

and brought into contact with O. R. while he was infectious during two days, one developed the eruption eleven days, six fourteen days, and one fifteen days after his removal; while in the case of one child I have no information. Therefore, of fifteen children exposed to infection 60 per cent. succumbed to the disease, and of these, 66 per cent. succumbed exactly fourteen days after their last exposure. On the other hand, H. R., an elder brother of M. R. and O. R., set out for a distant public school on May 3rd, before his brother's and sister's disease had been recognised. He developed rash on May 22nd, exactly nineteen days after last exposure to infection.

Placing these data in tabular form for the sake of ease of comparison, we get the following results:

Initials of Patients.	Date of Infection.	Date of Eruption.	Length of Incubatory period.
M. R.	April 17th	April 23rd	6 days exactly
O. R.	April 23rd and after	May 1st	Not more than 7 days
H. C.	May 2nd and 3rd	May 14th	11 or 12 days exactly
G. C., T. L., T. H., W. G., L. C., W. C., six children in all	" " "	May 17th	14 or 15 days exactly
P. L.	" " "	May 18th	15 or 16 days exactly
H. R.	May 3 or earlier	May 22nd	19 days at least

REMARKS.

1. We know so little what is taking place during the incubation period of microbic disease that we must not dogmatise on the subject. Two factors, however, we may assume to influence the earlier or later appearance of eruption in this class of cases; (a) The tissue resistance of the person infected, and (b) the amount of poison, namely, number of microbes received by him. The first factor is an obvious one, and quite sufficiently accounts for the two cases (H. C. and P. C.) recorded above, where two children, who had apparently received the same amount of poison as their schoolfellows, developed the eruption, the one three days before, the other one day after, their companions. Of course there may be accidental causes, such as propinquity or distance of seat in school, belonging to the next class of factors, which may have partly affected these results as well. The second factor requires a little more consideration, but whether we believe the period of incubation to be occupied by the increasing of the invading microbes to such a sufficient number as to be able to produce by their irritation that peculiar inflammation of the skin which constitutes the eruption, or by the development of certain chemical poison, the resultant of bacterial occupation to produce the specific inflammation in question, it seems to me obvious that the more microbes can be introduced either suddenly or continuously during the period of infection the more quickly will they themselves increase and multiply to the requisite saturation of their victims, or the more quickly will they pour out their chemical excreta to the requisitely poisonous extent.

2. In consonance with this last theory one sees why six children exposed to practically the same dose of infection absolutely all sickened on the same day. While two other children exposed to actual close bodily contact with infection sickened in a much shorter time—just exactly as inoculated chicken-pox takes a less time,¹² namely, eight days to incubate—than the average fortnight of the naturally incurred infection. While, again, the elder boy, who was only exposed to infection for a short time and in much less degree than his young brother, required the longest period of nineteen days to develop his eruption.

3. It thus appears probable, as is only reasonable from the above considerations, that the period of incubation of this class of disease is not a fixed quantity, but varies widely within certain limits; thus, while we may take fourteen days as the average period of incubation in chicken-pox, we have no great difficulty in accepting Tanner's four days or Trousseau's twenty-five days as outside limits in different direc-

tions to which the incubatory period may in certain, not perhaps very unusual, instances attain.

4. It is interesting to note in this connection that all the older writers quoted give much shorter periods of incubation in chicken-pox than the more modern ones, and that the more modern the author the longer period does he fix. Is this because we are closer and more accurate observers than our ancestors—a statement I for one cannot readily accept—or because, in consequence of our better ventilation and less stuffy rooms, the microbic poison is really less concentrated, and the period of incubation consequently longer than in earlier times? If the latter be the case, we ought to find a corresponding discrepancy in the statements of earlier and more modern authorities on the subject of the incubatory period of other microbic diseases.

[Since writing the above I have ascertained that the young scholar who was reported to have been removed to another town and there developed chicken-pox—of whom at the time of writing I had no information—who was last exposed to infection on May 3rd, developed rash on May 22nd, namely, nineteen days after last exposure to infection. It is a curious coincidence that both this child and the elder brother of O. R. who were each removed directly after infection to distant places, took the long period of nineteen days to incubate the disease, a length of incubation period only given by Dr. Clement Dukes, of Rugby, amongst English writers, who can himself for the most part only see similar cases removed as these were from the scene of infection to Rugby. Can it be that removal from local poison to pure air prolongs the incubation period?]

NOTES AND REFERENCES.

- ¹ A *Practical Treatise on the Diseases of Infancy and Childhood*, 1858, chap. xii, p. 223.
- ² *Lectures on Eruptive Fevers*, Edin., 1843.
- ³ *Transactions of College of Physicians*, vol. x, art. 17, vel. Comment. de Morbis, cap. 96.
- ⁴ A *Treatise of the Theory and Practice of Medicine*, 189, s. v. Chicken-pox.
- ⁵ A *Practical Treatise on Diseases of Children*, 2nd edit, 1889, chap. iv, p. 50.
- ⁶ *The Diseases of Children*, 4th edit, 1891, chap. xiv, p. 225.
- ⁷ *Ziemssen's Cycl. of Medicine*, English Trans., 1875, vol. ii, p. 15.
- ⁸ Allbutt's *System of Medicine*, 1897, vol. ii, p. 179.
- ⁹ *Handbook of Diseases of the Skin*, 1880, s. v.
- ¹⁰ *Reynold's System of Medicine*, 2nd edit, 1876, vol. i, p. 219.
- ¹¹ *Trousseau's Clinical Medicine*, N. Syd. Soc. edit., vol. ii, p. 160.
- ¹² Thomas in Ziemssen's *Cyclopaedia of Medicine* (loc. cit.) gives the incubation period according to Trousseau as 13 to 17 days, while Dr. Gee in Reynolds's *System* repeats the statement as to Trousseau with the slight difference of 15 to 17 days. An illustration of the necessity of verification of reference. I may note here, though not altogether *apropos*, that Trousseau describes cases of chicken-pox apparently identical with Hutchinson's varicella prurigo. I note this as I have not seen it remarked before.
- ¹³ Steiner quoted in Ziemssen's *Cyclopaedia of Medicine*, supplemental volume to English translation of 1881, p. 100. On the same principle inoculated small-pox has a shorter period of incubation than the natural variety. Scarlatina also, accidentally introduced by the obstetrician into the system of the puerperal female, has a decidedly shorter incubatory period than in ordinary cases.

MEMORANDA:

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

BROMOHYDRATE OF ARECOLINE AS A MYOTIC.

I wish to call the attention of the profession to the advantages possessed by bromohydrate of arecoline as a myotic. In this country the drug, from its clinical aspect, seems to be but little known. Slight reference has been made to it in a few of the medical papers,¹ but no one appears to have gone very deeply into the subject. On the Continent also, though Mouquet, Bardet, and Amilcare Bietti,² have mentioned it; but one, Lavagna of Monaco,³ really advocates its employment. Arecoline is one of the alkaloids of areca nut, the seed of areca catechu, and the bromohydrate is a white crystalline soluble salt. Its physiological action is closely allied to those of pilocarpin and pelletierine. Taken internally it causes vomiting and diarrhoea, and it is, in addition, a sialogogue, diaphoretic, and vermifuge.

When applied to the eye, in the form of a half per cent. aqueous solution, a sense of tingling or pricking is experienced. This lasts, however, for only a few moments and

¹ EPITOME BRITISH MEDICAL JOURNAL, October, 1890, page 15; and November, 1895, par. 485. *Pharmaceutical Journal*, November, 1896, page 39. *Manchester Medical Chronicle*, November, 1897, p. 151. *Year Book of Treatment*, 1898, page 368.

² *Archivo di Oftalmologia*, 1897, vol. v, fasc. 1-2.

³ *La Clinique Ophthalmologique*. No. 16, page 197; and No. 18, page 229.

leaves no conjunctival or ciliary congestion. In from two to three minutes afterwards myosis begins to appear, and reaches its maximum in from ten to twelve minutes, accompanied by a spasm of the ciliary muscle. This ciliary spasm varies in its onset; in some cases it can be noticed prior to any signs of myosis, in others not until the pupil is well contracted. The maximum effect is attained in from ten to fifteen minutes, and lasts for about half an hour. The myosis then gradually becomes less, and at the end of an hour to an hour and a half the eye resumes its ordinary condition.

The tension of the normal eye is very little decreased by it, if at all; but in cases of glaucoma, its superiority in this respect over eserine is decided. Unlike eserine, no headache or other unpleasant after-effects are associated with its use, nor is its instillation by any means so uncomfortable. Its action is more rapid and more powerful, but its effect is of shorter duration. It will overcome the mydriasis produced by homatropine more quickly than will eserine, and it will keep well in solution, retaining its activity, apparently unchanged, for a very lengthened period. In price it compares very favourably with eserine or pilocarpin.

Whilst assisting Mr. Cross, of Bristol, in his private practice and in his clinic at the Eye Hospital I had excellent opportunities of trying the drug and of noting its action, and I am indebted to him for kind advice and help in the matter. Writing to me recently on the subject, Mr. Cross says:

During the past seven months I have been using a half per cent. solution of arecoline hydrobromate as a substitute for eserine or pilocarpin, while for quite three months it has been used as the routine drug for the production of myosis, in my clinic at the Bristol Eye Hospital. I have not made any physiological experiments, but consider the drug, judged from a clinical standpoint, to be a thoroughly reliable myotic. Its action is much stronger and more rapid than that of pilocarpin, whilst it is distinctly less irritating than eserine. In the treatment of glaucoma I have been so far well satisfied with the results obtained. In one subacute case the pupil became well contracted in about two minutes, in spite of the fact that the eye at the time was under the influence of cocaine. On the whole, recognising the cheapness and stability of the drug, the strength and rapidity of its action, and the absence of pain or discomfort after its use, I consider that arecoline hydrobromate is the best myotic which we possess for routine use.

The drug can be obtained from Messrs. Ferris and Co., of Bristol, who will, if required, send it out in solution.

K. C. CHETWOOD-AIKEN,

Truro. Ophthalmic Surgeon to the Royal Cornwall Infirmary.

ACUTE FEBRILE CATARRH ASSOCIATED WITH INFLAMED GLANDS OF HEAD AND NECK.

I HAVE observed several cases of the above corresponding pretty closely to the account given by Dr. Snowman in No. 1980 of the BRITISH MEDICAL JOURNAL, with the exception of the numerous small glands he describes as scattered over the scalp. I notice that no lymphatic glands are described in Gray as occurring there; it is probable that Dr. Snowman is thinking of the hyperæsthetic bumps which appear in some neuralgic patients in the track of cutaneous nerves during the attacks of headache.

Referring to the general condition which, as he says, is not recognised in books, I have often thought of the probable etiology. One patient I have in my mind is a lady of about 45 of neuralgic-gouty habit. She has several times had sudden catarrhal laryngitis, neuralgic headache, earache, and inflamed suboccipital and cervical glands. These attacks on two occasions have coincided with spells of cold easterly wind, and I considered that the illness was the effect of cold acting as a local irritant or poison, inflaming each of the structures that came in its way. Applications of medicated steam to the larynx and hot (poppy) fomentations to the glands gave the quickest relief. The enlarged glands subside in about ten days.

Another case is that of a strong, healthy schoolboy who, if a little run down and the victim of a cold, develops a slight tonsillitis and one or two very large glands. These entirely disappear between-whiles. Weakly children with chronically enlarged tonsils also get enlarged glands during the acute attacks, which go down without suppuration. I cannot think all these cases are due to tuberculosis.

Bournemouth.

GEORGE MAHOMED.

DR. HENRY E. ARMSTRONG, Medical Officer of Health for Newcastle, has been elected a Corresponding Member of the Royal Medico-Chirurgical Academy of Madrid.

REPORTS

ON

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

ROYAL HANTS COUNTY HOSPITAL, WINCHESTER.

CASE OF ANGINA LUDOVICI: RECOVERY.

[Under the care of Mr. MARGERISON.]

(Reported by W. A. SHARPIN, M.R.C.S., L.R.C.P.Lond., House-Surgeon to the Hospital.)

History.—The patient, a lad of 19, was sent into the hospital with the following history: On September 20th, 1898, a tooth was extracted from the right lower jaw. The next day the face and neck on the same side had swollen considerably; and on September 22nd the symptoms were so acute that he was sent to the hospital.

Condition on Admission.—There was on the right side of the face and neck a large swelling, which was hardest below the jaw in a vertical line with the canine tooth. Around this a puffy cedema extended backwards to the space between the angle of the jaw and the mastoid process, and downwards as far as the sternum. The tongue was much swollen behind and pushed upwards, so that there was great difficulty of speech and swallowing, together with considerable dyspnoea, evidenced by the widely-dilated pupils, cyanosis, and profuse sweating. The temperature was 100.8°, and the pulse 104 and very compressible.

Operation.—A small quantity of A.C.E. mixture was administered, and free incisions made vertically through the deep fascia, one in the middle line, one over the most prominent part of the swelling, and one behind. Some thin watery offensive fluid escaped. A large drainage tube was made to connect the middle and posterior incisions, and the wound dressed with large hot boracic fomentations every four hours.

After-History.—Next day, September 23rd, he could swallow and talk better, whilst the dyspnoea had passed off. The temperature was 100°, and the pulse 132 and very weak. Towards evening he began to get delirious, a symptom which was met by brandy and large quantities of fluid nourishment. On September 24th the temperature was 100°, the pulse 100 and stronger. The incisions were sloughing. The urine was albuminous. After this the temperature fell to normal, and the patient improved rapidly till October 4th, when the temperature ran up again, and remained irregular till October 7th, when a large quantity of blood and pus was brought up through the mouth, the pus having burrowed into the pharynx. After this the progress of the patient was uninterrupted, and on October 29th he was discharged.

REMARKS.—The recovery of the patient was undoubtedly due, in the first place, to the early recognition of the case by the patient's medical attendant, Dr. Burrow, of Petersfield. That tracheotomy was not necessary was probably due to the same reason. The burrowing of the pus into the pharynx, instead of into the mediastinum, was, I think, a more unusual, if happier, termination of the case than the latter.

THE SANITARY CONDITION OF HAVANA.—Colonel Waring, the sanitary engineer, who was commissioned by the American Government to inspect Havana from the hygienic point of view, reported that it was the worst case of filth and carelessness in a city that he had ever known of in his long experience. In addition to a sewage system (of which not the slightest trace exists in Havana) and new pavements for the streets, he urged that 100,000 water-closets should be imported, and each house provided with one. Perhaps the whole cost would amount to nearly £4,000,000, but the result would be that not only yellow fever, but many other infectious diseases which are annihilating the Cuban people, would disappear. Colonel Waring declared that similar work was necessary, not only at Havana, but at every port at which direct communication is had with the United States. A melancholy result of Colonel Waring's sanitary mission is his own death from yellow fever, contracted in Cuba.

Tantia Topee and of the enemy from Rajghur, which resulted in the capture of twenty-seven guns. He was also present at the battle of Sindwahoe and the skirmish at Kural, receiving the medal. In the Afghan war of 1880 he acted as principal medical officer of the 2nd Division of the Candahar Field Force, and subsequently of the South Afghanistan Force, taking part in the march to the relief of Candahar with the force under Major-General Phayre. For these services also he received a medal.

WE regret to announce the death of Dr. HENRY KENNETH PAXTON, a nephew of Dr. John Paxton of Norham, whose assistant he had been for a short time. Dr. H. K. Paxton, who was only 23 years of age, took the degrees of M.B. and C.M. at the University of Edinburgh in October, 1898. During the few weeks he had been at Norham Dr. Paxton had endeared himself to the inhabitants of the village and neighbourhood by his courtesy, kindness, and attention. As his death was sudden, an inquest was held. Dr. R. W. Cunningham, who made a *post-mortem* examination, stated that he had valvular disease of the heart and congestion of the kidneys; the cause of death in his opinion was heart failure caused by acute inflammation of the valves of the heart, possibly accelerated by fatigue. The jury returned a verdict of death from natural causes.

WE regret to announce the death of Dr. JOHN B. HAMILTON, the editor of the *Journal of the American Medical Association*, which occurred at Elgin, Illinois, on December 24th, 1898. Dr. Hamilton was born in Jersey County, Illinois, on December 1st, 1847, and took his degree at the Rush Medical College, Chicago, in 1869. In 1874 he obtained a commission as Assistant Surgeon in the Medical Department of the United States Army. Two years later he resigned his commission, and entered the Marine Hospital Service as Assistant Surgeon. In 1879 he was appointed Supervising Surgeon-General of the Service. Dr. Hamilton introduced important reforms into the service, among them being the introduction of examinations of the eyesight of pilots and of physical examinations of seamen before shipment. During his tenure of office he succeeded in having the National Quarantine Acts passed. In 1896 Dr. Hamilton resigned his position in the Marine Hospital Service, and soon afterwards he was appointed Superintendent of the Insane Asylum at Elgin, near Chicago, where he died. He was also for some time Professor of Surgery in the Rush Medical College, Chicago, where he held several hospital appointments. Dr. Hamilton did good work as head of the Marine Hospital Service, in which capacity he had to contend with two serious epidemics of yellow fever in the South. As editor of the *Journal of the American Medical Association* he was recognised as an able journalist. He greatly improved the journal, and increased the influence of the Association of which it is the mouthpiece.

MR. ALFRED KERBELL, M.R.C.S.Eng., died at his residence, Flaxton, York, on December 21st, 1898, at the age of 51. A native of London, he received his medical education at the London Hospital, where he took a first prize in minor surgery, and held the post of House-Surgeon. He subsequently held a similar post at the York County Hospital, and then settled at Flaxton, where he had an extensive practice for nearly twenty-four years. He was a member of the British Medical Association, and held the appointments of Medical Officer and Public Vaccinator to the Fourth District of the York Union, and Medical Officer to the Whitwell Convalescent Home from its foundation. He contributed papers on various subjects to the medical journals; and his interest in all sanitary matters was conspicuous. He had a wide circle of friends, by whom deep sympathy has been felt for his widow and seven children.

THE death is announced, at the age of 86, of Mr. TIMOTHY LORKIN WALFORD, the oldest member of the profession residing in Reading. He was born in September, 1812; and obtained the qualification of L.S.A. in 1833, and that of M.R.C.S.Eng. in 1837. He settled at Reading, and became Medical Officer to the Union, holding the post for many years. He entered the Reading Town Council in 1850, and in 1855

was elected Mayor of the Borough. He was subsequently made an alderman and a magistrate. At the time of his death he was the senior magistrate on the local bench. He was for more than fifty years a director of the Reading Cemetery Company. He retired from practice some years ago, and had been lately in failing health. The funeral took place at the Reading cemetery, and several members of the profession in Reading were present at the graveside.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the profession in foreign countries who have recently died are Dr. Constantine Vousakis, Professor of Physiology in the University of Athens; Dr. Martinez Pacheco, a member of the Spanish Senate; and Dr. Manuel Tapia y Serrano, for many years Assistant Professor in the Medical Faculty of the University of Madrid.

ROYAL NAVY AND ARMY MILITARY SERVICES.

ARMY MEDICAL STAFF EXCHANGE.

The charge for inserting notices respecting Exchanges in the Army Medical Department is 3s. 6d., which should be forwarded in stamps or post office order with the notice, not later than Wednesday morning, in order to ensure insertion in the current issue.

WANTED by Major R.A.M.C. under orders for Bombay, leaving probably in February, an exchange to remain at home for a year or nine months longer. Address "Hartlip," care of Messrs. Holt and Co., 3, Whitehall Place, London, S.W.

ROYAL NAVY MEDICAL SERVICE.

FLEET-SURGEON VALENTINE DUKE, B.A., M.B., has been placed on the retired list, with the rank of Deputy-Inspector-General, January 5th. His commissions are thus dated: Surgeon, September 7th, 1867; Staff-Surgeon, December 20th, 1878; and Fleet-Surgeon, December 22nd, 1887. He was Fleet-Surgeon of the *Calliope*, at Apia, Samoa, in March, 1889, during the terrible hurricane, which, according to Captain's Kane's report, "caused disaster unprecedented since the introduction of steam" and when the conduct of the officers and men received the high approval of the Lords of the Admiralty.

The following appointments have been made at the Admiralty: ARTHUR W. RUSSELL, Fleet-Surgeon, to the *Pembroke*, for Chatham Dockyard, January 17th; JAMES L. SWEETNAM, M.D., Fleet-Surgeon, to the *Pembroke*, temporarily, January 17th; ARCHIBALD M'KINLAY, Fleet-Surgeon, to the *Howe*, January 17th; ALFRED H. MILLER, Fleet-Surgeon, to the *Resolution*, January 17th; JAMES C. F. WHICHER, Staff-Surgeon, to the *Melampus*, January 17th; FREDERICK J. BURNS, M.D., Staff-Surgeon, to the *Pactolus*, January 17th; WILLIAM EAMES, Staff-Surgeon, to the *Theseus*, January 17th; WILLIAM S. LIGHTFOOT, Staff-Surgeon, to Plymouth Hospital, January 17th; JEROME BARRY, M.D., Staff-Surgeon, to the *Pegasus*, January 17th; GEORGE H. FOOTT, Staff-Surgeon, to the *Pelorus*, January 17th; HUGH W. MACNAMARA, Staff-Surgeon, to the *Boscawen*, January 25th; J. M. MARTIN Surgeon, to the *Theseus*, January 17th.

ARMY MEDICAL RESERVE.

SURGEON-CAPTAIN M. MACKENZIE to be Surgeon-Major, January 11th. Surgeon-Captain ROBERT MITCHELL, M.D., 1st Volunteer Battalion the Lancashire Fusiliers, to be Surgeon-Captain, January 11th.

ROYAL ARMY MEDICAL CORPS.

CAPTAIN ALEXANDER J. CHAMBERS is placed on temporary half pay on account of ill-health, January 9th. He was appointed Surgeon-Lieutenant, July 27th, 1892; and Surgeon-Captain, July 27th, 1895.

MILITIA MEDICAL STAFF CORPS.

MR. JONATHAN CLERKE is appointed Surgeon-Lieutenant, January 11th.

THE VOLUNTEERS.

SURGEON-LIEUTENANT-COLONEL S. GOURLEY, 4th Durham Artillery (Western Division Royal Artillery), has resigned his commission, January 11th; he retains his rank and uniform.

The undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps specified, dated January 11th: ARTHUR E. LARKING, M.D., 1st Volunteer Battalion the Buffs (East Kent Regiment); GEORGE B. MASSON, 3rd Volunteer Battalion the Norfolk Regiment; WILLIAM G. BRETT, 1st Volunteer Battalion the Dorsetshire Regiment; JAMES MCK. HARRISON, M.B., 1st Herefordshire Rifles.

Surgeon-Captain H. G. G. WILKINS, 2nd Volunteer Battalion the Duke of Cambridge's Own Middlesex Regiment, has resigned his commission, January 11th.

THE ARMY MEDICAL SCHOOL, NETLEY.

In a note under this title published last week, we were led into error by the somewhat obscure wording of the regulations with regard to nominations to the Royal Army Medical Corps. The fact is that the officers nominated will come after those admitted as the result of competition. Their places in relation to each other will be determined by the result of the examination at the end of the Netley course. We understand that the wording of the regulations will be modified to remove the ambiguity to which we have referred.

suddenness of Wood's death he hoped persons requiring medical aid would consult none but qualified medical practitioners.

The jury returned a verdict of death from natural causes, and, through the coroner, expressed themselves strongly that the treatment was absolutely useless and was nothing more than a fraud, and severely censured Roberts, warning him to be cautious as to his future actions.

LUNACY CERTIFICATION.

X.—It was within our correspondent's discretion to sign or not to sign, under the circumstances described.

INTERPRETATION OF CONTRACTS NOT TO PRACTISE WITHIN AN AREA.

MEDICA sends the following case: A. and B. were in partnership in a country town X., over twenty miles from London, and a few years ago A. retired from practice and sold his share to B. A. started in practice in London, and in the course of his practice there attended an old patient of his who had a town house. The patient came to stay near X., and requested A. to continue to attend, which he did on several occasions. A. also attended another old patient of his living near X. Both patients had been attended by B. in previous illnesses. The clause in the partnership deed is as follows: "Any partner withdrawing from the business shall not at any time during his life afterwards practise as a surgeon or apothecary within a distance of 10 miles from X. under a certain penalty." There is no question of enforcing the penalty, but A. and B. are both anxious to know whether A. was justified, by the terms of the deed, in attending these patients.

** Courts of law are disposed to scrutinise very closely contracts which have the effect of debarbing a man from the free exercise of his profession or trade, and as a general rule it may be said that where such contracts are unreasonable, whether as to the period of the time or the area within which a person is so debarred, such contracts will not be upheld. In the present case, however, we are advised that the contract is perfectly reasonable in both the above-mentioned respects, and that though possibly in the case of the first patient there was some justification, there was certainly none in the second.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

THE SANITARY INSPECTORS' ASSOCIATION.

At a recent meeting of the Sanitary Inspectors' Association Sir John Hutton gave his presidential address, in the course of which he observed that the comparatively small amount of unsound meat condemned was due to the want of opportunity of efficient inspection, and that until private slaughter-houses were abolished and a complete system of inspection and control of all meat offered for sale was brought into operation, we should not be free from a source of danger from preventable disease. Another matter referred to by Sir John Hutton was the increasing use of the public mortuaries. During the past year only 23 out of 7,428 inquests had been held in public houses. In every medico-legal case in which a *post-mortem* examination is necessary it is most important that it should be made under most favourable conditions such as can only be obtained in properly arranged mortuaries. The performance of necropsies in these cases in private houses is undesirable both from sanitary and medico-legal points of view, and it is a satisfaction to know that the general public are being gradually educated to see the benefit of the removal of the dead from their homes to the public mortuaries for this purpose.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 7,230 births and 4,174 deaths were registered during the week ending Saturday last, January 7th. The annual rate of mortality in these towns, which had increased from 16.6 to 19.1 per 1,000 in the three preceding weeks, was again 19.1 last week. The rates in the several towns ranged from 12.6 in Cardiff, 12.7 in Gateshead, 14.6 in Huddersfield, and 14.7 in Derby to 22.6 in Swansea and in Newcastle-upon-Tyne, 23.5 in Preston, 23.8 in Liverpool, and 27.7 in Halifax. In the thirty-two provincial towns the mean death-rate was 19.1 per 1,000, and corresponded with the rate recorded in London. The zymotic death-rate in the thirty-three towns averaged 1.7 per 1,000; in London the rate was equal to 1.6 per 1,000, while it averaged 1.7 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.6 in West Ham, 2.9 in Salford, 4.1 in Nottingham, and 5.5 in Swansea. Measles caused a death-rate of 1.0 in West Ham, in Bolton, and in Salford, 1.2 in Manchester, and 2.4 in Nottingham; and whooping-cough of 1.1 in Halifax. The mortality last week from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 96 deaths from diphtheria in the thirty-three towns included 30 in London, 11 in Swansea, 10 in Leeds, 9 in Liverpool, 6 in Sheffield, 5 in West Ham, 4 in Manchester, and 3 in Portsmouth. 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 1 small-pox patient was under treatment in the Metropolitan Asylum Hospitals on Saturday last, January 7th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 2,901 and 2,939 in the two preceding weeks, had declined again to 2,912 on Saturday last; 291 new cases were admitted during the week, against 260, 221, and 276 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, January 7th, 886 births and 651 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.2 per 1,000

in each of the two preceding weeks, rose again to 21.3 last week, and was 2.1 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 18.3 in Paisley and 19.5 in Leith to 23.7 in Perth and 25.0 in Edinburgh. The zymotic death-rate in these towns averaged 2.6 per 1,000, the highest rates being recorded in Dundee and Aberdeen. The 283 deaths registered in Glasgow included 3 from measles, 7 from scarlet fever, 3 from diphtheria, 13 from whooping-cough, and 3 from "fever." Three fatal cases of diphtheria were recorded in Edinburgh; and 3 deaths from scarlet fever and 2 from diphtheria occurred in Dundee.

PAYMENTS FOR FRACTURES IN WORKHOUSES.

A.B.—No extra fee is payable to a medical officer of a workhouse for attendance on any case of fracture.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

A MEETING of Convocation will be held at the University Building on Monday next, January 16th, at 5 o'clock. The report of the Standing Committee will be presented and its reception moved. It has considered the present regulations respecting the examinations in the Faculty of Laws, and states that a vacancy remains in the Senate occasioned by the death of Dr. Hopkinson. Resolutions will be moved in opposition to the new Regulations for the Matriculation Examination, on the ground that they tend to discourage the study of modern languages in schools. Other resolutions will also be moved in opposition to the recent changes in the final examination for the B.A. degree, on the ground that the value of the degree has thereby been distinctly lowered. Mr. W. T. Lynn will move a resolution against the removal of the building of the University to that of any College with which the University is connected, or to any portion of the building of the Imperial Institute under the proposed conditions.

CONJOINT BOARD IN ENGLAND.

THE following gentlemen have passed the Second Examination of the Board in the subjects indicated:

Anatomy and Physiology.—A. D. Hamilton, University College, Liverpool; H. S. Tumber and H. Gardner, Firth College, Sheffield; R. H. N. Rutherford, F. H. Rudge, and F. Parlett, University College, Bristol; W. L. E. Mathews, W. E. V. Lewis, and J. J. Bekenn, Mason University College, Birmingham; A. L. Badcock, Charing Cross Hospital; J. D. Judson, Owens College, Manchester; H. E. Barrett and H. G. S. Webb, St. Mary's Hospital; T. B. Henderson, Oxford University and St. Thomas's Hospital; W. B. Vail, London Hospital; H. M. H. Melhuish, St. Bartholomew's Hospital; C. S. Woodward and A. K. H. Pollock, St. Bartholomew's Hospital; W. V. Wood, Cambridge University and St. Bartholomew's Hospital; L. G. Nash and A. W. Gater, Guy's Hospital; A. C. Nash, Guy's Hospital and Mr. Cooke's School of Anatomy and Physiology; E. A. Cox and J. D. Clay, King's College, London; C. E. Lakin and R. R. Lewis, Middlesex Hospital; C. Russ, H. C. Wilson, and E. E. Argles, St. Mary's Hospital; E. Frall, A. Whitehead-Smith, and B. E. Sanson, St. Thomas's Hospital; A. Beet, C. Bramhall, W. H. Gray, G. F. Mossrop, and E. M. Dolby, London Hospital; D. Rai, Punjab University, Lahore; C. H. M. Hughes, Westminster Hospital; and F. J. Lawson, University College, London.

Physiology only.—R. McK. Skinner, of Edinburgh University and Medical School.

Thirty-one gentlemen were referred for three months in both subjects, and 1 in Anatomy only.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, PART I.—The following candidates have passed in:

Biology.—L. Denny, Royal Free Hospital; I. Griffith, London Hospital and Cambridge; D. A. Steppney, Royal Free Hospital; M. L. Tyler, Royal Free Hospital; J. S. Ward, Sheffield.

Chemistry.—St. C. G. Ballenden, Birmingham; J. M. Gleeson, Dublin and London Hospital; W. J. H. Hepworth, Edinburgh and St. Mary's Hospital; H. M. Huggins, St. Bartholomew's Hospital; J. Jones, Manchester; F. Marriott, Edinburgh; G. B. Messenger, Liverpool.

Materia Medica and Pharmacy.—J. H. Bennett, Birmingham; R. V. Cowey, Edinburgh and St. Mary's Hospital; A. M. Davis, Birmingham; R. J. Hogan; J. Jones, Manchester; F. Marriott, Edinburgh; H. E. Weston, St. George's Hospital.

PRIMARY EXAMINATION, PART II.—The following candidates have passed in:

Anatomy.—J. C. Baggs, St. Thomas's and Westminster Hospitals; J. C. O. Bradbury, Cambridge; H. B. Connell, Birmingham; A. B. Edwards, St. Bartholomew's Hospital; A. T. Greenhill, Durham; R. J. Hanbury, St. Bartholomew's Hospital; A. E. Henton, Edinburgh and St. Mary's Hospital; W. J. H. Hepworth, Edinburgh and St. Mary's Hospital; F. P. Joscelyne, Leeds; G. J. W. Keigwin, London Hospital; N. Lipscomb, St. Bartholomew's Hospital; H. Mills, St. Bartholomew's Hospital; E. Osborne, Birmingham; J. R. Pooler, Birmingham; A. F. Reardon, St. Thomas's Hospital; H. H. Serpell, St. Bartholomew's Hospital; H. G. Sewell, London Hospital; G. E. Soltau, Royal Free Hospital; H. O. Sutcliffe, Cambridge; P. L. Vawdrey, St. Bartholomew's Hospital; J. Willett, Glasgow.

Physiology.—J. C. O. Bradbury, Cambridge; P. C. Burgess, Middlesex Hospital; H. B. Connell, Birmingham; W. H. Cotton, Dublin; W. E. Cuthbertson, Bristol and Glasgow; A. T. Greenhill, Durham; R. J. Hanbury, St. Bartholomew's Hospital; A. E. Henton, Edinburgh and St. Mary's Hospital; E. Osborne, Birmingham; J. R. Pooler, Birmingham; H. G. Sewell, London Hospital; G. E. Soltau, Royal Free Hospital; P. L. Vawdrey, St. Bartholomew's Hospital; J. Willett, Glasgow.

MEDICAL NEWS.

THE ninth International Congress of Ophthalmology will be held at Utrecht from August 14th to 18th, 1899.

DEPARTMENTAL BACTERIOLOGICAL LABORATORIES IN FRANCE.—M. Emile Dubois, a member of the French Chamber of Deputies, gave notice on December 22nd of a Bill providing for the creation in each department of France of one or more bacteriological laboratories with a view to the repression and prevention of contagious diseases, particularly tuberculosis.

THE COMFORT OF THE SOLDIER.—We understand that, by a recent regulation, soldiers are allowed so to arrange their mattress and bedding as to afford a comfortable seat during the day in their barrack rooms. Hitherto they were obliged to sit on the hard frame of their bedsteads, or on the still harder form. The regulation is a sensible one, and we believe is the result of a recommendation by Surgeon-General O'Dwyer, Principal Medical Officer at Aldershot.

DENTAL HOSPITAL OF IRELAND.—At a meeting of the governors of the Dental Hospital of Ireland, held in Dublin on Monday, January 9th, it was resolved to have the association incorporated and registered, and the following gentlemen were nominated to sign the articles: James G. Pollock, J.P.; William P. Geoghegan, George Noble Count Plunkett, Sir Howard Grubb, F.R.S.; J. Talbot Power, D.L.; William C. Stubbs, Charles Edward Fitzgerald, Daniel J. Cunningham, R. Theodore Stack, Arthur W. W. Baker, Daniel Corbett, D. Corbett, jun.; R. H. Moore, G. W. Yeates, Joseph Thomson, Shenstone J. Bishop, George M. P. Murray, John G. Cronyn. Mr. Murray, one of the surgeons, mentioned that 8,000 cases had been treated during the year, and of these 3,500 had been "filling" cases.

SCOTTISH BRANCH OF QUEEN VICTORIA'S JUBILEE INSTITUTE OF NURSES.—The tenth annual report has just been issued. It covers the period ending October 31st, 1898, during which the Scottish Council were directly responsible for 47 nurses and probationers. Of these 42 were undergoing training either in hospital or in district work; 17 candidates entered the training home for the required month of probation before receiving hospital training; 34 nurses who had received hospital training entered the home for six months' district training; 29 nurses had, on the completion of their training, been engaged from the home by local committees. Seven new branches had been affiliated during the year. There were now 173 Queen's nurses in Scotland, working under 94 Associations. In Edinburgh and Leith during the past year 74,381 visits had been made by the nurses. £12,193 3s. 6d. had been collected in Scotland towards the Queen's Commemoration Fund to endow the Jubilee Institute for Nurses, and this had been handed over to the Scottish Council.

MEDICAL VACANCIES.

The following vacancies are announced:—

BRIDGE OF WEIR: CONSUMPTION HOSPITALS AND ORPHAN HOMES OF SCOTLAND.—Resident Medical Officer. Applications to D. Hill Jack, 141, West George Street, Glasgow.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Pathologist. Salary, 100 guineas per annum. Applications to the Secretary by February 3rd.

DEBBY: 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.

JAFFRAY BRANCH OF THE GENERAL HOSPITAL, Birmingham, Gravelly Hill, near Birmingham.—Resident Medical and Surgical Officer. Salary, £150 per annum, with board, residence, and washluk. Applications to the House Governor, General Hospital, Birmingham, by January 28th.

MANCHESTER: HULME DISPENSARY.—House-Surgeon. Salary, £130 per annum, with apartments, attendance, coals, and gas. Applications to the Honorary Secretary, Medical Committee.

METROPOLITAN HOSPITAL, Kingsland Road.—Assistant Surgeon; must be F.R.C.S. Eng. Applications to the Secretary by January 16th.

NEWCASTLE-ON-TYNE DISPENSARY.—Visiting Medical Assistant. Salary, £130 for first year, £150 afterwards. Applications to the Hon. Secretary, R. W. Sisson, 13, Grey Street, Newcastle-on-Tyne, by January 18th.

NORTHAMPTON GENERAL INFIRMARY.—Assistant House-Surgeon, unmarried, and not under 23 years of age. Salary, £100 per annum, with furnished apartments, board, attendance, and washing. Applications to the Secretary by January 26th.

NOTTINGHAM GENERAL HOSPITAL.—House-Physician. Salary, £100 per annum, rising to £150. 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 16th.

SEAMEN'S HOSPITAL SOCIETY, Greenwich, S.E.—House-Physician for Dreadnought Hospital. Salary, £75 per annum, with board and residence. Surgeon for Dispensary, East India Dock Road. Salary, £63 per annum. Applications to the Secretary by January 23rd.

VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea, S.W.—Ophthalmic Surgeon. Applications to the Secretary by January 23rd.

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

WEST DERBY UNION.—Resident Assistant Medical Officer for the Workhouse, Walton-on-the-Hill, Liverpool. Salary, £100 per annum, with first class rations, apartments, etc. Applications to the Union Clerk, Brougham Terrace, West Derby Union, Liverpool, by January 15th.

MEDICAL APPOINTMENTS.

CAMPBELL, A. G. L., appointed Medical Officer for the Eighth District of the Newmarket Union.

CAMPKIN, P. S., L.D.S. Eng., appointed Dental House-Surgeon at Guy's Hospital.

DAVIES-JONES, D. M.B., M.S. Edin., appointed Surgeon to the Lower Duffryn Colliery, Mountain Ash.

GRAY, Sarah, L.R.C.P. & S. Edin., L.F.P.S. Glasg., appointed Assistant Surgeon to the Nottingham Hospital for Women.

HODGES, J., M.R.C.S. Eng., appointed Medical Officer for the Edmonton District of the Edmonton Union, vice C. D. Green, M.D. Lond.

KNOX, J. E., M.B., C.M. Edin., appointed Medical Officer for the East and West Molesey Urban District, vice J. K. Knox, M.B., deceased.

MASON, E. N., L.D.S. Eng., appointed Dental House-Surgeon at Guy's Hospital.

PERSSHOUSE, Frank, M.R.C.S., L.R.C.P., appointed Medical Officer for the Bradwell District of the Maldon Union, vice F. S. D. Hogg, M.R.C.S., L.R.C.P. (correction).

PLUMLEY, A. G. G., M.B. Lond., M.R.C.S., L.R.C.P., L.D.S. Eng., appointed Dental House-Surgeon at Guy's Hospital.

POCHIN, F. L., M.B. Edin., appointed Medical Officer for the Raynham District of the Walsingham Union.

RATNAY, Alex. M., M.B., C.M. Edin., appointed Assistant Medical Officer to the City of Newcastle Asylum, Newcastle.

ROSS, J. Stuart, M.B., B.Ch. Vict., appointed House-Surgeon and Resident Obstetric Assistant Surgeon to St. Mary's Hospital, Manchester, vice W. K. Walls, M.B. Lond.

SMITH, A. C. F., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., appointed Medical Officer for the Northern District of the Devonport Union.

SMITH, C. C., M.B., appointed Medical Officer for the Redditch District of the Bromsgrove Union, vice W. Smith, M.R.C.S. Eng., deceased.

THOMSON, H. Campbell, M.D. Lond., M.R.C.P., appointed Pathologist and Curator of the Museum to the Middlesex Hospital.

WALLS, W. K., M.B. Lond., M.R.C.S., appointed Obstetric Assistant Surgeon to St. Mary's Hospital, Manchester.

DIARY FOR NEXT WEEK.

MONDAY.

West London Post-Graduate Course, West London Hospital, W., 5 P.M.—Mr. Swinford Edwards: The Methods of Examining the Rectum and Bladder (Lecture I).

TUESDAY.

Pathological Society of London, 8.30 P.M.—Mr. A. B. Cooper: Final Sequel to a Case already reported of Removal of Cystic Disease of a Supposed Accessory Thyroid (illustrated by lantern slides). Mr. T. Carwardine: Lantern Photographs of a Case of Molluscum Fibrosum with Neuroma of the Brachial Plexus. Dr. H. P. Potter: Crushing Fracture of Cervical Spine. Dr. E. Crawford: Cystic Suprarenal Bodies. Dr. Rolleston: Cyst in Suprarenal Body. Dr. Morley Fletcher: Tuberculous Cholangitis. Mr. H. Betham Robinson: Multilocular Tumour from Inguinal Region in a Female. Mr. C. F. Beadles: Lesion of Pancreas with Fat Necrosis. Card Specimens: Mr. Carwardine, Mr. Beadles.

National Hospital for the Paraplegic and Epileptic, Queen Square, W.C., 8.30 P.M.—Sir W. Gowers: Epilepsy.

West End Hospital for Diseases of the Nervous System, 73, Welbeck Street, 4 P.M.—Dr. T. D. Savill: Cases of Infantile Paralysis.

Chelsea Clinical Society, the Parish Hall, Pavilion Road, Sloane Square, 8.30 P.M.—Dr. J. H. Dauber: A Plea for Greater Attention to Asepsis in Hospital and Private Practice. Dr. O. C. Gibbs: Pathology of Mitral Stenosis. Dr. J. Blumfeld: Administration of Ether to Infants and Young Children.

WEDNESDAY.

Royal Meteorological Society, 25, Great George Street, Westminster, S.W., 7.45 P.M.—Annual General Meeting. Report of Council. Election of Officers and Council, and Address by the President.

Royal Microscopical Society, 20, Hanover Square, W., 8 P.M.—Annual Address by President.

North-West London Clinical Society, North-West London Hospital, Kentish Town Road, 8.30 P.M.—Monthly Demonstration of Clinical Cases.

West London Post-Graduate Course, West London Hospital, W., 5 P.M.—Mr. Swinford Edwards: The Methods of Examining the Rectum and Bladder (Lecture II).

THURSDAY.

Harveian Society of London, 8.30 P.M.—Annual General Meeting. Election of Officers. Presidential Address. Annual Conversazione.

London Temperance Hospital, 2 P.M.—Dr. Soltau Fenwick: Clinical and Pathological Demonstrations Senior Students.

Charing Cross Hospital, Post-Graduate Course, 4 P.M.—Mr. Boyd: Demonstration of Surgical Cases.

FRIDAY.

Epidemiological Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Dr. Bruce Low: Epidemic Cerebro-Spinal Meningitis.

Society of Anaesthetists, 20, Hanover Square, W., 8.30 P.M.—Continuation of Adjourned Discussion on Selection of an Anesthetic.

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.

MARRIAGE.

HASTINGS—MUNDELLA.—On January 5th, at St. Mark's, Regent's Park, N.W., by the Rev. J. Sparrow Simpson, Edwin Birchall Hastings, youngest son of the late William Hastings, of Huddersfield, and Theresa, second daughter of the late John Mundella, of Nottingham.

DEATHS.

ARMSTRONG.—On the 5th inst., suddenly, at 3, Bentinck Villas, Newcastle-upon-Tyne, Mary, dearly beloved wife of Henry E. Armstrong, Medical Officer of Health.

PAXTON.—On January 3rd, 1899, at Norham-on-Tweed, Henry Kenneth Paxton, M.B., Ch.B. Edin., last surviving son of Lieut.-Colonel J. Paxton [M.D., R.A.M.C., aged 2 years.

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.
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., 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;
Obstetric, M. Tu. Th. F., 2; o.p. W. S., 1.30; 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. 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. *Opera-*
tions.—Tu. F., 2.
NORTH-WEST LONDON. *Attendances*.—Medical, daily, ex. S., 2; S., 10; Surgical, daily,
ex. 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., 8.
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., Th., 9; Throat, Nose, and Ear, W., 9. *Operations*.—W. S., 2;
(Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 9. *Operations*.—Daily, 10.
ROYAL ORTHOPEDIC. *Attendances*.—Daily, 2. *Operations*.—M., 2.
ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily, 2.
ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M.
W. F., 2; o.p., W. S., 9; Eye, M. Tu. W. Th. S., 2; o.p., M. Th., 9; W. S., 2.30; Ear, Tu. F.,
2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9; Electri-
cal, 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; Orthopaedic, F., 12; Dental, M. Tu. F., S., 12. *Operations*.—Daily, 1; Ophthalmic,
M., 1; Dental, Th., 9.
ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, males, S., 2; females,
W., 9.30. *Operations*.—M., 9; Tu., 2.30.
ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, Tu.
F., 1.45; o.p., M. Th., 1; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th.,
9; Dental, W. S., 9; Electro-Therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9.
Operations.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
ST. PETER'S. *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, ex. 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), M., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Opera-*
tions.—Gynaecological, M., W., 2.30.
THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Daily,
ex. 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; Throat, W., 2; Diseases of Women, W. S., 2; Elec-
tric, 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, 1.20; 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 authenti-
cate 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 busi-
ness 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.

CANTAB (Midlands) writes that a young milliner, aged 25, suffers from
asthma of the bronchial type, and he desires to hear of places recom-
mended for such cases, and of any convalescent home or institution
where she could be taken. He believes a mild, moist, sheltered climate
would be best.

STUDENT (Canada) asks if any of our readers would kindly give a rule for
making deductions in retinoscopy when using concave mirrors of dif-
ferent focal lengths—say 14 cm., 25 cm., and 35 cm.; and when seated at
different distances from the patient—at one metre, one-half, and one-
third of a metre. In *Thorington's Retinoscopy* there is such a rule which
is applicable only to plane mirrors.

HOME FOR ADULT EPILEPTIC.

B.A. M.B. (LONDON) desires to hear of a home or "colony" for epileptics
into which a sturdy youth, aged 23, whose occupation is that of a cow
keeper, could hope to obtain admission. He is entirely dependent on
his own labour, but is distinctly not a case for the workhouse.

FEE FOR EMERGENCY ATTENDANCE.

DUBIOUS writes: I was called to see a well-to-do patient, who was being
attended by another medical man living at some distance. The patient
had been taken suddenly worse, and could not wait till her ordinary
doctor could be obtained. Can I claim a fee, and if so, should I apply
to the patient or the doctor?

* * If the usual medical attendant is a personal friend, "Dubious"
should write to him, explain the facts, and then act after taking counsel
together. If not a personal friend, it would be an act of courtesy on
the part of our correspondent to write to the usual attendant. Then
under the circumstances related he would be justified himself in apply-
ing to the patient for a fee.

TREATMENT OF CHRONIC DIARRHŒA.

W. M. asks for suggestions as to treatment for a case of a man, aged 40,
who on and off for six years has had early in the morning to get out of
bed to pass a loose motion preceded by a gripping pain over the sigmoid
colon. After each meal the same phenomenon occurs. The motions
are merely loose and watery, not irritating, showing nothing special.
He is temperate. There are no gastric symptoms, and nothing abnor-
mal is disclosed by rectal or abdominal examination. Alcohol,
except weak whisky and water, has been stopped. Small doses of
liq. arsenicalis before meals have been tried, and at various times pil.
cupri sulph. opii omni nocte, bismuth, pepsin, soda, and various
bitters.

HEADACHE CAUSED BY ERYTHROL TETRANITRATE.

R.A.M.C. writes: A patient, aged 37, with high arterial tension, but with-
out much in the way of symptoms at present, was given, at 8.30 P.M., two
gr. tabloids of Burroughs and Wellcome's erythrol tetranitrate. In
about half an hour severe headache set in across the forehead and top
of the head, with rapid throbbing action of the heart, the temporal
arteries becoming visible. The headache lasted through the night, pre-
venting sleep, and was not entirely gone for about thirty-six hours. A
feeling of great *malaise* was also left. After four days the patient took
one gr. tabloid at bedtime. During the night he awoke with the same
kind of headache as before, though less severe, and it lasted through
the next day. The headache appears to be of an unusually painful
character, and the patient dreads taking any more of the drug. He
says he feels very ill all the next day after taking the medicine.

* * We are indebted to Professor Bradbury, of Cambridge, for the fol-
lowing answer to this question: "The symptoms described are un-
doubtedly due to the erythrol tetranitrate, but they are rarely met with
in such a severe form. Slight headache is not infrequent, but violent
pulsation of the temporal arteries is rare. Caffeine might relieve the
headache, but there is no proof of its efficacy in this direction. As the
patient mentioned seems to possess an extraordinary susceptibility to the
erythrol tetranitrate, a smaller dose, say $\frac{1}{2}$ gr., would probably produce
the desired result without untoward effects; or as headache less fre-
quently follows the administration of sodium nitrite than the organic
nitrates, small doses of this ($\frac{1}{2}$ to $\frac{3}{4}$ gr.), frequently repeated, might be
tried. * Perhaps a mercurial, followed by a saline aperient, would be fol-
lowed by better results than either of these vaso-dilators.

ANSWERS.

X.Y.Z.—There does not appear to be any evidence that the gentleman,
whose name is given the prominence to which our correspondent
refers, was in any way privy to the publication of the paragraph.

MEDICAL STUDENTS' JOURNALS.

C. S.—There are several students' journals. Guy's has the *Guy's Hospital
Gazette*, and, in a lighter vein, the *Guyoscope*. The London, the Middle-
sex, St. George's, and St. Mary's have each a journal concerning itself
with the doings in the hospital and school.

MONTHLY NURSE'S ENGAGEMENT.

A. Z.—The nurse is undoubtedly entitled to be paid for all the time during
which she has stayed in the patient's house; for, though she has done
nothing, she has been prevented from doing other work for herself.
If it be the fact that the nurse was engaged for the middle of