

The photograph on p. 441, taken at the end of August, 1899 (15 months after the operation) shows well the position of the two incisions. The object of the operation as described was to allow the pad to make pressure upon a portion of the length of the wall of the viscus as well as upon the opening itself, and thus to obtain more efficient control, as in Frank's method of performing gastrostomy.

The aponeurosis of the external oblique seems to be a sufficiently resistant structure to afford efficient counter-pressure, but should this not prove to be the case, I see no reason why, in suitable cases, the gut should not be brought out below Poupart's ligament, or even over the crest of the ilium, except, perhaps, that the situation of the opening would be more inconvenient than the ordinary one. If greater control were obtained, however, a little extra inconvenience would be amply compensated. Of course in some cases the meso-sigmoid will not be long enough to allow of the procedure, but in most, if the intestine is first drawn well down and then well up, a sufficient length will be available.

If it were thought desirable to open the intestine immediately, the extra undermining of the skin would perhaps render the wound more liable to contamination than after the usual operation.

MEMORANDA:

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

FREQUENT DISLOCATION OF THE RIGHT SHOULDER.

THE following case, if not unique, is so unusual as to be worth recording. On February 24th, November 9th, 1894, March 26th, August 8th and 10th, December 2nd, 1895, April 1st, July 7th, 1896, I reduced a dislocation of the right shoulder joint in a man, aged 54. The same joint was dislocated and reduced at least four times by other surgeons. The first time the accident happened he refused to give the joint sufficient rest. The capsular ligament is very lax, and there is possibly a shallow glenoid cavity. He is a stout, well-built man, and the muscles of the shoulders are well-developed, large, and powerful. The only time I ever succeeded in effecting reduction, without anaesthesia, was on the first occasion, when he was too drunk to offer any resistance to my efforts. If he throw his hand above his head, or if he receive a slight blow on the shoulder, out goes the head of the humerus, sometimes into the axilla, at other times under the pectoral muscles. In June, 1896, I was called to reduce it, but before reaching his house his daughter met me, and said "the bone went back of itself." I supposed there was a mistake as to the nature of the injury; but in the light of what follows perhaps she was correct. On August 29th, 1896, he accidentally struck his right shoulder against a door, and the head of the humerus was thrown into the axilla. Failing to effect reduction without anaesthesia, I put him to bed, because as he had only just finished a hearty dinner I feared to administer chloroform until after the lapse of three hours, at least. After my departure he drank a good deal of whisky, and during his restless sleep he flung his arm about so much that in some manner spontaneous reduction took place. This I found, to my astonishment, when I returned to reduce it under anaesthesia, as usual.

Stillorgan Castle, co. Dublin.

P. O'CONNELL, M.D., M.Ch.

FOREIGN BODY IN THE MALE URETHRA.

THERE are many cases on record of foreign bodies inserted in the male urethra, but I think the following instance, which came under my notice a short time ago, possesses a few points of special interest:

I was called one evening to a seafaring man who had been drinking heavily, and was then under the influence of alcohol. He informed me that he had passed a lady's bonnet pin up his urethra, that it had slipped from his grasp, and that he was unable to recover it.

I found the point of a black pin just protruding from the fleshy part of the glans penis, having perforated the mucous membrane; while the head, consisting of a large glass bead,

could be felt deep in the perineum, grasped firmly by muscular contraction.

He was unable to bear any manipulation for its removal, so I decided to administer an anæsthetic. When under the influence of this the point of the pin was seized in a pair of strong toothed forceps, and the pin drawn through the urethra until its head rested against the urethral puncture; the pin was then rotated through a segment of a circle, and I was thus enabled to push it out of the urethra head first.

The pin was an ordinary black bonnet pin, $6\frac{1}{2}$ inches in length. The patient, on recovering from the anæsthetic, immediately rejoined his vessel, and had no subsequent inconvenience.

Hackney, N.E.

HORACE WILSON, M.R.C.S., L.R.C.P.

FRACTURE OF BOTH CLAVICLES.

REFERRING to the case of simultaneous fracture of both clavicles, recorded by Mr. Battersby in the BRITISH MEDICAL JOURNAL of January 13th, I may say that I had a similar case, due to a similar accident, a few years ago, when in practice at Accrington. A shunter was caught by the shoulders between the buffers of two gently colliding waggons, and sustained simple fracture of both clavicles in the middle third. The force seemed to have been just sufficient to snap the clavicles, and nothing more. Like Mr. Battersby, I was under the impression that my case was probably unique in its method of production.

Aberdeen.

THOMAS MILNE, M.D.

WHEN IS CANCER CURED?

THE following case is interesting as showing how long after operation and apparent cure a cancer may return.

In November, 1890, I removed a scirrhus growth (the identity of which was proved by the microscope) from the axilla of a lady. She continued perfectly well until the autumn of last year, when she noticed a small lump in the neighbourhood of the old cicatrix. This I removed, together with the breast to which it was attached, last month—that is to say, nine years and two months after the first operation. This secondary growth was examined by the Clinical Research Association which, reports as follows: "This specimen shows a secondary scirrhus carcinoma in the fat of the axilla. It is not contained in lymphatic glands, but has evidently been deposited along the course of the lymphatic vessels."

Hearing, as we do, so much in the present day of a "time limit," I think this case worth reporting.

York.

W. H. JALLAND, F.R.C.S.

THE BROMIDE SLEEP.

IN connection with Dr. Neil Macleod's paper in the BRITISH MEDICAL JOURNAL of January 20th, a case which came under my notice at the Kensington Dispensary a week or two ago may be of interest.

A youth, aged 16 years, was discharged from the navy for epilepsy, returned home, and took employment as stable boy. His mother, acting upon the advice of a neighbour, purchased seven pennyworth of potassium bromide at a chemist's. I ascertained that $2\frac{3}{4}$ ozs. would be sold for this amount. The whole of this she dissolved in a pint of water, and directed her son to take a wineglassful, at stated times. The boy, however, dosed himself liberally out of a tumbler, and between Monday and Wednesday morning had taken three-quarters of the pint—that is, nearly two ounces of the salt in forty-eight hours. On the Thursday and Friday he was stated to be very drowsy, and, his parents becoming alarmed, his mother brought him to the dispensary on the Saturday. It was then three days since he had taken the last dose of the drug. He could only just manage to keep awake as he sat on his chair; he had a somewhat plethoric appearance, and that was all one noticed wrong with him until he was asked to walk, when he presented the staggering uncertain gait of a drunken man. He had no rash. His mind was clear, and his answers sufficiently accurate when he roused himself to reply to questions. His pupils were moderately dilated and reacted normally. His knee-jerks were normal. I ordered him some bitter tonic, and in three days he was practically

well again. On the tenth day, after taking his last dose, he had another fit lasting about fifteen minutes.

I see Dr. Macleod makes no mention of rash. One would infer from my case that manifestation of bromism depends rather on individual idiosyncrasy than on the quantity of drug taken. With regard to the degree of stupor supervening, I was impressed with the comparatively slight effect produced by so large a dose. There would have been no difficulty in rousing this boy to take nourishment. (This is at variance with Dr. Macleod's experience, for by this time, according to his cases, the "sleep" should have been profound.) Neither does it appear that an excessive dosage procures any lasting immunity from recurrence of epileptic "attacks."

Apart, however, from any interest attaching to this case in connection with Dr. Macleod's note, I desired to place it on record with a view to drawing attention to the impropriety of chemists being allowed to dispense in such large quantities drugs such as the one under consideration without a prescription.

FRANK C. FORD, M.B.,

Honorary Medical Officer to the Kensington Dispensary,
Ladbroke Square, W.

REPORTS

ON

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

QUEEN'S HOSPITAL, BIRMINGHAM.

DERMOID CYST SIMULATING A MENINGOCELE.

(Under the care of Mr. F. MARSH, F.R.C.S., Surgeon to the Hospital.)

THE patient, a young man, aged 25, was admitted on March 9th, 1899, into the Queen's Hospital, for a large rounded swelling situated in the middle line over the frontal bone and fronto-parietal suture.

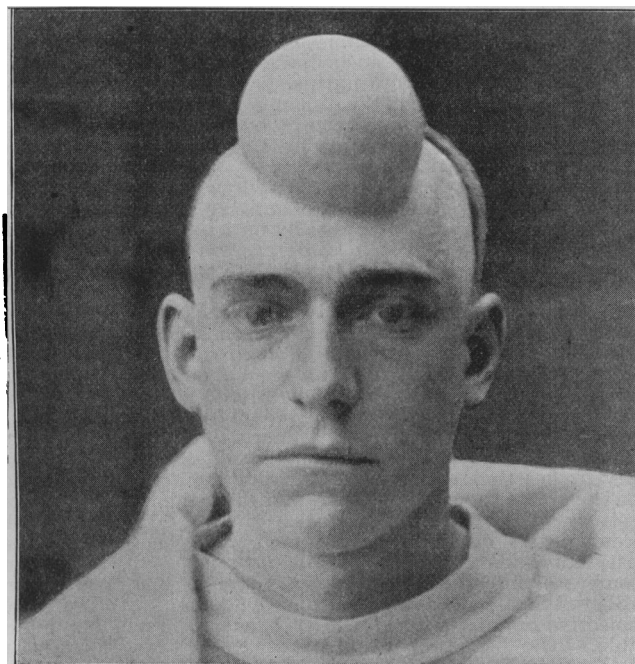


Fig. 1.—Front view.

The swelling had been there since birth, but had increased considerably in size during the previous twelve months. He had no pain nor inconvenience except from its bulk. The skin over it was normal, but the hair was not so abundant as

over the rest of the scalp. It was not translucent, but was moderately tense and fluctuating. There was no tenderness on pressure, no impulse on coughing or increasing intracranial venous pressure, nor was there any perceptible diminution of the contents nor any symptoms caused by pressure. The bone round the base was felt as a raised ridge. The measurements were: Circumference at base, $11\frac{1}{4}$ in.; antero-posterior over swelling, $7\frac{1}{4}$ in.; lateral over swelling, 7 in. He had sought surgical assistance on several occasions, but had been always advised against operation. As the swelling—if a meningocele—had clearly only very slight, if any, communication with the interior of the skull, removal was advised.



Fig. 2.—Side view.

On March 10th an elliptical incision was made over the centre of the swelling and careful dissection of the wall commenced. This was unavoidably punctured, and a quantity of dark-brown grumous fluid escaped. The contents were seen to be sebaceous matter, hair, and epithelial debris. The cyst was then rapidly removed. The bone upon which it rested was, by pressure, flattened, and there was a marked ridge round the circumference, so causing the crater-like condition noted prior to operation.

The wound healed by primary union, and the patient was discharged cured on the 16th.

The notes of the case and photographs were taken for me by Messrs. Baylis and Dent, House-Surgeons.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

A. PEARCE GOULD, M.S.Lond., Vice-President, in the Chair
Tuesday, February 20th, 1900.

THE FORMS AND SIGNIFICANCE OF THE PROTEIDS MET WITH IN THE URINE.

PROFESSOR HALLIBURTON opened the discussion on this subject by expressing regret that one with more clinical experience had not been selected to do so. He saw, however, the advantage of debates of this kind, in which pathologists of the laboratory could compare notes with those of the bedside; such co-operation was most useful in combating the disadvantages of over-specialisation. Their knowledge concerning proteids was still most imperfect. The substances found were of great molecular weight, and the large size of the molecules doubtless explained why in normal circum-

undertaken by the Army Service Corps. An attempt was now being made to put the whole of the transport of the sick and wounded in the hands of the Medical Corps, and to have the transport for each of the companies. The students of the Royal Veterinary College had shown a great interest in the Transport Section, and there was reason to believe that they would be able to draw all the men they required from that College. The grant made for horses, etc., by the Government, however, was hardly enough in London, and representations he had made on the subject were being favourably considered. Seventy men out of 450 had offered for service in South Africa, but the offer has not been accepted. This has caused an amount of disappointment out of proportion to the amount of service that could have been rendered.

The prizes having been distributed by Surgeon-General Muir, Surgeon-Major Matthews moved a vote of thanks, and observed that the praise accorded to the Royal Army Medical Corps had been singularly unanimous, and that many officers of that body were men who had passed through the ranks of the Volunteer Medical Staff Corps. The Corps had raised £747 for the benefit of the wives and families of non-commissioned officers and men serving in the Royal Army Medical Corps. The vote of thanks was seconded by Surgeon-Captain J. Harper.

Surgeon-General Muir, in reply, said that with regard to the transport and the grant for transport, he was deputed by his chief, the Director-General, to say that it was his intention to try to obtain a better grant than that now given, and he had every reason to suppose that the recommendation would be acceded to. With reference to the offers to serve abroad, it must be remembered that the situation was somewhat unprecedented, that the motto of the Volunteer Force was "Defence not Defence," and that it was only quite lately contemplated to send any of the force on active service abroad. Now, however, such a step had been determined and acted upon, and the Volunteer Medical Staff Corps will now have their chance also. There had been some delay in the appearance of the Royal Warrant, but they must recollect that the matter was a complicated one, as it was desired that any regulations issued should be framed to include the brigade bearer companies also. It had been said that men of the St. John Ambulance Brigade had been taken in preference to the Volunteer Medical Staff Corps. This was not the case. The Director-General had no such preference; it was simply that there was no authority to send the Volunteer Medical Staff Corps abroad until the Warrant appeared, and he hoped that this Warrant, though it might not please all, would result in putting matters right. Some little misunderstanding had occurred about the strict medical examination, but that must be fairly strict, and it was not possible to relax it altogether. Some gentlemen had been disappointed at being rejected, but possibly when the rules were slightly relaxed, as they would probably be, all round, those gentlemen might have a chance of distinguishing themselves in South Africa.

VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION.

BRIGADE-SURGEON-LIEUTENANT-COLONEL PETER GILES, S.M.O., informs us that the spring class of the School for Stretcher Bearers, held at Queen's Hall, James Street, Buckingham Gate, the Headquarters of the Queen's Westminster R.V., by kind permission of Colonel Sir Howard Vincent, K.C.M.G., C.B., M.P., is now full, and no more can be taken on. The officers' class will be held at the Headquarters of the 20th Middlesex (Artists) R.V., Duke's Road, Euston Road, by kind permission of Colonel R. W. Edis, V.D., commencing May 7th, a further notice of which will appear later. During the absence in South Africa of Surgeon-Captain R. K. Sleman, S.M.O., C.I.V., Surgeon-Captain E. M. Callender, M.D., Prince of Wales's Own 12th Middlesex (Civil Service) R.V., 40, Connaught Square, Hyde Park W., is detailed as Adjutant to the School.

MEDICO-LEGAL AND MEDICO-ETHICAL.

Replies in this column are limited to questions affecting the legal interests and privileges of the medical profession at large. The column is not to be used as a medium for affording legal advice in private or personal matters as to which the applicant ought to consult his own solicitor.

From communications which we have received recently it appears to be necessary to repeat that we cannot undertake to express any opinion upon medico-ethical cases submitted to us unless we have before us statements by both parties to the controversy.

DUTIES OF ASSISTANTS.

KILBURN.—An assistant should not absent himself without leave; by doing so he renders himself liable to discharge for neglect of duty. An assistant is not entitled to "pocket" fees for extracting teeth or for any other services rendered by him to the patients of his principal, unless some agreement to that effect was entered into upon his engagement. An assistant must not overstay his leave of absence; by such conduct he renders himself liable to dismissal.

BIOGRAPHIES IN NEWSPAPERS.

B. A., M.D.—We have repeatedly expressed disapproval of the publication in lay newspapers, magazines, etc., of portraits and biographical sketches of medical practitioners such as that forwarded to us by our correspondent.

"CIRCULARS" AS TO NEW PARTNER.

H. R. B.—The proposed circular is unobjectionable provided that due care is taken to send it to none but bona-fide patients of the firm.

MEDICAL ADVERTISING.

H. M. W.—It is neither more nor less than advertising for a medical practitioner to send such a card as that enclosed by our correspondent to persons who are not his patients.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Degrees.—At the congregation on February 15th the following degrees were conferred:

M.B. and B.C.—A. C. Fry, M.A., Pembroke; H. Glasier, M.A., Emmanuel.

B.C. only.—H. M. Harwood, M.A., Trinity; J. A. Nixon, B.A., Gonville and Caius.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen having passed the necessary examinations and conformed to the by-laws, have been admitted Members of the College:

A. P. Ambrose, Westminster Hospital; M. Arango, University of Bogota, Colombia; F. Atthill, Charing Cross Hospital; W. E. Bamber, Owens College and Royal Infirmary, Manchester; L. J. Bartlett, St. George's Hospital; B. S. Bartlett, F. R. Barwell, and W. Bastian, University College Hospital; H. W. Bayly, Cambridge University and St. George's Hospital; F. M. Bingham and E. W. Browne, St. Thomas's Hospital; A. F. Blake, London Hospital; F. D. Blandy, Middlesex Hospital; H. P. Bradley, Cambridge University and London Hospital; W. P. S. Branson, Cambridge University and St. Bartholomew's Hospital; C. A. D. Bryan, Guy's Hospital; E. P. Burns, Queen's and General Hospitals and Mason College, Birmingham; J. Cameron, Edinburgh University; T. Chetwood, London Hospital; H. N. R. Child, University of New Zealand and Middlesex Hospital; J. A. Churchill, St. George's Hospital; J. M. Collins and C. V. Cornish, St. Bartholomew's Hospital; W. E. Cooper, University College Hospital; G. E. Cope, Westminster Hospital; J. F. Cunningham, St. Thomas's Hospital; H. N. Clarke and A. H. Davies, Cambridge University and Guy's Hospital; P. C. Douglas, St. Mary's Hospital; H. Durbidge, Guy's Hospital; G. M. Eastment, Middlesex Hospital; F. G. H. Edwards, St. Thomas's, Middlesex, and London Hospitals; T. C. English, St. George's Hospital; R. Fell and H. B. Foster, Guy's Hospital; H. W. Fisher, London Hospital; J. E. Francis, University College Hospital; W. V. C. Francis, Westminster Hospital; T. Gillespie, Cambridge University and St. Bartholomew's Hospital; G. Gomez, University of Bogota, Colombia; A. S. Good, St. George's Hospital; N. Grace, McGill University, Montreal, and St. Bartholomew's Hospital; W. St. G. Grantham-Hill, E. W. Holyoak, and J. W. Hunt, St. Mary's Hospital; W. H. Harland, Middlesex Hospital, and Owens College and Royal Infirmary, Manchester; F. R. M. Heggs, Mason College, Birmingham, St. Mary's and London Hospitals; R. F. Hiley, Cambridge University and St. Thomas's Hospital; E. F. Hill, Owens College and Royal Infirmary, Manchester; S. P. Hopewell, London Hospital; R. R. Horley, Middlesex Hospital; E. Hudson, Owens College and Royal Infirmary, Manchester, and St. Thomas's Hospital; J. W. Illins, St. Bartholomew's Hospital; O. Inchley and A. W. Izard, Cambridge University and St. Bartholomew's Hospital; F. B. Jefferies, King's College Hospital; E. G. Johnson, University College and Royal Infirmary, Bristol; J. E. Judson, Owens College and Royal Infirmary, Manchester; S. J. Kerfoot, London Hospital; R. B. Kinlock, University College of South Wales, Cardiff, and St. Thomas's Hospital; C. Lees and P. A. Longhurst, Charing Cross Hospital; H. S. Libby, St. Thomas's Hospital; L. Lindop, St. Mary's Hospital; C. T. McClure, London Hospital; W. A. McEnery, R. W. H. Meredith, and P. T. Nicholls, Middlesex Hospital; O. Marriott and B. W. Moss, Guy's Hospital; H. A. Mason, Firth College and General Hospital, Sheffield; L. J. P. Mordaunt, St. Mary's and Charing Cross Hospitals, and Edinburgh University; J. W. Nunn, St. Bartholomew's Hospital; H. R. Nutt, St. Mary's Hospital; H. J. Orford, Mason College and Queen's and General Hospital, Birmingham; V. B. Orr, Melbourne University and Westminster Hospital; T. D. Paddock, University College and Royal Infirmary, Liverpool; W. H. Park, Charing Cross Hospital; J. F. Paul, St. George's Hospital; A. C. Pearson, Cambridge University and St. George's Hospital; W. E. Peck, University College Hospital; C. M. Pennefather, Durham University and St. Bartholomew's Hospital; S. Pern, St. Thomas's Hospital; C. A. Peters, McGill College, Montreal, and St. Bartholomew's Hospital; H. G. Pinker, St. Bartholomew's Hospital; R. N. Salaman, Cambridge University and London Hospital; J. H. Saunders and G. H. Spencer, London Hospital; E. M. Saunders, King's College Hospital; M. Sheeham, Queen's College and Northern Infirmary, Cork; A. E. Softly and H. Z. Stephens, St. Thomas's Hospital; A. R. Spencer and E. H. B. Stanley, University College Hospital; P. G. Stock, University College and Royal Infirmary, Bristol; W. Sutherland, University of New Zealand and University College Hospital; W. B. B. Taylor and H. Thwaites, London Hospital; C. Thackray, Firth College, Sheffield, and Royal Infirmary, Manchester; B. R. B. Truman, Cambridge University and St. Bartholomew's Hospital; W. E. Turner and A. D. B. Von Rosen, St. Mary's Hospital; J. Valérie, St. Bartholomew's Hospital; R. A. Walker, Cambridge University and St. George's Hospital; R. Warren, Oxford University and London Hospital; R. N. Watson, Westminster Hospital; C. H. Welch, University College and Royal Infirmary, Bristol; W. R. E. Williams, Edinburgh University and Guy's Hospital; R. Le G. Worsley, St. George's Hospital and Durham University; T. P. Yates, Owens College and Royal Infirmary, Manchester.

APOTHECARIES' HALL, IRELAND.

THE following candidates have passed the undermentioned Professional Examinations in the subjects undernoted (A., Anatomy; F., Forensic Medicine; H., Hygiene; Mat., Materia Medica; Med., Medicine; Mid., Midwifery; O., Ophthalmology; S., Surgery):

Second Professional.—R. Tracy, P. A., H. W. Mason, A. Threlkeld, Professional.—L. J. Farrell, P. H., F. S. A. Curran, P. Mat., J. D'A. Hamilton, P. F.; W. P. Harding, Med. S.; F. A. Bass, Med., Mid.; A. J. Barnes, Med., Mid.; O.; C. M. Sharpe, Med., S., Mid., O.

Messrs. F. E. Bass, W. P. Harding, and G. M. Sharpe have completed the Final Examinations and have been admitted Licentiates of the Apothecaries' Hall, and are now qualified to practise medicine, surgery, and midwifery.

ERRATUM.—In the Pass List of the Final Examination of the Conjoint Board for Scotland, published in the BRITISH MEDICAL JOURNAL of February 3rd, p. 293, col. 2, the first name should be Winifred Nell, not "Hill," as printed.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,079 births and 5,750 deaths were registered during the week ending Saturday last, February 17th. The annual rate of mortality in these towns, which had been 21.2 and 22.7 per 1,000 in the two preceding weeks, further rose to 25.8 last week. The rates in the several towns ranged from 14.3 in Brighton, 15.8 in Cardiff, 18.1 in Bristol, and 18.4 in Bradford, to 41.3 in Wolverhampton, 41.5 in Blackburn, 42.7 in Salford, and 54.8 in Preston. In the thirty-two provincial towns the mean death-rate was 27.8, and exceeded by 4.9 the rate recorded in London, which was 22.9 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.1 per 1,000; in London the death-rate was equal to 1.9 per 1,000, while it averaged 2.3 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.8 in Blackburn, 5.0 in Leicester, 5.7 in Salford, and 7.5 in Preston. Measles caused a death-rate of 1.2 in Wolverhampton and in Leicester, 1.4 in Salford and in Oldham, 1.8 in Sunderland, and 4.4 in Preston; scarlet fever of 1.8 in Burnley; and whooping-cough of 1.2 in West Ham, in Birmingham, and in Liverpool, 1.4 in Norwich, and 1.9 in Salford. The mortality from "fever" showed no marked excess in any of the large towns. The 102 deaths from diphtheria in the thirty-three towns included 35 in London, 10 in Leicester, 9 in Sheffield, 5 in West Ham, and 5 in Leeds. Two fatal cases of small-pox were registered last week in Hull, but not one in any other of the thirty-three large towns. Eight small-pox patients were under treatment in the Metropolitan Asylums Hospitals on Saturday last, February 17th, but no new case was admitted during the week. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 3,578 to 2,086 at the end of the thirteen preceding weeks, had further fallen to 2,052 on Saturday last; 159 new cases were admitted during the week, against 190, 174, and 157 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, February 17th, 959 births and 958 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 23.0 to 27.1 per 1,000 in the five preceding weeks, further rose to 31.0 last week, and exceeded by 5.2 per 1,000 the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 17.2 in Greenock and 23.3 in Aberdeen, to 35.4 in Dundee and 50.6 in Perth. The zymotic death-rate in these towns averaged 2.7 per 1,000, the highest rates being recorded in Glasgow, Dundee, and Paisley. The 480 deaths registered in Glasgow included 17 from measles, 11 from scarlet fever, 3 from diphtheria, 10 from whooping-cough, and 7 from diarrhoea. Three fatal cases of diphtheria were recorded in Edinburgh, 4 of whooping-cough in Aberdeen, and 6 of measles and 2 of whooping-cough in Paisley.

FEMALE ASSISTANT MEDICAL OFFICER.

THE appointment of an additional assistant medical officer for the West Ham Union having become necessary, the guardians after some discussion have resolved to select a lady for the post. The salary is £100 a year, with the usual residential allowances.

METHOD OF PAYING SUPERANNUATION ALLOWANCE.

A CORRESPONDENT asks whether any Board of Guardians which has granted superannuation allowance under the Act of 1896, can direct the amount to be paid by one yearly sum instead of by quarterly instalments, as he believes is the general practice.

* * We cannot think that the Local Government Board would sanction any other than quarterly payments of the amount due to any claimant under this Act.

HOSPITAL AND DISPENSARY MANAGEMENT.

ABERDEEN ROYAL INFIRMARY.

The annual meeting of the Aberdeen Royal Infirmary and Lunatic Asylum Corporation was held on February 14th. It is very satisfactory to note that an answer to the numerous and strenuous appeals recently made to the public for pecuniary support has been received. The annual subscriptions from individuals show a total for the year more than double the average annual amount for the past ten years. The congregational subscriptions have also risen. The donations from out-patients show a small increase, and the large contribution of £600 has been raised from the Hospital Saturday Fund. These and other receipts, including—one is sorry to hear—over £2,000 of legacies, which it would have been so much more satisfactory to have seen put into capital, had that been possible, have amounted to over £10,000. Happy as such a result is in comparison with the past, the revenue account still shows a deficit of nearly £800. Every effort has been made by the directors to prevent any abuse of the charity by patients

able to afford private advice, and, in keeping a guard against such an abuse, they are satisfied that on the whole there is little to be found fault with on this score. The number of beds occupied is higher than ever before, and there has been an increase of nearly 1,000 in the number of out-patients treated. The internal working of the institution appears thoroughly satisfactory, and it may be safely hoped that another year may see the finances of the hospital in a secure position.

OBITUARY.

THE LATE SIR THOMAS GRAINGER STEWART.

THE Queen has been graciously pleased, through Sir James Reid, to express to Lady Grainger Stewart and her family Her Majesty's regret at the loss of so distinguished a physician and her sincere sympathy with them in their bereavement.

In opening the Class of the Practice of Physic on the morning of Monday, February 12th, Dr. John Wyllie said:

Gentlemen,—You have no doubt heard of the sad event which has occurred since we last met. You have heard that on the morning of Saturday, February 3rd, Professor Sir Thomas Grainger Stewart departed this life. I understand that the end at last came somewhat suddenly; but you are aware that since last summer the Professor's health had been so much impaired as to give rise to great anxiety in the minds of his friends. For a time, indeed, as I said when I first met this class in October, there was progressive improvement, and there seemed ground for the hope that, with a prolonged rest during the winter season, the Professor's health might be in great measure restored. It even seemed possible that after a time he might be able to resume the duties of his chair. These hopes, unfortunately, have not been realised. The Professor's health has been very precarious during the whole of the winter, and of late there were indications that the end might not be far off.

This is not the time to attempt to make a sketch of the Professor's career, or an estimate of the value of his services to the University and to science. Such tributes to his memory, you may be sure, will not be wanting.

I cannot, however, to-day resume the work of the class without giving some expression to the feeling which must be in the minds of all of us. We all feel deeply that, by the death of Sir Thomas Grainger Stewart, the University and the Medical School of Edinburgh have sustained a grievous loss. In him the University and the profession have lost an eminent teacher, who devoted his time and energy without stint to the duties of his chair, a man of science whose work will keep his name in lasting remembrance, a man of ability and culture whose fine presence, and whose gifts of eloquent speech and kindly humour made him a fitting leader of the profession upon public occasions when professional subjects were to be discussed or social functions celebrated.

It will be widely felt to-day that the medical profession has lost one of its foremost leaders.

SIR WILLIAM MILLER, M.B.,

J.P., Londonderry.

THE death of Sir William Miller, of Londonderry, which, as already announced, took place upon January 28th, was the result of an attack of influenza. He had been a prominent figure in Londonderry for upwards of forty years, and was very well known alike in professional, social, and municipal circles. He was a magistrate for the city and also for the county of Londonderry, a grand juror for the county, a distinguished practitioner, and had been on several occasions Mayor of his native city. He had been appointed High Sheriff of County Derry for the present year, but had not been sworn in at the time of his decease. He entered the Corporation of Derry nearly forty years ago, and remained a member until the Irish Local Government Bill came into operation. He received the honour of knighthood in the year 1876. His professional appointments included that of Surgeon to the County Infirmary of Derry, Medical Officer of Her Majesty's prison, and Surgeon-Major of the Artillery Militia. He had an extensive private practice, and was much esteemed as a practitioner and as a wise and capable public man.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Julio Cesar de Sande Sacadura Botte, Emeritus Professor and Dean of the Faculty of Medicine of the University of Coimbra, aged 52; Dr. Beydler, the oldest member of the profession in Brussels, aged 95; Dr. Steylaess, Vice-President of the Belgian Medical Federation, and an authority on medical jurisprudence; Dr. Gabriel Tourdes, sometime Professor of Medicine in the old medical faculty of Strassburg, and after the Franco-German War Professor of Forensic Medicine at Nancy, aged 70; and Dr. J. Cargill Shaw, Professor of Diseases of the Nervous System at the Long Island College Hospital, Brooklyn, New York, aged 55.

MEDICAL NEWS.

THE estate of the late Sir James Paget has been sworn at £74,701 15s. 5d. The executors are his son, Sir John R. Paget, Bart., Sir Thomas Smith, Bart., and the Rev. Henry Lewis Thompson of Oxford.

ANTIRABIC INOCULATIONS IN ST. PETERSBURG.—From the annual report of the Section for the Preventive Treatment of Rabies of the Imperial Institute of Experimental Medicine in St. Petersburg, by Dr. V. Kraiouchkine, published in the *Archives des Sciences Biologiques*, t. vii, Nos. 1 and 2, it appears that during the year 1897 the number of persons who applied for treatment was 467, as against 388 in the previous year. Of the 467 persons, 62 for various reasons did not undergo the treatment. Of those actually treated 32 had only had their hands wetted with the saliva of rabid animals; in 7 cases the treatment was discontinued soon after it was begun, either at the patient's wish or because of intercurrent illness; 5 who went through the whole series of inoculations were found later to have been bitten by healthy animals; in 2 the treatment was employed to pacify the patients who had not been bitten at all. Deducting these 108 cases, the total number treated was 359, of whom 302 were bitten by dogs, 45 by cats, 2 by wolves, 6 by horses, and 4 by cows. There were 3 deaths, a percentage of 0.8. Excluding 1 case in which death occurred during the treatment, the mortality was 0.5 per cent.

AFTER-CARE ASSOCIATION.—The annual meeting of this useful society was held on February 19th, at the house of Dr. Blandford, who presided. The Chairman, in his introductory remarks, pointed out that the main object of the Association was to help those who had left asylums recovered from an attack of insanity to make a fresh start in life; and this was the more necessary as mental illnesses were often matters of months, not days or weeks, and consequently situations could not be kept open for the sufferers, as they were sometimes for hospital patients. The Secretary (Mr. Thornhill Rexby) then read the annual report, from which it appeared that, during 1899, 222 cases had been before the Council, the largest annual number ever dealt with. Cases had been assisted, as in the past, by being boarded out in cottages in the country, by grants of money, and by finding occupation. The investigations involved had been of an onerous character. The failures had been comparatively few. Boards of Guardians had availed themselves largely of the help of the Association, and in some few cases they had subscribed to its funds. The total amount of subscriptions, donations, and contributions for maintenance was £549 8s. 1d., a falling-off from the previous year, when they amounted to £652. In moving the adoption of the report, Dr. G. H. Savage remarked on the difference between hospital and asylum patients, and the usefulness of such a society to bridge the gulf (too often exaggerated by popular prejudice) between "alienism" and the ordinary conditions of social life. The Association had done valuable work in two directions—in confirming health and in preventing relapse. The resolution was seconded by the Rev. Dr. Springett (Vicar of Brixton) who bore personal testimony to the admirable character of the agencies employed by the Association, and having been supported by the Rev. W. St. Hill Bourne and by Dr. Shuttleworth, was carried unanimously. Dr. Percy Smith moved, and Mr. Deputy White seconded, the reappointment of the Council and officers of the Association, and the meeting concluded with a vote of thanks to the Chairman, moved by the Rev. Henry Hawkins and seconded by Dr. Rayner. The offices of the Association are at Church House, Dean's Yard, Westminster, S.W.

PURE ORAL SYSTEM FOR TEACHING THE DEAF.—The festival dinner in aid of the Society for Training Teachers of the Deaf and for the Diffusion of the Pure Oral System was held at the Hotel Cecil, Strand, on February 21st under the chairmanship of Earl Egerton of Tatton. The object of the meeting was to raise the sum of £20,000 to pay off a debt of over £3,000, and to increase the Society's Training School by an adequate practising school, so as to afford wider opportunities to its students. After the usual loyal and patriotic toasts had been honoured, the Chairman proposed the toast of the "Society for Training Teachers of the Deaf and for the Diffusion of the

Pure Oral or German System." The object of the pure oral system was to restore the deaf to some intercourse with mankind. He objected to the term "German" sometimes applied to the pure oral system, because though it had been brought to this country from Germany and was assisted by the admirable instruction obtained there, the system was nevertheless equally successfully carried out in Italy. The reason why the pure oral system had not spread as was hoped was the expense entailed and the difficulties that environed it. The sign system and the combined sign and oral system were defective, and the object of the pure oral system was to make the deaf as far as possible like other people. To supply the necessary teachers a special training college was necessary, and up to the present time the Society had trained 113 certificated teachers. The necessity had arisen to start a school in connection with the Society to ensure a sufficient number of pupils for the training of the teachers. Dr. Symes Thompson, in responding to the toast, said that twenty-seven years ago they always heard the expression "deaf and dumb," but now they had succeeded in overcoming many difficulties, and by carefully training the eye and the sense of touch it was possible to give the deaf an education which supplied the power of speech. The results of the sign system and combined system were not entirely successful, but if undivided attention was concentrated on the movements of the lips it was possible to overcome the barrier step by step until those who were lacking in hearing could communicate with mankind. The Secretary announced that the sum of £5,300, including subscriptions of £500 each from Viscount Portman, Mr. B. St. J. Ackers, Mrs. Miller, Mr. H. Fletcher, Dr. Symes Thompson, and Mrs. Armitage, had been received.

MEDICAL VACANCIES.

The following vacancies are announced:

- BELGRAVE HOSPITAL FOR CHILDREN**, Gloucester Street, S.W.—House-Surgeon. Appointment for six months. Board and residence provided and £5 allowance. Applications to the Honorary Secretary.
- BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL**, 109, Edmund Street.—House-Surgeon. Appointment till October 31st, 1900, but eligible for re-election for further six months. Salary at the rate of £40 per annum, and if reappointed at £60 per annum, with board, lodging, and washing. Applications to the Secretary by March 12th.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL**, Church Street.—Assistant House-Surgeon. Salary, £60 per annum, with apartments and board. Applications to the Chairman of the Medical Board by March 12th.
- BIRMINGHAM AND MIDLAND SKIN AND URINARY HOSPITAL**—Clinical Assistant. Applications to the Secretary, John Bright Street, Birmingham, by March 3rd.
- BRIGHTON: SUSSEX COUNTY HOSPITAL**—Fourth Resident Medical Officer; unmarried, and under 40 years of age. Salary, £30 per annum, with board, washing, and travelling expenses. Applications to the Secretary by February 25th.
- BRISTOL ROYAL HOSPITAL FOR SICK CHILDREN AND WOMEN**, St. Michael's Hill.—Locum Teneus as House-Surgeon, for several weeks. Terms, 3 guineas per week, with furnished rooms and attendance. Applications to the Secretary.
- CARDIFF INFIRMARY**—Resident Medical Officer. Appointment for three years but renewable. Salary, £100 per annum, with board, washing, and furnished apartments. Applications to the Secretary by March 5th.
- CARDIFF: UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE**.—Demonstrator Lecturer in Anatomy. Salary, £120. Applications to the Secretary by March 10th.
- CARMARTHENSHIRE INFIRMARY**—Resident Medical Officer; unmarried. Salary, £100 per annum, with furnished apartments, board, etc. Applications to the Secretary by March 3rd.
- 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 March 6th.
- CHELTENHAM GENERAL HOSPITAL**—Junior House-Surgeon; unmarried. Salary, £45 per annum, with board, lodging, and washing. Applications to the Hon. Secretary by March 7th.
- CORK: QUEEN'S COLLEGE**—Professorship of Materia Medica. Applications to the Under-Secretary, Dublin Castle, by March 9th.
- CUMBERLAND AND WESTMORLAND ASYLUM**, Garlands, Carlisle.—Junior Assistant Medical Officer; unmarried. Salary, £100 a year, with board and residence. Applications to the Medical Superintendent.
- DEVONPORT: ROYAL ALBERT HOSPITAL**—Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided; no salary. Applications to the Secretary of Medical Committee by March 1st.
- DUBLIN: MERCER'S HOSPITAL**—(1) Resident Medical Officer. (2) Vacancy on the Surgical Staff. Applications to the Registrar by February 26th.
- DURHAM COUNTY ASYLUM**—Assistant Medical Officer; unmarried. Salary, £140 per annum, rising to £180, with board, lodging, washing, and attendance. Applications to the Medical Superintendent, Winterton, Ferryhill, by March 6th.
- EAST LONDON HOSPITAL FOR CHILDREN**, Shadwell.—House-Surgeon. Appointment for six months. Honorarium, £25, with board, residence, etc. Applications to the Secretary by March 17th.
- EDINBURGH HOSPITAL FOR WOMEN AND CHILDREN**—Medical Woman as Resident. Board and lodging provided. No salary. Applications to Miss Venters, 6, Archibald Place, Edinburgh.
- EDINBURGH: VICTORIA HOSPITAL FOR CONSUMPTION**—(1) Resident Physician. Rooms and board, etc., provided, and honorarium at the rate of £20 per annum. (2) Non-resident Clinical Assistant in charge of out-patients. Salary at the rate of £60 per annum. Appointments for six months. Applications to the Honorary Secretaries, 1, North Charlotte Street, Edinburgh, by March 10th.
- FARINGTON GENERAL DISPENSARY**—Resident Medical Officer. Salary, £100 per annum, with apartments and attendance. Applications to the Honorary Secretaries, 17, Bartlett's Buildings, Holborn, E.C., by March 10th.
- FRENCH HOSPITAL AND DISPENSARY**, 172, Shaftesbury Avenue, W.C.—Resident Medical Officer. Salary, £80 per annum, with full board. Applications to the Secretary.
- GLASGOW LUNACY DISTRICT BOARD**—Assistant Medical Officer for Woodilee Asylum, to act as Pathologist. Salary, £100 per annum, with board, apartments, etc. Applications to the Clerk, by February 26th.

GREAT NORTHERN 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 March 12th.

HASTINGS, ST. LEONARD'S, AND EAST SUSSEX HOSPITAL.—House-Surgeon unmarried. Salary, £75 per annum, with residence, board, and washing. Applications to the Secretary by February 28th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Two House-Surgeons to Out-patient Dept. Appointments for six months, but eligible for re-election. Salary, 25 guineas each. Applications on forms provided to be sent to the Secretary by February 27th.

HUDDERSFIELD INFIRMARY.—Junior House-Surgeon. Salary, £60 per annum, with board, residence, and washing. Applications to the Secretary.

ITALIAN HOSPITAL, Queen Square, W.C.—House-Surgeon. Salary, £50 per annum, with board, residence, and laundry. Applications to the Secretary, marked "House-Surgeon," to the Secretary by March 7th.

KENT COUNTY OPHTHALMIC HOSPITAL, Maidstone.—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications to Mr. M. A. Adams, F.R.C.S., Honorary Surgeon to the Hospital.

KING'S COLLEGE, London.—Professorship of Materia Medica and Therapeutics. Applications to the Secretary by March 6th.

KING'S COLLEGE HOSPITAL.—(1) Senior Medical Registrar and Tutor. (2) Senior Surgical Registrar and Tutor. Applications to the Secretary, King's College, by March 5th.

LANARK COUNTY ASYLUM, Hartwood, Glasgow.—Third Assistant Medical Officer. Salary, £120, with fees, board, washing, and residence. Applications to the Medical Superintendent by March 10th.

LINCOLN COUNTY HOSPITAL.—Assistant House Surgeon. Appointment for six months, but eligible for re-election. Honorarium £10, with board, residence, and washing. Applications to the Secretary by February 26th.

LONDON SCHOOL OF MEDICINE FOR WOMEN, Hunter Street, Brunswick Square, W.C.—Demonstrator of Anatomy. Applications to the Secretary by February 26th.

MANCHESTER CHILDREN'S HOSPITAL.—Junior Resident Medical Officer. Salary at the rate of £80 per annum, with board and lodging. Appointment for six months, but eligible for re-election as Senior at salary at the rate of £100 per annum. Applications to the Secretary, Dispensary, Gartside Street, Manchester, by March 7th.

MIDDLESEX HOSPITAL.—Assistant Physician. Must be F. or M.R.C.P. London. Applications to the Secretary-Superintendent by March 1st.

NEWPORT AND MONMOUTHSHIRE HOSPITAL, Newport.—House-Surgeon. Salary, £100 per annum, with board and residence. Applications to the Secretary by March 22nd.

NORTH LONDON HOSPITAL FOR CONSUMPTION.—Clinical Assistant at Out-patient's Department, 41, Fitzroy Square, W. Appointment for six months. Honorarium £17 10s. Applications to the Secretary by February 26th.

NOTTINGHAM CITY ASYLUM.—Second Assistant Medical Officer, unmarried. Salary, £150, with board, apartments, and washing. Applications to the Medical Superintendent.

NOTTINGHAM GENERAL HOSPITAL.—Assistant House Physician. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary.

OXFORD: RADCLIFFE INFIRMARY.—Honorary Assistant Physician. Applications to the Secretary by March 5th.

PLYMOUTH, SOUTH DEVON AND EAST CORNWALL HOSPITAL.—Assistant House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £50 per annum, with board and residence. Applications to the Honorary Secretary by March 10th.

ROCHDALE INFIRMARY.—House-Surgeon; unmarried. Salary, £90 per annum, with board, residence, and washing. Applications to the Secretary, 58A, Yorkshire Street, Rochdale.

ROYAL EYE HOSPITAL, Southwark.—(1) House-Surgeon. Appointment for six months, but renewable. Emoluments, £50 per annum, with furnished quarters and board. (2) Clinical Assistants. (3) Two out-patient Assistant-Surgeons, with option of an honorarium. Applications to the Secretary by February 26th.

ST. PETER'S HOSPITAL FOR STONE, Henrietta Street, W.C.—House-Surgeon. Appointment for six months, but eligible for re-election. Salary at the rate of £16 a year, with board, lodging, and washing. Applications to the Secretary by March 8th.

SALFORD ROYAL HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board and residence. Junior House-Surgeon is a candidate, and if appointed there will be a vacancy for Junior House-Surgeon. Salary, £50 per annum, with board and residence. Applications to the Secretary by March 10th.

STOCKPORT.—Medical Officer of Health for the Borough. Between 23 and 40 years of age. Salary, £400, increasing to £500 per annum. Applications, endorsed "Medical Officer of Health," to be delivered at the Town Clerk's Office by March 5th.

STOCKPORT INFIRMARY.—Junior Assistant House-Surgeon. Appointment for six months. Salary, £2 per mensem, with board, washing, and residence. Applications to the Secretary by March 6th.

SUNDERLAND INFIRMARY.—House-Surgeon. Salary, £80 per annum, rising to £100, with board and residence. Applications to the Chairman of the Medical Board by March 26th.

TAUNTON AND SOMERSET HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £30 per annum, with board, lodging, and washing. Applications to the Honorary Secretary, Bank Buildings, Taunton, by March 6th.

VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea, S.W.—Resident Medical Officer. Appointment for six months. Honorarium £25, with board and lodging. Applications to the Secretary by March 3rd.

WORKSOP DISPENSARY.—Resident Surgeon. Salary, £120 per annum, with rooms, etc. Applications to Mr. Charles A. Whall, Worksop.

YORK DISPENSARY.—Resident Medical Officer; unmarried. Salary, £110 per annum, with board, lodging, and attendance. Applications to Mr. W. Draper, De Grey House, York, by March 7th.

MEDICAL APPOINTMENTS.

BATTERSBY, James, F.R.C.S., appointed Surgeon to the Central Dispensary, Glasgow.

BAYLISS, Richard Arthur, M.R.C.S. Eng., L.R.C.P. Lond., appointed Honorary Medical Officer to the Eastern Dispensary, Bath.

BELL, H. J., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Mortlake District of the Richmond Union, vice A. McCook Weir, M.D. R.U.I., resigned.

BOTTOMLEY, Francis Carr, M.D. B.C., B.A. Camb., M.R.C.S., L.R.C.P., appointed Assistant Surgeon to the Boscombe Hospital.

CHIPMAN, Walter W., M.B., C.M., F.R.C.S. Ed., appointed Assistant Gynaecologist to the Royal Victoria Hospital, Montreal.

CLARKE, S. A., L.R.C.P.I., L.M., L.S.A., appointed District Medical Officer of the West Ham Union.

COLTART, W. H., M.R.C.S., L.R.C.P., appointed House-Physician to Brompton Hospital for Consumption and Diseases of Chest, London, S.W.

CRAGGS, R. F., M.D. Durh., appointed Ophthalmic Surgeon to the Children's Hospital, Newcastle-on-Tyne, vice Dr. Percival, resigned.

DOUGLAS, Carstairs C., M.D., B.Sc. Edin., F.F.P.S. Glasg., appointed Pathologist to the Glasgow Maternity Hospital, vice Dr. E. M. Buchanan, resigned.

ESKINE, A. M., M.B., B.Ch. Irel., D.P.H., appointed an Honorary Surgeon to the Goole Cottage Hospital, vice R. C. Bruce, M.B., C.M. Edin., resigned.

HALLAM, Arthur, M.R.C.S. Eng., L.S.A., reappointed Surgeon to the Central Division of the Sheffield Police.

HALLAM, Walter, M.R.C.S. Eng., L.S.A., appointed Surgeon to the Brightside Division of the Sheffield Police.

HAYWARD, C. Curling, M.B., B.S., M.R.C.S., L.R.C.P., appointed House-Physician to Brompton Hospital for Consumption and Diseases of the Chest, London, S.W.

LAWRENCE, H. Crippi, M.D., L.R.C.P. Lond., M.R.C.S., appointed Medical Officer to the Male Department of the Cheltenham Training College, vice G. A. Cardew, M.R.C.S., resigned.

MORTIMER, J. D. E., M.B., F.R.C.S., appointed Registrar and Anaesthetist (pro tem.) to the Royal Hospital for Women and Children, Waterloo Bridge Road.

PENDLEBURY, H. S., F.R.C.S., appointed Assistant Surgeon to the Royal Hospital for Children and Women, Waterloo Bridge Road, S.E.

RICHARDSON, Richard I., M.B., C.M. Edin., appointed Visiting Physician to the Liverpool City Hospital North, Netherfield Road.

RICHARDSON, Walter Silverwood, M.D. Brux., L.R.C.P. Lond., M.R.C.S., appointed Assistant Physician to the Boscombe Hospital, Bournemouth.

ROBE, G. A., M.B., B.S. Edin., appointed Junior Assistant Medical Officer to the Cumberland County Council Asylum.

SELBY, J. S. E., B.A. Camb., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Seventh District of the Aylesbury Union, vice J. Shaw, M.D. Glasg., resigned.

STEDMAN, S. B., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Binbrook District of the Louth Union, vice J. B. O. Richards, L.R.C.P., L.R.C.S. Edin., resigned.

STEWART, F. J., M.S., F.R.C.S., appointed Assistant Surgeon to Guy's Hospital; also Assistant Surgeon to the Hospital for Sick Children, Great Ormond Street.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 8.30 P.M.—Adjourned discussion on The Pathology and Treatment of Appendicitis.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.—Mr. Malcolm Morris: Consultation. (Skin.)

Royal College of Surgeons of England, 4 P.M.—Professor A. Keith: The Results of an Investigation of the Anatomy of Man and Higher Primates, to determine more accurately the relationship of man to living and extinct forms. Lecture I.

London Throat Hospital, 204, Great Portland Street, W., 4.30 P.M.—Dr. Catchcart: Chronic Glandular Diseases of the Nose and Nasopharynx.

TUESDAY.

National Hospital for the Paralyzed and Epileptic, Queen Square, W., 8.30 P.M.—Mr. Ballance: Surgery of the Nervous System.

Royal Medical and Chirurgical Society, 8.30 P.M.—Dr. F. Parkes Weber: Acute Meniere's Symptoms in Splenomedullary Leucocythæmia, with special reference to the Anatomical Changes found in Acute Leucocythæmic Affections of the Ear. Mr. Richard Lake will give a Pathological Review on the Case.—Dr. Hugh Thurstall: The Skin Affections met with in Bright's Disease.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.—Dr. C. T. Williams: Consultation. (Medical.)

WEDNESDAY.

Dermatological Society of Great Britain and Ireland, 20, Hanover Square, W., 5 P.M.—Informal exhibition of Cases at 4.30 P.M.

Royal College of Surgeons of England, 4 P.M.—Professor A. Keith: The Results of an Investigation of the Anatomy of Man and Higher Primates, to determine more accurately the relationship of man to living and extinct forms. Lecture II.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 5 P.M.—Dr. Patrick Manson: Clinical Lecture. (Malaria and the Malarial Parasite.)

THURSDAY.

Hospital for Diseases of the Nervous System, 73, Welbeck Street, W., 5 P.M.—Clinical demonstration. Dr. Dundas Grant: Cases of Aural and other forms of Vertigo.

Charing Cross Hospital. Post-Graduate Course, 4 P.M.—Mr. Gibbs: Demonstration of Surgical Cases.

Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.—Dr. J. E. Batten: Demonstration of Selected Cases.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.—Mr. J. Hutchinson: Consultation. (Surgical.)

FRIDAY.

Royal College of Surgeons of England, 4 P.M.—Professor A. Keith: The Results of an Investigation of the Anatomy of Man and Higher Primates, to determine more accurately the relationship of man to living and extinct forms. Lecture III.

West Kent Medical-Chirurgical Royal Kent Dispensary, Greenwich Road, S.E.—Exhibition of Clinical Cases, Specimens, etc., by Drs. McCann and Ezard, Dr. Adkins, Dr. Toogood, and Mr. Chisholm Williams.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.—Mr. Holmes Spicer: Consultation. (Eye, Ear, Nose and Throat.)

West London Medical-Chirurgical Society, West London Hospital, Hammersmith Road, W., 5 P.M.—Cases will be shown by Mr. Kestley, Dr. Campbell Pope, Dr. Seymour Taylor, Dr. Abraham, and Mr. Bidwell.

Laryngological Society of London, 20, Hanover Square, W., 5 P.M.—Cases and specimens will be shown by Sir Felix Semon, Drs. Horne, Potter, Powell, and St. Clair Thomson, and Messrs. Heath, Lake, Robinson, and Waggett.

Society of Anaesthetists, 20, Hanover Square, W., 8.30 P.M.—Adjourned Discussion on The After-effects of Ether Inhalation on the Respiratory System, to be reopened by Dr. Dudley Buxton.

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.

COUTTS.—On February 19th, at 1, Gainsborough Road, Leytonstone, the wife of F. Coutts, M.D., of a daughter.

DE JERSEY.—On February 19th, at Netherton, Guildford, the wife of Walter B. de Jersey, M.B. Cantab., of a son.

MARRIAGE.

BOWDEN-OGILVIE.—On the 14th inst., at Crumlin Church, Crumlin, co. Dublin, by the Rev. J. Sandys Bird, M.A., assisted by the Rev. Humphrey Davy, M.A., Walter Bowden, D.S.O., Staff-Surgeon R.N., H.M.S. "Collingwood," son of the late William Bowden, 45, Hildrod Crescent, Camden Road, London, to Aithia M. (Sissy), second daughter of James Ogilvie, J.L., The Grove, Queenstown.

DEATHS.

BRIERLEY.—On February the 15th, 1900, Anna Phyllis Hester Briery, youngest daughter of Dr. and Mrs. Jas. Brasseley Briery, of Old Trafford, in her 7th year.

CUNDELL.—On Sunday, February 11th, at his residence, Brunswick House, Kew, George Richard Cundell, M.D., M.R.C.S., M. and L.S.A., aged 50 years.

FRENCH.—At Branksome, Weymouth, Dorset, Thomas Beamish French, L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., aged 30, eldest surviving son of Michael French, Esq., Westwood, Boscawenbury, co. Cork.

REYNOLDS.—On the 7th inst., at The Bungalow, Orchard Hill, Bideford, North Devon, Lieutenant-Colonel Edward Osmond Reynolds, Army Medical Staff (retired), aged 47 years.

SCURFIELD.—On February 18th, at 9, Rectory Terrace, Sunderland, Charlotte Augusta, wife of Harold Scurfield, M.D.

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.**—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., 2; S., 2.

CHELSEA HOSPITAL FOR WOMEN. Attendances.—Daily, 1.30. **Operations.**—M. Th. F., 2.

CITY ORTHOPEDIC. Attendances.—O-p., M. Tu. Th. F., 2. **Operations.**—M., 4.

EAST LONDON HOSPITAL FOR CHILDREN. Operations.—M. Tu. 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., 2.30. **Operations.**—M. W. Th. F.

GUY'S. Attendances.—Medical, i-p., M. Tu. Th. F., 1.30; o-p., M. W. Th. F., 12; Surgical, i-p., daily, 1.30; o-p., M. W. Th. S., 12; Obstetric, i-p., M. Tu. Th. F., 1.30; o-p., Th. S., 12; Eye, Tu. Th. F., 1.30; o-p., M. Tu. F., 12; o-p., P., 12; Skin, Tu., 12; Throat, F., 12; Dental, daily, 9.30. **Operations.**—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.

HOSPITAL FOR WOMEN, Soho. Attendances.—O-p., M., 9; Tu. W., 12; Th., 9; F., S., 12. **Operations.**—M. Th., 2; Th. S., 9.30.

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., 2. **Operations.**—W. Th. F., 2.

LONDON. Attendances.—Medical, daily, i-p., 2; o-p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o-p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, M. Tu. Th. F., 9. **Operations.**—Daily, 2.

LONDON TEMPERANCE. Attendances.—Medical, i-p., M., 2.30; Tu. F., 3.30; Th. 2.0; O-p., M. Tu. W. F., 1; Surgical, i-p., M., 2; Th., 3; O-p., M. Th., 1.30. **Operations.**—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, M., 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., 9; 9.30. **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; Th., 2.

NORTH-WEST LONDON. Attendances.—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. **Operations.**—Th., 2.30.

ROYAL EAR, Frith Street. Attendances.—M., S., 3; Tu. F., 9; W., 2.30; Th., 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., 4; Skin, Th., 9.30; Throat, Nose, and Ear, W., 9.30. **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.**—O-p., M., 2; i-p., Tu. Th., 2.30.

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. F., 2; o-p., M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Th., 2; Orthopaedic, Tu., 1.30; Dental, Tu. F., 9; Electrical, M. Tu. Th. F., 1.30. **Operations.**—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, W., 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, M., 2; Skin, W., 2.45; Throat, F., 2; 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; Electro-Therapeutics, W. S., 10; Children's Medical, M. Th., 9. **Operations.**—M., 2.40; 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.—I-p., Medical and Surgical, M. Tu. Th. F., 2; o-p., daily, 1.30; Obstetric, Tu. F., 2; o-p., W. S., 1.30; Eye, Tu. F., 2; o-p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children, W., 10.30; Electro-Therapeutics, Th., 2; Mental Diseases, Th., 10; Dental, Tu. F., 10; X-Rays, Tu. F., 2; Vaccination, W., 11.30. **Operations.**—Daily, 2; (Ophthalmic), Tu., 2; (Gynaecological), Th., 2; (Throat), M., 9.30; (Ear), Th., 9.30.

SAMARITAN HOSPITAL 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, M. Th., 2; Ear, Tu. F., 2; Ophthalmic, W. S., 2; Diseases of Women, W. S., 2; Electric, M. Th., 3.15; Skin, Tu. F., 2; Throat and Nose, Tu. F., 2; S., 10. **Operations.**—Daily, about 2.30; F., 10.

WESTMINSTER. Attendances.—Medical and Surgical, daily, 2; Obstetric, M. Tu. F., 2; Eye, Tu. F., 9.30; Ear, Tu., 2; Skin W., 2; Dental, W. S., 9.15. **Operations.**—M. Tu. W., 2.

Queries, 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.

W. H. C. will be glad to know where he can get information as to obtaining a French diploma to enable him to practise in France; also in what Continental countries, if any, a medical man with only an English degree is allowed to practise?

* * Our correspondent will find the information required on the first point which he mentions in the Educational Number of the BRITISH MEDICAL JOURNAL of August 26th, 1899, p. 565; and as to the second in an address on Medical Practice in European Countries, published in the JOURNAL of February 17th, 1900, p. 367.

INSTRUMENT MAKERS AND THE WAR.

Z. Y. X. writes: I should be glad if any of your readers can tell me if all wholesale instrument makers have advanced their prices, or only those who have made such magnanimous gifts to the hospital ships? For if this is the case it comes very hard on the general practitioner, who has no doubt contributed his utmost to the various funds established for the widows and orphans of those who have so gallantly served and fallen for their Queen and country in this terrible war; especially as most of us have undertaken to attend free of charge the wives and families of all reservists who have been sent to the front.

ANSWERS.

SANITARIAN.—There is a brief note upon the subject of estimation of carbolic and cresol acids in Pearman and Moir's *Assays to the Analysis of Food and Drugs* (London: Baillière, Tindall, and Cox).

BROMIDROSIS.

DR. T. CHARTERS WHITE (Belgrave Road, S.W.) writes in reply to "M.D." (BRITISH MEDICAL JOURNAL, February 17th, 428):—I can recommend a lotion composed of ichthyol ammonia in the proportion of 30 minims to the ounce of cold boiled water to be sprayed over the surface of the body. A case almost identical with "M.D." occurred in my experience which this treatment has entirely cured, and a valuable servant has been retained.

MR. GERALD DALTON, M.S.A. Lond. (Strand, W.C.) writes: I have found in similar cases of bromidrosis that formalin (Schenig's) in solution 1 per cent. to have most marked good effect, the feet, etc., being bathed in the solution twice daily.

DR. ARTHUR ROBERTS, M.D. (Harrogate) writes: Dr. Shoemaker (Philadelphia), who kindly gave me a copy of his valuable treatise on *Materia Medica and Therapeutics* when I called on him three years ago, and who took me over several of the hospitals in Philadelphia, and showed me many forms of skin diseases, says that as an internal remedy he recommends tincture or fluid extract of hoang-nan, and externally a dusting powder composed of naphthol beta gr. xv, and bismuthi trinitras 1 ounce.

DR. H. W. SPAIGHT (Porlock, Somerset) writes: I would suggest to "M.D." that he should lay stress on his directions about personal cleanliness being properly carried out. Patients do not always take kindly to the morning bath and frequent change of linen. Thymol soap is the best deodorant, and should be used freely. After washing the feet in the morning, boracic acid, finely powdered, should be applied on lint between the toes. The lint is of great importance, as it prevents perspiration by keeping the cutaneous surfaces apart. It should be worn constantly, fresh lint being applied night and morning. If the feet are cold at night, neither bed socks nor stockings should be worn in bed, as they increase the action of the sweat glands. A hot-water bottle is less objectionable. The girl should wear a cotton dress when at her morning work. Her shoes should be sufficiently large, and she should avoid the shoes with rubber soles which are sometimes used as slippers. A little tincture of belladonna with eau de cologne may be applied to the axillae if required. As regards internal remedies a laxative pill such as cascara may be given every day in order to lessen the amount of work thrown on the skin. Liquorice powder is not a suitable laxative, as it contains sulphur. If the perspiration is excessive as well as offensive, a pill of zinc and belladonna may be given. If the breath is offensive a creosote pill may be given with each meal.

PARADISATION IN TINNITUS AURIUM.

BRIGADE-SURGEON-LIEUTENANT-COLONEL W. PRICE, M.D., I.M.S. (retired) (Coonor), writes: In the BRITISH MEDICAL JOURNAL for January 6th, 1900, "J. B." asks for suggestions for treating tinnitus. For some time past I have been subject to occasional attacks of tinnitus in my left ear, and until I discovered the following method of "cure" it caused me considerable distress: The negative cord from a good coil is attached to a large copper electrode; from the positive terminal two cords are brought, each attached to an ordinary hand electrode. Both feet are placed against the negative electrode; each hand grasps one of the positive electrodes. The coil is now set working, until the strength of current is as much as can be endured with comfort. The knuckles of one hand are now applied to the affected ear. The amount of current passing through the ear can be regulated to a nicety as follows: Slightly open the hand against the ear; the current is at once proportionately decreased. Shut that hand while opening the other, and the current through the ear is at once increased. In my case this treatment is followed by almost instant relief, and the "cure" is quite as permanent as when the case is left to Nature. When it threatens to return another application relieves. In my case the tinnitus only occurs in the left ear, never in the right. I have not been able to find out the cause. It may come on quite suddenly when, so far as I know, I am in perfect health.

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*.