

exposed, and as it could not be drawn out of the way its lower border was notched vertically. The rhomboides major, which was now exposed, was split in the line of its fibres, and the tumour became evident covered over by a thin layer of fibres belonging to the serratus magnus. The fibres were separated not cut, and the bossy growth became fully displayed. Its base was sawn across with a keyhole saw and removed, and as its covering cap of cartilage was continued all round on to the vertebral border, the site of attachment was gouged away to prevent any chance of fresh growth. The tumour was a typical cancellous exostosis, with a very marked cartilaginous cap growing from the epiphysial line between the scapula and its vertebral border, and was about the size of a tangerine orange. After sponging out the wound with lot. hydrarg. perchlor. 1 in 1,000, the edges of the rhomboides major were allowed to fall back into position, and stitched together by three sutures of fine silk. The edges of the cut part of the trapezius were also stitched with fine silk, and a split drainage tube was placed just beneath its lower border. The skin edges were brought together with horsehair, and the wound dressed with cyanide gauze.

On June 30th the wound was dressed to remove the split drain, and on July 4th it was again dressed and found to be healed. All stitches were removed. The temperature was an ideal aseptic one. She left the hospital on July 9th.

About the end of September she came to see me, and then the scapula was in close apposition with the chest wall and all muscular movements perfect.

The treatment of the case and the subsequent progress require no comment to be made. A point to note is the marked interference to the normal development of the bone from the growth of the exostosis, a feature found frequently when these tumours spring from the epiphyses of the long bones.

## MEMORANDA:

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

#### SECOND ATTACKS OF SYPHILIS.

In April, 1885, I was consulted by a young gentleman who was suffering from a typical Hunterian chancre upon the corona. It had made its appearance as a pustule a few days after connection, and, after enlarging slowly for about three weeks, had suddenly become indurated. This was followed by glandular enlargement, roseola (which recurred three times at intervals of a few weeks, each attack being milder than the preceding one), sore throat, etc. He was treated with the green iodide of mercury, given in gradually increasing doses until diarrhoea set in, when it was stopped for a few days. All the symptoms disappeared in the course of six months, but the treatment was kept up as a precaution for some time longer.

In October, 1887, two years and six months after the first infection, the patient came to me again with another chancre, situated also on the corona, about half an inch from the scar of the previous one, which was plainly visible. The incubation period was approximately the same. The glandular enlargement, which had quite disappeared, returned again. A papular syphilide followed. There was a characteristic sore throat, and, in short, there were all the ordinary symptoms of a mild attack of syphilis, absolutely uninfluenced to all appearance by the previous one. On this occasion the patient was treated with small doses of blue pill, as he had complained a good deal of the diarrhoea caused by the green iodide. The anæmia was more pronounced, and lasted for a good deal longer than on the previous occasion, and for quite three years he was troubled with reminders—slight attacks of palmar psoriasis, papules on the face, etc., which, however, yielded readily to local treatment. Since then he has been, I believe, quite free. On the whole, the second attack was a little more severe and persistent than the first.

I am under the impression that second attacks of syphilis are much more common than is usually believed. I have the notes of four other patients, three of whom are quite clear

that they have had it once before, and one is certain that he has had it twice; and from the accurate knowledge they possess of the symptoms and course of the complaint, I think it is quite possible that they are correct. The above case I can vouch for, as I attended the patient throughout in both attacks. It is of especial interest from the fact that the time that elapsed between the two attacks—two years and a-half—is almost the shortest on record.

One other point is worthy of note. It is said by some that syphilis is incurable—once syphilitic always syphilitic. It is difficult to understand, if this were the case, how a patient who was already suffering from the complaint could become infected by it.

C. MANSELL MOULLIN,  
Wimpole Street, W. Surgeon to the London Hospital.

#### THE SLEEPING SICKNESS.

I WAS much interested in the letter of my colleague, Dr. Ferguson, on the sleeping sickness, which appeared in the *BRITISH MEDICAL JOURNAL* of February 4th, 1899. I cannot, however, say that my experience in British Guiana in any way agrees with that of Dr. Ferguson on this matter.

I have never met with a case of sleeping sickness, although latterly I have been very much on the look-out for it. The only approach to it that has come to my knowledge was the case of a coloured Creole woman resident some distance up the Demerara River, who was brought to me with the distinct complaint of being always drowsy and sleeping excessively during the daytime. She was a fine, well-developed woman, and showed no other signs of any disease. Possibly this may have been a case of sleeping sickness in an early stage.

Dr. Ferguson's assurance that "the disease is also sometimes found in the aboriginal Indians of this colony" would be of the highest interest were it not marred by the thought that in all probability he is referring to advanced cases of ankylostomiasis, and not to sleeping sickness. Recently it has been shown by Dr. Daniels and myself, in the *British Guiana Medical Annual*, 1897, that quite 60 per cent. of our aboriginal Indians are the hosts of a blood parasite very similar to, if not identical with, the filaria perstans. We know the extremely suggestive way in which Dr. Manson has shown that the filaria perstans and the sleeping sickness occur in exactly the same endemic areas. If, therefore, Dr. Ferguson is right in his statement that the disease is found in the aboriginal Indians of this colony, we have another very strong link in the chain of evidence connecting the sleeping sickness with the filaria perstans.

Cases of advanced ankylostomiasis undoubtedly may show many of the symptoms of sleeping sickness, but due entirely to the extreme anæmia of the brain produced in ankylostomiasis. Moreover, in a case of advanced ankylostomiasis—and it would only be in such a case that symptoms similar to those of sleeping sickness would occur—one would hardly expect to find blood-counts, such as those given by Dr. Manson in his description of the two cases of sleeping sickness—namely, 5,300,000 per c.mm., hæmoglobin 60 per cent., and 4,500,000 per c.mm., hæmoglobin 50 per cent. There is no special mention of anæmia in either of the cases, nor is that given as a symptom in any of the descriptions of sleeping sickness in textbooks on tropical diseases.

A. T. OZZARD,  
Government Medical Officer, British Guiana  
Medical Service.

#### INFLUENZA AND OTITIS MEDIA.

I HAVE had under my care during the present epidemic an unusually large number of cases of suppuration of the middle ear following an influenzal attack. In some of these seen in the earlier stages the results, under appropriate treatment, have been good, the hearing power being little if at all affected. In others, however, seen later the effect has been most disastrous not only to the hearing power, but also to the condition of the middle ear, the suppuration having been most profuse, with necrosis and shedding of the ossicles, and in two cases the mastoid region was affected and had to be operated upon. My object, therefore, in writing these few lines is to impress strongly upon those in charge of the cases from the commencement the absolute necessity of paying the

greatest attention to the very first symptom of ear trouble, more especially in the very acute cases. The inflammation is, as a rule, very violent, and rapidly runs into a suppurative condition. I would therefore urge that on the very first symptom of pain in the ear, hot lead fomentations and mastoid counter-irritation be employed. The drumhead should be most carefully watched, and on the first sign of serous effusion in the middle ear paracentesis should be performed without a moment's hesitation. If energetic measures are thus used in the initial stages, the chances are that there will be no supuration.

Devonshire Street, W. W. R. H. STEWART,  
Aural Surgeon Great Northern Central Hospital;  
Consulting Surgeon London Throat Hospital.

## REPORTS

ON

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

MONKWEARMOUTH AND SOUTHWICK HOSPITAL,  
SUNDERLAND.

CASE OF RUPTURE OF UTERUS TREATED BY ABDOMINAL  
SECTION; RECOVERY.

(Under the care of ARTHUR HOLDSWORTH DAVIS, M.B.Lond.,  
M.R.C.S., L.R.C.P., Honorary Surgeon to the Hospital.)

MRS. C., aged 43 years, multipara, was admitted on January 2nd, at 3 A.M., with the following history: Labour began early in the morning, January 1st. Pains continued all day until 5 P.M., when the membranes ruptured and pains ceased until 8 P.M. after which they became continuous until her delivery. She was first seen by me at 11 P.M. on January 1st. She seemed much distressed, and complained of incessant abdominal pain.

On vaginal examination the cervix was found to be about half-dilated, the vertex presenting with the occiput pointing to the right sacro-iliac synchondrosis. The head was freely movable above the brim of the pelvis, which was apparently normal. There was no hæmorrhage, and there was no obvious mechanical impediment to the advance of the head. The liquor amnii had all escaped.

The condition of the patient was one of great distress, and for this reason interference seemed indicated. I administered chloroform, and applied Milne Murray's axis-traction forceps. The forceps slipped on gentle traction, and were abandoned in favour of version. Podalic version was performed with very great difficulty, the uterus being firmly contracted on the foetus. The after-coming head was easily delivered with forceps, and a dead foetus weighing 12½ lbs. was extracted.

There was a little hæmorrhage but certainly no serious amount. The placenta, lying partly in the uterus and partly in the vagina, was removed manually with ease. It was at this moment that I became aware of something being wrong, as I experienced the sensation of preternatural mobility of the uterus, and a feeling of far too much "room" in the vagina. The patient was still under the influence of the anæsthetic. External hæmorrhage had ceased after removal of the placenta. The hand was again introduced, and two fingers passed through a rent anteriorly in the roof of the vagina and lower portion of the uterus. A loop of gut was felt between the fingers. I admitted the case at once into hospital, and operated at 3.30 A.M., January 2nd, two hours and a half after delivery.

The abdomen when opened was found to contain a quantity of blood. The uterus, which was fairly contracted, was lifted out and the rent easily seen. It was about 3 inches long, beginning in the roof of the vagina anteriorly, and extending obliquely upwards from left to right through the wall of the uterus. The peritoneum was torn for some inches more than the uterine muscle, and gaped widely. The muscle wall was closed by interrupted catgut sutures, the peritoneum by continuous catgut. The abdomen was then irrigated with many pints of saline solution, all clots removed, the various cavities carefully sponged, and the incision in the parietes closed in layers. At the end of the operation pulse was 140, but the

patient was warm and breathing well. She made an uninterrupted recovery.

REMARKS.—I do not know why the head did not advance naturally, except that the occiput pointed to the rear and the foetus was huge. The rupture, I presume, occurred during version, which was exceedingly difficult.

I publish this case not as a surgical triumph, but as being of interest to general practitioners like myself.

## REPORTS OF SOCIETIES.

### CLINICAL SOCIETY OF LONDON.

JOHN LANGTON, F.R.C.S., President, in the Chair.

Friday, April 14th, 1899.

WOUND OF A LARGE SUPERFICIAL INGUINAL ARTERY IN  
WHICH THE BLOOD WAS FLOWING FROM THE  
TRUNK TO THE THIGH.

MR. W. G. SPENCER described an exceptional case in which, whilst laying open a tuberculous sinus in the groin, an artery the size of the brachial was wounded. The bleeding was at once controlled; no complication occurred during the healing of the sinus, nor was the circulation in the limb disturbed. The point at which the artery was wounded was just in front of Poupart's ligament, where the skin and subcutaneous tissue were much infiltrated by tuberculous disease. When the two ends had been tied and the artery divided between, the upper end retracted and pulsated strongly; it was then situated immediately beneath the skin, 1 inch above and a little internal to the middle of Poupart's ligament, and resembled the brachial artery in an amputation stump. The lower end neither retracted nor pulsated. No accompanying vein was seen. The common femoral could be felt behind. On the opposite side an artery could be felt crossing Poupart's ligament close beneath the skin, distinct from the common femoral artery. Professor Thane had not been able to throw any light upon this exceptional vessel. The artery was clearly given off somewhere from one of the iliac arteries, and, after reaching the abdominal wall, crossed in front of Poupart's ligament, to be distributed to the inner side of the thigh. The only likely explanation was that it was a superficial obturator artery. To this there was the obvious objection that the obturator artery was essentially a deep one, and that its aberrations had been closely studied in connection with femoral hernia. The provisional name, "superficial inguinal," was, therefore, employed in the absence of any information as to the origin of the vessel.

MR. CLEMENT LUCAS suggested that the vessel might have been an aberrant branch of the deep epigastric artery. He had seen branches of considerable size perforating the superficial muscles over that artery.

THE PRESIDENT also thought that the vessel might have sprung from the deep epigastric artery, and asked from what direction it appeared to come.

MR. SPENCER said that on the side operated on the tissues were so much thickened that nothing could be made out as to the course of the vessel. On the healthy side a small artery could be made out distinct from the common femoral in which blood was flowing from the trunk into the thigh. He thought that Mr. Lucas's explanation was very likely the correct one.

#### SYPHILITIC STENOSIS OF BOTH BRONCHI.

DR. ROLLESTON and Dr. CYRIL OGLE described three cases. Case I.—A woman, aged 25, who came to St. George's Hospital, January 3rd, 1899, complained of cough and loss of weight. There was stridor, but no alteration of voice. Air entered both lungs equally. Septic pneumonia developed and terminated fatally. There was fibrosis of the lungs, thickening of the pleura, and the bronchial glands were acutely swollen. There was a localised narrowing of the bronchi with dilatation, probably from retention of secretion, of the bronchial tubes beyond. There was extensive syphilitic disease of the liver. Case II.—A man, aged 29, was admitted under the care of Dr. Whipple in November, 1896, for increasing difficulty in breathing. There was stridor, and air did not enter the left side as well as the right. The larynx was normal. Both testicles were enlarged. He was given iodide of potassium,

The Poor-law Medical Officers' Association also took counsel's opinion on the same point, with a similar result. More recently the Public Vaccinators' Association has obtained an answer from the Local Government Board, to the effect that the recent vaccination legislation has not in any way modified the opinion previously expressed by them. The point has not yet been tried in the courts so as to get a judicial decision, but we know at least one other instance where the deductions are being made from the public vaccinators' fees with a view of ultimate pension. (2) On the expiration of seven days after the child has reached the age of 4 months, if the vaccination officer has not a valid certificate of one kind or another in his possession in respect of that child, "he shall proceed to make personal inquiries with a view to obtain the requisite certificate. If on making these inquiries he is unable to ascertain that the child has been vaccinated, but the child is still resident in the district, the vaccination officer shall include the name and home of the child" in the official list of the public vaccinator. (3) No vaccination can be certified to be successful until it has been inspected some days after the operation and typical vesicles are seen to result. It is obvious that a certificate of successful vaccination cannot properly be given at the time of performing the operation.

### GRANTS FOR SCIENTIFIC RESEARCH.

THE Council of the British Medical Association desire to remind members of the profession engaged in researches for the advancement of medicine and the allied sciences that they are prepared to receive applications for grants in aid of such research. Applications for sums to be granted at the next annual meeting must include details of the precise character and objects of the research which is proposed and must be made on or before June 15th in writing addressed to the General Secretary, at the office of the Association, 429, Strand, W.C.

Reports of work done by the assistance of Association grants belong to the Association.

### RESEARCH SCHOLARSHIPS.

The Council of the British Medical Association are prepared to receive applications for one of the three Research Scholarships which is vacant, of the value of £150 per annum, tenable for one year, and subject to renewal by the Council for another year.

### ERNEST HART MEMORIAL SCHOLARSHIP.

The Council are also prepared to receive applications for a scholarship of £200 for the study of some subject in the department of State Medicine in memory of the late Mr. Ernest Hart.

Applications must be sent in writing on or before June 15th, stating the particulars of the intended research, qualifications and work done.

Forms of application for the scholarships can be obtained from the General Secretary.

FRANCIS FOWKE, *General Secretary.*

429, Strand, London, April 12th, 1899.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF EDINBURGH. GRADUATION CEREMONIAL.

THE Spring Graduation Ceremonial of the University of Edinburgh took place on Friday, April 14th. The degrees conferred were mostly in the Faculties of Law, Arts, and Divinity.

In presenting Mr. William Mitchell Banks, F.R.C.S., Emeritus Professor of Anatomy, University College, Liverpool, the Dean of the Faculty of Law (Sir Ludovic Grant) said: The University is proud to recognise in Dr. Mitchell Banks a graduate of her own, whose record as a student was crowned with distinction, and whose subsequent career reflects lustre upon our School of Medicine. In the department of Surgery Dr. Mitchell Banks has attained a pre-eminent position, as practitioner, teacher, and writer—particularly in connection with the treatment of cancer and the radical cure of hernia. But more important, if possible, than his contributions to scientific surgery, is the work which he has achieved as a pioneer and harbinger of medical education in Liverpool. His creative zeal and genius for organisation have been the motor forces which have called into existence that flourishing and famous School of Medicine which now takes rank with the best in the country. He has filled all the highest offices open to men of science in Liverpool, and he has represented his University on the General Medical Council. His Alma Mater offers a cordial welcome to her distinguished son, and in token of her appreciation confers upon him her highest honour.

Professor Annandale afterwards presented Dr. Sydney Monckton Copeman for the Cameron Prize in Therapeutics. In doing so he said: The Cameron Prize is awarded annually to the member of the profession who is considered to have done the most to advance our treatment of disease, and the University, through its medical faculty, is of opinion that Dr. Copeman well deserves the prize. Dr. Copeman, by his original and careful researches, discovered that when ordinary vaccine lymph was mixed or combined with glycerine it was a purer fluid, a fluid less likely to be injurious from bacterial and other changes, and therefore affording a safer and more satisfactory method for applying it in practical work.

Dr. Copeman, therefore, has not only given a valuable improvement in vaccine, but we have hopes also that his investigations will lead to doing away with the prejudices and objections which are made to vaccination.

The degree of Doctor of Science in the Department of Public Health was conferred on Mr. J. Penny, M.B., C.M., B.Sc. (Thesis: Experimental Research on the Bacillus Typhosus (Eberth-Gaffky) in Sludge), and the degree of Bachelor of Science in the same department on Messrs. V. G. Alexander, M.B., Ch.B., D. M. Crichton, M.B., C.M., and C. M. Hector, M.D.

THIRD PROFESSIONAL EXAMINATION FOR THE DEGREES OF M.B. AND CH.B.—The following gentlemen have passed this Examination:

R. Affleck, T. H. W. Alexander, H. C. H. Allen, J. D. Anderson, Mary S. Anderson, H. E. Arbuckle, P. A. J. Asbury, B. H. S. Aylward, A. J. Baird, S. A. Ballantyne, M. C. Beatty, J. H. Bell, H. Bishop, A. B. Black, O. C. Bradley, L. P. Brassey, J. M. L. Brown, M.A.; A. Byron, G. F. Buist, G. B. Butt, R. A. Cameron, J. O. Campbell, M. Campbell, M.A.; G. S. Carmichael, J. B. Cassels, Violet Coghill, W. P. Cormack, J. Craig, T. O. Davies, W. Eadie, R. S. Ellis, E. Ewart, J. S. Euston, D. C. L. Fitzwilliams, A. Fleming, Catherine Fraser, A. Frew, W. E. Frost, Y. Fukuda, J. S. Geikie, J. C. Gilchrist, W. Girdwood, P. S. Haldane, G. H. Hanna, F. Hardie, N. E. Harding, H. Harris, D. Heron, Eleanor Hodson, Katie W. Hogg, H. J. Hoile, L. J. Hood, F. F. C. Jagger, E. B. Jamieson, J. G. S. Jamieson, M.A.; M. Johnston, J. C. Kennedy, F. K. Kerr, S. M. de Koch, L. Laurie, P. G. Leach, A. C. Lennie, A. G. Lowther, R. J. M'Lelland, C. B. McConaghy, J. G. McDougall, Sara L. M'Eldery, W. E. M'Farlane, A. C. M. M'Hattie, J. H. M'Kee, A. J. Mackenzie, D. S. MacKnight, Harriet J. C. McLaren, H. J. M'Lean, D. M. K. MacLeod, A. MacNab, G. W. P. Maitland, J. M. A. Macmillan, M.A.; A. A. Martin, H. Mason, F. C. Matthew, M.A.; E. T. Melhuish, J. B. Milne, J. Miskelly, J. Munro, Florizel Myers, H. C. Nixon, J. C. Parker, N. Patterson, C. P. Paul, J. Pender, Mary C. Pepper, J. B. Primmer, J. R. Prythack, S. Rattray, O. L. Rhys, Catherine M. Richardson (with distinction), D. J. Roberts, G. A. P. Ross, J. Ross, M.A.; R. A. Ross (with distinction), W. C. Ross, A. J. Ryle, Laura S. Sandeman, T. B. H. Scott, W. S. Scott, Elizabeth T. Selkirk, J. F. Selkirk, H. D. Shepherd, T. S. Shepherd, S. R. Sibbald, F. D. Simpson, W. Slass, J. A. Small, C. B. Snow, G. B. A. Speirs, A. D. Spence, Eleanor R. Sproull, T. G. Stewart, C. O. Strong, M. A. Sloan, J. H. Thornley, A. Trotter, C. S. Vartan, W. Wallace (with distinction), A. G. Watson, N. S. Wells, G. D. Whyte, F. M. Wigg, A. W. Wilson, Mary R. Wilson, T. J. G. Wilson, A. M. Wood (with distinction), and G. Wright.

Messrs. L. C. P. Ritchie and G. R. Turner have passed in the subject of Pathology of the same Examination.

### UNIVERSITY OF DURHAM.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE (NEW REGULATIONS).—The following candidates have satisfied the Examiners: *Elementary Anatomy and Biology, Chemistry and Physics.*—C. H. Crass, College of Medicine, Newcastle-upon-Tyne; J. F. Dover, College of Medicine, Newcastle-upon-Tyne; C. W. M. Hope, College of Medicine, Newcastle-upon-Tyne; Janet Lane-Clayton, London School of Medicine for Women; Lucy Selina Molony, London School of Medicine for Women; Thomasina Georgina Prosser, College of Medicine, Newcastle-upon-Tyne; T. Rowell, College of Medicine, Newcastle-upon-Tyne; F. W. Ritson, College of Medicine, Newcastle-upon-Tyne; B. S. Robson, College of Medicine, Newcastle-upon-Tyne; A. Smith, College of Medicine, Newcastle-upon-Tyne; F. T. Simpson, College of Medicine, Newcastle-upon-Tyne; W. C. Smales, King's College, London; O. B. Travers, Guy's Hospital; M. C. Wetherell, Guy's Hospital; H. Wolfenden, College of Medicine, Newcastle-upon-Tyne.

\*First class honours.

*Chemistry and Physics.*—S. C. Clapham, M.R.C.S., L.R.C.P., Guy's Hospital; H. L. Currie, College of Medicine, Newcastle-upon-Tyne; J. J. Grant, College of Medicine, Newcastle-upon-Tyne; A. H. Heslop, Oxford University; Lizzie Evelyn Kendal, College of Medicine, Newcastle-upon-Tyne; W. H. Lamplough, Mason College, Birmingham; J. H. McDowall, College of Medicine, Newcastle-upon-Tyne; H. T. Newling, St. Mary's Hospital; T. E. Pemberton, Mason College, Birmingham; J. M. Shaw, College of Medicine, Newcastle-upon-Tyne; F. R. Snell, University College, Nottingham; B. E. Spurgin, College of Medicine, Newcastle-upon-Tyne; S. D. Turner, M.R.C.S., L.R.C.P., St. Thomas's Hospital; T. N. Wilthew, College of Medicine, Newcastle-upon-Tyne.

*Elementary Anatomy and Biology.*—A. Budd, College of Medicine, Newcastle-upon-Tyne; W. D. Carruthers, Mason College, Birmingham; J. Cooper, B.Sc., F.C.S., College of Medicine, Newcastle-upon-Tyne; W. R. L. Drawbridge, St. Bartholomew's Hospital; Margaret Douglas French, London School of Medicine for Women; A. H. Fullerton, College of Medicine, Newcastle-upon-Tyne; B. Glendinning, Guy's Hospital; C. R. Lease, College of Medicine, Newcastle-upon-Tyne; G. E. V. Morris, Mason College, Birmingham; Flora Murray, London School of Medicine for Women; C. Mithuswamy, Anthony, Guy's Hospital; J. R. Wylie, College of Medicine, Newcastle-upon-Tyne; H. H. Whaithe, Mason College, Birmingham; A. L. Wilkinson, College of Medicine, Newcastle-upon-Tyne.

*Elementary Anatomy, Chemistry, and Physics.*—E. J. Manning, St. Mary's Hospital; D. M. B. Snell, St. Thomas's Hospital.

*Elementary Anatomy.*—Lætitia Nora Ede, College of Medicine, Newcastle-upon-Tyne.

Mr. H. Noel-Cox, of St. Thomas's Hospital, has passed this Examination in Chemistry with Chemical Physics under Old Regulations.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen having passed the necessary examinations, and conformed to the by-laws and regulations, have been admitted Members of the College: W. Graham, M.B., Ch.B. Vict., University College and Royal Infirmary, Liverpool; E. E. Nicholl, St. Thomas's Hospital; and A. A. Palmer, M.B. Edin., F.R.C.S. Edin., Edinburgh University.

## FEES FOR ATTENDANCE AT PARLIAMENTARY COMMITTEES.

M. O. H. asks what he should charge his sanitary authority for attending a House of Lords' Committee to give evidence on matters relating to his district, including journey to a town twenty miles distant to confer with parliamentary agent. He had to provide a substitute, and had to be in readiness to go at a moment's notice a week before he was actually summoned. He inquires also if an M.O.H. can be required to give evidence without fee in police prosecutions for offences against sanitary laws.

\*.\* The Local Government Board Order, which in this respect is the same for both urban and rural officers, requires an M.O.H. to be prepared to advise his authority on all matters affecting the health of his district, and on all sanitary points involved in their action. He must also certify for the guidance of the authority, or of the Justices, in all matters where the certificate of an M.O.H., or of a medical practitioner, is required as the basis or in aid of sanitary action. Unless by special arrangement, such as a contract to give his whole time to his duties, or to undertake the kind of work our correspondent refers to, an M.O.H., it seems to us, is under no obligation to attend a police court or in the committee rooms at Westminster except in the same manner or at the same remuneration as an ordinary practitioner. It is well to remember, however, that as the special work arises out of work undertaken at a fixed rate of payment, a tax master, assessing costs, would probably have regard to the rate of remuneration already agreed upon. Clearly our correspondent is entitled to his fee for meeting the agent at the rate at which he would have charged one of his own patients, whom he wished to retain as such, for the time spent. A charge of 5 guineas a day for time spent in London, and 30s. to 40s. a day for hotel expenses, would not be unreasonable. He should also have railway (first-class), and cab fares allowed. It is generally well to talk these matters over with the Clerk before consenting to go.

## HOSPITAL AND DISPENSARY MANAGEMENT.

## DOWN DISTRICT ASYLUM.

At the monthly meeting of the Board of Governors of the Down District Asylum, a resolution was adopted at the conclusion of the business in the following terms, signed by each governor present:

We, the Board of Governors of Down District Asylum, at this, probably our last meeting, desire to place on record the expression of our appreciation of the ability and courtesy of Dr. Nolan, the resident medical superintendent, and of his good management of the institution during the past five years and a half. We wish to express our confidence in and our satisfaction with the assistant medical officer, Dr. Clark, during the years he has held that office. His assistance, we believe, has largely contributed to bring the institution to its present perfection.

## CITY OF GLASGOW FEVER AND SMALL-POX HOSPITALS.

THE annual report of the Physician-Superintendent of the Glasgow Fever and Small-pox Hospitals for the year ending May 31st, 1898, embodies a vast amount of statistical information in an easily assimilable form, and furnishes a valuable contribution to the epidemiological literature of the year.

*Classification of Cases.*—During the year 5,216 cases were admitted to the city hospitals, being a decided increase on recent years. The 5,216 cases were made up as follows: Classified infectious diseases, 4,859; unclassified infectious diseases, 40; non-infectious diseases, 215; nursing mothers, 102. Of the classified infectious diseases, 2,448 were cases of scarlet fever, 378 measles, 589 enteric fever, 521 whooping-cough, 174 diphtheria, 76 typhus fever, 62 erysipelas, 57 small-pox.

The "Unclassified Infectious Diseases" in the fever hospitals included 3 cases of appendicitis, 4 of tuberculous meningitis, 11 of cellulitis, 10 of phthisis, 27 of tonsillitis, and 57 of pneumonia. The unclassified cases at the small-pox hospital included 58 of chicken-pox, and 1 each of enteric fever, acne, lichen, scabies, strophilus, syphilis and vaccinal fever.

*Diphtheria.*—Of 51 cases sent in in error as diphtheria, 32 proved to be cases of scarlet fever, 10 tonsillitis, 4 measles. All the cases of diphtheria were treated with antitoxic serum. The fatality-rate was 22.9 per cent., but 8 of the cases were moribund on admission and died within twenty-four hours. The fatality-rate in cases of intubation was 50 per cent., as against 60 per cent. of the tracheotomy cases.

*Enteric Fever.*—The enteric fever fatality, 22.9 per cent., was exceptionally high, highest in the case of males between 20 and 35 years of age, where it was 57.8 per cent.; this high rate being due, it is suggested, to the natural reluctance of men to the prime of life to take to bed.

*Typhus Fever.*—Of 76 cases classified as typhus fever, 21 were admitted as "enteric fever," 3 as "undefined fever," 2 as "continued fever," and 1 simply as "fever."

*Measles and Whooping-cough.*—It is noted that since the opening of the hospitals 10,536 cases of measles have come under treatment, of whom 945 died, yielding a mean fatality-rate of 8.9 per cent. The number of cases of whooping-cough admitted during the year, 521, was the largest on record. The fatality-rate was 20.3 per cent., as against 19 per cent., the mean rate over 16 years.

*Mixed Infection.*—The cases of mixed infection included 19 of coexistent measles and whooping-cough, 12 of scarlet fever and measles, 6 of scarlet fever and whooping-cough.

## MEDICAL NEWS.

MR. FREDERIC H. MADDEN, for ten years Secretary of the Medical School at St. Mary's Hospital, Paddington, has been appointed Secretary to the Asylum for the Education of the Deaf and Dumb Children of the Poor, Old Kent Road, Surrey, and Margate, Kent.

THE annual dinner of the Volunteer Medical Officers will take place on Wednesday, May 10th, at 7.30, at Limmer's Hotel, under the Presidency of Major-General Trotter, the officer commanding the Home District. Those desirous of attending should send in their names to Surgeon-Lieutenant Bidwell, 59, Wimpole Street, Cavendish Square, W.

MR. ASTRAKOFF, a well-known Russian engineer, lately deceased, has left 1,000,000 roubles towards the foundation of a University for Women in Moscow. The University is to comprise a mathematical, a scientific, and a medical faculty. The Council of the Moscow Government has voted an annual subsidy of 3,000 roubles to the new institution.

WOMEN DENTISTS IN AUSTRALIA.—Miss Berry, a daughter of Sir Graham Berry, formerly Liberal Premier of Victoria, and Miss Godfrey, a daughter of a member of the Victorian Upper House, have both passed with credit the examination prescribed by the Dental Board of that colony, have been duly registered, and have entered into partnership in the medical quarter of Melbourne.

NOTIFICATION OF MERCURIAL POISONING.—The Secretary of State has, by an order dated March 27th, applied the provisions of Section XXIX of the Factory and Workshop Act requiring notification to cases of mercurial poisoning contracted in a factory or workshop on and after May 1st, 1899. The general effect of this order will be gathered from a leading article published in the BRITISH MEDICAL JOURNAL of February 11th, 1899, page 359, and further details as to the form of notification will be found in our advertising columns.

LONDON SCHOOL OF TROPICAL MEDICINE.—It is announced that the grant made to the London School of Tropical Medicine by the Colonial Office is £3,500. Among other contributors are the Royal Niger Company, the Swedish and Norwegian Minister, and the Hong Kong and Shanghai Banking Corporation. The Belgian Minister has announced his intention to be present at the dinner in aid of the school over which Mr. Chamberlain will preside on May 10th. It is hoped that the buildings will be ready by the commencement of the winter session, and it is intended that the school should be opened on October 2nd.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—A quarterly court of the Society was held on April 12th, Mr. Christopher Heath, V.P., in the chair. Three new members were elected, and the deaths of two reported. The deaths of two widows were announced; one had been in receipt of grants since January, 1870, and had received £1,847 18s., the other since July, 1874, and had received £1,429 10s. A first application was read from a widow for herself and two children, and a grant was made. It was resolved to distribute £1,201 10s. at the next court to the 48 widows, 12 orphans, and 5 recipients from the Copeland Fund, now on the funds. Sir Thomas Smith, Bart., was nominated for election as Vice-President at the annual general meeting, and the following gentlemen as Directors: Mr. Morley, Mr. King, Mr. Leigh, Mr. Gimson, Dr. Samuel West, and Dr. Whigham. It was decided to hold the annual general meeting on Wednesday, May 31st, at 5 P.M. The expenses of the quarter were £56 10s. The offices of the Society are at 11, Chandos Street, Cavendish Square, W.

## MEDICAL VACANCIES.

The following vacancies are announced:—

BATH: ROYAL MINERAL WATER HOSPITAL.—Resident Medical Officer: unmarried. Salary, £100 per annum, with board and apartments. Applications to the Secretary by May 2nd.

BEDFORD COUNTY HOSPITAL.—House-Surgeon. Salary, £100 per annum, with apartments, board, lodging, and washing. Applications to the Secretary by May 15th.

BETHNAL GREEN BOARD OF GUARDIANS.—Second Assistant Medical Officer for the Workhouse and Infirmary, Waterloo Road, Victoria Park. Appointment for six months, subject to re-election. Salary at the rate of £20 per annum, with rations. Furnished apartments, and washing, and £2 per annum in lieu of beer. Application on forms provided to the Clerk to the Board, Guardians' Administrative Offices, Bishop's Road, Victoria Park, N.E., by May 4th.

**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.**—Resident Medical Officer and Resident Surgical Officer. Salary, £80 per annum, with board, lodging, and attendance. Applications to the Secretary, Children's Hospital, Steelhouse Lane, Birmingham, by May 3rd.

**BIRMINGHAM WORKHOUSE INFIRMARY.**—Assistant Resident Medical Officer. Appointment for one year, but renewable. Salary, £100 per annum, with apartments, rations, coals, gas, laundry, and attendance. Applications to the Clerk to the Guardians, Parish Offices, Edmund Street, Birmingham, by April 28th.

**BRISTOL ROYAL HOSPITAL FOR SICK WOMEN AND CHILDREN.**—House-Surgeon. Salary, £100 per annum, with rooms and attendance. Applications, endorsed "House-Surgeon," to the Secretary by April 26th.

**BURTON-ON-TRENT INFIRMARY.**—House-Surgeon. Salary, £130 per annum, with rooms, coals, and gas. Applications to the Honorary Secretary by May 3rd.

**CANCER HOSPITAL.** Fulham Road, S.W.—House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by May 8th.

**CENTRAL LONDON OPHTHALMIC HOSPITAL.** Gray's Inn Road, W.C.—Junior House-Surgeon. Salary at the rate of £50 per annum. Applications to the Secretary by May 8th.

**CHELTENHAM GENERAL HOSPITAL.**—Assistant House Surgeon; unmarried. Salary £90 per annum, with board, lodging, and washing. Applications to the President by May 2nd.

**CHORLTON UNION.**—Senior and Junior Resident Medical Officers at the Workhouse Hospitals, Withington, Manchester. Appointments for twelve months. Salaries £130 and £120 per annum respectively, with furnished apartments and attendance in the Workhouse. Applications, endorsed either "Senior Resident Medical Officer" or "Junior Resident Medical Officer," to the Clerk to the Guardians, Chorlton Union Offices, All Saints, Manchester, by May 4th.

**DEWSBURY AND DISTRICT GENERAL HOSPITAL.**—House-Surgeon. Salary commencing at £80 per annum, with board and residence. Applications, endorsed "House Surgeon," to the Chairman of House Committee, Infirmary, Dewsbury, by April 27th.

**GLASGOW SAMARITAN HOSPITAL FOR WOMEN.**—House-Surgeon (Female). Applications to the Hon. Secretary by April 29th.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.** Brompton.—Resident House-Physician. Applications to the Secretary by May 2nd.

**LEEDS GENERAL INFIRMARY.**—Two House-Surgeons and Two House-Physicians. Appointments for twelve and six months respectively. Also Resident Medical Officer for the Leeds General Convallescent Hospital at Cookridge. Appointment for six months. Honorarium £25. Board, lodging, and washing provided with each appointment. Applications to the Secretary to the Faculty by April 28th.

**LEICESTER INFIRMARY.**—Assistant House-Surgeon. Appointment for twelve months, subject to re-election. Salary £90 per annum, with board, residence, and washing. Applications to the Secretary, 34, Friar Lane, Leicester, by May 1st.

**LIVERPOOL DISPENSARIES.**—Assistant House-Surgeon. Salary, £90 for the first year, £90 afterwards, with board and residence; unmarried. Applications to the Secretary, 34, Moorfields, Liverpool, by April 22nd.

**LONDON HOSPITAL.** Whitechapel, E.—Obstetric Registrar. Application to the House-Governor by May 4th.

**LONDON HOSPITAL MEDICAL COLLEGE.**—(1) Assistant to the Bacteriologist and Lecturer on Bacteriology. (2) Obstetric Tutor. Applications to the Warden by April 30th and May 4th respectively.

**LONDON TEMPERANCE HOSPITAL.** Hampstead Road, N.W.—Medical Registrar. Salary, 50 guineas per annum. Applications to the Secretary.

**LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL AND DISPENSARY.**—Resident House-Surgeon. Salary, £100 per annum, with furnished rooms, attendance, and board. Applications to the Secretary by May 1st.

**MAIDSTONE WEST KENT GENERAL HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. Honorarium at the rate of £50 per annum, with board and residence. Applications to the Secretary by April 27th.

**MANCHESTER: CHORLTON-UPON-MEDLOCK DISPENSARY.**—Resident House-Surgeon. Salary, £120 per annum, with furnished rooms and attendance. Applications to the Hon. Secretary by April 26th.

**MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.**—Honorary Assistant Physician. Applications to the Secretary, Hardman Street, Deansgate, by May 6th.

**NORTH-WEST LONDON HOSPITAL.** Kentish Town Road.—Resident Medical Officer and Assistant Resident Medical Officer. Appointments for six months. Salary at the rate of £50 per annum attaches to the senior post. Applications to the Secretary by April 24th.

**PADDINGTON INFIRMARY.**—Resident Clinical Assistant and Second Assistant to the Medical Superintendent. Appointment for six months. Honorarium at the rate of £50 per annum, with board, residence, and washing. Personal application to Dr. M. F. Squire, at the Infirmary, 285, Harrow Road, by April 29th, between 9.30 A.M. and 1.30 P.M.

**READING: ROYAL BERKS HOSPITAL.**—Vacancy on Medical Staff. Applications to the Secretary by May 3rd.

**ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.** Leicester Square, W.C.—Anaesthetist. Applications to the Superintendent by April 25th.

**SALISBURY: FISHERTON ASYLUM.**—Assistant Medical Officer. Salary to commence, £100 per annum, with board, lodging, and washing. Application to Dr. Finch at the Asylum.

**SAMARITAN HOSPITAL FOR WOMEN AND CHILDREN.** Marylebone Road.—Surgeon to Out-patient Department. Applications to the Secretary by May 5th.

**SOUTHAMPTON: ROYAL SOUTH HANTS INFIRMARY.**—Assistant House-Surgeon. Appointment for six months, with honorarium of £10, and board and residence. Applications to the Secretary before May 3rd.

**STAFFORDS'IRE GENERAL INFIRMARY.** Stafford.—Assistant House Surgeon. Salary, £50 per annum, with board, lodgings, and washing. Applications to the House Surgeon by May 3rd.

**STOCKPORT INFIRMARY.**—Junior Assistant House-Surgeon. Salary £2 per mensem, with board, washing, and residence. Applications to the Secretary by May 2nd.

**SWANSEA GENERAL AND EYE HOSPITAL.**—House-Surgeon. Salary, £50 per annum, with board, apartments, and attendance. Applications to the Secretary by April 25th.

**THROAT HOSPITAL.** Golden Square, W.—Resident Medical Officer. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary-Superintendent by May 5th.

**VICTORIA HOSPITAL FOR CHILDREN.**—House-Physician. Appointment for six months. Salary at the rate of £50 per annum, with board and lodging. Applications to the Secretary, at the Hospital, Queen's Road, Chelsea, S.W., by April 29th.

**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.

**WREKHAM INFIRMARY.**—House-Surgeon. Salary £80 per annum, with board, washing, and furnished apartments. Applications to the Secretary by May 3rd.

### MEDICAL APPOINTMENTS.

**AYRES, G. H.,** L.R.C.P., L.R.C.S. (Irel.), L.M., appointed Medical Officer for the Tarpole District of the Tarvin Union.

**CHATTLE, A. H.,** F.R.C.S., appointed Assistant Aural Surgeon to King's College Hospital.

**COLLIER, Joseph, M.B.,** B.S. Lond., F.R.C.S. Eng., appointed an Honorary Assistant Surgeon to the Royal Infirmary, Manchester.

**EBBE, J. W. H.,** M.D. Dunelm, D.P.H. Camb., appointed Bacteriologist to Charing Cross Hospital and Lecturer on Bacteriology in the Medical School.

**HILL, William, B.Sc. Lond., M.D.,** appointed Surgeon for Diseases of the Ear to St. Mary's Hospital, vice G. P. Field, M.R.C.S. Eng., appointed Consulting Surgeon.

**HOFFMAN, A. H.,** M.D. St. Anl., L.R.C.S. Edin., appointed Medical Officer of Health to the Teme Rural Districts and Medical Officer for the Knighton District of the Knighton Union.

**LEDGALL, J.,** L.R.C.P.E., L.R.C.S.E., reappointed Medical Officer of Health for the Mablethorpe Urban District Council.

**JORDAN, H. Martyn, F.R.C.S. Eng.,** appointed Registrar to the Chelsea Hospital for Women.

**MAGGREGOR, P.,** F.R.C.S. Edin., appointed Honorary Surgeon to the Huddersfield Infirmary, vice S. Knaggs, M.R.C.S. Eng., resigned.

**MAGUIRE, George J.,** M.B.E.U.I., appointed Clinical Assistant to the Chelsea Hospital for Women.

**MILLIGAN, William, M.D.,** appointed Honorary Aural Surgeon to the Royal Infirmary, Manchester.

**MONSARRAT, W. Keith, F.R.C.S.E.,** appointed Assistant Surgeon to the Children's Infirmary, Liverpool.

**MORGAN, D. N.,** M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer for the Tonypre-fall and Gilfach District of the Pontypridd Union.

**ORTON, J. O.,** M.R.C.S., L.R.C.P., D.P.H., appointed Medical Officer to the Infectious Hospital of the Foleshill Rural Sanitary District.

**REED, J. Arthur, M.B., Ch.B. Vict.,** appointed Assistant House-Surgeon and Visiting Surgeon to the Stockport Infirmary.

**SPENCER, E. M.,** L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Penarth District of the Cardiff Union.

**WHITFIELD, A. M.D.,** M.R.C.P., appointed Assistant Physician in Charge of the Skin Department at King's College Hospital.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**Medical Society of London, 8.30 P.M.**—Mr. H. Betham Robinson: The Comparative and Cases of Appendicitis. Mr. W. Armstrong: Effects of Nitrogen Gas in the Excretion of Urea and Uric Acid.

#### TUESDAY.

**Chelsea Clinical Society, Jenner Institute of Preventive Medicine, S.W., 8.30 P.M.** Discussion on Recent Investigations Relating to the Treatment of Tuberculosis, in which Drs. Theodore Williams, J. E. Squire, Robert Mequig, S. H. Habershon, and F. R. Walters will take part.

#### WEDNESDAY.

**Hunterian Society, 8.30 P.M.**—Dr. Butler Harris: On the Influence of Food on Certain Micro-Organisms. Dr. T. Glover Lyon will show a New Method of Ventilation by a Working Model.

#### THURSDAY.

**British Balneological and Climatological Society, 20, Hanover Square, W., 9 P.M.**—Sir Hermann Weber on the Climates of England Compared with those of the Continent. To be followed by a conversazione.

#### FRIDAY.

**Clinical Society of London, 8.30 P.M.**—Maternal Society. Patients in attendance at 8 P.M. The following cases will be shown: Mr. W. Turner: a Case of Achondroplasia. Mr. Stanley Boyd: Solution of Continuity of Both Femurs. Mr. A. E. Barker: Revolver Shot of the Brain through the Hard Palate: Discovery of the Bullet on Corpus Callosum by Roentgen Rays: Removal on Sixty-ninth Day through the Ventricle. Recovery. To be illustrated by Demonstration of Lantern Slides. Mr. E. W. Roughton: Tumour of the Upper Jaw. Dr. A. Morrison: (1) a Case of Unilateral Hypertrophy of the Accessory Muscles of Respiration; (2) a Case of False Accutuation of the Second Sound of the Heart. Mr. Monat-Biggs: a New Splint for Fractured Clavicle. Mr. Stanley Boyd and Dr. Bond: a Case after Excision of the Posterior Half of the Tongue and Epiglottitis. Dr. Batty-Shaw: Injury to the knots of Both Brachial Plexuses in an Infant. Dr. Norman Dalton: Pulsus Paradoxus. Dr. Bezy Thorne: a Case of Aortic Disease with a Muscular Rupture, to which "Competence" has been Restored by Baths and Exercise. Mr. W. G. Spencer: a Patient after Excision of a Meningo-myoelocoele, with a Skiagraph of the Condition before Operation. Mr. Battle: a Case after Removal of a Tumour of the Frontal Bone. (Read at meeting in March.)

### 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.

**DEMPESTER.**—On the 13th inst., at Winsley, South Croydon, the wife of W. T. Dempster, M.R.C.S. Eng., L.R.C.P. Lond., of a son.

**DUPIGNY.**—On April 19th, at Claremont Lodge, Streatham Hill, the wife of Elford Dupigny, M.R.C.S., L.R.C.P., L.D.S. Eng., of a son.

**PROWSE.**—On April 9th, 1899, at 5, Lansdown Place, Clifton, Bristol, the wife of Arthur B. Prowse, M.D. Lond., F.R.C.S. Eng., of a son.

#### MARRIAGES.

**BARRETT-COWAN.**—On April 12th, at Emmanuel Church, Liverpool, by the Rev. W. H. Harpur, uncle of the bride, Alfred Keppel Barrett, son of Dr. A. E. Barrett, Holland Park Avenue, London, great grandson of the fourth Earl of Albemarle, grandson of the Hon. and Rev. Thomas Keppel, and grandnephew of Admiral Sir Henry Keppel, to Isabel, only daughter of the late William Cowan, Esq., of Liverpool.

**CORNER-MACKWOOD.**—On April 12th, at St. Martin's, Trafalgar Square, by Rev. Prebendary Kitto, Vicar, assisted by Rev. H. T. Le Fann, of Frank Keppel, Poplar, and Rev. Hall, Chaplain of Brompton Hospital for Consumption, Frank Corner, M.R.C.S., L.R.C.P., son of F. M. Corner, J.P. Poplar, to Elsie Tatham, only daughter of the late Thomas Watson Mackwood, and granddaughter of the late Christopher Tatham, M.R.C.S.

**JOHNSTON-HILTON.**—On April 12th, at Christchurch, Cheltenham, by the Rev. Canon Hutchinson, Edward Cocks Johnston, M.R.C.S., to Augusta Hilda, elder daughter of the late John Hilton, F.R.S., President of the Royal College of Surgeons, and Surgeon Extraordinary to the Queen, and of Mrs. Routh, of Aben Court South, Cheltenham.

#### DEATHS.

**LANPHIER.**—On April 12th, at Alford, Lincolnshire, Charles William Lanphier, M.R.C.S., L.R.O.S., aged 28.

**ORMEROD.**—March 29th, on board the ss. Arabia, of rheumatic fever, aged 27 years, T. Theodore Ormerod, M.B., of Edinburgh, and son of the late Thomas Ormerod, Brighouse.

**ROBERTS.**—On the 16th inst., at 8, Manchester Square, W., Sir William Roberts, M.D., F.R.S., in his 70th year. Funeral at Llanymawddwr, Merionethshire, Wednesday, 19th inst., at 11.30 A.M.

**SAVAGE.**—On April 14th, 1899, at Winchelsea, Mary, the wife of Dr. G. H. Savage, of pneumonia.



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, 5. *Operations.*—1 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., 1.30; Dental, M. Th., 9.30. *Operations.*—Th. F. S., 5.
- 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.
- GUYS.** *Attendances.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 2; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. *Operations.*—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.
- HOSPITAL FOR WOMEN, Soho.** *Attendances.*—Daily, 10. *Operations.*—M. Th., 2.
- KING'S COLLEGE.** *Attendances.*—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30 F., 2; Dental, M. Th., 10; Skin, W., 1.30. *Operations.*—W. Th. F., 2.
- LONDON.** *Attendances.*—Medical, daily, 1 p., 2; o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu., 9. *Operations.*—Daily, 2.
- LONDON TEMPERANCE.** *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 ORTHOPEDIC.** *Attendances.*—M. Tu. Th. F., 2. *Operations.*—W., 2.
- NEW HOSPITAL FOR WOMEN.** *Attendances.*—Daily, 2; Ophthalmic, W. S., 9.30. *Operations.*—Tu. F., 2.
- NORTH-WEST LONDON.** *Attendances.*—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations.*—Th., 2.30.
- ROYAL EAR, Frith Street.** *Attendances.*—M. W. F., 3; Tu. F., 9.30 and 7.30. *Operations.*—Tu., 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; Ear, Th., 9; Throat, Nose, and Ear, W., 9. *Operations.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
- ROYAL LONDON OPHTHALMIC.** *Attendances.*—Daily, 9. *Operations.*—Daily, 10.
- ROYAL ORTHOPEDIC.** *Attendances.*—Daily, 2. *Operations.*—M., 2.
- ROYAL WESTMINSTER OPHTHALMIC.** *Attendances.*—Daily, 1. *Operations.*—Daily, 2.
- ST. BARTHOLOMEW'S.** *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o.p., W. S., 9; Eye, M. Tu. W. Th. S., 2; o.p., M. Tu., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopaedic, 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, 1 p., 1; o.p., 12; Obstetric, 1 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; Orthopaedic, F., 12; Dental, M. Tu. F., S., 12. *Operations.*—Daily, 1; Ophthalmic, M., 1; Dental, Th., 1.
- ST. MARK'S.** *Attendances.*—Fistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. *Operations.*—M., 9; Tu., 2.30.
- ST. MARY'S.** *Attendances.*—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, Tu. F., 1.45; o.p., M. Th., 1; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-Therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. *Operations.*—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
- ST. PETER'S.** *Attendances.*—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations.*—W. F., 2.
- ST. THOMAS'S.** *Attendances.*—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children, S., 1.30; Electro-Therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations.*—M. W. Th. 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, 1.20; 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; Orthopaedic, 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 *Athology, 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.

**JUNIOR MEMBER** would like to be advised as to the best treatment to adopt to get rid of: (1) Of the oedema left over the foot and ankle after an attack of gout in a woman, aged 60. Potassium iodide and vinum colchici are still being given. (2) Of rheumatism left in one shoulder-joint and the muscles of both arms in a man, aged 35, who has had an attack of subacute rheumatism, but is now up and has no temperature. Sodium salicylate acted up to a point, but now does no good. Potassium iodide is being tried.

## DISTRICT NURSES AND DIPHTHERIA.

SCOTIA asks if a district nurse may safely attend to diphtheria cases.

\* \* Only if greatest care be taken (1) that any clothes she wears which may be exposed to the expectoration of the patient be removed; (2) that she be not herself suffering from any throat symptoms.

The diphtheria bacillus is easily killed, but there is little doubt that at certain times it may be communicated medietely.

## ANSWERS.

**SANGONGO (Ireland).**—We are informed that there is no reason why a justice of the peace should not act as a registrar of births and deaths.

**F.R.C.S. ENG. AND W. H. S.**—We may refer our correspondents to papers recently published in these columns by Dr. Short (November 26th, 1898, page 1611) and Dr. Myrtle (December 10th, 1898, page 1745).

**SURGEON.**—The usual arrangement in the larger police forces is that the examination of recruits is included in the surgeon's duties, for which he is paid an inclusive salary. As this, however, does not usually exceed the amount per head which our correspondent proposed to charge for examination alone, he will see that the head constable's figure comes nearer the mark. Of course he can for the future, if he likes, decline the duty; but he should consider whether it might not be more to his advantage to conciliate the authorities with a view to getting regularly appointed as police surgeon.

**ENQUIRER.**—English bacteriologists seem more concerned to give references to papers in the German, French, Italian, or Japanese journals than to those appearing in our own tongue. Our correspondent might consult the issues of the *Index Medicus*. Two papers that have appeared lately in the *Journal of Experimental Medicine* (New York) give fairly complete bibliographies: (1) On Branched Forms of B. Tuberculosis, by Craig, vol. iii, p. 369; (2) On Gonorrhoeal Septicæmia, by Thayer and Lazear, vol. iv, No. 1. The bibliography at the end of some of the articles on infectious diseases, etc., in Allbutt's *System* is fairly complete up to the date of writing.

## AGE FOR RESIDENTS IN THE TROPICS.

**J. A. H.**—(1) Thirty-three is a safe age for entry on a tropical career. It is not advisable to commence tropical life before 20 or after 40. (2) The Assam Valley is malarious throughout. Upper Assam is healthier than Lower Assam, and residence on the hills than on the plains.

## SHELTERS FOR THE OPEN-AIR TREATMENT OF PHTHISIS.

In reply to a query on this subject which recently appeared in the BRITISH MEDICAL JOURNAL, Mr. F. T. Walker, manufacturer of sectional buildings, Sheffield, writes to inform us that he also manufactures "shelters," and will be pleased to supply drawings and particulars on application.

**R. B.** will find particulars of others than those he mentions in the BRITISH MEDICAL JOURNAL of September 3rd, 1898, p. 667; and November 19th, 1898, p. 1599.

## TRAINING OF MIDWIVES.

**M. B.**—There are many institutions which give certificates to midwives trained by themselves. The only body which examines, but does not train, midwives, is the Obstetrical Society of London. Particulars as to the training required and the scope of the examination would be supplied on application to the Chairman of the Board for Examination of Midwives, Obstetrical Society of London, 20, Hanover Square, W. Herman's *First Lines in Midwifery*, published by Cassell and Co., would be a suitable handbook.

## TREATMENT OF TUBERCULOUS MENINGITIS.

**DR. J. CHRISTIAN SIMPSON** (Cambridge) writes: May I reply to the request of "R. M. J." in the BRITISH MEDICAL JOURNAL of April 1st, for information about the treatment of tuberculous meningitis, by quoting shortly from my book on *Cerebral and Mental Symptoms*, page 135. Four operations have been suggested and tried for the relief or cure of this condition: "(1) That recommended by Keen, by which the ventricle is most easily reached laterally; (2) trephining through the occiput, as performed by Waterhouse and others; (3) trephining the upper cervical vertebrae, as done by Walsham; and (4) lumbar drainage." Mr. Morton, of Bristol, Mr. Mayo Robson, Dr. Cauley, and others have also written papers at various times in reference to one or other of these operations.

## RECRUITING STATISTICS.

**T. M. W.**—Our correspondent may take it that, broadly, about 40 per cent. of recruits are rejected on medical examination. The proportion varies in different localities, and particularly with different examiners; as a rule, the more expert and experienced the examiner the fewer the rejections, and *vice versa*. Much also depends upon the judicious selection of men offering by the sergeant recruiters; if men with obvious physical defects, or clearly under standard, are recklessly put forward for medical examination, then the rejections will be corre-