

There can be no doubt that the crotchet hook had penetrated the vaginal roof, through the posterior fornix, (a) judging from this case alone, for two reasons: (1) the position the crochet hook occupied in the peritoneal cavity, and (2) the length of the crochet hook,  $4\frac{1}{2}$  inches, (b) associating this case with the report of a similar case before the Royal Medical and Chirurgical Society<sup>1</sup> in May, 1855, by Mr. Erichsen and Mr. T. Bryant, where a pointed cedar pencil,  $5\frac{1}{2}$  inches long, lay for eight months within the abdomen after having penetrated the right posterior fornix-vagina and transfixed two coils of small intestine. When contrasted with the crochet hook, the extra inch in length of the cedar pencil would account for the latter having reached a higher level on the anterior abdominal wall, through which, by incision, Mr. Erichsen removed the pencil, death ensuing four days later from septic peritonitis and faecal extravasation. If the circumstances attendant upon the intraperitoneal entrance of the foreign body in either of the cases were considered, it would appear very probable that the crochet hook ( $4\frac{1}{2}$  inches) or the cedar pencil ( $5\frac{1}{2}$  inches) was first completely lodged within the vagina, the upper end raising or propping up the posterior fornix and the lower end resting on the pelvic floor or perineum; whilst a sudden, perhaps almost violent, change in the patient's posture raised the intra-abdominal pressure and drove the foreign body through the vaginal roof. My patient from a squatting posture raised herself to reach over a table top and then knelt down; Mr. Erichsen's patient was disturbed during her manipulation of the vaginal foreign body. My patient had used a blunter instrument; she had the advantages in diagnosis of the x-ray photography and in treatment of pressure from her doctor not to delay, and in her case of operation by the vaginal route.

The only other example of a primarily vaginal foreign body in any way resembling those I have described I find mentioned by Dr. Freund,<sup>2</sup> of Strassburg, who discovered accidentally when operating, by abdominal section on the left Fallopian tube, a portion of the shanks of a hairpin which had penetrated the uterus and tube.

#### REFERENCES.

<sup>1</sup> *Medico-Chirurgical Transactions*, xxxix. <sup>2</sup> *Centralblatt für Gynäkologie*, December 17th, 1887.

### TWO CASES OF INTRACTABLE UTERINE HÆMORRHAGE FOR WHICH VAGINAL HYSTERECTOMY WAS PERFORMED.

By C. E. PURSLOW, M.D.LOND., M.R.C.P.LOND., Honorary Obstetric Officer, Queen's Hospital, Birmingham.

MR. BLAND SUTTON in the BRITISH MEDICAL JOURNAL of April 8th, p. 839, draws attention to cases of persistent uterine hæmorrhage which do not yield to the curette, and which are not characterised by any marked naked-eye changes in the uterus. Histological examination however shows changes in the uterine wall, and he applies the term "fibrosis of the uterus" to this condition.

I have met with two such cases, in each of which I performed vaginal hysterectomy, and as in one of the cases a careful histological examination was made which bears out the views of Mr. Bland Sutton, I have thought that it may be of interest to briefly narrate the cases.

CASE I.—The first was a woman, aged 46, who was admitted to the Queen's Hospital, Birmingham.

*History.*—She had had eight children, the last eight years ago, and since the birth of the last child there had been six miscarriages, the last one being eighteen months ago. When not pregnant during the last five years she had been almost constantly losing blood, and for six weeks before admission there had been no intermission of the bleeding. She had been treated by rest in bed, drugs, and curetting had been several times performed, but with no permanent effect.

*Operation.*—As the patient was getting very anaemic and was having fainting attacks it was decided to perform vaginal hysterectomy, and this was done on August 14th, 1897. The patient made a good recovery and there has been no further vaginal hæmorrhage.

The main interest of the case lies in the result of an examination of the uterus. To the naked eye this organ appeared normal. A careful microscopical examination was kindly made by Dr. Douglas Stanley, Pathologist to the Queen's Hospital, whose report, dated November 11th, 1897, was as follows:

"I have examined the sections of uterus. The endometrium

shows considerable alteration of the epithelial cells, which are round or irregular and proliferative, forming a deep layer, in which are found vessels with poorly-developed walls. Under this there seems to be some fibrotic degeneration of the uterine tissue, and here the vessels show evidence of chronic inflammatory thickening; further away from the mucous surface there seems to be no alteration of the tissues."

CASE II.—P. G., aged 35 years, I saw in consultation at her own home in May, 1897.

*History.*—She had had three children, the last confinement having taken place eighteen months previously; this was brought on prematurely by a fall, and she had complained of pain in the right side of the abdomen ever since. She menstruated profusely one month after the confinement, and since then she had suffered from somewhat severe menorrhagia.

*Operation.*—On May 23rd, 1897, I curetted the uterus. This was followed by some improvement in the menorrhagia, but it later became as bad as before, and as she was losing strength and having fainting attacks it was decided to perform vaginal hysterectomy. This was done in the Queen's Hospital on November 5th, 1898. The ovaries and Fallopian tubes were apparently normal, and were not removed.

The patient made a good recovery, and there has been no further haemorrhage.

The uterus after removal appeared somewhat enlarged, but otherwise no abnormality was visible to the naked eye. No histological examination was made.

In both these cases the menorrhagia commenced as a sequela of parturition or miscarriage, and they both bear out the views enunciated in the above-mentioned paper of Mr. Bland Sutton that the change in the uterine wall is secondary to "infective chronic metritis."

### MEMORANDA:

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

#### TREATMENT OF CORYZA.

I HAVE found by repeated experience that coryza can be aborted by using locally a solution of belladonna tincture (P.B. 1899) in water. The strength used by me is  $3j$ , or  $3iss$  in  $3j$  of water. The method of using it is as follows: The nose having been well cleared out and a Wallas's irrigator containing about a dessertspoonful of the solution applied to one nostril, close the other nostril and the mouth, and, while gradually raising the distal end of the irrigator, make a long inspiration until the air, in bubbling through the solution, carries with it a coarsish spray. Afterwards spray the other nostril in the same way and then, having well cleared out both nostrils, repeat the process. Thereafter the coryza will cease, that is to say, if the treatment has been commenced on the first or second day of the attack. In cases of longer standing it may be necessary to repeat the application more than once or twice. When the coryza has lasted already for some time, and, consequently, the mucous membrane has become thickly coated with a tenacious mucus, it is necessary to remove this accumulation by irrigations of alkaline solutions (sodium bicarbonate with sodium borate, etc.) before using the belladonna.

The above treatment checks immediately the coryza of hay fever in many cases.

Wimpole Street, W.

WILLIAM E. BURTON.

#### A NEW METHOD OF CLOSING THE PERITONEUM AFTER LAPAROTOMY.

HAVING on many occasions had to reopen the abdominal cavity for the treatment of ventral herniae, constriction of intestine, and other pathological conditions the result of laparotomies, I have almost invariably found that the intestine or omentum had become densely adherent to the site of the previously cut surface of the parietal peritoneum. In many cases symptoms of intestinal obstruction, most probably from peritoneal adhesions, have come under my notice where skilled operators had previously adopted the most modern methods of suturing the membrane.

After careful consideration I have discovered a method which has answered admirably in my hands. I open the peritoneum by an incision say 4 or 5 inches in length; being a very elastic membrane, I stretch the opening with my fingers should I require more space.

Having done what is necessary in the abdomen my plan of

closing the peritoneum is as follows: I pass a continuous suture either of silkworm gut or kangaroo tendon around the cut surface, beginning at the centre of the incision. The needle is introduced about one-eighth of an inch from the cut edge after the manner of a pursestring suture. Having surrounded the opening in this way, the ends are drawn tight, and the peritoneal opening is closed, the raw surface being puckered up external to the abdominal cavity.

By this means the peritoneal cavity is thoroughly closed; there is no raw surface to adhere to the intestine, and no leakage can take place into the abdomen should there be any oozing from the muscles or subcutaneous structures. The suture is easily applied, and the peritoneum closed in this way can much more effectively withstand any post-anæsthesial vomiting, which is a matter of great importance. The muscles and aponeuroses are brought together with interrupted sutures and the skin approximated by the subcutaneous method. On no occasion have I seen any untoward symptoms follow this procedure.

HENRY O'HARA, F.R.C.S.I.,  
Melbourne. Senior Honorary Surgeon to the Alfred Hospital.

#### DELIVERY OF THE ARMS WHEN DISPLACED UPWARDS IN BREECH CASES.

I RECENTLY attended a case of labour with pelvic contraction, the child presenting transversely. Turning was resorted to and the legs brought down. The uterus was carefully followed with the hand in its descent, and as the pulsations of the cord were only imperceptibly felt traction was made on the legs in the axis of the parturient canals. The arms, however, became displaced upwards and could not be brought down by the usual digital method. I therefore knotted a corner of a soft handkerchief and passed it round the shoulder which lay anteriorly, it being most accessible. Then, having pushed the handkerchief along the arm to the elbow it was kept there by a finger of the left hand whilst with the other hand I exerted traction on the handkerchief in a direction obliquely across the anterior aspect of the child's body. In this way I managed to pull down the arm without difficulty. The other arm was then easily brought down with the fingers. I consider the method freer from danger than the use of a blunt hook. The danger of causing fracture of the shaft of the humerus or dislocation of the head of that bone is to be avoided by (1) keeping the handkerchief at the elbow by means of the finger, and (2) by pulling in a direction obliquely across the anterior surface of the child's body. The "lacque" has been mentioned by authorities as useful sometimes in bringing down a breech, but I have not noticed anything of the kind mentioned as of use in bringing down the arms, hence my reason for publishing the case.

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Hospital, Edinburgh.  
Siccup, Kent.

#### A CASE OF HERNIA OF THE OVARY.

HERNIA of the ovary is mentioned in most surgical and gynaecological textbooks, but appears to be sufficiently rare to render the present case worth recording. E. M., aged 25, a domestic servant, consulted me in February last on account of a painful swelling in the left groin, which had appeared suddenly two years ago while she was lifting a heavy coal-scuttle. Since that time she had been incapacitated from earning her living, as she had been obliged to leave one situation after another owing to the hernia, the pain of which was relieved by rest and aggravated by work. She stated that the swelling was always larger and more painful at the monthly periods. On examination I found a solid globular, highly-sensitive swelling, the size of a large walnut, in the left inguinal canal. It could be partially, but never entirely, reduced by taxis. While the patient was under observation, she passed through a menstrual period, during which the swelling did undoubtedly increase in size, and became much more tender. The signs, therefore, were characteristic of ovarian hernia, and the girl was admitted to the hospital for operation. On March 10th, 1899, I cut down on the hernia, and found an apparently healthy ovary in the inguinal canal. There was some adhesion of the broad ligament to the interior of the canal, so that the ovary could not be returned within the abdomen. The

ovary and about two inches of the Fallopian tube were removed by transfixing the broad ligament with stout silk, and tying the tube and ligament in two sections. The inguinal canal was closed by sutures of silkworm gut, completely occluding it, as in the ordinary operation for radical cure of hernia. The case did well, the wound healing soundly by first intention, and the patient left the hospital on April 6th.

WALTER L. BELL, M.D.,  
Surgeon to the Lowestoft Hospital.

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

#### CARDIFF INFIRMARY.

##### A CASE OF MISPLACED, MISSHAPEK KIDNEY.

(By A. WILLIAM SHEEN, M.D., M.S., F.R.C.S., Senior Assistant Surgeon).

A MAN, aged 59, was admitted with an old stricture and symptoms of prostatic hypertrophy. He had used a catheter constantly for ten years. He contracted erysipelas, followed by gangrene, and died one week after his admission. The left kidney was found to be misplaced, lying upon, and with its long axis in the line of, the left common iliac artery and rather more to its inner side. It was firmly fixed in position and touched the fourth and fifth lumbar vertebrae and the brim of the pelvis. The left suprarenal capsule and the right kidney with its capsule had their normal situations.

The left kidney on dissection was found to be smaller and more rounded and flattened than normal. Its upper end reached to within half an inch of the aortic bifurcation, its lower end fitted into the division of the common iliac into its external and internal branches. Its greatest length was  $3\frac{1}{2}$  inches, its breadth  $2\frac{1}{2}$  inches, and its thickness 1 inch. There was no proper hilum, but upon the anterior face of the kidney was a shallow depression about  $1\frac{1}{2}$  inch wide in the middle and narrowing to a point at the inner and outer borders. At these borders it is continuous with grooves which will be again referred to. This area divided the anterior face of the kidney into two parts, the upper being smaller and rounded, the lower larger and somewhat horseshoe-shaped, with its concavity turned towards the upper part and embracing the depressed area. Posteriorly the kidney is smooth and flat, and there is no trace of any subdivision.

The ureter is formed by the junction of four main trunks. Three of these spring from the depressed area above mentioned and the fourth from the upper rounded portion of the anterior face. This last trunk is again formed by the union of four smaller subdivisions, so that altogether seven channels leave the anterior surface of the kidney to form the ureter. The ureter commences about an inch from the kidney and takes its usual course to the bladder. It is about five inches long, is pervious and of normal calibre.

The arteries are three in number. The first (the largest) springs from the bifurcation of the aorta and enters the kidney at the posterior part of a short, shallow antero-posterior groove on the inner border. This groove is continuous anteriorly with the depressed area. The second artery springs from the front of the aorta one inch above its bifurcation and traverses a long narrow groove which passes from behind, forwards, and downwards along the outer border of the kidney to terminate at the outer angle of the depressed area, the artery itself entering the kidney substance at the outer part of this area. The third artery (the smallest) leaves the internal iliac one inch below its origin and enters the outer border of the kidney one inch above its lower extremity.

The largest vein is formed by the junction of two tributaries from the internal part of the depressed area, joined almost immediately by a tributary from the upper rounded portion of the anterior face; it runs at first in anterior relation to the artery from the aortic bifurcation, and then passes in front of the right common

for three years he occupied the post of Demonstrator of Anatomy in the University of Glasgow under Professor Allen Thomson.

But the adventurous spirit which had taken him into the Navy came between him and that natural progress to higher university honours which might have been anticipated from so promising a beginning. In 1861 he was appointed Municipal Medical Officer of Shanghai and Consulting Physician to the General Hospital there. It was in the early days of the settlement—the days of the Taiping rebellion. Shanghai had been threatened the year before by the rebel forces, and it was not until 1863 that Gordon took over the command of the "Ever Victorious Army." So the members of the small English colony saw much of each other and much of Dr. Coghill's charming manner and racy conversation; and many of his warmest friendships dated from the genial intercourse of those early Shanghai days. It was about that time too that Japan opened its interior to Europeans, and Dr. Coghill was one of the first to avail himself of the opportunity of seeing something of that country. Though very successful in practice in Shanghai, the strain of an epidemic of cholera in which he lost his eldest son, the uncertainty of his wife's health—who suffered greatly from ague there—perhaps the recollection of the opportunities he had sacrificed in coming out, ultimately led him back in 1869 to Edinburgh.

In Edinburgh he was again for a time associated with Sir James Simpson in professional work and in editing his papers and lectures. During the last illness of his old teacher and friend he filled his place in the lecture room of the University, continuing his interrupted course of lectures to the end of the session. On the death of Sir James Simpson he was an unsuccessful candidate for the Chair of Midwifery, and ultimately commenced to lecture on general pathology and pathological anatomy in the Edinburgh (extra-mural) Medical School.

In 1875 he migrated to Ventnor for health's sake, and succeeded Dr. Arthur Hill Hassall as Physician to the Ventnor Consumption Hospital, which had been started a few years before. From this date down to his death Dr. Coghill's energies and abilities have been devoted to the working and development of that institution so far as the energies of a considerable general and consulting practice would allow. Much of its success as a sanatorium for the treatment of consumption had been due to the untiring zeal and the patient and unwearying attention to administrative details which as physician and as chairman of the House Committee of the hospital Dr. Coghill ungrudgingly gave during the past twenty-four years. Wherever the good work of the Ventnor Hospital is known Dr. Coghill's name is associated with it, as is that of Brehmer with Goerbersdorf, and Dettweiler with Falkenstein.

To complete this brief record of his professional career it may be mentioned that he was a Fellow of the Royal College of Physicians of Edinburgh, and a Member of that of London, a Corresponding Fellow of the Gynaecological Society of Boston, and a member of the British Medical Association, before which he gave the address in Obstetrics at the annual meeting at Ryde in 1881. He was a frequent contributor of papers to medical journals. His article on the Prevention of Consumption in the February number of the *Nineteenth Century* was widely read, and was translated into German, and, with his extensive experience at the Ventnor Consumption Hospital, led to his receiving an official invitation to the recent International Tuberculosis Congress held at Berlin.

But Dr. Coghill was not merely a noteworthy medical man. His mind was a storehouse of information on a wide range of subjects. He was a Fellow of the Scottish Society of Antiquaries, and enthusiastically interested in, and well informed about, most things connected with Scotland. But though nothing if not patriotic, his enthusiasms were not limited to Scotland. The great wall of China, the art treasures of Japan, were as interesting to him as the story of Mary Queen of Scots or the Runic crosses of Iona.

It was this quality of enthusiasm which was perhaps his most distinguishing trait, which made him the most interesting and amusing of talkers and companions, and a ready and effective speaker in public when occasion required. It arose from a sympathetic and sensitive nature, which, like many of his countrymen, he possessed to a degree often inconvenient

for his own mental comfort, but which made him the personal friend of all his patients.

It was this quality of enthusiasm that made him seem to defy advancing years. Only a year before he died he started a day for consultations in London, making the journey between Ventnor and London usually twice in the day, besides doing an increasing amount of professional work between them.

His short illness came upon him when he seemed to be in the enjoyment of exceptional health and vigour though, doubtless the wear and tear of the last year had much to do with his sudden and fatal breakdown.

#### GEORGE FREDERICK CROOKE, M.D.,

Formerly Pathologist to the Queen's Hospital, Birmingham.

On Tuesday, May 30th, there died at King's Heath, with painful suddenness, George F. Crooke, a man whose early work in pathology promised a brilliant career.

Dr. Crooke had been in indifferent health for some years. Some few months ago he suffered from influenza, which left him in a very weak state of health. At the time of his death he was travelling by railway to meet his wife. He had hurried to catch the train, and shortly after taking his seat in the railway carriage was seized with syncope, and died of cardiac failure in a few minutes.

Dr. Crooke began to do original work in pathology while Resident Medical Officer at the Leeds Fever Hospital, where he went after receiving his medical education at Edinburgh and Guy's Hospital, London. The subject of his investigations was the *Morbid Anatomy of Scarlet Fever*, with special reference to the Liver and Kidneys. After leaving Leeds he travelled on the Continent for fourteen months, visiting Halle, Vienna, and Berlin. During all this time he was collecting material, and prosecuting his researches on scarlet fever. These researches he embodied in his thesis for his M.D. at Edinburgh in 1884, for which he was awarded the Gold Medal of the University.

He afterwards settled in Birmingham, and was elected Pathologist to the General Hospital, a post which he held for several years. While there he contributed frequent articles to the various medical journals, making the pathology of ulcerative endocarditis his special study. Unfortunately his pathological zeal cost him his health, for while at the hospital he contracted a severe attack of pyæmia, which laid him low for many months, and which in all probability sowed the seeds of a kidney mischief from which he never completely recovered. He was then appointed Pathologist and Physician to out-patients at the Queen's Hospital, and Lecturer on Practical Pathology at Queen's College, Birmingham. He continued there, practising at the same time as physician in Birmingham for about two years, when his health again broke down, and he was obliged to throw up all his appointments and seek rest. On regaining his health he entered general practice, and having married eventually settled down at Stechford, a suburb of Birmingham, where he remained until his untimely death.

Though his more intimate friends had latterly seen but little of him, and though of late years he had done little writing, he still retained his innate love of pathological research, and at the time of his death was engaged in a work on *Malignant Endocarditis*.

He leaves a widow and one child, who are but very poorly provided for; and it is hoped that a fund will be shortly started for their relief.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are D. Eduardo M. Perez, Professor of Forensic Medicine in the Medical Faculty of Buenos Ayres, aged 47; Dr. Barbara Alexandrowna Kaschewarowa Rudnewa, the first woman who was admitted to the Medico-Chirurgical Academy of St. Petersburg, where she graduated Doctor of Medicine with distinction in 1868; and Dr. Francis Minot, some time Professor of Medicine at Harvard, and a former President of the Association of American Physicians, aged 78.

On the occasion of Hospital Sunday, June 11th, the London Companies Volunteer Medical Staff Corps will parade and attend the morning service at St. Paul's Cathedral as usual.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF CAMBRIDGE.

EXAMINATIONS FOR DEGREES.—Part I of the First and Second Examinations for Medical and Surgical Degrees will commence on Monday, June 12th; and Part II of the same examination on Wednesday, June 14th.

## ROYAL COLLEGE OF SURGEONS IN IRELAND.

At a meeting of the Fellows held on June 5th, the following were elected for the ensuing year: President: Robert Lafayette Swan. Vice-President: Thomas Myles. Hon. Secretary: Sir Charles A. Cameron, C.B. Council: Archibald H. Jacob, Edward Hallaran Bennett, Sir Philip Crampton Smyly, Sir William Stokes, Henry Rosborough Swanzey, William Stoker, William Ireland Wheeler, Sir William Thomson, Austin Meldon, D.L., Sir Charles A. Cameron, C.B., L. Hepenstal Ormsby, Richard D. Purefoy, John J. Cranny, Henry Gregg Sherlock, John B. Story, Henry Fitzgibbon, Francis T. Heuston, John Lentaigne, and Richard Bolton M'Causland. The new members are Mr. William Stoker, Mr. J. B. Story, and Mr. R. B. M'Causland. There were two vacancies caused by the retirement of Mr. Croly and Mr. Benson, and Mr. Chance has lost his seat. The president and vice-president are elected for a second year.

## ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a meeting of the College held on June 2nd Mr. George Thorpe, L.S.A., having passed a special examination for the Licence in Medicine was admitted a Licentiate of the College.

PUBLIC HEALTH  
AND  
POOR-LAW MEDICAL SERVICES.

UNION MEDICAL OFFICERS AS MEDICAL OFFICERS OF HEALTH. R.S.O. asks the following question: Is it legal for a medical practitioner holding the Union appointment to be likewise medical officer of health for the same district, especially when there is another medical gentleman residing in the locality who has no Local Government appointment?

\* \* \* It is certainly not illegal for these two appointments to be held by the same person, and we understand that it is not uncommon for this to be the case.

## COUNTY MEDICAL OFFICERS OF HEALTH.

At the annual meeting of the County Councils Association last week, Mr. Hobhouse moved: "That it is desirable that a medical officer should be appointed for every administrative county or group of counties." The motion was seconded by Mr. Guthrie, but Lord Belper expressed a doubt as to the wisdom of passing resolutions which the Association had no power to enforce. Lord Herries expressed the opinion that the advisability of making such appointments should be left to the decision of the respective councils. On the suggestion of Sir John Hibbert, the President of the Association, who was in the chair, the resolution was adopted in the following amended form: "That this Association notes with satisfaction that the number of county councils appointing medical officers of health has been increased during the past year, and trusts that the number may be further increased."

## HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 7,265 births and 3,872 deaths were registered during the week ending Saturday last, June 3rd. The annual rate of mortality in these towns, which had declined from 17.7 to 16.0 per 1,000 in the three preceding weeks, rose again to 17.7 last week. The rates in the several towns ranged from 3.5 in Brighton, 10.2 in West Ham, 11.5 in Cardiff, and 13.4 in Norwich to 22.6 in Preston, 22.9 in Wolverhampton, 24.3 in Liverpool, and 26.5 in Manchester. In the thirty-two provincial towns the mean death-rate was 18.2 per 1,000, and was 1.2 above the rate recorded in London, which was 17.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.8 per 1,000; in London the rate was equal to 1.7 per 1,000, while it averaged 1.8 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.2 in Bolton, 3.4 in Leicester, 3.5 in Manchester, and 4.2 in Burnley. Measles caused a death-rate of 1.1 in Nottingham, 1.4 in Burnley, 1.6 in Bolton, and 2.5 in Manchester; scarlet fever of 1.0 in Bolton and 1.4 in Burnley; whooping-cough of 1.0 in Oldham, and 1.4 in Burnley; and "fever" of 1.0 in Huddersfield. The 69 deaths from diphtheria included 24 in London, 9 in Sheffield, 8 in Leicester, 4 in Liverpool, and 3 each in West Ham, Swansea, Manchester, and Leeds. No fatal case of small-pox was registered during the week under notice, either in London or in any of the thirty-two provincial towns; and only one small-pox patient was under treatment in the Metropolitan Asylum Hospitals. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 2,161 and 2,201 at the end of the two preceding weeks, had further risen to 2,212 on Saturday last, June 3rd; 266 new cases were admitted during the week, against 239, 211, and 229 in the three preceding weeks.

## HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, June 3rd, 992 births and 607 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.0 and 16.0 per 1,000 in the two preceding weeks, rose again to 19.0 last week, and was 2.2 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged

from 15.5 in Leith and 16.9 in Paisley and in Perth to 20.8 in Aberdeen and 20.9 in Edinburgh. The zymotic death-rate in these towns averaged 2.2 per 1,000, the highest rates being recorded in Paisley and Glasgow. The 291 deaths registered in Glasgow included 12 from measles, 6 from scarlet fever, 2 from diphtheria, 7 from whooping-cough, and 11 from diarrhoea. Six fatal cases of whooping-cough, 3 of measles, and 2 of scarlet fever were recorded in Edinburgh, and 3 of scarlet fever in Paisley.

## INDIA AND THE COLONIES.

## CAPE OF GOOD HOPE.

RINDERPEST.—The Department for Agriculture has published a return showing the incidence of rinderpest in that colony during the recent outbreak. It is stated that the total of horned cattle in the colony before the commencement was 1,639,435. Of this total, 98 per cent. became infected or were inoculated, and 35 per cent. died. Various systems of inoculation were used, including those of Professor Koch, Dr. Edington (whose process is known as the glycerinated bile process), and that of Drs. Turner and Kolle. Inoculation with glycerinated bile was used in 34 districts of the colony. In 23 of these districts this method was alone employed, and the incidence of mortality for those 23 districts was only 8½ per cent. (32,464 head died out of a total of 393,777). The number of cattle saved in these districts is stated to be over two millions sterling in value. We assume it would be fair to estimate, on these grounds, the total value of the horned cattle in the colony before the outbreak at over eight millions, and hence the total loss by death alone would represent a sum of nearly three millions sterling.

## GIBRALTAR.

IN view of a recent question in the House of Commons by Mr. Pierpoint, and Mr. Wyndham's answer, on the health of Gibraltar, the facts and figures furnished in the Annual Report for 1898 of the Public Health of Gibraltar, by Major H. P. Elkington, R.A.M.C., M.O.H., are of interest. The statistical portion of this report shows that in a fixed population of 16,906 and a resident alien population of 2,914, there were a birth-rate of 29.16 per mille (the number of females born being in excess of males), and a death-rate of 18.74 per mille, the lowest but one recorded since 1881: the lowest was in 1893—17.75. Of the diseases causing mortality, the zymotic class gives a rate of 1.36 per 1,000 of total population (19,100). Thirty-one cases of diphtheria were notified, and 5 proved fatal. In nearly every instance some sanitary defect was found in the house or its surroundings. The sanitary portion of the report notes a generally satisfactory condition; sanitary defects gradually removed; dairies, goat sheds, and milk shops regularly inspected; sewerage improved; and a large increase of chemical and bacteriological work in the two laboratories. We note, however, that overcrowding remains about the same, and, with the rent of houses so high, is likely to continue, especially in one-room tenements.

## QUEENSLAND.

PREVENTIVE INOCULATION FOR TICK FEVER.—A recent issue of the *Brisbane Courier* reports the spread of ticks in the neighbourhood of Ipswich, Queensland, and in the suburbs of Brisbane. As is well known, these insects when they infest cattle excite tick fever, a disease which kills off a very large proportion of those infected. The preventive inoculation of cattle against the fever by means of the blood of immune calves, has now been proved to be of great service. Recent reports by Mr. Pound, the Director of the Stock Institute in Brisbane, on his investigations on this subject in the northern parts of Queensland, show that in every case where preventive inoculation was resorted to cattle were saved; while in other instances where this measure was neglected, whole herds had died off. The only ill-effects noted were a temporary illness, accompanied by a slight diminution in the quantity of milk and abortion in cows in calf. The actual loss from inoculation did not exceed 0.5 per cent. In the case of these and similar reports, it is thought that preventive inoculation against tick fever should be universally adopted, if not enforced by law.

## TRINIDAD.

ANNUAL REPORT OF THE SURGEON-GENERAL.—The annual report of the Surgeon-General of Trinidad shows that the death-rate of the colony for the past year was 25.92 per 1,000. The general health has been satisfactory, but in some districts dysentery in a particularly aggravated form was prevalent. However, with an improved water supply, it had ceased before the end of the year. Yaws has become so prevalent in many districts that a special hospital has been built to provide for the compulsory segregation of these patients. In consequence of an epidemic of small-pox in Venezuela, strict quarantine was maintained during the greater part of the year. The proportion of vaccinations to births in the colony was 96.48 per cent., and the results obtained by the medical officers with glycerinated calf lymph were all that could be desired. The high death-rate amongst the inmates of the lunatic asylum, namely, 16.49 per cent. is attributed to the overcrowding of the institution. It is satisfactory to learn that the building of the new asylum is progressing, and it is hoped that it will soon be ready for occupation. Two additional wards for male patients have been built at the Leper Asylum, but the accommodation on the female side is still so limited that additional wards will be required before long. During the year 316 cases were in these asylums; of these, 35 died and 16 were discharged. The two colonial hospitals, at Port of Spain and San Fernando, have been maintained in a high state of efficiency. New regulations have been enforced whereby admissions to hospital are restricted to proper hospital cases, consequently the number of admissions has been reduced, and a saving in the expenditure of £2,617 for the year has been effected. The district hospitals, which serve as poorhouses rather than hospitals, have been economically managed, and a saving in the expenditure of £305 secured. In addition to the out-patient departments at the district hospitals there are three public dispensaries, six pauper stations, and fourteen yaws dispensaries, the total cost of which is about £1,300 per annum. The cost of the medical services per head of the population compares favourably with that of other colonies with similar services. Since the beginning of the year the Medical Service of Tobago has been amalgamated with that of Trinidad.

## MEDICAL NEWS.

It has been decided to found a chair of pathological anatomy in the Laval University, Montreal. The list of subscribers to the fund which is being raised for the purpose is headed by the Archbishop of Montreal.

**THE IRISH MEDICAL ASSOCIATION.**—The Irish Medical Association will hold its annual meeting this year in Cork, on June 20th, under the presidency of Dr. N. J. Hobart. This is, we are informed, the first occasion on which the annual meeting of the association has been held outside Dublin. The arrangements are in the hands of a local committee, of which Dr. P. G. Lee is the Honorary Secretary. The meetings will take place in the Examination Hall of Queen's College, and in the evening a dinner will be held in the Victoria Hotel.

THE annual report of the Life-Saving Society shows that steady progress has taken place. Although a very young Society, having been formed in London only in 1891, it has already several centres established in other parts of the United Kingdom, as well as in some of the Colonies. It is fortunate in having for its President H.R.H. the Duke of York, who takes an active interest in its proceedings, having been present with the Duchess at one of the swimming and life-saving exhibitions. Not the least useful part of its work is the facility it offers for instruction in the ways of rescuing the drowning and of resuscitating those who are apparently lifeless. Its small handbook, which in seven years has passed through five editions, gives an excellent account of the methods of proceeding. We notice that financial support is asked for to extend its operations further, and although medical men as a body contribute their fair share of support in the Life-Saving Society technical instruction they give, there may be some who, if they knew of its wants, might like to give pecuniary support, and it is well deserving of it.

**METROPOLITAN HOSPITAL SUNDAY FUND.**—The Lord Mayor has issued an appeal for increased support to the Metropolitan Sunday Fund. He states that if £50,000 is raised this year the fund will, since its foundation in 1873, have been instrumental in distributing among the hospitals and dispensaries of London one million sterling. Towards the desired amount for this year Mr. George Herring has contributed £10,000. The appeal further points out that there has not been an increase in the contributions commensurate with the increase of the population of London; a fact which, it is thought, may be due partly to many rich and well-to-do persons living out of London in the home counties, and partly to the conversion of many businesses into limited liability companies.

**MR. VICTOR HORSLEY** will deliver an address upon the work of the General Medical Council, with special reference to the proposed registration of midwives and the examination of the spectacle makers and optical societies, at a meeting of the Wood Green and East Suburban Medical Protection Societies, which will be held on Thursday next, at 4 P.M., at the West Ham Hospital. The other direct representatives of the profession have been invited to be present, and it is hoped that some will be able to attend. Members of the profession will be admitted on presentation of their visiting cards. Notices of resolutions to be brought forward must reach the honorary secretaries, Drs. Murtagh Houghton and W. B. Winston, at York Road, Ilford, not later than June 12th. The notice of the meeting contains a statement that the following resolution was passed by both the Societies mentioned at their respective general meetings. Mr. Horsley's address will be in reply to these resolutions: "That the above Societies view with regret that Mr. Victor Horsley has ceased to carry on his opposition to the recognition at law of partially qualified practitioners in that he is at present supporting a Bill giving a legal status to midwives, and trusts that he will reconsider his position."

**WOODFORD COTTAGE HOSPITAL.**—The Duke and Duchess of Connaught on June 1st opened a new cottage hospital at Woodford. The hospital, which has been erected as a memorial of the Jubilee, is due to the munificence of Mr. J.

R. Roberts, of Woodford, who has built and equipped the building in the best possible manner entirely at his own cost, which will reach the sum of £8,000. At the opening ceremony, the Chairman of the hospital, Mr. W. H. Brown, claimed the privilege of making up the endowment fund to £6,000 by a further donation of £750. The building, which is in the Queen Anne style, contains two wards, to accommodate 6 patients each, with a hall, nurses' room, operating room, and the necessary offices. The operating room is fitted with the most recent appliances. On the first floor there are two wards for paying patients, and bedrooms for nurses and nurses and servants. On the lower floor there is a fine room for convalescent patients, a board room, ambulance room, *post-mortem* room, and various offices. The medical staff has been elected, and consists of Drs. Warner, Berrill, and Sayres.

**A MEDICAL DOG SHOW.**—The students of the London (Royal Free Hospital) School of Medicine for Women are to be congratulated on the good management of their dog show on June 3rd. The exhibitors were all medical practitioners or students and members of their families. One interesting feature was an exhibition of champions and prize winners, among which seven pocket beagles, the property of Mrs. Oughton Giles, were conspicuous. There were in all 227 entries, and the dogs were arranged in the spacious laboratories and lecture rooms of the Pfeiffer Wing opened by the Prince and Princess of Wales last year. The proceeds of the show are to be devoted to the new block now being erected. Among the prize takers were Miss Cruikshank, M.D. ("Jack Nelson," Yorkshire terrier), and Miss Billett, L.S.A., D.P.H. ("Grouse," English setter). The students who took prizes were Miss Lewin (long-haired dachshund) and Miss Wellburn (dachshund); Miss Beverley's "Kees," was shown in the foreign dog class, which contained also Dr. Broadbent's Norwegian elk hound and Miss Madeleine Broadbent's Japanese pug. Miss Murray, the secretary of the Students' Dog Show Committee, showed a young Aberdeen terrier in a most informal manner, for though not competing, he ran about with as much importance as the judges. The prize-givers, besides the students and various friends, included Mrs. Garrett Anderson, M.D., Mrs. Scharlieb, M.D., M.S., Mr. Stanley Boyd, and the *Ladies' Field*. Among medical men who took prizes were Dr. Webster Adams (Ipswich), Dr. Wheeler O'Bryen (Sydenham), and Dr. Lyett Burd (Shrewsbury).

## MEDICAL VACANCIES.

The following vacancies are announced:—

**BATH: ROYAL UNITED HOSPITAL.**—House-Surgeon. Appointment for three months, but eligible for re-election for one year. Salary at the rate of £200 per annum, with board, lodgings, and washing. Applications to the Secretary by June 20th.

**BEDFORD COLLEGE FOR WOMEN.**—Lecturer in Bacteriology. Applications to the Secretary, York Place, Baker Street, W. 1, by June 19th.

**BIRMINGHAM GENERAL HOSPITAL.**—House-Physician. Appointment for one year, but eligible for re-election. Salary £70 per annum, with residence, board, and washing. Applications to the House-Governor by June 30th.

**BIRMINGHAM: MASON UNIVERSITY COLLEGE.**—Professorship of Physiology. Applications to the Secretary by June 30th.

**BOURNEMOUTH: ROYAL VICTORIA HOSPITAL.**—House-Surgeon. Salary, £200 per annum, with board. Applications to the "Chairman of the Committee," by July 15th.

**BRADFORD CHILDREN'S HOSPITAL.**—House-Surgeon. Salary, £30, with board, residence, and washing. Applications to the Secretary by June 17th.

**BRIGHTON, HOVE, AND PELSTON DISPENSARY.**—House-Surgeon to the Western Branch; unmarried. Salary, £140 per annum, with furnished apartments, coals, gas, and attendance. Applications to the Assistant Secretary, Queen's Road, Brighton, by June 24th.

**CAERDFF UNION.**—Assistant Medical Officer for the Workhouse. Appointment for one year. Salary, £100 per annum, with rations, apartments, attendance, and washing. Applications to the Clerk, Queen's Chambers, Cardiff.

**BURTON-UPON-TRENT: BOROUGH OF.**—Medical Officer of Health for the Borough. Salary at the rate of £350 per annum. Applications endorsed "Medical Officer of Health" to the Town Clerk, Town Hall, Burton-upon-Trent, by June 25th.

**DUNDEE: ROYAL INFIRMARY.**—Resident Medical Assistant. Appointment for six months. Salary at the rate of £40 per annum, with board and washing. Applications to Dr. F. W. C. Medical Superintendent, by June 21st.

**DUDLEY: GUERNSEY HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £20 per annum. Applications to the Secretary by June 16th.

**EVILINA HOSPITAL FOR SICK CHILDREN.** Southwark, S.E.—Junior Resident Medical Officer and Registrar. Salary, £50, with board and washing. Applications, addressed to the Committee of Management, by June 20th.

**GERMAN HOSPITAL.** Dalston.—Honorary Assistant Physician; must possess good knowledge of the German language. Applications to the Secretary by June 15th.

**GLASGOW CORPORATION.**—Bacteriologist. Salary at the rate of £350 per annum. Applications to the Interim Clerk to the Corporation (Police Department), City Chambers, Glasgow, by June 30th.

**GLoucester: GENERAL INFIRMARY AT GLOUCESTER AND THE GLOUCESTERSHIRE EYNE INSTITUTION.**—Physician. Applications to the Secretary by July 5th.

**GORDON HOSPITAL FOR FISTULA, ETC.**—Surgeon; must be F.R.C.S. Eng. Applications to the Secretary at the Hospital, Vauxhall Bridge Road, by June 21st.

**GREAT NORTHERN CENTRAL HOSPITAL.**—Jun or House-Physician. Appointment for six months. Salary at the rate of £10 per annum, with board, lodgings, and washing. Applications to the Secretary by June 12th.



## HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

**CANCER**, Brompton (Free). *Attendances*.—Daily, 2. *Operations*.—Tu. W. F. 2. **CENTRAL LONDON OPHTHALMIC**. *Attendances*.—Daily, 1. *Operations*.—Daily, 5. *Operations*.—1. P. Tu. 2.30; o.p. F. 2. **CHARING CROSS**. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F. 1.30; Skin, M. Th. 1.45; Dental, M. 9; Throat and Ear, F. 9.30. *Operations*.—Th. F. S. 3. **CHELSEA HOSPITAL FOR WOMEN**. *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F. 2. **CITY ORTHOPEDIC**. *Attendances*.—M. Tu. Th. F. 2. *Operations*.—M. 4. **EAST LONDON HOSPITAL FOR CHILDREN**. *Operations*.—M. W. Th. F. 2. **GEORGE NORTHERN CENTRAL**. *Attendances*.—Medical and Surgical, Tu. Tu. W. Th. F. 2.30; Obstetric, W. 2.30; Eye, M. Th. 2.30; Throat and Ear, Tu. F. 2.30; Skin, W. 2.30; Dental, W. 2. *Operations*.—M. W. Th. F. 2. **GUY'S**. *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F. 1.30; Eye, M. Tu. Th. F. 1.30; Ear, Tu. F. 1.30; Skin, Tu. 1; Dental, daily, 9; Throat, F. 2. *Operations*.—Tu. F. 1.30; (Ophthalmic), M. 1.30; Th. 2. **HOSPITAL FOR WOMEN, SOHO**. *Attendances*.—Daily, 10. *Operations*.—M. Th. 2. **KING'S COLLEGE**. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p. daily, 1.30; Eye, M. W. Th. 1.30; Ear, Th. 2.30; Throat, M. 1.30 F. 2; Dental, M. Th. 10; Skin, W. 1.30. *Operations*.—W. Th. F. 2. **LONDON**. *Attendances*.—Medical, daily, 1.30; o.p. 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F. 2; o.p. W. S. 9; Eye, W. 9; Skin, Th. 9; Dental, Th. 9. *Operations*.—Daily, 2. **LONDON TEMPERANCE**. *Attendances*.—Medical, M. Tu. W. Th. F. 1.30; Surgical, M. Th. 1.30. *Operations*.—M. Th. 4.30. **LONDON THROAT**, Great Portland Street. *Attendances*.—Daily, 2; Tu. F. 6. *Operations*.—Daily, 2. **METROPOLITAN**. *Attendances*.—Medical and Surgical, daily, 2; S. 9; Obstetric, W. 2; Eye, W. 2; Throat and Ear, Th. 2; Dental, Tu. Th. S. 9. *Operations*.—Tu. W. 2.30; Th. 4. **MIDDLESEX**. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. 1.30; o.p. M. 9; W. 1.30; Eye, Tu. F. 9; Ear and Throat, Tu. F. 9; Skin, Tu. 4; Th. 9.30; Dental, M. F. 9.30; W. 9. *Operations*.—Daily, 1.30. **NATIONAL ORTHOPEDIC**. *Attendances*.—M. Tu. Th. F. 2. *Operations*.—W. 10. **NEW HOSPITAL FOR WOMEN**. *Attendances*.—Daily, 2; Ophthalmic, W. S. 9.30. *Operations*.—Tu. F. 9. **NORTH-WEST LONDON**. *Attendances*.—Medical, daily, exc. S. 2; S. 10; Surgical, daily, exc. W. 2; W. 10; Obstetric, W. 2; Eye, W. 9; Skin, Tu. 2; Dental, F. 9. *Operations*.—Th. 2.30. **ROYAL EYE**, Frith Street. *Attendances*.—M. W. F. 8; Tu. F. 9.30 and 7.30. *Operations*.—Tu. 3. **ROYAL EYE**, Southwark. *Attendances*.—Daily, 2. *Operations*.—Daily. **ROYAL FREE**. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S. 9; Eye, M. F. 9; Skin, Th. 9; Throat, Nose, and Ear, W. 9. *Operations*.—W. S. 2; (Ophthalmic), M. F. 10.30. (Diseases of Women), S. 9. **ROYAL LONDON OPHTHALMIC**. *Attendances*.—Daily, 9. *Operations*.—Daily, 10. **ROYAL ORTHOPEDIC**. *Attendances*.—Daily, 2. *Operations*.—M. 2. **ROYAL WESTMINSTER OPHTHALMIC**. *Attendances*.—Daily, 1. *Operations*.—Daily, 2. **ST. BARTHOLOMEW'S**. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. W. F. 2; o.p. W. S. 9; Eye, M. Tu. W. Th. S. 2; o.p. M. Th. 9; W. S. 2.30; Ear, Tu. F. 2; Skin, Tu. 9; Larynx, Tu. F. 2.30; Orthopedic, M. 2.30; Dental, Tu. F. 9; Electrical, M. Tu. Th. F. 1.30. *Operations*.—Daily, 1.30; (Ophthalmic), Tu. F. 2; Abdominal Section for Ovariectomy, F. 2. **ST. GEORGE'S**. *Attendances*.—Medical and Surgical, daily; i.p. 1; o.p. 12; Obstetric, i.p. Tu. F. 1.45; o.p. M. Tu. 2.30; Eye, W. S. 1.30; Ear, Tu. 2; Skin, W. 2.45; Throat, F. 2; Orthopedic, F. 12; Dental, M. Tu. F. S. 12. *Operations*.—Daily, 1; (Ophthalmic), W. 1; Dental, Th. 9. **ST. MARK'S**. *Attendances*.—Fistula and Diseases of the Rectum, males, S. 2; females, W. 9.30. *Operations*.—Tu. 2.30; Th. 2. **ST. MARY'S**. *Attendances*.—Medical and Surgical, daily, 1.45; o.p. 12.45; Obstetric, Tu. F. 1.45; o.p. M. Th. 1; Eye, Tu. F. 9; Ear, M. Th. 9; Throat, Tu. F. 3; Skin, M. Th. 9; Dental, W. S. 9; Electo-therapeutics, M. Th. 2.30; Children's Medical, Tu. F. 9. *Operations*.—M. W. Th. S. 2; Tu. F. 3.30; (Ophthalmic), Th. 2; (Gynaecological), Th. 2. **ST. PETER'S**. *Attendances*.—M. 2 and 5; Tu. 2; W. 5; Th. 2; F. (Women and Children), 2. S. 2. *Operations*.—W. F. 2. **ST. THOMAS'S**. *Attendances*.—Medical and Surgical, M. Tu. Th. F. 2; o.p. daily, 1.30; o.p. W. S. 1.30; Eye, Tu. F. 2; o.p. daily, exc. S. 10; Ear, M. 1.30; Skin, W. 1.30; Throat, Th. 1.30; Children, S. 30; Electro-therapeutics, o.p. Th. 1.30; Mental Diseases, o.p. Th. 10; Dental, Tu. F. 10. *Operations*.—M. W. Th. S. 2; Tu. F. 3.30; (Ophthalmic), Th. 2; (Gynaecological), Th. 2. **SAMARITAN FREE FOR WOMEN AND CHILDREN**. *Attendances*.—Daily, 1.30. *Operations*.—Gynaecological, M. 2; W. 2.30. **THROAT**, Golden Square. *Attendances*.—Daily, 1.30; Tu. F. 6.30. *Operations*.—Daily, exc. M. 10. **UNIVERSITY COLLEGE**. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. F. 1.30; Eye, M. W. 1.30; Ear, M. Th. 9; Skin, Tu. F. 2; Throat, M. Th. 9; Dental, Tu. F. 9.30. *Operations*.—Tu. W. Th. 2. **WEST LONDON**. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F. 9.30; Eye, Tu. Th. 2; Ear, Tu. 2; S. 10; Orthopedic, W. 2; Diseases of Women, W. S. 2; Electric, M. Th. 2; Skin, M. F. 2; Throat and Nose, Tu. 2; S. 10. *Operations*.—Daily, about 2.30 F. 10. **WESTMINSTER**. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F. 1.30; Eye, Tu. F. 9.30; Ear, Tu. 1.30; Skin, W. 1.30; Dental, W. S. 9.15. *Operations*.—M. Tu. W. 2.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

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

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

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

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

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Artiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

THE BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

## QUERIES.

## THE COURTESY VISIT.

CONCILIATOR, who has recently started practice in a suburb of a town containing 100,000 inhabitants, asks advice as to the radius within which calls upon other medical men may be properly expected from him.

\*\* A radius of half a mile from his house probably would be quite sufficient. He may also find it useful to make the acquaintance of the hospital physicians and surgeons; and if he has not already joined the local Branch of our Association, he may be advised to do so without delay.

## PARTNERSHIP AGREEMENTS.

NORTH-EAST asks advice under the following circumstances: He is negotiating for a share in a practice, the vendor of which reserves to himself the right, at the end of seven years, to retire from the firm and to practice as a surgical consultant in the same neighbourhood. He further stipulates that his late partner shall thereupon buy the whole practice, and do his best to assist him in his special department by recommending as many patients as he can. How far ought such an arrangement to affect the price of the retiring partner's share in the practice?

\*\* Such an arrangement is hardly likely to be satisfactory. Few would care to buy their partner's share, unless on condition that he ceased to practise altogether in that neighbourhood.

## MEDICAL CLUBS.

W. E. P., who has been asked by some gentlemen in his neighbourhood to suggest a financial basis upon which a medical club could be worked, writes for information.

\*\* Without a thorough knowledge of local conditions it is not possible to make any suggestion as to a financial basis for a medical club. If it were contemplated to form one on the lines of ordinary friendly societies the following points should be specially studied: (1) Admission only of adult male members after a thorough medical examination; (2) Careful observance of a wage limit.

## ANSWERS.

SUFFERER should consult his usual medical attendant.

M.D.BRUX.—We are informed that the robe makers to the Brussels Medical Graduates' Association are Messrs. Ede and Son, Chancery Lane, E.C.

MR. J. LITTLEWOOD (Mansfield) writes, in reply to "Member's" query in the JOURNAL of March 13th: I have had considerable personal experience in the use of the O'Connor Extension, and can thoroughly recommend it in every particular.

DR. T. PRICHARD ROBERTS (5, Great Peter Street, St. Albans) writes, in reply to "Autocar," to say that, in his opinion, the best motor tricycle is the Beeston Motor, fitted with electric ignition. I have, he adds, during the last eighteen months ridden some 11,000 miles on mine with little trouble. I shall be delighted to give "Autocar" full particulars.

G. H. V.—A mentally deficient boy, if not certifiably imbecile, would be received into the Hendon Homes of the National Society for Promoting the Welfare of the Feeble-minded, at 10s. a week. If certifiably imbecile he would be eligible, on election and small payment, for the Earlswood Asylum. The office of the former society is at 53, Victoria Street, London, S.W.; of the latter at 36, King William Street, London, E.C.

ALKALI.—We agree with "E." that the patient has a perfect right to change his medical adviser, and that having given due notice to his former medical attendant he can choose a new one. Where such notice has been given, the medical practitioner who is invited to take charge of the case is committing no breach of medical etiquette in accepting it. In small places undoubtedly such transfers cause a certain amount of trouble and are to be regretted, but they are unavoidable, and the discarded doctor will best consult his own dignity by suffering his misfortune in silence.

## MEDICAL AID ASSOCIATIONS.

A. B.—We have already repeatedly expressed disapproval of the unusual methods adopted by some members of the medical profession in their efforts to meet the competition of medical aid associations. We may refer our correspondent to the resolution adopted by the General Medical Council on Tuesday last (see page 144). This resolution confirms and supports the opinion which has frequently been expressed in our pages.

## CHLORAL AND BROMIDE COMPOUNDS.

W. B.—The British Pharmaceutical Conference Official Formulary contains a very excellent formula for a mixture of chloral, potassium bromide, hyoscyamus, and cannabis indica. It is called liquor bromo-chloral compositus, and is made as follows: Take of hydrate of chloral 1,600 gr., tincture of Indian hemp 400 minimis, tincture of fresh orange peel 400 minimis, juice of henbane 1,600 minimis, syrup 3 fluid ounces, liquid extract of liquorice 1/2 fluid ounce. Dissolve. Take of bromide of potassium 1,600 gr., distilled water a sufficient quantity. Dissolve the bromide of potassium in 7 fluid ounces of distilled water, and add to the former solution; filter, and wash the filter with sufficient distilled water to produce 1 pint. This preparation should be shaken whenever any of it is to be dispensed.

## RECURRENT SNEEZING AND NASAL CATARRH.

E. B. H. writes: In answer to "A Medical Correspondent" asking advice in the treatment of recurrent sneezing and nasal catarrh in the BRITISH