

cessive days, and then would follow an interval of a fortnight without an attack. On the whole they averaged three or four a week. During the attacks the child was laid prone, and cold compresses, generally of vinegar and water, applied to the forehead.

On examination of the nasal cavities the only abnormality present was a dilated and angiomatic condition of the vessels. The site of the hæmorrhage could not be detected. Constitutionally the boy was in a weak state and had enlarged glands in the neck and right groin, probably tuberculous. The lungs, heart, and kidneys (urine normal) were apparently healthy.

At first I ordered a nasal douche containing ext. hamamelidis liq. to be given every night and morning. This was continued for one month without success. On September 17th, 1898, I commenced treating the nose locally by inserting a pledget of cotton wool soaked in a 5 per cent. solution of cocaine into each nostril and leaving them *in situ* for five minutes. On withdrawing these similar pledgets soaked in a saturated solution of boric acid containing 5 grains of dried extract of suprarenal gland to the ounce were inserted and left in for the same length of time. These applications were made on alternate days till October 7th (three weeks); then on every third day till October 31st (three weeks), and afterwards on every fourth day up to November 22nd; making in all twenty-four applications.

The immediate result on the nasal mucous membrane was to produce a condition of ischæmia and the effect on the epistaxis was to cause its cessation. Up to the time of writing there have been no attacks of hæmorrhage since the first application was made.

That there was no hæmorrhagic diathesis present I had occasion to prove on November 28th, when I removed the enlarged cervical glands. There was nothing more than a very moderate amount of bleeding at the time of the operation and no subsequent oozing, the scar having healed perfectly by the sixth day.

I hasten to report this case in the hope that others may be induced to use suprarenal gland extract in the treatment of hæmorrhage due to various causes, as I am led to the conclusion that in this, one of the latest additions to our armamentaria derived from the animal kingdom, we possess a very powerful hæmostatic whose use, unlike some others, is attended by no unpleasant effects either at the time of its application or subsequently.

MEMORANDA:

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

DEATH UNDER CHLOROFORM.

A. L., aged 11, an apparently healthy child, was admitted for the removal of a rectal polypus. She was prepared for chloroform in the usual way, and the night before the operation her heart sounds were noted as normal except for an occasional reduplication of the second sound in the mitral area.

On the 10th instant chloroform was administered by the drop method on a single fold of towel by the chloroform clerk supervised by the house-surgeon. The inhalation was gradually increased, the towel being held at first a good way off as the child was a little nervous. In about five minutes she seemed ready. I looked at her, and seeing nothing amiss had her put in the perineal position, and began to stretch the sphincter. She winced, and received three or four more whiffs. After this no more chloroform was given. After the sphincter was stretched and the polypus drawn down the house-surgeon noticed that she was breathing in an irregular and spasmodic way, and that there was some laryngeal inspiratory crowing. The chin was drawn forward, and as she then seemed to be breathing freely I ligatured the pedicle of the polypus and removed it. This took, perhaps, about a minute, and by this time her breathing, which still continued, had again become somewhat irregular and unsatisfactory, although the air passages were free. Her face was pale, pupils dilated, and her pulse was imperceptible; her muscles were relaxed. The head of the operating table was at once lowered, and artificial respiration was begun and continued for about three-quarters of an hour in all. Strychnine was injected, hot cloths applied over the heart, and as a last resort about half an ounce of blood was withdrawn with an aspirating needle from the right auricle, but all without avail.

Her face, although pale at first, rapidly became of a livid hue, although never intensely so, and the veins at the root of the neck were not distended. Once or twice, as I intermitted

the artificial respiration for a few seconds, we could see that voluntary movements of respiration went on. This was quite evident to all present, but after one or two breaths the movements became feebler, and we began artificial respiration again. As time went on these voluntary movements became less and less perceptible, then one or two spasmodic gasps were recognisable while the artificial respiration continued, and after that all signs of life ceased. Once or twice at first her colour improved for a few seconds and her pupils contracted slightly, but the improvement rapidly faded away again. Her pulse was never re-established.

From the beginning of the anæsthesia to the first alarm was about seven minutes, and from that to the full alarm was about three minutes, that is, ten minutes in all. Unfortunately, no *post-mortem* examination was obtained.

I am quite convinced that the heart in this case failed before the respiration, and I have recorded the observations which were made at the time in order that others may know the grounds on which this conviction is based. I may, perhaps, be allowed to add that the chloroform was most carefully administered. The same bottle of chloroform was used in two operations on children immediately before this one. Each operation lasted about half an hour, and in neither did the anæsthesia give any anxiety.

Edinburgh.

CHARLES W. CATHCART.

THE OPEN-AIR TREATMENT OF CONSUMPTION.

BEFORE building too extravagant hopes upon the results of this new departure in the treatment of consumption, it would be well to consider one or two physiological facts that appear to have been somewhat overlooked when estimating the value of the open-air factor of the cure. Nature has arranged that the air we breathe shall be both warmed and moistened. This end she has attained through the adaptations to that purpose of the nasal cavity. When tracheotomy has been performed, one of the risks to be guarded against is pneumonia caused by breathing cold and dry air, and this calamity is guarded against by artificially warming and moistening the air the patient breathes. Now it can hardly be maintained without a degree of hardihood that crippled and diseased lungs need less protection than healthy ones; and when one sees patients suffering from consumption exposed to cold and rimy air till quite late in our winter afternoons or still later, one cannot but feel that the value of the open-air factor is unduly estimated to the disadvantage of the patient and the discredit of the new treatment.

The average vital capacity of the lungs of a healthy Englishman is taken as 230 cubic ins. The amount of air that he is unable to expire from his lungs, the residual air, is somewhere between 80 and 130 cubic ins. As, of course, in ordinary breathing, the lungs are not filled to their fullest extent, but from 100 to 130 cubic ins. less than this, we must deduct say 130 cubic ins. from the vital capacity and add the remainder, say 100 cubic ins., to the residual air to enable us to arrive at the amount of air the lungs normally contain. Taking the residual air at 130 cubic ins. this gives us 230 cubic ins. Then the tidal air, or the amount breathed in and expired in ordinary respiration, is variously estimated between 20 and 30 cubic ins. We therefore find that in ordinary breathing a $\frac{1}{2}$ or a little more of fresh air is added to the $\frac{1}{2}$, or a little less, of air contained by the lungs.

Now the air in an ordinarily pure atmosphere contains rather less than 4 parts in 10,000 of carbonic acid; but what is the condition of the atmosphere of the lungs? It contains (Landois and Stirling) 4.38 per cent. of carbonic acid, or 438 parts in 10,000. Well, in ordinary breathing we add about $\frac{1}{2}$ of air containing less than 4 parts in 10,000 to about $\frac{1}{2}$ of air in the lungs containing carbonic acid to the extent of 438 parts in 10,000. This is a very important consideration, for it affects our estimate of the advantages likely to be conferred upon a patient by enabling him to mix fresh air containing carbonic acid to the extent of less than 4 parts per 10,000 and in the proportion of 1 part to 9, with his $\frac{1}{2}$ of impure air contained in his lungs (438 parts of carbonic acid in 10,000), at the cost of some personal discomfort and in some cases at all events of considerable risk, when in a well ventilated room that could be made comfortably warm, he could without risk of chill take into his lungs his 20 to 30 cub'c ins. of air containing perhaps

5 parts per 10,000 at each breath and mix it with the very foul air contained in his lungs.

Of course the open air and plenty of it is an excellent thing when climate and atmospheric conditions are favourable, and its benefits can be procured for the patient without subjecting him to discomfort and risk, but when one considers the facts of respiration one fails to see where the charm comes in that is to banish the demon of consumption.

When one considers the other factors in the modern treatment of phthisis, the careful and regular feeding, or rather over-feeding, and the perfect rest enjoined whilst there is any rise of temperature, one feels more hopeful, for one perceives in the economising of the expenditure and the adding to the reserves of the strength of the body, a recognition of the fact that Nature is fighting an uphill battle and that she must fight it out on her own lines, and that only by endeavouring to understand her plan of campaign are we able intelligently to assist her in the struggle.

Bournemouth.

G. A. GEORGE.

PUERPERAL ECLAMPSIA: CONVULSIONS OF MOTHER AND CHILD: RECOVERY OF BOTH.

On December 11th, 1898, at noon, I was called to attend Mrs. K., who was in labour. I had not previously seen her, and therefore knew nothing of her past history. She was a primipara. I found a first cranial presentation and the os well dilated. I ruptured the membranes and a few sharp pains brought the child down to the outlet. During a pain the woman became convulsed, tonic and clonic spasms being well pronounced, and lividity over the whole body. She remained absolutely unconscious, even after the clonic spasms had passed away. I was able to feel the clonic spasms of the child *in utero*. During a pause I delivered her on the back by means of Simpson's forceps, but this act brought on another fit, and on the birth of the child—a very small one—I found that it also was in convulsions and remained so for a period of 15 to 20 seconds, the spasms passing away from both mother and child at the same time. The placenta was removed naturally.

The patient remained unconscious for an hour and a-half, having a fit at intervals of half an hour. At this point an idiotic expression passed over the patient's face, and she sprang up in bed and attempted to tear the face of the nurse. By restraint, and the absence of the nurse, the patient was quieted. I then injected subcutaneously $\frac{3}{4}$ gr. morphine and $\frac{3}{16}$ gr. atropine, and with the exception of one fit, she remained quiet but unconscious for five hours. Then a succession of fits supervened, six taking place in half an hour. I further injected subcutaneously $\frac{1}{4}$ gr. morphine, and she then seemed to sleep.

At 8 o'clock next morning she was still sleeping, and had had no recurrence of the fits during the night. She woke as I called at 11 A.M., and recognised me and the nurse, and, though in a dazed condition, was able to converse rationally. From this time on she made a quick recovery. She was unable to pass her urine for two days, necessitating the use of the catheter. On the third day the temperature was 100° F., and I then douched the uterus. I put her on a sedative mixture, and had belladonna plasters applied to the breasts, and she made an uninterrupted recovery. On the fourteenth day I visited her for the last time, and found mother and child doing well.

Dunstable.

A. BARNES HUGHES, M.B.

FUNCTIONAL APHONIA.

By the kind permission of Dr. McBride I had the opportunity of trying, in some cases of functional aphonia, a new method of treatment based on the following principle:

It occurred to me that the aphonia being due to a paresis of the adductor muscles of the cords, this paresis might be treated like that of any other weakened muscle in the body, namely, by repeated exercise against resistance (for example, moderate hill climbing in cases of weak heart, etc.).

For this purpose, while the laryngoscopic mirror is held in the left hand, the non-cutting laryngeal forceps is introduced into the mouth, and, a deep breath being taken in order to open the glottis, their point is pushed down between the vocal cords. The patient is now told to try and phonate, and

during these attempts the blades of the forceps are kept well apart, thus resisting the action of the adductors.

This method has been tried with good results in three cases, one of which, a case of inter-arytenoid paralysis, had previously resisted all other treatment, including endolaryngeal electricity.

Edinburgh.

WILLIAM FINLAY, M.B., C.M.

GREEN STOOLS IN ENTERIC FEVER AND DYSENTERY.

WITH reference to the editorial note¹ on the occurrence of green stools in some cases of typhoid fever, and the suggested explanation "that the unchanged bile-pigment in the stools may be due to hastened peristalsis associated with extensive ulceration or catarrh about the lower ileum and colon," may I refer to the frequent occurrence of "green stools" in cases of dysentery (as may be seen in an article lately published by me,² on 102 cases of dysentery treated by magnesium sulphate). I called special attention to the green colour, which I stated I did not understand. These cases appear to lend support to the suggestion, as the ulceration and catarrh existed in all. Many of the stools I used to call "green pea soup" stools. At first I was inclined to think it due to the use of magnesium, but I found it in other cases treated with ipecacuanha and with olive oil. I may add, however, that though I have since collected notes on over fifty more cases treated by magnesium, this appearance of green stools is much less common. The 102 cases were patients in Dacca, in Eastern Bengal, the later 50 were in Bhagalpur. In the former the patients were all rice eaters; in the latter, rice in morning and wheat in evening was the diet scale. I see no mention of "green stools" in Gemmel's new book on *Dysentery*, but have read of it in connection with cases of yellow fever.

W. J. BUCHANAN, M.B., Capt. I.M.S.,
Superintendent, Central Prison, Bhagalpur.

FIBROMYOMATA OF THE VAGINA.

THE paper of Dr. John Philips in the BRITISH MEDICAL JOURNAL of February 4th, p. 262, brings to my mind a case I saw of this affection some ten years ago; a lady complained of an offensive discharge from the vagina. I found a small fibromyoma equal in size to a hen's egg situated in the anterior vaginal wall. It was sessile, and extended from half an inch posterior to the meatus urinarius nearly to the os uteri. The vaginal mucous membrane was in a sloughy state over the tumour. I removed this portion of the mucous membrane, and enucleated the tumour, brought together the edges of the vaginal mucous membrane, having first of all put some iodoform gauze into the cavity left after the tumour had been removed. A portion of the gauze protruded at the lower angle of the wound, and served as a drain for a few days, when it was all removed, and the wound healed completely in fourteen days. These cases are very rare. I have only seen this one in twenty-six years' hospital and private practice.

Clifton.

A. E. AUST LAWRENCE, M.D.

A CASE OF BELLADONNA POISONING.

HAVING just read the paper by Dr. Coutts in the BRITISH MEDICAL JOURNAL of January 28th on the treatment of broncho-pneumonia by large doses of belladonna, perhaps the following notes on a recent case of belladonna poisoning in my practice may be of interest.

The patient, Mrs. M., aged 62, was suffering from chronic rheumatoid arthritis and carcinoma of the cervix. She complained much of pain at times, for the relief of which morphine suppositories were ordered. After the insertion of the third of these their use had to be discontinued, as severe nausea, vomiting, and faintness came about an hour after use.

On December 23rd, 1898, I ordered a belladonna pessary, gr. ij, instead of the morphine. At 8 P.M. the first was inserted. At 9 P.M. she rang her bell, and her attendant then found her almost speechless, and in such a condition that she at once sent for me. On arrival I found Mrs. M. in bed, and in a constant state of movement, endeavouring to raise her-

¹ BRITISH MEDICAL JOURNAL, December 21st, 1898, p. 1947.

² Indian Medical Gazette, December, 1898, p. 448.

self time after time, but failing to do so. Her hands were perpetually picking at the bedclothes, or removing imaginary things from the bed. The mouth was open, the tongue dry, both pupils only moderately dilated. She did not recognise me. She was talking incessantly in a rambling, incoherent manner. The skin was dry and hot, the pulse 104, the temperature normal. I found it impossible to get her to swallow, liquids simply dribbled back out of her mouth, and the contact of a spoon with her lips made her start violently. Putting a candle near her face, to see if the pupils reacted to light, also made her start, and brought on various convulsive movements. The face was much congested, but there was no stertor. This condition lasted till 7 next morning, when she dropped off into a few minutes' natural sleep to awake practically herself, with a slight headache, and no recollection of any of the events of the preceding night, nor of my visit to her.

Clifton.

REUELL ATKINSON, M.D. Durham.

REPORTS

ON

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

CARDIFF UNION HOSPITAL.

CASE OF TRAUMATIC RUPTURE OF THE DUODENUM AND JEJUNUM.

(Under the care of A. SHEEN, M.D., Medical Officer.)

[Notes and observations by L. G. DAVIES, M.D., Resident Medical Officer.]

HISTORY.

S. A., a Maltese sailor, aged 33, of powerful physique, was admitted at 6.30 P.M. on December 27th, 1898. On the evening of the 24th he had been engaged in a drinking bout with his companions. During an altercation he drew his knife upon one of these, who in self-defence seized his (S. A.'s) two wrists, and in the ensuing scuffle struck him with the bent knee in the abdomen. There was no evidence of a blow from the fist, or of a kick. The next morning Dr. Girvan, District Medical Officer, was summoned to him, and, suspecting internal injury and peritonitis, though unable to make out definite evidence of either, advised instant removal to the hospital. At this time neither abdominal swelling, vomiting, nor marked rapidity of breathing could be observed. There was paralysis of the bladder, and, on catheterisation, Dr. Girvan drew off urine, which was at first clear but subsequently contained coffee-ground deposit, evidently hæmaturic. Owing to the dilatoriness of the patient and of his friends, he was not brought to the hospital until the 27th, as stated.

CONDITION ON ADMISSION.

The man appeared to be dying; breathing very rapidly, his face drawn and anxious and covered with sweat. An ounce of brandy in hot milk was given him at the workhouse entrance before removing him to the hospital, and he revived somewhat. On examining him about half an hour subsequently he was found to be breathing entirely with the thoracic muscles, with a typical "abdominal" face, coated and dry tongue, and marked distension of the abdomen. Examination of the latter did not reveal any localised tenderness, this being general; the pain being chiefly referred to the umbilical region. Tympanites everywhere, the liver dullness, however, being but little encroached upon. Abdomen absolutely silent to auscultation. Rectal examination negative, and at no time was an abnormal motion observed. A full-sized metal catheter passed with ease and drew off clear urine. Pulse rapid and small, but heart sounds good. Regurgitation of gastro-intestinal contents occurred every few minutes; it was not bile stained to any marked extent, nor of faecal odour at this time, nor did it ever show blood corpuscles under the microscope. Great thirst complained of. Patient's mind quite clear; temperature slightly above normal. Rupture of some portion of the intestinal tract, probably the duodenum,

was diagnosed, but operation was considered entirely contra-indicated, and palliative treatment by ice, morphine, etc., adopted. Subsequently signs of fluid appeared in the flanks and hypogastrium, the vomiting took on a faecal odour and occurred more and more often, and death took place at 7.25 on the morning of the 29th, the patient's intellect being unimpaired almost to the last.

POST-MORTEM EXAMINATION.

This was made the same day, five hours after death. No external mark of violence, rigor mortis passing off.

The Abdomen.—On reflecting the parietes of the abdomen, which was examined first, the much-distended small intestine appeared, with injected patches in places. A large quantity (which could not be measured, but which was several pints) of dirty, sero-purulent fluid escaped, with some foul-smelling gas. On examining the intestines *in situ*, the signs of recent peritonitis were most marked in the region of the cæcum and ascending colon; there was also much recent lymph over the rectum as it lay in the recto-vesical pouch. "Suction lines" were general. Only the small intestine was distended, and but the upper portion of this. The intestine being thrown over to the left, the cæcal region was explored. The vermiform appendix was normal. The cæcum was injected and obviously inflamed; these signs increased in intensity on following up the ascending colon, reaching their maximum in the middle of the right flank, where intense recent injection and adhesion of the peritoneum appeared, with flaky yellow lymph, fluid fæces, and apparently altered food (milk?) thrown out into the peritoneal cavity. The colon was here bound down, though not toughly, by recent adhesions.

Rupture.—The pylorus being now exposed, the duodenum was divided between the ligatures, and the lower ileum being similarly treated, the included small intestine was removed and carefully examined. (Before doing this it was seen that the large omentum was, so to speak, crowded over into this corner—that is, the region of the duodenum—and partly held there by recent adhesions; it was much inflamed. The stomach was neither greatly distended nor collapsed.) On washing out and examining the duodenum, no sign of antecedent ulceration could be found. It was now seen that the junction of the duodenum and the jejunum was collapsed in appearance, not markedly distended as further down. A linear tear, with thinned and ragged edges, about 4 inches long, was seen on the posterior aspect, apparently starting at the junction. Here the gut was intensely injected with petechial hæmorrhages, the appearances of an extremely acute and deep-seated enteritis being general. The mucous membrane was of a deep reddish-purple colour, the coloration shading away gradually into the normal pink, extending down the jejunum and ileum for 12 or 14 inches. In the mucous membrane at the situation of the tear there were no fæces, although present a few inches lower down.

Other Organs.—The head of the pancreas, in direct relation to the tear, "cut" very firmly, almost like so much fibrous tissue, it was deeply injected, and both in feel and appearance differed markedly from the tail and body of the gland. The whole of the intestines, excepting the last few inches of the rectum, were washed out and slit up, but were normal. The stomach, bladder, kidneys, and spleen were normal, also the ureters. The prostate was not dissected out, the bladder being examined *in situ*. Thoracic organs and brain normal; calvarium exceptionally well developed. Finally, the flaps of the abdominal incision were cut into and dissected freely, but no subcutaneous or intramuscular hæmorrhage could be found, and the parietal peritoneum was quite normal.

REMARKS.

In Erichsen's *Surgery* (Ed. 10, i, 874) it is stated that "the frequency with which the duodenum is ruptured is due partly to its position, and partly to its fixity. The third part of the duodenum.....is uncovered by peritoneum, and is consequently fixed so firmly that it receives the full force of any violent pressure, being unable to slip away from beneath it, as do those parts of the intestine which are completely covered by peritoneum, and attached to a loose mesentery. When the force is applied in an oblique direction from right to left [as was probably the case in this man's opponent

Medical Officer in charge of the forces in the punitive expedition against King Koko, of Nimby, the chief town of Brass, on the River Niger, February, 1895 (general Africa medal, Benin River, 1894, Brass River, 1895, "Gambia, 1894," clasps). Staff-Surgeon Miller was awarded the bronze medal of the Royal Humane Society, February 28th, 1899. Jumped overboard from H.M.S. *Iron Duke* to the assistance of Corporal Hitt, R.M.L.I., took him a life buoy which was afterwards thrown, and brought him alongside the ship; ship was anchored at Gibraltar; there was a westerly gale blowing and a very heavy sea running; no communication with the shore; was fully dressed at the time. Staff-Surgeon Wilson served in the naval brigade landed by Rear-Admiral Rawson at Mombassa from the *St. George, Phoebe, Barrosa, Racoon, and Blonde*, accompanied by 65 Soudanese and 50 Zanzibar Askaris, for the punishment of Mburuk, a rebellious Arab chief, resulting in the capture of his stronghold, M'well, August 17th, 1895 (general Africa medal, "M'well, 1895," engraved on rim), mentioned in despatches; also present on the occasion of the bombardment and capture of the Sultan of Zanzibar's palace on August 27th, 1896, by the Squadron of Rear-Admiral H. H. Rawson, C.B. Staff-Surgeon Bowden served in the naval brigade landed by Rear-Admiral F. G. D. Bedford, C.B., from the *Raleigh, Alecto, Magpie, Satellite, and Widgeon*, at Bathurst, on the River Gambia, West Coast of Africa, in February, 1894, in co-operation with two companies of the 1st West India Regiment, for the punishment of Fodi Sillah, a rebellious slave-raiding chief; was in medical charge of the Royal Marines, volunteered to take charge of the ammunition, especially recommended by Colonel Corbet, Royal Marines, and mentioned in despatches; was present in medical charge at the bombardment and occupation of Gunjur, March 7th to 9th, 1894; D.S.O. for this service (general Africa medal, "Gambia, 1894," clasp).

The following appointments have been made at the Admiralty: HENRY C. WHITESIDE, Surgeon, to the *Pembroke*, for disposal, February 15th; CHARLES C. MACMILLAN, M.B., Surgeon, to the *Wildfire*, for disposal, February 15th; GEORGE GIBSON, Surgeon, to the *Tamar*, February 15th; HAMILTON MEIKLE, Staff-Surgeon, to the *Seymour*, February 15th; HAROLD R. OSBORNE, Staff-Surgeon, and HUGH CLIFT, Surgeon, to the *Edgar*, undated, and to the *Royal Oak* on recommissioning; LAWRENCE BIDWELL, Surgeon, to the *Edgar*, undated; MARGARET L. B. RODD, Surgeon, to the *Vivid*, for Devonport Yard, undated; FREDERICK J. LILLY, Staff-Surgeon, to the *Resolution*, February 16th; WILLIAM TAIT, Staff-Surgeon, to the *Colossus*, temporary, February 16th; JOSEPH E. McDONNELL, M.D., Staff-Surgeon, to the *Mars*, February 16th; WALTER BOWDEN, D.S.O., Surgeon, to the *Trafalgar*, temporary, February 28th; ROBERT H. MORNEMENT, Surgeon, to the *Eclipse*, February 28th.

ARMY MEDICAL SERVICE.

SURGEON-GENERAL C. F. CHURCHILL, M.B., Principal Medical Officer at Bombay, has been ordered to proceed to Simla to officiate as Principal Medical Officer in India, pending the arrival of Surgeon-General W. Taylor, M.D., C.B.

ROYAL ARMY MEDICAL CORPS.

THE undermentioned Surgeons on probation are appointed Lieutenants, dated January 25th.—HAROLD P. W. BARROW, JOHN E. HODGSON, ALIC L. SCOTT, LIONEL E. L. PARKER, JAMES G. GILL, GEORGE W. G. JONES, MATTHEW H. G. FELL, GERALD H. GODDARD, WILLIAM E. WINKFIELD, THOMAS C. LANDER, M.B., JONAS W. LEAKE, JOHN W. H. HOUGHTON, DUNCAN E. CURME, HERBERT S. TAYLOR, GEORGE M. GOLDSMITH, M.B., RICHARD H. LLOYD, DAVID HARVEY, M.B., JOHN M. SLOAN, M.B., MENRY E. HAYMES, FRANCIS J. BRAKENRIDGE, GEORGE C. PHIPPS, NATHANIEL J. C. RUTHERFORD, M.B., GILBERT J. A. OMSBY, M.D., HARRY T. PACKER, LAWRENCE HUMPHREY, ROBERT S. RODGER, M.B., WILLIAM W. SCARLETT, HORACE K. PALMER, ARTHUR O. B. WROUGHTON, FRANK ASHIE.

Captain JOHN P. MORTON, Madras Establishment, who was transferred to the half-pay list June 21st, 1898, is restored to the effective list from November 7th, 1898.

ARMY MEDICAL RESERVE.

SURGEON-CAPTAIN ANDREW A. ABRAHAM, 5th Volunteer Battalion the Durham Light Infantry, is appointed Surgeon-Captain, February 22nd.

INDIAN MEDICAL SERVICE.

LIEUTENANT-COLONEL EDWARD PALMER, Bengal Establishment, in medical charge of the 9th Bengal Lancers, on being relieved by Captain H. B. Luard, M.B., 45th Sikhs, is directed to proceed to Miran Shah, and take up his appointment as Principal Medical Officer Tochi Field Force, *vice* Lieutenant-Colonel J. T. B. BOOKEY, Bengal Establishment, granted sick leave to England.

Major SYED HASSAN, M.B., Bengal Establishment, has retired from the service from January 1st. He was appointed Surgeon October 2nd, 1886, and Surgeon-Major, October 2nd, 1892. He was with the Burmese Expedition in 1886-7 (medal with clasp); with the Chin-Lushai Force in 1889-90 (clasp), and with the Miranzai Expedition in 1891 (clasp).

THE VOLUNTEERS.

THE undermentioned Surgeon-Lieutenants have resigned their commissions from February 22nd; W. R. MARTINE, 7th Volunteer Battalion the Royal Scots (Lothian Regiment); C. C. BRODRICK, 2nd (Prince of Wales's) Volunteer Battalion the Devonshire Regiment; E. H. SUTCLIFFE, M.B., 4th Volunteer Battalion the Devonshire Regiment; P. J. BARCROFT, 1st Wiltshire Rifles.

Surgeon-Lieutenant-Colonel J. MCALISTER, 1st Volunteer Battalion the Royal Scots Fusiliers, has retired from the service, retaining his rank and uniform, February 22nd.

Mr. RICHARD J. SWAN is appointed Surgeon-Lieutenant in the 1st Surrey (South London) Rifles, February 22nd.

Surgeon-Captain T. A. DODD, 1st Newcastle-on-Tyne Engineers, is promoted to be Surgeon-Major, February 15th.

The undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps specified, dated February 15th: FREDERICK E. A. WEBB, 3rd (Cambridgeshire) Volunteer Battalion the Suffolk Regiment; REGINALD

G. HANN, 3rd Volunteer Battalion the Prince of Wales's Own West Yorkshire Regiment; EDWARD T. McDONNELL, 2nd Tower Hamlets Rifles.

Surgeon-Lieutenant J. H. H. WILLIAMS, 1st (Pembrokeshire) Volunteer Battalion the Welsh Regiment, has resigned his commission, February 15th.

Surgeon-Captain H. G. THOMPSON, M.D., 1st Volunteer Battalion the Royal Fusiliers, is promoted to be Brigade-Surgeon-Lieutenant-Colonel on appointment as Senior Medical Officer to the West London Volunteer Infantry Brigade, February 15th.

PRECEDENCE.

RETIRED writes: Referring to Captain Trevor's remark on the "Army Doctor" in the *BRITISH MEDICAL JOURNAL* of February 11th, that he is now "a real live officer" with a military title, may I ask why he still occupies an inferior position at mess? *Vide* par. 944, Queen's Regulations, 1898. Under the heading of Precedence at Mess in these Regulations, readers are referred to the above paragraph.

. This is a pertinent question. The paragraphs in the Queen's Regulations which, under the old bad *régime*, stamped the medical officer as an inferior being, must now be revised.

MEDICO-LEGAL.

ACTION BY THE APOTHECARIES' SOCIETY.

At the Whitechapel County Court, on February 11th, before his Honour Judge Bacon, Thomas Allen, Commercial Road, was sued by the Society of Apothecaries for the payment of £20, the penalty prescribed by Section xx of the Apothecaries Act, 1851, for having acted as an apothecary without authority.

Mr. Turner appeared on behalf of the Society, and according to a report in the *Morning Post*, said that in July last the Society's attention was drawn to the conduct of Allen, who had previously been cautioned by an East London coroner for having given advice and prescribed remedies, for which he received payment.

Evidence was given by a witness, who said he had visited Allen, who had examined him and supplied him with medicine and pills, for which he had paid a charge of 1s. on each occasion.

It was contended on behalf of the defendant that he gave advice free, but only charged for the medicine which he supplied to the patients.

His Honour gave judgment for the plaintiff Society for £20 with costs.

THE CONSCIENCE CLAUSE.

THE "conscience clause" and the procedure under it have once more demanded the attention of the Divisional Court, in the case of *R. v. Justices of Buckingham*, heard by Lawrance and Channell, J.J., on February 13th, which was a case in which a rule *nisi* had been obtained calling on the justices to show cause why they should not hear and determine an application for exemption under the Vaccination Act. The facts were shortly as follows: Arthur Bedford applied to the defendants for a certificate of exemption from vaccination for his two children upon the usual grounds. When the case reached the higher court they filed an affidavit, in which it was stated that in pursuance of a rule made by the Bench the application had been refused because no birth certificates had been produced. Evidence of the birth, in the form of the oral testimony of him and his wife, had been tendered by the applicant, and he also produced the child itself, but the justices declined to hear the application.

Counsel for the applicant (Mr. Schultess Young) argued that the evidence tendered was the best evidence of the fact of the birth, and that the rule made by the justices was *ultra vires*. It was not authorised by the Act. Eventually the Court discharged the rule. Mr. Justice Lawrance said that it was important that the child should be identified both for the purpose of making out the certificate, and also for future use; while Mr. Justice Channell observed that the justices were entitled to require a birth certificate unless some reason were shown why it could not be given.

The point decided in this case appears to be that it rests with the magistrates to determine what proof is best suited to all the circumstances of the case, with a view of fixing the identity of the child for the guidance of the vaccination officer. As a birth certificate only costs 3d. if applied for at the time of registration, no great hardship will ensue from the enforcement of its production before the magistrates.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

BOTANY.—Mr. A. W. Hill, B.A., of King's College, has been appointed Demonstrator of Botany.

DEGREE.—At the Congregation, on February 16th, Mr. C. Powell, B.A., of Emmanuel College, was admitted to the Degrees of M.B. and B.C.

AGRICULTURAL SCIENCE.—The graces for the establishment of a Department of Agriculture, for the maintenance of which offers to the amount of over £20,000 have been made by Sir Walter Gilbey and various public bodies, will be submitted to the Senate on March 2nd. The discussion in the Arts School was favourable to the proposal.

EXAMINATION FOR DEGREES.—Parts I and II of the Third Examination for the degree of M.B. and B.C. will commence on Tuesday, April 25th. The examination for the degree of M.C. will commence on Friday, April 28th.

UNIVERSITY OF EDINBURGH.

DISEASES OF TROPICAL CLIMATES.—At the meeting of the University Court on February 13th, it was resolved to invite applications, by advertisement, for the office of Lecturer in Diseases of Tropical Climates,

and it was remitted to a committee to consider and report as to the qualifications of the candidates, the first appointment to be for a period of three years, which may be renewed. The following are the regulations pertaining to the Lectureship: "1. The course of instruction shall extend over not less than twenty or more than twenty-five lectures, and shall consist of lectures and demonstrations and other practical work, the number of meetings for each to be arranged by the Senatus. 2. The class fee for the course shall be £22s., with an entrance fee of 5s. in the case of non-matriculated students. 3. Two such courses shall be given in each year, one in the winter and the other in the summer session, should a course in each session be required. 4. Each course of instruction shall be open to (1) qualified medical practitioners; (2) students who have completed the curriculum for the Final Examination in Medicine of any of the qualifying medical authorities; and (3) others specially interested in the subject. 5. Certificates of attendance will be granted as follows: (a) A class certificate to each member of the class who has performed the work of the class in a satisfactory manner; (b) a University certificate to be signed by the Dean of the Faculty of Medicine, to each member of the class who has attended a course of instruction on practical bacteriology, including the micro-organisms of tropical diseases, who has also attended the course of instruction in tropical diseases, and who has performed the work of both of these classes in a satisfactory manner. This certificate shall be based on evidence received from the teachers of practical bacteriology and tropical diseases."

RESEARCH GRANTS.—Grants recommended by the Senatus from the Earl of Moray Endowment for the purposes of research were approved.

EXTRA-ACADEMICAL TEACHERS.—The following were recognised as extra-academical teachers whose courses of instruction qualify for graduation in medicine in the University: (1) Professor W. E. F. Thomson, Anderson's College Medical School, Glasgow (Physiology); (2) John Macpherson, M.D., Larbert (mental diseases).

UNIVERSITY OF ABERDEEN. UNIVERSITY COURT.

Proposed Subdivision of the Chair of Natural History.—At the meeting of the University Court on February 15th, some points of considerable general interest were dealt with. The great loss sustained by the University in the death of Professor Nicholson was alluded to with deep regret by the Principal. It may be mentioned that a request has been forwarded from the University authorities to the Secretary for Scotland, to which he has agreed, namely, that the appointment to the vacant Natural History Chair shall be delayed for a few weeks in order that the possibility may be considered of separating the subjects of zoology and geology, which have hitherto been included in the teaching of the Chair.

Teaching of Tropical Medicine.—A representation was received from the Senatus advocating the institution of a course of instruction in Tropical Medicine. The proposed course should consist of some twenty-five lectures, and it was suggested that the remuneration of the lecturer should be derived from the fees paid for the course. The importance of such teaching at the present time is emphasised by the wish of the Colonial Secretary only to appoint as medical officers in tropical districts those who shall have previously obtained knowledge of the diseases of the Tropics. The argument that such teaching, without clinical material, would be useless, was met by the statement that such a course was only intended as preliminary for the curriculum in London. The representation was adopted by a majority of votes, and the Faculty of Medicine was asked to make a recommendation for the appointment.

Proposed Gymnasium.—A memorial signed by some 425 students was submitted, which requested the attention of the Court to the great benefit which students would derive from the establishment of a gymnasium. It was known that the late Dr. Mitchell, in his generous benefactions to the University, had had this in view in the extensions of Marischal College, and many obvious reasons were given for its expediency. The Court passed a resolution expressing its cordial sympathy with, and approval of, the object of the memorial, and remitted it to the Sites and Plans Committee with the view of taking the earliest opportunity of providing a gymnasium for the University.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

BOSTOCK SCHOLARSHIP.—The trustees of the Reid Trust for the Education of Women have resolved to offer a scholarship of the annual value of £60 at the London School of Medicine for Women. The scholarship is founded in memory of the late Miss Bostock, one of the trustees. It will be tenable for two or four years, and will be given on the results of the Preliminary Scientific Examination of the University of London. The scholar must prepare for the medical degrees of the University of London. Further particulars can be obtained from the Hon. Secretary of the Reid Trust, Bedford College, York Place, W.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The following gentlemen having passed the necessary examination have been admitted Licentiate in Dental Surgery of the College: A. T. Green and D. Saville.

SOCIETY OF APOTHECARIES OF LONDON.

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

Surgery.—A. E. Malaher, St. Thomas's Hospital; R. K. Mowll (Section II), King's College Hospital; C. A. C. Salmon, Guy's Hospital; E. C. Thomas, London Hospital; R. Le G. Worsley (Section I), St. George's Hospital and Durham University.

Medicine.—P. A. Chillcott, London Hospital; C. J. Coleman, Cambridge University and Birmingham; F. Dengler (Sections I and II), Munich; J. Gallagher, Bombay; E. MacD. Judge, Guy's Hospital; L. Lehmann, Strassburg and Leipzig; R. K. Mowll (Section II), King's College Hospital; B. J. Nolan, Dublin; E. C. Thomas, London Hospital; D. O. Williams, Leeds.

Forensic Medicine.—P. A. Chillcott, London Hospital; C. J. Coleman, Cambridge University and Birmingham; H. Cooper, Aberdeen; F. Dengler, Munich; J. Gallagher, Bombay; E. S. Johnson, St. Mary's

Hospital; E. MacD. Judge, Guy's Hospital; L. Lehmann, Strassburg and Leipzig; P. Power, Cork and Edinburgh; S. A. Rowley, Bristol; E. C. Thomas, London Hospital; D. O. Williams, Leeds.

Midwifery.—H. Clough, Leeds; H. Cooper, Aberdeen; F. Dengler, Munich; J. Gallagher, Bombay; E. S. Johnson, St. Mary's Hospital; V. S. Partridge, Charing Cross Hospital; J. W. Robertson, Kingston, Ontario; S. A. Rowley, Bristol; E. C. Scarlett, Royal Free Hospital; A. E. Shaw, Cambridge University and St. Thomas's Hospital; A. Y. St. Leger, Cambridge University and St. Mary's Hospital; E. C. Thomas, London Hospital; J. M. Twentymann, Cambridge University and King's College Hospital; D. O. Williams, Leeds; T. R. Wilshaw, Birmingham; E. D. Wortley, St. Bartholomew's Hospital.

The diploma of the Society was granted to Messrs. H. Clough, E. MacD. Judge, R. R. Mowll, A. E. Shaw, E. C. Thomas.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

ENGLISH URBAN MORTALITY IN 1898.

In the accompanying table will be found summarised the vital statistics of 1898 relating to the thirty-three large English towns, including London, dealt with by the Registrar-General in his weekly returns.

The 339,350 births registered during 1898 in these thirty-three large towns were equal to a rate of 30.3 per 1,000 of their aggregate population, estimated at nearly eleven and a quarter millions of persons. This rate was 1.4 per 1,000 below the mean rate in the preceding ten years, 1888-97, and was lower than in any year on record. In London the birth-rate last year was equal to 29.5 per 1,000, while it averaged 30.9 in the thirty-two provincial towns, among which it ranged from 22.5 in Huddersfield, 22.9 in Halifax, 24.0 in Bradford, and 24.8 in Brighton to 34.7 in Salford, 35.2 in Liverpool, 35.4 in Sunderland, 35.5 in Gateshead, and 35.8 in Wolverhampton.

The 212,848 deaths registered last year in the thirty-three towns were equal to an annual rate of 19.0 per 1,000; this rate almost corresponded with that in the preceding year, and was 1.3 per 1,000 below the average rate in the ten preceding years. With two exceptions the rate of mortality during 1898 in these large towns was the lowest yet recorded. The death-rate in London during the year under notice was equal to 18.7 per 1,000, while it averaged 19.3 in the thirty-two provincial towns, among which it ranged from 13.9 in Croydon, 14.8 in Cardiff, 15.4 in West Ham, and 15.9 in Huddersfield to 21.4 in Newcastle-upon-Tyne, 21.9 in Manchester, 22.6 in Sunderland, 22.7 in Salford, and 24.0 in Liverpool.

During the year under notice 31,752 deaths were referred to the principal zymotic diseases in the thirty-three towns, equal to a rate of 2.85 per 1,000, which slightly exceeded the mean rate in the ten preceding years, 1888-97. The zymotic death-rates in these towns last year ranged from 1.61 in Huddersfield, 1.99 in Croydon, 2.04 in Burnley, and 2.15 in Plymouth, in Oldham, and in Halifax to 3.26 in Norwich, 3.35 in Leicester, 3.69 in Sunderland, 3.82 in Sheffield, and 4.03 in Salford. The 31,752 deaths referred to the principal zymotic diseases included 13 which resulted from small-pox, 6,290 from measles, 1,570 from scarlet fever, 3,419 from diphtheria, 4,658 from whooping-cough, 2,190 from "fever" (principally enteric), and 13,612 from diarrhoea. The fatal cases of small-pox registered in the thirty-three large towns, which had been 732, 450, 120, 25, and 18 in the five preceding years, further declined to 13 during 1898, of which 3 occurred in Gateshead, 3 in Newcastle-upon-Tyne, 2 each in Leeds, Liverpool, and Sunderland, and 1 in London. The death-rate from measles, which had been, 0.53, 0.71, and 0.55 per 1,000 in the three preceding years, was 0.56 last year and was slightly below the mean rate in the ten years 1888-97. In London the measles death-rate was 0.68 for 1,000, while it averaged 0.48 in the thirty-two provincial towns, among which the highest rates were recorded in Brighton, Plymouth, Bristol, Swansea, Norwich, Leicester, and Halifax. The death-rate from scarlet fever, which had been 0.18, 0.22, and 0.18 per 1,000 in the three preceding years, declined to 0.14 during the year under notice, and was little more than half the average rate in the ten preceding years; in London the rate of mortality from this disease was equal to 0.13 per 1,000, while it averaged 0.15 in the thirty-two provincial towns, and was highest in Wolverhampton, Birkenhead, Liverpool, Salford, Leeds, and Sunderland. The death-rate from diphtheria, which had been 0.35, 0.38, and 0.31 per 1,000 in the three preceding years, was again 0.31 during 1898, and corresponded with the average rate in the ten preceding years; in London the diphtheria death-rate was 0.39 per 1,000, while it averaged 0.25 in the thirty-two provincial towns, among which the highest rates were recorded in West Ham, Portsmouth, Cardiff, Swansea, Wolverhampton, Leicester, Birkenhead, and Leeds. The rate of mortality from whooping-cough, which had been 0.37, 0.57, and 0.41 per 1,000 in the three preceding years, was 0.42 during 1898, against an average rate of 0.53 per 1,000 in the ten preceding years; in London the death-rate from this disease was equal to 0.48 per 1,000, while it averaged 0.37 in the thirty-two provincial towns, among which whooping-cough showed the highest proportional fatality in Birmingham, Liverpool, Salford, Preston, Sheffield, Gateshead, and Newcastle-upon-Tyne. The death-rate from different forms of "fever" (including typhus, enteric fever, and simple and ill-defined forms of fever), which had been 0.20, 0.19, and 0.18 per 1,000 in the three preceding years, rose again to 0.20 during the year under notice, and corresponded with the average rate in the ten preceding years, 1888-97. In London the "fever" death-rate did not exceed 0.13 per 1,000, while it averaged 0.24 in the thirty-two provincial towns, among which the highest rates were recorded in Norwich, Birkenhead, Bolton, Salford, Preston, Sheffield, Sunderland, and Newcastle-upon-Tyne. The rate of mortality from diarrhoea, which had been 1.20, 0.79, and 1.24 per 1,000 in the three preceding years, was 1.22 during 1898, and considerably exceeded the average rate in the ten preceding years; in London the death-rate from this disease was equal to 0.97 per 1,000, while it averaged 1.38 in the thirty-two provincial towns, among which diarrhoea showed the highest proportional fatality in Wolverhampton, Bolton, Manchester, Salford, Preston, Sheffield, Hull, and Sunderland.

attended the case, nor been engaged to do so, the relieving officer made out the order to Dr. A., and the guardians will only pay the fee to the latter. What is Dr. A.'s duty under the circumstances?

*** The whole proceeding is irregular. G. P. does not say that A. is the recognised deputy of B. We therefore assume that he is not so, and if this is the case A. ought not to have been applied to, as it was the duty of the relieving officer to procure the attendance of B.'s deputy, if possible, during his absence.¹ There could be no justification for any application to A. till this had been done. The duty of A. under such very peculiar circumstances is difficult to define. An equal division of the fee between A. and B. would, we think, be a fair settlement of the question.

HOSPITAL AND DISPENSARY MANAGEMENT.

FIFE AND KINROSS ASYLUM.

THE annual report for the year ending July 31st, 1898, shows that during the twelve months 131 patients (59 males and 72 females) were admitted, 73 cases were discharged, and 27 died. The average daily number resident was 493, while there remained on the register at the close of the year 516, as compared with 485 at the close of the previous year. As showing the continuous increase in the number of admissions, it may be mentioned that during the ten years 1880 to 1890 the average annual number admitted was 87; during 1890 to 1895 it was 101; and during the last three years it has risen to 128. As Dr. Turnbull very properly points out, whether the increase in the numbers are readmissions or not, in considering whether there is any real increase in insanity or not, the fact remains that there is at any rate a large increase in the call for asylum care. Of the discharges, 44 were recovered, giving a percentage of 33.58 per cent. of the admissions. The death-rate was unusually low, only reaching 5.47 per cent. of the average daily number resident. The accommodation of the asylum is only sufficient for present numbers, and any increase in the number of patients will call for further accommodation being provided to prevent overcrowding. The net cost of maintenance has been £24 11s. 8d. per patient.

THE EARLSWOOD ASYLUM FOR IDIOTS.

At the close of the year 1897 there remained in the asylum 562 patients—373 males and 189 females—and Dr. Caldecott points out with regret that owing to deficiency of revenue the admissions had been limited to 40. This is much to be regretted, as the benefits conferred by this institution are so well known and recognised it is worthy of more generous public support. It is gratifying to learn that the greater number of those admitted already show signs of improvement. Of the discharges 27 were males and 16 females, all having been benefited by their residences in the institution. The deaths numbered 18, and no fewer than 11 of these died from phthisis and 2 from "congestion of the lung," truly a formidable death roll due to diseases of the lungs. In the girls' school 178 pupils and in the boys' schools 100 pupils attend, and much progress is made in educating these mentally deficient inmates in reading and writing, whilst the work-shops bring out in a wonderful manner the intelligence of some of the patients who are incapable of higher education. No fewer than 23 prizes were gained at the Lancaster Arts and Crafts Exhibition by patients of this institution.

THE RETREAT, YORK.

THIS old and well-known institution has been continuously full during the year covered by the report, and patients have been declined owing to lack of room. During the twelve months ending June 30th, 1898, covered by the report, the total number of cases under care was 195—namely, 78 males and 117 females. There were 39 admissions and 28 discharges; of the latter there were only 11 discharged recovered, giving an average of 28.20 per cent. calculated upon the admissions, as compared with 50 per cent. during the previous year. The death-rate was exceedingly low, standing at only 1.3 per cent. calculated upon the average daily number resident, while the weekly average cost for the maintenance of the patients was for the financial year 36s. 7d. per head per week. It is gratifying to observe that in addition to the 30 patients already maintained at 12s. a week 6 new patients were admitted at the same rate, whilst a like number of necessitous patients were received at reduced rates on account of their connection with the Society of Friends. Dr. Bedford Pierce tells us in his report that 67 patients are at present in the Retreat whose payments do not cover the cost of their maintenance. This is carrying out the principle of true charity in the administration of the institution. The systematic training of the male and female nurses of the institution continues, and several have gained the certificate of the Medico-Psychological Association for proficiency in nursing.

INDIA AND THE COLONIES.

NEW SOUTH WALES.

PROPOSED NEW MATERNITY HOSPITAL AT SYDNEY.—The Royal Commission recently appointed by the Government of New South Wales to investigate and report upon the public charities have recommended the transference of the maternity department of the Benevolent Society in Sydney to a more commodious building on a better site. The lying-in wards form a part of a very old building used as an asylum for women and children. There have been several outbreaks of puerperal fever in these wards in past years, and the medical staff have long urged the

¹ Every medical officer shall, as soon as may be after his appointment, name to the guardians some legally qualified medical practitioner to whom application for attendance may be made in case of absence from home, etc., and the name and residence of such named practitioner shall be forwarded to each relieving officer, etc. (Art. 200, Consolidated Order, July 24th, 1847.)

necessity for the removal of the maternity department in consequence of the incommensurate and insanitary condition of the present building. The Commission have recommended the resumption of the premises in Darlinghurst used as the School of Industry, and their adaptation for a maternity hospital. The constitution of the new hospital would be framed on lines somewhat similar to those of the other public hospitals in Sydney, so as to invite and elicit support from the public for its maintenance. Under present arrangements the medical students have to attend their practical midwifery under very uncomfortable circumstances; and a new hospital on the lines suggested would be a great boon not only to the poor lying-in women, but also to the medical staff and medical students.

REPORT OF THE INSPECTOR-GENERAL OF THE INSANE.—The annual report of the Inspector-General of the Insane for New South Wales has just been presented to Parliament by Dr. Eric Sinclair. Early in the year Dr. F. Norton Manning resigned the post which he had held for over twenty years and in which he had done such excellent work. Dr. Eric Sinclair, the Medical Superintendent of Gladesville Asylum, was appointed his successor. The number of insane persons in the various asylums at the close of 1897 was 3,957—2,408 males and 1,549 females—being an increase of 112 on the number for 1896. But this increase is considerably less than has been customary during the last few years, and approaches more the average for twenty years. The proportion of insane to the population in 1897 was 2.69 per 1,000; at the close of 1897 it was 2.99 per 1,000. This compares favourably with the proportion in the other Australian colonies and in Great Britain. The diminution in the number of new cases admitted during the year was probably due to the improvement in the general condition of the colony and the recovery from the financial depression of previous years. The recoveries show a percentage of 41.47, and the cases relieved a percentage of 5.78 on the admissions. This again compares favourably with the rates in other countries. The total number of patients under care during the year was 4,837; the average daily number resident was 3,822, of whom 2,355 were males and 1,467 females. The deaths numbered 249, being a percentage on the daily average number resident of 6.51; of these, 134 were due to diseases of the brain, the remainder to various diseases of the heart and lungs and old age; 1 patient committed suicide and 1 died from an accident—snake poisoning.

BRITISH SOUTH AFRICA.

MEMORIAL HOSPITAL AT BULUWAYO.—This hospital at Buluwayo was built as a memorial of those who fell in the war in 1893. The foundation stone was laid in October, 1894, and the hospital was opened in April, 1895. By the end of the year, in consequence of the Matabele rebellion, the accommodation was quite inadequate to meet the requirements of the sick and wounded. Rinderpest, too, was so prevalent that transport was paralysed, and ordinary food stuffs, such as milk, eggs, and butter, could scarcely be obtained, and then only at exorbitant prices. The hospital was also kept in a state of siege by the Matabele, and had to be fortified and guarded night and day. These unfavourable circumstances conducted, no doubt, to the high death-rate which marked this period. In June, 1897, the hospital, which had previously been controlled and financed by the Government, was handed over to the public of Buluwayo, as it was felt that it would receive more generous support if it became a public institution. It is now managed by a Board of nine members, six of whom are elected by the public and three nominated by the Government. The income for the first year from all sources was £12,341 12s. 3d., and the expenditure £9,499 3s. 6d. In May, 1898, a contract was let for the erection of additional buildings, to cost £12,110. The number of patients treated during the year was 1,204 whites and 415 blacks; there are practically no out-patients. From the report of Dr. Arnold, the resident surgeon, we learn that cases of malarial fever constitute a large proportion of the patients, the death-rate being very small among the Europeans, but considerably higher, as in all forms of disease, among the natives admitted to hospital. There have been but few cases of typhoid fever, and pulmonary diseases have not been prevalent, only five cases of pulmonary phthisis having been admitted. Of forty-six operations performed, eleven were major, consisting of laparotomies, operations on the head, and for abscesses of the liver; only one death occurred from operation, and that was in a native.

MEDICAL NEWS.

By the resignation of Dr. S. Rees Philipps the position of Medical Superintendent of the Holloway Sanatorium, Virginia Water, is rendered vacant. We are requested to state that the committee of the institution will meet in March to appoint a successor.

WE are requested to state that Cooke's School of Anatomy, Physiology, and Operative Surgery was reopened on Tuesday, February 14th, and that it will be carried on in future according to the methods so successfully initiated by the late Mr. Thomas Cooke, F.R.C.S.

FRENCH CONGRESS OF MEDICINE.—The fifth French Congress of Medicine, which is to be held this year at Lille, will open on July 28th. The following are the questions proposed for discussion: (1) Myocarditis; (2) Lymphadenoma and Leukæmia; (3) Habituation to Drugs.

AN INTERNATIONAL MEDICAL PRESS CONGRESS.—The French Medical Press Association held its forty-third meeting on February 3rd, under the presidency of Dr. Gézilly. It was decided to organise an International Congress of the Medical Press to be held in Paris in 1900 at the same time as the other congresses which are to take place there in that year.

THE Manchester Corporation has been advised that the estimated cost of dealing with the sewage and storm water of the city by means of 60 acres of bacteria beds will not exceed £300,000. The works proposed are anticipated to relieve Manchester of all future embarrassments in respect of the purification of sewage.

FEMALE NURSES IN THE UNITED STATES ARMY.—Surgeon-General Sternberg recommends the employment of expert female nurses in the United States army, their number not to exceed 1 per cent. of the army. These nurses are to receive not more than 50 dollars (£10) per month, and the chief nurses not more than 75 dollars (£15) per month. The nurses and chief nurses are to be graduates of training schools for nurses.

THE late Baroness de Stern has by her will bequeathed £500 each to the Surgical Aid Society, the Bexhill Convalescent Home, the Brompton Hospital for Consumption, the Hospital for Consumption, Hampstead, Earlswood Asylum, and the Hospital for Incurables, Putney. She also bequeathes to her trustees £60,000, to be applied in founding and endowing a hospital or a convalescent home, or almshouses or other public institutions, or for the purposes of enlarging any such existing institution in memory of her husband, whose name is to be associated therewith.

A RUSSIAN OPHTHALMOLOGICAL SOCIETY.—An Ophthalmological Society has recently been founded in Moscow, and already numbers 27 members. At the opening meeting Professor F. A. Jewezki delivered an address on the development of ophthalmology in Russia. He said the first ophthalmic surgeon of whom there was record in that country was David Brun, who settled in practice in 1628. In the seventeenth and eighteenth centuries there was practically no skilled treatment available for people afflicted with eye diseases, and the proper cultivation of that branch of surgery dated only from the second half of the present century. Professor A. A. Krjukow was elected President, and Professor Jewezki Vice-President, of the new society.

MEDICAL CO-EDUCATION.—Cornell University, the first college to admit women in co-education with men, has now been obliged to add a medical department to allow the sexes to study together. The professors, it is stated, were at first opposed to receiving the young women in the same medical classes with the young men; but the charter of the institution having been granted for co-education, it was not possible to close any department to either sex. The example of the medical department of the University of Buffalo, which admitted women in 1875 on the same basis as men, is thus followed. Nineteen young women are enrolled among the medical students at Cornell.

A STATE HOME FOR AGED PERSONS.—A Bill is to be introduced in the Legislature of New York State to provide a State home for the aged in the city of New York, and the counties of Westchester, Rockland, and Suffolk. The Bill appropriates 100,000 dols. (£20,000) to buy the land and build, furnish, and maintain the home, with permission to the governors to apply for more money each year. The buildings are to consist of a central hall and a number of one-storey cottages, all properly plumbed, heated, and lighted. A Board of Governors, appointed by the Mayor of New York and the superintendents of the poor of the three counties above mentioned, will manage the home under the terms of the Bill. Respectable, industrious, law-abiding aged persons, twenty years resident of any of the counties, may become inmates upon proof of lack of means of support. Employers of labour may also obtain admittance for superannuated employees on payment of a fixed yearly sum.

MALE NURSES FOR MALE PATIENTS.—At the annual meeting of the York Home for Nurses, Mr. W. Draper, Senior Surgeon to the York Dispensary, stated that it was his opinion, strongly held, that male patients should be nursed by male nurses. He objected to the nursing of men by females on moral as well as on many other grounds. It was not necessary; the nursing in the army and navy was done by medical orderlies, and well done. Indeed, some nursing duties might be better performed by men than by women; and he advocated the extension of the system to civil life. There would be no difficulty in obtaining the services of plenty of tem-

perate, respectable, and sufficiently-educated young men who would be willing to go through a proper course of training in hospital, and then to qualify themselves as efficient male nurses. In London a very successful male nurses co-operation existed, having in its ranks about 100 male nurses, whose average earnings per man amounted to over £100 a year, after all expenses are paid. He trusted that the time was not far distant when every nursing institution of importance would have its branch for male nurses.

WORKING COLONY FOR EPILEPTICS.—The Asylums Committee of the London County Council have had under consideration provision for 300 male epileptics in eight detached buildings on their estate at Horton Manor, Epsom, where their seventh county asylum is now in course of erection. The plan of so-called cottage homes has been already tried at Alt-Scherbitz and other places in Germany, and has been favourably reported on; and in this country certain large Lancashire unions have combined for the purpose of providing accommodation of this kind for their imbeciles and epileptics. It is intended specially to select from amongst the patients of the London county asylums epileptics who appear suited for colony life; they will of course continue to be under the supervision of the Commissioners in Lunacy. The estimated expense of permanent buildings is at the rate of about £200 per bed.

THE MEDICAL PROFESSION IN AUSTRIA.—Official statistics recently published show that in 1895 the total number of Doctors of Medicine in Austria was 7,620. The proportion of medical practitioners to population in the different parts of the empire were as follows: Vienna, 1 in 691; Baden, 1 in 1,956; Linz, 1 in 1,070; Salzburg, 1 in 859; Graz, 1 in 604; Klagenfurt, 1 in 737; Laybach, 1 in 1,349; Trieste, 1 in 1,364; Innsbruck, 1 in 328; Prague, 1 in 452; Brünn, 1 in 832; Troppau, 1 in 1,024; Lemberg, 1 in 859; Krakau, 1 in 395; Czernowitz, 1 in 1,444; Lower Austria, 1 in 1,129; Upper Austria, 1 in 4,000; Krain, 1 in 8,564; Galizia, 1 in 6,792; Bukowina, 1 in 6,990. The number of doctors given above does not include the lower grade practitioners known as *Wundtaertze* (surgeons, or literally "wound doctors"), who in 1895 numbered 1,181.

MEDICAL VACANCIES.

The following vacancies are announced:—

BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES.—Clinical Assistant. Applications to the Secretary, John Bright Street, Birmingham, by March 10th.

BRIGHTON THROAT AND EAR HOSPITAL, Church Street, Queen's Road, Brighton.—Non-resident 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.

CUMBERLAND AND WESTMORLAND ASYLUM, Garlands, Carlisle.—Junior Assistant Medical Officer, unmarried, and not more than 35 years of age. Salary, £80 per annum, with board and residence. Applications to the Medical Superintendent.

DEINZBURGH 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.

DUBLIN: MERRICK'S HOSPITAL.—Resident Medical Officer. Applications to the Registrar by February 27th.

EAST LONDON HOSPITAL FOR CHILDREN, 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 15th.

EDINBURGH UNIVERSITY.—Lecturer on Diseases of Tropical Climates. Applications to the Secretary of the University Court by March 6th.

EDINBURGH: VICTORIA HOSPITAL FOR CONSUMPTION.—Resident Physician; and a Non-resident Medical Officer. Appointments for six months. Salary at the rates of £20 and £30 per annum respectively. Applications to the Honorary Secretaries, 1, North Charlotte Street, Edinburgh, by March 11th.

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. Campbell, Secretary of the Glasgow University Court, 91, West Regent Street, Glasgow, by March 24th.

GREAT NORTHERN HOSPITAL.—Surgeon to In-patients; must be F.R.C.S. Junior House-Surgeon. Appointment for six months. Salary at the rate of £30 per annum, with board, lodging, and washing. Applications to the Secretary by March 15th and 20th respectively.

HALIFAX ROYAL INFIRMARY.—Assistant House-Surgeon, unmarried. Salary, £50 per annum, and an extra allowance of £2 2s. 6d. per annum; also residence, board, and washing. Applications to the Secretary by February 28th.

HALIFAX UNION WORKHOUSE, St. Luke's Hospital.—Assistant Medical Officer for the Hospital and Workhouse, unmarried, and not over 35 years of age. Salary, £100 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 INFIRMARY.—Senior House-Surgeon, unmarried. Salary, £90 per annum, with furnished rooms, board, washing, gas, coals, and attendance. Applications to the Secretary by February 28th.

KING'S COLLEGE, London.—Sambrook Surgical Registrar and Assistant Ophthalmic Surgeon at King's College Hospital. Applications to the Secretary for the former by March 15th.

LIVERPOOL: BOOTLE BOROUGH HOSPITAL.—Junior House-Surgeon. Salary, £50 per annum, with board, lodging, etc. Applications to the Secretary.

LIVERPOOL HOSPITAL FOR DISEASES OF THE THROAT, NOSE, AND EAR. 25, Oxford Street, Liverpool.—Honorary Assistant Surgeon. Applications to the Honorary Secretary, Sand Lea, West Kirby, Cheshire, by March 1st.

LIVERPOOL NORTHERN HOSPITAL.—Assistant House-Surgeon. Salary, £70 per annum, with residence and maintenance. Applications to the Chairman of the Committee by March 8th.

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 TEMPERANCE HOSPITAL. Hampstead Road, N.W.—Assistant Resident Medical Officer. Appointment for six months. Residence, board, and washing provided, and honorarium of 5 guineas. Applications to the Secretary by March 16th.

MANCHESTER CHILDREN'S HOSPITAL.—Junior Resident Medical Officer. Appointment for six months, but eligible for election as Senior for six months. Unmarried. Salary, £80 per annum as Junior, and £100 as Senior, with board and lodging. Application to the Secretary, Dispensary, Garside 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.

MANCHESTER ROYAL INFIRMARY.—Honorary Aural Surgeon, Honorary Assistant Surgeon, and Junior Administrator of Anesthetics. Salary for the latter post, £50 per annum. Applications to the General Superintendent and Secretary for the two former appointments by March 18th, and for the latter by March 4th.

METROPOLITAN HOSPITAL. Kingsland Road, N.E.—House-Physician, House-Surgeon, Assistant House-Physician, and Assistant House-Surgeon. Appointments for six months. The two former will receive salary at the rate of £40 per annum, and the two latter at the rate of £20 per annum. Applications to the Secretary by March 13th.

MILLER HOSPITAL AND ROYAL KENT DISPENSARY. Greenwich Road, S.E.—Junior Resident Medical Officer. Salary, £40 per annum, with board, attendance, and washing. Appointment for six months, with prospect of re-election as Senior. Applications to the Secretary by March 8th.

NORWICH: NORFOLK AND NORWICH HOSPITAL.—House-Surgeon, unmarried, and not more than 30 years of age. Salary, £30 per annum, with board, lodging, and washing. Applications to the Secretary by February 25th.

PORTSMOUTH: ROYAL PORTSMOUTH, PORTSEA, AND GOSPORT HOSPITAL.—Assistant House-Surgeon. Appointment for six months, but renewable. Board, residence, and honorarium of £15 lbs. Applications to the Secretary by March 2nd.

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.

PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.—Assistant House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by March 11th.

PRESTON ROYAL INFIRMARY.—A Junior and an Assistant House-Surgeon. Salaries, £80 and £50 per annum respectively, with board, lodging, and washing. Applications to the Secretary, 5, Winckley Street, Preston, by March 4th.

READING: ROYAL BEKES HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Salary, £30 per annum, with board, lodging, and washing. Applications to the Secretary.

ROXBURGH DISTRICT ASYLUM.—Assistant Medical Officer. Salary, £100 per annum, with furnished quarters, board, washing, and attendance. Applications to the Medical Superintendent.

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 LOND IN OPHTHALMIC HOSPITAL. Moorfields, E.C.—Junior Out-patient Surgical Officer. Salary, £50. Applications to the Secretary by February 25th.

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

ST. GEORGE HANOVER SQUARE PROVIDENT DISPENSARY. Little Grosvenor Street.—Resident Medical Officer. Salary, £100 per annum, with allowance about £80, and residence. Applications to the Secretary by March 10th.

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

STAFFORDSHIRE COUNTY ASYLUM. Stafford.—Junior Assistant Medical Officer, unmarried, and under 30 years of age. Salary, £100 per annum, increasing to £150, with furnished quarters, board, etc. Applications to the Medical Superintendent.

TAUNTON: TAUNTON AND SOMERSET HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Salary, £100 per annum, with board, washing, and lodging provided. Applications, endorsed "Assistant House-Surgeon," to the Hon. Secretary, by March 3rd.

WESTON-SUPER-MARE HOSPITAL.—House-Surgeon, unmarried. Salary, £60 per annum, with board and residence. Applications to the Honorary Secretary by February 25th.

MEDICAL APPOINTMENTS.

BLATHERWICK. Henry L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Dulwich District of the Parish of St. Giles, Camberwell.

BOSTOCK. E. Bernard, M.B., B.S.Lond., M.R.C.S., L.R.C.P., appointed Resident Medical and Surgical Officer to the Jaffray Branch of the General Hospital, Birmingham, Gravely Hill.

BRENNAND. F. J., M.B., C.M.Aberd., appointed Medical Officer for the Fourth District of the Shepton Mallet Union.

COOKE. F. H., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Fifth District of the Lenden and Winstree Union.

DE BEAUVAIS. E. N., L.S.A., appointed Medical Officer for the Milton Abbott District of the Tavistock Union.

DICKIN. A. G., M.D., L.R.C.S.I., appointed Medical Officer for the Colne District of the Burnley Union.

DUNN. J. P., M.B., C.M.Glasg., appointed Medical Officer for the Bishopston District of the Sedgfield Union.

FLINT. F. S., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the Orford District of the Flomesgate Union.

FRYER. E. A., M.B., C.M.Édin., appointed Medical Officer for the Hoxton New Town District of the Parish of St. Leonard, Shoreditch.

GRAHAM. J., M.B., C.M.Édin., appointed Medical Officer to the Cokermonth Union Workhouse.

GRAHAM. J. W. F., L.S.A., appointed Medical Officer for the Brill District of the Thame Union.

HILLMAN. G., L.S.A., appointed Medical Officer of Health to the Castleford Urban District Council.

HANLEY. J., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the No. 2 District of the Shepton Mallet Union.

JACOB. F. H., M.B.Lond., M.R.C.S., L.R.C.P., appointed House-Physician to the Nottingham General Hospital, vice J. C. Buckley, M.D., resigned.

KEMPE. Gilbert, M.D., B.S.Durh., M.R.C.S.Eng., L.R.C.P.Lond., appointed Honorary Surgeon to the Salisbury Infirmary.

ENWARD. D. G., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer of the Workhouse and the Faringdon District of the Faringdon Union.

KIRBY. S. J., J., M.D.Brux., L.R.C.P.Édin., M.R.C.S.Eng., appointed Medical Officer of Health to the Hoxne Rural District Council.

LONGFORD. J. M., L.R.C.P., L.R.C.S.I., appointed Medical Officer for the Litcham District of the Mitford and Launditch Union.

MANN. F. W. S., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Revesby District of the Horncastle Union.

MARSHALL. C. Devereux, F.R.C.S., appointed Ophthalmic Surgeon to the Victoria Hospital for Sick Children, Chelsea.

RAWNERS. J. D., M.B.Lond., appointed Medical Officer for the Northern District of the Dorling Union.

RENNIE. George E., M.D., M.R.C.P.Lond., appointed Pathologist to the City of London Hospital for Diseases of the Chest, Victoria Park.

ROBINSON. James, M.D.Brux., L.R.C.P.Édin., M.R.C.S.Eng., reappointed Medical Officer of Health to the Turton Urban District Council.

ROCHE. Antony, M.R.C.P.I., etc., reappointed Examiner in Medical Jurisprudence and Public Health in the Royal University of Ireland.

ST. JOHNSTON. George, M.D.Lond., M.R.C.S., L.R.C.P., appointed Surgeon to the E Division, Birmingham Police.

TAYLOR. James, M.D., F.R.C.P., appointed Physician to the Royal London Ophthalmic Hospital.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London. 8.30 P.M.—Dr. Sidney Martin: Auto-intoxication and its bearing on the Treatment of Disease.

West London Post-Graduate Course. West London Hospital, W. 5 P.M.—Mr. McAdam Eccles: The Application of Trusses and of Abdominal Supports. (Lecture I.)

Royal College of Surgeons. 5 P.M.—Mr. B. G. A. Moynihan: On the Anatomy and Surgery of the Peritoneal Fosse. (Arris and Gale Lecture I.)

Royal Institute of Public Health. 20, Hanover Square, W. 8.30 P.M.—Professor John McFadyen: On Tuberculosis in Cattle.

TUESDAY.

Cases of Aural and other Forms of Vertigo.

Royal Medical and Chirurgical Society. 8.30 P.M.—Mr. W. J. Walsham: A case of Extirpation of a large Non-pulsating Aneurysm, involving the common, internal, and external carotid arteries of the right side of the neck, with remarks on Non-pulsation in Aneurysms and the Treatment of Aneurysms by Extirpation.

National Hospital for the Paralysed and Epileptic. Queen Square, W.C. 3.30 P.M.—Mr. Gunn: On the Value of the Visual Fields in Diagnosis.

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

West End Hospital for Diseases of the Nervous System. 73, Welbeck Street, W. 4 P.M.—Dr. Dundas Grant:

WEDNESDAY.

Hospital for Consumption and Diseases of the Chest. Brompton, 4 P.M.—Dr. Hector MacKenzie: Medical Treatment of Pulmonary Tuberculosis.

Royal College of Surgeons. 5 P.M.—Mr. B. G. A. Moynihan: On the Anatomy and Surgery of the Peritoneal Fosse. (Arris and Gale Lecture II.)

Evening Hospital. 8 P.M., 4.30 P.M.—Mr. F. C. Abbott: Clinical Demonstration on the Complications of Ear Disease (Post-graduate Course).

Royal London Ophthalmic Hospital. Moorfields, 8 P.M.—Mr. Tweedy: Diseases of the Conjunctiva, with special reference to their General Pathology and Classification.

Obstetrical Society of London. 8 P.M.—Specimens will be shown by Mr. Bland Sutton and Mr. Targett and others. Inaugural Address by the President (Mr. Alban Doran). Paper: Dr. C. H. Roberts: A second case of Primary Carcinoma of the Fallopian Tube.

THURSDAY.

Neurological Society of London. 11, Chandos Street, Cavendish Square, W. 8.30 P.M.—Clinical evening: Dr. F. E. Batten: Muscular Atrophy in a Child. Dr. T. D. Savill: Epileptiform Seizures of probable Vasomotor Origin. Dr. Caley: Syringomyelia with sudden increase of Symptoms. Dr. Wilfrid Harris: Hemorrhage into Spinal Cord (Syringomyelia). Dr. J. H. Bryant: Paralysis Agitans following Typhoid Fever in a Man aged 31. Dr. Stanfield: Epileptic Insanity associated with Mastoid Disease: Operation: Relief of Mental Symptoms. And other cases.

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

British Bacteriological and Climatological Society. 20, Hanover Square, W. 3.30 P.M.—Dr. Douglas Kerr (Bath): On Treatment of Diseases by Heat. Dr. Hedley (London): The Therapeutics of Heat.

Charing Cross Hospital. Post-Graduate Course, 4 P.M.—Dr. Montague Murray: Demonstration of Medical Cases.

St. John's Hospital for Diseases of the Skin. Leicester Square, 4.30 P.M.—Dr. Morgan Dockrell: Cases of Telangiectasis and Vascular New Growths.

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

Harveian Society of London. 8.30 P.M.—Mr. D'Arcy Power: On Vanishing Tumours. Mr. Bellamy Gardner: A new Ether Inhaler.

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

West London Post-Graduate Course. West London Hospital, W. 5 P.M.—Mr. McAdam Eccles: The Application of Trusses and of Abdominal Supports. (Lecture II.)

FRIDAY.

West Kent Medico-Chirurgical Society. Royal Kent Dispensary, Greenwich Road, 8.45 P.M.—Clinical cases, etc., will be shown by Dr. McCann and Dr. Eard, Mr. Ernest Clark, and Dr. Toogood.

Royal College of Surgeons. 5 P.M.—Mr. B. G. A. Moynihan: On the Anatomy and Surgery of the Peritoneal Fosse. (Arris and Gale Lecture III.)

Laryngological Society of London. 20, Hanover Square, 5 P.M.—Cases will be shown by the President, Dr. De Havilland Hall, Mr. Bowly, Dr. E. Law, Dr. St. Clair Thomson, 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.

WELSH.—Fetton, Northumberland, on the 15th instant, the wife of Robert A. Welsh, M.B., B.S., of a son.

THOMAS.—On February 18th, at Greenlawn, Penylan, Cardiff, the wife of Mr. J. Lynn Thomas, F.R.C.S., of a daughter.

DEATH.

BARFOOT.—On the 18th instant, at the residence of his brother, The Bank, Grays, Essex, suddenly, John Richard Barfoot, Major, Royal Army Medical Corps, aged 37.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances.*—Daily, 2. *Operations.*—Tu. W. F., 2.
CENTRAL LONDON OPHTHALMIC. *Attendances.*—Daily, 1. *Operations.*—Daily.
CENTRAL LONDON THROAT, NOSE, AND EAR. *Attendances.*—M. W. Th. S., 2; Tu. F., 5. *Operations.*—I. p., Tu. 2.30; o. p., F., 2.
CHAMBERLAIN'S. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.45; Dental, M. Th., 9; Throat and Ear, F., 9.30. *Operations.*—Th. F. S., 5.
CHURCH LANE HOSPITAL FOR WOMEN. *Attendances.*—Daily, 1.30. *Operations.*—M. Th. F., 2.
CITY ORTHOPÆDIC. *Attendances.*—M. Tu. Th. F., 2. *Operations.*—M., 4.
EAST LONDON HOSPITAL FOR CHILDREN. *Operations.*—M. W. Th. F., 2.
GREAT NORTHERN CENTRAL. *Attendances.*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. *Operations.*—M. W. Th. F., 2.
GUY'S. *Attendances.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. *Operations.*—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.
HOSPITAL FOR WOMEN, Soho. *Attendances.*—Daily, 10. *Operations.*—M. Th., 2.
KING'S COLLEGE. *Attendances.*—Medical and Surgical, daily, 2; Obstetric, daily, 2; o. p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30; F., 2; Dental, M. Th., 10; Skin, W., 1.30. *Operations.*—W. Th. F., 2.
LONDON. *Attendances.*—Medical, daily, 1 p., 2; o. p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o. p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu., 9. *Operations.*—Daily, 2.
LONDON TEMPERANCE. *Attendances.*—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. *Operations.*—M. Th., 4.30.
LONDON THROAT, Great Portland Street. *Attendances.*—Daily, 2; Tu. F., 6. *Operations.*—Daily, 2.
METROPOLITAN. *Attendances.*—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations.*—Tu. W., 2.30; Th., 4.
MIDDLESEX. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o. p., M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations.*—Daily, 1.30.
NATIONAL ORTHOPÆDIC. *Attendances.*—M. Tu. Th. F., 2. *Operations.*—W., 10.
NEW HOSPITAL FOR WOMEN. *Attendances.*—Daily, 2; Ophthalmic, W. S., 9.30. *Operations.*—Tu. F., 9.
NORTH-WEST LONDON. *Attendances.*—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations.*—Th., 2.30.
ROYAL EAR, Frith Street. *Attendances.*—M. W. F., 3; Tu. F., 9.30 and 7.30. *Operations.*—Tu., 3.
ROYAL EYE, Southwark. *Attendances.*—Daily, 2. *Operations.*—Daily.
ROYAL FREE. *Attendances.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, W., 9. *Operations.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
ROYAL LONDON OPHTHALMIC. *Attendances.*—Daily, 9. *Operations.*—Daily, 10.
ROYAL ORTHOPÆDIC. *Attendances.*—Daily, 2. *Operations.*—M., 2.
ROYAL WESTMINSTER OPHTHALMIC. *Attendances.*—Daily, 1. *Operations.*—Daily, 2.
ST. BARNHOLME'S. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o. p., M. Th., 9; Eye, M. Tu. W. Th. S., 2; o. p., M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9; Electrical, M. Tu. Th. F., 1.30. *Operations.*—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, F., 2.
ST. GEORGE'S. *Attendances.*—Medical and Surgical, daily, i. p., 1; o. p., 12; Obstetric, i. p., Tu. F., 1.45; o. p., M. Tu. F., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopædic, F., 12; Dental, M. Tu. F., S., 12. *Operations.*—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.
ST. MARK'S. *Attendances.*—Fistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. *Operations.*—M., 9; Tu., 2.30.
ST. MARY'S. *Attendances.*—Medical and Surgical, daily, 1.45; o. p., 12.45; Obstetric, Tu., F., 1.45; o. p., M. Th., 1; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9. *Electro-Therapeutics.* M. Th., 2.30; Children's Medical, Tu. F., 9. *Operations.*—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
ST. PETER'S. *Attendances.*—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations.*—W. F., 2.
ST. THOMAS'S. *Attendances.*—Medical and Surgical, M. Tu. Th. F., 2; o. p., daily, 1.30; Obstetric, Tu. F., 2; o. p., W. S., 1.30; Eye, Tu. F., 2; o. p., daily, 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. F., 2; Tu. F., 8.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances.*—Daily, 1.30. *Operations.*—Gynaecological, M., 2; W., 2.30.
THROAT, Golden Square. *Attendances.*—Daily, 1.30; Tu. F., 6.30. *Operations.*—Daily, exc. M., 10.
UNIVERSITY COLLEGE. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. *Operations.*—Tu. W. Th., 2.
WEST LONDON. *Attendances.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electro, 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, 1.29; 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*.

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.

A. R. H. asks for particulars of the Maiche process for sterilising water.

L. A. W. will be glad to know of an efficient treatment for a young married lady—first confinement four months ago—whose hair is rapidly coming out; general treatment with tonics has no effect, and a local application is the present want.

J. A. M. desires to hear of a home or institution into which a governess, aged 54, who is suffering from aphasia without hemiplegia, could be received. She has no money and no friends, and is not likely to be able to earn her own living again.

TOWN DUST DESTROYERS.

PROVINCIAL MAYOR would like to know the name of some book which describes the methods of getting rid of town refuse, and which contrasts the relative advantages of the various types of dust destroyers in use.

DURHAM AND LONDON.

DR. W. G. KEMP (38, Alceyn Road, West Dulwich, S.E.) writes: I am seeking information upon the best way to combine study at these two places. Will some of your readers who may have practical knowledge upon this question kindly favour me with answers to the following queries: (1) Which year is most advantageously spent at Newcastle by a student commencing medical studies in, say, October next? It must be remembered that attendance upon medical and surgical practice and clinical lectures upon the same is compulsory upon those who spend one year out of the five at Newcastle. (2) What the increased cost, in fees, is to those who spend a year at Newcastle as compared with those who spend the whole time in London? (3) The advantages or otherwise of living at the Residential Hall?

HYDROCELE OF THE CORD AND SCROTUM.

MR. COTTENHAM FARMER, M.R.C.S., etc. (Hexham) writes: A farmer, aged 28, had suffered for years from a tumour in the groin, the pain being sometimes intolerable. I found a swelling in the inguinal region, connecting directly with a fairly large hydrocele, the communication between them being free. I introduced a trocar, and drew off 5 or 6 ounces of clear fluid, but did not empty the sac; but I fancy I felt the atrophied testicle in the upper tumour close to the ring. A week ago I again punctured, but with too fine a trocar drew off little fluid, and injected tincture of iodine, producing great pain and shock, probably due to over-distension. Six days later the swelling appeared the same; there was no thickening of the sac and no pain. I again tapped with a large trocar, but only succeeded in drawing off a certain amount of fluid, and I again injected iodine. He used pressure upon the inguinal tumour, and so distended the hydrocele whilst I operated. I shall be glad of the advice of some surgeon of more experience than myself.

A QUESTION OF TASTE.

J. G.—Our correspondent wishes to know whether on a joint doorplate his partner should be described as J.P., Medical Officer of Health; and himself as M.B. London, Physician and Surgeon?

* * * It is well known that there is no absolute standard of taste, and that manners and customs change from one generation to another. Undoubtedly it has not hitherto been usual to put the initials J.P. or such a designation as Medical Officer of Health upon a doorplate, while the practice of adding Physician and Surgeon after the name is comparatively new, and is not followed by the leading general practitioners, who are content to put their name only upon their doorplates, or at most to add the word Surgeon. There is so much difference of opinion upon all these questions that, in the absence of any rule beyond what may be derived from such customs as we have pointed out, we must decline to occupy the insecure position of an arbiter of taste.

THE SECOND PROFESSIONAL EXAMINATION, EDINBURGH.

J. asks for advice in the choice of books for the Second Professional Examination, Edinburgh University.

* * * We are advised that the following books would suit our correspondent's requirements: Gray's *Anatomy*, 14th edition, by T. Pickering Pick, F.R.C.S. (London: Longmans, Green and Co., 1897, 36s.); Ellis's *Demonstrations of Anatomy*, 11th edition, by Professor G. D. Thane (London: Smith, Elder and Co., 1890, 12s. 6d.); *Manual of Practical Anatomy*, by D. J. Cunningham, M.D., 2nd edition (Edinburgh and London: Young J. Pentland, 1896, 25s.); Turner on the *Brain*; the late Professor Rutherford's *Class Syllabus*, and his notes on *Histology* and *Physiological Chemistry*, or *Kirk's Handbook of Physiology*, 14th edition, by W. D. Halliburton, M.D., F.R.S. (London: John Murray, 1896, 14s.); *Elements of Histology*, by E. Klein, M.D., F.R.S., and J. S. Edkins, M.A. M.B. (London: Cassell and Co., 1889, 12s. 6d.); *Manual of Pathology*, by J. Coats, M.D., 3rd edition—a new edition is promised in the autumn—(London: Longmans, Green and Co., 1895, 31s. 6d.), or *Green's Pathology and Morbid Anatomy*, 8th edition, by H. M. Murray (London: H. Renshaw, 1895, 17s.), with *Practical Pathology*, by G. Sims Woodhead, M.D., 3rd edition (Edinburgh and London: Young J. Pentland, 1892, 12s. 6d.); Sir A. B. Garrod's *Essentials of Materia Medica*, 13th edition (London: Longmans, Green and Co., 1890, 12s. 6d.), or *Pharmacy, Materia Medica and Therapeutics*, by W. Whittle, M.P., 7th edition (London: H. Renshaw,