

was repeated twice a day till September 25th, when, as his condition seemed stationary, it was increased to 15 c.cm. On the 26th I injected 10 c.cm. twice, and this dose was continued twice a day till the 29th, when, as the improvement was becoming unmistakable, 10 c.cm. was given only once a day till October 5th, when it was omitted. Altogether 240 c.cm. of tetanus antitoxin were injected. The boy was sufficiently recovered by October 15th to be downstairs, and when I saw him for the last time on October 31st there was no perceptible stiffness in any of his muscles.

An urticarial eruption appeared on the fourth day of the injections in the neighbourhood of the needle punctures, and spread over most of the body, disappearing about the twelfth day.

The temperature was never much above normal; the pulse was usually somewhat quick; the bowels were obstinately confined, and the fæces very offensive. He was always able to take a fair amount of milk and beef-tea from a spoon. The amputation wound healed by first intention.

Acute traumatic tetanus, of which I take the above to be an example, is so commonly followed by a fatal result that I think this case worthy of record in helping to form an opinion as to the usefulness of antitetanin; for, with the exception of a few doses of bromide of potassium and chloral hydrate during the first two days, and an occasional aperient, no drug was administered.

MEMORANDA:

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

A CASE OF GANGRENE OF THE LUNG.

A SHORT note of a case, very similar to the first of the two cases described by Dr. Byrom Bramwell in the BRITISH MEDICAL JOURNAL of January 14th, 1899, will be, perhaps, of some interest.

On May 22nd, 1898, I was called to see a man aged 62. He had all the signs and symptoms of peritonitis. I could discover no cause for his illness. He said the attack came on quite suddenly, and that previously he had been quite well. His bowels had been quite regular; he was not vomiting. He said that he had suffered from chronic dyspepsia for years, but at no time had he had anything acutely wrong with his stomach or bowels. In about a week's time he was quite well, and during that time he had no sickness or any other stomach symptom. I treated him with hypodermic injections of morphine and atropine, hot fomentations, milk, and soda water. During this attack his lungs were absolutely healthy.

On June 2nd he reported himself as being quite well. I examined him on this day, and could detect nothing wrong with his lungs or abdomen except that his stomach was markedly dilated.

He continued quite well until July 11th, when I was called to see him in the evening. He told me that on the morning of July 11th, when jumping on to a tramway car which was in motion he felt a sudden pain a little above the crest of the left ilium, and that immediately after this he began to cough up a large quantity of a very badly-smelling fluid. I found some coarse crepitations at the base of the left lung posteriorly and vesicular breathing, but no dulness. The temperature was 102°, and the pulse 86. He had no abdominal symptoms. He was coughing frequently, and his sputum was very copious and intensely foetid. He said he had coughed up at least three large breakfastfuls of this material since the morning, and that he had no cough till after he felt sudden pain above described. During the next twenty-four hours he coughed up about twice the amount of the same kind of material. Dulness could now be made out; it extended from the base to almost the spine of the scapula. Breath sounds were now bronchial in type, and the crepitations were far more numerous at the base, and some could be detected scattered all over the dull area. The right lung was normal. In a few days the sputum diminished in quantity, and the lung began to clear up a little. Everything was going on well, when one day when turning in bed he had again a severe pain at the same spot as before. He now coughed up a great quantity of the same

foetid sputum, but this time it was tinged with blood. Crepitations were now found to be more numerous at the base than they had been before. A few days after this his motions were well mixed with blood, and about that time he passed by the bowel about an ounce of fluid which had exactly the same smell and appearance as his sputum. His sputum now rapidly diminished in quantity, and the lung cleared up. He is now (January, 1899) apparently quite well, the lung appears absolutely normal, and he has had no recurrence of the abdominal symptoms.

His sputum was examined three days after his lung symptoms began, and had the following characters:

It was a thin, greyish, purulent fluid, extremely foetid. Microscopically it presented: (1) Pus cells mostly presenting advanced fatty degeneration; (2) epithelial cells, squamous, cylindrical, and round, in considerable numbers; (3) a large amount of fat; (4) mucous shreds and blood pigment. No definite trace of lung tissue; no tubercle bacilli. Streptococci in large numbers, also diplococci pneumoniae. Starch corpuscles were not seen.

I think there is little doubt that the lung condition arose from something abdominal. I am inclined to think his abdominal condition and his lung condition arose from the same cause, but I am unable to say what the nature of that cause was. His stomach is markedly dilated, probably from chronic dyspepsia; but he says that he has had nothing at any time acutely wrong with his stomach or bowels. The apex beat is displaced several inches to the left. The urine was normal during his illness. I treated his lung condition by inhalations of eucalyptus oil and creosote.

Glasgow.

H. ARGYLL ROBERTSON, M.B., C.M. Edin.

A CASE OF INVERSION OF THE UTERUS.

INVERSION of the uterus is so rare that the following case seems worth recording. Only 1 case occurred in 190,000 at the Rotunda. Denham had 1 case in 100,000; C. Braun had no case in 250,000. Crosse in 1847 noted that in 28 per cent. of recorded cases of inversion death occurred in a few hours, that in 42 per cent. death followed later, and that in 7 per cent. the accident led to a fatal result more than a year after its occurrence.

Mrs. R. W., aged 37, is a well-developed woman of average size, who has not suffered from any illness since childhood. Her menstrual history was normal. She had had two previous labours but no miscarriage. Her first labour took place six and a-half years ago, and lasted fifteen hours; a female child presented by the vertex, and was safely delivered with forceps. The second labour occurred four and a-half years ago, and occupied only about an hour, a small female child being born safely before the arrival of the medical man. The third labour began at 1 A.M. on February 21st, 1898. The membranes were ruptured immediately. At 2 A.M. the pains ceased and did not return until noon. They continued strong and regular until 4 P.M., after which they diminished in frequency and intensity.

At 6 P.M. I was sent for, and at 6.45 P.M. found the os uteri fully dilated, the presentation vertex, and the position right occipito-posterior. The pelvic outlet was fairly roomy, and the abdomen was very large. Short weak pains occurred at intervals of about fifteen minutes until 8 P.M. without causing progress. At 9.30 P.M. I returned to the patient with Dr. F. L. Mackenzie, prepared to give an anæsthetic if required, and deliver with forceps. On re-examination it was deemed advisable to apply the forceps without an anæsthetic. This was successfully done, and at 9.45 P.M. a living male child, which was very large, weighing 10 lbs. and measuring 22 inches in length, was delivered "occiput to the back."

The patient now received a draught containing 3ss of liquid extract of ergot (B.P.). Ten minutes later the placenta was expressed with some difficulty. The descent of the placenta was estimated by withdrawing from the vagina as much of the cord as came down easily without pulling on it. Copious bleeding followed the birth of the placenta, and the hand being applied to the abdomen, the uterus could not definitely be made out. The hemorrhage continuing, a douche of hot water was prepared. The syringe, however, burst immediately, which was fortunate, as it led to the application of other remedies and the discovery of the true condition of things earlier than would have been the case had time been spent in giving the douche. The bleeding partially ceased, only to recommence a few minutes later. The patient had by this time lost about 5 pints of blood, and the pulse was becoming somewhat feeble, so it was decided to plug the uterus, although there were no symptoms of collapse.

On making a vaginal examination, a large quantity of clot and some fragments of membranes were removed. A soft mass was then felt by the fingers, a bag-like protuberance, round whose neck was a hard round ring. The cause of the post-partum hemorrhage was now seen to be total inversion of the uterus. The diagnosis was confirmed by pressing the inverted uterus upwards and forwards, when the os uteri could be distinctly felt by the external hand through the loose abdominal wall. This portion of the uterus was pressed downwards and backwards, while counter-pressure was made upon the fundus from the vagina. After the return to the normal condition, the remaining portion of the adherent membranes was scraped away with the fingers. The patient complained of feeling faint and the pulse was very feeble, the loss of blood by this time amounting to nearly 6 pints; 3j of spirit. ammon. arom. was given, followed later by 3ss of brandy with water. Bovril, milk, and brandy were given every two hours for the next twelve hours. The patient next morning felt quite comfortable except for the soreness of the womb and abdomen. She made an uninterrupted recovery.

This patient, though she had a bad family history (phthisis), had a good personal and a good obstetric history. The causes predisposing to this inversion of the uterus must therefore be sought in connection with the labour which immediately preceded the accident. The main features of the labour were: (1) It was a dry labour, the rupture of the membranes occurring at the onset of the pains; and (2) the position was occipito-posterior. These two features, together with (3) the large size of the child, amply account for the undue prolongation of the labour, and for the exhausted, flabby condition of the uterus at its close. The immediate cause of the inversion is less easy to discover as traction on the cord was not made. The adhesion of the membranes doubtless had some share in the causation of the accident. The most remarkable feature of the case was the absence of shock and of collapse more than would necessarily attend the loss of so much blood.

Great Broughton, Cockermouth.

JOHN PENNY, M.B.

THE TREATMENT OF OPHTHALMIA TARSII.

SWANZY is correct when he says that this disease is "nothing else than eczema of the lid," and so long ago as 1865 Furneaux Jordan stated the same thing. The disease has nothing whatever to do with scrofula or struma if by such terms is meant that constitutional condition in which resistance to invasion by the tubercle bacillus is reduced. I believe, however, that it is undesirable to divide the disease into blepharitis ulcerosa due to eczema pustulosum, and blepharitis squamosa due to eczema squamosum, for complex differentiation into types may obscure the conception of the pathology of the disease. My observation has convinced me that these varieties are the same disease, and are due to pus infection; indeed, pustular eczema often coexists on the beard, eyebrows, or temporal scalp. The varying conditions of blepharitis met with are due to degree or duration of the disease, and whether pustules are actually visible or not matters little for the diagnosis, for elsewhere on the skin manifestations caused by pyococci are apt to be multiform, and by no means necessarily of the typical pustular form. Hence the division into acne-like type, chronic hypertrophic blepharitis, seborrhœal type, eczematous form, and marginal congestion has, I believe, little or no pathological but only a clinical significance. The severest forms of the disease are really the sequential deformity of scarring within and without the hair follicles due to pus ravages.

With regard to treatment, the object of this note is to emphasise the value of oleate of mercury ointment. This salt appears to be more penetrating than the insoluble oxide generally used, and it certainly acts admirably. I use a 1 per cent. ointment, the diluent being paraffinum molle, and in order to secure intimate mixture the oleate and the paraffin are best melted together. The ointment may then be considered an unirritating, disinfecting, penetrating, soluble salt of mercury. Not only the margins, but the surface of the lids should be anointed, and the treatment should be persevered with at night long after apparent cure. The earliest (hyperæmic) stage of the disease, and the removal of crusts which are often hard and perforated by the lashes, call for hot boric lotion. In all chronic cases of moderate severity—indeed for all cases except the old cicatricial ones—the 1 per cent. oleate of mercury has been found in my hands a most reliable (I was going to write specific) remedy.

LESLIE PHILLIPS, M.D.,
Surgeon Birmingham Skin and Urinary Hospital.

SYMPHYSIOTOMY FOR CONTRACTED PELVIS FOLLOWED BY NEARLY NORMAL LABOUR TWO YEARS LATER.

ON May 18th, 1896, at 8 A.M., I was called to see a Mohammedan woman, aged apparently between 30 and 40, in her second confinement. She said that her first confinement had taken place some years previously, when after much trouble the civil surgeon was called in and craniotomy performed.

The patient had had severe labour pains since the previous midday; the membranes had ruptured at 4 P.M., and pains had continued severe during the night, but with no effect. The os was found fully dilated, and the head presenting in the second position. The pelvis was contracted, the sacral

promontory being readily within reach. The false conjugata measured barely $3\frac{1}{4}$ inches.

Chloroform having been given and the catheter passed forceps were applied, but several powerful tractions produced no effect. The forceps were therefore removed and symphysiotomy performed by the subcutaneous method. Before the knife had completely cut through the cartilage the joint gave way with a crash. Forceps were reapplied and a good-sized boy delivered. The opening in the skin was at once dressed, and a firm bandage applied to the hips.

Owing to illness I was unable to see the patient for five days, when I found a sinus freely discharging pus at the seat of entrance of the knife. Shortly after she had a slight attack of "whiteleg" on the left side, but a month after the confinement was fairly well except for neuralgic (?) pains in the right leg.

She was seen again about five months later, when she still complained of pain and slight difficulty in walking. There was considerable atrophy of the right leg. The thigh was $1\frac{1}{2}$ inch less in circumference.

On July 19th, 1898, at noon, I was again called to the patient. She had been in labour since the previous evening, and the membranes had ruptured, but it was uncertain when. Pains were severe, and the os was found to be fully dilated, the head presenting in the right position, no progress having been made. After an hour forceps were applied, and the patient easily delivered of a girl. As far as could be judged, this child's head was about the same size as the previous child's at the time of birth.

The patient stated that for the last year she had been perfectly well, and had had no pain, no weakness, or difficulty in walking. The sinus was perfectly healed, and the two legs of equal size.

The case is interesting as showing a permanent improvement in the size of the pelvis after the operation of symphysiotomy. I was also struck by the ease of the operation (only a knife and a catheter were used), making it eminently suitable for small, dark, and dirty houses, where no skilled assistance can be had.

M. IDA BALFOUR, L.R.C.P.E.,
Medical Officer in Charge of Women's Hospital, Nahan, India.

DILATATION OF STOMACH.

I WAS consulted some time ago by a young man who complained of much gastric pain and uneasiness dating from an attack of influenza. He was very thin, but said it was not due to want of food, as he was eating four meals a day. He was very much distressed about himself, and blamed that for his thin condition.

I examined his abdomen, and diagnosed a dilated stomach from the fact that on palpation splashing could be elicited at any time in the twenty-four hours, except before breakfast, after the long fast from his dinner the night before. A consulting physician verified my diagnosis.

The patient refused to take much care of his diet, as he said his appetite was excessive, and strict dieting would make him more miserable than he was. I recommended him, therefore, three meals a day, with five hours' interval between them. To this he agreed, and stuck faithfully to the arrangement. He was living in the country, working in a lawyer's office, but was not hard worked.

When I saw him first he weighed 10 stone, and in two months' time he weighed nearly 12 stone, and then, although his gastric pain still troubled him, he told me life was quite a pleasure to him. He said that from the time he knew what was the matter with him, and that there was hope of his getting better, he began to put on flesh. Constipation had troubled him greatly, but after a few weeks' course of treatment for that his bowels became regular.

I taught him to use the stomach tube, and for six weeks he washed out his stomach every second night, half an hour before his last meal. He was surprised, and so was I, at the amount of food still present in the stomach so long after a meal. Gradually he checked his excessive appetite, and the last time I saw him he was down to 11 stone, and feeling and looking very well. He told me on his first visit that his digestion never had been good, but only after influenza did the discomfort become so great as to make him seek medical advice.

Probably his stomach has been dilated all his life, and certainly it has not diminished in size.
Bedford. CHAS. J. HILL AITKEN, M.B., C.M.

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

CUMBERLAND INFIRMARY, CARLISLE.

CASE OF COMPLETE PROLAPSE OF UTERUS IN A GIRL 16 YEARS OF AGE: OPERATION: COELO-HYSTEROPEXY: RECOVERY.

(By J. D. DUNCAN, M.B., C.M. Edin., late House-Surgeon.)

The following case was admitted to the hospital under the care of Dr. Lediard, by whose permission it is published:

Condition on Admission.—M. E., domestic servant, aged 16 years, was admitted on September 27th, 1897, for "a bearing down of the forebody," as the patient termed it. It appeared from the history of the case that the condition had existed for ten months, and was gradually getting worse. Inability to retain her urine compelled her to give up her employment, and seek advice. She had never been pregnant. On examination there was complete prolapse of the uterus, with vesical diverticulum. This was produced when the patient assumed the erect posture, or when she subjected herself to the slightest strain. The whole uterus, body, and cervix, along with the vesical wall, projected, beyond the vulvar orifice; the abdominal parietes were extremely lax. The nulliparous os was slightly eroded, and somewhat enlarged. The whole mass could be easily returned, and nothing was then seen but a relaxed outlet and a cystocele of moderate size. On returning the protuberance some urine was expressed, indicating that there was a certain amount of residual urine in the bladder diverticulum. There was no rectal diverticulum, and no rectal trouble was experienced by the patient. The posterior vaginal wall was also prolapsed.

Cause.—With regard to the origin of the trouble, the information at hand was of a negative character. She had done a considerable amount of heavy work as a general servant, but nothing out of the ordinary. There was no history of a fall or sudden strain; the condition came on gradually, and progressed slowly. There was no congenital defect in the pelvic floor or vaginal outlet.

Operation.—On October 11th, 1897, the abdomen was opened by a mesial incision, the uterus being pushed up from below by the assistant. The anterior wall of the body of the uterus was stitched to the abdominal wall by means of three fishing-gut sutures. The peritoneum was not raw at any place. The sutures went through the whole thickness of the abdominal wall, and through the peritoneum covering the front of the uterus. The abdominal wall was closed by means of interrupted silk sutures in three layers. The vagina was packed with iodoform gauze.

Progress of Case.—The patient, although somewhat collapsed after the operation, rallied in an hour or so. In the evening the temperature rose to 100.5°, but fell to normal on the following morning, and remained so throughout the course of the case. There was no bad symptom after the first day of operation. The vaginal gauze plugging was left *in situ* for seven days, when it was removed and replaced by fresh plugging, and changed every two days subsequently. The skin sutures were removed on the tenth day. The deep sutures were kept in as long as possible, but at the end of the third week it was evident that they were cutting through, and they were removed. The patient was discharged from hospital wearing one of Macintosh's cup stem pessaries on December 21st, that is, seventy-one days after the operation. During her residence in hospital she was kept in bed, absolutely at rest, and was not allowed to strain in the slightest. Two months after the operation she was examined, and the uterus was then apparently firmly adherent to the abdominal wall. As she still complained of occasional incontinence of urine she was kept in hospital for four days. During this time the pessary was removed and the incontinence ceased. She was then dis-

charged, and advised to wear the instrument during the day removing it at night. She was examined a month later. The uterus was found still firmly fixed to the abdominal wall, and the incontinence had disappeared. Ten months later she appeared for examination. There was no recurrence of the prolapse, and no incontinence or discomfort of any kind. She was advised to dispense with the pessary.

REMARKS BY MR. DUNCAN.—The points of interest in this case to which I would especially direct attention are threefold: (1) The age of the patient; (2) the fact that she was nulliparous; (3) the grounds upon which the operation of ventral fixation was specially selected. (1) The extreme youth of the patient (she was only 16 years of age) is peculiarly worthy of note. So far as I have been able to ascertain from the literature at my disposal, the case under consideration is unique in point of age. (2) The patient was a nullipara, as previously stated. There was no congenital defect in the arrangements of the pelvic organs, while the strain of pregnancy had never been brought to bear upon the pelvic floor. Now Kelly, of Baltimore, points out in his *Operative Gynecology* that pregnancy is a very important factor in the causation of prolapse. In 35 of his cases there was but one who had had no pregnancy, and in that case the prolapse was only partial. (3) As to the reasons which prompted the operative procedures of ventral fixation. The principal operations usually undertaken for fixing in a normal position an abnormally situated, retroverted, or prolapsed uterus are three in number. Two extraperitoneal, namely, Alexander's operation and vaginal fixation; one intraperitoneal, namely, celio-hysteropexy or ventral fixation. Alexander's operation has fallen to a certain extent into disuse, partly owing to the difficulties sometimes experienced in finding the round ligaments and partly because the results of the operation have frequently been unsatisfactory and disappointing. Although the Alexander operation has a fair share of popularity in America and France, it does not hold such a high position in England. In Hart and Barbour's *Gynecology* a footnote is published, stating that in England its value was recently discussed before the British Gynecological Society in a paper on ventro-suspension of the uterus by Mayo Robson.¹ In the discussion, while Dr. Alexander referred to the large number of successful cases in which he had himself performed the operation, Dr. J. W. Taylor (Birmingham), Dr. William Duncan, and Mr. Mayo Robson gave the preference to ventral fixation. After vaginal fixation abortion and dystocia are extremely likely to occur, so much so that Mackenrodt, who is an authority on this particular procedure, has on those grounds alone abandoned the operation. If at all performed it will become restricted to patients in whom pregnancy is not likely to occur—that is, to those who are near the menopause. In the face of these objections, and influenced by the successful results which has attended the operation of ventral fixation in the hands of other surgeons, the operating surgeon in this instance adopted that method, and so far at least as regards the fixation of the displaced organ the result has completely justified the choice.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

FREDERICK T. GANT, F.R.C.S., Vice-President, in the Chair.

Tuesday, February 14th, 1899.

THE EFFECTS PRODUCED IN THE HUMAN SUBJECT BY THE ADMINISTRATION OF DEFINITE MIXTURES OF NITROUS OXIDE AND AIR AND OF NITROUS OXIDE AND OXYGEN. DR. F. W. HEWITT read this paper. The investigation was based upon the following carefully-recorded and timed administrations: Pure nitrous oxide, 22 cases; nitrous oxide mixed with different percentages of air, 107 cases; nitrous oxide mixed with different percentages of oxygen, 102 cases; total, 231 cases. In each administration records were made concerning anæsthetic convulsion, cyanosis or other changes of colour, stertor, retching movements, phonation, excitement or reflex movements, after-effects, dreams, duration of inhalation, duration of anæsthesia, quantity of gas or gases

¹ *British Gynecological Journal* of May, 1896.

having plenty of work, not only in his medical capacity but from time to time, through the invaliding or death of other Government officials, as Colonial Treasurer, Colonial Secretary, Collector of Customs, Postmaster-General, and Coroner; for a time on two occasions he administered the Government of the Colony. Subsequently Dr. Jones saw much service in India and China. Some twenty years ago he gave up his colonial practice and settled down at Mansfield, where he soon formed a large circle of friends. Failing health, however, compelled him to take up his residence in Bournemouth, where he has resided for this last two years. He had suffered for some time from Bright's disease and latterly extensive dropsy accompanied with heart disease, the end coming very suddenly. Dr. Jones was the author of "Medical Reports on the Gold Coast," 1867-70, *Parliamentary Reports H.M. Colonial Possessions*; "Notes from the Gold Coast, especially on the Non-Coincidence of Dysentery and Hepatic Abscess," *St. Bartholomew's Hospital Reports*, vol. xi, etc.

STAFF-SURGEON HENRY S. JACKSON, R.N., died at his residence, Royal Naval Hospital, Chatham, of double pneumonia on January 23rd, at the age of 41. He received his medical education at Trinity College, Dublin, and at the Medical School of the Royal College of Surgeons in Dublin. He obtained the diplomas of L.R.C.P. Edin. and L.M. in 1878, and entered the Royal Navy as Surgeon in 1882. He was promoted to the rank of Staff-Surgeon in 1894. He became a Fellow of the Royal College of Surgeons in Ireland in 1891. Mr. Jackson was an enthusiastic surgeon and devoted to his duties. His loss will be deeply felt by the service to which he belonged.

WE regret to record the death of Dr. GIFFORD RANSFORD, at the age of 55, at Sussex Square, Hyde Park, on February 12th. He was born at Clinton, Canada, in 1844, and came to England in early childhood. He received his medical education at St. George's Hospital, where he finally held the appointment of House-Surgeon. He qualified as M.R.C.S. in 1865 and L.R.C.P. in 1866, and graduated M.D. Durh. in 1885. In 1869 he joined the late Mr. John Morgan, of Sussex Place, Hyde Park, the partnership continuing for three years. Subsequently he had a wide circle of patients in the West End of London, by whom his death is keenly felt as a direct personal loss. Dr. Ransford was a member of the Clinical Society, but rarely appeared at its meetings. Nor, after he once started in practice, did he ever occupy any public post in the profession. He devoted himself to practice alone, and was rewarded by a marked success. A fortnight ago Dr. Ransford, who had been ailing for some time, was seized with severe illness, which, notwithstanding the constant and devoted attention and skill of Sir William Broadbent and other medical friends, proved fatal. The funeral took place at Hampstead Cemetery on February 15th.

By the death of ALEXANDER WALKER, M.D. Aberd., which took place on February 1st, from pneumonia, the district of Newton Heath, Manchester, has lost a man who will not easily be replaced. Dr. Walker was in his usual health, and attended to his patients up to 8 P.M. on January 28th, when his illness commenced with severe rigors. Dr. Walker graduated in 1870 with highest honours. His first appointment was at the County Asylum, Aberdeen. He then went to Whaley Bridge, where he took charge of a branch practice, and his services were so esteemed that on leaving about two years afterwards he was presented with a testimonial and a purse of 60 sovereigns. From Whaley Bridge he migrated to the district in which he has since practised for the last twenty-five years. A shrewd and close observer, and overflowing with genial wit and kindness, Dr. Walker established and maintained himself in the confidence and affection of a large *clientèle*. He was an assiduous student of medical literature, and his knowledge of his art was both extensive and ready. He was indeed an excellent example of the fact that general practice absorbs much of the best intellect of the profession. His interests were, however, by no means confined to medicine, and his ardent temperament drew him into a variety of movements. A vehement freethinker and Home Ruler, he pursued a vigorous propaganda, lightened by the saving gift

of humour. No tale of distress or injustice failed to move him to impetuous sympathy and activity. Thus he was not rarely regarded kindly by those who differed from his views. A striking feature of his character was the eagerness with which he seized every opportunity of extending his hospitality and assistance to young men entering on a professional career. He leaves a record of conscientious and unstinted professional work, performed with zeal and knowledge.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Josef Maschka, sometime Professor of Forensic Medicine in the University of Prague, aged 79; and Dr. G. Vlakovich, Professor of Anatomy in the University of Padua.

ROYAL NAVY AND ARMY MILITARY SERVICES.

MEDICAL AND SANITARY REFORM IN INDIA.

THIS is the title of an anonymous pamphlet,¹ written, we understand, by an Indian medical (European) officer, which has had considerable circulation in India. It suggests and advocates reforms in the medical and sanitary administration of our great dependency in certain directions. In some parts of his pamphlet the author writes in a style perhaps needlessly aggressive; and occasionally shows scant consideration for that service, age, and seniority which, we trust, he will himself attain in due course. Still his forcible observations merit the attention of all who have the welfare of a great and noble public department at heart. He draws attention in a direct and lucid manner to certain shortcomings, both administrative and executive, in the Indian Medical Service; and anyone who looks into the matter must conclude that some recasting of it seems to be necessary, although into what form or mould is a difficult matter to decide, and one requiring much local knowledge. It is, moreover, a matter as to which considerable divergence in opinion is likely to develop.

The question as it stands may be broadly reviewed under the following two affirmative propositions:

1. The needs of Indian civil administration are alleged to have outgrown the capabilities of the quasi-military medical service as constituted.

2. The advance of medical science has unquestionably outdistanced Indian sanitary administration as it exists.

Two recent occurrences may be cited in support of these propositions. First, the serious dislocation in both civil and military duties caused by the late frontier war; secondly, the urgent necessity of importing outside aid in dealing with the plague. Had the medical service been on a really comprehensive and efficient basis, neither of these disturbing causes would have produced such overpressure as actually arose, nor so readily exposed deficiencies both in organisation and establishment. From these facts it is argued that the wants of India have outgrown existing medical provisions, and that some change is demanded. We trust, however, whatever changes may be made, they may not be such as would break the continuity of a noble service with a glorious past.

The original and now existing constitution of the Indian Medical Service may be stated as follows: The officers in its commissioned ranks were at first necessarily wholly Europeans, and it was established on a military basis. The requirements of civil government, however, soon led to a "lending" of a portion of the military body for civil duties; and by such transfer arose a practical division of the medical ranks into those in civil employ, and those holding regimental appointments; yet the lending theory has always been maintained, and the two classes of duties have continued in practice interchangeable, the civil being regarded as a military "reserve" in emergency. This arrangement was originally based on sound military considerations, which, however, have now lost much of their early force.

It has usually happened in the past that lucrative civil employment once obtained was retained. This was natural, but the result was that many medical officers ultimately lost military connection, and continued practically civilians until the end of their service.

¹ *Medical and Sanitary Reform in India: An Appeal to all whom it may Concern.* Calcutta: Thacker, Spink, and Co. 1896.

MR. B. ALABONE CHEVERTON, solicitor (Essex Street, Strand, W.C.) writes: By your comments in the BRITISH MEDICAL JOURNAL of February 4th, you imply that the High Court censured Mr. Schultess Young, counsel for the applicant, for not disclosing material facts on the application for the rule nisi. Nothing of the sort took place. The advisers referred to by the Court were not professional persons, and it is neither the duty of counsel nor solicitors to inquire into the accuracy of statements sent up to them on oath. As a matter of fact, the affidavits in support of the rule only reached us on the very last day when the rule could have been applied for, and consequently there was neither time nor opportunity to inquire further into them, even had it been one's duty to do so.

. Both these letters purport to refer to "comments" upon the case, which we may observe was reported in the BRITISH MEDICAL JOURNAL of February 4th, 1899, pp. 320, 321. In reality, however, they apply not to our comments but to remarks attributed to Mr. Justice Channell. We regret that the report should have been in any respect incorrect, and willingly give publicity to our correspondents' explanation.

DEATH CERTIFICATES.

COUNTRY PRACTITIONER writes: On two occasions recently I was sent for to see persons who had just died, and who had not been under medical treatment. One was the case of an infant a few hours old; the other an aged woman receiving outdoor relief. Before giving a certificate I informed the coroner of the occurrence, and in each case received a reply that no inquest or certificate was necessary. Is it a medical man's duty in such cases to inform the coroner or registrar of deaths, and is he entitled to any fee for doing so?

. There is no legal obligation on the part of the medical practitioner to give notice either to the coroner or the registrar in such cases, and for doing so there is no fee. In deaths that have not arisen from natural causes, or when crime is suspected, it is the usual practice for the medical man in attendance or called in at the death to withhold the certificate of the cause of death until the matter has been further investigated by the coroner or the police. We would refer our correspondent to the BRITISH MEDICAL JOURNAL of January 28th last, where under the heading "Coroners and Medical Witnesses," pages 229 and 251, he will find the subject further discussed.

INSURANCE REPORTS.

A CORRESPONDENT inquires: (1) Whether medical men are justified in furnishing an insurance company with particulars regarding a proposer's previous state of health without consulting the proposer? (2) Would a proposer have any legal right to complain or could he claim any compensation?

. We believe that it is the ordinary practice for proposers to give the insurance company the name of their usual medical attendant, and a question asking the name of the medical attendant is frequently found on forms of proposals for life assurance. Where the proposer complies with this request he has impliedly authorised his medical man to give the particulars asked for. We are advised further that a *bond-fide* report is privileged.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

ELECTORAL BOARDS.—The following appointments of Electors to Professional Chairs are announced: *Chemistry*, Mr. P. T. Main, St. John's; *Physics*, Professor Liveing; *Botany*, Dr. S. H. Vines; *Dawdling of Medicine*, Dr. Allbutt; *Anatomy*, Professor Liveing; *Physiology and Zoology*, Dr. A. MacAlister; *Surgery*, Dr. L. Humphry; *Pathology*, Dr. Bradbury; *Mental Philosophy*, Professor Foster.

BALFOUR STUDENTSHIP.—Mr. J. S. Gardiner, of Caius College, has been elected Balfour Student in Animal Morphology.

UNIVERSITY OF DUBLIN.

At the Spring Commencements, Hilary Term, held on Shrove Tuesday, February 14th, in the Theatre of Trinity College, the following degrees were conferred by the University Caput in the presence of the Senate:

Doctor in Medicina (Honoris Causa).—T. C. Allbutt.

Doctor in Litteris (Honoris Causa).—T. W. Moffett.

Baccalauri in Medicina, in Chirurgia, et in Arte Obstetrica.—J. A. Kennedy, R. C. H. Kennedy, D. Ogilvy, G. C. Ross, A. H. Shepard, R. J. Wilkinson, J. H. R. R. Winder, S. H. Woods (B.Ch. *stip. cond.*).

Doctor in Scientiis.—A. F. Dixon (*stip. cond.*).

Doctores in Medicina.—G. Glynn, K. E. L. G. Gunn, D. Ogilvy, R. J. Wilkinson, J. H. R. Winder.

In presenting Dr. T. Clifford Allbutt, F.R.S., for the Honorary Degree of Doctor of Medicine at the Shrove Tuesday Commencements, Dr. R. Yelverton Tyrrell, the Public Orator of the University, said: *Duoco ad vos virum in arte medica et exercenda et illustranda plane principem, Thomam Clifford Allbutt. Hic summis disciplinæ suæ muneribus atque honoribus perfunctus, nunc cathedram inter Sellas Potentum primariam implet, Cantabrigiæ Professor Regius Medicinæ. Vixdum e pueris egressus, in Collegio Cantabrigiensi, quod medico illustri Caio illi originem debet, litteris humanioribus feliciter excoluit se insignivit. Postea dedit studiis ad artificium proprium magis pertinentibus, et in Scientia Naturali primum honorum gradum consecutus est. Sed cui amor adulescentis operam dedit, eidem adultus constanter servit. Unde fit ut tam perpetua scribendi elegantia res medicas tangat ut auditores sive lectores semper*

secum juncendo studio rapiat. Dissertationes et conciones quarum ipsa nomina longum est perscribere tanta concinnitate perpolvit ut diceretur Musarum sacra ferre ingenti percussus amore. Sive enim de hydrophobia dissertit, sive de diphtheria, sive de bacillis illis letalibus, de denique aliis

quæ plurima terræ

monstra ferunt,

omnibus adfert non solum ingeni lumen sed orationis ipsos nervos atque interdum etiam aculeos. Talem virum lubenter vobis commendo ut plane dignum qui purpura nostra decoretur, ut purpuræ nostræ decus insigne adlaturum.

The following is a translation of the Public Orator's address:—I introduce to you Dr. Thomas Clifford Allbutt, a man pre-eminent both in the practice and illustration of the healing art, who has earned the highest awards and honours of his profession, and now occupies that primal Chair among the "Seats of the Mighty"—the Regius Professorship of Physic at Cambridge University. When little more than a boy he distinguished himself by the prosperous pursuit of polite letters; in that College, which owes its origin to the renowned Dr. Caius. Subsequently he devoted himself to the study of these arts which pertain more closely to his proper calling, and secured a first class in the Natural Science Tripos. In manhood he consistently applied himself to the passionate predilection of his youth, and hence it is that he treats medicine with such unflinching literary art that he inspires both hearers and readers with his own enthusiasm. With such eloquence has he polished that series of treatises and lectures, whose very names were long to mention, that you might fancy him "smitten with passionate love, the Muses' relics bearing." Whether he writes of hydrophobia, of diphtheria, or of the deadly bacillus, or those other "countless monsters born of earth," he brings to every subject not only the clear light of intellect, but the very nerves, and sometimes the stings of style. This is the man whom I gladly recommend to you as fully worthy to be adorned with our purple, and to adorn it.

THE ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a special meeting of the Royal College of Physicians of Ireland, held on Tuesday, February 14th, the Honorary Fellowship of the College was conferred on Dr. T. Clifford Allbutt, the Regius Professor of Physic in the University of Cambridge. In admitting the new Honorary Fellow, the President said that, in conferring upon Dr. Clifford Allbutt the highest dignity which it was in their power to bestow, the Fellows felt that they were doing honour to themselves, but above all to that ancient College of which they were so proud, and the prestige and good name of which they so jealously guarded. A distinguished student of Caius College, Cambridge, Clifford Allbutt graduated in Arts and Medicine in that famous University. As a physician he won his spurs in Leeds, and the esteem in which he was held by the inhabitants of the great Yorkshire town was evidenced by the fact that he was consulting physician to the Leeds General Infirmary, the Leeds Hospital for Women and Children, and the Leeds Fever Hospital. The fruits of his work were to be seen in his published writings on fever, heart diseases, and kindred topics. After leaving Yorkshire, Dr. Allbutt served Her Majesty faithfully and well as a Commissioner in Lunacy, from which important post he passed to the Regius Professorship of Physic in the University of Cambridge. It was hardly necessary to enumerate the many honours which had fallen to his lot. He was Doctor of Laws *honoris causa*, of the University of Glasgow, and that very day he had been made an honorary Doctor of Medicine of the University of Dublin. He was a Fellow of the Royal College of Physicians of London, of the Royal Society, of the Society of Antiquaries, of the Linnean Society, and of Caius College, Cambridge. Nor had he failed to leave his mark in public life, for he held the Commission of the Peace for the West Riding of Yorkshire and for Cambridge, being also a Deputy-Lieutenant for the West Riding of Yorkshire. Of his literary and oratorical powers there was no need to speak. The Fellows gladly welcomed Clifford Allbutt into their ranks.

CONJOINT BOARD IN IRELAND.

FINAL EXAMINATION.—Candidates have passed this examination as undernoted:

In all Subjects.—J. McDonald and Bernard Scribner.

Completed the Examination.—W. Bennett, D. B. Bradlaw, J. Conway, Miss A. Cooper, B. A. Craig, R. M. Fisher, H. E. Howley, M. J. Hynes, A. W. A. Irwin, W. F. Kennedy, M. M. Maughan, E. M. J. O'Farrell, C. N. O'Sullivan, V. P. Tighe, C. J. Vahey, R. J. White, and A. A. Woods.

In Medicine.—G. Carroll and T. F. O'Connor.

In Surgery.—E. S. Barnard, E. E. Roberts, J. Sinclair, A. F. Studdert, and F. W. Woods.

In Midwifery.—E. S. Barnard, G. Carroll, H. H. A. Carter, G. W. T. Clarke, J. A. Martin, R. A. O'Donovan, and A. J. T. Young.

In Ophthalmology.—E. S. Barnard, H. H. A. Carter, and J. Sinclair.

In Mental Disease.—G. Carroll and R. H. Moffit.

In Forensic Medicine and Hygiene.—E. S. Barnard, J. J. Cormack, and J. F. Smyth.

DIPLOMA IN STATE MEDICINE AND PUBLIC HEALTH.—The following gentlemen have passed this examination:

Honours Division (in order of merit).—W. P. Carson, Lieutenant-Colonel I.M.S.; J. O. Littlewood, L.R.C.P.Lond., M.R.C.S.Eng., L.S.A.

Pass Division.—E. G. Fenton, F.R.C.S.I., L.R.C.P.I.

UNIVERSITY OF JURJEV.—According to the official report recently published, the number of students in the University of Jurjev (perhaps better known by its old name of Dorpat) for the current year is 1,248, of whom 644 belong to the medical faculty. The teaching staff consists of 59 professors (37 ordinary and 22 extraordinary). During the last year academical degrees were conferred upon 450 candidates, 306 of whom were members of the medical profession.

MEDICAL NEWS.

WE are informed that a Bradford and West Riding Medical Union has been constituted with Dr. T. W. Hime as President, and Drs. John Dunlop and William Mitchell as Secretaries. The object of this new Society is stated to be to consolidate medical opinion in the West Riding, and to take steps towards securing reform of the medical charities.

THE LIVERPOOL SCHOOL OF TROPICAL MEDICINE.—The office of Demonstrator of Tropical Pathology in the newly-formed School of Tropical Medicine in Liverpool has been filled by the appointment to it of Mr. H. E. Annett, M.B., B.Ch. Vict., D.P.H. Mr. Annett was a student of the Liverpool School, and gained, among other distinctions, the Lyon-Jones Scholarship and the Holt Fellowship in Pathology. He has been an 1851 exhibition scholar, and has spent the last two years in study in Professor Koch's laboratory in Berlin. The post of Lecturer on Tropical Diseases has not yet been filled.

EDINBURGH PUBLIC HEALTH COMMITTEE.—The Public Health Committee of the Edinburgh Town Council on January 31st received a deputation of ladies on the subject of the appointment of women as sanitary inspectors. At the same meeting it was reported that the cost for the last half year of reporting cases of infectious disease amounted to £542, which represented 4,339 cases. In the previous half year the cost was £353, representing 2,826 cases; in all £895 paid to medical practitioners in the city for reporting cases of infectious disease during the year 1898. In the year 1897 the total amount paid was £1,345 7s. 6d.

LINGFIELD TRAINING COLLEGE.—A body of Christian Workers, representing all Protestant denominations, and presided over by Lord Meath and the Bishop of Hereford, has acquired a farm of 260 acres in Lingfield, Surrey, where it proposes to provide agricultural work for the unemployed, to establish a one-storeyed home for crippled children, and a home for epileptic children. In these two latter departments of work especially the medical profession will take a keen interest, the need of such refuges being constantly brought under their notice. It is also proposed to establish a home for inebriates of the middle class. The Rev. J. L. Brooks is the Resident Director of the colony.

INDUSTRIAL FARM COLONY, DUXHURST, REIGATE.—This establishment, founded by Lady Henry Somerset for the treatment of female inebriates, consists of a series of real cottage homes, each containing not more than six inmates under the charge of a sister. These are situated upon a breezy Surrey down, and open-air employment, under the direction of a lady gardener, is provided for all capable of it. There is also a weaving shop and of course a laundry. From the report of the medical officer (Dr. Walters), we learn that of 83 cases who stayed the full term of one year (less than this is considered useless), 55 (or 67 per cent.) were doing well. There is also on the estate a holiday home for children ("Birds' Nest"), where also the babies of inebriate women are looked after—a feature in the colony which appeals to womanly feeling and exercises a brightening effect upon the life of the inmates.

A TEST FOR THE DIFFERENTIATION OF BACILLUS COLI COMMUNIS AND BACILLUS TYPHOSUS.—In an interesting paper communicated to the Sydney and New South Wales Branch of the British Medical Association by Dr. Sydney Jamieson on his experience of the Widal reaction in typhoid fever, in the Pathological Department of the Sydney Hospital, he refers to what is a test for the differentiation of bacillus coli communis and bacillus typhosus. He observed that in most cases of cystitis accompanied by foetid urine, the prevailing organism was the bacillus coli communis, and concluded that probably the growth of this organism was the cause of the ammoniacal decomposition of the urine. He then inoculated several tubes containing sterilised healthy urine with cultures of the bacillus coli communis, and a similar number with the bacillus typhosus, and incubated them at 37° C. In the course of a few days it was found that the urine in the tubes which had been inoculated with the former had undergone ammoniacal decomposition, while the urine in the tubes inoculated with the latter remained unchanged even for several weeks. If these results are confirmed this will be a

very simple additional negative test for the identification of the bacillus typhosus.

MARGATE COTTAGE HOSPITAL.—The Diamond Jubilee of Her Majesty has been commemorated at Margate by the enlargement of the Cottage Hospital. The suggestion for this method of celebrating the jubilee emanated from Mr. Bertram Thornton, one of the surgeons to the hospital, and it was adopted at a public meeting of the burgesses held on March 17th, 1897, and has been most successfully carried to completion. The original "cottage" which formed the nucleus of the institution has been entirely pulled down, but two added wards and the operating theatre were left standing. On the vacant site and part of the front garden a large building has been erected with all the requirements of a modern hospital. It contains a reception room for examination of patients and treatment of minor injuries, an addition of 5 beds to the men's ward, rooms to accommodate the matron and nurses, a new ward for two women, and cots for two children, and spacious rooms for the servants. All these are far more suitable to their purposes than the corresponding rooms in the old building. The hospital also will now accommodate 6 more patients. Altogether the Building Committee, and especially Mr. H. Kehle, the Secretary to that Committee, are to be heartily congratulated on the success of their labours. The inception of the original cottage hospital was due to Mr. W. K. Treves, F.R.C.S., many years ago, and the Committee have decided to call one ward "Treves Ward" in honour of that gentleman. The growing needs of the district called for this extension, the population of Margate in the winter season being over 18,000, and in the season amounting to 100,000.

DIPHTHERIA AT DARENTH ASYLUM.—At a recent meeting of the Metropolitan Asylums Board an interim report was presented from Dr. A. Shadwell—formerly cholera superintendent under the Board—with reference to the recent outbreak of diphtheria at Darenth Schools. It will be remembered that, at the first meeting after the Christmas recess, attention had been called to the fact that 9 cases of diphtheria had occurred at the asylum, and it was alleged by one of the members of the Board that the sanitation of the institution was obsolete and defective—in fact, that the sanitary arrangements were "thirty years behind the times." It would appear from the report of Dr. Shadwell that 13 cases in all had arisen, and that the infection existed principally amongst the boys. The conditions discussed did not in any way account for the outbreak, and, so far as evidence at present went, Dr. Shadwell was of opinion that the infection was probably introduced from outside, diphtheria having been prevalent in the neighbourhood of the asylum. The matter being still under investigation we forbear further remark, but the public will expect, after previous allegations, a thorough examination of the conditions accountable for the outbreak.

THE SANITARY CONDITION OF ITALY.—The Italian Minister of the Interior has decided to institute an inquiry throughout the kingdom with the object of ascertaining the hygienic condition of every commune at the end of last year. A schedule of questions has been drawn up, and the answers given to these questions, together with the information already in possession of the Government, will, it is hoped, enable the authorities to get at the exact state of sanitary matters in Italy.

MEDICAL VACANCIES.

The following vacancies are announced :—

- BIRMINGHAM: GENERAL HOSPITAL.**—House-Physician. Salary, £70 per annum. Also House-Surgeon. No salary. Residence, board, and washing provided in each case. Applications to the House Governor by February 25th.
- BRIGHTON THROAT AND EAR HOSPITAL,** Church Street, Queen's Road, Brighton. —Assistant House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £75 per annum. Applications to the Secretary, 10, Black Lion Street, Brighton, by February 28th.
- BRISTOL ROYAL INFIRMARY.**—Resident Obstetric Officer. Salary £40 per annum, with board, lodging, and washing. Applications to the Secretary by February 21st.
- CHelsea HOSPITAL FOR WOMEN,** Fulham Road, S.W.—Clinical Assistant. Applications to the Secretary.
- DEVIZES URBAN DISTRICT COUNCIL.**—Medical Officer of Health; must reside within the borough. Salary, £50 per annum. Applications, marked "Medical Officer of Health," to the Town Clerk, by March 4th.
- DEVONPORT: ROYAL ALBERT HOSPITAL.**—Assistant House-Surgeon. Board, lodging, and washing provided, no salary. Applications to the "Secretary of Medical Committee" by first post on February 23rd.
- EAST LONDON HOSPITAL FOR CHILDREN,** GLAMIS ROAD, SHADWELL, E.—House-Surgeon. Board and residence provided, and honorarium of £25 on completion of six months' approved service. Applications to the Secretary by March 18th.

ESSEX COUNTY ASYLUM, Brentwood.—Junior Assistant Medical Officer, unmarried, and not over 25 years of age. Salary, £120 per annum, with board, residence, and washing. Applications to the Medical Superintendent by February 28th.

FARRINGTON GENERAL DISPENSARY.—Resident Medical Officer. Salary, £100 per annum, with apartments and attendance. Applications to the Secretary, 17, Bartlett's Buildings, Holborn Circus, E.C., by February 28th.

GLASGOW UNIVERSITY.—Professor of Pathology. Salary, £1,100. Applications to Alan E. Clapperton, Secretary of the Glasgow University Court, 91, West Regent Street, Glasgow, by March 24th.

GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—Resident House-Surgeon. Salary, £80 per annum, with board, residence, and laundry. Also Assistant House-Surgeon. Salary, £20 per annum, with board, residence, and laundry. Applications to the Honorary Secretary by February 24th.

HALIFAX UNION WORKHOUSE, St. Luke's Hospital.—Assistant Medical Officer for the Hospital and Workhouse, unmarried, and not over 35 years of age. Salary, £160 per annum. Applications on forms provided, to be endorsed "Assistant Medical Officer," and sent to the Clerk to the Guardians by March 1st.

HEREFORD GENERAL DISPENSARY.—Assistant House-Surgeon and Dispenser. Salary, £75 per annum, with board, residence, and washing. (Once tenable for two years. Applications to the Secretary, 37, Bridge Street, Hereford, by February 21st.

HEREFORDSHIRE COUNTY ASYLUM, Hill End, St. Albans.—Assistant Medical Officer. Salary, £130 per annum, increasing to £150, with furnished quarters, board, washing and attendance. Applications to the Medical Superintendent by February 24th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—House-Surgeon to Out-patient Department. Appointment for six months, but eligible for re-election. Salary, 25 guineas. Applications, on forms provided, to the Secretary by February 21st.

HUDDERSFIELD INFIRMARY.—Assistant House-Surgeon. Appointment for six months, but may be extended. Salary at the rate of £80 per annum, with board, lodging, and washing. Applications to the Secretary.

LEEDS UNION.—Assistant Medical Officer for the Workhouse, Schools, and Infirmary, 10, Beckett Street, Leeds, and not above 35 years of age. Salary, £110 per annum, with board, washing, apartments, and attendance. Applications, on forms provided, to be endorsed "Assistant Medical Officer," and sent to the Clerk, Poor Law Offices, East Parade, Leeds, by February 21st.

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 THROAT HOSPITAL, 204, Great Portland Street, W.—Assistant Surgeon. Applications to the Medical Committee before February 20th.

MANCHESTER CHILDREN'S HOSPITAL.—Junior Resident Medical Officer. Appointment for six months, but eligible for election as Senior for six months. Unmarried. Salary, £30 per annum as Junior, and £100 as Senior, with board and lodging. Application to the Secretary, Dispensary, Gartside Street, Manchester, by March 1st.

MANCHESTER EAR HOSPITAL, 23, Byrom Street.—Clinical Clerkship. Appointment for six months. Honorarium, 10 guineas. Applications to the Secretary by March 1st.

NORWICH: NORFOLK AND NORWICH HOSPITAL.—House-Surgeon unmarried and not more than 30 years of age. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by February 28th.

PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board and residence. Applications to the Honorary Secretary by March 4th.

PRESTON ROYAL INFIRMARY.—A Junior and an Assistant House-Surgeon. Salaries, £30 and £50 per annum respectively, with board, lodging, and washing. Applications to the Secretary, 5, Winkles Street, Preston, by March 4th.

RICKMANSWORTH: DAIRYMILK HOME FOR INEBRIATES.—Resident Medical Superintendent. Salary, £300 per annum, with unfurnished house, food, coals, gas, etc. Applications to the Chairman, House Committee, by February 24th.

ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge Road, S.E.—Resident Medical Officer. Salary, £70 per annum, with board, lodging, and washing. Applications to the Secretary by March 1st.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.—Junior Out-patient Surgical Officer. Salary, £50. Applications to the Secretary by February 24th.

RYDE: COUNTY HOSPITAL.—House-Surgeon. Salary, £50 per annum, with board, lodging, etc. Applications to the House-Surgeon by March 1st.

ST. ANDREWS UNIVERSITY.—External Examiner for Graduation in Public Health. Applications to Mr. C. S. Grace, Factor to the University Court, by February 21st.

SHEFFIELD: UNIVERSITY COLLEGE.—Demonstrator in the Bacteriological Laboratory. Salary, £150 per annum. Applications to the Council of the College by February 23rd.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, Marylebone Road, N.W.—Anaesthetist. Honorarium, £20 per annum. Applications to the Secretary by March 10th.

STAFFORDSHIRE GENERAL INFIRMARY, Stafford.—Assistant House-Surgeon. Salary, £30 per annum, with board, lodging, and washing. Applications to the House-Surgeon by February 23rd.

TAUNTON: TAUNTON AND SOMERSET HOSPITAL.—Assistant House-Surgeon. Appointment for six months. No salary, but board, washing, and lodging provided. Applications, endorsed "Assistant House-Surgeon," to the Hon. Secretary, by March 3rd.

VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea, S.W.—House-Physician. Appointment for six months. Honorarium at the rate of £50 per annum, with board and lodging. Applications to the Secretary by February 25th.

WETON-SUPER-MARE HOSPITAL.—House-Surgeon, unmarried. Salary, £60 per annum with board and residence. Applications to the Honorary Secretary by February 23rd.

WINDSOR ROYAL INFIRMARY.—House-Surgeon. Salary commencing £160 per annum, with residence, board, and attendance. Applications to the Secretary, 13, High Street, Windsor, by February 22nd.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Honorarium at the rate of £50 per annum, with board and lodging. Applications to the Secretary by February 21st.

MEDICAL APPOINTMENTS.

ADDISSELL, A. W., M.B., C.M., appointed Pathologist to the Chelsea Hospital for Women.

AYRES, G. H., L.R.C.P., L.R.C.S.I., appointed Medical Officer and Public Vaccinator for the Tarporely District of the Tavaria Union, vice Allen McCulloch, M.B., C.M.Glasg., resigned.

BUTLER, W. B., M.R.C.S., L.R.C.P., appointed Medical Officer for the Second District of the Flaxton-out Relief Union.

DAVEY, W. M., L.M., L.Ch., L.A.O. Univ. Dub., appointed Medical Officer for Fannett Dispensary, Milford Union, Co. Donegal.

DENT, E. A., M.B., C.M. Edin., appointed Medical Officer for the Third District of the Cheltenham Union.

DUNCAN, A. M.B., D.P.H., appointed Clinical Assistant to the Chelsea Hospital for Women.

GLASSON, C. J., M.D.Birm., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Third District of the Romford Union.

HABBERD, E., M.D.St. And., M.R.C.S.Eng., appointed Medical Officer of the Casual Wards of the Paddington Workhouse.

HOPKINS, H. C., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer for the Second District of the Bath Union.

MURRAY, John, M.B., F.R.C.S., appointed Surgeon to Out-patients at the Paddington Green Children's Hospital.

NARIMAN, B. K., M.B., B.Sc. (Public Health), C.M. Edin., etc., appointed Assistant Surgeon to the South Dispensary, Liverpool.

NORGATE, E. H., M.R.C.S., L.R.C.P., appointed Medical Officer for the Stapleton Workhouse of the Bristol Union.

OGILVY, Alec, M.D., F.R.C.S.I., appointed Surgeon to the Bristol Eye Dispensary.

PRICE, J. E., M.R.C.S.Eng., appointed Medical Officer for the Beoley District of the King's Norton Union.

ROWLAND, H. A., M.B., C.M. Edin., appointed Medical Officer for the Seventh District of the Ashton-under-Lyne Union.

THOMSON, James, M.D.Glasg., appointed Medical Officer and Public Vaccinator for the Carshalton District of the Epsom Union, vice F. S. Moger, M.R.C.S.Eng., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

Royal College of Surgeons, 5 P.M.—Dr. T. G. Brodie: On the Chemical Pathology of some Infective Diseases. (Erasmus Wilson Lecture I.)

Medical Society of London, 8.30 P.M.—Dr. Samuel West: Some of the Clinical Aspects of Granular Kidney. (Lettoman Lecture II.)

TUESDAY.

National Hospital for the Paralyzed and Epileptic, Queen Square, W.C., 3.30 P.M.—Mr. Horsley: On the Surgery of the Nervous System. (Lancet Demonstration.)

Charing Cross Clinical Society, Holy Trinity Parish Hall, Pavillon Road, St. Anne Square, Card Specimens at 8 P.M. Papers at 8.30 P.M.: Dr. G. Herschell: Atomy and Dilatation of the Stomach. Dr. Penny: Radical Cure of Hydr. cele.

West End Hospital for Diseases of the Nervous System, 73, Welbeck Street, W. 4 P.M.—Dr. T. D. Savill: On the Slighter Forms of Mental Disorder, and how to Deal with Them.

Pathological Society of London, 5.30 P.M.—Professor G. Sims Woodhead will open a discussion on "Pseudo-tuberculosis, and will be followed by Professor S. Martin, Professor John Macfadden, Dr. Washbourn, Dr. Wethered, Mr. Fullerton, Mr. Pakes. Specimens, microscopic and lantern slides, will be shown.

WEDNESDAY.

Royal College of Surgeons, 5 P.M.—Dr. T. G. Brodie: On the Chemical Pathology of some Infective Diseases. (Erasmus Wilson Lecture II.)

Hospital for Consumption and Diseases of the Chest, Brumpton, 4 P.M.—Dr. Wethered: On the Difficulties of Diagnosis in Pulmonary Tuberculosis.

Hunterian Society, 8.30 P.M.—Mr. Charles J. Symonds, M.S., F.R.C.S.: The Value of Individual Symptoms in Perforative Peritonitis, more especially in regard to Operation.

Dermatological Society of Great Britain and Ireland, 20, Hanover Square, W., 5 P.M.—Informal exhibition of cases at 4.30 P.M.

Evett's Hospital, S.E., 4.30 P.M.—Dr. George Carpenter: Clinical Demonstration on Medical Cases (Post-graduate Course).

THURSDAY.

Royal College of Physicians of London, 5 P.M.—Dr. G. Virian Poore: On the Earth in relation to the Preservation and Destruction of Contagia. (Milroy Lecture I.)

Charing Cross Hospital, Post-graduate Course, 4 P.M.—Dr. Gallo-way: Dermatological Demonstration.

London Temperance Hospital, 9 P.M.—Dr. Soltan Fenwick: Clinical and Pathological Demonstration to Senior Students.

Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.—Dr. Barlow: Demonstration of Selected Cases.

FRIDAY.

Royal College of Surgeons, 5 P.M.—Dr. T. G. Brodie: On the Chemical Pathology of some Infective Diseases. (Erasmus Wilson Lecture III.)

West Kent Medical-Chirurgical Society, Royal Kent Dispensary, Greenwich Road, 8.45 P.M.—Special general meeting to receive and discuss the report of the Subcommittee appointed to revise the rules of the Society.

Clinical Society of London, 8.30 P.M.—Clinical Evidence in attendance at 8 P.M. The following cases will be shown:—Dr. Rolleston: Multiple Pericardial Bursae. Dr. F. Parkes Weber: Recommendation of Muscular Atrophy long after Infantile Paralysis. Dr. Cahill: Unilateral Hypertrichy of the Female Breast resulting from Pressure. Dr. Caley: A Case of Tabes Dorsalis with Arthropathy and Pulmonary Fibrosis. Mr. G. Bertram Hunt: Rheumatoid Arthritis, with Enlarged Spleen and Glands in an Infant, Dr. Washbourn and Mr. W. Arbuthnot Lane: A Patient from whom a Cervical Tumour was removed Seventeen Months ago. Dr. Mout-Riggs: Extreme Case of Punctate Utericaria. Dr. Raymond Crawford: Myositis Ossificans Progressiva. Dr. Leonard Guthrie: A Case of Congenital Paralysis. Dr. St. Clair Thomson: Man, aged 36, complaining of Dysphagia; found to be affected with Unilateral Paralysis of the Eighth and Ninth Nerves. Dr. Leonard Guthrie: Acute Atrophic Paralysis affecting both Upper Extremities. Mr. E. W. Rough-ton: Tumour of Maxilla of Doubtful Nature.

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.

BIGGS.—On Thursday, February 9th, at 147, Newport Road, Cardiff, the wife of J. J. E. Biggs, M.R.C.S., L.R.C.P., of a son.

MACMILLAN.—On February 8th, at Monsall Lodge, Prestwich, Lancashire, the wife of David Macmillan, M.D., of a daughter.

OSBORN.—On February 7th, at the Chalet, Dover, the wife of Arthur Osborn, M.R.C.S. and L.R.C.P., of a daughter.

SAYRES.—On February 12th, at Woodford, Essex, the wife of A. W. F. Sayres, M.D. Brux., M.R.C.S.Eng., L.R.C.P.Lond., of a son.

MARRIAGES.

COCKING-BIRKS.—On February 9th, at the Parish Church, Sheffield, by Rev. James Henry, F.R.G.S. Vicar of St. Bartholomew's, Birmingham, brother-in-law of the bride, assisted by Rev. W. Gracewell, M.A., Curate of the Parish Church, Wm. Thetang Cocking, M.D.Lond., to Alice Mary, youngest daughter of Edward Birks, Birchcliffe, Broomhall Park, Sheffield.

DARLING-SMALL.—On February 8th, at St. John's Free Church, Edinburgh, by the Rev. George Philip, D.D., Thomas Brown, M.D., The Hawthorn, Merchiston Place, Edinburgh, to Elizabeth Danion, second surviving daughter of the late George Brolay, merchant, and widow of W. E. Small, Edinburgh.

SEAW-SCHMOCKER.—On January 25th, at the St. Marylebone Registrar's Office, privately, John Shaw, M.D.Lond., M.R.C.P.Lond., of 82, New Cavendish Street, Cavendish Square, W., to Rosa Schmocker, of Kingenberg, near Interlaken, Switzerland.

DEATHS.

DICKINSON.—On January 27th, at Westby House, Rosecombe, Bournemouth, J. B. Dickinson, M.D., M.R.C.S., late of Stalybridge, in his 71st year.

WILLIAMS.—On February 7th, after a long and painful illness, at Broomfield, Swinton, near Manchester, John Williams, M.D., M.R.C.S., L.S.A., aged 64 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.*—Tu. F., 2.30; op. 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., 2.
GUY'S. *Attendances.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. *Operations.*—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.
HOSPITAL FOR WOMEN, Soho. *Attendances.*—Daily, 10. *Operations.*—M. Th., 2.
KING'S COLLEGE. *Attendances.*—Medical and Surgical, daily, 2; Obstetric, daily, 2; op., 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, 1 p. 2; op., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; op., 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; op., M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations.*—Daily, 1.30.
NATIONAL ORTHOPEDIC. *Attendances.*—M. Tu. Th. F., 2. *Operations.*—W., 10.
NEW HOSPITAL FOR WOMEN. *Attendances.*—Daily, 2; Ophthalmic, W. S., 9.30. *Operations.*—Tu. F., 2.
NORTH-WEST LONDON. *Attendances.*—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations.*—Th., 2.30.
ROYAL EAR, Frith Street. *Attendances.*—M. W. F., 3; Tu. F., 9.30 and 7.30. *Operations.*—Tu., 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., 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; op., W. S., 9; Eye, M. Tu. W. Th. S., 2; op., M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu., 2.30; Orthopedic, M., 2.30; Dental, Tu. F., 9; Electrical, M. Tu. Th. F., 1.30. *Operations.*—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, F., 2.
ST. GEORGE'S. *Attendances.*—Medical and Surgical, daily; i.p., 1; op., 12; Obstetric, i.p., Tu. F., 1.45; op., M. Tu., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopedic, F., 12; Dental, M. Tu. F., 12. *Operations.*—Daily, 1; Ophthalmic, M., 1; Dental, F., 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; op., 12.45; Obstetric, Tu. F., 1.45; op., 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 6; 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; op., daily, 1.30; Obstetric, Tu. F., 2; op., W. S., 1.30; Eye, Tu. F., 2; op., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children, S., 1.30; Electro-Therapeutics, op., Th., 2; Mental Diseases, op., Th., 1; Dental, Tu. F., 10. *Operations.*—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances.*—Daily, 1.30. *Operations.*—Gynaecological, M., 2; W., 2.30.
THROAT, Golden Square. *Attendances.*—Daily, 1.30; Tu. F., 6.30. *Operations.*—Daily, exc. M., 10.
UNIVERSITY COLLEGE. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. *Operations.*—M. W. Th. F., 2.
WEST LONDON. *Attendances.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 10; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electro-Therapeutics, M. Th., 2; Skin, M., 2; Throat and Nose, Tu., 2; S., 10. *Operations.*—Daily, about 2.30; F., 10.
WESTMINSTER. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, Tu. F., 9.30; Ear, Tu., 1.30; Skin, W., 1.30; Dental, W. S., 9.15. *Operations.*—M. Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

- COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY ON WEDNESDAY. TYPED GRAMS 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 *Medicog, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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

QUERIES.

- S. asks for suggestions for the treatment of an obstinate case of gonorrhoeal rheumatism. Nearly every joint is affected.
- TURCO asks what books would be most useful to a person reading for the diploma in Public Health of the Conjoint Scottish Colleges.
- L. M. desires to know of any sanatorium for a patient aged 30 with quite incipient physical signs of phthisis. The patient has no means, but friends would assist him.
- QUERENS would like to know the best local anæsthetic for the removal of small growths, circumcision, etc.—in fact any small operation—where it is not necessary to administer chloroform or ether.

PROGNOSIS IN FACIAL PARALYSIS.

DR. ROBERT MACKINLAY (Santa Barbara, California) asks for an opinion as to the prognosis of a case of facial paralysis that occurred in a youth, aged 18, two or three days after an operation on the mastoid antrum of the same side, and has not improved in spite of electrical treatment of six months' duration.

. The prognosis, as in all cases of peripheral facial paralysis, is modified by the condition of the electrical excitability of the paralysed muscles. If there is now reaction of degeneration, recovery, if it occur at all, cannot be expected for several months. The absence hitherto of any improvement, the causal relation to ear disease, and probably to injury of the nerve during the operation are unfavourable. If the muscles do not react to galvanism, or if there is much contracture, the case is well-nigh hopeless, but if otherwise, hope of recovery should not be abandoned for at least another year.

ANSWERS.

- R. M.—The urethra should be examined in order to determine the source of the shreds. Treatment would depend on what was found.
- CYMRO might communicate with the Secretary of the Medical Defence Union, 4, Trafalgar Square, W.C.
- A.E.C.—The question is hardly susceptible of any satisfactory answer unless the period of the illness at which death took place (whether during the acute attack or later) be stated.
- COTTAGE.—We can see no reason why a medical man should not take a leading part in the foundation of a cottage hospital. The best way to begin would be to consult in the first place all the medical men practising in the district to be served by the proposed hospital.
- E.R.F.M.—The action of the officer, which has not unnaturally caused our correspondent some annoyance, was in all probability due to an error of judgment. We should be inclined to recommend our correspondent to communicate with the Secretary of the Society stating the facts.
- DR. L. W. K. TRUBRIDGE writes to point out that "Mesmer" will find full information as to pellagra in Professor Lombroso's book, a German translation of which was reviewed in the BRITISH MEDICAL JOURNAL of February 4th, 1899, p. 282. A copy of the translation is in the Library of the British Medical Association.
- ENQUIRER.—Probably the most useful book for the purpose would be the *Manual of Family Medicine and Hygiene for India*, by the late Sir William Moore (London: J. and A. Churchill, 22s.) A general manual of nursing, with a sketch of elementary physiology, such as that by Laurence Humphry, published by Charles Griffin and Co. (3s. 6d.) might also be of service.
- OCULENS.—The case appears to be one of paralytic valgus. The usual specific remedies should be adhered to; and locally massage and galvanism to the calf muscles will prove of service. If the flat foot is of a moderate degree, a boot with the inner edge of the sole and heel one third of an inch thicker than the outer, and with a vulcanised pad sewn in the boot, will be of service. But if there is much loss of power in the leg, a walking apparatus, single outside from the ground to the calf, with a valgus pad and T-strap, will be required. This is described in Tubby's *Deformities*, p. 479, and may be obtained of any well-known instrument maker.
- T. F.—On the whole, as the facts are disclosed in the two letters, we can blame neither practitioner. The statements of what the mother said differ. Hearsay evidence usually does, and we think no medical man ought to blame a professional brother on mere hearsay testimony. If A. had been in continued attendance, B. should have retired, but when A. was sent for to people usually attended by B., he might not unreasonably have inquired if his summons was merely official as his father's deputy. B. probably considered himself bound to notify the cases, and we cannot say that he was wrong in so doing. We may refer our correspondent to the paragraph entitled Notification in Duplicate, p. 427.
- CIVIL MEDICAL OFFICER IN A POOR COLONY.—Condensed milk is not generally employed as a substitute for fresh milk in hospitals in England, but where cow's milk costs 5d. a quart it would probably prove more economical. It is as a rule taken without difficulty by patients suffering from gastric disturbance, and there is no reason for thinking that its introduction would damage the health of the patients or affect the reputation of a public institution. It will, however, be necessary to make sure that a good brand of condensed milk is obtained containing all the cream of the original milk. Condensed milk made from separated milk would not be a suitable substitute for fresh milk.