistle, Accrington, on June 9th, by Rev. J. Greenwood (father of the bridegroom) and Rev. W. C. Rank, Alan Young Greenwood, M.B., C.M.Édin., to Clara, elder daughter of Edward Woolley, Esq., of Accrington.

JOHNSTON—BAKER.—On June 6th, at St. Peter's Church, Earley, Reading, by the Rev. F. J. Greenham, assisted by the Rev. C. E. Adams, Vicar of St. Peter's, David Richmond Johnston, B.A.T.C.Dublin, L.R.C.P.Édin., and of Reading, youngest son of the late Rev. Thos. Johnston, of Killarney, co. Kerry, Ireland, to Maud, eldest surviving daughter of Edward Edmund Baker, Esq., C.E., of Stoneleigh, Eastern Avenue, Reading.

LEWITT—SANDERS.—On the 9th inst., at St. Martin's Church, Leicester, by the Rev. J. N. B. Woodroffe, assisted by the Rev. F. L. Donaldson, Frederick William Lewitt, L.R.C.P., M.R.C.S., of Abbotsleigh, Leicester, to Winifred, daughter of the Rev. Canon Sanders, LL.D., Leicester.

SIBSON—POLLARD.—On June 1st, at the Friends' Meeting House, Tottenham, Arthur B. Sibson, M.R.C.S., L.R.C.P., L.D.S.Eng., youngest son of Daniel Sibson, L.D.S., of Stockton-on-Tees, to Henrietta Louisa, eldest daughter of Henry J. Pollard, Esq., Essex Lodge, Tottenham.

WILSON—FLOOD.—On June 8th, at the Parish Church, Ilstock, by the Rev. S. Flood, Rector of Ilstock, father of the bride, assisted by the Rev. T. Flood, uncle of the bride, and Rev. T. A. Smith, brother-in-law of the bridegroom, Thomas Nash Wilson, M.B., C.M., The Manor, Ilstock, to Frances Annie Flood.

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.

TUESDAY.

National Hospital for the Paralysed and Epileptic, 3.30 P.M.—Lecture by Dr. Tooth.

West End Hospital for Diseases of the Nervous System, 78, Welbeck Street, 4.30 P.M.—Dr. Dundas Grant: On Disorders of the Ear in their Relation to Diseases of the Nervous System.

Royal College of Physicians, 5 P.M.—Dr. Sidney Martin: The Chemical Products of Pathogenic Bacteria, considered with special reference to Enteric Fever. (Croonian Lecture III.)

WEDNESDAY.

West London Post-Graduate Course, West London Hospital, Hammersmith Road, W. 5 P.M.—Dr. Robinson: Gynaecological Cases.

Hospital for Consumption, Brompton, 4 P.M.—Dr. Habershon: The Diagnosis of Pleural Effusion.

THURSDAY.

Royal College of Physicians, 5 P.M.—Dr. Sidney Martin: The Chemical Products of Pathogenic Bacteria, considered with special reference to Enteric Fever. (Croonian Lecture IV.)

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

Central London Throat, Nose, and Ear Hospital, Gray's Inn Road, W.C. 5 P.M.—Dr. Dundas Grant: Diseases of the Frontal Sinus.

Charing Cross Hospital, Post-Graduate Class, 4 P.M.—Dr. Mott: Demonstration of Medical Cases.

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*—L. 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., 8.
 CHELSEA HOSPITAL FOR WOMEN. *Attendances*—Daily, 1.30. *Operations*—M. Th. F., 2.
 CITY ORTHOPEDIC. *Attendances*—M. Tu. Th. F., 2. *Operations*—M., 4.
 EAST LONDON HOSPITAL FOR CHILDREN. *Operations*—M. W. Th. F., 2.
 GREAT NORTHERN CENTRAL. *Attendances*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. *Operations*—M. W. Th. F., 2.
 GUY'S. *Attendances*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. *Operations*—Tu. F., 1.30; (Ophthalmic) M., 1.30; Th., 2.
 HOSPITAL FOR WOMEN, SOHO. *Attendances*—Daily, 10. *Operations*—M. Th., 2.
 KING'S COLLEGE. *Attendances*—Medical and Surgical, daily, 2; Obstetric, daily, 2; o. p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30; F., 2; Dental, M. Th., 10; Skin, W., 11.30. *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*—Th., 2.30.
 ROYAL EYE, Southwark. *Attendances*—Daily, 2. *Operations*—Daily.
 ROYAL FREE. *Attendances*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M., 9; Skin, Tu., 9; Throat, Nose, and Ear, W., 9. *Operations*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
 ROYAL LONDON OPHTHALMIC. *Attendances*—Daily, 9. *Operations*—Daily, 10.
 ROYAL ORTHOPEDIC. *Attendances*—Daily, 2. *Operations*—M., 2.
 ROYAL WESTMINSTER OPHTHALMIC. *Attendances*—Daily, 1. *Operations*—Daily, 2.
 ST. BARTHOLOMEW'S. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o. p., W. S., 9; Eye, M. Tu. W. Th. S., 2; o. p., M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopedic, M., 2.30; Dental, Tu. F., 9. *Electrical*, M. Tu. Th. F., 1.30. *Operations*—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, F., 2.
 ST. GEORGE'S. *Attendances*—Medical and Surgical, daily, 1 p., 1; o. p., 12; Obstetric, 1 p., Tu. F., 1.45; o. p., M. Th., 2.30; Eye, W. S., 1.30; Ear, Tu., 3; Skin, W., 2.45; Throat, F., 2; Orthopedic, F., 12; Dental, M. Tu. F., S., 12. *Operations*—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.
 ST. MARK'S. *Attendances*—Fistula and Diseases of the Rectum, males S., 2; females, W., 9.30. *Operations*—M., 9; Tu., 2.30.
 ST. MARY'S. *Attendances*—Medical and Surgical, daily, 1.45; o. p., 12.45; Obstetric, Tu. F., 1.45; o. p., M. Th., 1.30; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 9; Skin, M. Th., 9; Dental, W. S., 9; Electro-therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. *Operations*—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
 ST. PETER'S. *Attendances*—M. F., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*—W. F., 2.
 ST. THOMAS'S. *Attendances*—Medical and Surgical, M. Tu. Th. F., 2; o. p., daily, 1.30; Obstetric, Tu. F., 2; o. p., W. S., 1.30; Eye, Tu. F., 2; o. p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children, S., 1.30; Electro-therapeutics, o. p., Th., 2; Mental Diseases, o. p., Th., 10; Dental, Tu. F., 10. *Operations*—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
 SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*—Daily, 1.30. *Operations*—Gynaecological, M., 2; W., 2.30.
 THROAT, Golden Square. *Attendances*—Daily, 1.30; Tu. F., 6.30. *Operations*—Daily, exc. M., 10.
 UNIVERSITY COLLEGE. *Attendances*—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. *Operations*—Th., 2.
 WEST LONDON. *Attendances*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 10; Orthopedic, 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-delivery of the JOURNAL etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

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

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

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

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

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

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

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

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

QUERIES.

DYNAMICS asks: In a patient with a distended bladder, would voluntary efforts at defecation be likely to rupture, or have a tendency to rupture, that organ?

ANSWERS.

ENQUIRER.—Our correspondent will find the subject discussed with much authority in *A System of Surgery*, edited by T. Holmes, M.A. Cantab., and J. W. Hulke, F.R.S. Third edition, p. 552.

SCAPULA.—If "X.Y.Z." seeks consultations, but fails to keep them, and will not take any of the steps usual to obtain from the patient the consultant's fee, the only course which appears open to our correspondent, if the circumstances are such that he cannot decline the consultation, is to state his own fee, and to obtain it if possible before attending the case.

FUNGATING SORE OF UMBILICUS.

DR. C. E. LIESCHING (Tiverton) writes: In reply to the query of "Apex" in the BRITISH MEDICAL JOURNAL of June 11th, I have always found powdered nitrate of lead cure these cases if applied for a short period at intervals.

ANTIVACCINATION ASSERTIONS.

P. V.—The accuracy of the statement is on a par with the majority of those which emanate from the same party. We may refer our correspondent to the last report of the Medical Officer to the Local Government Board, p. 39.

ANALYSIS OF WATER.

W.—We are not prepared to express a definite opinion on the "analysis" sent by our correspondent. We are disposed to think, from an inspection of the figures, that the accuracy of some of them is doubtful. Assuming that the "albuminoid ammonia" figure is correct, the water would appear to be one that is unfit for drinking purposes.

NOTES, LETTERS, Etc.

ERRATUM.—In the paper by Dr. R. T. Williamson, on Unilateral Changes in Cerebral Hemorrhage (BRITISH MEDICAL JOURNAL, June 11th, p. 1516), Figures 3 and 4 were accidentally transposed.

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

The following additional subscriptions have been received on behalf of this fund:

Per Dr. Clibborn:	£	s.	d.
Dr. F. MacLaughlan (Strangford)...	...	1	0
Dr. J. M. Elliott (Rathfriland, co. Down)...	...	1	0
Per Dr. J. W. Moore:			
Sir Francis Cruise, M.D. (Dublin)...	...	1	0
Professor Macan (Dublin) ...	...	1	0

PRIMULA OBCONICA.

DR. EDWARD J. CROSS (St. Neots) writes: From the middle of April to May 7th, Mrs. B. was suffering at intervals from very severe urticaria, limited entirely to the fingers, wrists, and face, followed by marked desquamation, and accompanied by considerable constitutional disturbance. The eyelids were sometimes so much swollen as to prevent reading, and intolerable irritation rendered sleep impossible. The temperature was usually 99° F. to 99.4° F., when the rash was at its height. At first I attributed the rash to dyspepsia, and dieted and treated the patient accordingly, but without success. I now feel certain that it was due to handling the primula obconica, for the following reasons:

1. In the mornings preceding the first and second severe attacks she had been arranging some primula obconica.
2. From April 17th to April 23rd the patient was away from home, during which time she did not touch any primula, and was free from any urticaria.
3. On April 26th she again arranged the flowers in the morning, and in the evening had another severe attack lasting until April 28th.
4. From April 26th to May 5th she was suffering from rheumatism, and stayed in bed. During this time she did not touch any primula, and had no rash.
5. On May 6th she handled some more in the morning, and was again attacked by urticaria in the evening.
6. Mrs. B. always arranged the flowers in the morning about 11, and the irritation and rash always commenced about 7 or 8 in the evening, the same regions being always affected.
7. Since May 7th the patient has not touched any primula obconica, and has not had a sign of urticaria.

HEMATURIA AFTER EATING RHUBARB.

DR. F. J. PALMER (Dublin) writes: A man, aged 23, apparently in perfect health, took a large quantity of stewed rhubarb, both after dinner and at supper, and on the following evening an attack of hematuria occurred. On examination the urine was smoky, and brownish red in colour; it was strongly alkaline, and on microscopic examination showed a very large number of characteristic crystals of calcium oxalate, and of red blood corpuscles. The red corpuscles were crenated, and many appeared to be extruding their hemoglobin in the form of small globules. The urine was examined in every case immediately after passage; it was apparently not diminished in quantity, and the patient did not seem at all the worse for the attack, while the temperature remained normal throughout. The attack lasted about two hours, and then gradually passed off, the urine becoming less