

A CASE OF SPONTANEOUS RUPTURE OF THE HEART:*

By JOHN GORDON, M.D.,

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SPONTANEOUS rupture of the heart is by no means a common occurrence. That being so, I thought it would be interesting to bring together the notes of this case, which I confess I was unable, either by percussion or by auscultation, to diagnose as a ruptured heart. The true nature was only shown by the *post-mortem* examination.

Previous History.—C. A., the subject of the following notes, was an unmarried female, aged 72, a well-nourished, fresh-complexioned, and on the whole well-pleased, smiling pauper inmate of the poorhouse. She had shown for some time previous to the fatal attack symptoms of senile dementia. She was troubled with excessive salivation, and was familiarly known by the other inmates as "Spittin' Kirsty." She had an inordinate belief in medicines, and kept constantly soliciting all officials for mixtures. The reason she would give for wishing a mixture was either some stomacic ailment, a slight cough, toothache, or her "spit" but as often as not she made the request without framing any reason. As a matter of fact, she had good appetite and digestion, and her cough, when she had any, was of the most trivial character.

History of last illness.—On June 17th, at 1 o'clock, she partook with her usual appetite of a hearty meal of soup and fish, then went out and sat in full sunshine. Suddenly, about 2 P.M., she complained of pain in the breast, vomited, and became unconscious. After half an hour she so far regained consciousness, was supplied with 2 ounces of whisky, but fainted again, and was removed to the hospital at 3 P.M. in a still unconscious condition. She recovered a little about 3.30, was able to talk, and complained of pain across her chest and stomach.

Symptoms and Physical Signs.—She was seen by me about 6 P.M., and her first remark as usual was, "Give me a mixture, doctor." I found her complaining of great pain in the chest, and she had slight difficulty in breathing. She had a distressed look, with somewhat livid colour, was restless, but quite able and willing to talk. The temperature was sub-normal, the pulse was small and soft, 120 per minute, the respirations were 24 per minute. Physical examination gave me no satisfactory explanation of her condition. I ordered poultices and an opiate, with light food.

Death.—The patient's condition continued much as indicated until June 20th, when at 10 P.M. she suddenly complained of intense pain—again across the chest. At this time she was evidently in great distress, moaning and crying out, a face of agony, profuse perspiration, extreme restlessness, and a quick, small pulse, 140 per minute. This condition, in spite of a hypodermic of half a grain of morphia, continued more or less until 6 A.M., after which she became quieter. During the day she revived somewhat, but kept in a semi-unconscious condition. She looked all that day extremely collapsed, the temperature was 97, the pulse very small (130 to 140), the extremities cold, and she died at 10.45 on the morning of June 22nd.

Necropsy.—Dr. George M. Duncan, Assistant Pathologist in Aberdeen University, kindly performed the *post-mortem* examination with me, and I have to thank him for the following notes illustrative of the case. The pericardial sac when opened was found to be distended with dark gelatinous blood clot. On lifting up the apex of the heart a small ragged slit about a quarter of an inch long could be seen on the posterior surface of the left ventricle an inch below the auriculo-ventricular groove, and a quarter of an inch to the left of the interventricular groove. The ascending and transverse portions of the aorta were much dilated, but the competency of the aortic valve, tested by water after removal of the heart, was not impaired. The aortic cusps appeared to be normal, but the walls of the vessel were markedly atheromatous, both coronary arteries were extremely atheromatous and tortuous, and could be felt standing out like rigid cords in the epicardial fat. On opening the right coronary artery a small thrombus was found completely blocking the branch of the vessel which passes along the posterior interventricular groove, and supplies the seat of the rupture. The left ventricle was filled with dark fibrinous blood clot. Its wall was somewhat flabby, but there were no signs of fatty degeneration, except at the part where the rupture took place. There was a ragged slit in the posterior wall about $\frac{1}{2}$ inch from the interventricular septum and 1 inch below the edge of the aortic valve. This slit measured nearly $\frac{1}{2}$ inch in length; its edges were soft and friable. The opening was plugged by a small fibrinous clot. Lungs slightly oedematous and congested; liver, spleen, kidneys normal; brain normal, but cerebral arteries very atheromatous.

It may be as well to recall again the fact that the patient was practically an insane person, that the description of her ailments by no means tended to clear up any point of difficulty, and that the first set of symptoms might quite possibly have been mistaken for some gastric disturbance, although very soon the diagnosis that I was inclined to form was that of angina pectoris.

An interesting point in the history of the case is the time at which the actual rupture of the heart may have taken place. In my opinion the first onset of symptoms may have been caused by the small thrombus which completely blocked the branch of the right coronary artery, since after this onset the patient recovered very considerably, was able to take food, to engage in conversation, and complained only of pain in the chest.

* Read at the Aberdeen Medico-Chirurgical Society.

I am inclined to assign the actual rupture of the heart to June 20th at 10 P.M. when the patient was suddenly seized with agonising pains in the chest. After a night of extreme pain there followed at 6 A.M. that state of collapse from which she did not again recover.

If these opinions be accurate, it follows that from the occurrence of the thrombus on June 17th at 2 P.M., there existed a period during which a branch of the coronary artery was prevented from nourishing its part of the left ventricle. During that period it may be supposed that the degenerative changes began in the muscular tissue, and that this weakened condition led to the spontaneous rupture of the left ventricle at that part. It has to be remembered that the branches of the coronary arteries are in great part terminal in their distribution, and that any stoppage to their circulation means a non-compensated interference with the part of the heart specially affected.

The period of local degeneration in this case included three days and eight hours, and this period represents the length of time during which the muscular tissue of the heart which had been deprived of its blood supply was still able to assist in carrying on the heart's function.

The period the patient lived after the rupture was one day, twelve hours, forty-five minutes. The interest in this has reference to the fact that the majority of cases die suddenly. Only in rare instances do the patients survive a day. It is stated that spontaneous rupture occurs mostly in the front of the left ventricle, whereas in this particular case rupture took place on the posterior surface.

The only other case of rupture of the heart that has come under my personal observation was in a male, and males are supposed to be more liable to it than females.

MEMORANDA:

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

PROBABLE PERSISTENCE OF THYRO-GLOSSAL DUCT.

In Professor Murray's Goulstonian Lecture on the Pathology of the Thyroid Gland, published in the *BRITISH MEDICAL JOURNAL* of March 11th, there are some remarks on the non-persistence of the thyro-glossal duct. In this connection, the following case I thought not without interest.

In September, 1898, whilst on a professional visit twenty-five miles from here, I was called in to see D. K., a woman aged 21, with enlarged thyroid gland. For some months she had complained of an offensive discharge into her throat, without vomiting or coughing it up, and with no accompanying catarrh. Sometimes this becomes quite profuse, and on such occasions she remarked a diminution in the size of thyroid enlargement. Firm compression on the gland produced such a discharge in the throat. The patient said it had resisted medical treatment for some months.

It occurred to me that it might be a persisting thyro-glossal duct from the median lobe of the thyroid gland, and I asked her to come to my surgery here for further examination and treatment, but in the meantime placed her on inunctions of lanolin and iodoform over the thyroid gland. About a month after I heard from her that this had completely cured the offensive discharge, but as to any variation in the goitrous condition I have not heard.

J. W. MCINTOSH, B.A., M.B.,

Coroner for Manitoulin, Medical Superintendent to the Indians.
Manitowaning, Ont., Canada.

ERYTHROL TETRANITRATE IN ANGINA PECTORIS.

In this drug we have, I believe, a remedy superior even to "nitroglycerine," its effects being very rapid and more lasting. A man, 52 years of age, had good health until about three and a-half years ago, when he rapidly developed serious signs of heart failure. He had taken a good deal of whisky for some time previous to the commencement of his illness, and in addition to his cardiac trouble had cirrhosis of the liver. He

soon became unable to lie down in bed, having to sit up night and day almost entirely in a chair; feet, legs, and thighs became enormously swollen, and there was ascites. Purgatives, digitalis, and blue pill all failed to give more than temporary relief; his legs were punctured with Southey's trocar, and enormous quantities of fluid drained off, with marked relief to his dyspnoea. Gradually he recovered his strength, was able to get about driving or walking, but could never walk more than about half a mile or three-quarters of a mile without distress. During the three and a-half years following this illness he continued under treatment, taking strychnine, digitalis, tonics, very little stimulant, and his diet was regulated. Blue pill and salines were given regularly at intervals. During this three and a-half years he enjoyed fairly good health, and went to different resorts, with some benefit. The "Nauheim" system of gymnastic exercises was tried, and seemed to be of some slight benefit. About two months ago he took cold, and had an attack of bronchitis. This embarrassed his heart, and he commenced with very severe attacks of "angina." Nitrite of amyl, ethyl nitrite, and nitroglycerine were tried, the latter with much success, but caused severe headache, and ultimately it seemed to lose some of its effect. He was ordered erythrol tetranitrate tabloids, gr. $\frac{1}{2}$, twice or three times a day; these completely checked the anginal attacks, and their effect was much more lasting than nitroglycerine. The patient himself said they were much more satisfactory, and did not cause headache, and he readily continued the tabloids to prevent any return; this relief lasted for about a fortnight, when the heart gradually failed, and he died of sudden syncope, but the relief of suffering was most marked, and I felt it a duty to report the case, in the hope that others suffering from this much-dreaded affection may obtain equal benefit.

Birkdale, Southport.

BOUGHTON ADDY, M.D. Lond.

POST-PARTUM CONVULSIONS: VENESECTION: RECOVERY.

ON January 16th, in the evening, I was called to attend Mrs. B., a primipara in her eighth month of pregnancy. I found the child well down in the outlet, and after a few pains she was naturally delivered of a very small, living male child. A few minutes after the expulsion of the placenta, which occurred within half an hour of the birth of the child, I noticed the patient looking very strange, and she became slightly cyanosed. This lasted four or five minutes then passed away, and she seemed better. I waited half an hour, and, everything being apparently all right, I left; but very shortly afterwards she had a violent fit and I was sent for again. On arrival I found her partially conscious and having convulsions about every ten minutes. I got her to take a draught of pot. bromid. and chloral hydr. (20 grs. each), and ordered it to be repeated if possible.

I was sent for again six hours afterwards; the nurse informed me that after the draught the fits were less frequent for a short time, and then came on worse and more frequent, and she could not get the patient to swallow another draught, she having had over thirty fits during my absence. I found the patient very much worse, with a failing pulse and barely any interval between the convulsions, which were very severe, so I decided to try the effect of venesection. I drew off 12 ounces of very dark and thick blood from the arm, which ran very slowly; but the fits immediately stopped and there was no recurrence. She remained unconscious and pulseless for about ten hours, when on calling I was able to rouse her, and succeeded in giving her a little milk. From this time she made an uninterrupted recovery, being able to come downstairs on the fifteenth day. The child died on the third day from convulsions.

I report this case to show the immediate relief which was obtained from the rather "old-fashioned" remedy of venesection.

St. Blazey, Cornwall. SANDOM DAVIS, M.R.C.S.Eng., L.S.A.

TONSILLAR CALCULI.

IN the BRITISH MEDICAL JOURNAL of January 7th there appeared a communication on Tonsillar Calculi, by Dr. W. G. Aitchison Robertson, of Edinburgh. A similar case came under my notice last year (1898).

The specimen in my possession was obtained from a boy,

aged 13, who had not previously complained of sore throat. While sitting reading he felt something loose in his throat, and, thinking it was a plum stone, coughed it up; a few minutes afterwards he spat up another much smaller concretion, having experienced no pain or inconvenience with either. On examination about an hour subsequently I found a depression behind the left pillar of the fauces which had evidently been occupied by the calculi. There was slight hæmorrhage, but no tenderness, and the only noticeable glandular enlargement was behind the angle of the jaw on the left side.

Both calculi are smooth, and ovoid in shape, presenting facets on contiguous surfaces. The larger one measures 1 inch (25 mm.) in length, and $\frac{3}{4}$ inch (22 mm.) in breadth, and weighs 76 grains (4.92 grams). The smaller one measures $\frac{3}{4}$ inch (19 mm.) in length, and $\frac{3}{8}$ inch (15 mm.) in breadth, and weighs 15 grains (0.972 gram).

Both concretions are yellowish brown in colour, and very hard, and they retain the disagreeable odour noticeable in most tonsillar concretions.

The points in which this case differs from that of Dr. Robertson are:

1. The extreme youth of the patient (13 years).
2. The absence of noticeable sore throat previous to the discharge of the calculi.
3. The sudden discharge of the concretions without discomfort.

I have found in other patients giving histories of repeated suppuration and chronic sore throats several calculi, but these have been only as large as grains of barley.

ROBT. H. STRONG, M.B. Melb., M.R.C.S.Eng., D.P.H. Camb. Melbourne.

A CASE OF AXILLARY MAMMA.

OWING to the comparative rarity of an axillary mamma, the following case, which I was asked to see by Dr. Tees, may prove of interest. A lady, aged 28, had her first child eight months before she sought advice about a swelling in her right armpit. She suckled her infant and had an abundant supply of milk. For three months she had noticed this swelling just behind the anterior fold of the axilla, and at intervals had felt shooting pains of varying severity down the inner side of the upper arm. She also observed that the right armpit was more than usually moist, and that her underclothing was stained.

On examination, a spongy mass could be felt just under the skin, passing beneath the outer border of the pectoralis major. The outline was irregular and lobulated; it was as large as a walnut, and produced a visible swelling when the arm was raised. It was movable around a point of attachment to the skin where a minute pore could be seen, and on compressing the mass several drops of a bluish-white watery fluid exuded from the opening. There was no areola round this opening. On comparing what escaped with the milk from the nipple, it was found similar to it, and on subjecting it to microscopic examination it presented all the characteristics of human milk. The swelling was quite separate from the pectoral mamma. There were no other abnormally-placed mammæ. After weaning the child, the pain vanished and the lump underwent considerable diminution in size, though it can still be felt.

GEORGE TEMPLETON, M.B. Edin., F.R.C.S.Eng.,
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RUSSIAN RED CROSS SOCIETY.—An official report lately issued shows that on January 1st, 1898, the membership of the Russian Red Cross Society amounted to 17,387. In the 90 hospitals belonging to the 78 sisterhoods of the Red Cross 5,252 in-patients and 1,135,615 out-patients were treated in 1897. The number of Sisters was 2,290. The Society equipped an ambulance consisting of 2 surgeons and 20 Sisters for service during the Græco-Turkish war, and another ambulance of 5 surgeons and 10 Sisters was sent from Moscow. The total receipts for the year 1897 amounted to 2,453,579 roubles, while the expenditure amounted to 2,178,572 roubles. The funds at the disposal of the Society are estimated at 10,411,110 roubles exclusive of real estate valued at more than three millions of roubles.

—which had been used at the annual dinners of the Branch—was presented to Dr. de Styrap with the following inscription: “Presented to Dr. Jukes de Styrap by his medical-ethical friends in token of their esteem and regard, and in grateful remembrance of work well and truly done, January 31st, 1876.” The outcome of Dr. de Styrap’s great interest in the subject was the publication in 1878 of a *Code of Medical Ethics*, which he had drawn up upon the basis of previously existing codes, and had submitted to many leading members of the profession at that time. A second edition was published in 1886, and a third in 1889. There can be no doubt that this *Code*, which, as Dr. de Styrap was never weary of saying, was founded upon the general principle that a man should do to others as he would that they should unto him, has been of great assistance to the profession, especially to the younger members, by indicating the course which in various emergencies and difficulties has commended itself to the approval of thoughtful men. For many years Dr. de Styrap was a frequent contributor to our pages upon such subjects, and his assistance has often been gratefully acknowledged. For many years before his death he was practically confined to the house. His last illness—during which he was attended by Mr. R. W. O. Withers—was due to influenza, complicated with broncho-pneumonia, and after ten days—during which, however, he retained his mental faculties—he succumbed to increasing weakness.

MR. C. LEESON PRINCE, who died on Saturday, April 22nd, at Crowborough, Sussex, was the type of meteorologist we can ill afford to lose. He selected a certain district for his observations, and carried them out patiently and accurately for the greater part of his life, and thus on sixty years’ observations he has deduced the climatology of Crowborough and Uckfield, and been able to demonstrate the remarkable advantages of the former as a high-lying station for health seekers. His meteorological journals are full of useful information, and his books are most valuable contributions to the science of meteorology. He was also fond of the literature of the ancients, and translated Aratus. He received his medical education at Guy’s Hospital, became M.R.C.S. in 1843, and L.S.A. in 1844, and practised for many years at Uckfield before removing (in 1874) to Crowborough.

DR. LOUIS FOCCART, who was for years a resident in Sydney, New South Wales, died suddenly, in his 80th year, at Ripon, on March 25th. He was educated at the University of Glasgow, and graduated M.D. and M.S. in 1848. He became L.R.C.S. Edin. in 1849, and was elected F.R.C.S. Edin. in 1875. He was Resident Physician for many years to the Glasgow Fever Hospital, and Surgeon to the Royal Infirmary, Glasgow. He subsequently went to Sydney, where he was appointed Government Medical Officer of Health, and Quarantine Officer of Port Jackson. He retired in 1889, and came to reside in England. One incident in his long life is worthy of special mention. He was on a visit to London in June, 1850, and happened to be passing near Hyde Park Corner on the 29th day of that month at the very time when Sir Robert Peel fell from his horse. He was the first to raise the injured statesman from the ground. He accompanied him home, and was in constant attendance upon Sir Robert Peel until his death on July 2nd.

WE regret to announce the death, at the age of 38, of Mr. CLEMENT POUND, who died on March 2nd, on board the British India Steam Navigation Company’s ship *Goa*, between Lamu and Aden. He was born in Hampshire, received his medical education at the Middlesex Hospital, and became L.S.A. in 1886 and L.R.C.P. Lond. in 1887, and was then appointed House Surgeon to the hospital. He succeeded to an old-established practice at Odiham, Hants, on the death of his father, Dr. George Pound, in 1893, and held several local appointments, being Medical Officer to the Odiham District of the Hartley-Wintney Union, Divisional Police Surgeon, and Medical Officer to local branches of the Foresters and other kindred societies. In May, 1898, he was unfortunately compelled by bad health to relinquish practice for a time, and was advised to take a voyage to Natal. He returned thence in October last, when he joined the British India Company as Medical Officer for the further benefit of his health. During

the last visit of his ship to Zanzibar Mr. Pound contracted fever, which was followed by acute pleurisy.

MR. THOMAS ANTHONY HUMBLE DODD, who died at Newcastle-on-Tyne on April 18th, in his 76th year, was widely known and much respected in the North of England. He studied at Newcastle and at Guy’s Hospital, London; and became M.R.C.S. Eng. in 1845. Few men had a better knowledge of local history, and his opinion on all matters appertaining to local natural history was much sought after on account of his thorough knowledge of this subject. His fine manly presence and gentle courteous bearing endeared him to a large circle of friends, by whom he will be greatly missed. He leaves five sons and three daughters. Of the former, three are in the medical profession—namely, Dr. T. A. Dodd, of Eldon Square, Newcastle-on-Tyne; and Majors J. R. Dodd and Anthony Dodd, of the Royal Army Medical Corps.

WE regret to have to record the death at his father’s house in London of Mr. KENNETH LAWSON. He received his professional education at the Middlesex Hospital, where he gained the Senior Broderip Scholarship and held the appointments of House-Surgeon and House-Physician. He took the diplomas of M.R.C.S. Eng. and L.R.C.P. Lond. in 1894. He took a great interest in pathology, and became Assistant to Professor Crookshank in the Bacteriological Department of King’s College. He married in 1895, and in the following year was compelled by the state of his wife’s health to leave London and settle in South Africa. In 1898 he was appointed Medical Officer of Health for Kimberley, and during the short time that he was able to hold the office he succeeded in founding and equipping a bacteriological laboratory. As Kimberley did not prove beneficial to his wife he returned with her to Bournemouth, where she died in November, 1899. On Easter morning last while at her grave he exposed himself to the cold weather, and had a rigor the same night. Pneumonia developed, and though the crisis occurred on the following Sunday, he was too weak to rally, and died on the morning of April 9th. Mr. Kenneth Lawson dying at so early an age as 28, was not able to leave behind him a record of professional achievement, but his friends lose in him a comrade whose character inspired the deepest affection and respect.

DR. CARL LUDWIG STUDSGAARD, Surgeon in Ordinary to the King of Denmark, and Professor of Surgery in the University of Copenhagen, whose death was recently announced in the *BRITISH MEDICAL JOURNAL*, was born at Copenhagen, on December 19th, 1830. He began his professional studies in the university of his native city, and completed them abroad. In 1855 he passed the State examination, taking his Doctor’s degree in 1863, the subject of his inaugural dissertation being Diffuse Osteomyelitis. During the Schleswig-Holstein campaign of 1864 he served as a surgeon with the Danish troops. In 1875 he was appointed Chief Surgeon to the Communal Hospital of Copenhagen. Among his contributions to surgical literature are papers and monographs on Gastrotomy (1879), Surgical Statistics (1891), Colotomy (1892), Internal Esophagotomy (1892), Cholelithotomy (1892); Tumours of the Mesentery (1894), and Extrauterine Gestation (1896).

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Carlo Minati, sometime lecturer on obstetrics, and during the last few years professor of the history of medicine in the University of Pisa; Dr. D. Jonquière, Emeritus Professor of *Materia Medica* in the University of Berne, aged 77; and Dr. Jallet, formerly professor of midwifery in the medical school of Poitiers.

THE PRINCE OF WALES’S HOSPITAL FUND FOR LONDON.—The Honorary Secretaries of this Fund have issued an appeal to the public for additional subscriptions to place the Prince of Wales in a position to distribute £50,000 at the end of the current year. The present income from annual subscriptions and interest produces about half this sum.

Two questions only were left to the jury: (1) Was the matter complained of libellous? (2) If libellous, was it true? The jury found it was not libellous, but gave no answer to the second question. Judgment was reserved for further consideration on the plaintiff's application for an injunction to restrain the defendant from continuing to publish the advertisement.

Mr. Justice Ridley gave judgment for the defendant.

Mr. Blake Odgers, Q.C., and Mr. Brooke Little, who appeared for the plaintiff, contended that an injunction could be granted either on the ground that the plaintiff had a property in his name or that he was injured in his profession. They admitted that there was no specific damage proved, but said it was shown that the publication was calculated to injure the plaintiff in his profession.

Mr. Witt, Q.C., and Mr. E. de Witt, for the defendant, were not called upon.

Lord Justice A. L. Smith, after stating the nature of the application, said that there was no finding of the jury that the statement in the advertisement was untrue. There was no finding that the statement had injured or was calculated to injure the property or the business of the plaintiff, or the plaintiff in his profession. Lord Selborne in "*In re Rivière's Trade Mark*" (L.R. 26, Ch.D. 48) had asked the question, "Could not a professional man be injured in his profession by having his name associated with a quack medicine?" Where was the finding that there was any injury to the plaintiff in his profession? Not having got a finding on any one of these matters, the contention must come to this: that a man had a property in his own name *per se*. The Court only had power to decide the question raised by the appeal on the verdict as returned by the jury, and he did not care to embark upon the question whether upon other findings the plaintiff might or might not succeed.

Lord Justice Vaughan Williams concurred. It was said the plaintiff had a right of property in his own name, which had been infringed by publishing it in the advertisement, but none of the authorities supported that proposition. Then it was said that an action would lie if the user of the name was accompanied by an infringement of the plaintiff's right of property or reputation, or his professional rights. The jury had decided the question of reputation. It was clear that an action would lie if the unauthorised user of a plaintiff's name caused an injury to his rights of property in the general sense of the word, or to his rights of property in a business or profession. If the plaintiff could have proved that the defendant had stated an untruth about him which had caused him injury in his property, that would have been an actionable wrong. The plaintiff had entirely failed to prove more than a user of his name by the defendant, he failed to prove any injury done to him in his property, business, or profession. The jury found no such damage. He had added these remarks lest an erroneous idea should get about that a person might advertise that an eminent physician had recommended a quack medicine when he had done nothing of the sort. On the contrary, it seemed to him that in most cases if the facts were properly alleged and properly relied on, the unscrupulous advertiser would find he had been guilty of an actionable wrong and in such a case a jury would probably award considerable damages in addition to any remedy to which a plaintiff might be entitled.

Lord Justice Romer agreed, and the appeal was dismissed.

CORONER ON POST-MORTEM EXAMINATIONS.

A MEMBER forwards the accompanying cutting from the *Bradford Observer* April 25th, 1899:

"A coroner's inquiry was held at Colne yesterday into the circumstances of the death of James Holgate, a local preacher, retired from business, who died suddenly without previous illness. A juryman asked for medical evidence as to the cause of death. Mr. Robinson, coroner, replied: 'If you have a *post-mortem* you must have a doctor. If the doctor only sees the body after death he can give no more scientific evidence than you can. I should not like any of my relatives to be cut up and mauled by doctors.' A verdict of death from natural causes was returned."

"*.* If the coroner made the observations reported concerning the scientific examination of a body after death, we can only say that they are expressions which reflect no credit upon himself, and raise the question whether he is fitted to conduct inquiries into the causes of deaths. The jury should have insisted on medical evidence being called and refused to return a verdict without it. The coroner would have been compelled by law to have complied with their wishes, and to have adjourned the inquest for that purpose."

SUDDEN DEATH: NO INQUEST.

M.B. LONDON was called suddenly as he was passing to see a woman whom he found dead on the floor. No cause of death was apparent, but she was supposed to have died in a fit. Notice was sent to the coroner, who decided not to hold an inquest, and our correspondent heard nothing further.

"*.* It is to be presumed that the coroner caused some inquiries to be made, and had a report from the police on the death of the deceased, and possibly her previous medical attendant, if any, may have contributed some information. On consideration of all the circumstances, the coroner may have satisfied himself that the death arose from natural causes, but he should remember that the public, the friends, and others want to be satisfied also, and this can be done only by holding a public inquest, and taking evidence on oath."

CORONER AND DOCTOR.

PILULA writes: Referring to the letter concerning "Coroner and Doctor," which appeared in the *BRITISH MEDICAL JOURNAL* of April 29th, and your reply to same, permit me to say that if the doctor in question had not "declined to express" his opinion at the preliminary investigation, but had then supplied the information requested by the coroner, he would have been even less likely to have been summoned to the inquest. True, it is "usual" for the coroner to seek as much information (professional

and otherwise) as possible previous to the inquest, but surely any doctor is ill-advised indeed to give away gratuitously those professional services for which he is legally entitled to receive one guinea. All service rendered to the coroner otherwise than under summons at the inquest is, of course, not paid for, and it is the too frequent experience of medical men to find that the coroner has coolly obtained from them beforehand sufficient professional information to satisfy his purpose, and obviate the necessity of issuing a summons, and accordingly of paying for the services received.

Now, I quite agree with the medical attendant as to the attitude he adopted in the matter he referred to; and while any points of information calculated to assist the coroner in deciding as to whether an inquest was necessary should certainly not be withheld by any person, yet any information touching the professional points of the case should, most assuredly, be strictly reserved until given at the inquest in the legal course of events. A coroner has no right to demand strictly medical opinion in any other manner.

"*.* Our correspondent will observe that in our comments last week we distinctly stated that there was no legal obligation which required the doctor to reply to any preliminary queries made by the coroner or his officer. It is, however, not only "usual," but distinctly the duty of the coroner, to obtain all the reliable information he can, in those cases in which he has to exercise a discretion as to the holding of an inquest or otherwise. If the medical attendant is communicated with he can also use his discretion as to the replies he makes, or the amount of information he thinks it necessary to disclose. In some counties a fee of half a guinea has been paid and allowed by the authorities for the doctor's report to the coroner in cases in which no inquest has been held, but this is exceptional. We agree with our correspondent that it is inadvisable for medical men to render professional services or give advice gratuitously which ought to be paid for."

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

A DECREE was passed by Convocation on May 2nd, admitting the McGill University of Montreal to the privileges of the statute concerning "Colonial and Indian Universities."

EXAMINATION IN PREVENTIVE MEDICINE AND PUBLIC HEALTH.—An examination for the diploma in Public Health will be held in Michaelmas term, commencing Wednesday, November 2nd, 1899. The names of the candidates must be transmitted to the Secretary to the Board of Faculties, Clarendon Buildings, Broad Street, Oxford, not later than Wednesday, November 8th. The fee, which must be paid at the time of entry, is for each of the two divisions of the examination £5.

EXAMINATIONS FOR THE M.B.—The first and second examinations for the degree of Bachelor of Medicine will commence on Wednesday, June 14th, 1899. The names of the candidates must be received by the Secretary to the Boards of Faculties not later than Wednesday, May 13th.

EXAMINATION FOR THE M.S.—The examination for the degree of Master of Surgery will commence on Thursday, June 2nd, and notice must be given to the Secretary to the Boards of Faculties not later than Monday, June 5th.

UNIVERSITY OF CAMBRIDGE.

THE following is the speech delivered by the Public Orator, Dr. Sandys, of St. John's College, in presenting Sir William Turner for the honorary degree of Doctor of Science:

(1) Virum regni totius medicorum concilio praepositum, virum honoribus academicis plurimis cumulatum, etiam noster Senatus titulo suo decorare anno proximo decrevit. Inter Lancastrienses natus, inter Londinienses educatus, inter Edinenses, medicinae in schola celeberrima, quam tot coloniae Britannicae studiorum medicorum quasi *μνημόσυνον* venerantur, anatomiae scientiam per annos plus quam triginta praeclare professus, non modo Universitati suae aedificiis novis instruendae operam insignem dedit, sed etiam studiorum suorum actis per seriem edendis iam dudum maxima cum laude praefuit. Idem, rerum naturae spoliis olim in Britanniam feliciter reportatis, Australasiae praesertim anthropologiam opere in magno accuratissime expositam luculenter illustravit. Nuper societatis Britannicae scientiarum finibus proferendis praeses in annum proximum designatus, ab eadem disputationibus de anthropologiae scientia etiam inter Canadenses habendis haud ita pridem praepositus, hominum omnium plausus propterea praesertim meritis est, quod siamur superbiam recentem repressit et generis humani dignitatem veterem denuo vindicavit.

Duco ad vos generis humani vindicem, equitem insignem, anatomiae professorem illustrem, WILLELMUM TURNER.

(The President of the General Medical Council, a man laden with academic honours, our Senate decided last year further to decorate him with its title. Born in Lancashire, educated in London, a distinguished teacher of anatomy for more than thirty years at Edinburgh in the famous school of medicine which so many British colonies of medical learning venerate as their mother city, he not only rendered signal service in the erection of new buildings for his University, but for a long time most ably edited the periodical which records the work done in his own department of science. Dealing with the spoils of Nature happily brought to Britain some years ago, he shed a stream of light on anthropology, especially that of Australasia, which he most accurately set forth in an elaborate work.)

Lately chosen President of the British Association for the Advancement of Science for next year, not long ago President of the Section of Anthropology at the meeting of the same Association held in Canada, he won the applause of all men, in particular because he curbed the newborn pride of the apes and once more vindicated the ancient dignity of the human race.

I present to you the vindicator of the human race, the distinguished knight, the illustrious Professor of Anatomy, William Turner.)

The Rev. Thomas Wiltshire, Emeritus Professor of Geology and Mineralogy, received the same degree, and Mr. S. R. Gardiner that of Doctor of Letters.

REDE LECTURE.—Professor Cornu, of the Paris École Polytechnique, has been appointed Rede Lecturer for the current year. The Rede Lecture will be delivered in the Senate House on June 15th, at 4 P.M.

STOKES JUBILEE.—The celebration of the fiftieth year of Sir G. G. Stokes's tenure of the Lucasian Professorship will take place on June 1st and 2nd. A large number of delegates from British and foreign universities and scientific societies will be present. Honorary degrees will be conferred on a number of representative men of science. A gold medal and an address of congratulation will be presented to Sir George by the University, and a *conversazione* in the Fitzwilliam Museum, a garden party at Pembroke, and a public banquet, will be arranged.

HISTORY OF ANATOMY.—Professor Macalister announces a course of three lectures on Eponymous Structures in Human Anatomy on May 9th, 13th, and 16th, at noon, in the Anatomical Theatre.

ZOOLOGICAL STATIONS.—Vacancies at the University's tables in the zoological stations at Naples and Plymouth are announced. Candidates desiring to pursue biological research are requested to send their names to Professor A. Newton before June 1st.

DEGREES.—At the Congregation on April 27th the following were admitted to the degrees of M.B. and B.C.:

J. L. Allen, B.A., King's; W. D. Harmer, B.A., King's; J. H. F. Jerard, B.A., Caius; S. E. Denyer, M.B., Queens'; A. N. Walker, B.A., Queens'.

UNIVERSITY OF LONDON.

At the meeting of Convocation, to be held at the University Building on May 9th, at 5 P.M., the report of the Standing Committee will be presented by Dr. H. F. Morley. The regulations for the matriculation examination are again under review, and the Standing Committee recommended the adoption by the Senate of a syllabus in which Latin, English, mathematics (two papers each), and general elementary science (one paper) are insisted upon, together with two of the following five languages: Greek, French, German, Sanskrit, Arabic; or one of these languages and one of five sciences. This scheme would satisfy the requirements of the General Medical Council, while the present regulations fail in this respect. The proposed scheme is, moreover, sufficiently elastic to provide for all classes of pupils, in classics, mathematics, modern languages, and science. Changes in the syllabus for the Final B.A. Pass and Honours Examinations are proposed. The report states that the Committee requests the Senate to communicate to the Committee any recommendations for revision of the regulations of the M.B. and B.S. Examinations prior to their adoption. There are two vacancies on the Senate at the present time, one caused by the appointment of Lord Kimberley to be Chancellor, the other by the death of Sir William Roberts, F.R.S. Both vacancies will be filled by the Crown. Mr. Lynn will move a resolution expressing disapproval of the removal of the University to a portion of the Imperial Institute.

UNIVERSITY OF EDINBURGH.

GENERAL COUNCIL.

THE statutory half-yearly meeting was held on Wednesday, May 3rd, Principal Sir William Muir in the chair.

The Business Committee gave its report. Business and Finance Committees were elected, and the report of the Finance Committee (the most interesting part of the meeting) was presented. This report is as follows: The report stated that the University Court had resolved to alter the incidence of certain charges hitherto made upon the General University Fund, which it was believed would improve the position of that fund, which is the only one unfettered by conditions, and over which the University Court has full freedom of administration. Regret is expressed that the uniformity of administration established by the University Act of 1889, by which the University Court had power to administer and manage the whole revenue and property of the University, had been broken by the acceptance by the Senatus of the separate control and management of two recent bequests. This departure set up a dual financial administration, and distracted the Senatus from their more special educational duties, which was due to the fact that benefactors gave or left their money, not to the University Court, but tied up in such a way as to prevent the free use of the monies. The appeal issued by the Joint Committee of the Edinburgh University bodies had resulted in the receipt of funds for the building for the newly-founded department of public health, and for the cataloguing of the library. The University Court had approved the continuance of the Joint Committee to make in the future some more extended appeal, in which the requirements of the University as a whole would be placed before the public. The following figures show how far the University Court had been able to give effect to the enormously increased requirements for additional teaching power in the greatly extended range of studies now embraced in the several curricula. The comparison was with the first year after the passing of the Act of 1889:

| | 1889-90. | 1897-98. |
|------------------------------|----------|----------|
| Principal and professors ... | £39,468 | £49,836 |
| Lecturers ... | 1,226 | 4,798 |
| Assistants ... | 5,784 | 6,046 |
| Examiners ... | 1,689 | 2,533 |
| | £48,167 | £54,213 |

Owing to the lack of funds, the University Court had been forced to adopt in many cases the system of selecting as lecturers those who were assistants also to the professors. Of the total number of lecturers, no fewer than twenty-one were also professorial assistants. The total capital funds of the University during 1897-98 were £687,133 10s. 4d., the revenue £4,150 9s. 6d., and the expenditure £79,345 11s. 4d., giving a surplus revenue of £4,804 18s. 2d. As regards the General University Fund, the revenue was £43,501 6s. 8d., and the expenditure £43,904 4s. 3d., an excess of expenditure over revenue of £402 17s. 7d.

Medical Students.—The following statement of the number of matriculated medical students during eight sessions was given:

| | | | |
|-------------|-------|-------------|-------|
| 1890-91 ... | 1,951 | 1894-95 ... | 1,512 |
| 1891-92 ... | 1,852 | 1895-96 ... | 1,455 |
| 1892-93 ... | 1,736 | 1896-97 ... | 1,419 |
| 1893-94 ... | 1,560 | 1897-98 ... | 1,405 |

VICTORIA UNIVERSITY.

MEETING OF CONVOCATION.

A MEETING of Convocation of Victoria University was held at Owens College, Manchester, on April 27th.

The Council and Convocation.—Professor Smithells (Yorkshire College, Leeds), who was in the chair, said that the Committee of Convocation would in future look to the representatives of Convocation sitting on the Council to communicate at their discretion any important proposals coming before the Council, previous to such proposals being decided by the Council.

Honorary and Ad Eundem Degrees.—A long discussion ensued with regard to paragraphs in the report of Convocation as to honorary and *ad eundem* degrees. In the result approval was expressed of the proposal to admit professors and lecturers to the University to *ad eundem* degrees, and the proposal to admit to degrees certain of the professors, lecturers, and officers of the University not affected by the previous proposals, was also approved.

Election of Representative on the General Medical Council.—Dr. John Brown moved: "That in the opinion of Convocation the election of the representative to the General Medical Council for the Victoria University should be by the direct vote of the medical graduates, and that the University Court is respectfully desired to give attention to this matter." He urged that the adoption of the course he proposed would create more interest in the University among the medical graduates, who at present had no voice in the selection of their representative. The motion was seconded *pro forma*. Dr. Sinclair hoped the resolution would be defeated and would never be heard of again in Convocation. The General Medical Council, he said, was a judicial body which was appointed to deal with medical education and to look after the interests of the public as well as those of the medical practitioner. There had never been any question as to the high ability and the entire absence of bias of the members of the General Medical Council, and if the members were elected in the manner proposed they would become squeezable in the way in which members of Parliament were squeezable, and the result would be bad for the public interest and for the medical profession also.—Dr. Wild agreed that it would be a great misfortune if the resolution were carried.—Dr. Coutts also opposed the resolution.—Dr. Brown, in reply, said that he would certainly bring forward his resolution again if defeated. The motion was lost, the mover alone voting for it.

UNIVERSITY OF DURIAM.

THIRD EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.—The following candidates have satisfied the Examiners:

Honours—Second Class.—E. T. Born, College of Medicine, Newcastle-upon-Tyne; F. P. Wigfield, College of Medicine, Newcastle-upon-Tyne.

Pass List.—Hedda Alstrom, London School of Medicine for Women; L. J. Blandford, College of Medicine, Newcastle-upon-Tyne; G. B. Brown, College of Medicine, Newcastle-upon-Tyne; H. Braund, Guy's Hospital; E. H. Cooke, St. Thomas's Hospital; J. W. Heslop, College of Medicine, Newcastle-upon-Tyne; R. T. Jupp, Mason College, Birmingham; J. W. H. Morrison, College of Medicine, Newcastle-upon-Tyne; J. R. Mitchell, College of Medicine, Newcastle-upon-Tyne; J. Macfadyen, College of Medicine, Newcastle-upon-Tyne; P. M. Perkins, St. Bartholomew's Hospital; T. B. Rhodes, Mason College, Birmingham; S. Raw, College of Medicine, Newcastle-upon-Tyne; E. Swainston, College of Medicine, Newcastle-upon-Tyne; W. W. Stainthorpe, College of Medicine, Newcastle-upon-Tyne; J. E. Sidgwick, College of Medicine, Newcastle-upon-Tyne.

ROYAL UNIVERSITY OF IRELAND.

M.B., B.CH., B.A.O. DEGREES EXAMINATION.—The following candidate have passed the Examination:

Upper Pass.—W. Cahill, Queen's College, Cork; B. J. Hackett, Catholic University School of Medicine; E. McDonnell, Queen's College, Cork; J. W. D. Megaw, Queen's College, Belfast; A. Murphy, Queen's College, Cork; R. Steen, Queen's College, Belfast.

Pass.—R. Ahern, Queen's College, Cork; P. J. Burke, Catholic University School of Medicine; P. J. England, Queen's College, Cork; F. S. Irvine, Queen's College, Belfast; F. C. McKee, Queen's College, Belfast; H. J. McNabb, B.A., Catholic University School of Medicine; W. O'S. Murphy, Queen's College, Cork; R. Officer, Queen's College, Belfast; W. Paisley, Queen's College, Galway, and Belfast, and University of Edinburgh; W. Rice, Queen's College, Cork; Isobel A. Tate, Queen's College, Belfast.

M.D. DEGREE EXAMINATION.—The following candidates have passed the examination:

Pass.—Mina L. Dobbie, London School of Medicine for Women; J. P. Frengley, Catholic University School of Medicine and Private Study.

* May present themselves for the further Examination for Honours.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At a meeting of the President, Vice-President, and Council on May 2nd, the following gentlemen were elected Examiners: Anatomy.—Ambrose E. I. Birmingham, Alexander Fraser. Surgery.—H. Gray Croly, F. Conway Dwyer. Physiology and Histology.—J. Alfred Scott, Charles Coppinger. Biology.—John J. Burgess. Pathology.—Arthur Hamilton White, Edward H. Taylor. Midwifery and Gynaecology.—Frederick W. Kidd. Ophthalmology.—Patrick W. Maxwell, Louis Werner. Sanitary Law and Vital Statistics.—James H. Fergusson. Bacteriology.—Arthur Hamilton White

Engineering and Architecture.—J. Charles Wilmot. Dental Surgery and Pathology.—Arthur W. W. Baker, Daniel Corbett. Mechanical Dentistry.—Shenstone J. Bishop, George W. Yeates. Chemistry and Physics.—Robert J. Montgomery, Edwin Lapper. Languages.—L. J. Woodroffe. Mathematics, Physics, Dictation, and English Essay.—John Fraser.

DATES OF EXAMINATIONS.—Preliminary—March and September. Licence in Medicine, Surgery, and Midwifery—January, April, July, and October. Diploma in Public Health—February, May, and November. Licence in Dental Surgery—February, May, and November. Fellowship—February, May, and November.

CONJOINT BOARD IN IRELAND.

THIRD PROFESSIONAL EXAMINATION.—Candidates have passed this Examination as undernoted:

In all Subjects.—L. R. More-O'Ferrall,* J. E. P. Stewart,* F. G. Fitzgerald, J. Verdon, H. G. Westropp.

Completed the Examination.—W. J. Anglim, B. McM. Coffey, W. A. Cooke, T. P. Cormack, W. C. Croly, J. Foley, S. R. Gorkin, A. H. Jacob, S. Jacob, T. F. Laughrey, G. L. N. Miles, P. J. McGinn, C. B. Pasley, W. Patterson, R. W. Richards, J. F. Treston, J. Whelan.

In Anatomy (Four Years).—G. T. O'Kelly.

In Physiology and Surgery (Four Years).—F. C. Fowler.

In Medicine.—R. A. Campbell, G. Canilla, J. W. Clarke-Bayliss, C. H. Cormac, S. W. Cumming, R. A. Johnston, G. C. L. Kerans, H. W. Spaight.

In Surgery.—R. A. Campbell, S. W. Cumming.

In Pathology.—G. R. Barton, G. Canilla, R. A. Campbell, C. H. Cormac, M. Gavin, M. M. Goldfoot, D. L. Harding, R. A. Johnston, G. C. L. Kerans, J. H. O'Connell.

In Therapeutics.—J. W. Clarke-Bayliss, C. H. Cormac, G. C. L. Kerans.

In Forensic Medicine, etc.—R. A. Campbell, G. Canilla, J. W. Clarke-Bayliss, C. H. Cormac, M. Gavin, D. L. Harding, R. A. Johnston, G. C. L. Kerans.

* In honours.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have passed the examinations of the Board as undernoted:

First Examination (five years' course).—W. G. Macdonald (with distinction), E. G. Taylor, T. P. Cox, E. O. Roberts, W. J. Shorten, W. F. Holland, J. M. Manus, E. P. A. Richardson, B. W. Dakers, W. S. Nicholson, S. R. Scott, E. Eccles.

First Examination (four years' course).—T. B. Trotter, G. A. MacFarland, T. A. Fall.

Second Examination (five years' course).—J. M. Intyre (with distinction), J. W. Isbister, S. Zamiruddin, W. Thomson, J. C. Galloway, A. Fox, A. Macmillan (with distinction), A. B. Laidlaw, W. H. Duncan, J. W. Skelley, J. Stewart, A. N. Collier, J. R. Smith (with distinction), S. J. Farries, T. A. Welch, C. H. Nash, J. E. Cooper.

Second Examination (four years' course).—R. Cooper, H. J. Bell, B. A. R. Dunlop, W. Boyd, J. D. Begley.

Third Examination.—A. Scoular (with distinction), F. H. Rainbird, C. W. Sharp, P. M. Dewar, A. F. Jack, J. T. Malloch, A. D. Cameron, T. M. O'Driscoll, E. G. D. Benson, E. W. Powell, P. R. Roy.

Final Examination.—J. M. Inverarity, W. M'Farlane, A. J. Wilson, R. Staward (with honours), D. M. Macgregor, W. Denness, Louise Alice Fox, J. V. Usher-Somers, G. A. Parker, E. Hepworth, A. S. Omund, E. Hill, S. H. Smith, D. Murphy, Margaret Elizabeth McNeill, A. S. Sieger, G. P. Barff, J. Wigglesworth.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

THE REGISTRAR-GENERAL'S QUARTERLY RETURN.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]

THE Registrar-General has just issued his return relating to the births and deaths registered in England and Wales during the first or winter quarter of 1899, and to the marriages during the three months ending December last. The marriage-rate was equal to 18.6 per 1,000, and was higher than in the corresponding quarter of any year since 1877.

The births registered in England and Wales during the quarter ending March last numbered 231,511, and were equal to an annual rate of 29.6 per 1,000 of the population, estimated by the Registrar-General to be nearly thirty-one and three-quarter millions in the middle of 1899. This rate was 1.3 per 1,000 below the mean rate in the corresponding quarters of the ten preceding years. The birth-rates in the several counties ranged from 20.6 in Westmorland, 20.9 in Rutlandshire, 22.9 in Sussex, and 23.8 in Berkshire to 33.5 in Monmouthshire, 33.8 in Warwickshire and in Durham, and 35.2 in Staffordshire. In thirty-three of the largest English towns, including London, the birth-rate last quarter averaged 30.8 per 1,000, and exceeded by 1.2 the general English rate. In London the birth-rate was equal to 30.8 per 1,000, and almost corresponded with the rate in the thirty-two provincial towns, among which it ranged from 21.9 in Huddersfield, 22.6 in Bradford, 23.8 in Halifax, and 24.5 in Brighton to 35.1 in Wolverhampton, 35.2 in Sheffield, and 35.3 in Liverpool, in Sunderland, and in Gateshead.

The births registered in England and Wales during the three months ending March last exceeded the deaths by 83,814; this represents the natural increase of the population during that period. From returns issued by the Board of Trade, it appears that 35,019 emigrants embarked during last quarter, for places outside Europe, from the various ports of the United Kingdom at which emigration officers are stationed. Of these 35,019 emigrants, 16,106 were English, 2,571 Scotch, and 4,096 Irish, while 12,246 others were of foreign nationality. Compared with the averages in the corresponding quarters of recent years, the proportion of English

and of Scotch emigrants showed a decline, while that of Irish emigrants showed a slight increase.

During the first quarter of this year the deaths of 147,697 persons were registered in England and Wales, equal to an annual rate of 18.9 per 1,000 of the estimated population, the average rate in the corresponding quarters of the ten preceding years having been 20.9 per 1,000. The lowest county death-rates last quarter were 13.8 in Westmorland, 14.6 in Middlesex, 15.4 in Sussex, and 15.8 in Surrey; while the highest rates were 20.5 in London, 20.7 in Shropshire, 22.0 in Lancashire, and 21.5 in North Wales. In the urban population of England and Wales, estimated at twenty-one and three-quarter millions of persons, the rate of mortality during the quarter under notice was 19.5 per 1,000; while in the remaining and chiefly rural population of nearly ten millions the rate was 17.4 per 1,000. These urban and rural rates were 1.8 and 2.6 per 1,000 below their respective averages in the corresponding quarters of the ten preceding years. Among thirty-three of the largest English towns the mean death-rate was 20.6 per 1,000, or 1.7 in excess of the general English death-rate during the same period. In London the rate was 20.5 per 1,000, while it averaged 20.6 in the thirty-two large provincial towns, among which the rates ranged from 14.3 in Cardiff, 15.4 in Croydon, 16.0 in Leicester, and 16.5 in West Ham to 23.6 in Oldham, 24.3 in Preston, 25.9 in Manchester, and 26.4 in Liverpool. In sixty-seven other large towns, with an estimated aggregate population of more than four millions, the mean death-rate was 17.8 per 1,000, or 2.8 below the rate in the thirty-three great towns.

The 147,697 deaths registered in England and Wales during the three months ending March last included 3,000 which were referred to whooping-cough, 2,350 to diphtheria, 2,015 to measles, 1,314 to "fever" (including typhus, enteric, and ill-defined forms of continued fever), 1,133 to diarrhoea, 883 to scarlet fever, and 3 to small-pox; in all, 10,698 deaths resulted from these principal zymotic diseases, equal to an annual rate of 1.36 per 1,000, which was 0.35 below the average rate in the corresponding quarters of the ten preceding years. The mortality from diphtheria and "fever" showed an excess, while that from each of the other principal zymotic diseases was below the average. Of the 3 deaths from small-pox registered in England and Wales during the quarter under notice, 1 occurred in Kent, 1 in the West Riding of Yorkshire, and 1 in Cumberland.

The rate of infant mortality in England and Wales last quarter, or the proportion of deaths under 1 year of age to registered births, was equal to 137 per 1,000, and was 10 per 1,000 below the average rate in the corresponding period of the ten preceding years. In London the rate of infant mortality was 130 per 1,000, while it averaged 149 in the thirty-two large provincial towns, among which it ranged from 113 in Brighton, 118 in Croydon and in Portsmouth, 120 in Wolverhampton, and 123 in Bristol to 175 in Blackburn, 192 in Halifax, 195 in Oldham, and 219 in Preston. The mortality in England and Wales last quarter among persons aged between 1 and 60 years was equal to an annual rate of 9.6 per 1,000 of the estimated population at this group of ages, and was 1.1 per 1,000 below the mean rate in the ten preceding first quarters. In the thirty-three great towns the mortality at this age-group averaged 11.5 per 1,000, and ranged from 7.1 in Croydon, 7.8 in Leicester, and 8.0 in Brighton and in Cardiff to 13.8 in Sunderland, 15.9 in Manchester, and 16.0 in Liverpool. Among persons aged 60 years and upwards, the death-rate in England and Wales last quarter was equal to 8.0 per 1,000 of the estimated population at this age-group, against an average rate of 90.8 in the corresponding quarters of the ten preceding years. In the thirty-three great towns the rate was 95.5 per 1,000, ranging from 67.6 in Portsmouth, 68.3 in Cardiff, and 71.4 in Hull, to 114.7 in Salford, 119.0 in Preston, and 121.2 in Oldham.

The mean temperature of the air at the Royal Observatory, Greenwich, was 41.8°, and was 2.0° above the average in the corresponding quarters of 128 years; it showed an excess of 6.0° in January and of 3.1° in February, but in March it was 0.4° below the average. The rainfall during the quarter amounted to 5.07 inches, and was 0.14 of an inch above the average.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,937 births and 3,862 deaths were registered during the week ending Saturday last, April 29th. The annual rate of mortality in these towns, which had declined from 23.1 to 18.3 per 1,000 in the four preceding weeks, further fell to 17.7 last week. The rates in the several towns ranged from 11.3 in Gateshead, 12.5 in Burnley, 13.1 in Swansea, and 13.9 in Croydon to 20.9 in Liverpool, 22.9 in Sunderland, 23.2 in Manchester, and 27.6 in Wolverhampton. In the thirty-two provincial towns the mean death-rate was 18.1 per 1,000, and was 1.2 above the rate recorded in London, which was 16.9 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.7 per 1,000; in London the death-rate was equal to 1.7 per 1,000, while it averaged 1.8 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.7 in Blackburn, 3.1 in Salford, 4.4 in Manchester, and 4.7 in Wolverhampton. Measles caused a death-rate of 1.9 in Bolton and in Salford, and 2.5 in Manchester; scarlet fever of 1.0 in Derby and 1.1 in Halifax; whooping-cough of 1.3 in Hull, 1.4 in Cardiff and in Burnley, 1.6 in Plymouth, and 1.8 in Birkenhead; and "fever" of 1.8 in Wolverhampton. The 61 deaths from diphtheria in the thirty-three towns included 26 in London, 10 in Sheffield, 6 in Leeds, 4 in Leicester, and 4 in Manchester. One fatal case of small-pox was registered last week in Hull, but not one in any of the thirty-three large towns; and 3 small-pox patients were under treatment in the Metropolitan Asylum Hospitals on Saturday last, April 29th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 2,126 and 2,144 at the end of the two preceding weeks, had declined to 2,131 on Saturday last; 226 new cases were admitted during the week, against 150, 163, and 189 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, April 29th, 1,091 births and 644 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 23.3 to 18.1 per 1,000 in the four preceding weeks, rose again to 21.1 last week, and

MEDICAL NEWS.

SUCCESSFUL VACCINATION.—Mr. J. Osborne Blunden, Public Vaccinator for the Neston District of the Wirral Union, has been awarded the Government grant for efficient vaccination.

FRENCH HOSPITAL AND DISPENSARY.—The thirty-first anniversary dinner in aid of the funds of this institution will take place at the Hotel Cecil on May 6th, when the chair will be taken by His Excellency the French Ambassador, supported by the Lord Mayor and the Sheriffs of London.

EPSOM COLLEGE.—Among recent successes of Epsom boys are to be chronicled an Exhibition for Mathematics at Jesus College, Oxford, gained by A. G. J. Alderson, a son of Dr. F. H. Alderson; and a Mathematical Demyship at Magdalen College, Oxford, by W. T. Wood. Mr. G. E. H. Ellis, an old Epsom boy, has taken a first class in Classical Moderations.

THE ANNUAL MEETING AND MAY DINNER OF THE ABERDEEN UNIVERSITY CLUB will be held at the Trocadero Restaurant on Wednesday, May 17th, at 7 P.M., when Sir James Sivewright, K.C.M.G., will take the chair. Members wishing to attend are requested to communicate with the Honorary Secretary, J. Gerard Laing, B.A., 2, Brick Court, Temple, E.C., or Dr. James Galloway, 54, Harley Street, W.

NATIONAL REGISTRATION OF PLUMBERS.—The annual meetings of the East and West of Scotland District Councils were held last week in Edinburgh and Glasgow respectively. Sir James Russell, M.D., who presided over the former, said that registration was necessary to secure for the public the benefits to be derived from increased competency of plumbers, and a diminution in the amount of preventable disease and death.

THE SULTAN AND HIS SURGEON.—The *Frankfurter Zeitung* relates an extraordinary story about Emin Pasha, the Chief Surgeon to the Sultan of Turkey. He is said to have been charged, on information given by his wife, of plotting against the Sultan. Although it is generally believed that the lady's action was prompted by the wish for a separation from her lawful spouse, it is thought likely that Emin Pasha will be condemned to lifelong banishment.

THE METRIC SYSTEM.—At the meeting of the Reading Pathological Society, the following resolution, proposed by Dr. Abram, and seconded by Dr. Jamieson B. Hurry, Honorary Secretary, was passed unanimously: "(1) That the Reading Pathological Society is of opinion that the metric system should be definitely adopted in the next edition of the *British Pharmacopoeia*. (2) That the Honorary Secretary be instructed to communicate the above resolution to the General Medical Council."

THE FOOD OF THE GERMAN SOLDIER.—The German soldier used to be given only two meals daily, namely, breakfast and dinner. The latter meal was given at eleven o'clock in the day, and from that hour till breakfast the following morning he had nothing to eat except what he was able to provide out of his own pocket. On January 1st, 1897, however, a step forward was made, and the soldier was given two evening meals in the week; the further additional meal for the remaining five days has now been granted, and for the future the German soldier will be served daily with a substantial evening meal.

TREATMENT OF INEBRIETY AT RICKMANSWORTH.—In some respects the latest annual report of the Dalrymple Home at Rickmansworth is the most satisfactory of the series of fifteen yearly reports which have been issued by the Homes for Inebriates Association. Financially, the previous frequent tale of a deficit was last year succeeded by the cheering announcement of a profit of £106. This is specially gratifying, as any profits earned go to the improvement and extension of the undertaking, which has proved a successful experiment for the encouragement of more recently founded scientific efforts at the sound treatment of inebriety. There has also been an unusually large number of patients in the home, but this has arisen from more discharges and shorter periods of residence, not from the average number at any time having been higher; the increased number has been due chiefly to the erroneous belief, fostered by the exploiters of secret so-called "cures," that long residence in a special institution is

unnecessary. As the respectable aggregate of 518 patients has passed through the Dalrymple Home, it is encouraging to learn that over one-third are doing well or have improved, though many of the cases were of long standing, the average age of addiction before reception having been $7\frac{1}{2}$ years. In 31 instances the liquor indulged in was wine, and in 8 beer. There were 8 cases of addiction to morphine and cocaine, and 1 case of absinthe. The Committee congratulate their late medical superintendent, Dr. R. W. Branthwaite, on having been appointed inspector of inebriate reformatories under the Act of 1898, and announce that they have appointed Dr. F. S. D. Hogg to be his successor.

MEDICAL PROGRESS IN SIAM.—In a most interesting article a special correspondent in a recent issue of the *Times* records gratifying improvement in the general condition of the Siamese kingdom. The writer says that in Bangkok some attempt has been made at sanitation in deference to the persistent advice of English health officers; roads have been cut and trees planted; latrines have been put up and refuse collected, and improved hospital accommodation provided. But there is no water supply, and in this great city of more than 400,000 inhabitants the people have to drink the polluted and often brackish river water. Thousands of lives are every year sacrificed to the Menam waters. There is a Belgian physician to the King of Siam, but the health officers are British. Progress, it is believed, would be more rapid but for two chief causes (1) the multitude of advisers with which the King has surrounded himself, and (2) the masses of Asiatics who have been admitted to foreign protection.

THE TEMPERATURE OF THE SOIL.—At the last meeting of the Royal Meteorological Society Mr. H. Mellish read a paper on the observations of the temperature of the soil at various depths which had been at the stations of the Society. The observations, which at some stations went back to 1881, had been made at depths of 3 inches, 6 inches, 1 foot, 2 feet, and 4 feet. At nearly all stations the annual temperature at 1 foot was slightly higher than that of the air, though in winter there was little difference. In the summer months the soil at one foot was generally warmer than the air, the difference exceeding 3° at several stations. Mr. Mellish showed that on the mean for the year the light soils were 1° warmer than the air, while the "strong" were only 0.2° warmer. He is of opinion that it might be expected that wider extremes of temperature would be found near the surface in light soils than in strong ones, but that the heavier soils were better conductors of heat, and that consequently the extremes were propagated to greater depths in heavy soils than in light ones.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The twenty-seventh annual meeting of the American Public Health Association will be held at Minneapolis, Minnesota, from October 31st to November 4th, 1899. The Executive Committee has selected the following subjects for consideration: The pollution of water supplies; the disposal of garbage and refuse; animal diseases and animal food; car sanitation; steamship and steamboat sanitation; the etiology of yellow fever; the relation of forestry to the public health; demography and statistics in their sanitary relations; the cause and prevention of infectious diseases; public health legislation; the cause and prevention of infant mortality; the period during which each contagious disease is transmissible, and the length of time for which each patient is dangerous to the community; sanitation, with special reference to drainage; plumbing, and ventilation of public and private buildings; method of international arrangement for protection against the transmission of infectious diseases; disinfectants; to examine into the existing sanitary municipal organisations of the countries belonging to the Association with a view to report upon those most successful in practical results; laboratories; to define what constitutes an epidemic; national leper home; revision of classification of diseases; dangers to the public health from illuminating gas leakage. Upon all these subjects special committees have been appointed to report. But this vast and comprehensive programme does not exhaust the energies of the Association, and it is intimated that papers will be received upon other sanitary subjects.

MEDICAL VACANCIES.

The following vacancies are announced:—

- BARROW-UPON-SOAR, BILLSBEN, BLABY GRETTON, HALLATON, HINCKLEY, PUTTERWORTH, MONKS KILBY, OAKHAM, AND UPPINGHAM RURAL DISTRICTS, AND THE MELTON MOWBRAY, THURMASTON, AND WIGSTON MAGNA URBAN DISTRICTS.**—Medical Officer of Health for the said Districts. Salary £450 per annum. Applications to Geo. A. Badyotte, Clerk to the Joint Committee, Fosseworks, by May 10th.
- BATH: ROYAL MINERAL WATER HOSPITAL.**—Resident Medical Officer; unmarried. Salary, £100 per annum, with board and apartments. Applications to the Secretary by May 15th.
- BEDFORD COUNTY HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with apartments, board, lodging, and washing. Applications to the Secretary by May 15th.
- BETHLEM HOSPITAL.**—Two Resident House-Physicians. Appointment for six months. Apartments, complete board and washing provided, and honorarium at the rate of £12 12s. per quarter. Applications, endorsed "House Physicians," to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., by May 15th.
- BIRMINGHAM: MASON UNIVERSITY COLLEGE.**—Professor of Pathology and Bacteriology. Applications to the Secretary by May 31st.
- BIRMINGHAM: QUEEN'S HOSPITAL.**—(1) House-Physician. Appointment for one year. Salary £50, with board, lodging, and washing. (2) An Obstetric and Ophthalmic House-Surgeon. Appointment for six months. Salary £10, with board, lodging, and washing. Applications to the Secretary by May 24th.
- BIRMINGHAM: ROYAL ORTHOPEDIC AND SPINAL HOSPITAL.**—Honorary Surgeon. Applications marked outside. Application for Post of Honorary Surgeon, to the Honorary Secretary, 9, Bennett's Hill, Birmingham, by June 1st.
- CAMBRIDGE: ADDENBROOKE'S HOSPITAL.**—Resident House-Surgeon. Salary £65 per annum, with board, lodging, and washing. Applications to the Secretary by June 10th.
- 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 15th.
- CARLISLE DISPENSARY.**—Resident Medical Officer. Salary £130 per annum, with apartments. Applications to the Honorary Secretary, Mr. G. A. Lightfoot, 14, Bank Street, Carlisle, by May 10th.
- 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 11th.
- EAST LONDON HOSPITAL FOR CHILDREN, Shadwell.**—Medical Officer for the Casualty Department. Appointment for six months, but renewable. Salary at the rate of £100 per annum. Luncheon provided. Applications to the Secretary by May 15th.
- EPINGHAM UNION.**—Two District Medical Officers. Salaries £41 per annum, and the usual extra medical fees. Must reside within the districts. Applications to the Clerk to the Guardians, Northrup, Norwich, by May 17th.
- GLAMORGAN COUNTY ASYLUM.**—Junior Assistant Medical Officer. Salary £130, rising to £150, with board, lodging, and washing. Applications to the Medical Superintendent by May 13th.
- GROVE HALL ASYLUM, Bow, E.**—Junior Assistant Medical Officer. Salary £120 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.
- HOSPITAL FOR WOMEN, Soho Square, W.**—House-Physician. Appointment for six months. Salary £30. Applications to the Secretary by May 15th.
- KING'S COLLEGE, W.C.**—Assistant Dental Surgeon at King's College Hospital. Applications to the Secretary.
- LANCASHIRE COUNTY ASYLUM, Whittingham.**—Pathologist. Salary £200 per annum, with apartments, board, washing, and attendance. Also Locum Tenens for four or five months (not exceeding 30 years of age). Salary £2 2s. a week. Applications to the Medical Superintendent by May 17th.
- LEEDS: GENERAL INFIRMARY.**—One House-Surgeon and one House Physician, for twelve and six months respectively. Board, lodging, and washing provided. Applications to the Secretary to the Faculty by May 28th.
- LIVERPOOL STANLEY HOSPITAL.**—Honorary Assistant-Surgeon. Applications to the Honorary Secretary by May 16th.
- LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.**—Assistant Resident Medical Officer. Remuneration at the rate of £50 per annum, with residence, board, and washing. Applications to the Secretary by May 20th.
- MANCHESTER ROYAL INFIRMARY AND DISPENSARY.**—Honorary Ophthalmic Surgeon and an Honorary Assistant Physician. Applications to the Secretary by May 20th.
- METROPOLITAN EAR, NOSE, AND THROAT HOSPITAL, Grafton Street, W.**—Surgeon. Application to the Secretary by May 13th.
- NORTH STAFFORDSHIRE INFIRMARY AND EAR HOSPITAL, Hartshill, Stoke-upon-Trent.**—Assistant House-Surgeon. Board, apartments, and washing provided. Applications to the Secretary by May 15th.
- READING: ROYAL BERKE'S HOSPITAL.**—Vacancy on Medical Staff. Applications to the Secretary by May 8th.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.**—Resident Medical Officer. Appointment for six months, when re-election is required. Salary at the rate of £100 per annum, with furnished apartments, board, and washing. Applications to the Secretary by May 16th.
- ROYAL ORTHOPEDIC HOSPITAL, 297, Oxford Street, W.**—House-Surgeon and Registrar. Salary, £200 per annum, with partial board and residence. Appointment for six months, but eligible for re-election. Applications to the Secretary by May 20th.
- ST. ANDREWS UNIVERSITY.**—Professor of Pathology. Application to the Secretary of the University by June 21st.
- ST. MARYLEBONE GUARDIANS.**—Non-Resident Assistant Medical Officer for Dental purposes at the Schools at Southall. Salary £50 per annum. Applications to the Clerk to the Guardians' Offices, Northumberland Street, Marylebone Road, W., by May 15th.
- STOCKPORT INFIRMARY.**—Junior Assistant House Surgeon. Salary, £2 per mensem, with board, washing, and residence. Applications to the Secretary by May 16th.
- TIVERTON UNION.**—Medical Officer and Public Vaccinator for the Halberton and Sampford Parva Districts. Salary £50 per annum, and fees. Applications to the Clerk by May 15th.
- WEST RIDING ASYLUM, Wadley, near Sheffield.**—Fifth Assistant Medical Officer. Salary £100 per annum, increasing to £150, with board, etc. Applications to the Medical Superintendent by May 15th.

MEDICAL APPOINTMENTS.

- AITCHISON, T. M.B., C.M. Edin.,** appointed Medical Officer for the Wellington Quay District of the Tyne and Wear Union.
- ASHWIN, B. H., L.R.C.P., L.R.C.S. Edin.,** appointed Medical Officer for the Second Market Wisbech District of the Pecklington Union.
- BALLACHEY, H. H., L.R.C.P. Edin., M.R.C.S. Eng.,** appointed Medical Officer for the Adderley and Gansworth District of the Macclesford Union.
- BOWEN, George, L.R.C.P., L.R.C.S., D.P.H.,** appointed Clinical Assistant to the Chelsea Hospital for Women.
- CAMERON, John, M.B., Ch.B. Edin.,** appointed House-Surgeon to the Central London Ophthalmic Hospital.
- CLIFF, S. Leonard, M.D. Brux., M.R.C.S., L.R.C.P.,** appointed Medical Officer to Out-patients at the Royal Victoria Hospital, Bournemouth.
- COLLES, R. A., M.A., M.B.,** appointed Medical Officer for the Fifth District of the Bridge Union.
- DUNSMY, Martin, M.D.,** appointed Visiting Physician to the Mater Misericordiae Hospital, Dublin, *vice* M.A. Boyd, deceased.

- FOULERTON, Alex. G. B., F.R.C.S., D.P.H.,** appointed Lecturer on Public Health at the Middlesex Hospital Medical School.
- GUNN, Albert A., M.B., Ch.B.,** appointed Junior House-Surgeon at the Blackburn and East Lancashire Infirmary.
- HAWLEY, F. H., M.R.C.S. Eng., L.S.A.,** appointed Medical Officer for the Caverswall District of the Cheshire Union.
- LANDER, F. J., M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Medical Officer of the No. 1 District, Nottingham Union.
- MARLEY, James S., M.B., Ch.B. Edin., M.R.C.S., L.R.C.P. Lond.,** appointed House Surgeon to the Rotherham Hospital.
- MATHIAS, R., M.A., M.B.,** appointed Medical Officer for the Pentyrch District of the Cardiff Union.
- MORETON, T. W. E., B.A. Camb., L.R.C.P. Lond., M.R.C.S.,** appointed Medical Officer for the Tarvin District of the Tarvin Union.
- NORWELL, J. S., M.B. Edin.,** appointed Assistant Surgeon to the Perth Royal Infirmary. *vice* William Robertson, M.D. Glas., resigned.
- PREKINS, H. B., L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Medical Officer for the Barking District of the Romford Union.
- STARR, Eben Carthew, F.R.C.S. Eng.,** appointed Surgeon to Out-patients at the Great Northern Central Hospital, *vice* Peyton T. B. Beale, F.R.C.S. Eng.
- STEWART, Parker, M.B., B.Sc.,** appointed District and Dispensary Surgeon of the Perth Royal Infirmary, *vice* William Robertson, M.D. Glas., resigned.
- TAIT, J., L.R.C.P., L.R.C.S. Edin.,** appointed Medical Officer for the Sharnbrook District of the Bedford Union, *vice* C. Hicks, L.R.C.P., L.R.C.S. Edin., resigned.
- WILSON, A. Garriock, M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Junior Out-patient Surgical Officer to the Royal London Hospital, Moorfields, E.C.
- WYNTER, Walter Essex, M.D., F.R.C.P.,** appointed Lecturer on Pharmacology and Therapeutics at the Middlesex Hospital Medical School.

DIARY FOR NEXT WEEK.

MONDAY.

- Central London Throat, Nose, and Ear Hospital, 5 P.M.**—Mr. Lennox Browne: Ozena.
- Medical Society of London, 8 P.M.**—General Meeting for the Election of Officers and Council for Sessions 1899.

TUESDAY.

- West End Hospital for Diseases of the Nervous System, 73, Welbeck Street, W., 5 P.M.**—Dr. T. D. Savill: Cerebral and Choreiform Movements.
- Royal Medical and Chirurgical Society, 8.30 P.M.**—Dr. F. J. Poynton: Rheumatic Pericarditis. Dr. A. E. Garrod: A Contribution to the Study of Alkaptonuria.
- National Hospital for the Paralytic and Epileptic, Queen Square, W.C., 3.30 P.M.**—Dr. Beevor: Myopathies.

WEDNESDAY.

- Dermatological Society of London, 11, Chandos Street, Cavendish Square, W., 5.15 P.M.**—Clinical Demonstration.
- Hospital for Consumption, Brompton, 4 P.M.**—Dr. Frederick Roberts: The Clinical Investigation of Cases of Chest Disease.

THURSDAY.

- Central London Throat, Nose, and Ear Hospital, 5 P.M.**—Dr. Dundas Grant: Clinical anatomy and Physiology of the Ear.
- London Temperance Hospital, 2 P.M.**—Dr. S. S. Lewick: Clinical and Pathological Demonstration to Senior Students.
- Charing Cross Hospital, Post-Graduate Course, 4 P.M.**—Mr. Stanley Boyd: Demonstration of Surgical Cases.
- British Gynaecological Society, 8.30 P.M.**—Specimen—Dr. H. Snow: Large Mammary Intracystic Sarcoma. Papers—Mr. J. W. Taylor, Birmingham: The Treatment of Gonorrhoeal Salpingitis. Dr. John Campbell, Belfast: A Case of Pyosalpinx in which one of the tubes contained 19 ounces of pus.
- Brixton Medical Society, 9 P.M.**—Mr. Percy Dunn: On some points in the Treatment of Iritis.

FRIDAY.

- Clinical Society of London, 8.30 P.M.**—Dr. Hale White and Mr. Golding-Bird: Three additional cases of Right Colotomy for Chronic Colitis. Dr. St. Clair Thomson: Chronic Empyema of the Maxillary Sinus, undoubtedly of two years' and probably of seven years' duration associated with inveterate cough and periodical headache; completely cured in eight weeks by simple drainage through the alveolus. Mr. Mark Howell and Mr. F. Eve: Case illustrating the Pathology and Treatment of Chronic Suppuration of the Maxillary Sinus.

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.

- JEVIE-FERRIERA.**—On March 24th, at Lisbon (Portugal), the wife of Dr. A. A. Jevie-Ferreira, surgeon-in-Chief to the Delagoa Bay Railway, Lourenço Marques, of a son.
- SUTHERLAND.**—At Kingsley House, Golspie, N.B., the wife of D. G. Sutherland, M.B., B.Sc. Edin., of a son.
- WALKER.**—On April 27th, at Hill Road, Wimbledon, the wife of George Walker, M.R.C.S., L.M.C.P., of a son (stillborn).

MARRIAGES.

- ALEXANDER—WOODWARD.**—On May 3rd, at St. Clement Dunes, by the Rev. J. J. H. S. Pennington, M.A., James Whitelaw Alexander, M.R.C.P., L.F.P.S., The Lodge, Armlay, Leeds, second son of the late Thomas Alexander, M.D., F.F.S. Glasgow, to Laura Woodward, niece and adopted daughter of the late James and Margaret Alexander, Grove House, Ripon.
- LEEDHAM—GREEN.**—On April 12th, at the Wesleyan Church, Somerset Road, Handsworth, by the Rev. Richard Green, Governor of Disbury College, father of the bridegroom, assisted by the Rev. W. L. Watkinson, and the Rev. W. J. Moulton, Charles Albert Leedham-Green, M.D., F.R.C.S., to Edith Lascelles, eldest daughter of John Bayley Lees, Esq., J.P., Oaklands, Handsworth.
- LEVICK—CASTLEDINE.**—On April 27th, at Kirkella, by the Rev. T. Lindsay, of Mid-gleam Mount, and the Rev. J. Keods of Kirkella, Harry Driffield Levick, M.B., B.S., F.R.C.S., of 132, St. Paul's Terrace, Middlesbrough, son of Henry Levick, of Thraughtstone, to Harriett Minnie Castledine, M.B., B.Sc., daughter of the late Henry Castledine, of Gloucester Gate, Regent's Park, London, and stepdaughter of Dr. Marson Wilkery, Hull.
- SMITH—SKAR.**—On April 27th, at the Church of the Sacred Heart, Gibraltar, by the Rev. Reginald Collins, Chaplain to the Forces, Peter Colin Campbell Smith, L.R.C.P. and S.E., L.F.P.S.G., son of Robert Smith, M.D., of Sedgfield, Durham, to Dorothea Caroline Marie Antoinette Françoise de Sales, daughter of the late Jens Bager Pedersen Skar, of Skar, Norway.

LEATH.

- REYNOLDS.**—George Frederick Reynolds, M.R.C.S., L.R.C.P., of 4, Normansville, Church Road, Teddington, almost suddenly, at T. quab, West Africa, on Wednesday, February 15 h, in his 30th year, from blackwater fever.

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.*—1 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.
CHLSEA 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. Tu. 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.50; Dental, W., 2. *Operations.*—M. W. Th. F., 2.
GUY'S. *Attendances.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; 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, Tu., 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, Tu., 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, Tu., 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; Dental, M. Th., 9.30; M. F., 9.30. *Operations.*—Daily, 1.30.
NATIONAL ORTHOPEDIC. *Attendances.*—M. Tu. Th. F., 2. *Operations.*—Tu., 2.
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., 8.
ROYAL EYE, Southwark. *Attendances.*—Daily, 2. *Operations.*—Daily.
ROYAL FREE. *Attendances.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, W., 9. *Operations.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
ROYAL LONDON OPHTHALMIC. *Attendances.*—Daily, 9. *Operations.*—Daily, 10.
ROYAL ORTHOPEDIC. *Attendances.*—Daily, 2. *Operations.*—M., 2.
ROYAL WESTMINSTER OPHTHALMIC. *Attendances.*—Daily, 1. *Operations.*—Daily, 2.
ST. BARTHOLOMEW'S. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o.p., W. S., 2; Eye, M. Tu. S., 2; o.p., M. Tu., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopedic, M., 2.30; Dental, Tu. F., 9. *Elc. Rical.* M. Tu. Th. F., 1.30. *Operations.*—Daily, 1.30; (Ophthalmic), Tu. r. 2; Abdominal Section for Ovariectomy, F., 2.
ST. GEORGE'S. *Attendances.*—Medical and Surgical, daily, 1 p., 1; o.p., 1.30; 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; Orthopedic, 1.30; Dental, M. Tu. F., 1.2. *Operations.*—Daily, 1; Ophthalmic, M., 1; Dental, Tu., 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. Tu., 9; Throat, Tu. F., 3; Skin, M. Tu., 9; Dental, W. S., 2.30; 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. Tu. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Tu., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances.*—Daily, 1.30. *Operations.*—Gynaecological, M., 2; W., 2.30.
THROAT, Golden Square. *Attendances.*—Daily, 1.30; Tu. F., 6.30. *Operations.*—Daily, exc. M., 10.
UNIVERSITY COLLEGE. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 2; Skin, Tu. F., 2; Throat, M. Tu., 9; Dental, Tu. F., 9.30. *Operations.*—Tu. W. Th., 2.
WEST LONDON. *Attendances.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 10; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electro-therapeutics, M. Th., 2; Skin, M. F., 2; Throat and Nose, Tu., 2; S., 10. *Operations.*—Daily, about 2.30; F., 10.
WESTMINSTER. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, Tu. F., 9.30; Ear, Tu., 1.30; Skin, W., 1.30; Dental, W. S., 9.15. *Operations.*—M. Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO
CORRESPONDENTS.

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

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 423, 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, 423, 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 *Atiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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

QUERIES.

A. W. B. asks for what public services and appointments a boy with myopia of 2D would be disqualified?

* * We believe only for the Royal Navy (executive), Indian Marine, and Bengal Pilot service.

MR. E. HARDING FREELAND, F.R.C.S. Eng. (22, Beaumont Street, Portland Place, W.), would be greatly indebted to any member of the profession who would have the kindness to forward him any specimens of hemorrhoids, recently removed, for pathological investigation.

HOSPITAL FOR PAYING PATIENT.

COUNTRY MEMBER writes: Is there any hospital or home where a gentleman of limited means could be admitted to undergo a course of treatment for peripheral neuritis? He is at present in a general infirmary, but they seem there to require his bed, and I am afraid that in rooms he would grow worse again from want of proper control.

SIR THOMAS BROWNE'S WORKS.

C. asks whether Sir Thomas Browne's *Vulgar Errors* and *Urn Burial*, also *The Garden of Cyrus* (1669) is rare?

* * The collected folio edition of 1686 sells for about a guinea, so that it is not probable that the 1669 edition would cost as much. The earlier quarto editions are much more interesting.

TEMPORARY MENTAL UNSOUNDNESS.

J. M. H. has a patient, a trained nurse, who at her monthly periods gets very depressed, and is sometimes for three or four days practically of unsound mind. In the intervals she is quite well, and bright and cheerful. Is there any institution of any kind which would give her care and attention when ill in return for services as nurse when well? A small premium could be given.

* * It is a painful case, but it is doubtful whether such a one could be employed in responsible work.

TREATMENT OF PULMONARY CONSUMPTION.

We continue to receive many letters of inquiry with regard to institutions for the treatment of patients suffering from pulmonary consumption. Dr. G. H. R. Holden of Reading desires to hear of an institution where a youth of 18 could be received for the open-air treatment for a moderate payment.—Dr. Reginald Nitch-Smith (Bessborough Gardens, S.W.) desires to hear of an institution where a male patient suffering from chronic phthisis, at present seriously ill and in want of skilled nursing and attendance, could be received for a small sum weekly.

* * The National Sanatorium at Bournemouth receives patients at the rate of 6s. a week, but a governor's letter is required.

ANSWERS.

DELTA.—We have received the statement and copies of correspondence and sympathise with "Delta" in his troubles, but do not see that we can help him. If he has no available proof that the person in question did the acts of which he complains he can take no further action. Undoubtedly it would have been a friendly and frank act to have answered his question definitely, and the failure to do so raises a very natural suspicion, but we do not think it is possible to go any further than this. Such disputes between neighbours are frequent, and are very much to be regretted. It is in these cases that local ethical committees might do much good, because the members of such committees have the local and personal knowledge which might enable them to interfere and adjust such differences with advantage.

"OBSTINATE HICCOUGH."

DR. C. B. RICHARDSON (West Brighton) writes: Colonel O., suffering from double aortic disease, came to me in a distressed condition from obstinate hiccough, having suffered three days. I cured him immediately by closing both ears and nostrils with fingers, and making him at the same time swallow a large tumblerful of water.

NOTES, LETTERS, ETC.

LOCUM TENENS AND AGENTS' FEES.

JUNIOR PRACTITIONER writes to complain of the fees charged by agents in the case of a *locum tenens*. He states that the fee of half a guinea is charged to both parties, and that recently this charge was made in a case in which the engagement was only for three days. He asks for suggestions to remedy this state of things.

CELADINE.

DR. A. C. SHAW-MACKENZIE (644, Fulham Road, S.W.) writes: Dr. Hardman will find the plant fully described in *Medical Botany*, by John Stephenson, M.D., F.L.S., and James Morss Churchill, F.L.S., published by John Churchill, Carlton Street, Waterloo Place, 183r. If he is unable to obtain a copy I shall be pleased to give him any information he requires from mine.

THE ALIMENTARY CANAL AND HUMAN DECAY.

MR. THOMAS C. HODGKINSON (Managing Director of the Electro-Neurotome Company) writes with reference to a paragraph with the above title to state that the use of the term "static electricity" in connection with the electro-neurotome was erroneous; the current derived from the neurotome is, he states, faradic.