

AN IMPROVED PROSTATIC CATHETER.

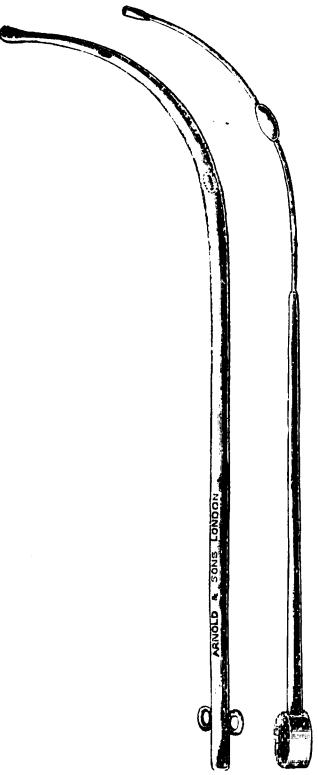
BY JOHN WARD COUSINS, M.D.LOND., F.R.C.S.,
Senior Surgeon to the Royal Portsmouth Hospital, and Portsmouth and
South Hants Eye and Ear Infirmary.

IN 1897 I published some practical suggestions on the treatment of stricture of the urethra, and described a special metallic catheter with a tapering and flexible beak and bulbous point. The orifice of the tube is placed at the base of the beak, and the end of the straight stilette exactly fits the bore of the instrument, so that the interior can be readily polished and cleaned.

I now employ a similar metallic catheter in cases of difficult prostatic retention. It is made with a similar bulbous point, but the beak is longer and it has an additional orifice just above its centre. I have found this modification of the tapering catheter of much service. It has been made for me by Messrs. Arnold and Sons, of West Smithfield. In ordinary practice, a vulcanised india-rubber, or a *coudée* catheter is very generally used; but cases of difficult prostatic catheterism occasionally occur which arise from some peculiar irregularity of the passage, or from some injury caused by unsuccessful efforts to empty the bladder. Now, it is just under these conditions that my instrument will be found of great utility.

Delay is always wrong, relief must be obtained, and the simplest means are always the best. The patient should be placed under an anaesthetic, and the urethra injected with warm oil. The

tapering catheter should now be passed carefully down the urethra in the middle line, and when six or seven inches have been passed the handle must be depressed and the point carried along the upper wall of the passage. In some cases it will not easily enter the bladder from the point, catching in the prostatic sinus or in some irregularity of the enlarged gland. Under these circumstances the instrument should be withdrawn an inch or two, turned upon its long axis, and the point inclined first to one side then to the other, at the same time the handle must be well depressed. Fortunately during this little manœuvre the point will often ride easily into the bladder.



MEMORANDA :

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

A CASE OF SODIUM SALICYLATE POISONING.
F. H., a labourer, was suffering from a mild attack of influenza on November 25th, 1899. I prescribed an 8oz. mixture of sodium salicylate, gr.160, with sp. ammon. aromat. 3ijss. The directions were "one tablespoonful to be taken four times a day in water." His sister administered a dose at 10 P.M., but in the early hours of the morning of November 26th the patient, as he now explains, feeling better, thought more

medicine would do him good, so he drank all but 1 oz. of the contents, thus swallowing 130 grains at one dose. I was not sent for during the day, as he only complained of palpitation, full feeling in the head, and tinnitus, but during the night of November 27th he became delirious, and I was sent for. I found him suffering from very active delirium, with visual hallucinations and aural illusions (of a pleasant kind), restlessness was very marked, he was inclined to be violent, the face was very flushed, the skin perspiring freely, the pupils dilated and fixed. There was a morbilliform eruption, chiefly over the chest and back, but arms and legs were also covered to a slighter degree; the tongue was clean; there was no vomiting; the reflexes were increased; the temperature was 98.8°, the pulse 125, and the respirations 34; micturition was frequent, urine was very acid; specific gravity 1018 (it contained neither albumen nor sugar). I prescribed mist. alba, and ordered large quantities of liquids to be given, such as milk, beef tea, and cocoa, of which he took very freely, in fact the desire for liquids appeared to be insatiable. After the bowels had been freely opened I gave a mixture of sodium bromide, with senna.

On November 28th no change had occurred, and as no sleep had been obtained I gave tincture of hyoscyamus with the bromide mixture.

On November 29th he was better, the delirium was less active, the pupils were acting, the pulse was 90, and the respirations 24. He had still had no sleep. The rash had disappeared.

On November 30th, at 5 A.M., the patient fell into a deep sleep, which lasted twelve hours, and on awaking he was quite refreshed, and appeared to be in his normal state of health, and has remained so.

I think this case worthy of publication owing to the large dose of the drug taken, the long period of sleeplessness, and the absence of depression.

H. HILTON HEFFERNAN, M.R.C.S.Eng., L.R.C.P.Lond.
Wolston, near Coventry.

SALOL IN SMALL-POX.

Now that the unfortunate epidemic in Hull gives a good opportunity of testing my statements, I am anxious to bring to the notice of the profession the use of salol in treating small-pox, not having seen its use advocated. During a residence of sixteen years and a half in China, I have had a considerable amount of experience in small-pox. My attention was first directed to the possibilities of salol by observing that mosquitos failed to produce their characteristic local reaction of swelling and irritation when they bit a patient, a case of cystitis, who was taking large doses. I then experimented in a few cases of irritable skin disease with marked relief of symptoms, and finally adopted the plan of bringing my small-pox patients under its influence.

My experience is that it absolutely abolished all sense of irritation and the desire to scratch, and prevented the stage of maturation except in a few vesicles which went on the usual course. The last confluent case I treated had only two vesicles, one in either arm, which suppurred; all the rest aborted, the lymph contents of the vesicles drying up and disappearing.

The importance of being able to control the irritation and to prevent suppuration need not be enlarged on to anyone who has seen anything of this disease, and I trust a full trial will be made of the drug and the results made known. I did not find it necessary to exceed 3j a day given in 15-gr. doses every four hours, nor did I notice any bad results from long-continued use of the drug.

Salol is a most useful drug in many diseases, but in none are its results more striking in my experience than in small-pox.

Bridge of Allan, N.B.

CHARLES BEGG.

TREATMENT OF MOLLUSCUM CONTAGIOSUM WITH SODIUM ETHYLATE.

A LADY, six months advanced in pregnancy, consulted me on account of the existence of a number of small cutaneous growths of the nature of molluscum contagiosum of the "shirt-button" variety. In her condition it was not advisable to incise them, and therefore I had recourse to the application of sodium ethylate, which I found thoroughly satisfactory. I

made at least twenty applications. Some I covered with a small patch of cyanide gauze, and protected the gauze with plaster. The result in those was not so successful as in those which I left entirely uncovered; for the moisture from the portion of skin covered by the plaster, being unable to escape, interfered with the action of the remedy, and some of these spots required a second application.

Broadstairs.

THOS. F. RAVEN, L.R.C.P.

SCARLET FEVER WITHOUT ERUPTION.

WITH reference to the memorandum in the BRITISH MEDICAL JOURNAL of December 16th, 1899, on scarlet fever without rash, the following case attended by me some years ago may be interesting. A girl, aged 18 years, complained of sore throat. There was fever ranging from 102° to 103.5° . She lived with her parents in an isolated house, and there was no case of scarlet fever within several miles. There was no rash whatever. As the sore throat did not yield to treatment I obtained a specimen of the urine for examination on the fifth day of her illness, thinking that possibly there might be some diphtheritic infection. The test for albumen was negative, but on microscopic examination the urine was found to teem with kidney and bladder epithelium. A diagnosis of scarlet fever was then made, and verified by the subsequent desquamation of the whole epidermis. In this case desquamation evidently began in the urinary tract, and the case shows the value of a microscopic examination of the urine in suspicious sore throats.

Belfast.

H. WARD IRVINE, M.D.

A CASE OF ACQUIRED SYPHILIS IN A CHILD: HUNTERIAN CHANCRE ON EYELID.¹

THE patient, a boy, in September, 1898, at the age of 6 years, developed a sore on the free border of the right upper eyelid towards its outer side. He was then seen at the Royal Albert Hospital, Devonport, by Mr. J. R. Rolston, who found the sore to be a Hunterian chancre. The boy was treated for syphilis, but did not attend regularly. His mother states that the sore lasted two months, during which time he developed a rash and enlarged glands in the neck. In September, 1899, the boy was brought to me with a large condyloma. His eyelid showed a scar at its free edge, with loss of the corresponding eyelashes. His mouth, owing to carious teeth, was very foul, but contained no definite signs of syphilis. Under hydrarg. c. cret., gr. iij, bis die, the condyloma soon disappeared. The mother was infected with syphilis by her husband in December, 1897, and had well-marked secondary and tertiary sequelæ. In February, 1899, I operated on her for a ruptured right tubal pregnancy, possibly due, as suggested by Dr. Shaw-Mackenzie, to the syphilis having damaged the Fallopian tube. In the summer of 1898, the boy had measles, which left him with blepharitis, causing the eyelids to become adherent during sleep. To relieve this the mother was in the habit of moistening the eyelids with her sputum, hence the infection.

REMARKS.—I decline to accept extragenital sores as Hunterian, unless the diagnosis is confirmed by secondary phenomena. The eyelid is an unusual site for a primary sore.

C. HAMILTON WHITEFORD, M.R.C.S., L.R.C.P.,
Medical Officer to the Provident Branch of the Plymouth Public
Public Dispensary.

DISLOCATION OF THE RADIO-CARPAL JOINT.

SIR.—Dr. Given, in the BRITISH MEDICAL JOURNAL of June 3rd, and Dr. Boys, in the JOURNAL of November 18th, 1899, each record a case of posterior dislocation at the radio-carpal joint, and both refer to its rarity, as stated in an earlier number by Dr. Macalister. Another recent case may be worthy of record.

On September 16th, 1899, a burly youth, aged 16, fell sideways from a horse on soft grass. He broke the fall with his pronated left hand, and when I saw him a few minutes later, presented at first sight the appearance of a fracture of the lower extremity of the radius with displacement backwards. Examination showed, however, that the prominence on the back of the wrist was due to the displaced carpus, the articula-

lar surfaces being readily distinguishable. Slight extension readily restored the parts to their proper position. I employed early passive movement, and in ten days' time was able to remove my splints entirely, and to allow him restricted use of the parts. There has been no subsequent trouble.

Edgbaston.

GUY J. BRANSON B.A., M.B.Lond.

REPORTS

ON

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

BRISTOL ROYAL HOSPITAL FOR SICK CHILDREN AND WOMEN.

CASE OF DOUBLE GENERAL EMPYEMA IN A CHILD: OPERATION: RECOVERY.

(Under the care of C. A. MORTON, F.R.C.S.)

[Reported by W. A. MILLIGAN, M.B., F.R.C.S.E.]

DURING the last ten years a considerable number of successful cases of double empyemata have been recorded. The main object in publishing the following case is the fact that these cases open up so many interesting points as to the best and safest way of treating them:

F. W., aged 6, was admitted into the hospital at midnight on July 10th, 1899. She was very much cyanosed, her respirations being at the rate of 86 to the minute. The history obtained from the parents was that fourteen days previously the child had been taken suddenly ill with a violent pain in the right side, and feverishness. A medical man was called in, and said that she was suffering from an attack of inflammation of the lungs and treated her accordingly. Not improving by the fourteenth day, a consultation was held, with the result that she was recommended to be sent into this hospital.

On examination it was found that her temperature was 100° F., her pulse 160 and very feeble, her respirations 86 and very shallow. There was very little movement of the chest on either side. The percussion note was clear, and perhaps slightly hyper-resonant on the right side, in front, as far down as the level of the third rib, and in the axilla as far as the level of the fourth rib, while behind resonance extended only about one finger-breadth below the level of the spine of the scapula. The vesicular murmur was harsh over the resonant area, and was accompanied by rhonchi and coarse crepitations. Over the area of dulness the breath sounds were practically inaudible, except at its upper limit, where they tended to be bronchial in quality. The condition on the left side was much the same as on the right, only not so marked, the area of resonance extending in front as far as the level of the sixth rib, and down to the angle of the scapula behind. All over this area, however, rhonchi and harsh crepitations were very marked. Over the area of dulness the physical signs were as on the right side. The cardiac impulse was very diffuse to the left of the sternum, its maximum intensity being just to the left of the ensiform cartilage. There was no displacement of the liver or spleen, and there was no albumen in the urine. From the physical signs the case was diagnosed as probably one of double empyema, and this was confirmed by the insertion of a hypodermic needle.

Immediate operation was considered at this time as quite inadmissible, owing to the risk of administering an anaesthetic to a child so collapsed and whose lungs contained so much intrapulmonary mischief. Aspiration was therefore resorted to, the left side being chosen, so as to try to relieve the embarrassed condition of the heart. Fourteen ounces of thick pus were withdrawn from this side, with the result that the patient's condition very distinctly improved, the respirations falling to 56. On the next morning however the breathing was again very laboured, and as the physical signs showed evidence of a large quantity of pus in the right side this was aspirated and 5 oz. of thick pus withdrawn. This aspiration brought relief. Two days later the cyanosis returning and the respirations again increasing, and there being evidence of an increased quantity of fluid in the left pleura, this was again aspirated and 11 oz. of thick pus withdrawn.

On July 25th (five days after admission), the general condition of the patient having materially improved, and as the temperature still remained high and the respirations rapid, it was decided to open one side of the chest, the right being chosen, as there was a considerably larger collection on this side. The anaesthetic was very badly borne. After a few whiffs of chloroform the patient became very cyanotic and the pulse very feeble, so that the operation had to be very speedily accomplished. An incision was made between the fifth and sixth ribs in the axillary space, the pleura being opened and pus allowed very slowly to escape, the opening being gradually enlarged. The empyema was found to be a general one. A drainage tube was then inserted, the wound dressed, and the patient returned to bed. The result of the operation was a very marked improvement in the character of the breathing and in the temperature.

Two days after the operation, the right side continuing to drain well, there was again laboured breathing, and examination showed an increase in the quantity of the fluid on the left side. This side was accordingly aspirated, and 5 ozs. of pus withdrawn. During the next six days the patient was on the whole better, although she still had a considerable amount of intrapulmonary mischief, which no doubt accounted in part for the rapid breathing (56 to 60). Drainage from the right side went on well, the discharge diminishing, and the lung showing distinct signs of expanding well. On the left side, as there were symptoms of a re-collection of fluid his side was again aspirated, and 16 ozs. of pus evacuated.

¹ Read before the Plymouth Medical Society December 2nd, 1899.

Hull on December 28th, at the age of 49. He had the misfortune to contract a chill before he had quite recovered from the effect of a second seizure of influenza, and upon this followed an attack of rheumatic fever, complicated towards the close with pneumonia. Although apparently a healthy man, he had evidently but little recuperative power, and, notwithstanding assiduous attention from medical friends, he gradually sank after less than a fortnight's confinement to bed.

Mr. Thompson was in his early years a pupil of Sir Robert Martin Craven, and afterwards became a student at St. Bartholomew's Hospital. He obtained the diploma of M.R.C.S. and L.S.A. in 1871, and that of L.R.C.P. Lond. in 1874. He held the office of House-Physician to St. Bartholomew's Hospital, and on his return to Hull was appointed House-Surgeon to the Hull Royal Infirmary. At a later date he was appointed Assistant Surgeon, and subsequently Surgeon to that Infirmary, where he did much good work.

He was a skilful and accomplished surgeon, and in addition to his other many admirable qualities always displayed that stirring professional honesty which commands the respect and admiration of even the least friendly of acquaintances. Mr. Thompson was a member of the British Medical Association, and had held the office of President of the East York and North Lincoln Branch. He was highly valued and trusted by his patients, as well as much esteemed by his colleagues, to whom his unexpected death has been a real sorrow. If, however, as has been said, "To live in hearts we leave behind is not to die," in that sense Mr. Thompson's death is still distant.

He leaves a widow and seven children to mourn what is their irreparable loss.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL NAVY MEDICAL SERVICE.

THE following appointments have been made at the Admiralty:—ALEXANDER L. CHRISTIE, Fleet-Surgeon, to the *Pembroke*, for Chatham Dockyard, January 1st; MICHAEL FITZGERALD, Fleet-Surgeon, Haulbowline Hospital, January 1st; CHRISTOPHER PEARSON, M.D., Fleet-Surgeon, to the *Majestic*, January 1st; ALFRED T. CORRIE, Fleet-Surgeon, to the *Wildfire*, for Sheerness Dockyard and Naval Barracks, January 1st; EVERARD H. SAUNDERS, Fleet-Surgeon, to the *Lion*, January 1st; CORNELIUS BRADLEY, M.D., Staff-Surgeon, to the *Niobe*, January 1st; ROBERT H. NICHOLSON, Staff-Surgeon, to the *Durham*, temporary, January 1st; HERBERT W. G. DOYNE, Staff-Surgeon, to the *Centurion*, for Yokohama, January 1st; JOHNSTON H. ACHESON, M.B., Surgeon, to the *Colossus*, January 1st; THOMAS E. HONEY, Surgeon, to the *Caledonia*, January 1st; CHRISTIAN B. FAIRBANK, Surgeon, to the *Speedy*, when commissioned, January 16th; REGINALD ST. G. S. BOND, Surgeon, to the *Pembroke*, additional, January 1st.

Surgeon FRANCIS JOHN ARTHUR WARING, retired Surgeon and Agent at Hove Station, died at Hove on December 12th, 1890, aged 55. He joined the navy as Surgeon in 1869, and retired in 1879. He was Surgeon of the *Ocean* in 1869-70, of the *Leven* in 1870-74, at Plymouth Hospital in 1875-7, and of the *Black Prince* in 1877-9.

Inspector-General GARLAND W. L. HARRISON died at Newton Abbot, Devonshire, on December 30th, 1890, at the age of 62. He was the eldest son of the late Dr. G. F. B. Harrison, of Devonport, and joined the Navy as Surgeon, October 14th, 1858; became Staff-Surgeon, August 10th, 1870; Fleet-Surgeon, December 7th, 1880; Deputy Inspector-General, November 26th, 1890; and Inspector-General, on retirement, December 11th, 1893.

ARMY MEDICAL SERVICE.

ERRATA.—In the BRITISH MEDICAL JOURNAL of December 30th, 1890, it was inadvertently announced that Surgeon-Major-General BRADSHAW and Surgeon-General FRASER had been appointed Honorary "Surgeons" to the Queen. In each case the appointment should have been stated to be Honorary "Physician" to the Queen.

ROYAL ARMY MEDICAL CORPS.

THE names of the undermentioned Lieutenants are as now stated, and not as described in the *Gazette* of December 19th, 1890: ARTHUR MAUNSELL MACLOUGHLIN, M.B., JAMES ANDREW HARTIGAN. (In the *Gazette* referred to these names were given as Wilfred Montagu MacLoughlin and James Andrew Hartigan, M.B. Mr. MacLoughlin's appointment had already been announced in the *Gazette* of November 28th.)

Sergeant-Majors JAMES FERGUSON, FREDERICK W. HALL, and ALEXANDER MORRISON are appointed Quartermasters, with the honorary rank of Lieutenant, on augmentation, January 3rd.

Major THOMAS DORMAN died on December 26th, at Havre des Pas, Jersey, aged 43. He was the third son of the late Rev. T. Dorman, of Kinsale, and entered the service as Surgeon, March 6th, 1880, becoming Surgeon-Major twelve years thereafter.

ARMY MEDICAL RESERVE.

SURGEON-LIEUTENANT-COLONEL FRANCIS J. PEARSE, 1st Middlesex Rifle Volunteer Corps, is appointed Surgeon-Lieutenant-Colonel, December 18th, 1890.

Surgeon-Captain R. B. GRAHAM is promoted to be Surgeon-Major, December 30th.

Surgeon-Lieutenant EVAN EVANS, M.B., 1st Volunteer Battalion the Welsh Regiment, is promoted to be Surgeon-Captain, December 30th.

Surgeon-Lieutenant WILLIAM O. EVANS, 2nd Volunteer Battalion the Royal Welsh Fusiliers, is appointed Surgeon-Lieutenant, December 30th.

Surgeon-Lieutenant D. L. HAMILTON resigns his commission, January 3rd.

VOLUNTEER MEDICAL STAFF CORPS.

SURGEON-LIEUTENANT W. E. MILES, the London Companies, is promoted to be Surgeon-Captain, December 30th.

THE MILITARY OPERATIONS IN WEST AND CENTRAL AFRICA. A DESPATCH has been published from Colonel Woodgate, commanding the troops in the Sierra Leone Protectorate, reporting the operations undertaken during the past year in the suppression of rebellion. After detailing the nature of the operations, Colonel Woodgate brings to notice the names of officers deserving of special mention, among them being Major R. Crofts and Captain C. Dalton, both of the Royal Army Medical Corps.

The *London Gazette* of January 2nd contains despatches from Colonel T. Ternan, who, writing from Kampala on May 31st, 1899, deals with the expedition against Kabarega. He forwards Lieutenant-Colonel Eva's report on the operations, and favourably mentions the name of Captain Haig, Indian Medical Service.

THE ARMY MEDICAL RESERVE.

A SENIOR OFFICER, A.M.R., writes: Your correspondent "M.A., M.D." does not seem to know that, by Warrant and Regulations, officers of the A.M.R. have "prior claims" to employment to any civil practitioners, no matter what the special terms of his employment may be. But this claim has lately been ignored.

I have during the past ten years from time to time served in a garrison when there was a paucity of regular medical officers; and at the present crisis was asked by the P.M.O. of the district whether I was willing to serve; I assented, and my name was sent up, strongly recommended.

Nevertheless, I have been entirely ignored; and two "special" civil surgeons posted for duty at the station hospital, although entirely ignorant of military duties.

Such treatment after ten years in the reserve is inexplicable, and not likely to popularise the Volunteer medical establishment.

ANOTHER CORRESPONDENT agrees with "M.A., M.D.," that officers of the reserve can, as a rule, be only "partially employed" in charge of troops; and probably be unable to take up orderly duty. Officers of the reserve are only liable to serve at home, under Paragraph 655 of the Royal Warrant.

** Does the one correspondent answer the other? Was the officer of the A.M.R. able to take up all, including orderly duty? Of course, Volunteers are only liable to serve at home; but, as a large number are going to South Africa, what medical establishments are to accompany them?

RETIREMENT OF FLEET-SURGEON GIPPS: A SEQUEL TO "THE PERSONAL EXPLANATION."

FLEET-SURGEON A. G. P. GIPPS, R.N. Retired (Stevenage) writes: In the BRITISH MEDICAL JOURNAL of October 14th, 1899, at my request, you inserted a "personal explanation" on the causes of my retirement from Her Majesty's navy immediately after my promotion and appointment to Haslar Hospital. In this letter I made a number of statements which I have since ascertained to be either mistaken or without foundation, and involving the good faith of the Medical Director-General of the Navy. Under these circumstances, as my letter was a public one in your JOURNAL, I wish to make an apology for the statements which referred to Sir Henry Norbury, and to withdraw and contradict any other statements made at the time in the same letter. Finding I am mistaken in my ideas, I do not wish this to be a half-hearted withdrawal, but a complete and entire one, of the letter contained in your issue of October 14th, 1899. I shall be glad if you will insert this in your next issue.

** We are glad to learn from the above letter that the account of the incidents which led to his retirement from the Royal Navy Medical Service given in the BRITISH MEDICAL JOURNAL of September 23rd, p. 882, September 30th, p. 885, and October 14th, 1899, p. 1,049, was founded on misapprehension. We regret that the conduct of the Director-General should have been in any way misrepresented in our columns, but it will be seen that the misunderstanding was shared by the officer chiefly concerned.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

FIRST EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.—The following have satisfied the examiners as undernoted:

Part I. Chemistry and Physics.—L. J. Austin, Sid. Suss.; I. G. Back, Trin. H.; D. K. D. Bain, B.A., Trin.; S. Barradell-Smith, Joh.; J. D. Barris, Cai.; E. Beaton, Cai.; H. A. Browning, Joh.; G. H. U. Corbett, King's; G. L. Cox, Christ's; R. G. Elwell, B.A., Trin.; N. C. Fletcher, Queens'; R. E. French, King's; W. B. Grandage, Cai.; H. T. Gray, Trin.; R. E. G. Gray, Pemb.; R. F. V. Hodge, Emm.; G. Holroyd, Christ's; C. L. Isaac, B.A., Joh.; Q. S. Keat, Joh.; B. T. Lang, Trin.; C. S. Lee, Cai.; J. McIntyre, King's; S. M. Mackenzie, Trin.; E. H. Mayhew, Emm.; J. B. Mennell, Pemb.; A. H. Miller,

Trin.; A. R. Moore, Cai.; G. W. de P. Nicholson, B.A., Jes.; F. W. M. Palmer, B.A., Jes.; D. W. Roy, Sid. Suss.; R. B. S. Sewell, Christ's; E. W. Sheaf, Down; G. C. E. Simpson, Joh.; C. Strickland, Cai.; F. J. Thornton, Cai.; W. S. Tresawna, Sid. Suss.; B. Wallis, Trin.; W. H. Williams, Cai.; W. P. Williams, Down; J. L. Wood, Trin.; L. Worrall, B.A., Christ's; F. P. Young, Christ's.

Part II. Elementary Biology.—H. B. Atkinson, Trin.; L. J. Austin, Sid. Suss.; A. L. Baily, Emm.; D. W. A. Bull, Cai.; G. H. U. Corbett, King's; R. A. Cullen, Cai.; G. B. Davis, B.A., Corp. Chr.; N. C. Fletcher, Queen's; R. E. French, King's; L. G. H. Furber, Cai.; J. R. C. Greenlees, Joh.; C. R. F. Hall, B.A., Trin.; O. Heath, Trin.; S. A. Henry, Trin.; R. F. V. Hodge, Emm.; W. R. Honeybone, B.A., Pet.; Q. S. Keat, Joh.; A. A. H. Lawrence, Emm.; H. Maclean, Cai.; J. B. Mennell, Pemb.; A. H. Miller, Trin.; S. B. Pope, Christ's; W. H. Rayner, Trin.; W. H. Robinson, Down; E. W. Sheaf, Down; F. Shingleton-Smith, King's; G. C. E. Simpson, Joh.; C. Stanley, Clarke, Cai.; B. H. Stewart, B.A., Jes.; F. J. Thornton, Cai.; W. S. Tresawna, Sid. Suss.; F. B. Treves, Cai.; C. Tylor, Cai.; C. H. W. Weeks, Trin.; A. Wilkin, King's; R. G. Williams, B.A., Cai.; W. H. Woodburn, Christ's; F. P. Young, Christ's; R. F. Young, Christ's.

SECOND EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.—The following candidates have satisfied the examiners as unnoted:

Part I. Pharmaceutical Chemistry.—E. D. Anderson, Pemb.; H. M. Avis, Down.; J. R. Beale, Cai.; A. R. Brailey, Down.; A. D. Brunwin, Trin.; A. S. Burgess, Cai.; H. C. Cameron, Joh.; M. A. Cassidy, Cai.; R. P. Cockin, Cai.; A. W. D. Covington, Trin.; W. I. Cumberland, Christ's; G. E. Davidson, B.A., Cai.; H. S. Dickson, Christ's; L. Dukes, Trin.; W. G. P. Ellis, M.A., Cath.; H. J. Fawcett, Trin.; C. F. Fothergill, Emm.; E. Garnsey, Cai.; W. Hastings, Christ's; G. L. Hodgkin, Trin.; D. Humphrey, Sid. Suss.; H. B. Jackson, Cai.; F. A. Juler, Trin.; J. Lambert, Down.; J. C. Lawton-Roberts, Cai.; E. Lloyd, Emm.; K. Lucas, Trin.; G. H. K. Macalister, Joh.; J. T. Macnab, Christ's; M. McPherson, Cai.; S. A. Owen, Trin.; C. E. Palmer, Cai.; P. R. Parkinson, Cai.; C. F. Parry, B.A., Cai.; C. W. Ponder, Emm.; E. S. Scott, B.A., Pemb.; E. Slack, B.A., Pemb.; W. H. Smyth, Emm.; W. H. Thresher, B.A., Cai.; H. C. Turner, Emm.; G. T. Western, B.A., Pemb.; J. D. C. White, M.A., Trin.; R. E. Whitting, King's; F. Worthington, Joh.; E. A. Wright, B.A., H. Selw.; S. L. O. Young, B.A., Christ's.

Part II. Human Anatomy and Physiology.—L. E. R. H. Barker, B.A., Cai.; E. A. Beck, B.A., Cai.; A. S. Bradley, B.A., Cai.; A. R. Brailey, Down.; P. J. Burgess, M.A., Sid. Suss.; C. Burrows, B.A., Emm.; N. C. Carver, B.A., King's; R. B. Coare, B.A., King's; G. H. Coit, Sid. Suss.; C. R. Crowther, B.A., Joh.; W. H. Dickinson, B.A., Trin.; S. Dodd, B.A., Cai.; T. L. Drapes, Sid. Suss.; G. G. Ellett, B.A., Cath.; A. F. Elliott, B.A., Emm.; E. A. Ellis, Down.; H. R. Fisher, B.A., Emm.; G. D. Franklin, B.A., King's; J. D. H. Freshwater, B.A., Trin.; J. H. Fuge, M.A., H. Selw.; E. Gardner, B.A., Cai.; F. W. Goyder, B.A., Joh.; C. H. Gregory, B.A., Emm.; W. L. Harnett, B.A., Joh.; A. G. Harvey, B.A., Joh.; G. P. Hawker, B.A., Cai.; H. D. Hoffmann, B.A., Trin.; D. Holroyde, B.A., Trin.; W. W. Holtzmann, B.A., Christ's; L. B. Hopper, B.A., Cai.; H. M. Joseph, Trin.; F. I. M. Jupe, B.A., Down.; F. S. Kidd, B.A., Trin.; H. D. Ledward, B.A., Trin.; H. B. McCaskill, B.A., Cai.; O. M. Joh., C. W. P. Moffatt, Cai.; W. M. Millson, King's; W. V. Naish, B.A., Emm.; C. L. Newell, B.A., Trin.; F. D. Nicholson, B.A., King's; J. E. Payne, B.A., Pet.; H. Rischbieth, B.A., Trin.; H. J. Robinson, B.A., Joh.; W. T. Scott, B.A., Cai.; H. J. Shone, B.A., Emm.; J. E. Spicer, B.A., Trin.; H. Statham, B.A., Christ's; S. J. Steward, Down.; G. E. St. Stockwell, B.A., King's; W. M. Strong, M.A., Trin.; W. B. Swete-Evans, B.A., Cai.; A. W. Wakefield, B.A., Trin.; H. Wales, B.A., Sid. Suss.; E. Ward, B.A., Cai.; G. H. L. Whale, B.A., Jes.; F. Whitaker, B.A., Trin.; A. G. E. Wilcock, Cai.; J. H. F. Wilgress, B.A., H. Selw.; A. F. E. Wollaston, B.A., King's.

THIRD EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.—The following candidates have satisfied the examiners as unnoted:

Part I.—W. H. W. Attiee, B.A., Joh.; F. G. Bowen, B.A., Cai.; G. Browne, M.A., Cai.; F. E. Brunner, B.A., Cai.; T. Burfield, B.A., Emm.; E. R. Clarke, B.A., Joh.; A. H. Davies, B.A., Cai.; A. B. Dunne, B.A., Queen's; W. M. Fletcher, M.A., Trin.; H. S. Gabb, B.A., Down.; C. H. Glenn, B.A., Pemb.; J. A. Glover, B.A., Joh.; E. V. Gostling, B.A., Cai.; O. F. F. Grünbaum, B.A., Trin.; A. C. Hill, M.A., Trin.; T. E. Holmes, B.A., Cai.; A. C. Ingram, B.A., Joh.; A. W. Izard, B.A., Trin.; G. S. Keeeling, B.A., Cai.; C. Killick, B.A., Trin.; W. B. Knobel, B.A., Trin.; G. O. Lambert, B.A., Joh.; J. W. Malim, B.A., Christ's; L. J. Paton, B.A., Cai.; F. C. Shrubshall, M.A., Cai.; W. C. P. Smith, B.A., Down.; H. H. Stiff, B.A., Cai.; W. J. Susmann, B.A., Cai.; T. S. Taylor, B.A., King's; E. D. Telford, B.A., Cai.; H. A. Upward, B.A., Christ's; A. Whitmore, B.A., Cai.; T. Wood, B.A., Cai.; W. H. O. Woods, B.A., H. Selw.; R. T. Worthington, B.A., Trin.

Part II.—R. A. Ainsworth, B.A., Pemb.; W. L. Ascherson, non-coll.; A. E. Bodington, M.A., Cai.; W. P. S. Branson, B.A., Trin.; J. W. E. Cole, B.A., Corp. Chr.; E. Cox, B.A., Cai.; S. W. Curl, B.A., Down.; F. C. Eve, B.A., Emm.; A. T. Frasier, B.A., Cai.; A. C. Fry, M.A., Pemb.; T. Gillespie, B.A., Joh.; H. Glasier, M.A., Emm.; H. M. Harwood, B.A., Trin.; C. L. Hawkins, B.A., Emm.; E. W. Hedley, M.A., King's; G. H. Hunt, M.A., Cai.; O. Inchley, M.A., Joh.; A. Killick, B.A., Down.; J. E. Linnell, B.A., H. Selw.; N. J. McCaskill, B.A., Cai.; A. E. Martin, B.A., Down.; W. H. Maxwell, B.A., Trin.; W. T. Mullings, B.A., Christ's; J. P. L. Mummary, B.A., Cai.; J. A. Nixon, B.A., Cai.; G. E. Orme, B.A., Cai.; S. V. Pearson, B.A., Emm.; J. C. A. Rigby, B.A., Cai.; R. N. Salaman, B.A., Trin.; H. R. E. Sedgwick, B.A., Cai.; F. Shuffield, B.A., Trin.; J. F. Skrimshire, Joh.; F. T. Talbot, B.A., King's; E. Talbot, M.A., Trin.; R. S. Trevor, M.A., Cai.; B. R. B. Truman, B.A., Trin.; H. R. F. C. Ward, B.A., Joh.; D. P. Watson, B.A., Trin.; E. A. Wilson, B.A., Cai.; W. B. Winton, M.A., Cai.

UNIVERSITY OF DUBLIN.
AT the Winter Commencements, held on December 18th, 1899, in the Theatre of Trinity College, the following Degrees and Licences in Medicine,

Surgery and **Midwifery** were conferred by the University Caput in the presence of the Senate:

Baccalaurei in Medicina, in Chirurgia, et in Arte Obstetricia.—R. S. Dobbin (B.Ch. stip. cond.), J. S. Fleming, St. G. E. Harris, W. M. Houston, D. O. Hyde, P. G. Hyde, H. C. M'Quade, W. S. Myles, J. C. Pounden, J. L. Powell, L. M. Purser, H. Rogers, W. Shanks, J. G. G. Swan, G. Taylor, J. S. Twigg.

Baccalaureus in Medicina.—E. S. Barnard.

Doctors in Medicina.—E. S. Barnard, S. J. M'C. Bradshaw, W. V. Coppering, R. C. Peacocke, E. S. Pollock.

Licentiat in Medicina, in Chirurgia, et in Arte Obstetricia.—E. A. C. Quin.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen having passed the necessary examinations and having conformed to the by-laws and regulations, have been admitted "Fellows," and are arranged in order of seniority as members of the College:

H. J. M. Playfair, M.D. Lond., M.R.C.P. Lond.; H. W. Carson, L.R.C.P. Lond.; E. L. Evans, M.A., M.B., B.C.Cantab., L.R.C.P. Lond.; P. S. Lelean, L.R.C.P. Lond.; J. Howell, M.B. Lond., L.R.C.P. Lond.; W. F. V. Bonney, M.D., B.S. Lond., L.R.C.P. Lond.; T. R. H. Bucknall, M.D. Lond., L.R.C.P. Lond.; W. B. L. Trotter, M.D. Lond., L.R.C.P. Lond.; A. M. Cadmore, M.B., Ch.B. Adelaide, L.R.C.P. Lond.; C. R. Kéyser, L.R.C.P. Lond.; G. Smith, M.B. Durh., L.R.C.P. Lond.; R. de S. Stawell, B.A., M.B., B.C.Cantab., L.R.C.P. Lond.; J. W. T. Walker, M.B., C.M. Edin., L.R.C.P. Lond.; H. Mundy, L.R.C.P. Lond.; R. G. Radston, M.B., C.M. Edin., L.R.C.P. Lond.; F. Mannington, L.R.C.P. Lond.; J. O. Stevington, L.R.C.P. Lond.; E. M. Corner, M.B., B.C.Cantab., M.A., B.Sc. Lond., L.R.C.P. Lond.; T. J. P. Hartigan, L.R.C.P. Lond.; J. L. Adams, M.B., C.M. Abred.; and A. F. MacCallan, B.A., M.B., B.C.Cantab., L.R.C.P. Lond.

Seventeen gentlemen were referred back to their professional studies, for six months and 1 for one year.

The following gentlemen having passed the necessary examinations, have been admitted Licentiates in Dental Surgery:

W. B. Bacon, Middlesex, and the Dental Hospital of London; H. W. P. Bennette, University College, Dental Hospital, and Royal Infirmary, Liverpool; J. S. Biss and J. Black, Guy's Hospital Dental Department and School; F. J. Blight, University College, Dental Hospital, and Royal Infirmary, Liverpool; C. H. Bubb and H. T. Campkin, Guy's Hospital Dental Department and School; F. R. Carey, Mason College, Queen's, General and Dental Hospital, Birmingham; J. T. Carter, Charing Cross, and the Dental Hospital of London; P. P. Cole, Guy's Hospital Dental Department and School; R. K. Devonshire, Middlesex, and the National Dental Hospital; A. H. Dixon, Mason College, Queen's, General, and the Dental Hospital, Birmingham; G. H. Drake, Guy's Hospital Dental Department and School; H. Frankish, Owens College, Royal Infirmary, and Victoria Dental Hospital, Manchester; W. J. Duncall, Charing Cross, and the Dental Hospital of London; P. F. Garman, Guy's Hospital Dental Department and School; S. Hargreaves, University College Dental Hospital, and Royal Infirmary, Liverpool; F. W. Horrocks, Owens College, Royal Infirmary, and Victoria Dental Hospital, Manchester; S. H. Jones and W. W. C. Jones, Guy's Hospital Dental Department and School; T. H. P. Kolesar, University College, Dental Hospital, and Royal Infirmary, Liverpool; R. F. Lockett, Middlesex, and the National Dental Hospital; S. H. Longhurst, Guy's Hospital Dental Department and School; F. Mackenzie, Owens College, Royal Infirmary, and Victoria Dental Hospital, Manchester; H. Maurice, Guy's Hospital Dental Department and School; F. W. S. Metcalfe, Charing Cross, and the Dental Hospital of London; R. J. Morell and J. B. Morrish, Guy's Hospital, Dental Department and School; G. H. New, Middlesex and the National Dental Hospital; H. G. Owen, University College, Dental Hospital and Royal Infirmary, Liverpool; S. L. Pallant, R. Peacock, and F. J. Pearce, Guy's Hospital Dental Department and School; H. G. Perkins, Middlesex and the Dental Hospital of London; C. F. Pitt, Charing Cross and the Dental Hospital of London; G. P. Pollitt, Guy's Hospital, Dental Hospital and School; A. Rice, Charing Cross and the Dental Hospital of London; C. F. Rose, Guy's Hospital Dental Department and School; L. F. V. Sadler, Mason College, Queen's, General, and the Dental Hospital, Birmingham; A. H. Saunders, Guy's Hospital Dental Department and School; G. C. Sawday, Charing Cross and the Dental Hospital of London; J. W. Sidebottom, Owens College, Royal Infirmary, and Victoria Dental Hospital, Manchester; E. Sturridge, College of Dentistry, New York, and University College, London; W. H. Tattersfield, Guy's Hospital Dental Hospital and School; E. Thorne, Middlesex and the National Dental Hospital; S. J. St. H. Tweney, Guy's Hospital Dental Department and School; S. D. Venning, Middlesex and the National Dental Hospital; G. G. Vincent, Charing Cross and the Dental Hospital of London; J. W. Wilkes, Guy's Hospital Dental Department and School; S. J. Willcox, University College, Royal Infirmary, and General Infirmary, Bristol; and J. Workman, Charing Cross and the Dental Hospital of London.

Twenty-seven gentlemen were referred to their professional studies, for six months, and 3 for one year.

PUBLIC HEALTH

AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,784 births and 6,016 deaths were registered during the week ending Saturday, December 23rd, 1899. The annual rate of mortality in these towns, which had

MEDICAL NEWS.

A SPECIAL Committee has been appointed by the authorities of the forthcoming Paris Exhibition to organise an International Congress Against the Abuse of Tobacco to be held in 1900. Anyone may become a member of the Congress by payment of 5 francs to the Secretary, Dr. Petit. The President is M. Decroix, 20, Rue Saint Benoit, Paris.

THE APPOINTMENT OF A VACCINATION OFFICER AT LEICESTER.—Before sanctioning the appointment of the vaccination officer elected by the Leicester Board of Guardians, as mentioned last week, the Local Government Board required that the new officer should give a written assurance of his readiness to carry out his duties. This has now been given, and the appointment was approved by the Board on January 2nd.

MEDICAL VACANCIES.

The following vacancies are announced:

ABBEYSTWITH INFIRMARY.—House-Surgeon. Salary, £150 per annum, with usual residential allowances (stimulants excepted). Applications to the Secretary by January 20th.

ASHTON-UNDER-LYNE DISTRICT INFIRMARY.—House-Surgeon. Salary, £100 per annum, with board and lodgings. Applications, marked outside "Applications for the Office of House-Surgeon," to the Secretary by January 9th.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.—Assistant House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to the Chairman of the Medical Board by January 15th.

BRADFORD CHILDREN'S HOSPITAL.—House-Surgeon. Salary, £80 per annum, with board, residence, and washing. Applications to the Secretary by January 13th.

BEEBOON INFIRMARY.—Resident House-Surgeon, unmarried. Salary, £90 per annum, with furnished apartments, board, etc. Applications to the Secretary, No. 6, Bullock's Walk, Broomhill, by January 17th.

BRISTOL: CITY AND COUNTY OF.—Workhouse Medical Officer. Salary, £250 per annum, and allowance of £30 per annum for rent. Applications, on forms provided, to the Clerk to the Guardians, St. Peter's Hospital, Bristol, by January 10th.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—Assistant House-Surgeon; must be married. Salary, £50 a year, with board, etc. Applications to the Secretary by January 25th.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.—House-Surgeon. Salary, at the rate of £50 per annum, with board and residence. Applications to the Secretary by January 9th.

CHESTER GENERAL INFIRMARY.—Visiting Surgeon. Salary, £80 per annum, with residence and maintenance. Applications to the Chairman of the Board of Management, 29, Eastgate Row, North Chester, by January 27th.

CITY DISPENSARY, 46, Watling Street, E.C.—Physician. Must be F. or M.R.C.P.Lond. Applications to the Secretary by January 13th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park.—Second House-Physician. Appointment for six months. Board and residence provided, and salary at the rate of £30 per annum. Applications to the Secretary by January 10th.

DERBYSHIRE ROYAL INFIRMARY.—(1) Resident House-Physician. Salary, £100 per annum, with apartments and board. (2) Resident Assistant House-Surgeon. Appointment for six months. Salary, £30, with apartments, board, etc. Applications to the Secretary by January 20th.

DONCASTER GENERAL INFIRMARY AND DISPENSARY.—Indoor Dispenser and Assistant to House-Surgeon. Honorarium 20 guineas per annum with board, lodgings, and washing. Applications to the Honorary Secretary by January 17th.

GLAMORGAN COUNTY ASYLUM, Bridgend.—Junior Assistant Medical Officer, unmarried, and not over 35 years of age. Salary, £150 per annum, with board, apartments, washing, and attendance. Applications to the Medical Superintendent by January 17th.

GREATER NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—Assistant Anaesthetist. Appointment for six months, but eligible for re-election. Honorarium at the rate of 10 guineas per annum. Applications to the Secretary by January 15th.

HITCHIN: THREE COUNTIES ASYLUM.—Second Assistant Medical Officer; unmarried and under 35 years of age. Salary commencing at £150 per annum, with board, apartments, etc. Applications to F. G. Butler, Clerk to the Visiting Committee, St. Neots, Hunts, by January 14th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) Assistant Surgeon; must be F.R.C.S.Eng. (2) Two Assistant Physicians; must be F. or M.R.C.P.Lond. Applications to the Secretary by January 23rd.

LEEDS: GENERAL INFIRMARY.—(1) Resident Casualty Officer. Salary, £100 per annum. (2) House Physician, appointment for six months. Board, lodgings, and washing provided in each case. Applications to the Secretary of the Faculty by January 16th and 22nd respectively.

MARGATE: ROYAL SEA-BATHING HOSPITAL.—Assistant Resident Surgeon. Salary, £52 per annum, with board and residence. Applications to the Secretary at the Offices, 30, Charing Cross, S.W., by January 18th.

MIDDLESEX HOSPITAL.—(1) Assistant to the Director of the Cancer Research Laboratory. Salary, £100 per annum, with honorarium of £50 after second year of office. (2) Physician, must be F. or M.R.C.P.Lond. Applications to the Secretary-Superintendent.

NEWARK-ON-TRENT HOSPITAL, AND DISPENSARY.—House-Surgeon, unmarried. Salary, £80 per annum, with board and lodgings. Applications to the Secretary by January 20th.

NORTHAMPTON: GENERAL INFIRMARY.—Assistant House-Surgeon, unmarried not under 23 years of age. Salary, £100 per annum, with furnished apartments, board, etc. Applications to the Secretary by January 13th.

NOTTINGHAM: GENERAL DISPENSARY.—Assistant Resident Surgeon, unmarried. Salary, £130 per annum, and furnished apartments. Applications to the Secretary, Poet's Mouth, 10, Poet's Mouth, Poets' Corner, and Gosport Hospital.

NOTTINGHAM: ROYAL POET'S MOUTH, POETS' CORNER, AND GOSPORT HOSPITAL.—Assistant House-Surgeon. Appointment for six months, remuneration at the rate of £50 per annum, with board and residence. Applications to the Secretary by January 18th.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN, Leicester Square, W.C.—Honorary Assistant Medical Officer. Applications to the Superintendent by January 15th.

ST. MARK'S HOSPITAL FOR FISTULA, City Road, E.C.—(1) Honorary Physician; must be F.R.C.P.Lond. (2) House-Surgeon, appointment for six months. Salary, £50 per annum, with board, lodgings, and washing. Applications to the Secretary by January 13th.

ST. MARY, ISLINGTON.—Medical Superintendent for the New Infirmary, Highgate; not less than 35 years of age. Salary, £600 per annum, with furnished residence, etc. Applications on forms, to be sent to the Clerk to the Guardians, St. John's Road, Upper Holloway, by January 5th.

SCHEFFIELD ROYAL INFIRMARY.—Junior Assistant House-Surgeon. Salary, £50 per annum, with board, lodgings, and washing. Applications to the Medical Staff, under cover to the Secretary, by January 24th.

VENTNOR ROYAL NATIONAL HOSPITAL FOR CONSUMPTION.—Assistant Resident Medical Officer. Salary, £280 per annum, with board and residence. Applications to Dr. Harry, M.M.O.

WHITBREAVEN AND WEST CUMBERLAND INFIRMARY.—House-Surgeon. Salary, £120 per annum, and £30 a year for dispensing, with furnished apartments and attendance. Applications to the Secretary by January 20th.

WOLVERHAMPTON AND STAFFORDSHIRE HOSPITAL.—Assistant House-Surgeon. Appointment for six months, honorarium at the rate of £50 per annum. Applications to the House-Governor by January 15th.

MEDICAL APPOINTMENTS.

ALLPORT, Wilfred, M.B., B.S.Lond., M.R.C.S.Eng., L.R.C.P.Lond., appointed Senior House-Surgeon to the Birmingham and Midland Eye Hospital.

EDDOWES, Alfred, M.D., M.R.C.P., appointed Honorary Physician to St. John's Hospital for Diseases of the Skin, Leicester Square.

GILES, Arthur, M.D., B.S.Lond., M.B., B.Ch.Vict., F.R.C.S.Eng., M.R.C.P.Lond., appointed Gynaecologist to the Tottenham Hospital.

GOWLAND, John George Blantyre, L.R.C.P.Eng., L.R.C.S.Eng., L.F.P. & S.Glasg., appointed Resident Surgeon to the Clarendon District Hospital, N. Queensland, Australia, vice Dr. J. Milne.

HARRIS-JONES, E. M.B., C.M.Eng., appointed Resident Surgical Officer to the Birmingham and Midland Eye Hospital.

JOHNSON, G. Petgrave, M.D., M.Glasg., D.P.H.Eng., appointed Medical Officer of Health to the Stoke-on-Trent Town Council.

MAITLAND, Pelham G., M.R.C.S.Eng., L.R.C.P.Lond., etc., appointed Medical Officer to the Brompton and Knightsbridge Provident Dispensary.

PEARCE, F. H., M.R.C.S.Eng., L.R.C.P.Lond., appointed Senior Assistant Medical Officer to the Bradford Union Workhouse.

PRIOR, Samuel, M.B., C.M.Glasg., appointed Public Vaccinator of the Kirkheaton (District of the Huddersfield Union), vice David Robertson, M.D.

ROCHE, Thomas F., L.R.C.P., L.R.C.S.Eng., appointed Medical Officer for the Penarth District of the Cardiff Union.

ROWLANDS, W. H., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer of the Bromsgrove Union Workhouse, vice H. Cameron Kidd, M.B.Lond., F.R.C.S.Eng., resigned.

SAVILLE, Thomas, M.D., M.R.C.P., appointed Honorary Physician to St. John's Hospital for Diseases of the Skin, Leicester Square.

SEACOMBE, A. F., L.R.C.P., L.R.C.S.Eng., appointed Resident Medical Officer to the Toxteth Workhouse.

WORLEY, H. A., M.R.C.S., L.R.C.P.Lond., appointed Second Assistant Medical Officer to the St. Marylebone Infirmary, vice Dr. Archer Brown, resigned, to go to South Africa.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 8.30 P.M.—Mr. C. Mansell Moulton: Excision of the Vesicula Seminalis. Dr. W. J. Gow: Some Remarks on the Operative Treatment of Uterine Fibroids.

TUESDAY.

Royal Medical and Chirurgical Society, 8.30 P.M.—Dr. Francis Warner: Ophthalmoplegia Exclusa complicating a case of Graves's Disease. Mr. G. K. Foulerton and Dr. H. Campbell Thompson: Investigation into the Nature of the Changes produced in the Nerve Cells of the Cerebral Cortex by the Action of Venom Toxin.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C., 3.30 P.M.—Dr. James Taylor: Demonstration on Cerebral Tumours.

WEDNESDAY.

Hunterian Society, 8.30 P.M.—Dr. Dundas Grant: Cases illustrating various Conditions giving rise to Deafness (with demonstration of cases).

THURSDAY.

Charing Cross Hospital, Post-Graduate Course, 4 P.M.—Dr. Green: Cases in the Wards.

British Gynaecological Society, 8 P.M.—Specimens will be shown by Dr. Arthur Giles, Dr. F. A. Purcell, and Dr. Red. Edg. Annual meeting. Election of Officers and Council, etc. President's Valedictory Address.

FRIDAY.

British Laryngological, Rhinological, and Otolaryngical Association, 11, Chandos Street, Cavendish Square, 4 P.M.

Clinical Society of London, 8.30 P.M.—Clinical evening. The following cases will be shown: Mr. J. Hutchinson, jun.: Complete Subperiosteal Resection of Os Calcis. Mr. Lunn: (1) A case of Double Facial Diplegia in a Woman. (2) Con-

genital Luxation of the Right Hip in a Calf, with akiograph. (3) Paroxysmal Hemoglobinuria in a Girl of 10 years. Mr. J. Symonds: Malignant Disease of the Thyroid after two operations. Mr. Jackson Clarke: Case of Excision of the Neck of the Lower Jaw for Ankylosis. Other cases will be shown. Patients will be in attendance at 8 P.M.

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 ensure insertion in the current issue.

BIRTHS.

RUTHERFORD.—At 12, Newton Place, Glasgow, on the 30th December, 1899, the wife of Henry Rutherford, M.B., of a daughter.

WHITE.—On December 30th, 1899, at 100, Lewisham Road, Lewisham, S.E., the wife of Malcolm White, M.R.C.S., L.R.C.P., of a son.

MARRIAGES.

GILBERT-BOWIE.—At St. Stephen's Parish Church, on December 29th, 1899, by the Rev. J. F. W. Gray and the Very Rev. Mr. Cameron, D.D., Dean of the Chapel Royal and of the Third General Hitchie Williams, F.R.S., M.A., a Miss Winifred, eldest daughter of John Tweedie Bowie, Chartered Accountant, Edinburgh.

WILLIAMS-HALL.—On the 8th November, 1899, at Christ Church, Lucknow, India, by the Rev. Harry Menzies Williams, F.R.C.S., F.O.M., Under Secretary D.P.W., third son of the late Captain Williams, of Tower Hill, Bishopsgate, South Wales, to Amy Pollock, only daughter of Lieutenant-Colonel Geoffrey C. Hall, F.R.C.S., I.M.S., Inspector-General of Prisons N.W.P., and Oudh.

DEATHS.

CUPTON.—On December 29th, 1899, Albert Curtis, M.R.C.S., L.S.A., second son of the late Frederick Curtis, died at his residence, Thanet House, Staines, in his 65th year.

FORD.—December 20th, 1899 (suddenly), at Exmouth, James Ford, M.D., late of Eltham, aged 63.

HARRISON.—On December 30th, 1899, at Falland Lodge, Clifton, Bristol, Selina, the beloved wife of Alfred James Harrison, M.B., J.P., aged 59.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*.—Daily, 2. *Operations*.—Tu. W. F., 2.
 CENTRAL LONDON OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily.
 CENTRAL LONDON THROAT, NOSE, AND EAR. *Attendances*.—M. W. Th. S., 2; Tu. F., 5. *Operations*.—I.p., Tu., 2.30; o.p., F., 2.
 CHARING CROSS. *Attendances*.—Medical and Surgical, daily, 1; Women, W., 1; S., 9.30; Skin, M. Th., 1; Dental, M. Th., 8.45; Throat and Ear, F., 9.30; Electro-Therapeutics, Tu. Th., 9.30; Children, Tu. F., 1; Roentgen W., 9.45; Orthopaedic, Th., 1. *Operations*.—W. Th. F., 8; S., 2.
 CHELSEA HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F., 2.
 CITY OPHTHALMIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—M., 4.
 EAST LONDON HOSPITAL FOR CHILDREN. *Operations*.—M. W. Th. F., 2.
 GREAT NORTHERN CENTRAL. *Attendances*.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. *Operations*.—M. W. Th. F.
 GUY'S. *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. *Operations*.—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.
 HOSPITAL FOR WOMEN, Soho. *Attendances*.—M., 9; Tu. W., 12; Th., 9; F.S., 12. *Operations*.—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, M., 10. *Operations*.—W. Th. F., 2.
 LONDON. *Attendances*.—Medical, daily, 1.p.; 2; o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu., 9. *Operations*.—Daily, 2.
 LONDON TEMPERANCE. *Attendances*.—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. *Operations*.—M. Th., 4.
 LONDON THROAT, Great Portland Street. *Attendances*.—Daily, 2; Tu. F., 6. *Operations*.—Daily, 9.30.
 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. F., W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; S., 9.30; Dental, M. F., W., 9.30; W., 9. *Operations*.—Daily, 1.30.
 NATIONAL OPHTHALMIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—W., 10.
 NEW HOSPITAL FOR WOMEN. *Attendances*.—Daily, 2; Ophthalmic, W. S., 9.30. *Operations*.—Tu. F., 9.
 NORTH-WEST LONDON. *Attendances*.—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Th., 2.30.
 ROYAL EYE, Finsbury Street. *Attendances*.—M. W. F., 3; Tu. F., 9.30 and 7.30. *Operations*.—Tu., 3.
 ROYAL EYE, Southwark. *Attendances*.—Daily, 2. *Operations*.—Daily.
 ROYAL FREE. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 2; 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 OPHTHALMIC. *Attendances*.—Daily, 2. *Operations*.—M., 2.
 ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily, 3.
 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; Orthopaedic, M., 2.30; Dental, Tu. F., 9; Electrical, M. Tu. Th. F., 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariotomy, F., 2.
 ST. GEORGE'S. *Attendances*.—Medical and Surgical, daily; i.p., 1; o.p., 12; Obstetric, i.p., Tu. F., 1.45; o.p., M. Tu., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.30; Throat, W., 2.30; Orthopaedic, F., 12; Dental, Tu. F., 12. *Operations*.—Daily, 1; Ophthalmic, W., 1; Dental, Th., 9.
 ST. MARY'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. Tu., 1; Eye, Tu. M., 9; Ear, M. Th., 9; Throat, Tu. F., 4; Skin, M., 9; Dental, W. S., 9; Electro-Therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
 ST. PETER'S. *Attendances*.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—W. F., 2.
 ST. THOMAS'S. *Attendances*.—Medical and Surgical, 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., 2; Throat, Th., 1.30; Children, S., 1.30; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
 SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—Gynaecological, M., 2; W., 2.30.
 THROAT, Golden Square. *Attendances*.—Daily, 1.30; 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; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electro., 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*.

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

QUERIES.

J. B. asks for suggestions for treating severe and obstinate tinnitus aurium in a lady aged about 65.

EDINBURGH DESIRES to learn what is the usual premium to charge in general medical practice for a pupil who has just left a public school, and whether any charge is made for board and residence over and above that. The probable period would be one year.

NOTES BY FRIENDLY SOCIETIES.

ALPHA writes to draw attention to a method employed by friendly societies to gain members by offering a special prize to that member who shall gain the greatest number of recruits to the society in one year, and asks whether such a proceeding can be upheld as in accordance with professional etiquette, seeing that each member is compelled to join the medical department of the lodge, whether he avails himself of it or not. He further asks whether it would not be much better if members were allowed to please themselves as to taking up medical benefits in friendly societies.

* * It must be admitted that our correspondent's complaint is in a measure well founded, but the "touting" he refers to is not exactly the same as that employed by medical aid societies. In the latter case the "touting" is purely for medical benefit, while in the former it is for sick and other benefits rather than medical. It certainly would be a better arrangement if members were not forced to join the medical department of the lodge. If the friendly societies throughout the country are not prepared, as would seem to be the case, to permit the existence of a wage limit, or to increase very considerably the miserable fees paid to club doctors, the profession as it becomes more united will have to make every effort to put the present club system so far as it relates to the medical departments on a totally different footing.

ANSWERS.

INTERESTED.—We are unable to pronounce an opinion upon questions expressed in the hypothetical terms submitted by our correspondent.

RUSTICUS.—The size of the testicles is not of itself sufficient evidence of sterility or fertility. Examination of the semen could alone set the question at rest.

C.B.G.—Our correspondent alone can know fully all the circumstances connected with the request made to him, and it seems to be a matter for the exercise of his own discretion. We do not quite understand the grounds of his reluctance to make a statement of medical facts within his knowledge.

VERAX.—The civilian surgeons have as a rule been attached to base hospitals or hospital ships, with the exception of those who have been appointed to hospital trains, but as our correspondent will observe, the list of the medical staff for the Seventh Division contains civil surgeons appointed to field hospitals.

NOTES, LETTERS, ETC.

VOLUNTEER MEDICAL STAFF CORPS RELIEF FUND.

SURGEON-MAJOR VALENTINE MATTHEWS, V.M.S.C., Honorary Secretary, Headquarters, London Company, V.M.S.C., 51, Calthorpe Street, W.C., writes: This fund is established to assist the families on or off the strength of non-commissioned officers and men of the Royal Army Medical Corps on active service in South Africa. All moneys received will be handed over to the Royal Army Medical Corps Depot Mobilisation Relief Fund, Aldershot.

| Amount already Acknowledged | £ | s. | d. |
|---------------------------------|-----|----|----|
| F. Green, M.D. | 195 | 17 | 9 |
| A. T. Norton, C.B. | 1 | 1 | 0 |
| Glasgow Companies V.M.S.C. | 1 | 0 | 0 |
| London Companies: | 16 | 18 | 8 |
| No. 2, additional | 1 | 12 | 0 |
| No. 4, additional | 0 | 7 | 6 |
| Mr. J. Jackson Clarke | 1 | 1 | 0 |

PREVENTION OF INFANTILE DIARRHOEA.

MRS. MARY HAMILTON WILLIAMS, M.B., B.S.Lond., County Council Technical (Pathological) Research Scholar (Woodford Bridge) writes: In Dr. Newsholme's paper on epidemic diarrhoea he mentions many causes which contribute to render this complaint one of appalling frequency and high mortality. Some of the causes are concerned with meteorological conditions, and are in no way under our control; others are connected with good drainage, scavenging, etc., and those by slow degrees we may hope to see altered for the better. But in the opinion of the writer neither he nor any other authority has touched on the practical point around which the best chances of success lie. Dr. Newsholme admits that the most probable immediate source of infection is milk, and that the most common point of infection is most likely during storage in the home. He also states that the mortality is much higher among the poor than among the rich; and yet far more children are fed by hand among the latter. As far as the storage of milk is concerned, the main difference between the rich and the poor is that in the houses of the rich there are invariably larders, in the houses of the poor but rarely. In hot weather it is not possible to keep milk fit for food, even for the few hours necessary, when it has to be kept in the kitchen, where