strychnine, but without improvement. From November 12th to June 2nd, 1896, she was given suprarenal extract in quantities varying from 2 to 4 tabloids a day. Her heart, which on November 12th, 1895, was found to be somewhat dilated, had decreased in size, but her pulse was over 200, and the tremor and palpitation were no better, but the proptosis was slightly less. On June 2nd, 1896, she began to take thymus extract in doses of one tabloid three or four times a day. On July 31st the palpitation and tremor were much less, but the pulse was about 150. She was much less emotional, and felt "much better."

CASE III.—Mrs. M., aged 28, had, when first seen, palpitation, emotional mobility, tremor, and a pulse of 128, but no exophthalmos or enlargement of the thyroid. For four weeks she was treated with digitalis, iron, and nux vomica, but with no improvement. For the next eight weeks she took a thymus tabloid three times a day. Gradually the palpitation, tremor, nervous excitement, and pulse-rate lessened, and at the end of that time she appeared quite well, and had a pulse of 92. This case was thought to be an early case of Graves's disease, and, if it were so, the thymus extract certainly seemed to prevent its development.

From the above cases it may be concluded that neither thymus nor suprarenal extract is a perfect antidote to the thyroid secretion, nor, indeed, is it to be expected that a product of one gland should counteract the product of another. The thymus extract seemed to relieve the nervous symptoms of the disease, and this is interesting from a consideration of the fact that the thymus is most active at that period of life when brain development is most rapid.

As regards suprarenal extract, the chief effect in the second case seemed to be on the heart and vascular system, on which it had a digitalis-like action without lessening the frequency of the heart beats, and also, it may be remarked, after digitalis itself had failed to lessen the area of cardiac dulness.

It seems, however, to have no sedative action on the nervous system. It is unlikely that any drug or combination of drugs will be found completely to neutralise the physiological effects of thyroid extract, and it is to the thyroid itself that we must look for a remedy, just as strychnine and methyl-strychnine or toxins and antitoxins respectively neutralise one another, so we may hope to find in the gland itself, or in healthy individuals subjected to thyroid feeding, some substance that may prove effective in counteracting excessive thyroidism.

We know that when a proteid molecule is split up and a toxin given off something remains which, if it could be recombined with the toxin, would reproduce the harmless proteid molecule from which the toxin was formed.

Our first aim is to discover the nature of the proteid molecule, and then the method of its decomposition with the causes which determine it. As this reaction occurs in normal thyroids, and it is by excess only that it becomes pathological, the problem should not remain unsolved.

MEMORANDA:

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

FIBROMA OF BASE OF SKULL REMOVED THROUGH THE CHEEK.[1]

FIBROMA of base of the skull is not of common occurrence, and the behaviour and direction of growth of the tumour in this case make the latter of sufficient interest to warrant publication.

J. M., a youth aged 17, was first seen in April, 1898. About a year previously he had complained of persistent headache. Two months later this left him, and he then first noticed some swelling in the left cheek, which continued to increase in size, but more rapidly during the last five months. The left side of the face was fuller than the right, and immediately below the malar bone there was a rounded movable tumour about the size of half a small orange. The malar was pushed slightly forwards and upwards, and the tumour appeared to be attached to its cranial surface. There had been no deafness or dysphagia. A few days later a probe was placed in the parotid duct, and through a curved incision in the cheek, lying within the hair-growing region, the duct was isolated, the anterior fibres of the masseter cut through, and the fore part of the tumour exposed. Its true nature then became apparent. Attempts were made to twist it off its pedicle; this was done after considerable difficulty by seizing it as deeply as possible on either side with clamp forceps. This difficulty was found

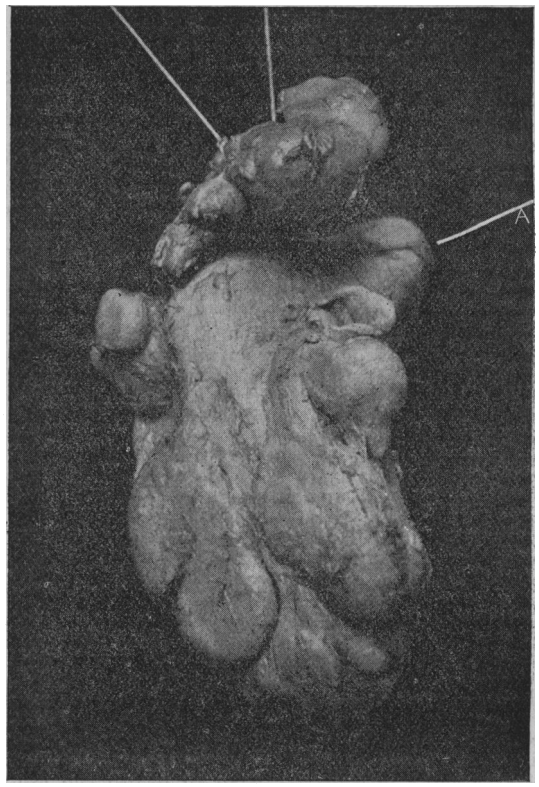

Fig. 1.—A, the process which extended into the temporal fossa foreshortened.

to be due to the existence of a large process ¾ inch in length, extending from the main part of the tumour into the temporal fossa, and beneath the temporal muscle. There was little or no hæmorrhage. The broad patch of bone from which it had been torn lay at a depth of 4 inches from the lower border of the malar. The site of origin, as far as could be ascertained, was the basilar process immediately in front of the left condyle. Instead of pushing its way into the pharynx and forming the usual naso-pharyngeal tumour, it had grown forward to the left of the pharynx into the zygomatic fossa, pushing the pterygoid process inwards and the coronoid outwards, and, making its way between the pterygoid muscles, presented in the cheek below the malar arch. Its greatest dimensions were 4⅛ ins. by 2½ ins. The divided fibres of the masseter were then drawn together by buried sutures, the skin flap turned down and sutured, a small drain being left in for forty-eight hours. The wound healed by primary union, and the patient returned to work on the eighth day. At first there was some loss of power in the muscles of the left angle of the mouth, but this is now scarcely noticeable. The microscope showed the tumour to consist of pure fibrous tissue.

To avoid disfigurement from scar, and possibly injury to the parotid duct, removal through the mouth was contemplated. For considerations of asepsis, apart from the difficulties often arising from hæmorrhage in such cases, though absent here, it was fortunately abandoned.

Swansea. W. F. BROOK.

[1] Read at a meeting of the South Wales and Monmouthshire Branch, February 28th, 1899.

ACUTE EPIDEMIC DYSENTERY.

THE second officer of a steamship came to me on August 18th, 1898, suffering from a mild attack of dysentery. He had been at Porthleven, Cornwall, for two days after a voyage to the Black Sea, during which his health had been quite good. He completely recovered from the attack in a fortnight.

On August 3rd, when he was nearly well, his wife, who had been nursing him, began to pass mucus and blood every half-hour. She was unable to sleep, and afraid to eat, as every

movement brought on severe colicky pain, and every attempt to eat produced tenesmus. Her temperature rose at times to 101°, and her stools numbered from twenty to thirty in the twenty-four hours. By the end of a fortnight, however, she was convalescent. There were two children, one aged 5, who remained in the house the whole time, but lived and slept in a separate room, and saw his parents only occasionally during their illness; the other, aged 14 months, was removed by his grandmother.

On September 1st, however, the elder of the two developed the disease; for the first day or two he went to stool at least once an hour, and had little if any sleep. An obstinate diarrhœa retarded convalescence for weeks, but he eventually made an excellent recovery.

After September 14th the younger child spent the daytime at his mother's house. On September 16th he was attacked in a similar way; he rapidly became exhausted, and died on September 19th.

On September 18th I found the mother in great pain, her right knee-joint being acutely inflamed; her temperature was 102°. At this time her dysenteric symptoms had subsided, and she was taking a light diet. In a few days her left knee, right elbow, left ankle, and several phalangeal joints were inflamed. The joint affection in its course closely resembled a gonorrhœal rheumatism.

On September 30th the grandmother, who had been nursing the others, had a precisely similar illness, and the dysentery subsided; some of her joints were affected.

The infection was doubtless contracted in the first case during the voyage, and was communicated from case to case, as disinfection was necessarily imperfect and isolation impossible.

Porthleven, Cornwall. EDWIN HENRY, F.R.C.S.

THE OCCURRENCE OF BLACKWATER FEVER IN ASSAM.

AT the last meeting of the British Medical Association, in the Section of Tropical Diseases, blackwater fever was prominently brought forward. I wish to record the following case, which I believe to have been undoubtedly of that nature:

A. J., tea planter, born in this country, aged 30, had lived in malarious districts for ten years, and had been subject to fever. The last four years he had lived in the Darjeeling Terai, a locality only two well known for malaria. I obtained the following history from him. On May 17th, 1898, he was about, feeling quite well. After a game of tennis in the evening he felt "off colour;" he had some dinner, and went to bed. Shortly afterwards he experienced the worst rigor he ever had. When this passed off he took 10 gr. of quinine, and began to pass a large quantity of urine, which to his surprise was porter-coloured. A fellow planter showed me two chamber vessels full of porter-coloured urine, remarking, "He has passed quarts of urine like this." I saw my patient on May 18th, at 6.30 P.M. The pulse was 120, and regular; the temperature was 102.6°. The conjunctivæ and skin were of light saffron colour. The spleen was enlarged, as was the liver, which was tender. The bowels had acted well, but he had nausea. I gave a large simple enema, and shortly after injected 20 gr. of quinine into the bowel; this was rejected, and repeated, but with a like result. The patient retained 5-gr. doses of quinine in solution at 10 P.M. and at midnight, but rejected doses given at 2 A.M. and 4 A.M. During the night he was somewhat restless, but not markedly so. He passed a good deal of porter-coloured urine and three tarry motions. He vomited all nourishment. As I was a long way from help and drugs, I decided to move my patient to the hills, 4,000 feet above sea level, and started on the 17-mile drive at 5.30 A.M. on May 19th. In the daylight I noticed at once that he was much weaker, and that the saffron colour of the conjunctiva and skin had greatly increased. The cool morning air seemed to revive him, and I considered that he had stood the journey remarkably well. I again tried quinine, giving 10 gr. in a little iced milk, but this was rejected. Our destination was reached after a four-hour journey by train at noon.

On our arrival the pulse was 140 and the temperature 103°. The conjunctivæ and skin were of a bright yellow colour. I gave a 3-drop dose of tincture of aconite every ten minutes, until I had given 30 drops, which brought the temperature down to 101°. I injected 6 gr. of quinine hydrobromate hypodermically. Shortly afterwards the temperature was 100°, and the pulse 145. He passed a natural stool, and the urine was clear. The condition of the patient rapidly grew worse, at 6.30 he was unconscious, and at 9 P.M. he died, having regained consciousness for only a few moments half an hour before his death.

The patient was a married man, somewhat stout but strictly temperate. He had not been in the habit of taking quinine daily. A planter six years previously in the same bungalow had two similar attacks in one year and recovered. I have made very careful inquiries from the planters in the Terai as to whether this blackwater fever occurs among the coolies on the tea estates, and I have always received the same reply, "I have never heard or seen any cases." Cases of this kind occasionally occur among the planters, and it is difficult to understand the immunity of the coolies from this particular disease, as signs of malarial poisoning—that is, enlarged spleen, anæmia, etc.—are very common, as also deaths from high fever.

An old resident of this district informs me that blackwater fever has never to their knowledge occurred in the hills—that is, above an elevation of 1,200 feet above the sea. There must be some definite parasite at work which can disintegrate the blood corpuscles so as to set free the hæmoglobin with such terrible rapidity. I do not for a moment believe quinine can give rise to blackwater fever, as I have never experienced any ill results from quinine; on the other hand, I have seen disastrous results from withholding it. I think the researches of Surgeon-Major Ross will lead to the use of smaller doses of quinine, but those given on a more scientific basis than at present. This can only be brought about when the intracorporeal life-history of the plasmodium malariæ is better known.

ARTHUR DUMVILLE HUMPHREY, M.R.C.S.Eng.,
Kurseong, Bengal. L.R.C.P.Lond.

THE PREVALENCE OF BLACKWATER FEVER IN ASSAM AND THE DUARS.

"I HAVE had an awfully busy time this year with blackwater fever, one case after another, all through the rains.....It is 'pucca' suicide staying here, as you may get it suddenly, and never sit up again."

So writes a surgeon from the Duars in a letter before me. I have sent an account of 11 cases of this disease occurring in this Cachar district to the *Journal of Tropical Medicine*, and I have since seen another case, giving for eighteen months a total of 7 deaths.

Dr. Roe and the late Dr. Weatherly met with several cases. Yet in the BRITISH MEDICAL JOURNAL of September 24th, 1898, Colonel Crombie writes: Blackwater fever is "practically unknown in India."

In my paper referred to I drew attention to the fact that of the last 7 cases, 6 were either medical men or persons living in the same house with medical men. Yesterday, when reading for the first time the *Medical Annual* for 1898, I was surprised to read under the heading Malarial Hæmaturia that "Karamiteas of Athens reported 7 cases due to quinine, one being a child, the others men, and curiously enough 6 of the individuals were medical men."

My last case was of the same social standing as the majority of my former patients. He was a Brahmin, head clerk on a tea estate. I found him dead on my arrival. He had been treated by a quack with "abi," the red powder commonly thrown on one another by Hindus during the Holi puja, which is, I believe, harmless. For the last three days of his illness he had taken no quinine, and at no time had he taken more than 5 gr. in the twenty-four hours.

Cachar, E. Bengal. ARTHUR POWELL, B.A., M.Ch.

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

THE VICTORIA HOSPITAL FOR CHILDREN, CHELSEA.

CASE OF STRANGULATED INGUINAL HERNIA IN A BOY 2½ YEARS OLD: OPERATION: RECOVERY.

(Under the care of Mr. D'ARCY POWER, F.R.C.S., Surgeon Victoria Hospital for Children; Assistant Surgeon to St. Bartholomew's Hospital.)

[Notes by Mr. A. CHILCOTT PARSONS, House-Surgeon.]

History.—A boy, aged 2½ years, was brought to the hospital on the morning of January 16th with an irreducible tumour in the right groin. For three weeks previous the mother had noticed a "lump" there, but he had complained of abdominal

A NOTE ON FIBROMA-ADENOMA OF THE MALE BREAST.

Sir,—I am extremely sorry that in a note on "Fibro-adenoma of the Breast," published in your last issue, I did a grave injustice to Mr. Marmaduke Sheild's very excellent book on "Diseases of the Breast." My attention has been called to the fact that these tumours in the male are referred to on page 489, and I regret exceedingly that a hasty reference to the index led to this unintentional oversight.—I am, etc.,

Dublin, March 25th. R. Glasgow Patteson.

Sir,—To the example of fibro-adenoma of the male breast reported by Mr. Patteson in your issue of March 25th, p. 725, and the cases by Monro, Paget, Velpeau, Röder, Le Dentu, Pavona, Cruveilhier, etc., cited in my work on *Diseases of the Breast*, the following instances of the same affection may also be added.

Rothmann has described two cases, in each of which the tumour attained the size of a large walnut, the ages of the patients being 20 and 50 years respectively.

Jacobson has met with a similar case in a man of 53. From the left breast of a miller's assistant, aged 57, Péraire removed a circumscribed tumour, the size of a horse chestnut, which contained many small cysts. Histologically it was a cystic fibro-adenoma. At the age of 18 he first noticed a pea-sized lump under the nipple, whence the tumour removed gradually developed.

Keetley has met with a somewhat similar case. At the age of 22 his patient first noticed a mammary tumour the size of a hazel nut, which remained quiescent for eleven years, and then increased so rapidly that in a year's time it attained the size of a hen's egg.

Considering the great variability in the degree of obsolescence of the male mamma, and that in certain exceptional cases it is so well developed as to suffice for lactation, we need not be surprised to find that every variety of neoplastic disease met with in the female breast may have its counterpart in the male breast.—I am, etc.,

Clifton, March 27th. W. Roger Williams.

TO KEEP MOSQUITOS ALIVE.

Sir,—Dr. Bancroft, of Burpengary, Brisbane, Australia, who is at present experimenting with mosquitos and blood parasites, in a recent letter informs me that mosquitos can be kept alive after feeding once on human blood, by suspending in the vessel in which the insects are confined a fresh ripe banana. The banana should have the skin partially removed, and be renewed every fourth or fifth day. In this way the insects can be kept alive for upwards of six weeks. This is a fact which the many observers now at work on the mosquito-malaria theory will be glad to know of.—I am, etc.,

Queen Anne Street, W., March 27th. Patrick Manson.

ERYTHROL TETRANITRATE.

Sir,—An accident, by which a chemist lost his life, happened at a tabloid factory at Dartford on December 15th, 1897. He was engaged in mixing tetranitrate of erythrol with finely powdered lactose in a mortar when an explosion occurred.

Again, at the end of 1898, an accident was caused by tetranitrate of erythrol being inadvertently thrown into a fire, and one person was injured.

Tetranitrate of erythrol is possessed of explosive properties and is highly sensitive, more so, indeed, to percussion than dynamite or gun-cotton. As it has lately come into some use in the place of nitroglycerine as a remedy for angina pectoris, I should be glad if you would draw special attention in the British Medical Journal to the dangers attending the handling of this drug.—I am, etc.,

A. Ford, Colonel,
H.M. Chief Inspector of Explosives.

Home Office, Whitehall, S.W., March 24th.

The American Losses in the War.—According to an official statement issued at Washington on March 10th, the total number of deaths in the United States Army reported to the Adjutant-General's Office between May 1st, 1898, and February 28th, 1899, was: Killed in action, 329; died of wounds, 25; died of disease, 5,277, making a total of 5,731 deaths.

ROYAL NAVY AND ARMY MILITARY SERVICES.

ROYAL NAVY MEDICAL SERVICE.

Fleet-Surgeon John B. B. Triggs, M.B., has been placed on the retired list at his own request, March 22nd. He was appointed Surgeon, September 29th, 1877; Staff Surgeon, September 29th, 1899; and Fleet Surgeon, January 10th, 1899. He was in medical charge of the *Active* during the Zulu war in 1879 (medal). He was also awarded a medal and diploma from the Venezuelan Red Cross Society in recognition of services to the wounded in the neighbourhood of La Guayra in October, 1892, during the revolution in that year.

ROYAL ARMY MEDICAL CORPS.

Colonel Richard P. Ferguson is placed on retired pay, March 13th. His commissions are thus dated: Assistant Surgeon, March 31st, 1862; Surgeon, March 1st, 1873; Surgeon-Major, April 28th, 1876; Brigade-Surgeon, April 13th, 1887; and Surgeon-Colonel, September 6th, 1892. During the campaign of 1864-65 in Bhootan he had medical charge of the Royal Artillery, and was present at the capture of Bala and Buxar Dovars (medal with clasp); he was in the Afghan war in 1878-79 with the 2nd Division Peshawur Valley Field Force (medal); and in the Egyptian war of 1882 (medal and Khedive's bronze star). He was Principal Medical Officer at Woolwich, where he will be succeeded by Colonel J. A. Clery, R.A.M.C.

Lieutenant-Colonel J. A. Clery, M.B., is promoted to be Colonel, *vice* R. P. Ferguson, March 13th. Colonel Clery entered the service as Assistant-Surgeon, April 1st, 1871; became Surgeon, March 1st, 1873; Surgeon-Major, April 1st, 1883; was granted the rank of Lieutenant-Colonel, April 1st, 1891, and was made Brigade-Surgeon-Lieutenant-Colonel March 10th, 1895. During the Nile Expedition in 1884-5 he had charge of the Abu Dom Field Hospital, receiving a medal with clasp and the Khedive's bronze star. He was also in the Soudan under Lord Kitchener in 1898, and was mentioned in despatches for his services for his services in the operations resulting in the capture of Gedaref, for which he is entitled to the British medal and the Khedive's medal with clasp.

Major Robert F. Adams, M.B., retires from the service with a gratuity, March 29th. His commission as Surgeon dates from February 5th, 1881; that of Surgeon-Major twelve years therefrom.

Captain W. G. Beyts is seconded for service on the staff, November 4th, 1898, his appointment being that of Surgeon to the Commander-in-Chief in India, Sir William Lockhart.

The Christian names of Captain Bray, seconded for service with the Egyptian army from February 14th, are Hubert Alaric, and not as stated in the *Gazette* of February 24th.

Lieutenant Joseph McArdle, M.B., is seconded for service with the Egyptian army, January 21st.

MEDICO-LEGAL.

INQUESTS.

Absum mentions two cases of death occurring in his practice in which, after reporting them to the coroner, no further communication was made to him. The first was that of a child who died from suffocation from being overlaid whilst in bed with the parents. A similar accident had occurred in the same family before, but the coroner, a solicitor, decided that an inquest was not necessary, and no inquiry was held. The other case was that of a child who died after being run over by a cart in the street. The same coroner did hold an inquest in this case, but called no medical evidence, and with his jury arrived at some cause of death, and a verdict. Our correspondent wishes to know if this is the usual way in which coroners fulfil the duties of their office.

*** From similar reports we have from time to time received, it is evident that the practice of coroners varies in different districts, and that such cases as that given above usually occur where legal coroners preside. As a rule, no inquest can be considered satisfactory or complete in the absence of medical evidence. When a coroner omits to hold an inquest required by law, the circumstances can be reported to the Lord Chancellor, who will investigate the facts, and, if there has been a dereliction of duty, he will admonish the coroner accordingly.

FEES TO MEDICAL WITNESSES.

R. W. C. states that he was subpœnaed to give evidence at the local court of the town where he resides, in a criminal case and was kept in court from 11 A.M. till 5 P.M., for which he was paid 10s. 6d. He wishes to know whether he must accept this fee or whether he has any claim for compensation for his loss of fees and wasted day consequent upon his attendance in court.

*** The fee mentioned by our correspondent is all that he is entitled to claim if, as we presume from his letter, his evidence was given at the local police-court or Quarter Sessions. It has been judicially decided that no claim can be made in respect of loss of fees, etc. Our correspondent is, no doubt, aware that the British Medical Association is endeavouring to obtain a revision of the present scale of fees to medical witnesses, but as will be seen from the reply of Mr. Jesse Collings to Dr. Farquharson, printed at page 811, the Home Office is at present obdurate.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Diploma in Public Health.—The examination for this Diploma will begin on April 4th, and continue till April 13th.

Degrees.—At the Congregation on March 16th, F. P. Cayley, B.A., of

Trinity, was admitted to the degree of M.B., and W. Eardley, M.A., of St. John's, and W. K. Wills, M.A., of St. John's, to the degrees of M.B. and B.C.

Council of the Senate.—Dr. Kirkpatrick was on March 17th elected a member of the Council, in the room of Dr. Armitage Robinson, resigned.

Examinations 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. Notice must be given through the Prælectors of the respective Colleges on or before Saturday, April 8th.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,211 births and 5,061 deaths were registered during the week ending Saturday, last, March 25th. The annual rate of mortality in these towns, which had increased from 19.5 to 23.3 per 1,000 in the five preceding weeks, declined to 23.1 last week. The rates in the several towns ranged from 13.2 in Cardiff, 16.1 in Huddersfield, 17.4 in West Ham, and 18.0 in Bristol, to 28.0 in Salford, 29.4 in Wolverhampton, 32.9 in Oldham, and 33.4 in Manchester. In the thirty-two provincial towns the mean death-rate was 23.1 per 1,000, and was slightly below the rate recorded in London, which was 23.2 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.8 per 1,000; in London the rate was equal to 2.1 per 1,000, while it averaged 1.7 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.5 in Swansea and in Manchester, 2.6 in Plymouth and in Salford, 3.4 in Derby, and 3.6 in West Ham. Measles caused a death-rate of 1.2 in Salford, 1.7 in Manchester, and 2.3 in West Ham; scarlet fever of 2.0 in Derby; whooping-cough of 1.3 in Preston, 1.4 in Cardiff, 1.8 in Birkenhead, and 2.1 in Plymouth; and "fever" of 1.8 in Wolverhampton. The 81 deaths from diphtheria in the thirty-three towns included 37 in London, 8 in Sheffield, 7 in Leeds, 6 in Leicester, and 3 in Portsmouth. No fatal case of small-pox was registered last week, either in London or in any of the thirty-two large provincial towns; and only 1 small-pox patient was under treatment in the Metropolitan Asylums Hospitals on Saturday last, March 25th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 2,584 to 2,437 at the end of the three preceding weeks, had further fallen to 2,355 on Saturday last; 177 new cases were admitted last week, against 236, 217, and 224 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

During the week ending Saturday last, March 25th, 913 births and 666 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 25.1 to 21.0 per 1,000 in the three preceding weeks, rose again to 21.8 last week, but was 1.3 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 13.5 in Paisley and 16.6 in Dundee to 24.8 in Aberdeen and 27.3 in Greenock. The zymotic death-rate in these towns averaged 2.2 per 1,000, the highest rates being recorded in Leith and Aberdeen. The 334 deaths registered in Glasgow included 7 from measles, 2 from scarlet fever, 9 from whooping-cough, and 2 from "fever." Six fatal cases of measles and 4 of whooping-cough were recorded in Edinburgh.

TYPHUS FEVER IN SOUTHWARK.

Dr. Waldo, Medical Officer of Health for St. George Southwark, has forwarded a report on a case of typhus fever, notified to him in February last. A case occurred in the parish in October, 1898, and the father of the patient conveyed the infection to a house in Bermondsey. Several cases occurred there, and from one of these the second case notified in Southwark was infected.

CONDENSED SEPARATED MILK.

A deputation, representing many local sanitary authorities in England, waited upon Mr. Long, President of the Board of Agriculture, last week, to urge the necessity of some amendment of the Food and Drugs Act with regard to the sale of condensed milk. It was shown that a very large percentage of the infant mortality among the poor was due to the use of cheap condensed milks, which contained really only separated milk, nearly all the fat having been removed. Dr. Stocker, Medical Officer of Health for Willesden, stated that the infant mortality in Willesden last year was 40 per cent., and this, in his opinion, was due to the use of separated condensed milk, this kind of milk being absolutely useless as a food for infants.

Mr. Long, in reply, admitted the force of the arguments used, and the great importance of the subject as touching the healthy development of the young portion of the community. He considered the suggestion that they should insist, by enactment, upon the labels on the tins stating exactly what was contained in them, to be the safest for the public and Government. The other suggestion, that the people should in some way or other be informed that the milk had not certain properties or was not suitable for infants, was hardly practical, as the Government could not be expected to undertake to protect the public against themselves. He expressed the hope that the Government Bill would go before a Standing Committee, when an opportunity would be afforded for offering any practical suggestion on the subject.

In the report of the British Medical Journal Commission on Condensed Milk (Vol. ii, 1895, p. 230) the composition of 17 brands of condensed milk was investigated. In 14 of these the milk was only separated milk, and contained on an average only 0.72 per cent. of fats. Since these inferior brands can necessarily be sold at a much cheaper rate, they are more largely used by the poor. It seems that the only way to prevent the sale of such inferior articles of food for infants would be to prohibit, under penalty, the application of the word "milk" to any preparation of condensed milk which was proved to be only separated milk, or to contain an insufficient percentage of fat. So long as these preparations are all called "milk" they will be used by the poor and ignorant, who know no difference as to the value of the food for infants between true milk and separated milk.

"PUERPERAL FEVER."

The following notice has been issued to all medical practitioners in Bristol by Dr. Davies, medical officer of health. It will in future be attached to all books of notification forms issued, and will, it is hoped, be a help in deciding the meaning of the term "puerperal fever":

Puerperal Fever.

A Committee of the Royal College of Physicians of London has recently endorsed the view that the expression "puerperal fever" should be taken to include "septicæmia, pyæmia, septic peritonitis, septic metritis, and other acute septic inflammations in the pelvis occurring as the direct result of childbirth."

The Council of the Obstetrical Society of London suggests the following inclusive definition of the term "puerperal fever": that is, "septicæmia and pyæmia, including peritonitis, and all cases of acute pelvic inflammation occurring in connection with childbirth."

MEDICAL NEWS.

Mr. J. C. Wordie, Oriental Club, London, has, through Dr. Hunter Mackenzie, given a third donation of £100 to the Eye, Ear, and Throat Infirmary, Edinburgh.

A course of lectures on Earth, Air, Water, and Insects in Relation to Disease will be given by Dr. E. Symes Thompson, Gresham Professor of Medicine, at Gresham College, Basinghall Street, E.C., on April 11th, 12th, 13th, and 14th, at 6 P.M.

The Royal National Pension Fund for Nurses.—The report for the last year shows a steady increase in the amount of business done, a proof that the usefulness of the fund is recognised by the nurses. The Pension Fund is a bank for their savings, and as there are no shareholders or directors to draw from the profits, the whole of the accumulations less the working expenses are for the benefit of the policy-holders. One very useful feature of the fund is the sick pay; we have always felt that a nurse stands in real need of assistance when, through devotion to her work, she is incapacitated from earning. The Benevolent Fund has done very good work during the past year.

Leprosy in the United States.—By an Act passed by the Senate and House of Representatives of the United States of America in Congress assembled on March 2nd, it is provided that the Supervising Surgeon-General of the Marine Hospital Service, under the direction of the Secretary of the Treasury, shall appoint a Commission of medical officers of the Marine Hospital Service to investigate the origin and prevalence of leprosy in the United States and to report upon what legislation is necessary for the prevention of the spread of the disease; the expenses of the investigation, not exceeding the sum of 5,000dols., to be paid from the fund for preventing the spread of epidemic diseases.

The Preparation of Cocoa Seeds.—A very unsavoury statement is made by an anonymous writer in the *Ceylon Native Opinion* of Colombo. He professes to disclose the secret by which cocoa seeds intended for exportation acquire their beautiful red colour. He states that they are dried in the sun after being soaked in the contents of a spittoon into which natives, after chewing the areca or betel nut, expectorate. The process is said to be carried out chiefly in a certain street in Pettah. It is regarded as a trade secret, and visitors are not encouraged. In the absence of direct evidence we are inclined to discredit the statement. The story seems to be unlikely, especially having regard to the fact that the kernel of the cocoa seed has a reddish-brown colour.

Lead Poisoning in the Potteries. — The report of Professor T. E. Thorpe, Principal of the Government Laboratory, and Professor Thomas Oliver, Physician to the Royal Infirmary, Newcastle-on-Tyne, on the Employment of Compounds of Lead in the Manufacture of Pottery, their Influence upon the Health of the Workpeople, with Suggestions as to the Means which might be Adopted to Counteract their Evil Effects, was issued on March 28th. It is an important document, well worthy of serious study. The most important conclusion is that by far the greater amount of all kinds of table,

domestic, and sanitary ware can be glazed without the use of lead in any form. It has been demonstrated without the slightest doubt that the ware so made is in no respects inferior to that coated with lead glaze. There seems no reason therefore why in the manufacture of this class of goods the operative should still continue to be exposed to the evils which the use of lead glaze entails. With regard to certain other branches of the pottery industry in which it would be difficult to dispense with the use of lead compounds, Professors Thorpe and Oliver conclude that "there is no reason why in these cases the lead so employed should not be in the form of a fritted double silicate. Such a compound, if properly made, is but slightly attacked by even strong hydrochloric, acetic, or lactic acid. There can be little doubt that, if lead must be used, the employment of such a compound silicate, if its use could be ensured, would greatly diminish the evil of lead poisoning." They consider that the belief that young persons and women between the ages of 17 and 30 are specially susceptible to the influence of lead is well grounded, and consequently in the interests of the women themselves, and to avoid the disasters which plumbism entails upon the progeny through the mother, it is urged that women should no longer be employed in the dipping-house where lead is used, and as ware-cleaners after dippers in lead glaze. The Home Secretary has issued a circular to all manufacturers of earthenware and pottery, in which it is pointed out that: "In the light of the present report it appears clear that still further safeguards of a most important kind are within reach, and that it will be necessary to add to the rules provisions to restrict and control the use of lead."

MEDICAL VACANCIES.

The following vacancies are announced :—

BIRMINGHAM: GENERAL HOSPITAL.—House-Surgeon. Appointments for six months. No salary; but residence, board, and washing provided. Applications to the House Governor by April 29th.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—Ophthalmic Surgeon. Applications to the Secretary, Children's Hospital, Steelhouse Lane, Birmingham, by April 5th.

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.

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.—Bacteriologist to the Hospital and Lecturer on Bacteriology at the Medical School. Applications to the Secretary by April 10th.

CHELTENHAM GENERAL HOSPITAL.—Assistant House-Surgeon; unmarried. Salary, £40 per annum, with board and lodging. Applications to the Honorary Secretary by April 8th.

CHESTER COUNTY ASYLUM.—Junior Assistant Medical Officer, unmarried, and not more than 30 years of age. Salary, £120 per annum, rising to £150; also Pathologist. Salary, £150 per annum. Board, lodging, and washing provided in each case. Applications to Dr. Lawrence, County Asylum, Chester, by April 12th.

DENTAL HOSPITAL OF LONDON MEDICAL SCHOOL, Leicester Square.—Demonstrator on Dental Surgery. Honorarium, £25 a year. Applications to the Dean by April 19th.

EAST LONDON HOSPITAL FOR CHILDREN, SHADWELL, E.—Medical Officer for the Casualty Department. Appointment for six months but renewable. Salary at the rate of £100 per annum. Applications to the Secretary by April 15th.

FOLKESTONE: VICTORIA HOSPITAL.—House-Surgeon. Salary, £80 per annum, rising to £100, with board, residence, and washing. Applications to the Secretary by April 8th.

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 WOMEN, Soho Square, W.—Assistant Physician. Applications to the Secretary by April 6th.

IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.—Second House-Surgeon, unmarried. Salary, £60 per annum, with board, lodging, and washing. Applications to the Secretary by April 4th.

LEICESTER INFIRMARY.—Assistant House-Surgeon. Appointment for twelve months subject to re-election. Honorarium, £42. Board, residence, and washing provided. Applications to the Secretary, 24, Friar Lane, Leicester, by April 10th.

LONDON COUNTY ASYLUM, Claybury, Woodfordbridge, Essex.—Junior Assistant Medical Officer, between 23 and 30 years of age. Salary, £150 per annum, with board, furnished apartments, and washing. Applications on forms provided to be sent to the Asylums Committee Office, 6, Waterloo Place, S.W., by April 19th.

LONDON HOSPITAL MEDICAL COLLEGE.—Assistant Demonstrator of Anatomy. Salary, £90 per annum. Applications to the Warden by April 10th.

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.

NORTHAMPTON GENERAL INFIRMARY.—Assistant to the House-Surgeon. Appointment for six months. Board, lodging, and washing provided, and honorarium of £25. Applications to the Secretary by April 14th.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road, N.W.—Honorary Anæsthetist. Applications to the Secretary by April 3rd.

PADDINGTON GREEN CHILDREN'S HOSPITAL, W.—House-Surgeon. Appointment for six months. Salary at the rate of £50 a year, with board and residence. Applications to the Secretary by April 8th.

ROYAL EYE HOSPITAL, Southwark, S.E.—Assistant Surgeon. Applications to the Secretary by April 4th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—House-Physician. Appointment for six months. Salary at the rate of £40 per annum, with board, lodging, and washing. Applications to the Secretary by April 11th.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields.—Clinical or Junior Assistants. Applications to the Secretary.

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

ST. GEORGE'S HOSPITAL, S.W.—Physician or Surgeon for Diseases of the Skin. Applications to the Secretary by April 8th.

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 April 19th.

SHREWSBURY: COUNTY ASYLUM.—Junior Assistant Medical Officer. Salary to commence at £120 per annum, rising £10 yearly to £140 (and £8 in lieu of beer, etc.), with board, lodging, and washing. Applications to the Medical Superintendent by April 12th.

STAFFORDSHIRE GENERAL INFIRMARY, Stafford.—Assistant House-Surgeon. Salary, £30 per annum, with board, lodging, and washing. Applications to the House-Surgeon by April 12th.

STOCKPORT INFIRMARY.—Assistant House- and Visiting-Surgeon. Salary, £70 per annum; also a Junior Assistant House-Surgeon. Salary, £2 per mensem. Board, washing, and residence provided in each case. Applications to the Secretary by April 3rd.

STOKE-UPON-TRENT UNION.—Resident Medical Officer of the Workhouse. Salary, £100 for the first year, £110 for the second, and £120 for the third, with board, washing, and furnished apartments. Applications to the Clerk to the Guardians by April 7th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—Assistant Physician: must be F. or M.R.C.P.Lond. Applications to the Secretary-Superintendent by May 3rd.

MEDICAL APPOINTMENTS.

ADAMS, J. D., M.D.St.And., M.R.C.S.Eng., reappointed Medical Officer of Health to the Yeovil Rural District Council.

CARGILL, L. Vernon, F.R.C.S.Eng., appointed Assistant Ophthalmic Surgeon to King's College Hospital.

COFFIELD, H. O., M.D.Edin., appointed Medical Officer for the Second District of the Bedminster Union, *vice* J. W. White, L.R.C.P.I., M.R.C.S.Eng., resigned.

GORDON, J. E., M.R.C.S., L.R.C.P., appointed Medical Officer for the Fifth District of the Salisbury Union.

JONES, E. Lloyd, M.D.Camb., appointed Assistant Physician to Addenbrooke's Hospital, Cambridge, *vice* L. Humphry, M.A., M.D.Camb.

JONES, F. F., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Second District of the Bath Union, *vice* H. C. Hopkins, M.R.C.S., resigned.

LANGSTON, J. J., L.R.C.P.I., L.M., L.S.A., appointed Medical Officer for the Sixth District of the Parish of St. Mary, Lambeth.

MALINS, Herbert, B.A.Oxon., M.B. & C.M.Edin., appointed Second Assistant Medical Officer to the St. Marylebone Infirmary, *vice* A. Nuthall, F.R.C.S.Eng., resigned.

MOORHEAD, R. L., M.B.Edin., appointed Medical Officer for the First District and the Workhouse of the Bridge Union, *vice* C. H. Schön, M.R.C.S., L.R.C.P.

NORMAN, F., M.D.Brux, M.R.C.S., L.R.C.P., appointed Medical Officer for the Eighth District of the Parish of St. Mary, Lambeth.

RIGBY, Hugh Mallinson, M.B., B.S.Lond., M.R.C.S.Eng., L.R.C.P.Lond., appointed Surgical Registrar to the London Hospital.

ROBINSON, B., M.R.C.S., L.R.C.P., appointed Medical Officer for the Rocester District of the Uttoxeter Union.

TOTHILL, F. C., M.B., C.M.Edin., appointed Medical Officer of Health to the Staines Urban District, *vice* A. Curtis, M.R.C.S., resigned.

DIARY FOR NEXT WEEK.

TUESDAY.

Pathological Society of London, 20, Hanover Square, W., 8.30 P.M.—Mr. Raymond Johnson: Congenital Cyst at the back of the Tongue.—Drs. Still and Poynton: Rheumatic Nodules.—Mr. D'Arcy Power: Cystic Disease of the Breast in a boy aged 2 years 6 months.—Messrs. T. W. P. and J. Lawrence: Hypertrophy of the Pituitary Body.—Dr. Rolleston: Tumour of Antrum.—Dr. Still: Biliary Calculi in Children.—Drs. Russell and Buzzard: Paramœcial Cysts in the Liver.—Mr. T. W. P. Lawrence: Atrophy of the Pancreas in Diabetes.

WEDNESDAY.

Obstetrical Society of London, 8 P.M.—Specimens will be shown by Drs. Amand Routh, Lea, McKerron, and others. Papers: Drs. W. S. A. Griffith and T. W. Eden: Notes of a case of Puerperal Eclampsia, with a description of a five weeks ovum removed in a subsequent pregnancy.—Dr. Lewers: A case of Persistent Mento-Posterior Position of the Face in which the child was delivered alive by the axis-traction forceps.

THURSDAY.

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

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

FRIDAY.

West London Medico-Chirurgical Society, West London Hospital, W., 8.30 P.M.—Dr. S. T. Pruen: The Open-air Treatment of Tuberculosis.—Mr. H. J. Paterson: The Use of Gas in General Surgery.

West Kent Medico-Chirurgical Society, Royal Kent Dispensary, Greenwich Road, 8.45 P.M.—Discussion on Tuberculosis, with Special Reference to Treatment. The Discussion will be opened by Dr. George Heron, after which short papers will be read by Dr. Morgan Dockrell: Tuberculosis of the Skin; Mr. Ernest Clarke: Tuberculosis of the Eye; Mr. Mayo Collier: Tuberculosis of the Nose and Throat.

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.

AUSTIN-ROBINSON.—February 16th, at Durban, Natal, Dr. Lilian, wife of Dr. F. Austin-Robinson, of a son (stillborn).

GREENWOOD.—On Monday, March 27th, at Garbett House, Accrington, the wife of Alan Y. Greenwood, M.B., of a daughter.

MARRIAGE.

COOPER—WELCH.—On March 22nd, at the Parish Church, Timperley, by the Rev. Dr. Atkinson and the Rev. S. Wilkinson, Percy E. Cooper, M.B., F.R.C.S., eldest son of Shelley Cooper, Glenthorn, Bowdon, to Mabel, youngest daughter of John Welch, Cloverley, Timperley. At home, May 16th, 17th, 18th, and 19th.

DEATH.

SCOTT.—At Dunedin, New Zealand, on February 10th, Helen, wife of John Halliday Scott, M.D., Professor of Anatomy in the University of Otago.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances.*—Daily, 2. *Operations.*—Tu. W. F., 2.

CENTRAL LONDON OPHTHALMIC. *Attendances.*—Daily, 1. *Operations.*—Daily.

CENTRAL LONDON THROAT, NOSE, AND EAR. *Attendances.*—M. W. Th. S., 2; Tu. F., 5. *Operations.*—I.p., Tu., 2.30; o.p., F., 2.

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

CHELSEA 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.

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., 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. BARTHOLOMEW'S. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o.p., W. S., 9; Eye, M. Tu. W. Th. S., 2; o.p., M. Th., 9; W. S., 2.30; Ear, Tu. F. 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; 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 Ovariotomy, F., 2.

ST. GEORGE'S. *Attendances.*—Medical and Surgical, daily; i.p., 1; o.p., 12; Obstetric, i.p., Tu. F. 1.45 o.p., M. Tu., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; 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. 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, Th., 1.30; Children, S., 1.30; Electro-therapeutics, o.p., Tu., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations.*—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2; (Gynæcological), Th., 2.

SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances.*—Daily, 1.30. *Operations.*—Gynæcological, 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; Electric, M. Th., 2; Skin, M. F., 2; Throat and Nose, Tu., 2; S., 10. *Operations.*—Daily, about 2.30; F., 10.

WESTMINSTER. *Attendances.*—Medical and Surgical, daily, 1.30; 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 *Aitiology, 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.

J. M. asks whether any one is making "shelters" for sale for the open-air treatment of consumption at home?

G. B. R. desires to hear of an institution where a female patient, aged suffering from persistent and severe neurasthenia, would be received for a small monthly fee, and undergo massage treatment.

RUSTICUS asks: What is the best mode of treatment of very old indurated sinuses of the thigh, running deep, and not connected with bone? They are in the upper half, and have been thoroughly scraped out under ether, and the usual stimulant lotions, etc., applied for over two months.

C. E. S. F. asks to be recommended a home for a deaf and dumb boy, aged 8, son of a mason, who could only make a small weekly payment.

*** The father should apply to the school authorities of his district, who are bound to supply suitable education for his son, and ought to make such arrangements for boarding him as may be necessary.

W. C. R. asks to be recommended the most suitable books for a general practitioner on (1) diseases of the eye, giving a description of the method of testing for glasses; (2) skin diseases (atlas with descriptive text).

*** (1) There are so many standard textbooks on diseases of the eye that it is difficult to select any in particular, but among the more useful for the requirements of a general practitioner we should be inclined to recommend Swanzy's *Handbook*, in which will be found a very complete treatise on Eye Diseases, without being wearisome by containing too much detail; Lang's book on *The Methodical Examination of the Eye* gives an excellent account of retinoscopy and the tests used in refraction. (2) *Diseases of the Skin, their Description, Pathology, Diagnosis, and Treatment, with special reference to the Skin Eruptions of Children*, by H. Radcliffe Crocker (London: Lewis, 1893, with 92 illustrations, 21s.) is recommended; the same author's *Atlas*, with text, is very good, but it is expensive (Edinburgh: Young Pentland). We may also refer our correspondent to a review of Mracek's *Atlas der Haut-Krankheiten*, published in the JOURNAL of January 28th, 1899, p. 217. A translation is announced by the Rebman Publishing Co. as in preparation.

RESULTS OF OPERATION FOR FISTULA IN ANO.

R.A.M.C. asks: (1) Does the sphincter ani ever regain its full tonicity after it has been divided in cases of fistula in ano? (2) In what proportion of cases does permanent weakness of the sphincter remain after it has been divided? (3) Is bicycling in moderation permissible or possible in cases of "blind external fistula"?

ANSWERS.

W. F.—Imbecile children are admitted from any part of the British dominions (as elected cases or on small payment) to the Earlswood Asylum. Further particulars can be obtained from the Secretary, Mr. Howard, 36, King William Street, London Bridge, E.C.

R. S. M. writes: In your Correspondence column of the BRITISH MEDICAL JOURNAL of March 25th, M.D. wishes to hear of a small book dealing with the subject of medical partnerships. He will find what he requires in the book recently issued entitled, *Medical Partnerships—Transfers and Assistantships*, by William Barnard, M.A., and G. Bertram Stocker, Manager Director of the Scholastic, Clerical, and Medical Association, published by Stevens and Sons, 119, Chancery Lane, London.

R. H. N.—Calcium carbide is composed of calcium and carbon in the proportion of five parts by weight of calcium to three of carbon, its chemical formula being CaC_2. It may also be called calcium acetylide, for it has the composition of acetylene, in which all the hydrogen has been displaced by an equivalent quantity of the element calcium. Thus it is related to acetylene very much in the same way that calcium sulphate is related to sulphuric acid. Calcium carbide is prepared by heating an intimate mixture of twelve parts of quicklime and seven parts of vegetable charcoal in an electric furnace.

UNDERGRAD.—We are informed that the following books are used extensively by students preparing for the Intermediate Examination for the London M.B.:—Physiology: *Textbook of Physiology*, by Professor Michael Foster (London: Macmillan and Co. 1898. 40s.); *Elements of Histology*, by E. Klein, M.D., F.R.S., and J. S. Edkins, M.A. (London: Cassell and Co. 1889. 12s. 6d.); *Essentials of Histology*, by E. A. Schäfer, F.R.S., Fourth edition (London: Longmans, Green and Co. 1894. 7s. 6d.); *Essentials of Chemical Physiology*, by W. D. Halliburton, F.R.S., Third edition (London: Longmans, Green and Co. 1899. 5s.). Anatomy: Gray's *Anatomy*, by T. P. Pick, Fourteenth edition (London: Longmans, Green and Co. 1897. 36s.), or *Treatise on Human Anatomy*, edited by H. Morris (London: J. and A. Churchill. 36s.). Dissection: *Manual of Practical Anatomy*, by D. J. Cunningham, M.D., Second edition (Edinburgh and London: Young J. Pentland. 1896. 25s.). Organic Chemistry: *Organic Chemistry*, by W. H. Perkin and F. S. Kipping (London: W. and R. Chambers. 1895. 6s. 6d.). Materia Medica: *British Pharmacopœia, 1898* (London: Spottiswoode and Co. 10s. 6d.); *Materia Medica and Therapeutics*, by J. Mitchell Bruce, M.D. (London: Cassell and Co. 1893. 7s. 6d.), or *Materia Medica, Pharmacy, Pharmacology, and Therapeutics*, by W. H. White, M.D., Third edition (London: J. and A. Churchill, 1898. 7s. 6d.).