

tions, unlimited stimulations, dry cupping, and all the rest of the former varied and trying treatment.

Out of several dozen cases treated with belladonna Dr. Shardlow, our resident medical officer, tells me he can only recollect a couple of deaths. Case after case of the complaint in young infants, in the majority of whom with the former treatment one would have anticipated a fatal termination, has, seemingly owing to belladonna, made a rapid and complete recovery. Sisters in the wards, with a vivid recollection of former methods and their discouraging results, entertain no doubt of the superiority of the later treatment. My colleague, Dr. Eustace Smith, too, is convinced on the same point, and is much struck with the rapidity with which all the symptoms clear up when belladonna is pushed. The same opinion is held by all the resident medical staff as well, and they have, I believe, now come to regard the drug as almost a specific in the complaint. In two cases in private practice lately, when I was called in, the doctors in attendance had already given a practically hopeless prognosis. Both were cases of severe broncho-pneumonia following measles, a complication admittedly grave. In the light of my early experience of such cases I would have inclined to agree with the prognosis already given in each of these cases. More recent experience, however, with belladonna enabled me to modify the prognosis, and both infants did me credit by making a rapid and thorough recovery under that drug.

So far, then, as regards mortality, my experience with the drug is everything that is favourable. I only wish that I could look with any certainty to future experience confirming these happy impressions in so grave a malady as broncho-pneumonia in children. But in the remarkably small death-rate in my cases at present, I cannot but feel I have been largely favoured by chance. If it were possible wholly to eradicate the complaint by any method of treatment, yet the state of depression remaining after so severe a malady as broncho-pneumonia must result in the deaths of many children. Still, if the death-rate were many times greater with the belladonna treatment than it has proved up to the present in my experience, even then I would claim a distinct advantage for it over any other treatment that I am acquainted with. Dr. Shardlow and Mr. Elwin Nash, our present house-physician, propose publishing a joint paper, giving details and statistics of cases treated with and without belladonna at the end of the present year. Such a paper should prove of value and interest, whether it confirm or refute my present impressions.

It is not only with regard to the mortality, moreover, that my experience with belladonna in broncho-pneumonia is such a favourable one. A very few doses in most cases have relieved the dyspnoea. In a large number, perhaps the majority, the temperature has fallen to normal very soon after the commencement of the treatment. Cases, too, that with former methods might have been expected to run a course of several weeks' duration have, with belladonna treatment, lasted only a corresponding number of days. Other advantages seemingly gained might perhaps be enumerated, but I think sufficient have been adduced in justification of the trial of the drug.

There is of course nothing novel in the treatment. Doubtless many, if not most, of us have used belladonna in various chest complaints in infants and young children. To what then, you may ask, do I attribute my more favourable results over those of others who may have formerly used the drug for the same complaint? The answer perhaps lies in the fact that I have used the drug in larger quantities than usually prescribed, and also, perhaps, a more reliable preparation. The tincture of the late *Pharmacopœia*, the preparation usually prescribed, is now admittedly a most unreliable one. That of the new *Pharmacopœia*, made from a standardised liquid extract, will doubtless prove all that is desirable, but I have as yet never tried it. The preparation I have used is the extract of the late *Pharmacopœia*. This, I am told, is far from being above suspicion as regards certainty of composition, but in this respect far more trustworthy than its corresponding tincture. This extract I have given in doses of  $\frac{1}{4}$  gr. every three or four hours. I have made no distinction, too, in the dose as regards the age of the patient, and have given the same dose to an infant a few weeks old as to a child of 6 or 7 years.

The disadvantages attaching to these somewhat large doses have been singularly slight and unimportant. Out of perhaps 50 or 60 cases in two there has been slight delirium, which was easily cured by lessening the dose. In a large majority, however, there has been some flushing of the skin, and in some a definite scarlet rash. This flushing, somewhat to my surprise, has been more frequent than noticeable dilatation of the pupils. The sisters in the wards, too, tell me that they have noticed that children under the influence of the drug are unduly irritable and restless. Some of this last may, however, be ascribable to the condition left on recovery from acute disease. But were the disadvantages infinitely greater than those described, I still think they might fairly be neglected in comparison with the advantages seemingly gained from the use of the drug.

## MEMORANDA:

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

#### THE CONTROL OF HÆMORRHAGE IN OPERATIONS FOR THE REMOVAL OF LABIAL ELEPHANTIASIS.

CAPTAIN J. B. SMITH, M.B., of the Indian Medical Service, has recorded in the *BRITISH MEDICAL JOURNAL* of January 21st, p. 148, a case of removal of elephantiasis of the vulva weighing 5 or 6 lbs., in which, after making an incision which bled alarmingly, he resorted to the expedient of passing ligatures through the neck of the tumour, which secured it in sections; these were divided successively, and the vessels of each section were tied before the next was cut through. In this manner the removal of the mass was accomplished without much loss of blood. I have on several occasions adopted this expedient with satisfactory results. In the *Indian Medical Gazette* (vol. xvi for 1881, p. 154) I published a case of labial elephantiasis in which "bleeding was prevented by preliminary ligature of the pedicle with whipcord." The tumour weighed 7 lb. 10 oz., and the patient made a good recovery. In another case (vol. xviii for 1883, p. 151) the base of the tumour, weighing 3 lb. 4 oz., was "tightly ligatured with whipcord passed through it by means of a hernia needle," result recovery. Two other successful cases, in which the tumours weighed 6 lb. 4 oz. and 3 lb. 4½ oz. are recorded in the same journal (vol. xviii, *loc. cit.*, and vol. xix for 1884, p. 105). These cases are quoted in a work on *Operative Surgery in the Calcutta Medical College*, which I published in 1885 (J. and A. Churchill). I found the method effective enough but it took some time to pass, and tie the ligatures and the removal of the tumour had to be done somewhat awkwardly, tediously, and roughly. A much more satisfactory and efficient method of controlling hæmorrhage in these cases is the use of the elastic cord as for removal of scrotal elephantiasis as originally described by me in the *Indian Medical Gazette*, vol. xvii for 1882, p. 284, and subsequently detailed in Heath's *Dictionary of Surgery* (article—Scrotal Elephantiasis) and in the work above referred to (p. 136). The application of this plan to labial operations was suggested to me by my colleague, Colonel D. O'C. Raye, M.D., then Professor of Anatomy in Calcutta Medical College. The success of the expedient is well illustrated by the following case quoted from the *Indian Medical Gazette* (vol. xxv for 1890, p. 169):

"Hindu female, aged 26. Large pendulous tumour of left labium reaching to the knee, ulcerated at fundus. The elastic cord was applied as in scrotal tumours and the mass removed; edges of wound stitched together after the vessels had been tied. Tumour weighed 14 lbs. Recovery in twenty days."

The advantages of this method of controlling hæmorrhage in operations on the male and female genitals, and it is applicable to all operations, are:

1. The facility and speed of application.
2. The absolute prevention of bleeding.
3. The absence of displacement or distortion of parts, and great freedom of working.
4. The gradual relaxation of pressure.
5. The possibility of accurate and deliberate dissection, and

ease of identifying and saving such organs as the penis, testes, and clitoris.

Netley.

K. MACLEOD, M.D., LL.D.,  
Colonel I.M.S., retired.

#### A CASE OF ACUTE SULPHONAL POISONING.

SULPHONAL is not quite such a perfectly harmless remedy as the profession and public seem to think. Since the annual meeting in Edinburgh many cases of toxic symptoms, some of which proved fatal, have been recorded, chiefly from asylums and cases in which the drug had been administered frequently or continuously for weeks or months. Instances of toxic effects from comparatively small doses are much less frequent, Murrell gives two instances of death from 30 and 40 gr. respectively. The following case speaks for itself.

Mrs. X., aged 28, had for some days been excited and hysterical from domestic quarrels, and had been taking potassium bromide with no effect. She came to me on December 15th, 1898, praying for something to give her a night's rest. I gave her 20 grains of sulphonal, to be taken at night in hot spirit and water. This gave her a good night's rest, but she still felt irritable and excitable on the following day, and at night she could not sleep, so a lady in the house gave her 15 gr. more of sulphonal that night. She again slept well, but the next morning she was ataxic and reeled about, and had headache and tinnitus aurium. At 2 P.M. she suddenly said she felt she was dying, and became cyanosed. I saw her at 2.30 P.M. She was then livid, the face most so, but also the body generally. She could not speak; she had fainted, and had vomited two or three times. There was no dyspnoea; the respirations were extremely slow and shallow, the thoracic walls scarcely moving in respiration. Now and then she gave a slight sigh. The heart's action was feeble, and occasionally intermittent. The pupils were dilated, and acted very feebly to light. She said she felt she was dying, and she looked like it. She complained of dreadful headache and noise in her head. I gave her stimulants, and had hot bottles packed around her. I gave her two hypodermic injections of strychnine,  $\frac{1}{16}$  gr. and  $\frac{1}{32}$  gr., within a few hours of each other, and a mixture of ether, ammonia, and strophanthus. In the evening she was no better. As there was retention of urine, I drew it off with a catheter; it was somewhat dark coloured, but not Burgundy red. She continued heavy and drowsy.

The next day she was better; had vomited once; there was diarrhoea. The cyanosis was somewhat less. She complained of a feeling of "pins and needles" in her legs. The plantar reflex was feeble, but the knee-jerks were normal. Headache was still very bad, but the noise in her ears was better. After this she improved. The diarrhoea ceased, respiration was normal, and the cyanosis disappeared. The heart was, however, intermittent for a few days.

Such a serious condition after 35 gr. of sulphonal, given in divided doses of 20 and 15 gr. at an interval of twenty-four hours, shows decided idiosyncrasy towards its action. It also shows that this is not a safe drug for people to keep in their houses and dose themselves with, and it also makes one feel that in this, as in most synthetic remedies, idiosyncrasy is to be remembered, and comparatively small and safe doses given at first.

Enfield, N.

FRED. TRESILIAN, M.D., M.R.C.P. Edin.

#### TOXIC EFFECTS OF BORACIC ACID.

THE increasing use of boracic acid for medicinal and preservative purposes is sufficient reason for a further record of some untoward effects which have been produced by the drug when given internally. About five years ago I had occasion to treat a case of cystitis with boracic acid in increasing doses of gr. x to gr. xx three times a day. When it had been given for about three weeks an erythematous rash spread over the man's neck, face, and head. This was followed by some subcutaneous oedema and a fine scaly dermatitis. His salivary glands became enlarged, and eventually the hair on the face and head fell out, so that in about a fortnight he was perfectly bald. The drug was discontinued, but it took about six weeks before there was any reappearance of hair on the face and head. I am thankful to say he eventually made a complete recovery.

I have since administered boracic acid in many cases of cystitis and urethritis, and when it has been given for some time and in the above doses I have observed similar effects—that is, an erythema followed by a fine scaly exfoliation. Immediate discontinuance of the drug has prevented the development of the more severe symptoms. In one case, however, in which it was inadvertently continued the hair fell out to a slight extent, and there was marked exfoliation of the skin, especially on the hands, with onychia and splitting of the nails. As syphilitic infection could be excluded with some certainty, and as the symptoms disappeared when the drug was stopped, I can only conclude that this was entirely due to the action of boracic acid on the skin and appendages.

Birmingham.

J. JAMESON EVANS, M.B., M.R.C.S.

## REPORTS

ON

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

#### WEST SUSSEX COUNTY ASYLUM, CHICHESTER.

AORTIC ANEURYSM: RUPTURE INTO OESOPHAGUS.

(By J. C. MCCONAGHEY, M.B., Ch.B. Edin., Assistant Medical Officer to the Asylum.)

THE following case is of interest. W. T., a coachman, aged 44, married, was admitted into this institution on September 30th, 1897, suffering from chronic mania. He was very restless, but quiet and inoffensive, and had no marked delusions. On examining the chest a rather harsh systolic murmur could be made out at and slightly below the pulmonary area. The pulses were synchronous and equal in volume, the pupils dilated but equal; the tendon reflexes were very sluggish.

After admission he had one or two syncopal attacks, but had never complained of any pain.

On December 5th, 1898, he suddenly collapsed while in the ward, but rallied after some difficulty. Later in the day a discharge of blood from the bowel took place, and in the evening blood was brought up from the stomach mixed with partly digested food. On the four subsequent days he had attacks of hæmatemesis and mælena. He died on December 10th, at 12.50 A.M.

The necropsy revealed a small saccular aneurysm about the size of a pipkin situated on the descending part of the thoracic aorta, and adherent to the oesophagus. On opening up the gullet a perforation into it could be made out at the junction of the upper and middle third, through which a fair-sized blood clot was protruding. The opening was nearly the size of a shilling. The wall of the sac was formed of a thin layer of the aortic wall and laminated blood clot. Small atheromatous patches could be made out along the ascending and transverse portions of the arch of the aorta. On opening up the stomach a very large clot of blood was discovered, which had formed a complete cast of the viscus; the walls of the organ were quite healthy. The intestines were filled with half-digested blood. None of the vertebræ were eroded.

THE OLDEST DOCTOR IN FRANCE.—According to the *Chronique Médicale*, the oldest medical practitioner in France is now (since the death of the centenarian, Dr. Boissy of Havre) probably Dr. Morère of Palaiseau. The son of Dr. Morère of the same place, who gave his name to a species of strawberry of great local reputation, Dr. Morère the younger was born on September 12th, 1808, and took his degree in 1834. For the last sixty-four years he has practised at Palaiseau and its neighbourhood. At the time of the Franco-German war of 1870 he was Mayor of his Commune, and narrowly escaped being shot in consequence of his resolute opposition to the excessive requisitions of the invaders. Though now well on in his 91st year, Dr. Morère still practises his profession, and is to be met with going his rounds in all weathers. He is famous for his diagnostic skill, and not less so for his charity and his devotion to his patients. It is pleasant to learn that on January 1st the old doctor was promoted to be an officer in the Legion of Honour, of which he had been a knight for more than thirty years.

continued to practise until a week or two before his death. On Sunday, January 15th, intestinal hæmorrhage came on at 2 P.M., and he was unconscious till 6 P.M., when he died, at the comparatively early age of 53.

#### JOHN MEABURN BRIGHT, M.D., M.R.C.S., L.S.A.

By the death of Dr. Bright, of Forest Hill, on January 11th, the profession has lost a general practitioner of the best type, and a man of singular devotion to duty and integrity of character. Suddenly snatched away at the age of 65, in the midst of active work, he has left among his patients and colleagues a memory that will long be cherished as that of a most useful life and a strong and attractive personality.

The son of Dr. Richard Bright, of South Audley Street, Mayfair, and afterwards of Hobart Town, Tasmania, and the grandson of the Rev. John Bright, of Skeffington Hall, Leicester, Prebendary of Salisbury, Dr. Bright was born in 1833. Educated at Rossall with a view to his entering the Church; he changed his mind, and began the study of medicine at Queen's College, Birmingham, where he took many prizes. He afterwards studied at Guy's Hospital, where he had a distinguished career, and attracted the attention and gained the friendship of Dr. Addison. He became Licentiate of the Society of Apothecaries in 1857, and a Member of the Royal College of Surgeons of England in 1859, and in 1862 he obtained the M.D. degree at St. Andrews with honours. He was assistant to the late Dr. Ray, of Dulwich, for a time, and afterwards House-Surgeon to the Surrey County Hospital at Guildford. In 1863 he settled in practice at Forest Hill, where he speedily established a wide reputation. Of untiring energy and devoted to his profession, Dr. Bright was one of the founders of the Sydenham District Medical Society, of which he was recently President. To him was also due the foundation of the Provident Dispensary at Forest Hill. He was a Vice-President of the British Medical Benevolent Fund after serving for several years on its Committee. With active interests alike in politics, in literature, and in the drama, he held the strongest religious convictions, and devoted much of his leisure to the study of theology, the fruits of which were given to the world in several anonymous volumes of commentary on the Scriptures. To medical literature he contributed a "Report to the Medical Officer of the Privy Council on the Sanitary Condition of Forest Hill, 1864-70," a paper (in conjunction with Dr. J. Harley) on Some Cases of Deranged Innervation consequent on Diphtheria published in *Virchow's Archiv*, 1862, etc. He was the Editor of the "Report on Midwifery and Diseases of Women and Children" in the *Yearbook of the New Sydenham Society*, 1863-4.

Dr. Bright was twice married. He died suddenly of cardiac syncope. He had seen patients in the morning, and passed away in the afternoon.

One who knew him well writes: Every Guy's man knew Bright of Forest Hill, and his distinguishing features were his downright integrity and his scorn for all that was not strictly straightforward. He was warmhearted to a degree, and had a heart open as the day to melting charity. If to live a laborious and most useful life and to die suddenly in the midst of the active work of the happiest period of a long life be accounted happiness, he was certainly happy and also *felix opportunitate mortis*.

SURGEON-GENERAL JAMES MACBETH, a veteran officer of the Army Medical Service, died recently in Rome, aged 82. He studied in Edinburgh, and took the diploma of Licentiate of the Royal College of Surgeons in 1840. He entered the army in 1841 as Assistant Surgeon, 10th Foot, with which regiment he served in the Sutlej campaign of 1845-6, and at the great battle of Sobraon (medal and clasp); he served further in the Punjab campaign of 1848-9, including the siege of Mooltan, and various other operations (medal and clasp). He subsequently became Surgeon of the 74th Highlanders, the 10th Hussars and 16th Lancers; was promoted Deputy-Surgeon-General in 1870, and retired with the rank of Surgeon-General in 1877. Surgeon-General Macbeth was a good type of the old regimental surgeon, an order now rapidly passing away.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Konstantinos Boussakis, Professor of Physiology in the University of Athens; Dr. Larrieu, Surgeon to the French Hospital, Constantinople; and Dr. R. F. Klaus, Professor of Zoology in the University of Vienna, aged 63.

## 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.*

A FIELD OFFICER, who has done half tour in Malta, wishes to exchange home for full tour. Apply Asthma, care of Holt and Co., 3, Whitehall Place, London, S.W.

### ROYAL NAVY MEDICAL SERVICE.

THE following appointments have been made at the Admiralty: DANIEL J. P. MCNABB, Staff-Surgeon, to the *Northampton*, January 13th; JOHN A. KEOGH, B.A., M.B., Surgeon, to the *Calliope*, January 13th; ERIC D. MACNAMARA, B.A., Surgeon, to the *Jupiter*, January 13th; ARTHUR A. J. MCNABB, M.B., Surgeon, to the *Sans Pareil*, January 27th; NORMAN L. RICHARDS, Surgeon, to the *Northampton*, additional, for the *Curacao*, January 27th; SAMUEL H. FACEY, Surgeon, to the *Diadem*, January 27th; REGINALD WATERFIELD, Surgeon, to the *Diadem*, January 24th.

Staff-Surgeon JOHN B. R. TRIGGS, M.B., has been promoted to be Fleet-Surgeon, January 10th. He was appointed Surgeon, September 29th, 1877, and Staff-Surgeon twelve years thereafter. He had medical charge of the *Active* during the Zulu war in 1879, and has the South Africa medal.

### ARMY MEDICAL SERVICE.

SURGEON-GENERAL W. S. M. PRICE has been selected for the post of Principal Medical Officer in Egypt to succeed Surgeon-General H. S. Muir, who is to be appointed Deputy Director-General, Army Medical Service, *vice* Surgeon-General W. Taylor, who becomes Principal Medical Officer in India.

Colonel J. FRASER, M.D., has been appointed Principal Medical Officer, North-Western District, at Chester.

Lieutenant A. C. LUTTON has been selected for appointment to the Coldstream Guards as an attached Medical Officer.

Captains G. S. McLOUGHLIN and J. D. FERGUSON have been made Companions of the Distinguished Service Order in recognition of their services during the recent operations in Uganda.

Lieutenant GEORGE S. NICKERSON, M.B., is seconded for service with the Egyptian army, December 29th, 1898.

### INDIAN MEDICAL SERVICE.

It has been officially notified in India that Surgeon-General R. HARVEY, C.B., D.S.O., M.B., Bengal Establishment, has been confirmed in his appointment as Director-General of the Indian Medical Service, from October 25th, 1898.

The officers of the Indian Medical Service who may in future be placed in charge of the Imperial Service Troops proceeding on service are to receive extra remuneration from Rs. 85 a month downwards. These orders are to have retrospective effect, so as to cover any cases which may have occurred in the frontier operations of 1897-98.

Brigade-Surgeon-Lieutenant-Colonel HUGH JOHNSTONE, late Indian Medical Service, died at 4, Lennox Mansions, Southsea, on December 11th, 1898. He was until his retirement Senior Civil Surgeon of Rangoon, Medical Officer for the State Railway of Burmah, Port Health Officer at Rangoon, etc. He retired last year after fifty years' eventful service in India and Burmah, but chiefly in the latter. Colonel Johnstone took a high position in the examination for the Indian Medical Service. He was first appointed to the Bengal Presidency, but in May, 1863, he proceeded to Bombay, where he was House-Surgeon and Physician to the Medical College Hospital. He was then transferred to the interior of Burmah.

### THE VOLUNTEERS.

SURGEON-LIEUTENANTS E. J. G. BERKLEY, 4th Battalion the Queen's (Royal West Surrey Regiment), and J. S. Y. ROGERS, M.B., 1st (City of Dundee) Volunteer Battalion the Black Watch (Royal Highlanders), are promoted to be Surgeon-Captains, January 25th.

Mr. CHARLES J. MARTIN, M.B., is appointed Surgeon-Lieutenant in the 4th Volunteer Battalion the East Surrey Regiment, January 25th.

Surgeon-Captain A. J. McD. BENTLEY, M.D., 13th Middlesex (Queen's Westminster) Rifles, has resigned his commission, January 25th.

### THE BRITISH TROOPS IN CANDIA.

A DESPATCH is published in the *London Gazette* from Major-General Chermiside, commanding the British troops in Candia, reporting the services of the officers and others present at the attack on the British troops in September, 1898. "The infantry (says the despatch) called on to defend themselves, with the assistance of other detachments, against this sudden, general, and treacherous attack, all belonged to the 1st Battalion Highland Light Infantry, and behaved in a manner worthy of the traditions of this distinguished corps." Among those singled out for special mention are the following members of the Royal Army Medical Corps: Lieutenants L. Addams-Williams and T. H. M. Clarke (wounded), and Privates D. Philemon, G. H. Lowden, G. Leggatt, and G. Biddiscombe (wounded).

## MEDICO-LEGAL.

### A "CRIMSON CROSS DISPENSARY" AND ITS REMEDIES.

AN inquest was held at the Guildhall, Derby, on January 2nd, on the body of John Henry Booth, aged 3 years. According to the report in the *Derby Daily Telegraph*, it appeared from the evidence of the mother that the deceased had frequently complained of headache, and on the Thursday preceding the death he said it ached very much, and she gave him some castor oil. On Friday she rubbed his head with some ointment that Captain Fielden gave her. She did not know who Captain Fielden was, but he came round sometimes to look at children. She went to his place in Otter Street on the Friday, and he called at her house in the evening. When she called at the office she was told it was closed, but the young lady there asked for her name and address. She did not tell her the child was ill, or ask that Captain Fielden might come. He, however, called at the house on Friday night, and looked at the child, put his hand on its head, and said she might rub it with a little ointment which he brought with him. He called the following day to see the child, but it was dead. He appeared surprised, and inquired if she had sent for a doctor. She informed him that she had sent for Dr. Spettigue, but he said the child died from convulsions. She did not ask Captain Fielden for a certificate. When he came on the Saturday morning he gave her some medicine for another child older than the deceased; this medicine he had with him. She did not know whether Captain Fielden was a qualified doctor, but she knew he had been to see other children in the neighbourhood, and prescribed and gave medicine to children of various people. At the house in Otter Street the word "Dispensary" was on his window.

Captain Fielden, in his evidence, stated that he was a retired captain of the Scots Fusiliers, having retired about 1874. In reply to the Coroner, witness said he amused himself by doctoring anyone, examining and prescribing for children and adults in the ordinary way. He made no charge either for visits or remedies. The physic was made up at the dispensary in Otter Street, which belonged to Miss Walmsley. There was no poison in the medicine, though there was a little in the ointment. He would give certificates for death or burial if the coroner would permit him, but prior to this one there had not been any deaths in the cases he had attended. He admitted having looked at the child's head, passed his hand over it, and gave the mother some ointment to rub on, and told her to send to the dispensary for some medicine the next day. No one having come the next day he went round and left some medicine for the elder child that was sickening for typhoid fever. He did not report cases of infectious disease. Qualified men, he added, were not allowed to use good remedies like he did; it would be against medical etiquette. He felt himself competent to attend these cases. He cured 58 per cent. of his small-pox cases at Gloucester, when the doctors were losing 55 per cent. of theirs. He had cured a great many cases which had been discharged from hospitals and infirmaries as incurable.

Dr. Spettigue gave evidence that the cause of death was primarily water on the brain, and secondly convulsions.

The Coroner in summing up said it was quite clear from Captain Fielden's own evidence that however dangerous cases might be he attended people, examined them, and prescribed for them, and actually kept a dispensary in Otter Street and he claimed that he was fully qualified to diagnose cases. Personally he, the Coroner, had yet to learn that any person not a duly qualified medical practitioner had a right to take upon himself such a serious responsibility as Captain Fielden had, or that the law gave him power to undertake the treatment of cases which required the greatest medical skill. Under the circumstances he thought it was the duty of the proper authorities to take some notice of this case and particularly the evidence of Captain Fielden himself, because he could not conceive a more dangerous practice than that of an unqualified person attempting to attend adults and children suffering from very severe diseases, including typhoid fever. He felt it his duty to send a copy of the depositions to the proper authorities before whom he should place all the facts and if they felt it desirable for the protection of the public they would no doubt take the necessary steps.

In reply to the foreman of the jury, Captain Fielden said he considered Miss Walmsley was quite qualified to make up their medicines. She was a specialist, though the only experience she had had was that because of an affliction—a diseased hip—she had attended various hospitals. Miss Walmsley was in the habit of attending patients out of town, and received them at the dispensary.

In answer to the Coroner, witness stated that there was a Miss Edge also at the dispensary. The dispensary was kept up through the remedies being sold to chemists and by subscription. A charge was made on lady patients on Wednesdays. Witness said he simply went there to attend his other patients, as a doctor would go to the infirmary. Miss Walmsley was one of the cured patients.

Replying to the jury, the "Crimson Cross" remedies were proprietary medicines. Paying days were on Wednesdays. Witness did not know of his own personal knowledge, but he was told so by Miss Walmsley, who had a banking account.

The Coroner: Do you directly or indirectly receive any money from this dispensary, which is called the Temperance Dispensary, the Crimson Cross Dispensary, and Mr. Fielden's Dispensary?

Witness: No, none whatever. I do not get any money from either.

The jury returned a verdict in accordance with the medical testimony, leaving any further action in the hands of the Coroner. The jury added that it was a matter of great importance to the public, and it was necessary that an exhaustive inquiry should have been made.

### CORONER AND MEDICAL WITNESS.

MEMBER (Bristol) complains that, without *post-mortem* examination, and not having seen the deceased for months, and not since death, he is called upon to give evidence as to the cause of death, and that when the question of a special visit to examine such body externally after death is raised, the coroner observes that the fee of one guinea paid for giving evidence includes visiting and examining the body. Has the coroner, he asks, power to allow a special fee for so doing?

\*.\* The only fees to medical witnesses the coroner can pay are those

prescribed by the Coroners Act, 1887, which provides one guinea for a *post-mortem* examination, if ordered by the coroner, and one guinea for giving evidence. There is no fee allowable for external inspection of the body after death, and when such cases occur as described by our correspondent, all the evidence he can give is concerning his previous knowledge of the deceased, and an account of any ailments for which he may have attended him recently or on the last occasion. The deceased man in the present instance was about 80 years of age, and in the absence of any evidence to the contrary, the jury would probably be satisfied with the general evidence and the previous history given by the medical man, and come to the conclusion that the deceased died from natural causes, though if a *post-mortem* examination had been ordered a more correct and satisfactory verdict would have been arrived at. As regards the fee of one guinea for giving evidence, that does not include any other service rendered by the medical witness except that mentioned in the Act.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

**BENEFACTIONS.**—The Vice-Chancellor publishes a list of donations to the Benefaction Fund received during the past six months. They amount to £2,530, and include about £400 specially assigned to the rebuilding of the medical school. Lord Iveagh contributes £1,000 to the general fund.

**DEGREES.**—At the Congregation on January 19th, Mr. E. A. R. Newman, B.A., of Caius, was admitted to the M.D. degree; Mr. C. R. Reissmann, B.A., of St. John's, to the M.B. and B.C. degrees; and Mr. E. C. Taylor, B.A., of St. John's, to the B.C. degree.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen passed the Preliminary Science Examination in Chemistry, Physics, and Practical Chemistry: S. Clifford, Birkbeck Institute, and R. W. Craig, Wyggeston School, Leicester. Two gentlemen were referred back to their professional studies for three months.

### SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, January, 1899.—The following candidates passed in:

**Surgery.**—F. M. Aldred, Liverpool; R. L. Argles, St. Mary's Hospital; H. H. Cotman (Section II), Aberdeen and London Hospital; K. Grube, Bonn; R. R. Mowll (Section I), King's College Hospital; A. Robinson, Leeds; S. Southam, Westminster Hospital; L. K. Tickner, Durham; H. Whittaker, Cambridge; C. H. Williams, St. Bartholomew's Hospital.

**Medicine.**—R. R. P. S. Bowker, Middlesex Hospital; A. E. Freer, Edinburgh and St. Mary's Hospital; S. H. Longhurst, Guy's Hospital; D. V. Lowndes (Section II), Westminster Hospital; G. S. Moore, London Hospital; R. R. Mowll (Section I), King's College Hospital.

**Forensic Medicine.**—R. R. P. S. Bowker, Middlesex Hospital; R. R. Mowll, King's College Hospital; L. Liebster, Vienna and London Hospital.

**Midwifery.**—H. C. Cooper, St. George's Hospital; H. R. Cross, Leeds; H. Fawcett, Cambridge and London Hospital; E. J. Gruchy, London Hospital; W. M. McLoughlin, University College Hospital; C. G. Meade, St. Bartholomew's Hospital; C. H. St. M. W. Toke, St. George's Hospital; H. E. Weston, St. George's Hospital.

The diploma of the Society was granted to Messrs. F. M. Aldred, R. L. Argles, H. H. Cotman, E. J. Gruchy, and A. Robinson.

## PUBLIC HEALTH

AND

## POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,875 births and 3,979 deaths were registered during the week ending Saturday last, January 21st. The annual rate of mortality in these towns, which had been 19.1 and 18.3 per 1,000 in the two preceding weeks, further declined to 18.2 last week. The rates in the several towns ranged from 13.7 in Derby, 13.8 in Burnley, 14.4 in Leicester, and 15.1 in Croydon to 22.4 in Halifax, 22.6 in Preston, 23.0 in Gateshead, and 26.6 in Swansea. In the thirty-two provincial towns the mean death-rate was 18.8 per 1,000, and exceeded by 1.6 the rate recorded in London, which was 17.2 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.7 per 1,000; in London the rate was equal to 1.5 per 1,000, while it averaged 1.9 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.0 in West Ham, in Portsmouth, in Swansea, and in Manchester, 3.1 in Preston, 3.5 in Huddersfield, and 5.0 in Nottingham. Measles caused a death-rate of 1.6 in Manchester, 2.0 in Huddersfield, 2.2 in Nottingham, and 2.4 in Gateshead; whooping-cough of 1.3 in Bristol, 1.5 in Swansea, and in Huddersfield, 1.7 in Nottingham, and 1.8 in Birkenhead; and "fever" of 1.3 in Bolton and in Preston, and 1.8 in Burnley. The mortality last week from scarlet fever showed no marked excess in any of the large towns. The 68 deaths from diphtheria in the thirty-three towns included 30 in London, 5 in Liverpool, 4 each in West Ham, Portsmouth, Leicester, and Sheffield, and 3 each in Birmingham and 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 only one small-pox patient was under treatment in the Metropolitan Asylums Hospitals on Saturday last, January 21st. The

number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 2,939 to 2,777 at the end of the three preceding weeks, had further fallen to 2,749 on Saturday last; 249 new cases were admitted during the week, against 225, 291, and 220 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, January 21st, 954 births and 649 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 18.2 to 21.7 per 1,000 in the three preceding weeks, declined to 21.3 last week, but was 3.1 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 15.5 in Leith and 17.5 in Greenock to 22.4 in Glasgow and 23.5 in Dundee. The zymotic death-rate in these towns averaged 3.1 per 1,000, the highest rates being recorded in Greenock and Aberdeen. The 316 deaths registered in Glasgow included 2 from measles, 4 from scarlet fever, 2 from diphtheria, 15 from whooping-cough, and 4 from "fever." Six fatal cases of measles and 12 of whooping-cough were recorded in Edinburgh; 2 deaths were referred to diphtheria in Dundee, 2 in Paisley, and 2 in Greenock; and 6 deaths from measles occurred in Aberdeen.

#### SCIENTIFIC PREVENTION OF YELLOW FEVER.

IN a paper in a recent issue of the *North American Review*, Dr. A. H. Doty, Health Officer of the Port of New York, states that quarantine, without a wholesale remedy of local sanitary defects and deficiencies, cannot be alone depended on to prevent the introduction or extension of yellow fever, for, after it is removed, the locality is just as susceptible to the disease as ever. He lays stress on the fact that no other place in the world offers such a menace to the public health of America as the Cuban seaports—notably Havana, where may be seen what he terms "the degradation of sanitary science." Dr. Doty finally alludes to the need of a National Health Bureau or Department, which shall not only have general supervision over quarantine matters, but shall also have jurisdiction over sanitary matters in the interior, which is even more important. This feeling has found expression in a Bill introduced in the United States Senate last winter by the Hon. John C. Spooner. It is the intent of this Bill to establish a department which shall be sufficiently broad in its scope to have general supervision over health matters throughout the United States, both at the coast and in the interior. It has no aim to obstruct or interfere with local health officers in the proper performance of their duties, but to assist and co-operate with them, and to harmonise their action, and to instruct and thus gain public confidence. The value of such a department is self-evident, and it is stated that "there is reason to believe that during next session of Congress the Bill referred to will again receive serious and proper consideration." Let us hope it will soon become law.

#### ST. GEORGE, SOUTHWARK.

THERE has just been issued the annual report of the Vestry of St. George-the-Martyr, Southwark, for the financial year ended on March 25th last, and included in the volume is the report of Dr. Waldo, M.O.H., for the calendar year 1897. The former report bears date, July, 1898, whilst that of Dr. Waldo is dated February, 1897 (presumably 1898 is intended). It is a pity the publication of the report of the medical officer should be delayed for more than twelve months after the close of the year. The birth-rate, 35.0 per 1,000 persons living, in 1897 considerably exceeded that of London, and was 4.4 above that of the 33 great towns. The death-rate of 23.2 per 1,000 living was exceeded by only four London sanitary districts. It was 23.6 in the Borough Road subdistrict of St. George, though even that was below the average of the preceding six years. The zymotic death-rate of 4.3 per 1,000, which vied with Limehouse in heading the list of London districts, was opposed to 2.6 in the metropolis as a whole, and 2.0 in the 33 great towns. The infantile mortality was 189 per 1,000 registered births, as against 159 in London. It was 203 in the Kent Road division. Diarrhoea accounted for 1,482 deaths. The conditions which favour this disease in St. George are polluted soil and air, crowding in houses and on area, filth nuisances, and uncontrolled dairies. The mortality from measles, diphtheria, and of children generally have exercised Dr. Waldo, but we feel that we are dealing with ancient history in his comments on these and other matters. His general and special reports are of interest and importance, especially those having concern with insanitary areas and house property, and on the whole give evidence of a large amount of good work in progress.

#### THE VITAL STATISTICS OF KENSINGTON IN 1898.

THE statement which Dr. Orme Dudfield issues in the opening days of each year as to the vital statistics of the parish of Kensington during the preceding twelve months is a procedure which is deserving of praise in its highest form—imitation. The detailed annual reports of metropolitan health officers are often so long delayed as to make an early presentation of data more than usually valuable. Dr. Dudfield puts forward his figures in a shape which renders it possible for the vestry to make use of them at once. Especially is this the case at Kensington, because monthly reports are issued, each covering the whole range of current sanitary administration. The data for the parish, which has a population of 172,000, show a birth-rate of 29.4 per 1,000 persons, considerably below that of London as a whole, and ranging in the various divisions of the parish from 10.7 to 38.7 per 1,000 living. The death-rate, 16.3 per 1,000, was 2.3 below that of London generally, and ranged from 8.6 to 31.0 per 1,000 in the six sanitary districts of the parish. The rate of infantile mortality showed a rise over recent years, being 180 per 1,000 registered births, as against 167 in the metropolis. It ranged in Kensington sanitary divisions between 101 and 253 per 1,000 births. The zymotic death-rate of 2.0 per 1,000, as opposed to 2.34 in the metropolis, showed equally great divergence in the different populous divisions of the parish, namely, 0.7, 0.8, 1.5, 1.9, 3.9, and 4.9 respectively. Scarlet fever showed decrease as regards both cases and deaths, and diphtheria showed even more marked decline as regards amount and fatality, both as to death-rate and case mortality, the latter being about the lowest on record, namely, 11.7 per cent. Typhoid fever

cases were fewer than in 1897, whilst the deaths from that disease were fewer than in any year since 1887. Generally speaking, the health data of Kensington are marred by two districts in its constituent divisions, namely, the North, with a population of 33,350, and the North-West with its estimated 16,850 persons.

#### PLYMOUTH WORKHOUSE INFIRMARY.

MORE than four years ago our Special Commissioner recommended the building of a new infirmary, and remarked: "These buildings were erected at a time when the needs of the sick were not so well understood, and they cannot be adapted without an unnecessary expenditure of service and labour, which makes the working extravagant" (*BRITISH MEDICAL JOURNAL*, September 8th, 1894). On January 17th, according to the *Western Morning News*, the same question was under the discussion of the Board. An inelastic building is the problem; it met the needs of the population in the last century, but it has been over and over again found wanting at the present date. The guardians were well advised by Mr. Preston Thomas, the inspector, to face the situation and build a new infirmary. From the reports which were laid before the Board, the overcrowding is now positively dangerous. The medical officer has insisted over and over again in his reports on the need of a suitable infirmary for the sick, the public press has been urging the same, and now the hapless and helpless poor crowded in beds on the floor, or in at least one instance placed two in a bed in a wretched room never intended for a ward, cry with a voice which cannot be hushed. Mr. Thomas says, "Public opinion would not tolerate the sort of overcrowding and inadequate accommodation for the sick poor that they now had," and we trust that the rate-payers of Plymouth will bestir themselves to wipe away this reproach from their beautiful town.

#### INCREASE OF SALARY OF MEDICAL OFFICER OF HEALTH.

WE are glad to notice that at a recent meeting of the Sheffield City Council it was resolved to increase the salary of Dr. Robertson, medical officer of health, from £500 to £600.

#### PROPOSED CENTRAL FUND FOR THE SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS.

At a meeting of the Council of the Poor-law Medical Officers' Association the subject of a central fund for the payment of superannuation expenses came under discussion. It was unanimously resolved:

That the present system of making each union responsible for its own, and other, superannuation expenses was likely to lead to serious grievances; that it would inevitably result in preventing increase of Poor-law officers' salaries under any ordinary circumstances, and altogether hinder the appointment to a Poor-law office of any man of advanced years, however competent, and would be fatal to the chance of a Poor-law officer once losing his office again obtaining an appointment.

That this should be avoided by the formation of a central or common fund out of the contributions deducted under the present Act from the salaries of Poor-law officers.

#### LUNACY LAWS.

DR. COOK (Torquay) writes to call attention to the fact that magistrates often refuse to sign an order for admission to an asylum where a medical certificate of lunacy has been given.

\* \* This is an example of the defective condition of the lunacy laws, which gave the magistrates this power of deciding the question of lunacy. Homicidal acts have in several instances resulted from this provision, and all such recurrences should be reported. The only action that the medical officer can take is to fulfil the duty entailed on him (by Section XIV), and give notice to the relieving officer again and again. Both relieving officer and magistrates are bound to comply with such a notice, and to inquire again and again into the case.

## MEDICAL NEWS.

MR. A. T. MACCONKEY, B.A., M.B., B.C. Cantab., D.P.H. Camb., has been appointed Assistant to the Bacteriologist of the Royal Commission on Sewage Disposal.

THE Duchess of Albany opened on January 20th the new Nurses' Home of the Chelsea Hospital for Women, and subsequently paid a visit to the hospital.

At the meeting of the Board of Delegates of the Hospital Saturday Fund held on January 21st, it was resolved that the sum of £17,930 16s. 5d. should be distributed among the 173 participating institutions.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—The annual dinner of this Society will be held on Wednesday, February 8th, at the Trocadero Restaurant, Piccadilly, W., at 7.30 P.M. The President, Dr. S. D. Clippingdale, will preside.

At the examinations held this month by the Institute of Chemistry 11 candidates passed the final examination for the Associateship in various branches, 9 passed the intermediate examination, and 3 the practical examination for the Associateship, under the old regulations.



AMONGST the latest contributions to the Prince of Wales's Hospital Fund for London are the following: The Fishmongers' Company, £1,000; Lord Grimthorpe, £100.

The fifth course of public lectures, to be given under the auspices of the Childhood Society, will be delivered on January 31st, February 21st, and March 28th, at the Sanitary Institute, Margaret Street, W., at 8 P.M. on each day. The first lecture will be delivered by Dr. Francis Warner, who has chosen for his subject Mental Abilities and Disabilities of Children.

THE will of Dr. William Munk, the late Harveian Librarian of the Royal College of Physicians, who died on December 20th, 1898, aged 82, has been proved, the personal estate being valued at £9,369 16s. 1d. He bequeaths to Cardinal Vaughan a bust of Cardinal Wiseman, in the hope that it may be regarded as corporate property of the Archdiocese.

MEDICAL EXAMINATION OF TEACHERS IN NEW YORK.—The New York Board of Education has appointed for the whole city of New York 19 physicians (among whom is one woman), whose duties will be to examine teachers, who are now required to produce certificates of sound health before they are allowed to teach. Heretofore the teachers had to pay the physician's fee for examination; hereafter, however, the applicant may consult any one of the appointed physicians free of charge, and the Board of Education will pay three dollars for each examination.

APPOINTMENTS UNDER THE WORKMEN'S COMPENSATION ACT.—The following gentlemen have been appointed by the Home Secretary to act as medical referees under the Workmen's Compensation Act. *England*: Dr. Thomas W. Thursfield (Leamington) for County Court Circuit No. 22; Mr. Alfred Owen Davies (Machynlleth) and Mr. Horace Allan Debenham (Presteign) for County Court Circuit No. 28; Dr. H. Muir Evans (Lowestoft), for County Court Circuit No. 33, in lieu of Dr. C. H. Graham, resigned; Mr. Robert Bruce (Milford-on-Sea) for County Court Circuit No. 55. *Ireland*: Dr. Thomas Joseph Moore (Ardee) for County Louth; Dr. Benjamin Lane (Limavady) for Londonderry, in lieu of Dr. D. J. Browne, resigned.

PRESENTATION TO MR. ALFRED COOPER.—The retirement of Mr. Alfred Cooper from the staff of St. Mark's Hospital, with which he has been connected for thirty-four years, was not permitted to take place without some recognition on the part of his many friends belonging to the institution. Accordingly on January 25th, he was presented at the house of Mr. Swinford Edwards with a Chippendale clock and a silver cigarette box, subscribed for by some members of the Committee of the hospital, his colleagues, and old house-surgeons. Upon the clock was a suitable inscription in commemoration of the occasion. Mr. Edwards, in making the presentation, alluded to the immense amount of human suffering which Mr. Cooper must have relieved during his long term of office, and pointed out how much of the financial prosperity of the hospital had been due to Mr. Cooper's influence. He further stated that Mr. Cooper's success and popularity were well known, the latter being largely due to his natural unselfishness, geniality, and sincere love for his fellow men.

VISITING MEDICAL OFFICERS OF WORKHOUSES.—Some time ago it was announced that the Bradford Board of Guardians intended to appoint two consulting physicians as visiting medical officers to the workhouse infirmary. We are informed that great exception was taken to this on behalf of the profession generally in Bradford, on the ground, as we understand, that the class of cases to be treated were such as usually come under the care rather of the general practitioner or surgeon than of physicians. The infirmary contains a lying-in department and a lock ward, and a large number of the cases are ulcers of the leg, hæmorrhoids, bladder disorders, and cases requiring minor operations. In consequence of the strong expression of feeling by a large proportion of medical practitioners in Bradford and the neighbourhood, the two physicians, Dr. Crowley and Dr. Campbell, physicians to the Bradford Infirmary, who had, we are informed, been understood to be willing to accept the appointment at the workhouse, have declined, and the guardians have decided not to proceed further in the matter. The salary intended to be attached to the appointments was, it is stated, £100 a year.

## MEDICAL VACANCIES.

The following vacancies are announced:—

- BELFAST DISTRICT ASYLUM**.—Assistant Medical Officer, unmarried, and not to exceed 32 years of age, salary, £100 per annum, and £50 in lieu of rations with furnished apartments, fuel, light, washing, and attendance. Applications to the Medical Superintendent by February 11th.
- CANCER HOSPITAL**, Fulham Road, S.W.—House-Surgeon. Appointment for six months at the rate of £50 per annum, with board and residence. Applications to the Secretary by February 4th.
- CHELSEA HOSPITAL FOR WOMEN**, Fulham Road, S.W.—Pathologist. Applications to the Secretary by February 6th.
- 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.
- EDINBURGH ROYAL ASYLUM**.—Fourth Assistant Physician; also Resident Clinical Clerk. Applications to Dr. Clouston, Physician-Superintendent.
- HASTINGS, ST. LEONARDS, AND EAST SUSSEX HOSPITAL**.—House-Surgeon. Salary, £75 per annum, with board, residence, and laundry expenses. Applications to the Secretary by February 1st.
- HUDDERSFIELD INFIRMARY**.—Junior House-Surgeon. Salary, £40 per annum, with board, lodging, and washing. Applications to the Secretary by February 9th.
- LEICESTER INFIRMARY**.—Assistant House-Surgeon. Honorarium of £42 a year, with board, residence, and washing. Applications to the Secretary, 24, Friar Lane, Leicester, by February 13th.
- LIVERPOOL: TOWNSHIP OF TOXTETH PARK**.—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 of the Guardians, 15, High Park Street, Liverpool, by February 1st.
- LIVERPOOL SCHOOL OF TROPICAL DISEASES** (University College, Liverpool, and the Liverpool Royal Southern Hospital).—Lecturer in Tropical Diseases at University College. Will also be appointed Honorary Consulting Physician to the Royal Southern Hospital. Salary, £250 a year and proportion of students' fees. Applications to Professor Boyce, University College, Liverpool, by February 27th.
- LONDON LOCK HOSPITAL**, 91, Dean Street, Soho, W. Anaesthetist to the Male Hospital. Applications to the Secretary, Harrow Road, W., by February 4th.
- MANCHESTER CLINICAL HOSPITAL FOR WOMEN AND CHILDREN**.—Honorary Pathologist. Applications to the Secretary, 38, Barton Arcade, Manchester, by January 31st.
- NATIONAL ORTHOPÆDIC HOSPITAL**, 231, Great Portland Street, W.—Surgeon's Registrar. Applications to the Secretary by February 11th.
- NOTTINGHAM GENERAL HOSPITAL**.—House-Physician. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by January 31st.
- MORPETH DISPENSARY**.—House-Surgeon. Salary, £170 per annum, with furnished rooms, coal, and gas. Applications to Mr. N. T. Wright, Honorary Secretary, Beechfield, Morpeth, Northumberland, by February 16th.
- NORTH LONDON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**, Mount Vernon, Hampstead.—Resident Medical Officer. Appointment for one year. Applications to the Secretary at the Offices, 41, Fitzroy Square, W., by February 4th.
- NORWICH: NORFOLK AND NORWICH HOSPITAL**.—Assistant to House-Surgeon. Appointment for six months. Honorarium, £20, with board, lodging, and washing. Applications to the Secretary by February 7th.
- PLAISTOW: ST. MARY'S CHILDREN'S HOSPITAL**.—Assistant Resident Medical Officer. Appointment for six months. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the Secretary by February 7th.
- ROYAL EYE HOSPITAL AND ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL**, Southwark, S.E.—House-Surgeon. Remuneration, £50 per annum, with full board and residence. Applications to the Secretary by February 2nd.
- ROYAL LONDON OPHTHALMIC HOSPITAL**, Moorfields, E.C.—Physician. Must be F.R.C.P. Lond. Applications to the Secretary by February 14th.
- SHEFFIELD UNION INFIRMARY**.—Resident Assistant Medical Officer for the Workhouse, Fir Vale, Pitmanor. Not under 20 years of age, salary, £100 per annum, with apartments, rations, and usual allowances. Also Junior Assistant Medical Officer. Appointment for six months. Honorarium, £12, with furnished apartments, board, and washing. Applications to the Clerk to the Guardians, Union Offices, Sheffield, by February 8th.
- STAFFORD: STAFFORDSHIRE GENERAL INFIRMARY**.—Assistant House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the House-Surgeon by February 3rd.
- SUNDERLAND, MONKWEARMOUTH, AND SOUTHWICK HOSPITAL**.—House-Surgeon, unmarried. Salary, £80 per annum, with board, residence, and washing. Applications to the Honorary Secretary by January 30th.
- WAKEFIELD: CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY**.—House-Surgeon, unmarried. Salary, £90 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by January 31st.

## MEDICAL APPOINTMENTS.

- ANDERSON, A. J., M.B., C.M. Edin.**, appointed Medical Officer to the Workhouse of the Staines Union, and to the Curtis, M.R.C.S. Eng., resigned.
- BACK, A. Fred., L.R.C.P. Edin., M.R.C.S. Eng.**, appointed Medical Officer for the Acle District of the Blofield Union, vice Frank Cufauds, L.R.C.P. Edin., M.R.C.S. Eng., resigned.
- BAIRD, G. Henderson, M.D. Brux., L.S.A.**, appointed Medical Officer to the Cable Department and Postal District, Charlton, also to H.M.S. "Monarch."
- BLAGG, A. F., M.D., L.R.C.P.**, appointed Physician to the Orthopaedic Hospital, Bristol.
- BOOTH, P. L., M.R.C.S.**, appointed Honorary Surgeon to North Lonsdale Hospital, Barrow-in-Furness.
- BREWIS, N. T., M.B., F.R.C.P. Edin.**, appointed Gynaecologist to Leith Hospital.
- BRYSON, Leonard H., M.B., C.M., M.R.C.S., L.R.C.P.**, appointed Medical Officer to the Derby School Board.
- BUTLER, James, M.B. Glasg.**, appointed Junior Assistant Medical Officer to the Govan District Asylum, Hawkhead, Paisley, vice Campbell Hight, M.B. Glasg., resigned.
- CARWARDINE, T., M.S. Lond., F.R.C.S.**, appointed Surgeon to the Orthopaedic Hospital, Bristol.
- COLEMAN, Ernest, M.B., B.S. Lond.**, appointed Assistant Medical Officer of the County Asylum, Nailhill, near Liverpool.
- DIBBS, W. S., M.R.C.S. L., L.R.C.P. Lond.**, appointed Medical Officer for the Farnham Royal District of the Eton Union.
- EMANUEL, J. G., M.B., B.S., B.Sc. Lond., M.R.C.S. Eng., L.R.C.P. Lond.**, appointed Resident Medical Officer to the City of London Hospital for Diseases of the Chest, Victoria Park.
- EYRES, H. M., M.B., C.M. Edin.**, appointed Medical Officer for the Scorton and Catterick Districts of the Richmond (Yorks) Union.
- FARMER, Gabriel William stahel, M.A., M.B., M.Ch. Oxon., F.R.C.S.**, appointed Honorary Surgeon to the Radcliffe Infirmary, Oxford, vice W. L. Morgan, M.A. Oxon., M.R.C.S., resigned.
- FERGUSON, James Haig, M.D., F.R.C.P. E.**, appointed ordinary Physician for Diseases of Women and Gynaecological Surgeon to Leith Hospital.
- GAMAN, F. R. S., M.R.E. S., L.R.C.P. Lond.**, appointed Medical Officer for the First District and Workhouse of the Caister Union.
- HART, David Berry, M.D., F.R.C.P. E.**, appointed Consulting Physician for Diseases of Women and Consulting Gynaecologist to the Leith Hospital.
- KENDRICK, G., M.R.C.S., L.R.C.P. Lond.**, appointed Medical Officer for the Bilston No. 5 District of the Wolverhampton Union.
- KYRIAC, C. E., M.R. Lond.**, appointed Medical Officer of the Workhouse and the Williton District of the Williton Union.
- MACGIBBON, J., jun., M.B., Ch.B., L.R.C.P.E., L.R.C.S.E.**, appointed House-Surgeon to the Edinburgh Maternity and Simpson Memorial Hospital.

**MESSENGER**, T. L.R.C.P., L.R.C.S. Edin., F.P.S. Glasg., appointed Medical Officer for the Bowdrie District of the Wigan Union.

**NIX**, H. E., M.B., B.C. Camb., appointed Medical Officer for the Third District of the Thingoe Union.

**PAGE**, G. Shepley, L.R.C.P., L.R.C.S. Edin., appointed Public Vaccinator for the Bristol District by the Guardians of the City and County of Bristol.

**PRATT**, Reginald, M.D. Lond., appointed Honorary Physician to the Leicester Infirmary, vice Charles W. Cooper, M.B. Camb., resigned.

**PROCTER**, J. A., L.S.A., appointed Medical Officer for the Lydd District of the Romney Marsh Union.

**ROSE**, J., M.B., appointed Medical Officer for the Second District of the Newport, Salop, Union.

**RUTHERFORD**, Alexander, M.B., appointed Honorary Surgeon to the North Lonsdale Hospital, Barrow-in-Furness.

**SEVSTER**, Robert, M.D. Camb., appointed Assistant Honorary Physician to the Leicester Infirmary.

**SHEPPARD**, E. J., L.R.C.P., L.R.C.S. Edin., appointed Public Vaccinator for the Clifton District by the Guardians of the City and County of Bristol.

**STANWELL**, Ed., M.B. Edin., C.M., M.R.C.S. Eng., L.R.C.P. Lond., appointed Assistant Surgeon to the Stamford, Rutland, and General Infirmary.

**STAPLE**, J. D., M.R.C.S. Eng., L.S.A. Lond., appointed Public Vaccinator for the Ashley Registration District by the Guardians of the City and County of Bristol.

**STONE**, F. W. S., L.R.C.P., L.R.C.S., appointed Medical Officer for the Bilton District of the Warmley Union.

**STRETHERS**, J. W., M.B., Ch.B., appointed House-Surgeon to the Edinburgh Royal Infirmary and Simpson Memorial Hospital.

**SUTCLIFFE**, E. H., M.R. Durh., M.R.C.S., appointed Medical Officer for the Great Torrington District of the Torrington Union.

**TOTHILL**, F. C., M.B., C.M. Edin., appointed Medical Officer for the Staines and Laleham District of the Staines Union.

**WEEKES**, C. P., M.R.C.S., L.M.C.P., appointed House-Surgeon to the Boscombe Hospital, Bournemouth.

**WILLIAMSON**, Oliver K., M.B., appointed Second House-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.

**WILSON**, J. F., M.D., appointed Honorary Surgeon to the North Lonsdale Hospital, Barrow-in-Furness.

## DIARY FOR NEXT WEEK.

## MONDAY.

**West London Post-Graduate Course**, West London Hospital, W., 5 P.M.—Mr. C. B. Kestley: The Surgical Uses of Plaster of Paris and of Poroplasty.

## TUESDAY.

**West End Hospital for Diseases of the Nervous System**, 73, Welbeck Street, W., 4 P.M.—Dr. T. D. Savill: Cases of Acroparesthesia and other Angi-Neuropses.

**National Hospital for the Paralysed and Epileptic**, Queen Square, W.C., 3.30 P.M.—Dr. Ormerod: Ataxy.

## WEDNESDAY.

**Gynaecological Society of London**, 5 P.M.—Specimens will be shown by Dr. John Phillips, Cullingworth, Des Vaux, and others. Annual Meeting: The President (Dr. Cullingworth) will deliver the Annual Address.

**Hospital for Consumption and Diseases of the Chest**, Brompton, 4 P.M.—Sir E. Douglas Powell, Bart.: On Mitral Stenosis.

## THURSDAY.

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

**Neurological Society of London**, 11, Chandos Street, Cavendish Square, W., 5.30 P.M.—Annual General Meeting of the Society. Dr. W. H. Gaskell, F.R.S.: Presidential Address on The Meaning of the Cranial Nerves.

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

**West London Post-Graduate Course**, West London Hospital, W., 5 P.M.—Mr. C. B. Kestley: Injuries and Deformities of the Hip and Knee.

**Charing Cross Hospital**, Post-Graduate Course, 4 P.M.—Dr. Eden: Gynaecological Demonstration.

## FRIDAY.

**West Kent Medico-Chirurgical Society**, Royal Kent Dispensary, Greenwich Road, 8.45 P.M.—Dr. Dunstan Grant: On Cases of Chronic suppuration of the Frontal Sinus and Antrum of Highmore treated exclusively through the Nose, with Good Result.

**West London Medico-Chirurgical Society**, West London Hospital, W., 8.15 P.M.—Discussion on The Treatment—medical and surgical—of Acute Inflammation of the Vermiform Appendix, to be opened by Dr. Seymour Taylor and Mr. McAdam Eccles, and carried on, among others, by Dr. Donald Hood, Mr. C. B. Kestley, Dr. Stanley Smith, Mr. L. A. Bidwell, Dr. H. A. Caley.

**Laryngological Society of London**, 20, Hanover Square, 5 P.M.—Cases and Specimens will be shown by the President, Dr. de Havilland Hall, Mr. Bowley, Mr. Robinson, Dr. Potter, Sir Felix Semon, Dr. Hill, and others.

## BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post office order or stamps with the notice not later than Wednesday morning in order to insure insertion in the current issue.

## BIRTHS.

**ELLIOTT**.—On the 21st inst., at Cranford, St. Annas-on-the-Sea, the wife of A. Campbell Elliot, of a daughter.

**ORCHARD**.—On January 17th, at 88, Market Street, Ashby-de-la-Zouch, the wife of Alfred Orchard, M.R.C.S. and L.R.C.P., of a daughter.

## MARRIAGE.

**BRAINE-TARNELL-BARKER**.—January 17th, at Havering, Essex, by the Rev. Prebendary Donald Churchward, R.D., Vicar of Northam, Devon, uncle of the bridegroom, and the Rev. Canon Hudson, R.D., Rector of Gilling, York, Christopher Braine-Tarnell, M.R.C.S., L.R.C.P., of Cheltenham, son of the late Rev. G. T. Braine-Tarnell, M.A., to Constance Lillian, daughter of the Rev. J. C. Barker, M.A., Vicar of the parish.

## DEATHS.

**BOWES**.—On the 16th inst., suddenly, at Symnel, Aldington, Kent, William Bowes, M.R.C.S., L.S.A., aged 80, of the late Mr. William Bowes, Elham, Kent, aged 50 years.

**COATS**.—At 8, University Gardens, Glasgow, on the 24th inst., Joseph Coats, M.D., Professor of Pathology, Glasgow University.

**EVANS**.—On the 8th inst., at his residence, Tanynone, Porthmadoc, Henry Evans, M.R.C.S. Eng., L.R.C.P. Edin., and L.S.A., aged 48 years.

**FORSYTH**.—On January 8th, 1899, at Tansfield House, Castletown, Thurso, William Forsyth, M.R.C.S., son of the late William Forsyth, 130, Gilmore Place, Edinburgh, in his 51st year.

## 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.

**CEN**, L. LONDON THROAT, NOSE, AND EAR. *Attendances*.—M, W, Th, S, 2; Tu, F., 2. *Operations*.—Lp, Tu, 2.30; o.p., F, 2.

**CHARING CROSS**. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu, F., 1.30; Skin, M, Th, 1.45; Dental, M, 9; Throat and Ear, F., 9.30. *Operations*.—Th, F, S, 3.

**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.

**GU'S**. *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M, Tu, F., 1.30; Eye, M, Tu, Th, F., 1.30; Ear, Tu, 1; Skin, Tu, 1; Dental, daily, 9; Throat, F., 2. *Operations*.—Tu, F., 1.30; (Ophthalmic), M, 1.30; Th, 2.

**HOSPITAL FOR WOMEN, Soho**. *Attendances*.—Daily, 10. *Operations*.—M, Th, 2.

**KING'S COLLEGE**. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p., daily, 1.30; Eye, M, W, Th, 1.30; Ear, Th, 2.30; Throat, M, 1.30; F, 2; Dental, M, Tu, 10; Skin, W, 1.30. *Operations*.—W, Th, F, 2.

**NATIONAL ORTHOPEDIC**. *Attendances*.—M, Tu, Th, F, 2. *Operations*.—W, 10.

**NEW HOSPITAL FOR WOMEN**. *Attendances*.—Daily, 2; Ophthalmic, W, S, 9.30. *Operations*.—Th, 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*.—Th, 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; (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, Tu, 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 Ovariotomy, 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, 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.

**SEPTER'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, 9.30; (Ophthalmic), Th, 2; (Gynecological), Th, 2.

**SAMARITAN FREE FOR WOMEN AND CHILDREN**. *Attendances*.—Daily, 1.30. *Operations*.—Gynecological, M, 2; W, 2.30.

**THROAT, Golden Square**. *Attendances*.—Daily, 1.30; Tu, F., 6.30. *Operations*.—Daily, exc. M, 10.

**UNIVERSITY COLLEGE**. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M, F, 1.30; Eye, M, W, 1.30; Ear, M, Th, 9; Skin, Tu, F, 2; Throat, M, Th, 9; Dental, Tu, F, 9.30; *Operations*.—Th, W, Th, 2.

**WEST LONDON**. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu, F, 9.30; Eye, 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, 1.20; 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 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 *Articulate, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.