

view to deciding its meaning. Several extracapsular connections of it were especially interesting.

LECTURE III.

This lecture was devoted to the consideration of the knee and ankle-joints. In the former the low attachment of the internal lateral ligament was shown to favour rotation, and in the bat's knee, which is a perfect hinge, this ligament is attached just below the joint surface. The semilunar cartilages were traced through the mammalian class, and in a generalised knee it was seen that the external one is attached posteriorly to the femur. In the lower Primates the external semilunar cartilage was shown to be circular, while in the bat both of them are suppressed. The variations of the ligamentum mucosum were detailed, and its power of dividing the knee into two or three separate cavities pointed out. In the ankle the anterior fasciculus of the external lateral ligament was noticed to be practically a human characteristic, while the serial homology between the middle fasciculus and the dorsal ligament of the carpus was traced. The modifications of the ligaments in the ruminant ankle to ensure stability were demonstrated, and it was shown that the marsupials possess a semilunar fibro-cartilage between the fibula and the astragalus, and that this is probably derived from the external lateral ligament.

These lectures will be published later in the *Journal of Anatomy and Physiology*.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

CINNAMON IN INFLUENZA.

THE newspapers give us a dismal daily death-roll from influenza. My experience during the past five years leads me to believe that no patient, if promptly and systematically treated, need be on the sick list, even after a most severe attack, for more than five or six days at the very outside. The theory on which that treatment is based limits of space preclude me from at present discussing.

The drug I employ is cinnamon, either in a strong decoction or in tabloid form. I order half an ounce of decoction of cinnamon, or two tabloids, every half hour for two hours; then the same dose to be continued every hour till the temperature falls to normal. After the temperature has become normal the same dose to be taken four times a day for four days; the patient not to leave the house for twenty-four hours after the temperature has become normal; the treatment must be commenced within twenty-four hours from the onset of the attack of influenza.

In February, 1892, I commenced treating influenza in the manner above described, and all the cases so treated were out and about in two or three days. It so happened that every case was seen within a few hours from the onset of the attack. In the end of 1892 and spring of 1893 I treated a second batch of cases, for the most part without any good results.

Carefully reviewing my results, I began to perceive that they seemed to stand in some direct relation to the period of the disease at which the treatment had been commenced. So I determined to take twenty-four hours from the onset of the disease as a time limit, and to treat no cases with cinnamon where this time limit was overpast. Since the spring of 1894 I have invariably observed this time limit and have treated a large number of cases, and in every case so treated within twenty-four hours from the onset the patient has returned to his place in society within five days from the commencement of treatment, and in no case have I been embarrassed by complications of any kind. Recently I have attended a young lady for influenza, who was treated with cinnamon, though she was rather over the time limit, and she did not go downstairs till the seventh day from the commencement of treatment, but as she is within three weeks of her first confinement I do not consider that she has done badly. In those cases where the treatment has been commenced within four or five hours from the onset of the

attack I have found patients usually able to return to their duties within forty-eight hours.

The decoction is prepared by slowly boiling a pound of cinnamon *in vacuo* with a sufficiency of water till the fluid is reduced to a pint and a quarter, and can at present be obtained from Messrs. Woolley and Sons, Victoria Bridge, Manchester, or from Mr. Horsey, Chichester Street, Upper Westbourne Terrace, W. Messrs. Burroughs and Wellcome have also prepared a tabloid of cinnamon, two tabloids being equivalent to half an ounce of the decoction, and, as far as my experience at present goes, the tabloid seems to be quite as efficacious as the decoction.

My work during the past five years is summed up in the above bald statement. Should what I have said induce others to make a trial of my method of treating influenza, I trust they will do me the justice to follow the rules of practice that I have ventured to lay down.

JOSEPH CARNE ROSS, M.D. Edin.,
Physician to Ancoats Hospital.

Manchester.

OBSTINATE HICCUGH.

I AM glad to learn the effect of nitroglycerine in these troublesome cases as related by Mr. R. W. S. Christmas, and will give it a trial at the next opportunity.

In 1892 I had under my care a man with catarrhal jaundice whose persistent hiccough resisted treatment which extended almost through the gamut of the *Pharmacopœia*. Even inhalation of chloroform only checked it when anæsthesia was complete, the spasm of the diaphragm returning unabated at the same time as the conjunctival reflex, and the patient finally died of exhaustion after a week of extreme suffering.

Last month Mrs. R., aged 60, during a severe attack of facial erysipelas commenced a hiccough so violent that the sound penetrated to all parts of the house, and as it persisted in spite of all ordinary remedies (including subcutaneous injections of morphine and atropine, and blisters over the epigastrium and phrenic nerves), and quite prevented sleep, I was forced to give a very gloomy prognosis. On the morning of the fourth day, finding the pulse almost imperceptible, I administered by the mouth half a drachm of pure ether in a little water as a cardiac stimulant, and was delighted to find the hiccough diminish almost immediately: two similar doses in the next two hours cured it completely, and she made an excellent recovery. Both nitroglycerine and ether are classed as antispasmodics, but that their effect is not due to their depressant action on the respiratory centres is apparent from the failure of the bromides, chloral, and other similar drugs to diminish the spasm. May not the singultus, then, be Nature's demand on the vasomotor centre for an increased visceral circulation? If this is the case we err by the administration of nervo-muscular sedatives, and should refrain from giving morphine.

Cricklewood.

STAMFORD G. FELCE, M.D.

DISPLACED LEFT MIDDLE TURBinate WHICH OBSTRUCTED THE NASAL PASSAGE FOR TEN YEARS.

THE patient, aged 29, consulted me in February, 1898, for persistent obstruction of the left nostril. He attributed his malady to blows on the nose received when playing football in boyhood.

In 1888 a surgeon removed some polypi from the left nostril with forceps. The operation was exceedingly painful, and the bleeding was profuse and protracted. His condition was not materially improved by this procedure. Subsequently another surgeon removed several polypi with the snare, and applied the electric cautery to the parts, affording some relief.

I found the obstruction of the left nasal passage to be almost complete. The anterior end of the lower turbinated body was readily seen, but no trace of the middle turbinate was visible, whilst over and about its position anteriorly the external wall was covered by a sessile myxomatous-looking growth. Further back this tissue was pedunculated, and presented the appearance of the simple mucous polypus. By post-rhinoscopic examination no polypi were observed, but what seemed to be the posterior end of the middle turbinate appeared to be much hypertrophied. Concluding that the

anterior end of this body had been wrenched off at the first operation, I proceeded to remove the polypoidal tissue within reach by means of the cold snare.

At the patient's next visit, on looking into the passage I observed a grey mass deep in the fossa, extending from the floor upwards and backwards. It felt dense to the probe, which could be passed on either side of it, and firmly fixed in the position, being partly embedded in the lower turbinal tissue, from which it could be readily distinguished, however, by its pale grey colour. I endeavoured to pass the snare round it from below, but without success; and accordingly I divided it with a pair of nasal scissors, when the snare was readily passed upwards and backwards. Both portions were then easily removed, and it was obvious that at some time the turbinate had been all but completely detached. By its removal the passage was at once rendered patent, and the remaining myxomatous tissue was treated in the usual way. No polypi could be seen in the right nasal passage, but there was a moderate degree of chronic hypertrophic rhinitis.

The parts which had been removed when placed in position measured 4 cm. by 1 cm. at the broadest point, and weighed 1.3 gram. The size and outline are fairly represented in the accompanying sketch. The internal surface was slightly



Outline drawing of specimen.

convex, whilst the external was somewhat concave. Except for being rather pale it appeared to be little altered from what might be met with in a recently-removed specimen, and there was no trace of myxomatous thickening of the mucous tissues.

This case is instructive as showing the mischief that may result from the blind use of forceps in the removal of nasal polyp.

ROBERT FULLERTON, M.D.,
Surgeon to the Outdoor Department for Diseases of
Throat and Nose, Glasgow Royal Infirmary;
Lecturer on Diseases of Throat and
Nose, St. Mungo's College; etc.

THREATENED DEATH UNDER CHLOROFORM.

THE case of death under chloroform reported by Mr. C. W. Cathcart resembles in so many points a case which I had at St. Paul's Eye and Ear Hospital, that I think the details of it will prove of sufficient interest to report.

My patient was also young, a boy, aged 7, and had been specially prepared for chloroform. The operation was for squint, and everything went on as usual until the second eye was being operated upon. He appeared to wince when the conjunctiva was pinched by the forceps, showing that he had not entirely lost sensibility. The breathing then suddenly became somewhat irregular, and the pulse could not be felt at either wrist. The face was pale but the breathing went on in an irregular fashion. The heart beat could be heard very faintly with the stethoscope. The operation was at once stopped and the head thrown over the end of the couch, the tongue pulled forward, and artificial respiration commenced. In addition, a piece of lint soaked in nitrite of amyl was held continuously over the mouth and nostrils. It was some time before a flicker of pulse was felt but it gradually became stronger. The breathing did not improve for some time, and he remained very pale. Complete recovery took place, however, and we attributed it entirely to the effect of artificial respiration combined with the nitrite of amyl.

Like Mr. Cathcart's case, this is undoubtedly one where the heart failed before the respiration, and I am certain that we owe the successful result of our case to the nitrite of amyl.

THOMAS STEVENSON, M.B., C.M. Edin.,
Hon. Assistant Surgeon, St. Paul's Eye and Ear Hospital.
Liverpool.

AN OPEN SAFETY-PIN REMOVED FROM A CHILD'S CESOPHAGUS.

ON February 16th, 1899, Mrs. V. brought her baby to me, stating that it had swallowed a brass safety-pin. On passing

my finger down the oesophagus I could feel the head of the pin. I seized it with a long pair of curved forceps, and attempted to extract it, but I was unable to move it. Holding the pin tightly grasped by the forceps in the right hand, I again passed my left forefinger down the gullet, and now discovered that the pin was open, and that the point was buried in its wall. I then pushed the pin down towards the stomach till I had disengaged the point. Again hooking it up I caught the point on the tip of my forefinger, and then drew out pin and finger together. I imagine that the coughing or retching excited by the pin had driven its point through the mucous membrane of the gullet.

Clifton.

REUEL ATKINSON, M.D. Dunelm.

REPORTS

ON

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

ST. MARY HOSPITAL, LONDON.

TRAUMATIC ANEURYSM OF THE SCIATIC ARTERY.

(Under the care of Mr. A. Q. SILCOCK.)

[From notes by W. C. Wood, M.D. Lond., House-Surgeon.]

REBECCA P., aged 54, was admitted to the hospital on September 23rd, 1898, with a pulsating tumour of the right buttock.

History of Illness.—About six months previously she fell on the fender, injuring her right buttock. She felt a good deal of pain at the time in the neighbourhood of the tuber ischii; this has since been almost constant and of increasing severity; she has been unable to walk or sit with comfort, and for the last ten days to walk at all; when in bed she cannot lie on her right side. A swelling was noticed in the buttock about six weeks before admission, and this has been gradually increasing in size. She has had rheumatic fever, but no other serious illness.

Condition on Admission.—She is a well-nourished woman, obviously suffering pain. She lies on her left side with the right leg moderately flexed. The pain is chiefly referred to the right buttock, but it also extends down the back of the thigh. Pulsation is plainly visible through the clothes at some distance from the bed. The buttock is much enlarged and pulsating, the pulsation being most marked a little above the gluteal fold. The superficial veins are prominent over the swelling. A forcible throbbing is felt over a wide area, extending inwards to about 2 inches from the middle line, downwards to the gluteal fold, upwards to the level of the posterior superior iliac spine, and forwards to the posterior edge of the great trochanter. By steady compression the tumour can be diminished in size, but it quickly regains its normal dimensions on removal of the pressure. A loud systolic *bruit* is heard over the whole area of pulsation, and over its posterior part there is also a diastolic *bruit*. The tumour is very tender to the touch. There is some numbness of the toes, but no complete anæsthesia; a tendency to foot-drop, but no paralysis.

Rectal and vaginal examination revealed nothing abnormal in the pelvis, and no cardiac disease or signs of arterial degeneration were found.

Operation.—On September 30th ether was given, and an oblique incision about 8 inches in length was made over the swelling parallel with the fibres of the gluteus maximus. The muscular fibres were separated, exposing the sac. It was estimated to hold about 14 ounces of blood, its shape was fusiform, and it extended from the sciatic notch downwards behind the great trochanter to beyond the gluteal fold. It was separated from the surrounding structures without difficulty. The separation was nearly completed when the thin-walled sac ruptured, and half a pint or more of blood escaped. Mr. Silcock at once grasped the tumour with his right hand, and thereby controlled the hæmorrhage to a considerable degree; the pedicle was then clamped, and the bleeding arrested. The sac was freely opened, and its cavity stuffed with cyanide gauze. The upper end of the sac having

tinued to take an interest in the welfare of seamen, particularly in connection with diet, and was an early advocate of the use of condensed water, and of the issue of preserved potatoes. Some years ago it was found that he was suffering from valvular disease of the heart, and he has since lived in retirement, though maintaining his interest in medical and charitable work to the last. He died in his sleep.

A friend writes of him that he was "a man who made no enemies, whom it was a privilege to know, and whom to know was to love. Any scheme for the good of his fellow-creatures was sure of the sympathy and practical help of Dr. Rose. He was a good Churchman, a staunch teetotaler, a true friend, an honest and upright man; and his death creates a void in Chesterfield which it will be difficult to fill."

JAMES WILLIAMSON, M.D.St.AND., L.R.C.S.EDIN., L.S.A. DR. JAMES WILLIAMSON, whose death at the age of 84 is announced, was the son of a Baptist minister of North Shields. After serving a term of apprenticeship he became a medical student at Edinburgh. Before qualifying he went for a cruise as surgeon on a Greenland whaler, which became ice bound in Davis Straits from October 5th, 1835, to February 19th, 1836; the crew were reduced to great straits and twenty-seven died of scurvy. When at last liberated only sixteen hands remained to work the ship to the Orkney Islands. After qualifying in Edinburgh he became Resident-Surgeon to the Dispensary of South Shields, and subsequently Surgeon to the Jarro Chemical Company—an office which, with a considerable private practice, occupied all his time. In South Shields he was universally respected alike by the public and the profession. About twenty-two years ago his energy and health failed somewhat, and he retired from practice, settling down in Petherton Road, Highbury, London, where he died. In 1897 he celebrated his golden wedding. Mrs. Williamson, three daughters, and two sons—one of whom is Dr. James Mann Williamson, of Ventnor—survive to feel a loss which by care and affection they have done much to postpone.

Dr. Glover, of Highbury, writes to us as follows: "I should like, with your permission, to say a few words about my late and most esteemed master, Dr. Williamson. He was a most honourable example of the general practitioner of his day. He never ceased to take an interest in the profession and in the great revolutions of practice which his great age enabled him to witness. With traces of the old sailor in him, dating from his Arctic adventure, he was in all respects a gentleman. His tastes were classical; his practice was arduous; his prescriptions were practical; his principles were deep and religious. He was born on December 9th—Milton's birthday. Though he did not much affect poetry, he was Miltonic in his Puritanism, his religion being simple in its strong faith and in all the virtues which grow out of such faith. Though a staunch Nonconformist, he was conservative in his religious creed and in his resistance to such views as Darwin's, but on all ordinary subjects he was liberal almost to the degree of being radical. As a friend he was invaluable and unchanging, and, taken for all in all, I do not expect to meet a man more kind, more upright, or more devout."

WILLIAM STOKES GRIFFITH, M.A., M.B.CANTAB., F.R.C.S.ENG.

We regret to record the death, at the age of 34, of Dr. Griffith, on November 17th, 1898, at Kimberley, Cape Colony. He was the son of Judge Griffith, who recently retired from the position of county court judge of the Wolverhampton Circuit, and was formerly Attorney-General for Cape Colony before responsible government was granted.

Dr. Griffith entered Trinity College, Cambridge, in 1882, and graduated with honours in Classics three years later. He received his medical training at St. Thomas's Hospital, where he later held the post House-Surgeon. In 1893 he was appointed Senior Resident Medical Officer of the Royal Free Hospital. It was whilst he held this appointment that he contracted phthisis, the disease which ultimately caused his death. After a voyage to the West Indies and a stay for some months at Falkenstein, he went to the Cape Colony early in 1895, and spent about a year in Aliwal North and in Basutoland, where he held the post of Acting Medical Officer at Quiting. In April, 1896, he went to Kimberley, and shortly

afterwards he obtained the post of Senior House-Surgeon to the hospital, a post he continued to hold till the time of his death. He was also President of the Griqualand West Branch of the British Medical Association.

An original thinker, a clever and hard-working surgeon, a kindhearted and true gentleman, he gained the respect of and endeared himself to doctors, nurses, and patients in the institution to which he was attached, and to all others with whom he came in contact.

MR. RICHARD FAIRCLOTH, F.R.C.S.Eng., one of the oldest members of the profession, died recently at his house in Kensington. He was born in 1810, entered at Guy's Hospital in 1829, and was afterwards apprenticed to Dr. Robertson, of Northampton. He settled at Newmarket, and for many years became the trusted friend and adviser of all the best-known racing men of that time—Admiral Rous, Mr. George Payne, and the Duke of Rutland, the last of whom remained ever a staunch friend. Finding twenty years ago that sciatica unfitted him for hard work, and being possessed of ample means, he retired to Kensington. A courteous, quiet gentleman of the old school, he made many friends, nearly all of whom he survived.

DR. ROBERT P. HARRIS, who died at his home in Philadelphia on February 20th at the age of 75, was well known by his contributions to obstetrical and gynaecological literature. He took his doctor's degree at the University of Pennsylvania in 1844, and became a Resident Physician in the Pennsylvania Hospital. He was the American editor of Playfair's *Midwifery*, and he did much to bring into favour the operations of Cæsarean section and symphysiotomy, on the results of which he collected a large mass of statistics. Dr. Harris was a prolific writer on medical subjects, but was perhaps even better known as a student of horticulture. His delight was in the acclimatisation of vegetables from other countries, and he introduced a number of melons and cucumbers from Italy and elsewhere into the Southern States and California. At the time of his death he was Vice-President of the Pennsylvania Horticultural Society.

THE death occurred on March 4th, in his 58th year, of Mr. RICHARD WARREN PENDLETON. He was the son of the late Captain Henry Pendleton, of co. Meath. He obtained the diploma of L.R.C.S.I. in 1865, and became M.R.C.P.I. in 1881. He commenced practice in Liverpool, but illness compelled him to go to Port Augusta, South Australia, where he held the appointments of Medical Officer to the Prison and Police, and was Honorary Surgeon to the Port Augusta Hospital. Whilst in South Australia he met with a carriage accident, which seriously affected his spine and permanently impaired his health. He returned to England in 1887, and after undergoing treatment started a medical home at Brighton.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Mavrogeni Pacha, of Constantinople, First Physician-in-Ordinary to His Majesty the Sultan; Dr. Loir, some time Professor of Toxicology at Strassburg and afterwards in the Faculty of Science of Lyons, of which he was Dean; Dr. Vladimir Vasiljevic Ipjakoff, formerly Lecturer in the University of Moscow; Dr. H. M. Tarnowski, Director of the St. Petersburg Maternity Hospital, and Dr. Charles F. Taylor, of New York, one of the foremost orthopaedic surgeons of the United States.

ROYAL NAVY AND ARMY MILITARY SERVICES.

THE ARMY MEDICAL DEPARTMENT REPORT FOR THE YEAR 1897; WITH APPENDIX, VOLUME XXXIX.

As in previous years, we have again to speak in the highest terms of this annual official report, which, notwithstanding the complicated nature of the facts to be dealt with, is always not only full, but correct in detail.

Classification.—In this volume the revised nomenclature of diseases has been used, but at the same time, certain syno-

Depôt, Walmer, March 15th; ALAN G. EASTMENT, Surgeon, to the *Jason*, March 16th; FRANK BRADSHAW, Surgeon, to the *Howe*, March 16th; FREDERICK D. LUMLEY, Surgeon, to Haulbowline Hospital, March 16th; CHARLES W. SHARPLES, M.B., Staff-Surgeon, to the *Monarch*, for Ascension Hospital, March 15th; HUBERT HOLYOAKE, to the *Australia*, temporary, March 13th; JOHNSTON H. ACHESON, M.B., Surgeon, to the *Victory*, for disposal, March 8th; WALTER H. O. GARDE, Surgeon, to the *Victory*, for the *Research* (lent); JAMES G. WATT, Surgeon, to the *Wildfire*, for the *Triton* (lent); JOHN H. PEAD, M.B., Surgeon, to the Royal Marine Artillery, Eastney, March 27th.

Staff-Surgeon JOHN ROSE, M.D., Retired List, died at Dale Bank, Chesterfield, suddenly, on March 7th, at the age of 76. He was appointed Surgeon, May 10th, 1847, and Staff-Surgeon, May 10th, 1856. While Assistant Surgeon of the *Frolic* he served on shore during the insurrection in Cephalonia in 1849. During the cholera and fever epidemics in 1850 he was in medical charge of the *Frolic* and *Spitfire*. As Surgeon of the *Nimrod* he was at the capture of the Peiho Forts in China, in 1858, receiving the medal with clasp.

ROYAL ARMY MEDICAL CORPS.

MAJOR HENRY J. McLAUGHLIN, from half-pay, is restored to the establishment, with precedence next below D. F. Franklin, *vice* J. R. Barefoot, deceased, February 23rd. Major McLaughlin was placed on half-pay on account of ill-health, September and, 1894.

CHANGES OF STATION.

THE following changes of station amongst the officers of the Royal Army Medical Corps have been officially reported to have taken place during the last month:

	From	To
Surgeon-General W. Taylor, M.D., C.B. ...	War Office ...	India.
" H. S. Muir, M.D. ...	Egypt ...	War Office.
Lieut.-Colonel J. A. Cleary, M.B. ...	Crete ...	Woolwich.
" H. J. W. Barrow ...	Egypt ...	Punjab.
Major R. W. E. H. Nicholson ...	Bengal ...	Waterford.
" J. G. W. Crofts ...	Athlone ...	Madras.
" J. Battersby ...	" ...	Bombay.
" S. E. Duncan ...	Belfast ...	Holywood.
" E. Davis ...	Madras ...	Devonport.
" T. Daly ...	" ...	Netley.
" L. P. Mumby, M.B. ...	Colchester ...	Bengal.
" B. L. Mills, M.D. ...	Pembroke Dock ...	Newport.
" T. H. Corkery ...	Waterford ...	Bombay.
" C. H. Burtchall, M.B. ...	Punjab ...	Woolwich.
" R. J. D. Hall ...	Dover ...	Bombay.
" C. W. Allport, M.D. ...	Malta ...	Curragh.
Captain W. C. Poole, M.B. ...	Dublin ...	Athlone.
" J. Girvin ...	Netley ...	Cyprus.
" E. E. Powell ...	" ...	Aldershot.
" E. McK. Williams ...	Gosport ...	"
" I. A. O. MacCarthy ...	Crete ...	Bombay.
" C. B. Lawson, M.B. ...	Punjab ...	Dover.
" F. A. Symons, M.B. ...	Madras ...	Devonport.
Lieutenant R. E. G. Phillips ...	Home District ...	Woolwich.
" P. McKessack, M.B. ...	Crete ...	Portsmouth.
" H. O. B. Browne-Mason ...	Woolwich ...	Punjab.
" B. Watts ...	Aldershot ...	"
" A. B. MacCarthy, M.B. ...	Dover ...	Lydd.
" J. S. Gallie ...	Edinburgh ...	Maryhill.
" A. E. Thorp ...	Liverpool ...	Bengal.
" H. Herrick ...	Curragh ...	Bombay.
" E. J. Dobbin ...	Aldershot ...	"
Quartermaster J. H. W. Beach ...	Crete ...	Chester.
" J. Tandy ...	Egypt ...	Portsmouth.
" R. Hawkey ...	" ...	Netley.

Major J. H. Nicholas, retired pay, has relinquished his medical charge at Devonport.

The newly-appointed Lieutenants are stationed as follows: H. P. W. Barron, J. E. Hodgson, A. L. Scott, M. H. G. Fell, G. H. Goddard, T. C. Lauder, M.B., J. W. H. Houghton, D. E. Curme, G. M. Goldsmith, M.B., R. H. Lloyd, D. Harvey, M.B., J. N. Sloan, M.B., H. E. Haymes, F. J. Brakenridge, G. C. Phipps, N. J. C. Rutherford, M.B., H. D. Packer, W. W. Scarlett, H. K. Palmer, A. O. B. Wroughton, and F. Ashe, at Aldershot; L. E. L. Parker, at Netley; J. G. Gill, at Canterbury; G. W. G. Jones, at Colchester; W. B. Winkfield, at Hounslow; H. S. Taylor and G. J. A. Ormsby, M.D., at Woolwich; L. Humphry, at Gosport; R. S. Rodger, M.B., at Dover; J. W. Leake, station not named.

ARMY MEDICAL RESERVE.

SURGEON-LIEUTENANT H. C. REID, M.B., is promoted to be Surgeon-Captain, March 11th.

INDIAN MEDICAL SERVICE.

COLONEL L. D. SPENCER, M.D., C.B., Bengal Establishment, is promoted to be Surgeon-General from October 25th. His commission as Assistant-Surgeon dates from March 31st, 1865; that of Surgeon-Colonel from October 24th, 1892. He was Principal Medical Officer with the Waziristan Expedition under Sir William Lockhart in 1894-5, was mentioned in despatches, made a Companion of the Bath, and received a medal with clasp.

His retirement from the service of Colonel W. P. WARBURTON, M.D., C.S.I., Bengal Establishment, and Lieutenant-Colonel G. F. NICHOLSON, M.D., Bengal Establishment, the announcement of which has already appeared in the BRITISH MEDICAL JOURNAL, has received the approval of the Queen.

Surgeon-Major FRANCIS NOTTIDGE MACNAMARA, M.D., late of the Bengal Establishment, died on March 5th, aged 67. He entered the service as Assistant-Surgeon, June 18th, 1853; became Surgeon-Major, June 18th, 1873; and retired on a pension, February 14th, 1876.

MILITIA MEDICAL STAFF CORPS.

SURGEON-CAPTAIN T. W. RICHARDSON is promoted to be Surgeon-Major, March 15th. He resigns his commission from the same date, retaining his rank and uniform.

Supernumerary Surgeon-Lieutenant S. O. OLIVER is appointed Surgeon-Lieutenant within the Establishment, March 15th.

THE VOLUNTEERS.

THE undermentioned Surgeon-Lieutenants are promoted to be Surgeon-Captains, dated March 15th: D. J. PENNEY, M.B., 1st Argyll and Bute Artillery; R. A. JOHNSTON, 1st Volunteer Battalion the Sherwood Foresters (Derbyshire Regiment); A. LEITCH, M.B., 1st (Renfrewshire) Volunteer Battalion Princess Louise's Argyll and Sutherland Highlanders.

Surgeon-Lieutenant T. G. JENKINS, 1st Volunteer Battalion the Royal Welsh Fusiliers, has resigned his commission, March 15th.

Mr. JAMES K. FOULDS, M.B., is appointed Surgeon-Lieutenant in the 1st Dumbartonshire Rifles, March 15th.

MEDICO-LEGAL.

Replies in this column are limited to questions affecting the legal interests and privileges of the medical profession at large. The column is not to be used as a medium for affording legal advice in private or personal matters as to which the applicant ought to consult his own solicitor.

THE ROYAL BLUE BOOK.

THE lady whose name appeared in the Trades and Professional Section of the Royal Blue Book (see BRITISH MEDICAL JOURNAL of March 11th, p. 637), writes: I was quite unaware of my name being in the "Trades" list: it was an error of the man from whom I ordered a copy of the book. A new rule, so Kelly's clerk tells me, gives to "Trades" the privilege of such a notice on buying a Blue Book. It would not have occurred to me that medicine came under such a heading. I have seen the publishers, who at once acknowledged that it was a mistake on their part. Will you kindly notify that it is a mistake in an early issue of the BRITISH MEDICAL JOURNAL? It will certainly not recur in the May number of the Blue Book.

MEDICAL WITNESS'S FEES IN MAGISTERIAL CASES.

H. J. T. states that he was required to give evidence before the magistrates at a distance of over 8 miles from his house, for which he was paid 10s. 6d., and mileage 5s. He enquires if he is not entitled to 2s. and mileage, being the fee he received for giving evidence at assizes.

* * * The fee received by our correspondent is, we regret to say, all that he is entitled to claim under the law as now existing. Efforts are being made by the British Medical Association with a view of securing a revision (on a proper remunerative basis) of the scale of fees at present allowed to medical practitioners for giving evidence in criminal cases.

AN ACTION AGAINST A MEDICAL MAN.

IN the case of Taylor v. Findlater the plaintiff sought to recover from the defendant, a doctor, damages for alleged negligence in his professional treatment of her. It appeared that the defendant opened an abscess and inserted a drainage tube. This drainage tube was afterwards missed, but it was supposed that the patient had lost it when she removed the bandages. The wound eventually healed, but ultimately a second operation was performed by another practitioner and a piece of indiarubber tubing removed from the arm. The defendant denied that he had been guilty of any negligence; and corroborative evidence was given by Dr. Douglas Drew and Mr. Charles Stonham, who expressed the opinion that it would not have been justifiable to slit up the sinus in order to search for the tube. The jury found a verdict for the defendant, and judgment was given accordingly. Dr. Findlater was defended by the Medical Defence Union, and the case illustrates the advantage of a medical man belonging to such an organisation.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

MEDICAL DEGREES.—At the Congregation on March 11th the following degrees were conferred:—M.D.: R. D. R. C. Atkins, B.A., Clare; H. Cooper Patten, M.A., Jesus. M.B. and B.C.: F. J. Lidderdale, Trinity; H. M. Hart-Smith, B.A., Caius; A. C. Jordan, B.A., Sidney.

HONORARY DEGREE.—The degree of M.A. *honoris causa* was on March 16th conferred on Dr. G. Sims Woodhead, Professor of Pathology.

ALLEN STUDENTSHIP.—Professor Macalister and Mr. F. Darwin, M.B., have been appointed electors to the valuable Allen Studentship to be awarded for original research.

UNIVERSITY OF EDINBURGH.

HONORARY DEGREES.—The Senatus Academicus of the University of Edinburgh conferred the honorary degree of LL.D. on the Right Hon. the Lord Balfour, Secretary for Scotland, Lord Rector of the University of Edinburgh, on March 14th, on the occasion of his delivering his address as Lord Rector. The Senatus has also resolved to confer the same degree at the Graduation Ceremonial on April 14th next on: The Most Hon. the Marquis of Dufferin and Ava, G.C.M.G., G.C.S.I., D.C.L.; Sir William Anson, Bart., D.C.L., Warden of All Souls College, Oxford; William Mitchell Banks, M.D., F.R.C.S.; and Major-General Andrew Wauchope, C.B., C.M.G., one of the numerous heroes of Omdurman and Khartoum.

UNIVERSITY COURT.

The Edinburgh University Court met on Monday, March 13th. Present: The Right Hon. the Lord Balfour of Burleigh (in the chair), Principal Sir William Muir, the Hon. Lord Stormonth Darling, Professors Sir William Turner, Crum, Brown, Laurie, and Butcher, Drs. Joseph Bell and Patrick Heron Watson, Sheriff Mackay, and Mr. J. Hope Finlay.

Lectureship on Tropical Diseases.—On a report of the Committee appointed to consider the qualifications of candidates for the Lectureship in Diseases of Tropical Climates, the Court appointed Dr. Andrew Davidson, Edinburgh, to the office for a period of three years from May 1st next.

Chair of Physiology.—The Court approved of the arrangements proposed by the Senatus, under which Dr. E. W. Carlier should carry on the work of the Chair of Physiology until the end of the current session, and also, in conjunction with the additional Examiner, the work in connection with the ensuing examinations in physiology for graduation in medicine and science.

Lectureship in Diseases of the Skin.—The Court, on the recommendation of the Senatus, resolved to institute a Lectureship in Diseases of the Skin, and appointed Dr. W. Allan Jamieson, Edinburgh, as University Lecturer on the subject. In connection therewith the Court approved of a recommendation of the Senatus that, in addition to the two courses—one of which candidates for medical degrees are required to attend—there be a further option of "a course of clinical instruction in diseases of the skin, given by a University Lecturer or by a recognised teacher at not less than twenty meetings in the wards of a recognised hospital, or in the wards of a hospital and in a dispensary, both recognised for the purpose."

Demonstrator of Surgery.—On the recommendation of the Professor, the Court appointed Dr. John Stevenson as Junior Demonstrator of Surgery for the remainder of the current year, in room of Dr. James Gray, who is to resign at the end of the current session.

Bequests.—Intimation was made of the following bequests to the University: (1) By the late Mrs. M. A. Shaw, Ventnor, of £100, to be designated the "Dr. Shaw Gift;" (2) by the late Emeritus Professor Sir John Struthers, of anatomical drawings; (3) by the late Professor Rutherford, of diagrams and microscopical specimens in the department of physiology, and of his books on physiology, histology, anatomy, etc.

The Extra-Mural School of Medicine of Edinburgh.—So far as can be ascertained there are this winter 1,217 students in attendance at the "School of Medicine of the Royal College, Edinburgh," as the Extra-Academical School of Medicine is now styled. The comparable number at about the same date last year was 1,184. The clause of reservation "so far as can be ascertained" must be used, because it is not pretended that these figures represent the full muster of students in attendance at the school. It is indeed a matter for regret that when the new constitution and regulations were established in 1895 provision was not made to ascertain fully and accurately the numbers, names, and addresses of students, with their year of study, as is done on matriculation at the University. It ought not to be difficult to organise a central bureau or registration office, under the care, it might be, of Mr. R. N. Ramsay, the Secretary and Treasurer of the School, where students should at the beginning of each session set down the particulars mentioned; otherwise it would appear to be impossible from time to time to gauge the size of the school.

UNIVERSITY OF WALES.

THE LATE LORD HERSCHELL.—At a meeting of the Standing Executive Committee of the University of Wales, held on March 10th, the following resolution was unanimously passed:

That the Standing Executive Committee of the University of Wales desires to express its profound regret at the untimely death of the late Lord Herschell. The Committee gratefully remembers the ready and powerful support which, in his place in Parliament, Lord Herschell invariably extended to measures for the improvement of education in Wales, and in particular to the charter constituting this University. The Committee deeply honours the unwearied efforts which, in his high position as Chancellor of the University of London, Lord Herschell made to promote the prosperity of that University, and to establish it on a broader basis. In reviewing Lord Herschell's many titles to fame, as a scholar, as a lawyer, as a statesman, and as a man of affairs, the Committee recalls with pride that so illustrious a name has been borne upon the roll of honorary graduates of the University of Wales.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,540 births and 4,853 deaths were registered during the week ending Saturday, last, March 13th. The annual rate of mortality in these towns, which had increased from 19.5 to 21.6 per 1,000 in the three preceding weeks, further rose to 22.2 last week. The rates in the several towns ranged from 13.5 in Cardiff, 13.7 in Gateshead, 16.3 in Croydon, and 16.6 in Swansea, to 28.0 in Manchester, 29.7 in Preston, 29.8 in Oldham, and 30.4 in Halifax. In the thirty-two provincial towns the mean death-rate was 22.0 per 1,000, and was slightly below the rate recorded in London, which was 22.4 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.9 per 1,000; in London the rate was equal to 1.8 per 1,000, while it averaged 1.9 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.3 in Manchester, 2.6 in Salford, 2.8 in West Ham, and 4.1 in Birkenhead. Measles caused a death-rate of 1.9 in Bolton, 2.6 in West Ham, and 2.8 in Manchester; scarlet fever of 1.0 in Derby and 1.2 in Salford; and whooping-cough of 1.3 in Preston, 1.6 in Hull, 2.1 in Plymouth, and 2.7 in Birkenhead. The mortality last week from "fever" showed no marked excess in any of the large towns. The 90 deaths from diphtheria in the

thirty-three towns included 36 in London, 7 in Sheffield, 5 in Leicester, 5 in Leeds, 4 in Cardiff, 4 in Liverpool, and 3 each in West Ham, Portsmouth, Swansea, and Salford. No fatal case of small-pox was registered during the week under notice, either in London or in any of the thirty-two large provincial towns; and 2 small-pox patients were under treatment in the Metropolitan Asylums Hospitals on Saturday last, March 13th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 2,575 and 2,584 at the end of the two preceding weeks, had declined to 2,540 on Saturday last, the 13th inst.; 217 new cases were admitted during last week, against 202, 241, and 236 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, March 13th, 938 births and 697 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 24.1 and 25.1 per 1,000 in the two preceding weeks, declined to 22.8 last week, but slightly exceeded the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 10.2 in Perth and 16.9 in Dundee to 25.5 in Leith and 28.4 in Aberdeen. The zymotic death-rate in these towns averaged 2.2 per 1,000, the highest rates being recorded in Aberdeen and Leith. The 331 deaths registered in Glasgow included 2 from measles, 2 from scarlet fever, 11 from whooping-cough, and 3 from "fever." Eight fatal cases of whooping-cough were recorded in Edinburgh and 7 in Leith; and 7 deaths from measles occurred in Aberdeen.

HEAVY DEATH-RATE FROM WHOOPING-COUGH IN EDINBURGH.

At the last meeting of the Edinburgh Town Council, Baillie Pollard said the total fever mortality since the year began was 138, and he wished to add the melancholy fact that 78 of these deaths were due to whooping-cough. From the information he had he was sorry to say that this appalling mortality among children was due to a very large extent to the neglect and ignorance on the part of the parents and guardians of little children. These seemed to act as if whooping-cough were a disease that children must take, and when it got into a family one found that children were wilfully exposed to infection in order that they might take it and get through with it.

SUPERANNUATION.

SAPOO writes: Previous to my appointment as District Medical Officer in this Union I served four years in another and signed "under superannuation scheme." I informed the clerk of these guardians of the fact, but in the three quarterly cheques received there has been no deduction, though I have drawn his attention to the matter. Should I take further steps or am I quite safe?

"*When 'Sapoo' says he 'signed under the superannuation scheme' we assume that he accepted the provisions of the Act of 1896 and that he did not contract himself out of it. Unless he has contracted out we apprehend that he is entitled to all its benefits whether the proper deductions from salary have been made or not. If there has been any error in not making the deductions the overplus will have to be repaid to the guardians. The clerk appears to have made an oversight."

MEDICAL NEWS.

WE learn from a paragraph in the *Times* that the visiting staff of the Dreadnought Seamen's Hospital, Greenwich—Drs. Curnow and Anderson, and Mr. G. R. Turner and Mr. Donald Gunn—have resigned their appointments at the hospital.

THE Treasurer of St. Thomas's Hospital has received an anonymous donation of £1,000 for the endowment of a bed called the "Tom Hughes bed," in memory of Mr. Thomas Hughes, Q.C.

PRESENTATION.—Dr. Francis C. Bryan, upon leaving Littlehampton to practise in London, has been presented by his friends and patients with a silver bowl and an address on vellum.

THE annual meeting of the Asylum Workers' Association will be held at the house of the Medical Society of London (11, Chandos Street, Cavendish Square) on Monday, March 27th, at 3.30 P.M. The chair will be taken by Sir James Crichton Browne, M.D., F.R.S.

A COURSE of lectures on diseases of tropical climates will be delivered by Dr. Manson, the Lecturer on Tropical Medicine to the School, at St. George's Hospital on Tuesday, May 15th, and every succeeding Friday and Tuesday, terminating on July 18th. The lectures will be given at 5 P.M. on each day, and the course is intended for medical men purposing to practise in the Tropics or Eastern Asia. It will be illustrated as far as possible by clinical cases and by demonstrations of parasitic organisms. The fee for the course will be 3 guineas. Further particulars can be obtained on application to the Dean of the Medical School, St. George's Hospital.

AUSTRIAN BALNEOLOGICAL CONGRESS.—The Austrian Balneological Congress will hold its first meeting in Vienna on March 28th, 29th, and 30th. Among the communications promised are the Influence of Baths, Hydropathy, and Climatotherapy on the Circulation and the Blood, by Professors Kisch and Glax; the Dangers of Infection in Health Resorts and Regulations for their Prevention, by Dr. C. Ullmann; Hydrotherapy and Climatology in Hungary, by Dr. Kuthy of Buda Pesth.

THE DROUGHT OF 1897-98.—In a paper read before the Royal Meteorological Society, at its meeting on March 15th, Mr. F. J. Brodie stated that an examination of the rainfall statistics for the British Isles for the eighteen months April, 1897, to September, 1898, showed that the rainfall over the eastern, midland, and southern counties amounted to less than 80 per cent. of the average, and in the south-eastern counties to less than 60 per cent., the smallest proportion of all being 51 per cent. in London. From an examination of the Greenwich rainfall records since 1841 it appeared evident that for length and severity combined the recent spell of dry weather was the most remarkable experienced there during that period. The effects of the extremely dry weather of 1897-98 were rendered the more marked owing to the circumstance that for several years there had existed over England, and especially over the central and southern parts, a remarkable tendency towards dry weather.

PROPOSED EPILEPTIC COLONY IN CHESHIRE.—As we have already announced, the first step has been taken towards the establishment in Cheshire of a village colony for epileptics. A committee has been collecting funds in Manchester with this object for some time past, and have obtained from the David Lewis trustees a grant of £50,000. An estate of 450 acres at Sandlebridge, near Knutsford, has been purchased for the purposes of the colony. The establishment will consist of villas, gardens, and farm buildings, grouped round the Social Hall and central administrative buildings; and picturesqueness is to be made a feature of the scheme, so that the colony will have the appearance of a real village rather than that of a scattered and straggling institution. Remembering what is being done by the Poor-law authorities of Manchester and Chorlton for pauper epileptics, we may congratulate Manchester on its benevolent enterprise in dealing with this afflicted class, whatever their social position, and wish success to the committee in obtaining the further funds to carry out the scheme in its entirety.

THE MEDICAL PROFESSION AND TEMPERANCE.—In all the stages of the modern temperance movement members of the profession of medicine have taken a conspicuous part. Yet, till comparatively recently, temperance societies have done little to enlist the educational services of medical practitioners. Among the earliest temperance associations which systematically evoked skilled medical advocacy of temperance was the National Temperance League, which for a long series of years has invited to a breakfast the members of the British Medical Association present at the annual meetings. Following up this excellent work the League last year arranged for a series of lectures in London by Professor Sims Woodhead, Dr. Gilbert Smith, Mr. Pearce Gould, and Dr. Norman Kerr. The influence of these lectures was so marked that a second series has been given at Liverpool, among the lecturers having been Professor Wm. Carter, Dr. Francis Vacher, and Dr. Kelynack. This is a line of educational work which cannot fail to have a great influence for good.

THE CREMATION SOCIETY OF ENGLAND.—Sir Henry Thompson, the President, took the chair at the annual meeting of the Cremation Society of England, which was held at Grosvenor House on March 15th. The report stated that 240 cremations had taken place at Woking during the past year, which was an increase of 67, or 40 per cent., over the previous year. At Manchester 62 bodies were cremated, at Glasgow 12, and at Liverpool, where a branch of the Society had been formed, 27. Sir Henry Thompson gave an address in which he traced the history of the Society during the twenty-five years of its existence, and with regard to the future said that the reform of the system of registration of death was the most important point of their policy. They also desired to construct a completely equipped crematorium in the near neighbourhood of London, and to induce the Local Government Board to consider whether cremation should not be

imperative in all cases of death by contagious disease. Sir Henry Thompson stated that he had resolved to delegate the duty of personally investigating the information supplied in the case of every applicant to Mr. H. T. Herring, and that Dr. Sidney Martin would act as consulting officer. Sir Charles Cameron, in seconding the adoption of the report, congratulated the Society on the fact that the Home Office were recommending that clauses giving power to erect crematoria should be inserted in municipal Bills. The re-election of Sir Henry Thompson as President was proposed by the Duke of Westminster, seconded by Dr. Farquharson, M.P., and carried unanimously. A vote of thanks to the Duke of Westminster for his kindness in permitting the meeting to be held at Grosvenor House, moved by Sir Arthur Arnold, brought the proceedings to a close.

RANAGHAT MEDICAL MISSION.—In a corner of what are known as the Lower Provinces of Bengal, at a town called Ranaghat, situate about forty-five miles from Calcutta, a medical mission has been at work since 1894 which appears to be unique in many of its features. Unconnected with any of the great missionary societies, its establishment and continued progress are due to the energy and faith, as well as very largely to the pecuniary support, of a single family—that of Mr. James Monro, C.B., who will be remembered in London as having filled for a few years the office of Commissioner of the Metropolitan Police. Having previously served for more than a quarter of a century in the Bengal Civil Service, and had charge of the district in which Ranaghat is situated, both he and Mrs. Monro had become impressed with the need for medical mission work amongst the millions of Bengal natives, and knowing the district around Ranaghat well, they determined, with the assistance of their two sons, one of whom is M.B.&B.C.Camb., and the other a B.A.Camb., and their two daughters, one of whom is L.R.C.P.&S.Edin., and the other a trained nurse, to commence operations there in 1894. Since that time the attendances at their dispensaries have exceeded 190,000, of whom 80,000 have been new patients. They have been joined in their work by other qualified practitioners, both male and female, and by additional trained nurses, so that the European staff of the mission now numbers fifteen persons, and there are in addition native dispensers, male and female nurses, and hospital servants. From the fifth annual report we find that there have been 94 major and 682 minor operations performed during the year 1898; that there is a small hospital for men, and one for women; and that the estimated expense of the dispensaries alone for the current year is £1,400, most of which comes out of the pockets of the mission staff. During the year Dr. Charles Monro and his wife were invalided for some months in consequence of overwork, and had to seek rest and change in Europe; and the director in his report makes a strong appeal to friends at home to relieve the strain upon the medical staff by sending out two more qualified practitioners, one of each sex, to assist in the daily increasing work of the mission.

MEDICAL VACANCIES.

The following vacancies are announced:—

- BELGRAVE HOSPITAL FOR CHILDREN.**—House-Surgeon. Appointment for six months. Board and residence provided, and allowance of £5. Applications to the Secretary, 77 and 79, Gloucester Street, S.W., by March 29th.
- BIRKENHEAD BOROUGH HOSPITAL.**—Junior House-Surgeon. Salary, £60 per annum, with board and lodging. Further sum of £20 to £25 per annum is usually obtained in fees. Applications to the Chairman of the Weekly Board by March 21st.
- BIRMINGHAM: GENERAL HOSPITAL.**—Two Assistant House-Physicians. Appointments for six months. Residence, board, and lodging provided. Applications to the House Governor by April 1st.
- BIRMINGHAM: PARISH OF.**—District Medical Officer.—Salary, £400 per annum, and allowance of £50 a year towards the hire or keep of vehicle. Applications on forms provided to the Clerk, Parish Offices, Edmund Street, Birmingham, by March 25th.
- BLACKBURN AND EAST LANCASHIRE INFIRMARY.**—Junior House-Surgeon. Salary to commence £50 per annum, with board, lodging, washing, etc. Applications to the Secretary, 15, Richmond Terrace, Blackburn, by March 25th.
- BRACEBRIDGE ASYLUM, Lincolnshire.**—Senior Assistant Medical Officer, unmarried, and not over 30 years of age. Salary £50 per annum, with furnished apartments, board, attendance, and washing. Applications to Mr. W. T. Page, jun., Clerk to the Visitors, Bank Street, Lincoln, by April 3rd.
- BRIGHTON: SUSSEX COUNTY HOSPITAL.**—Fourth Resident Medical Officer, unmarried and under 30 years of age. Salary, £30 per annum, with board, washing, and residence. Applications to the Secretary by March 29th.
- CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.**—House-Surgeon. Board, residence, etc., provided. Applications to the Secretary by April 10th.
- CHARING CROSS HOSPITAL, W.C.**—Resident Medical Officer. Salary, £100 per annum, with board and residence. Applications to the Secretary by March 27th.
- CHESTER GENERAL INFIRMARY.**—Visiting Surgeon. Salary, £80 per annum, with residence and maintenance. Applications to the Chairman of the Board of Management, 29, Eastgate Row North, by March 23rd.

CHORLTON-UPON-MEDLOCK DISPENSARY. Manchester.—Resident House-Surgeon; unmarried. Salary, £100 per annum, with furnished rooms and attendance. Applications to the Secretary by March 29th.

CUMBERLAND INFIRMARY. Carlisle.—Assistant House-Surgeon. Salary, £40 per annum, with board, lodging, and washing. Applications to the Secretary by March 20th.

DENTAL HOSPITAL OF LONDON. Leicester Square.—Assistant Anaesthetist. Applications to the Secretary by March 20th.

DENTAL HOSPITAL OF LONDON MEDICAL SCHOOL. Leicester Square.—Demonstrator in Dental Histology. Honorarium of £25 a year. Applications to the Dean by March 21st.

DERBY COUNTY ASYLUM.—Assistant Medical Officer. Salary, £100 per annum, rising to £120, with board, lodging, and washing. Applications to Mr. B. Scott Durrey, St. Michael's Churchyard, Derby, by March 22nd.

EDINBURGH UNIVERSITY.—Professor of Physiology. Applications to R. Herbert Johnston, W.S., Secretary, 66, Frederick Street, Edinburgh, by May 20th.

GLASGOW EYE INFIRMARY.—Resident Assistant House-Surgeon. Salary, £50, with apartments and board. Applications to the Secretary, 88, West Regent Street, Glasgow, by March 28th.

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

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. Also Assistant Anaesthetist. Appointment for six months, but eligible for re-election. Honorarium at the rate of 10 guineas per annum. Applications to the Secretary for the first by March 15th and for the latter two by March 20th.

HOLBEACH UNION.—District Medical Officer and Public Vaccinator. Salary, £50, and usual fees. Applications to the Clerk to the Guardians by April 5th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST. Brompton, S.W.—Assistant Physician and Resident House-Physician. Applications to the Secretary, for the former by March 22nd, and for the latter by March 23rd.

LEICESTER INFIRMARY.—Assistant House-Surgeon. Honorarium £40 for twelve months, with board, residence, and washing. Applications to the Secretary, 24, Friar Lane, Leicester, by March 20th.

LIVERPOOL INFIRMARY FOR CHILDREN.—Assistant House-Surgeon. Appointment for six months. Salary, £25, with board and lodging. Applications to the Honorary Secretary by March 20th.

LIVERPOOL NORTHERN HOSPITAL.—Resident House-Surgeon's Assistant. Appointment for six months, subject to re-election. No salary. Board and lodging provided. Applications to the Chairman by November 24th.

MANCHESTER ROYAL INFIRMARY.—Clinical Assistant at the Barnes Convalescent Hospital, Cheadle. Appointment for six months. Board and lodging provided. Applications to the Chairman of the Medical Board, Royal Infirmary, Manchester.

MONMOUTHSHIRE ASYLUM.—Third Assistant Medical Officer: under 30 years of age. Salary, £100 per annum, increasing to £150, with board, lodging, and washing. Applications to the Medical Superintendent, Abergavenny, by March 23rd.

NORTH LONDON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Junior Non-resident Medical Officer. Appointment for six months. Honorarium at the rate of £45 per annum. Applications to the Secretary, 41, Fitzroy Square, W., by April 6th.

NORTH ORMSBY, MIDDLESBROUGH: THE HOSPITAL.—House-Surgeon. Non-resident; unmarried. Salary, £20 per annum. Applications to the Secretary by March 21st.

NORWICH: HEIGHAM HALL ASYLUM.—Assistant Medical Officer. Applications to the Medical Superintendent.

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

ROYAL PIMLICO DISPENSARY.—Attending Medical Officer: must reside in the district. Applications to the Secretary, 104, Buckingham Palace Road, by April 3rd.

ST. JOHN'S WOOD AND PORTLAND TOWN PROVIDENT DISPENSARY, N.W.—Third Medical Officer. Applications to the Secretary, 1, Henstridge Villas, St. John's Wood, by March 24th.

ST. LEONARD, SHOREDITCH.—Second Assistant Medical Officer for the Infirmary. Appointment for six months. Salary at the rate of £70 per annum, with rations, washing, and furnished apartments. Applications on forms provided to the Clerk to the Guardians, 213, Kingsland Road, N.E., by March 27th.

ST. MARY, ISLINGTON.—District Medical Officer. Salary, £100 per annum, with usual extra fees; also Medical Officer for the School, Hornsey Road. Salary, £100 per annum. Applications, on forms provided, to the Clerk, Guardians' Offices, St. John's Road, Upper Holloway, N., by March 23rd.

MARTLEBORO INFIRMARY.—Clinical Assistant. Appointment for six months. Salary at the rate of £42 per annum. Personal applications to the Medical Superintendent at the Infirmary, Ladbroke Grove Road, W., any morning before March 21st.

SEAMEN'S HOSPITAL SOCIETY (DREADNOUGHT), S.E.—House-Surgeon for the Branch Hospital, Royal Victoria and Albert Docks. Salary, £50 per annum, with board and residence. Applications to the Secretary by March 20th.

SHEFFIELD ROYAL INFIRMARY.—Junior Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, and washing. Applications to the Medical Staff of the Royal Infirmary, Sheffield, care of the Secretary, by March 22nd.

SOUTHAMPTON: ROYAL SOUTH HANTS INFIRMARY.—Assistant House-Surgeon. Appointment for six months. Gratuity £10. Applications to the Secretary by March 23rd.

SWANSEA GENERAL AND EYE HOSPITAL.—House-Physician. Salary, £50 per annum, with board, apartments, washing, and attendance. Applications to the Secretary by March 21st.

TAUNTON AND SOMERSET HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided, and honorarium of 10 guineas. Applications endorsed "Assistant House-Surgeon" to the Honorary Secretary, Bank Buildings, Taunton.

TOTTENHAM HOSPITAL.—Resident Medical Officer. Salary, £60 per annum, with board, lodging, and washing. Applications to the Honorary Secretary.

WEST LONDON HOSPITAL, Hammermith Road, W.—House-Physician and House-Surgeon. Appointments for six months. Applications to the Secretary-Superintendent by March 22nd.

MEDICAL APPOINTMENTS.

ANDERSON, James, M.A., M.B., C.M. Edin., B.Hy. Dunelm. appointed Medical Officer and Public Vaccinator for the Seaton Delaval District of the Tynemouth Union, vice Robert Anderson, M.D. Edin., L.R.C.S. Eng., resigned.

ANDREWS, R. J., M.R.C.S. Eng. appointed Medical Officer of Health to the Havestree Urban District Council.

BELLAMY, John H., L.R.C.P. Lond., M.R.C.S. Eng. appointed Junior Assistant Medical Officer to the Union Infirmary, Fir Vale, Shemeld.

CLAY, E. J., M.D. Lond. appointed Honorary Physician to the Royal United Hospital, Bath, vice A. E. W. Fox, M.B., F.R.C.P. Edin., resigned.

DAY, F. H., M.B., Ch.B. Vict. appointed House-Surgeon to the Coventry and Warwickshire Hospital, vice H. Banks Price, B.A. Oxf., M.R.C.S. Eng.

DUNN, W. M.B., C.M. Aberd. appointed Medical Officer for the Mildenhall District of the Mildenhall Union.

HEATE, A., M.B. appointed Medical Officer for the Fifth District of the Aylsham Union.

HOWELL, R. Edw., M.B., C.M. Edin., M.R.C.S. Eng. etc., appointed Honorary Surgeon to the North Ormsby Hospital, Middlesbrough-on-Tees.

MILLER, James, M.B., C.M. Aberd. appointed Medical Officer and Public Vaccinator for the Seghill District of the Tynemouth Union, vice Robert Anderson, M.D., resigned.

PARTRIDGE, Thomas, M.R.C.P.I., M.R.C.S. Eng. reappointed Medical Officer of Health for the Stroud Urban and Rural Districts.

RUTTER, F. B., M.D. Durh., B.S., F.R.C.S. appointed Medical Officer for the Workhouse and the No. 1 District of the Merthyr Union.

WALSH, Leslie H., M.B. Durh. appointed Honorary Assistant Physician to the Royal United Hospital, Bath, vice E. J. Cave, M.D. Lond.

WOODROOFS, R. P., L.R.C.S.I., L.A.H. Dub. appointed Medical Officer of Health to the Eccleshill Urban District Council.

WYLLIE, D. S., M.B., Ch.B. appointed Junior Resident Medical Officer to the Manchester Children's Hospital.

DIARY FOR NEXT WEEK.

MONDAY.

Royal College of Surgeons, 5 P.M.—Professor C. Stewart: On Alteration of Generation and Recent Additions to the Museum. (Lecture IV.)

TUESDAY.

West End Hospital for Diseases of the Nervous System, 73, Welbeck Street, W., 4 P.M.—Dr. Harry Campbell: Disorders attended by Loss of Consciousness.

Chelsea Clinical Society, Parish Hall, Pavilion Road, Sloane Square, S.W., 8.30 P.M.—Dr. Penny: Adjourned discussion on paper read last meeting (Radical Cure of Hydrocele). Dr. Abraham: Modern Views in Neurology. Dr. T. Vincent Dickinson: Remarks on Two Cases of Enteric Fever complicated by Rigors and Exacerbations of High Temperature. Dr. Nitch-Smith: The Use of Baths in Skin Diseases.

Royal College of Physicians of London, 5 P.M.—Dr. Samuel Gee: On the Nature of Pulmonary Emphysema (Lumleian Lecture II).

WEDNESDAY.

Hunterian Society, 8.30 P.M.—Mr. A. H. Tubby: Some cases illustrating the Surgery of the Stomach. Dr. R. Fortescue Fox: On some unusual Nervous Symptoms.

Evelina Hospital, S.E., 4.30 P.M.

THURSDAY.

St. John's Hospital for Diseases of the Skin, 40, Leicester Square, 4.30 P.M.—Dr. Morgan Dockrell: Cases of Rodent Ulcer and other Malignant Diseases of the Skin.

British Balmecological and Climatological Society, 20, Hanover Square, W., 8.30 P.M.—Continuation of discussion on the Therapeutics of Heat, in which Dr. Ward Humphreys, Dr. Knowlesley Sibley, Dr. Bain (Harrogate), Dr. Harry Campbell, Dr. Felkin, Dr. Alexander Haig, Dr. Smith (Harrogate), Dr. Bowen Davies (Llandrindod Wells), the President, and others will take part.

FRIDAY.

Royal College of Surgeons, 5 P.M.—Professor C. Stewart: On Alteration of Generation and Recent Additions to the Museum. (Lecture VI.)

Clinical Society of London, 8.30 P.M.—The President (Mr. J. Langton): A case of Aneurysm of the Abdominal Aorta successfully treated by the Introduction of Silver Wire into the Sac.

Royal College of Physicians of London, 5 P.M.—Dr. Samuel Gee: On the Nature of Asthma. (Lumleian Lecture III.)

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

British Gynaecological Society, 8.30 P.M.—Specimens will be shown by Mr. Jessett, Dr. Bantock, Dr. Lawrie, Mr. Ryall, Dr. R. T. Smith, and Dr. Oliver. Paper by Dr. James Oliver: Adenoma Universale of the Endometrium, infiltrating the Myometrium, in a Virgin.

Mr. Rutherford Morison: Patients showing results of Stomach Surgery, with description of the Operations performed. Dr. Radcliffe Crocker: A case of Lymphangoma. Tuberosum Multiplex. Mr. W. G. Spencer: Wound of a large Superficial Artery in which the Blood was flowing from the Trunk to the Thigh.

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.

ARMIT.—On March 11th, at the Lawn, St. Austell, the wife of H. W. Armit, M.R.C.S. Eng., L.R.C.P. Lond., of a daughter.

BENTLEY.—On February 25th, at Boyton, the wife of W. L. Bentley, L.S.A., of a son.

COX.—On March 6th, at 58, High Street, Watford, the wife of Alfred E. Cox, M.R.C.S., L.R.C.P., of a son.

GOOD.—At Devon House, Prospect, Adelaide/South Australia, on February 6th, 1899, the wife of J. Ernest Good, M.B. (née Williams, of "Donhead," Wallington, Surrey) of twin daughters.

MARRIAGES.

BROWN—POPE.—On March 9th, at St. Margaret's, Westminster, by the Rev. William Springett, D.D., Henry Reynolds Brown, M.B., C.M., of Maldon, Essex, to Helen Evelyn Pope, of Latchingdon Rectory, Essex.

PAPILLON—PATON.—On February 14th, at St. Margaret's Church, Westminster, by the Rev. W. L. Faig Cox, Vicar of Rockferry and Rural Dean of Birkenhead, assisted by the Rev. Lennox Tindal, Vicar of Ore, Hastings, brother-in-law of the bridegroom, Godfrey Keppel Papillon, of the Manor House, Kingscliffe, Northamptonshire, son of Philip O. Papillon, J.P. and D.C. of Crowhurst Park, Sussex, and Lenden Manor, Essex, to Jessie Winifred, only daughter of J. Wilson Paton, M.D., Rockferry, Cheshire.

ROD—HARDY.—On March 7th, at St. Matthew's, Nottingham, by the Venerable Archdeacon Richardson, assisted by the Rev. Canon Ferris, Surgeon Montague Louis Boucher Rodd, B.N., H.M. Dockyard, Devonport, son of the late R. Robinson Rodd, of East Stonehouse, Devon, to Flora Louise, daughter of the late John Hardy, of Colwick, Nottingham.

DEATHS.

DAMBRILL-DAVIES.—On February 26th, at his residence, Stonycroft Grange, Alderley Edge, W. B. Dambrill-Davies, Esq., M.R.C.S., Lieutenant-Colonel Volunteer and Army Medical Reserve.

HOWE.—On March 10th, at Bank House, Croston, Preston, Douglas Redfern, fourth and youngest son of Joseph Duncan Howe, aged 8 months.

KNIGHT.—At Rotherham, on March 12th, suddenly, Henry John, youngest son of the late Rev. Jas. Knight, M.A., late Rector of St. Paul's, Sheffield, aged 63 years.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE
LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*.—Daily, 2. *Operations*.—Tu. W. F., 2.
CENTRAL LONDON OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily.
CENTRAL LONDON THROAT, NOSE, AND EAR. *Attendances*.—M. W. Th. S., 2; Tu. F., 5. *Operations*.—i.p., Tu., 2.30; o.p., F., 2.
CHANCING CROSS. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.45; Dental, M., 9; Throat and Ear, F., 9.30. *Operations*.—Th. F. S., 3.
CHELSEA HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F., 2.
CITY ORTHOPEDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—M., 4.
EAST LONDON HOSPITAL FOR CHILDREN. *Operations*.—M. W. Th. F., 2.
GREAT NORTHERN CENTRAL. *Attendances*.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. *Operations*.—M. W. Th. F., 2.
GUY'S. *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. *Operations*.—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.
HOSPITAL FOR WOMEN, SOHO. *Attendances*.—Daily, 10. *Operations*.—M. Th., 2.
KING'S COLLEGE. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30; F., 2; Dental, M. Th., 10; Skin, W., 1.30. *Operations*.—W. Th. F., 2.
LONDON. *Attendances*.—Medical, daily, i.p., 2; o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu., 9. *Operations*.—Daily, 2.
LONDON TEMPERANCE. *Attendances*.—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. *Operations*.—M. Th., 1.30.
LONDON THROAT, Great Portland Street. *Attendances*.—Daily, 2; Tu. F., 6. *Operations*.—Daily, 2.
METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations*.—Tu. W., 2.30; Th., 4.
MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o.p., M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations*.—Daily, 1.30.
NATIONAL ORTHOPEDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—W., 10.
NEW HOSPITAL FOR WOMEN. *Attendances*.—Daily, 2; Ophthalmic, W. S., 9.30. *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, 1.
ROYAL ORTHOPEDIC. *Attendances*.—Daily, 2. *Operations*.—M., 2.
ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily, 2.
ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o.p., W. S., 9; Eye, M. Tu. W. Th. S., 2; o.p., M. Tu., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopedic, M., 2.30; Dental, Tu. F., 9. *Electrical*, M. Tu. Th. F., 1.30. *Operations*.—Daily, 1.30; (Ophthalmic), Tu. r., 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., 1.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopedic, F., 12; Dental, M. Tu. F., S., 12. *Operations*.—DAILY, 1; Ophthalmic, M., 1; Dental, Th., 9.
ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, daily, 1.30; 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. Tu., 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, Tu., 1.30; Children, S., 1.15; *Electro-Therapeutics*, o.p., Tu. F., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—Gynaecological, M., 2; W., 2.30.
THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Daily, exc. M., 10.
UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Tu., 9; Dental, Tu. F., 9.30. *Operations*.—Tu. W. Th., 2.
WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 10; Orthopedic, W., 2; Diseases of Women, W. S., 2; *Electro-Therapeutics*, M. Th., 2; Skin, M. F., 2; Throat and Nose, Tu., 2; S., 10. *Operations*.—Daily, about 2.30; F., 10.
WESTMINSTER. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, Tu. F., 9.30; Ear, Tu., 1.30; Skin, W., 1.30; Dental, W. S., 9.15. *Operations*.—M. Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO
CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

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

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

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

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *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.

SAPOO asks for advice in the treatment of dandruff in a healthy young woman, aged 23.

M.D. desires information as to the occurrence of desquamation after diphtheria.

M.B. asks whether puerperal eclampsia is as frequent in the purely vegetarian races as it is in the British Isles.

C. A. L. asks what the climate of Capri is like in July, August, September, and October. Could an Englishman live there during these months, and are mosquitos or other insects troublesome during this time?

ASTRINGENT INJECTIONS IN CHRONIC DYSENTERY.
INDIAN wishes to know how long he should continue the following injection for chronic dysentery: Glyc. acid. tannici, 3ss. to aq. Oij every other day. He has used it for three weeks with great benefit. Should the intervals be gradually lengthened?

THE D.P.H. EXAMINATION.

M.B.F. asks for an elementary work on meteorology and one on geology suitable to read for the D.P.H. examination.

* * It is not absolutely necessary to read any special work upon meteorology or geology for a diploma in public health as the standard works on public health deal with these subjects in their relation to public health. If, however, our correspondent wishes to consult special works he is recommended the following: *Meteorology*, by J. W. Moore (Rebman Publishing Company Limited); *Geology*, by Archibald Geikie (Macmillan and Co).

MEDICAL ADVERTISING.

S.S.M.S.—Our correspondent asks a series of questions respecting the conduct to be observed towards a medical practitioner who, ten years ago, on coming to the town in which he at present practises, advertised himself in the local newspapers, and still keeps two boards projecting out into the street announcing his hours of consultation, and especially that he gives advice and treatment in diseases of the eye.

* * 1. We cannot attempt to forecast the view the General Medical Council would take of this practitioner's conduct.

2. We think that a complaint should not be mainly based upon an offence committed ten years ago.

3. The notice board undoubtedly constitutes an advertisement, but so, for the matter of that, do brass plates, and it is for the General Medical Council to decide where the line should be drawn.

4 and 5. There seems to be great difference of opinion as to the circumstances which justify refusal to meet a duly-qualified practitioner in consultation. Some would make this the penalty for every breach of professional good manners, while others would meet anyone possessing a legal qualification. Some think that homœopaths should not be met in consultation, but the College of Physicians when appealed to lately refused to lay down such a rule. We think this particular case should be referred to the Council of the local Branch or to its Ethical Committee if one exists. Such a body would be fully informed of all the facts, and be in a position to decide in accordance with the local professional opinion needed to enforce the decision.

6. The lapse of time must undoubtedly go far to diminish the importance of the earlier offence.

7. If the practitioner avowed his regret for the past, his willingness to remove all present causes of offence, and would promise to abstain from similar actions in future, his colleagues would probably overlook the past.

ANSWERS.

JUVENIS.—A reply to a similar query will be found in the BRITISH MEDICAL JOURNAL of April 16th, 1898, p. 1055.

DR. T. PRICHARD ROBERTS of Stanleigh, St. Albans, writes to say that he will be glad to give particulars to any medical man who is thinking of using a motor tricycle for his country rounds.

A. D. P. D.—We know of no "recognised ethical rules" on the subject in question. Different medical men hold widely different views as to what should be advised in the cases mentioned; but we think all would agree that medical men should not supply the articles about which our correspondent inquires.

ALPHA.—Marion Sims, in his *Clinical Notes on Uterine Surgery* (New York, 1886, p. 364 *et seq.*) states that he made a series of experiments in artificial impregnation, and in one case "actually saw conception follow." He gives a detailed account of the procedure, with figures of the syringe used in the operation. References to several other cases are given by Gould and Pyle in *Anomalies and Curiosities of Medicine*, London, 1897, p. 43 *et seq.*

L.D.S.—The dentist who does not hold a full medical qualification should confine himself strictly to the treatment of diseased conditions of the teeth themselves, and to the direct consequences of their diseased condition, so long as these consequences are of a dental nature. When