

Organic matter	18.40 per cent.
Inorganic matter	81.60 " "
Phosphoric anhydride... ..	50.00 " "
Calcium and magnesium oxides ...	28.20 " "

Tonsil Affected.—There does not seem to be any special tendency for one tonsil to be affected more than the other. In 14 recorded cases right and left tonsil were in equal proportion the seat of the calculus. In several of these cases both tonsils were enlarged at the same time.

Hereditary Predisposition.—It is hardly possible to say anything definite regarding the influence of heredity as a predisposing cause, as the recorded cases are so few and information on this point is seldom given in those which are reported. In the 3 cases of tonsillar calculus mentioned by Munro the disease affected two sisters and a near relative. A daughter of the patient whose case I have related suffers from chronic sore throat with enlargement of the tonsils.

Diagnosis.—Unless in very evident cases where the concretion is near the surface diagnosis must always be difficult. Patients, however, who suffer from repeated attacks of angina with only short intervals of comparative ease, and whose tonsils are persistently of large size, form fit subjects for the development of tonsillar concretions. In such cases we should make a thorough examination of the throat by palpation. If there be any yellowish ulcers on the surface of such chronically inflamed tonsils the probe should be used. If a calculus be present it will thus be readily detected.

Treatment.—As soon as the exact condition is recognised the concretion ought to be removed, as dangerous symptoms may suddenly supervene. If the stone be large and be spontaneously evacuated there is the possible danger of suffocation as nearly happened with my patient. Had the stone been only a little smaller it might have become firmly impacted in the man's throat as a result of his sudden inspiratory effort and asphyxia might have resulted.

REFERENCES.

- ¹ Nixon, *Transactions of the Royal Academy of Medicine in Ireland*, 1883, iii, p. 289. ² Hewitt, *London Medical and Physical Journal*, 1800, iii, p. 446. ³ Baker, *Transactions of the Pathological Society of London*, 1850-51, xi, p. 106. ⁴ Bryant, *Lancet*, No. 17, 1860, ii, p. 487. ⁵ Robin, *Traité des Humeurs*, second edition, 1874, p. 111. ⁶ Terrillon, *Des Accidents causés par les Calculs de l'Amygdale*, *Archives Générales de Médecine*, August, 1886, ii, p. 129. ⁷ Fobold, *Berliner Klinische Wochenschrift*, January 18th, 1869, p. 31.

MEMORANDA:

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

ACUTE SUPPURATIVE TONSILLITIS WITH CONVULSIONS.

A GIRL, aged 7, residing in the same house as myself, came home one evening complaining of "sore throat." Her mother (my landlady) asked me to see her. On examination the tonsils were found swollen (the right most so) and very red. The temperature was 101°. I ordered a mild purgative and a gargle of potassium chlorate. The child was fairly comfortable, and did not complain a great deal; towards night she grew restless. In the early morning the right tonsil, which had become distinctly suppurative, burst, after which the child slept some short time. All that day she was restless, eating nothing, until towards evening she again became drowsy, and seemed to sleep. Suddenly, whilst I was in the room, she sat upright, burst out into rambling statements, laughing and crying, and the next minute was seized with a severe and distinct convulsive attack, lasting some five minutes. I immediately placed her in a hot bath, and gave her a dose of ipecacuanha wine. The bath seemed to ease her, the temperature falling from 104.4° to 100°. She dosed off and seemed to sleep well for a short time, and then, waking up, vomited. She immediately seemed quite in her usual spirits, sat up, talked, and wanted to eat. She never had any more trouble, and was out and about again in a few days. Henoch has noted the occurrence of convulsions, I find, but says they must be very rare. The case seems to me interesting, not only from the convulsions, but from the rapid onset of the trouble. The child, although belonging to a neurotic family, has never had any signs of convulsions before, even when

teething. She has had so far very fair health, except for a discharge from the left ear, which has been going on for some time.

ROGER K. HAMILTON, M.R.C.S.E., L.R.C.P.L.
Hasland, Derbyshire.

EXTRACAPSULAR FRACTURE OF FEMUR IN A WOMAN OF 82 WITH MORBUS CORDIS:

RECOVERY.

Mrs. B., aged 81, was attended by me from April till August, 1897, for mitral disease, she being at one time *in extremis* with general anasarca, etc. To my surprise, after continuously taking a mixture containing digitalis and strychnine for eight months, she began to improve, and eventually became much better.

On the evening of March 20th, 1898, I was asked to see her, as she had hurt her thigh. On visiting her, I was told that she had, owing to failing eyesight, missed sitting on a form, and fallen. I found fracture of the neck of the left femur, with the usual signs, but with marked crepitus and a good deal of discoloration. She was very intolerant of examination, and greatly exhausted.

I at once applied a long Liston splint, which she kept on for two weeks. Next I tried a poroplastic splint, but after a week she said it was uncomfortable, so I had a Thomas's splint made to enable her to get up, but she obstinately refused to do so, and as there were no signs of bedsores she was allowed to remain in bed.

After wearing the latter splint for six weeks, it was removed, and I found that union had apparently taken place; in fact active movements were soon performed. She remained in bed for another two weeks—eleven weeks in all—and was then lifted out daily into a chair. Being nearly blind, she was afraid to use crutches, but in a short time she began with help to hobble about.

Since then I have attended her again for her heart, her legs becoming very dropsical, but under the same medicine as before she improved considerably.

At the present time she is fairly well; can bear the whole of her weight on the injured limb, and with the help of a stick, etc., gets about in her cottage very well.

There is at least 1½ inch shortening, but she does not wear a patten, as she is afraid of tripping with it. She has twice to my knowledge fallen down, but no harm has resulted.

The case appears to me worth reporting on account of:

1. The great age of the patient, together with the cardiac affection.

2. The difficulties to be overcome in a cottage with well-meaning but quite inadequate nursing, the neighbours doing everything for her.

From the signs, I take the case to be one of extracapsular fracture, which is unusual in old people, and it is all the more surprising that she should recover on account of the additional severity of the constitutional disturbance in that variety as compared with intracapsular fracture.

Caldicot.

CHARLES CORBEN, M.R.C.S.

STRANGULATED HERNIA IN PERICARDIAL SAC.

On October 24th, 1898, I was requested to make a *post-mortem* examination on a well-built muscular Kaffir, who had died rather suddenly the same morning. The history, as given by his wife, was that up to the morning of October 22nd he was in perfect health, but during the afternoon he complained of pain about the ensiform cartilage and the umbilicus. It appeared to extend upwards into the chest, and to cause breathlessness and an uneasy feeling about the heart. Vomiting began about the same time; it continued at frequent intervals, and the pain increased steadily in severity during the night and the next day (23rd), so that the slightest movement was accompanied by unbearable pain. The abdomen from the first began to swell, and nothing was passed from the rectum. Everything taken by the mouth was promptly rejected. On the morning of October 24th he got up with the aid of a stick with the intention of micturating; he went a few yards, and was found dead a few minutes afterwards.

Post-mortem Examination.—About eight hours after death the abdomen was greatly distended. On throwing back the sternum and cartilages the pericardium was found distended.

On opening it a large quantity of blood-like fluid escaped, and lying within the pericardium, below the heart, were 18 inches of acutely strangulated ileum, slightly adherent by recent lymph. The strangulated hernia was of a dark "prune" colour and intensely congested, and had a rupture half an inch in length on the distal surface to the attachment of the mesentery. The opening in the diaphragm was about the size of a sixpence, and smooth edged. It was situated in the tendinous part. The part of the ileum strangulated was 4 feet from the cæcum.

The following points seem to be of interest:

1. The rarity of the case. Having looked through literature at hand I can find no similar case.
2. No history whatever of injury, accidental straining, etc.
3. Sudden death which I can only account for by rupture of intestine, pressure of fluid on heart, and shock.
4. The difficulty in diagnosis and of operation should the case have been seen in time to allow of surgical interference.

LAURENCE F. McDOWELL, B.A., M.B., B.Ch. Univ. Dubl.,
Assistant District Surgeon, Hope Town, Cape Colony.

SYMPTOMS OF POISONING BY BORACIC ACID.

A SHORT time ago, while attending a lady suffering from long-standing inflammation of the bowels, I ordered irrigations of boracic acid twice daily—a tablespoonful to a pint of warm water. The result was most satisfactory as regards the disease; but, after three or four injections, she began to complain of headache, slight nausea, and intense dryness of the skin. On discontinuing the use of the boracic acid injections the symptoms ceased, to commence again with the resumption of irrigation. They ceased only when the disease was so far cured that we were able to use a solution of half the strength once daily. This is the first case I have met in which boracic acid caused unpleasant symptoms, and I have used it freely for children.

Cape Colony.

SOPHIA GRUMPELT, M.D. Bern.

REPORTS

ON

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

THE MIDDLESEX HOSPITAL.

ACUTE TETANUS TREATED WITH ANTITOXIN; DEATH ON THE FOURTH DAY.

(Under the care of Mr. ANDREW CLARK, Surgeon to the Hospital.)

A. P., aged 19, a porter in a fruiterer's shop, was admitted on December 13th, 1898.

History.—On December 6th he was engaged in emptying a barrel containing apples and ran a splinter into the third finger of his left hand which was not taken out until December 10th. It seems to have given him but little trouble and he was in his usual health till December 12th, on which day he found a difficulty in chewing and swallowing his breakfast; he however went to work, but during the day he noticed that his neck was stiff and his back ached, and in the evening his jaws appeared contracted and he had difficulty in opening his mouth. The following morning, December 13th, all these symptoms had increased in intensity, so he went to the hospital and was immediately admitted.

Condition on Admission.—At 1.30 P.M., shortly after his admission, the facial muscles were rigid, face had a pinched expression, the corners of the mouth were drawn down, and it could only be opened a very little way. On attempting to do so the masseters became very rigid. The muscles of the neck were rigid, particularly at the back; the chest walls were rigid and scarcely moved either with ordinary or extraordinary inspiration; the abdomen moved fairly in ordinary, and more on deep, inspiration, but on palpation the recti were found to be rigid. There was a tendency to opisthotonos with rigidity of the muscles of back, but none of the arms or legs. The knee-jerks were slightly diminished, but the plantar reflexes were well marked.

Treatment.—At 3.30 P.M. 10 c.cm. of tetanus antitoxin was injected under the skin of the abdomen, and this was repeated at 9 P.M.; and the following is a note of his condition at that hour:

The rigidity of the parts mentioned above slightly increased, and now there is some rigidity of the muscles of the arm and thigh, but below the elbow and knee they are quite normal. Patient keeps perfectly quiet. There have been no convulsions or spasmodic contraction of any of the muscles. Pupils dilated. Temperature 100°, pulse 94.

Potassium bromide and chloral, of each gr. xv, was ordered to be given every three hours. The antitoxin injection was repeated on December 14th, at 10 A.M. By this time the symptoms had increased very much; the jaw could hardly be opened at all, the muscles of the neck were very tense, and the head was markedly retracted. There was no movement at all of the chest during respiration; the abdominal muscles were very tense, and there was rigidity of both the upper and lower limbs. Spasmodic contraction of the neck muscles occurred when the patient was touched, but beyond this there had been no convulsive attacks. He had had a few short intervals of sleep, and had managed to swallow about a pint of milk during the night. The temperature was 98.4°, the pulse 128, and the respirations 28. At 2.30 P.M. the condition was much the same, but since he has had several convulsive attacks; chloroform was administered, the sinus laid freely open, and the surface seared with an actual cautery. Another injection of 10 c.cm. was given. He took the anæsthetic very well, but just as he was coming round an attack of spasm of the glottis occurred, almost necessitating tracheotomy to prevent immediate suffocation. At 9 P.M. he had another injection of antitoxin; all the symptoms had grown gradually worse. There had been several severe convulsive attacks, one brought on apparently by the patient attempting to swallow a little milk, and he occasionally called out as if suffering severe pain. The pulse was 160, and the temperature 104.6°. During the night the spasms increased in frequency, seeming to occur without any external cause, and at 6 A.M. on December 15th the rigidity all over the body was very marked; he had had very little sleep, and had scarcely been able to take any nourishment. The chloral and bromide have been continued at regular intervals, one dose during the night being of double strength. He had been quite conscious till this time, but was suddenly seized with a severe convulsion, after which he became comatose, and never rallied. Death occurred at 9.30 A.M. Just before this the temperature in the axilla was 105.2°, and 108.4° in the rectum shortly after death. No *post-mortem* examination could be obtained, the coroner ordering the removal of the body a few hours after death.

REMARKS BY MR. ANDREW CLARK.—The antitoxin appeared to have no effect whatever in this case, five doses of 10 c.cm. at intervals of about six hours were administered, and this was supplemented by chloral and bromide, but the symptoms rapidly increased in intensity, and the patient succumbed in 74 hours from the first manifestation, and in nine days from the time of infection, assuming this occurred when the splinter entered the finger, but it may have been later, as the patient's occupation involved his handling vegetables more or less covered with garden mould. Although he took chloroform well, immediately afterwards the spasms increased in severity and frequency; this is the second case in which I have observed this.

KING'S COLLEGE HOSPITAL.

A CASE OF HÆMATURIA FROM A MOVABLE KIDNEY CURED BY NEPHRORHAPHY.

(Under the care of Mr. WATSON CHEYNE.)

[For the notes of this case we are indebted to Mr. J. R. BENSON, Surgical Registrar.]

E. W., female, aged 40, unmarried, was admitted on June 16th, 1898, complaining of severe pain in the right hypochondriac and lumbar regions, occasional vomiting, and frequent passage of bright-red blood in the urine.

Previous History.—Her family and previous history apart from her present illness is unimportant. She was quite well and healthy till 1885, when she had a fall and hurt her back severely, and had to go to bed. The pain was somewhat relieved by the rest, but she noticed on first passing urine after the accident that it was bright red in colour. There were

Lord Dufferin for a four months' cruise to Iceland, Jan Mayen Land, and Spitzbergen, as related in his lordship's popular work, *Letters from High Latitudes*.

In 1857 Dr. FitzGerald joined the late Mr. S. Eastes, at Folkestone, as partner; but the partnership was dissolved after about ten years by mutual agreement. He obtained an extensive and lucrative practice in the town, and exerted himself in various ways to bring Folkestone into its present prominence as a health resort. His energy showed itself in many directions. When the Volunteer forces sprang into existence in 1859 he joined them. He was at first in the ranks, but afterwards became Surgeon to the Folkestone Rifle Corps. He was one of the founders of the Folkestone Natural History and Microscopical Society, was its President for over twenty years, and its Honorary President at the time of his death. He was the *doyen* of the profession in the town, and had been President of the Folkestone Medical Society since its foundation in 1893. The Society at the meeting in his house in February last discussed the question of prevention of tuberculosis, he himself introducing the subject. This was at the beginning of the present national movement on behalf of the same object, and the hints which were then expressed have since been formulated and published in concise form as a tract, which is now in circulation. Dr. FitzGerald was a frequent contributor to the pages of the *Lancet*. He wrote on influenza, the "Koch treatment," bacteriology, and vivisection. He was also the author of *Semi-scientific Lectures*, being some of his addresses to the Natural History Society; on *Folkestone as a Health Resort*, many points of which are incorporated in the article on Folkestone in *The Climates and Baths of Great Britain*, vol. i. (Roy. Med. and Chir. Society's publication), and *Physiology and Hygiene for Home Nursing*, 1890. He was a member of the Council of the British Gynaecological Society and a Fellow of the Obstetrical Society of London.

He was altogether an original thinker, and the walls of his house bear witness to his skill in oil colours. He was also a good musician and a keen photographer more than 40 years ago. It is not surprising, therefore, that he attracted to himself a wide circle of friends, and that he will be greatly missed by all classes in Folkestone. His fellow-townsmen placed his portrait in the Town Hall some two years ago. Though through failing health he has not for the last four or five years taken quite the same prominent position in the borough as previously, yet up to the last he was always ready to take the lead in any medical question affecting the welfare of the town. He married Miss Hele, of South Devon, in 1858. And this lady, a daughter, and three sons, one of whom, Mr. Desmond FitzGerald, has worked in the practice for some years, survive him.

The interment took place at Folkestone Cemetery on December 14th, the first portion of the burial service being conducted at Christ Church, Folkestone, by the Rev. H. L. Richmond Deck (Vicar), and the Rev. J. Stonehouse. There was a large congregation, amongst those present being nearly all the local members of the profession. The wreaths around the coffin numbered over 80.

WE regret to record the death of Dr. JOHN ALLEN OSBORNE, J.P., at his home, Milford, co. Donegal. He was born at Groarty in 1832; was educated at the Universities of Glasgow and Edinburgh, and graduated M.D. in 1855. He subsequently travelled in America, then held the appointment of Medical Officer in the French Marine Service, and finally settled in Milford in 1858, where he obtained the post of Medical Officer in the Dispensary, which he held until recent years, when increasing infirmities compelled him to resign it. He had a wide range of knowledge and attainments, was an excellent classical scholar, and knew German, French, Italian, and Spanish. In 1896 he published *The Vision and Other Poems*. He also on different occasions contributed to *Science Gossip*, *Knowledge*, and other scientific papers. He was a good botanist and enthusiastic student of natural history, and had made a large collection of beetles, moths, and butterflies. Altogether he was a highly cultured man, but of so retiring a disposition that only those who knew him intimately could be fully aware of his great qualities of heart and head. The cause of his death was aneurysm of the aorta. His funeral was very largely attended, and the constabulary of the district carried the coffin to the graveyard as a mark

of respect for their former medical officer. In the house the service was conducted by the Rev. W. J. Young; at the grave by the Rev. Dr. Rodgers, one of Dr. Osborne's oldest friends, who referred most feelingly to their long intimacy; and the service was concluded by the Rev. G. Moody.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. A. Laboulbène, Professor of the History of Medicine in the University of Paris, aged 73; Dr. L. Bauer, of St. Louis, one of the pioneers of orthopaedic surgery in the United States, and sometime Dean of the St. Louis College of Physicians and Surgeons, aged 84; Dr. Oscar Bulhoes, Professor of Clinical Surgery in the Medical Faculty of Rio de Janeiro; Dr. W. Narkiewicz-Iodko, sometime Professor of Ophthalmology in the Medical Faculty of Warsaw; Dr. Gluge, Emeritus Professor of Physiology in the University of Brussels, aged 86; Dr. C. Eloy, of Paris, Editor of the *Journal des Praticiens*, aged 50; Dr. Hubert Boëns, of Brussels, Corresponding Member of the Belgian Academy of Medicine, Editor of *Le Médecin*, author of several polemical works on Louise Lateau, the *stigmatisée* of Bois d'Haine; etc., and President of the International Antivaccination League, aged 73; and Dr. H. Lotar, Professor of Pharmacy in the University of Lille, aged 62.

ROYAL NAVY AND ARMY MILITARY SERVICES.

ROYAL NAVY MEDICAL SERVICE.

STAFF-SURGEON SAMUEL W. VASEY has been promoted to be Fleet-Surgeon December 15th, 1898. He was appointed Surgeon June 4th, 1878, and Staff-Surgeon June 4th, 1890. He landed with the Naval Brigade of the *Boadicea* during the Zulu war in 1879, receiving the South African medal with clasp, and was present at the destruction of Batorga, on the West Coast of Africa, in 1880. During the Egyptian war of 1882 he was Surgeon of the *Seagull*, and has the medal and Khedive's bronze star for that campaign.

The following appointments have been made at the Admiralty: R. L. DICKINSON, Surgeon, to the *Majestic*, January 5th; GRAHAM E. KENNEDY, Staff-Surgeon to the *Liffey*, December 29th; EDWARD J. MORLEY, Staff-Surgeon to the *President*, for R.N. Rendezvous and Medical Depot, December 29th; CHARLES W. SHAPLES, Staff-Surgeon to the *Australia*, temporary, December 29th; VIDAL G. THORPE, Staff-Surgeon to the *Furious*, temporary, December 29th, 1898.

INDIAN MEDICAL SERVICE.

The promotion Lieutenant-Colonel W. MCCONAGHEY, M.D., Bombay Establishment to be Colonel, which has been already announced in the BRITISH MEDICAL JOURNAL, has received the approval of the Queen.

Her Majesty has also sanctioned the retirement from the service of Lieutenant-Colonel F. H. BLENKINSOP, Madras Establishment, dated December 29th, Brigade-Surgeon-Lieutenant-Colonel F. A. SMYTH, Bengal Establishment, July 27th, and Lieutenant-Colonel P. J. DAMANIA, Bombay Establishment, October 28th, 1898. The war services of these officers are as follow: Lieutenant-Colonel Blenkinsop: Burmese Expedition, 1885-7 (medal with clasp); Lieutenant-Colonel Smyth: Burmese Expedition, 1886-7 (medal with two clasps); Lieutenant-Colonel Damania: Afghan war, 1880 (medal), and Burmese Expedition, 1885-7 (medal with clasp).

Twenty-two medical officers are to be admitted to the Indian Medical Service at the examination to be held in February next.

Surgeon-General LEWIS STANHOPE BRUCE, late Bombay army, died at Ealing on January 2nd. He entered the service as Assistant Surgeon, May 6th, 1854, became Deputy-Surgeon-General, September 15th, 1882, and retired with the honorary rank of Surgeon-General, September 15th, 1887. He was with the Persian Expeditionary Force in 1856-7, including the landing at Halliliah Bey, the surrender of Bushire, the expedition to Borazjoon, and the attack of Khooshab (medal with clasp); in the Indian Mutiny campaign in 1858, including the pursuit of Tantia Topee (medal); and in the Afghan war in 1880, when he took part in the march to Kandahar with the force under Major-General Phayre (medal).

THE VOLUNTEERS.

MR. EDWARD OLIPHANT, M.B., is appointed Surgeon-Lieutenant in the 4th (Deeside Highland) Volunteer Battalion the Gordon Highlanders, January 4th.

VOLUNTEER MEDICAL STAFF CORPS.

CAPTAIN LEWIS WAX, Royal Army Medical Corps, is appointed Adjutant, vice Captain G. T. RAWNSLEY, whose period of service has expired, December 19th, 1898.

NEW ZEALAND VOLUNTEERS.

SURGEON-CAPTAIN B. LOCKING has been appointed Medical Officer to the 3rd Battalion Wellington (East Coast) Volunteer Rifles, with present rank.

THE ARMY MEDICAL SCHOOL, NETLEY.

THE condition under which the two classes of candidates at present going through the course of instruction at the Army Medical School are serving is deserving of notice. The two classes are: 1. Those who have

passed into the service by competition. 2. The young men nominated by the medical schools and accepted by the War Secretary. The first only get their commissions after the course at Netley is completed, and have already been put to the expense of special preparation before going up for the competitive examination. The second get their commissions as lieutenants on full pay from the date of joining at Netley, and thus become senior to the "competitive" candidates—a somewhat inequitable arrangement seemingly. The places amongst the two sets are settled by an examination at the end of the Netley course.

THE BATTLE OF GEDARIF.

In the note on the despatch from Lord Kitchener reporting the operations in the Soudan subsequent to the defeat of the Khalifa at Omdurman, the name of Lieutenant-Colonel N. Leader, late Royal Army Medical Corps, was accidentally omitted from the list of officers brought to the notice of the Secretary of State for War by Lord Kitchener as having distinguished themselves during the recent operations in the Soudan.

THE MEDICAL SERVICE IN THE TIRAH CAMPAIGN.

THE most recent tribute to the admirable services rendered by the Medical Department is contained in *The Campaign in Tirah, 1897-98*, by Colonel H. W. Hutchinson, Director of Military Education in India, who was the *Times* Special Correspondent during the war. Colonel Hutchinson speaks of the great military medical services, which, amidst the clash of arms, the hum of camp, the commotion of marches, the turmoil of retreats, and, as one reviewer of the work adds, even in the calm reflectiveness of a concluded campaign, are apt to receive scant notice. The work of the Medical Department during the campaign is fairly dealt with by Colonel Hutchinson.

THE VICTORIA CROSS.

FAIRPLAY writes: All are delighted to see the bestowal of the Victoria Cross on Surgeon Maillard, R.N., for great bravery at Candia on September 6th; it shows that the Admiralty have no scruples in giving that coveted distinction to a medical officer. But, if rumours are true, it is now different at the War Office, where, it is alleged, the bestowal of the Cross on army medical officers is in future to be discouraged. At the same place and on the same date, as reported, Lieutenant Clarke, Royal Army Medical Corps, assisted by some non-commissioned officers of his own corps, and of the Army Service Corps, performed a gallant act similar to that of his naval brother, by succouring a wounded soldier under a very heavy fire; yet there has been no official mention or notice of Clarke's devotion. Can there be any truth in the rumour above alluded to?

MEDICO-LEGAL.

QUALIFICATION OF M.R.C.S.

B. asks us if anyone can practise on the qualification of M.R.C.S. alone and, if so, prior to what date must that qualification have been obtained?

*** Any person whose name appears on the *Medical Register* is entitled to practise. The M.R.C.S. alone, obtained since July 1st, 1887, does not qualify for registration on the *Medical Register*.

COTTAGE HOSPITALS AND THE CORONERS ACT.

J. C. McC. writes enclosing the annual report of a cottage hospital, which report contains the details of a scheme of the Charity Commissioners for the regulation of the hospital. Our correspondent points out that under this scheme admissions to the hospital can only be obtained by means of a recommendation from a governor, and on the certificate of a medical officer that the case is a proper one for the hospital, and on the further condition that the patient pays or has paid for him a weekly sum towards his maintenance. Our correspondent asks whether, this being the case, we are of opinion that this is a public hospital supported by voluntary contributions under the Coroners Act.

*** We can quite understand that our correspondent should have felt some difficulty in this matter, since Section XXII of the Coroners Act, to which we understand that he refers, does not define at all clearly the institutions to which it is intended to apply. We are advised, however, that the hospital in question, which appears to be almost entirely supported by voluntary subscriptions and donations, and is in more than one place pointedly referred to in the report as a public institution, would be held to be a public hospital within the meaning of the Section we have mentioned. We do not think that the regulations as to admittance quoted by our correspondent justify an opposite conclusion.

CIRCULAR TO PATIENTS.

"LONDON AND MANCHESTER," who has just severed his connection as medical officer with an insurance society, asks whether there would be any harm or anything unprofessional in sending a copy of the following notice to all the society's patients on his list on behalf of himself and his partner, namely:

Dear Sir, or Madam,—We beg to inform you that on and after _____ we shall cease to attend patients in connection with the _____ Company. We shall be pleased to attend you or any members of your family as private patients. We have also decided as follows:

1. To attend persons over the age of 7 years (whom we consider suitable) under the rules of the _____ Society. Particulars of the Society may be obtained from us or the local Secretary, Mr. _____. This Society provides for sick pay, doctor's fees, funeral fund, and old-age pension.

2. For children between the ages of 1 year and 7 years (whom we con-

sider suitable) we shall endeavour to establish a club, the subscription to which will be at least 6d. per month.

3. We will in no case attend such children at club rates without medical examination by us before joining.

4. We will in no case attend children under 1 year at club rates.

Yours faithfully,

*** We are of opinion that the circulation of such a notice as is above set out would be contrary to the best usages of the medical profession, and would probably involve the writer in very unpleasant if not serious consequences.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 5,467 births and 4,105 deaths were registered during the week ending Saturday last, December 31st. The annual rate of mortality in these towns, which had been 16.6 and 17.8 per 1,000 in the two preceding weeks, further rose to 19.1 last week. The rates in the several towns ranged from 12.6 in Croydon, 13.7 in Huddersfield, 14.1 in Cardiff, and 14.6 in Halifax to 23.5 in Blackburn, 23.6 in Oldham, 24.3 in Wolverhampton, and 24.6 in Gateshead. In the thirty-two provincial towns the mean death-rate was 19.5 per 1,000, and exceeded by 1.1 the rate recorded in London, which was 18.4 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 1.8 per 1,000, while it averaged 2.0 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.9 in Manchester, 3.0 in Wolverhampton and in Gateshead, 4.0 in Nottingham, and 6.1 in Swansea. Measles caused a death-rate of 1.2 in Salford, 1.5 in Swansea, 1.8 in Manchester, and 2.6 in Nottingham; whooping-cough of 1.1 in Oldham and 1.3 in Preston; and "fever" of 1.0 in Derby and in Gateshead, and 1.3 in Bolton. The mortality from scarlet fever showed no marked excess in any of the large towns. The 100 deaths from diphtheria in the thirty-three towns included 47 in London, 8 in West Ham, 7 in Sheffield, 6 in Birmingham, 5 in Swansea, 5 in Liverpool, 4 in Leicester, and 4 in Leeds. No fatal case of small-pox was registered during the week under notice either in London or in any of the thirty-two large provincial 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 3,259 to 2,901 at the end of the six preceding weeks, had risen again to 2,939 on Saturday last, December 31st; 225 new cases were admitted during the week, against 276, 260, and 261 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, December 31st, 952 births and 348 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 21.0 to 18.2 per 1,000 in the three preceding weeks, was again 18.2 last week; and was 8.9 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 12.4 in Paisley and 17.4 in Dundee to 21.3 in Greenock and 22.1 in Perth. The zymotic death-rate in these towns averaged 1.9 per 1,000; the highest rates being recorded in Aberdeen and Greenock. The 100 deaths registered in Glasgow included 6 from measles, 6 from scarlet fever, 7 from whooping-cough, and 5 from "fever." Four fatal cases of measles, 3 of whooping-cough, and 2 of "fever" were recorded in Edinburgh.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

ANNUAL REPORT: STATISTICS OF STUDENTS AND GRADUATES.—During the year just ended the total number of matriculated students was 2,813, including 211 women. Of this number 147, including 5 women, were enrolled in the Faculty of Science; 1,387, including 6 women, in the Faculty of Medicine. Of the students of medicine 58.7, or over 42 per cent., belonged to Scotland; 37.4, or nearly 27 per cent., were from England and Wales; 9.4 from Ireland, 6.0 from India, 2.3, or fully 16.5 per cent., from British Colonies; and 4.4 from foreign countries. The number of women attending extra-academical lectures with a view to graduation in Medicine was 89. During the year the degree of Bachelor of Science (B.Sc.) was conferred on 25 candidates, the degree of Doctor of Science (D.Sc.) on 6, Bachelor of Medicine and Master in Surgery (M.B., C.M.) on 60, including 2 women; Bachelor of Medicine and Bachelor of Surgery (M.B., Ch.B.) on 138, including 6 women; Doctor of Medicine (M.D.) on 73, including 1 woman. The General Council of the University now numbers 8,500.

HONORARY DEGREES.—There were no fewer than 29 recipients of the honorary degree of LL.D. during the year. This large number was accounted for by the visit of the British Medical Association to Edinburgh in the month of July, when the Senatus Academicus availed themselves of the opportunity thus afforded of conferring the degree on a number of distinguished British and foreign guests, representatives of medicine and surgery. Among the other honorary graduates was Lord Kitchener of Khartoum, who received the degree at a special graduation ceremonial in November last.

FELLOWSHIPS AND PRIZES.—The total annual value of the University fellowships, scholarships, bursaries, and prizes now amounts to about £17,790. Of this sum £3,500 belongs to the Faculty of Medicine, and £1,500 to the Faculty of Science. In addition to these sums upwards of £600, being the income of the Earl of Moray Endowment Fund, is annually

available for the encouragement of original research. The great majority of the University bursaries, etc., are awarded by the Senatus after competitive examination. It is expected that a lectureship in tropical diseases will shortly be founded by the University Court under powers conferred by ordinance.

UNIVERSITIES COMMISSION.—The Universities (Scotland) Commission have now completed their work, and recently a number of their ordinances have received the approval of the Queen in Council.

BENEFACTIONS.—Among the numerous benefactions of the year was the sum of £10,000 for library purposes; £1,000 by Sir William Overend Priestley, M.D., M.P., for the purpose of redecorating the Library Hall; a bequest by the late Hon. Bouverie F. Primrose, C.B., Edinburgh, of £100 for the encouragement of original research, and £100 for library purposes; a legacy of £1,500 by the late Mrs. Jane Allan for the purpose of founding a competitive Fellowship in the Faculty of Medicine; gifts of various portraits and zoological and geological specimens. A very generous benefaction has also been intimated by Mr. John Usher, of Norton, who has undertaken to provide for the building and equipment of a laboratory and class rooms in connection with the Chair of Public Health, lately founded largely through his own munificence, to be called "The John Usher Institute of Public Health."

LIBRARY.—While the University Library has not during the year received any great individual bequest, it has had no inconsiderable accessions from a large number of friends.

APPOINTMENTS.—Dr. Charles Hunter Stewart has been appointed the first occupant of the Bruce and John Usher Chair of Public Health. Dr. D. A. Welsh has been appointed Lecturer on Pathological Bacteriology, and Dr. T. H. Milroy as the first Lecturer on Physiological Chemistry.

RESIGNATION.—Lastly, Chapman has retired from the office of Janitor after thirty-three years' service.

UNIVERSITY OF LONDON.

B.S. EXAMINATION FOR HONOURS.—The following candidates have passed their Examinations in the subject undernoted:

Surgery.—First Class: J. P. Maxwell (Gold Medal), St. Bartholomew's Hospital. Second Class: T. V. Cunliffe, Owens College and Manchester Royal Infirmary; D. J. Munro, Guy's Hospital. Third Class: Winifred Secretan [Patch, B.Sc., Royal Free Hospital and London School of Medicine.

INDIA AND THE COLONIES.

LEEWARD ISLANDS¹

The sanitary report of the city of St. John, Leeward Islands, for the years 1896 and 1897 has just been issued. The sanitary condition of the city is reported to be very good, and the state of the public health satisfactory. The water supply is chiefly from a reservoir on the hill, and is of good wholesome quality; but in addition there are several private cisterns which are filled with rainwater gathered from the roofs of houses, and in most cases very unwholesome. There are also a number of underground wells, and in consequence of the danger of contamination of the water in them with sewage matter, and the risk of epidemics of waterborne diseases, the Board of Health has attempted to close them, but without success hitherto. The temperature is highest from April to December, and the dew point on the whole corresponds to the temperature. The most unhealthy months for pulmonary and gastro-intestinal diseases and bilious remittent fevers are the rainy and hot months from April to November; typhoid may prevail at any time, while simple malarial fevers occur all the year round, but appear to be more prevalent during the increase of rainfall. The estimate of the population of the city, founded on the census of 1891, is 9,738. The total death-rate from all causes during the year 1896 was 40 per mille, and for 1897 11.8 per mille. A large number of deaths attributed to malnutrition and intestinal disorders occurred among infants under 2 years of age. This high mortality is due to the ignorance of the mothers of the principles of infant dieting, and in many cases to the fact that the mother being extremely poor is unable to secure proper food for herself while suckling the child, and having to go to work, is obliged to leave her child to be fed by others with most unsuitable food. Another factor contributing to this high infant mortality is the ignorance of the midwives in the methods of treatment of the navel, and we find as many as 11 deaths attributed to tetanus in the newborn. Bronchitis and heart disease are frequent causes of death. The former is most fatal in children under 4 years of age, and the latter in adults over 30 years. Pulmonary phthisis and pneumonia follow next with a mortality of about 6 per cent. Bilious remittent fever, malaria, and dysentery are less frequent causes of death, while kidney disease, cancer, and puerperal fever show a very small mortality.

MEDICAL NEWS.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—Dr. Isambard Owen has been appointed Joint-Lecturer (with Dr. Ewart) in Systematic Medicine, in succession to Dr. Cavafy. Dr. Lee Dickinson has been appointed Lecturer in Toxicology and Forensic Medicine, and Dr. Cyril Ogle Lecturer in Practical Medicine.

A MEETING of the School Dentists' Society will be held on Friday, January 13th, at the rooms of the Medical Society of London, when Mr. W. T. Elliott, Dentist to the Marston Green Poor-law Schools, Birmingham, will read a paper on Classification of the Ages of Children for the purpose of Statistical Observation.

SANITATION OF GIBRALTAR.—A new drainage system has been completed at Gibraltar, which should result in benefit to the health of the troops quartered there. Hitherto the Rock has had an unenviable reputation for bad odours and defective drainage.

THE TYPHUS FEVER OUTBREAK IN EDINBURGH.—The statement in the BRITISH MEDICAL JOURNAL of December 31st, 1898, that the recent fresh cases of typhus came from Greenside Row, requires correction. Of the five, four came from the neighbourhood of St. James's Square, and one from the original area in Simon Square. An outbreak in Greenside Row would be most undesirable, as it also is a condemned area.

A LARGE and representative gathering of ladies and gentlemen connected with the county of Linlithgow, assembled at St. Catherine's, Linlithgow, on the afternoon of Saturday, December 24th, 1898, to present Dr. James Hunter with a brougham-carriage, horse, and harness, as a token of the great esteem in which he is held by the community as a medical practitioner. The presentation was made by Mr. Robert Mickel, Bonnytown, in the unavoidable absence of Sheriff Melville. Mrs. Hunter was also presented with a suitable memento of the occasion.

MUNIFICENT GIFT TO A COTTAGE HOSPITAL.—The Bromley (Kent) Cottage Hospital, the largest institution of its kind in the kingdom, has received a substantial new year gift in the shape of a donation of £4,000 from Mr. J. Wheeler Bennett of Ravensbourne, Keston, for the endowment of the children's ward of eight cots, in perpetuity. The ward, which is to be named the "Jamie Wheeler Bennett Ward" in memory of the son of the donor, is part of the new wing of the hospital, which was erected in 1896.

MUNIFICENT BEQUESTS.—The late Mr. Woolf Joel has, by his will, bequeathed the following sums, among others, to medical charities. In order that the institutions may receive the full bequest, Messrs. Barnato Brothers will themselves pay to the Government the 10 per cent. legacy duty: Middlesex Hospital, £1,050; West London Hospital, £1,050; Charing Cross Hospital, £1,000; Home and Hospital for Jewish Incurables, £1,000; Jews' Hospital and Orphan Asylum, £1,000; London Hospital, £1,000; St. Mary's Hospital, £1,000; St. Thomas's Hospital, £1,000; Westminster Hospital, £1,000; Metropolitan Hospital, £1,000; the Cancer Hospital, City Orthopaedic Hospital, Evelina Hospital for Sick Children, Gordon Boys' Home, Chobham; Hospital for Consumption and Diseases of the Chest, Brompton; Hospital for Women, Jewish Board of Guardians, National Hospital for the Paralyzed and Epileptic, North-Eastern Hospital for Children, Queen Charlotte's Lying-in Hospital, Royal London Ophthalmic Hospital, City of London Hospital for Diseases of the Chest, and the St. George's Hospital, £500 each; Alexandra Hospital for Children with Hip Disease, Hospital and Home for Incurable Children, National Orthopaedic Hospital, Paddington Green Children's Hospital, Public Dispensary, Clare Market; Samaritan Free Hospital, Seamen's Hospital, "Dreadnought," Surgical Aid Society, the Victoria Hospital for Children, £250 each; Central London Hospital, French Hospital and Dispensary, London Lock Hospital, Poplar Hospital for Accidents, Royal Hospital for Diseases of the Chest, Royal Westminster Ophthalmic Hospital, £100 each; Central London Throat, Nose, and Ear Hospital; Asylum for Idiots, Earlswood, Hospital for Epilepsy and Paralysis, Potter's Bar Cottage Hospital, Royal Hospital for Women and Children, Royal Orthopaedic Hospital, St. Peter's Hospital, St. Saviour's Hospital, and the Willesden Cottage Hospital, £50 each.

THE PRINCE OF WALES'S HOSPITAL FUND.—We have already referred to the report of this body, and have now received the list of grants recommended by the Distribution Committee. The grants are as follows: London Hospital and Guy's Hospital, £5,000 each; St. Thomas's Hospital, £1,800; University College Hospital, £1,400; Middlesex Hospital, St. Mary's Hospital, King's College Hospital, Charing Cross Hospital, Victoria Park Hospital for Diseases of the Chest, North London Hospital for Consumption, £1,000 (the two latter on condition that certain of the beds now closed are opened); Westminster Hospital, Royal Free Hospital, National Hospital for the Paralyzed and Epileptic, £750 each; Seamen's Hospital, Hospital for Sick Children, Great Ormond Street,

£500 each. King's College Hospital receives also a donation of £475 towards reflooring the wards, and the Hospital for Consumption, Brompton, a donation of £500 towards the cost of the proposed country branch and convalescent home, on certain conditions specified. The following donations have also been made: Metropolitan Hospital, London Temperance Hospital, West London Hospital, Alexandra Hospital for Children, Samaritan Free Hospital, London Lock Hospital (female), £500 each; Royal London Ophthalmic Hospital, £450; Hospital for Women, Soho Square, £350; North-West London Hospital, Chelsea Hospital for Women, Queen Charlotte's Lying-in Hospital, £300 each; West Ham Hospital, Mildmay Mission Hospital, Bolingbroke Hospital, East London Hospital for Children, North-Eastern Hospital for Children, £250 each; Miller Hospital, London Homœopathic Hospital, £200 each; German Hospital, Paddington Green Hospital for Children, £150 each; French Hospital, Royal Hospital for Diseases of the Chest (City Road), Royal Hospital for Children and Women, Grosvenor Hospital for Women and Children, £100 each; Establishment for Gentlewomen, Harley Street, £75; Memorial Cottage Hospital, St. Saviour's Hospital (Osnaburgh Street), British Lying-in Hospital, St. Peter's Hospital for Stone, £50 each. A number of small grants are to be made to convalescent institutions, amounting in all to £1,000. The grants made to hospitals amount to £31,500, and the grand total distributed by the fund for the year is thus £32,500.

MEDICAL VACANCIES.

The following vacancies are announced:—

BIRMINGHAM AND MIDLAND RAE AND THEATRE HOSPITAL, Edmund Street, Birmingham. House-Surgeon. Salary at the rate of £42 per annum, with board, lodging, and washing. Applications to the Secretary by January 14th.

BOURNEMOUTH BOSCOMBE HOSPITAL.—House Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by January 11th.

BURNLEY: VICTORIA HOSPITAL.—Resident Medical Officer. Salary, £80 per annum, increasing to £100, with board, etc. Applications to the Hon. Secretary, 7, Grimshaw Street, Burnley, by January 10th.

COTSWOLD SANATORIUM FOR THE OPEN-AIR TREATMENT OF TUBERCULOSIS.—House Physician. Salary commencing at £80 per annum, with board, lodging, and washing. Applications to Dr. Pruett, Sherborne Lodge, Cheltenham.

DERBY: DERBYSHIRE ROYAL INFIRMARY.—Assistant House Surgeon. Salary, £40 per annum, with board, residence, and washing. Applications to the Secretary by January 18th.

FABRINGTON GENERAL DISPENSARY AND LYING-IN CHARITY, 17, Bartlett's Buildings, E.C.—Resident Medical Officer. Salary, £100 per annum, with apartments and attendance. Also Honorary Dental Surgeon. Applications to the Secretary by January 21st.

KENSINGTON DISPENSARY.—Resident Medical Officer, under 35 years of age. Applications to the Hon. Secretary, T. W. O. Wheeler, 20, Lower Phillimore Place, Kensington, W., by January 9th.

LIVERPOOL: ROYAL SOUTHERN HOSPITAL.—Resident Junior House Surgeon. Salary, 60 guineas per annum. Applications to the Chairman of Medical Board by January 9th.

METROPOLITAN HOSPITAL, Kingsland Road. —Assistant Surgeon; must be F.R.C.S. Eng. Applications to the Secretary by January 18th.

NORWICH: NORFOLK AND NORWICH HOSPITAL.—Assistant to House Surgeon. Appointment for six months. Board, lodging, and washing provided. No salary. Applications to the Secretary by January 10th.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, Bloomsbury. —Senior House Physician. Junior House Physician is applicant. Candidates must state whether they would accept either appointment. Salary for Senior, £100, Junior £80, with board, and apartments. Also Pathologist. Honorarium 50 guineas. Applications to the Secretary, by January 9th.

NEWCASTLE-ON-TYNE DISPENSARY.—Visiting Medical Assistant. Salary, £120 for first year, £150 afterwards. Applications to the Hon. Secretary, R. W. Sisson, 13, Grey Street, Newcastle-on-Tyne, by January 18th.

NOTTINGHAM GENERAL HOSPITAL.—House-Physician. Salary, £100 per annum, rising to £120. Applications to the Secretary by January 31st.

OXFORD: RADCLIFFE INFIRMARY.—Surgeon. Applications to the Secretary by January 16th.

PLAISTOW: ST. MARY'S HOSPITAL.—Senior Resident Medical Officer. Salary, £80 per annum, with residence. Applications to the Secretary by January 18th.

ST. ANDREWS UNIVERSITY.—Additional Examiner for Graduation in Materia Medica. Appointment for three years. Applications to the Secretary, University Court, by January 14th.

SOMERSET AND BATH LUNATIC ASYLUM, Cotford, Taunton. —Assistant Medical Officer, not over 30 years of age, unmarried. Salary £120 per annum, rising to £150, with furnished apartments, board, fuel, lighting, and washing. Applications to the Medical Superintendent by January 7th.

STERLING DISTRICT ASYLUM, Larbert. —Second Assistant Medical Officer. Salary, £100, with board, etc. Applications to the Medical Superintendent.

TOXTETH PARK, LIVERPOOL.—Senior Assistant Medical Officer of the Workhouse and Infirmary. Salary £100 per annum, with board, washing, and apartments. Applications marked "Assistant Medical Officer," to the Clerk to the Guardians, 15 High Park Street, Liverpool, by January 11th.

TYNEMOUTH VICTORIA JUBILEE INFIRMARY, Spring Gardens, North Shields. —Resident House-Surgeon. Salary, £100 per annum. Applications to the Secretary, by January 11th.

MEDICAL APPOINTMENTS.

ANDERSON, E. L., L.S.A. Lond., appointed Assistant Medical Officer to the Mill Road Infirmary of the West Derby Union, Liverpool.

ARKLE, G. M., L.S.A., appointed Medical Officer for the Epileptic Institution at Belmont Grove of the West Derby Union.

BARTON, William, M.D., M.Ch., etc., appointed Medical Officer to the employees of the London District, Great Central Railway.

BRISCOE, John Charlton, M.R.C.S., L.R.C.P. Lond., appointed House Physician to King's College Hospital.

BURD, Cyril P., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Salop Infirmary, Shrewsbury.

COLLIS, Percy Cooper, M.R.C.S. Eng., L.R.C.P. Lond., appointed House Surgeon to King's College Hospital.

DAVIES, Richard, M.D., Ch.M. Edin., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer to the Workhouse of the Cheltenham Union, vice S. T. Fruen, M.D. Durh., resigned.

FURNIVALL, Percy, F.R.C.S. Eng., appointed Assistant Surgeon to the London Hospital.

GIBB, George, M.A., M.B., appointed Junior Physician to the Royal Hospital for Sick Children, Aberdeen.

GOUGH, H. R., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer of Health to the Northwich Rural District, vice T. W. H. Garstang, M.A. Oxon., M.R.C.S. Eng., D.P.H. Vict.

GRAVES, Frank, M.R.C.S., L.R.C.P., appointed House Surgeon to the Derbyshire Royal Infirmary, vice Percy Eycroft Lowe, L.S.A.

HAYNES, George Secretan, M.R.C.S., L.R.C.P., appointed House Physician to Addenbrooke's Hospital, Cambridge.

HOGG, F. S. D., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Bradwell District of the Maldon Union.

HUTCHINSON, M., L.R.C.S., L.R.C.P.I., appointed Medical Officer for the Buckhurst Hill District of the Epping Union, vice Alexander Ambrose, M.D. Dub., resigned.

LEVICK, Percy, B.A., M.B., B.O. Cantab., appointed House Surgeon to King's College Hospital.

LEWIS, Colton Taylor, M.R.C.S. Eng., L.R.C.P. Lond., appointed House Accoucheur to King's College Hospital.

LYNCH, Stephen Frederick, M.R.C.S. Eng., L.R.C.P. Lond., appointed House Surgeon to King's College Hospital.

MACGREGOR, G. R., M.D. Aberd., appointed Medical Officer of Health to the Bingley Urban District, vice J. W. Craig, M.D. Glasg.

MARSHALL, Charles Robert Shaw, M.A. Cantab., M.B., B.Ch. Vict., appointed Professor of Materia Medica and Therapeutics in St. Andrews University, vice W. H. De Wyt, M.B., C.M. Glasg., retired.

MASON, J. J., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Bollington District of the Macclesfield Union, vice J. Allen, L.R.C.P. Edin., M.R.C.S., resigned.

MATTHEWS, John Cox, B.A. Cantab., L.S.A. Lond., appointed an Assistant Medical Officer to the Gold Coast (Yarkwa) Railway, W. Africa.

MAY, G. E., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer for the Third District of the Ware Union, vice A. J. Boyd, M.D., resigned.

PAKES, Walter C. C., D.P.H. Camb., appointed Professor of Hygiene in the Bedford College for Women.

RICHARDSON, A. Y., M.B., B.S. Dunelm., appointed Second Assistant Physician to the Kilkenny County Asylum.

RICHMOND, S. M.D. Edin., M.R.C.S. Eng., appointed Medical Officer of Health to the Dartford Rural District Council.

ROBERTS, C. D. D., M.B. Lond., M.R.C.S. Eng., appointed Medical Officer for the Workhouse and the First District of the Dursley Union, vice D. J. Dutton, M.R.C.S. Eng., resigned.

ROBERTS, George Augustus, M.R.C.S. Eng., L.R.C.P. Lond., appointed Assistant House Physician to King's College Hospital.

ST. JOHN, Winston St. Andrew, M.R.C.S., L.R.C.P., appointed House Physician to the Derbyshire Royal Infirmary, vice H. M. Tickell, M.D.

SAUNDERS, Leonard Dimock, M.R.C.S. Eng., L.R.C.P. Lond., appointed Assistant House Accoucheur to King's College Hospital.

SCHOLEFIELD, Geo. E., M.D. Edin., D.P.H. Vict., appointed Medical Officer of Health to the West Lancashire Rural District Council.

WEBSTER, T. L., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer at the Walton Workhouse of the West Derby Union.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 8.30 P.M.
Sir William Broadbent, Bart.: The Con-

duct of the Heart in the Face of Difficulties.

TUESDAY.

West End Hospital for Diseases of the Nervous System, 73, Welbeck Street, 4 P.M.—Dr. Harry Campbell: Cases of Locomotor Ataxy, with Observations on its Treatment.

Royal Medical and Chirurgical Society, 8.30 P.M.—Dr. James Calvert:

Aortic Aneurysm as a Cause of Hypertrophy of the Left Ventricle. Dr. H. G. Turney and Mr. C. A. Ballance: A Case of Aortic Aneurysm; Involvement of Sensory Nerve-roots; Sudden Paraplegia; Laminectomy; Death.

WEDNESDAY.

Hunterian Society, 8.30 P.M.—Pathological evening. Specimens will be shown by Mr. Targett, Dr. F. J. Smith, Dr. Oliver, and other Fellows.

South-West London Medical Society, Town Hall, Wandsworth, S.W.,

8.30 P.M.—Dr. J. B. Ball: Paroxysmal Sneezing and Allied Affections—their Causes and Treatment.

THURSDAY.

British Gynaecological Society, London Temperance Hospital, 2 P.M.—Dr. Soltan Fenwick: Clinical and Pathological Demonstration to Senior Students.

Charing Cross Hospital, Post-Graduate Course, 4 P.M.—Dr. J. Mitchell Bruce: Cases in the Wards.

FRIDAY.

Clinical Society of London, 8.30 P.M.—Clinical Evening. Patients in attendance at 8 P.M. The following cases will be shown: Mr. J. Hutchinson, jun.: Localised Myositis Ossificans from Injury. Dr. Crawford: Enlarged Spleen, with Thrill and Bruit. Mr. Curtis: Anterior Displacement of Tuberculous Carpus, with Formation of a False Joint. Skiagraphs and stereoscopic photographs (by Mr. Mackenzie Davidson) will be exhibited. Dr. J. S. Richards: Pemphigus of the Mouth, Pharynx, Larynx, and Skin. Dr. Batten: Progressive Mus-

cular Atrophy after Measles. Mr. Kellock: Two Cases of Complete Hypoplasia, with Olfert Serotum. Dr. Parkinson: (1) A Case of Progressive Muscular Atrophy, of unusual distribution; (2) A Case of Muscular Atrophy (Myopathic). Mr. L. A. Dunn: Charcot's Disease of the Hip. And other cases.

Incorporated Society of Medical Officers of Health, 197, High Holborn, W.C., 8 P.M.—Dr. A. Newsholme: The Prevention of Tuberculosis, with special reference to Notification.

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.

DEATHS.

KELLY.—On December 29th, 1898, at Leeds, Major W. Kelly, R.A.M.C.

MAGORIS.—On December 26th, 1898, at Seamen's Hospital, Royal Albert Dock, Nicholas Magoris, M.D., aged 80, late Surgeon to the P. and O. Steam Navigation Co.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE
LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*.—Daily, 2. *Operations*.—Tu. W. F., 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*.—I.p., Tu., 2.30; o.p., F., 2.
CHABING 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.
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.
GUYS. *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. *Operations*.—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.
HOSPITAL FOR WOMEN, Soho. *Attendances*.—Daily, 10. *Operations*.—M. Th., 2.
KING'S COLLEGE. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30; F., 2; Dental, M. Th., 10; Skin, W., 1.30. *Operations*.—W. Th. F., 2.
LONDON. *Attendances*.—Medical, daily, i.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.
LONDON THROAT, Great Portland Street. *Attendances*.—Daily, 2; Tu. F., 6. *Operations*.—Daily, 2.
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., 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 EAR, Frith Street. *Attendances*.—M. W. F., 3; Tu. F., 9.30 and 7.30. *Operations*.—Tu., 3.
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, and Ear, W., 9. *Operations*.—W. S., 2; (Ophthalmic), M. F., 10.30.
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, i.p., 1; o.p., 12; Obstetric, i.p., Tu. F., 1.45; o.p., M. Tu., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopedic, F., 12; Dental, M. Tu. F., 12. *Operations*.—Daily, 1; Ophthalmic, M., 1; Dental, Th., 2.
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; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 2; Electro-Therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
ST. PETER'S. *Attendances*.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—W. F., 2.
ST. THOMAS'S. *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, 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*.—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; 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 ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

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

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 at 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 at his private house.

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

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

QUERIES.

S. H. W. J. asks for experience of the treatment of hæmorrhoids by injection; and where he can find the literature on the subject.

A. K. desires to hear of an institution or home where a young man of feeble intellect (not an idiot) could be received. He is of gentle birth, and a small sum could be paid for his maintenance.

ANSWERS.

D. L. D.—It would appear to be clear that a separate fee should be paid for each inquest and each *post-mortem* examination.

F. C. E., X. Y. Z.—We have no information as to the operations of the syndicate, but it would appear to hold itself out as the proprietor of a secret remedy. Our correspondent can, therefore, have no hesitation in declining to have anything to do with it.

DOUBTFUL.—An English medical man can practise among his own countrymen at a French watering place, but it is at his own risk and peril. The degree of risk will in practice depend on so many different circumstances that it is impossible to estimate it in a particular case. A certain period of residence in a French university is required for graduation.

MOTOR CARS.

P. W.—The address of the Beeston Motor Company is Coventry. Nearly all the existing motor cars can be seen in the various showrooms at Holborn Viaduct.

EMERGENCY ATTENDANCES.

DR. B. did quite right in complying with the wish of the patient's father and accepting the fee for services rendered and completed. His obvious ethical duty was then to have written to Dr. W., explaining all the facts and enclosing the fee paid. It would rest with Dr. W. either to return the fee, share the fee, or retain the fee; the only guiding rules here are courtesy and mutual obligation. The partner's position is not involved in the question.

PROFESSIONAL RESPONSIBILITY AND PROFESSIONAL SECRECY.

MEDICAL ETHICS.—The question asked by our correspondent raises the point about professional secrecy which has during recent years been so much discussed. In our opinion it was the duty of our correspondent to report truthfully when called upon to do so respecting any case of an employee who had been under his care in his capacity of medical officer to the company, and the company would have been justified in dismissing him for neglect of duty if he had failed to do so.

DUTIES OF CERTIFYING FACTORY SURGEONS.

R.C.M.—It is no part of the regular duty of a certifying surgeon to make an investigation as to whether or no a nuisance arises from any process. He may, however, be called on by the Home Secretary, under the Factory Act of 1895, to do so, and in that case would be entitled to a special fee, which the Home Secretary is authorised by the same Act to pay. Our correspondent does not seem to have been authorised by the Home Secretary or anyone acting directly on his behalf to make the inquiry, and it would seem, therefore, that he has no claim against the Department for a fee. The claim for remuneration must be against the individual personally who asked him to make the report, and it is doubtful how far it would be advisable to press for payment. Certifying surgeons have frequently, in past times, been consulted by H.M.'s Inspectors under the Factory Act on questions of sanitation, and have given their advice freely without remuneration, though they have felt that they should not be called upon to work, directly or indirectly, in the service of the State without adequate payment.

THE RETAINER SYSTEM.

ASSISTANT COLONIAL SURGEON.—With reference to our answer in the BRITISH MEDICAL JOURNAL of November 5th, 1898, to "Colonial Surgeon," our correspondent writes to complain that we had been told only one side of the story. If our correspondent will look at the answer to which he refers he will see that we were asked to express an opinion as to whether an officer should keep practice which had been handed over to him to perform for a brother officer absent on leave, and we can only reiterate the opinion that to do so would be contrary to the ethical principles upon which medical practice is conducted. We do not see that the various grievances of which our correspondent complains alter the aspect of the question. He is of course not under any legal obligation to take the private practice of a brother officer, but if he undertakes it the usual principles applying to such cases should be observed.

NOTES, LETTERS, Etc.

PRELIMINARY EXAMINATIONS.

MR. H. E. ALLEN (Registrar, General Medical Council) writes: I notice that in the table referred to in my letter in the BRITISH MEDICAL JOURNAL of December 21st, 1898, showing the number of candidates reported as being deficient in general education an asterisk indicating that certain bodies are no longer on the Council's list has for some reason dropped out from before the name of the Royal College of Surgeons in Ireland. I should be obliged if you could call attention to this omission.

TUBERCULOSIS AND CANARIES.

DR. TUCKER WISE (Montreux, Switzerland) writes: From cases of pulmonary tuberculosis which have come under my own observation I am of opinion that in many instances diseased cage-birds—such as canaries, linnets, etc.—communicate tuberculosis to a serious extent