

tion four more lesions were discovered. First, on the middle line of the prepuce, close to the furrow, was a round shallow ulcer about the size of a hemp seed, and with a clearly indurated base, and near to it were two other sores similar to the first, except that neither was perceptibly indurated. Further away was a fourth similar ulcer, also without induration. The inguinal glands were enlarged, multiple and indolent on both sides, and a diagnosis of syphilis was made and mercury prescribed. On October 1st the two herpetic spots had disappeared. The two ulcers nearest the first were now also indurated, but the one further away remained unindurated. On October 10th all were healed except the first. The patient was not seen again until November 1st, when all had healed, but the three indurations remained. Roseola was present on the skin, and other signs of syphilis followed in due course.

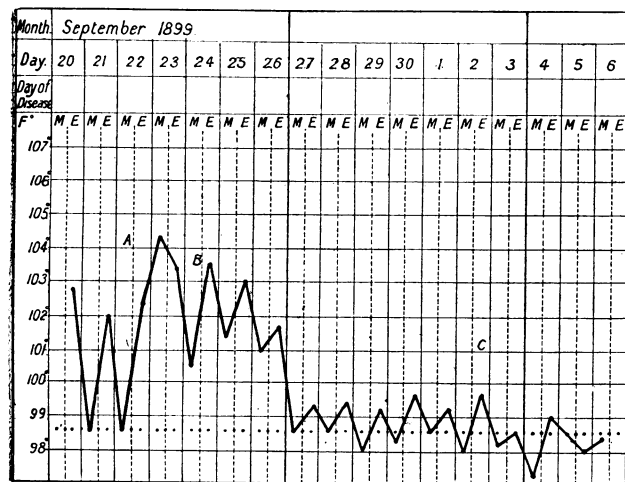
The following points may be found useful to keep in mind in any doubtful case in which sores are present on or near the genital organs: (1) The chances of irregular herpes should always be considered; (2) the lesion or lesions, and also the inguinal glands, should be closely and repeatedly examined until the diagnosis becomes clear; in the meantime (3) do not apply irritants, and (4) do not give mercury.

A CASE OF SUPPURATION IN THE MASTOID WITH OPTIC NEURITIS ON THE SAME SIDE: OPERATION: RECOVERY.

By J. PRESTON MAXWELL, M.B., F.R.C.S.,
Changpoo, South China.

THE presence of optic neuritis in the complications which occasionally follow middle-ear inflammation is generally, and rightly so, taken as indicative of serious intracranial trouble. And although cases have been reported in which this sign has cleared up without manifest intracranial disease having declared itself, yet these are sufficiently rare to warrant the publication of the following case:—

L., a Chinese girl, aged 17, was an inmate of one of the mission schools at Changpoo. At the time of her illness she was in fairly good general condition and had never suffered from any serious illness. A month before I saw her she had suffered from a sharp attack of otitis media, probably induced by the careless use of the ear instruments common in a Chinese barber's set of implements. This attack had evidently been acute at first and had never thoroughly cleared up.



Temperature chart. After October 5th the temperature was normal. A, no optic neuritis; B, optic neuritis marked on the left at 9.30 A.M.; C, optic neuritis disappeared.

I was called to see her on September 20th, 1899. She was suffering from an afternoon fever which had been thought to be a quotidian ague, and complained of pain in the left temporal region. A little foul-smelling pus was coming from the meatus and there was a small perforation of the tympanic membrane in front and below. There was slight tenderness over the mastoid processes but no oedema. Regular washing out of the ear with a solution of carbolic acid was at once undertaken and the eyes were examined. Both fundi were perfectly normal.

On September 22nd the pain in the head was much worse, and was con-

fined to the temporal region, and there was slight oedema over the mastoid. The pupils were dilated with atropine, and the fundus in each eye was found perfectly normal. A message was at once sent off to her parents asking for permission to operate, but no reply was received till September 25th, as they lived a day and a half's journey away. During these two days she became rapidly worse, the pain in the head being continuous and severe, sometimes causing her to cry out, and wrecking her night's rest. The swelling over the mastoid also increased, and some swelling appeared in front of the ear in the temporal fossa. The temperature was now continuously raised, and the pulse generally ranged from 120 to 130. At no time during the illness was there anything like a cerebral pulse. The headache was entirely confined to the left temporal region. On the evening of September 24th I again examined the eyes, and found optic neuritis commencing in the left eye, the disc being swollen, its edges blurred, and the veins full. The patient herself spontaneously complained of the vision of this eye being dim. The fundus of the right eye was normal, and its vision natural.

On September 25th, permission having been obtained, I made the usual vertical incision behind the ear, prolonging it upwards and slightly forwards for about an inch. Having turned the ear forwards, a small abscess was opened at the upper margin of the external auditory meatus beneath the periosteum. Using a chisel and mallet, the antrum was opened, the chisel passing through apparently healthy bone. Immediately it was opened, pus welled up from the mastoid cells. The opening into the middle ear, the edges of which were bare and rough, was enlarged, and the contents of the middle ear—namely, the malleus, incus, and some granulation tissue—were removed with a small Volkmann's spoon. The stapes was not seen. A chain of six silk threads (No. 4) was then passed round, entering at the wound in the mastoid and passing out at the external ear. The parts were irrigated and dressed, iodoform being freely used, and the wound behind the ear packed with gauze. During the next six days the wound was dressed twice a day and thoroughly irrigated with 1 in 2,000 biniodide of mercury lotion. In forty-eight hours the temperature had fallen to normal, and the pain, which persisted for an hour or two after the operation, had entirely disappeared. The optic neuritis quickly subsided, and at the close of a week after the operation had entirely disappeared, the dimness of vision having disappeared within forty-eight hours of the surgical treatment. At the close of ten days the discharge rapidly diminished, and the irrigating lotion commenced to pass into the pharynx, to the great annoyance of the patient. On the twelfth day after operation the silk threads were removed, and the posterior wound rapidly closed. At the end of six weeks the discharge had entirely ceased and the patient was allowed to cease treatment. The middle ear showed no signs of unhealed granulation tissue, and its walls appeared to be covered with scar tissue. A watch was audible on this side at a distance of 1 inch from the external auditory meatus.

As to the surgical procedure, it was simple, the silk thread drain acting admirably. The optic neuritis was quite clear, but as to its cause I am unable to form an opinion. At no time were there signs indicating the presence of an abscess within the cranium, nor, on the other hand, was there any sign of ocular paralysis or irritation of the nerve centres governing the muscular movements. The interest and importance of the case lies, to my mind, in the rapid recovery after free drainage, and the comparatively rapid and complete disappearance of the signs in the left fundus oculi.

MEMORANDA:

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

A CASE OF SEPTIC THROMBO-PHLEBITIS TREATED BY INJECTIONS OF STREPTOCOCCUS ANTITOXIN.

In the case which I now report there seems no reason to doubt the good resulting from injections of the antitoxin of streptococcus pyogenes.

Mrs. M., aged 26, a primipara, was confined on November 21st, 1899. No doctor was present. Three days after the confinement the right leg became swollen, pain in the knee preceding the swelling. She got up on November 28th, and moved about the house in a more or less crippled state for some days, but had to take to bed at last. After rest and poultices she recovered somewhat, and got up for some time every day until December 24th, when a painful swelling rather suddenly formed at the saphenous opening of the right thigh. She became very ill, and had to remain in bed. I saw her for the first time on December 28th. She had been having for some days repeated rigors and profuse sweats. Her colour was deadly pale, her eyes sunken, and her hair wet with perspiration. Her temperature was 104° F., and her pulse very rapid and weak. The upper third of the right thigh was greatly swollen, the skin red, the surface temperature raised, and there was great tenderness on movement or pressure. Pain and great tenderness, with some degree of swelling, also existed in the right iliac and hypo-

gastric regions showing the implication of the peri-uterine and ovarian veins from whence the disease had spread to the iliac, femoral, and saphenous trunks. The right leg below the upper third of the thigh presented the familiar appearance of ordinary "white leg." I treated her by absolute rest, belladonna applications, hot fomentations and poultices externally, and gave her 8 gr. doses of salol for a time; subsequently, her strength failing rapidly despite the fact that she took a good deal of nourishment, I gave her bark and heart tonics. Under this plan of treatment the case went rapidly down hill. The temperature kept high, the pulse very rapid and feeble. Profuse perspirations and occasional slight rigors persisted. Sleep was obtained with difficulty, nepenthe acting best as a narcotic. The pain, heat, and redness extended down the limb, and at several points suppuration seemed imminent.

On January 11th, 1900, the left leg began to swell, and the condition of the patient was very bad.

On January 13th I injected 10 c.cm. of streptococcus antitoxin. The patient's temperature at the time of injection was 103° F., her pulse being 125, and very weak.

On January 14th her temperature was 100° F., but otherwise her condition was practically unchanged. Great soreness was complained of at the site of the injection, the interscapular space. I injected another 10 c.cm. of antitoxin, this time, however, under the skin of the abdomen.

On January 16th there was marked improvement. Her temperature was normal, her pulse steady and much slower (96), and the pain and tenderness were subsiding.

The further progress of the case was one of uninterrupted recovery, and no more antitoxin was used. The patient is now quite recovered except for some slight cedema.

The antitoxin was procured from Messrs. Burroughs, Wellcome and Co.

Ballinrobe, co. Mayo.

R. B. MAHON, M.D., F.R.C.S.Eng.

ESOPHAGEAL FEEDING IN BULBAR PARALYSIS.

THE two cases of bulbar paralysis affecting deglutition, so perfectly described by Dr. Gibson in the *BRITISH MEDICAL JOURNAL* of April 28th, present a very hopeless picture of destructive changes, whose most distressing symptom is the slow starvation induced by paralysis of the gullet.

In two cases recently treated in my practice, cesophageal feeding was adopted when the patients were unable to swallow even the saliva. In one case the patient became stout and strong, and lived in comparative comfort for three years, dying at last in a few hours from implication of the vagus centre producing fatal dyspnoea.

The other patient was a person of advanced age; but life was prolonged for eighteen months, with considerable improvement in strength and comfort, dying at last after a few hours' illness, marked by cardiac failure.

In neither case was there any return of the power of deglutition, all food, given three times a day, being taken through an indiarubber tube.

Sale, near Manchester.

HERBERT SMITH RENSHAW, M.D.

REMOVAL OF A GLASS PENHOLDER FROM THE ABDOMEN.

ON January 30th, 1899, a farmer living in the township of South Cayuga, near the Grand River, told me that his wife, who thought herself two months advanced in pregnancy, had attempted to produce abortion by passing a penholder into the mouth of the womb, and that it had gone beyond her reach. This happened in the morning. I saw her in the afternoon, examined the vagina with a speculum, and could not find the slightest mark or abrasion on the vaginal mucous membrane. I passed a long forceps readily into the uterus, but could find nothing; I then gave chloroform and thoroughly explored the uterus, but could find no signs of the penholder. I questioned her closely as to the possibility of her being mistaken, but she assured me that she could not be, and that she was certain the penholder entered the mouth of the womb, that she had passed it very slowly and deliberately, but that it did not cause the slightest pain or pricking; that for some time after it had left her grasp she could feel it just within the os, and had vainly tried to get hold of it. She further informed me that it was a glass penholder or style, with a sharp grooved point.

With considerable misgivings as to the wisest course to pursue, I sent her to bed and told her husband to let me know if any change took place. Two days later he told me she had kept quiet and had been comfortable until that morning, when on turning in bed she had felt an acute pain in her side, as if something was stabbing her, so intense that she feared to move or breathe, but when she got on her back the pain ceased. This, I think, happened more than once.

I went to see her again and took Dr. Purk, of Fisherville, with me, and he explored both the uterus and bladder without result, and we could discover nothing by palpation. Her temperature was slightly over 100°, but she felt comfortable, and as it was night we left her until next morning when I opened the abdomen, and after exploring the pelvic cavity and abdomen I found the penholder, point forward, nearly touching the diaphragm about its centre. It was upwards of 5½ inches in length and was loose in the abdominal cavity. I may say my patient made a rapid and good recovery.

Selkirk, Ontario.

THOMAS T. S. HARRISON, M.D.

CASE OF ACUTE LEAD POISONING.

ON March 13th, 1900, I was hastily called to a lady aged 60 who had taken one pennyworth of sugar of lead dissolved in a cup of hot water. As she was about three miles away I sent a horse messenger back with instructions to give one tablespoonful of common salt in a tumbler of warm water; this was done, and slight vomiting occurred, followed shortly by purging. On my arrival I found the patient collapsed, with a bluish tongue and much nervous irritability, and pain in the back over the kidneys. I prescribed 40 grs. of sodium sulphate every two hours; purging and black stools resulted. On inquiry I found that the quantity taken was 4 drachms, which had been bought to make a lotion for a bad leg. An uninterrupted recovery followed. As cases of acute lead poisoning are rather rare, the record of the above may be useful.

Liskeard.

JOS. WM. GILL, D.P.H.Lond., M.R.C.S.Eng.

THE LOCAL INCIDENCE OF RHEUMATISM.

IN view of the recent expression of opinion in the Clinical Society of London¹ that a fuller knowledge of the prevalence and distribution of acute rheumatism is required, the following facts are recorded, which seem to indicate that the rheumatic poison has a preference for certain localities, thus resembling ague and endemic goitre.

As I was in practice in the town of Larkhall, Lanarkshire, for about six years from 1892, I had ample opportunity for observing the distribution of disease in and around that place. The town, with a population of about 10,000, is the centre of a large coal-mining district. It stands upon an elevated and wind-swept plateau, and is flanked by the river valleys of the Clyde and Avon. On the slope and in the hollow of the last-named a portion of the town known as Millheugh has been built, and here about 1,000 people reside. While acute rheumatism was fairly common in Larkhall proper during my residence there, so prevalent was the disease in the Millheugh district that one might fairly have called it endemic. Hardly ever, if at all, was I without a case of rheumatism in that district, especially in the latter years of my practice, and for every case of the disease in Larkhall proper, there were two or three in Millheugh. In one household both parents were sufferers; the father was several times the subject of erythema nodosum, associated with joint pains; the mother had an attack of acute articular rheumatism; one of their sons, aged 18, was confined to bed for a month with endocarditis, in his case there was no history of joint pain; and several of the other children had tonsillitis.

Instances like this, which suggest infection, are by no means uncommon in the literature of rheumatism² and Dr. Isaac Newton³ has recorded an interesting occurrence at Tonbridge, Kent, a low-lying town in the Medway valley, of what seemed to be an epidemic of acute muscular rheumatism. The only difference between the village of Millheugh and the town of Larkhall, is that the former lies in a valley and the latter on a level upland. The soil and the geological conditions are the same for both. The steep incline upon which Millheugh stands prevents the accumulation of surface or subsoil water,

¹ *BRITISH MEDICAL JOURNAL*, March 31st, 1900, p. 767.

² Pococks, *Lancet*, 1882; Schäfer, *Berl. klin. Woch.*

³ *BRITISH MEDICAL JOURNAL*, September 24th, 1894, p. 652.

and the misty exhalations from the river are comparatively speaking infrequent. Scotland is proverbially a wet country, but the rainfall of the Larkhall district is low on account of the sparsity of trees and the absence of high hills.

My experience bears out, therefore, what the Report on the geographical distribution of rheumatism⁴ (*inter alia*) teaches that the degree of moisture in any locality has little or no influence upon the occurrence of acute rheumatism. For among the 99 places reported "free" from or "slightly affected" with rheumatism, is one of the small islands in the west of Ireland, the wettest district in the British Isles.

Leytonstone, N.E.

DAN. MCKENZIE, M.D.

REPORTS

ON

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

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.

A CASE OF HÆMATURIA DUE TO BILHARZIA.

(By JOHN GUTCH, M.R.C.S.)

I AM indebted to Professor Bradbury for kindly allowing me to publish the notes of this case.

H. D., aged 17, who was born at Port Elizabeth in South Africa, and lived there until two years ago, when he came to England, was admitted on February 26th, 1900.

His father was an English engineer; his mother a colonial. The patient had suffered from pleurisy on the right side in 1895. He had been accustomed to bathe frequently since he was a child, both in fresh and salt water, and had also drunk water often from streams, etc.

He first noticed blood in his urine in 1894. He had never passed any gravel or calculi, and had never had renal colic, but experienced some pain along the penis during micturition. The pain was dull, and lasted the whole time that the water was passing. The hæmaturia was not increased by exercise or horse-riding. The blood was always bright red, and came just at the end of micturition, and was never more than 10 or 12 drops, but always with every micturition. He volunteered the statement that most of the boys at Port Elizabeth, both blacks and whites, suffered from blood in the urine. Girls, as far as he knew, did not, but they do not bathe. Since being in England, he has been in two London hospitals, but apparently the cause of his hæmaturia was not made out.

Present Condition.—He was healthy-looking, fairly well-developed, and not anæmic. There were no abnormal signs in the digestive system. He was constipated before admission; but had never passed any blood in his motions. Nothing abnormal was found in the cardio-vascular system. The pulse was 72, soft, regular. There was nothing abnormal in the respiratory system. On the left side of the chest were scars left by herpes. The abdomen was normal; there was no tenderness: the liver was not enlarged, and the spleen was not palpable. He had incontinence of urine at times at night, and said that he slept so heavily that he did not know when he passed urine.

The Urine, specific gravity 1022, acid, was of normal colour and not smoky, and occasionally a sediment was present which, on microscopical examination, was found to consist of red corpuscles, pus, blood, and granular casts, and both ova and living embryos of the bilharzia hæmatobia. The quantity of urine averaged 53 ounces. There was a cloud of albumen on boiling.

During twelve days for which the patient was under observation, the ova were found, with one exception, whenever the urine was examined.

I have repeatedly examined the ova, which have invariably a terminal spine at one end, and I myself have never found a specimen with the spine laterally placed as has been described by some observers. The embryos may be seen in process of hatching out of their shells, which sometimes split at the

broader end, or, I fancy more frequently, in a transverse direction across their broadest part. When once free from their shell they move about with great activity, propelled by means of the cilia with which they are covered.

As one of the less common causes of hæmaturia in this country, this case will, I think, be found of interest, especially in view of the prospect of cases which it is only too likely will be met with when our troops return from South Africa.

The patient unfortunately left the hospital before the effect of treatment could be studied with any definite result. The day before he went out he was put upon small doses of turpentine. The following morning the urine contained an excessive quantity of urates, but the amount of blood was not apparently increased. The ova were still present in large quantities but no living ones could be found. Whether this had any connection with the administration of the turpentine or was an accidental occurrence only it is of course, on such a short observation, impossible to say.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

LORD LISTER, P.R.S., in the Chair.

Tuesday, May 15th, 1900.

[This meeting was held at King's College.]

FLAGELLATE PROTOZOA IN RATS.

PROFESSOR E. CROOKSHANK had described the above micro-organisms fourteen years ago in sewer rats. It had been suggested that such were probably diseased, but he had lately found the same organism in healthy field rats, though it occurred in only comparatively a small proportion. The organism was provided with a flagellum at its anterior end, and a stiff, spine-like posterior part; along its side was a fin-like membrane. A similar, if not identical, protozoon was that found in equines and in the camel. He thought it unsettled how far the organism of tsetse-fly disease was or was not identical with that found in the rat, in which animal it produced no pathogenic effect.

APPARATUS FOR CULTIVATING THE TETANUS BACILLUS.

Dr. G. DEAN described a flask which he had devised for the purpose of allowing the escape of the gas produced in broth cultures of the bacillus. The apparatus was provided with a deep trough around the neck, into which a glass cap loosely fitted; the trough was partly filled with mercury, which allowed gas to escape. The use of reducing substances (as sodium formate) in stoppered bottles of broth was attended with danger, arising from the production of gas; the risk of contamination in a stoppered vessel was another drawback. Inoculation of the flask could be carried out with a Pasteur pipette. The apparatus might be used with a reducing broth, or hydrogen could be passed into it.

METHOD FOR SERUM DIAGNOSIS.

Dr. R. T. HEWLETT and Mr. S. ROWLAND exhibited the means devised by them of measuring a volume of serum for purposes of serum diagnosis. It consisted in the use of a vaccine capillary tube; the column of blood in the tube was measured in millimetres; the diameter of the tube was taken by means of an eye-piece micrometer, and from these two data the volume could be easily calculated. The capillary tube was then placed within a second larger, thick-walled tube standing in a hollowed block of glass, and crushed from above with an iron rod, the fluid escaping into the vessel beneath.¹

THE VIRUS OF AFRICAN HORSE SICKNESS.

Professor J. MACFADYEAN recounted the results obtained by passing the blood of the horse so affected through Chamberland filters. African horse sickness was at times a cause of great mortality. It had at one time been alleged to be anthrax, but this was an error. The author had received a sample of the blood preserved with a certain amount of glycerine. Subcutaneous injection of the blood so preserved into a horse caused death in about a week; no local lesion ensued; no organism could be grown from the blood either

⁴ BRITISH MEDICAL JOURNAL, January 19th, 1889, p. 113.¹ BRITISH MEDICAL JOURNAL, April 28th, 1900, p. 1015.

from endocarditis. Both Mr. Alfred Cooper and Sir Lauder Brunton, who were called in consultation, agreed with the plaintiffs' diagnosis and treatment. While the defendant was at the home phlebotomy set in. He was attended until April 29th, when the plaintiffs declined to attend him further, owing to his having taken a dose of antipyrin without their orders.

Among the allegations made by the defendant in his counterclaim and during the case were the following: 1. That they had made a wrong diagnosis of his case. 2. That he had been subjected by the plaintiffs to unnecessary pain by the immersion of his leg in hot soda baths, and that his leg had been heated to 300° F. whereas it was alleged on the other side that footbaths heated to 100° and a proper cylinder had been used. 3. That on two separate occasions the plaintiffs had forcibly straightened his right leg without obtaining his consent; whereas it was alleged for the plaintiffs that Dr. Anderson straightened the limb on May 5th, while the defendant was under an anæsthetic; and on June 16th, the defendant having refused to have an anæsthetic administered, the same operation was performed as gently as possible.

Dr. Anderson gave evidence to the effect that, unless the defendant's leg had been straightened, there would have been a danger of ankylosis. Dr. Fenner said that on June 16th it was found necessary to straighten the limb for the second time, and that the defendant's protests on this occasion were confined to the use of the anæsthetic.

Mr. Christopher Heath, F.R.C.S., and Sir Thomas Smith, F.R.C.S., both gave evidence as to the propriety of the plaintiffs' treatment.

The plaintiffs' charges were two guineas for the first, and one for each succeeding visit.

In the witness box the defendant gave the following evidence, together with much more of a similar character: "Dr. Barton came in with his anæsthetic apparatus, and they tried to persuade witness to consent. He refused to give his consent, and told them to leave him. He found that some anæsthetic was being pushed by Dr. Fenner near his face. He then became frightened, and shouted out that they were to leave him. Then Dr. Fenner threw off his coat and said he did not care, the operation should be done. He then seized the witness's leg, and the pain was so great that he fainted." He admitted in cross-examination that Sir Lauder Brunton had written to Dr. Hoffmann (defendant's brother-in-law) to say that the patient was going on very well. He also admitted that he was not anxious to have a stiff leg for life.

A number of witnesses having been called on behalf of the defendant, The Lord Chief Justice summed up the case to the jury. In the course of his address he said: Doctors are men who depend on their reputation for making their way in the world, and all their interests point to the kindly, careful, and skilful treatment of their patients. Any allegation, therefore, of incompetence or cruelty must be examined with great care.With regard to the question whether the plaintiffs' claim for fees was reasonable, there was no law to prevent a medical man from charging what he liked, provided he made a stipulation beforehand. Here no such agreement was made, and it was for the jury to say what were fair and reasonable charges in this case. Dealing with the allegations made by the defendant, his lordship said that he could see no foundation for defendant's claim that the plaintiffs made an incorrect diagnosis. The symptoms were those of articular rheumatism, and there was no evidence of negligence on the plaintiffs' part. With regard to the immersion of the defendant's leg in soda baths or hot-air cylinder, there had been no injurious after-effects, and relief had followed their use. As to the operation of straightening the leg on June 16th, it was admitted on all hands that the operation was a necessary one, and if not carried out lameness would have ensued. Again, the defendant's complaint was that he only consented to the operation if Sir Lauder Brunton was present, and there was evidence that numerous unsuccessful attempts were made to have him present. There was also evidence that the plaintiff actually did give his consent, and the allegation of negligence in the performance of the operation rests only on the evidence of the defendant himself. A medical man was bound to bring to the discharge of his duty only reasonable care, skill, and knowledge, and if there was any valid ground for coming to the conclusion that that had not been done in this case then the jury must award to the defendant on his counterclaim such compensation as they thought proper.

The jury found a verdict for the plaintiffs for 100 guineas on the claim. They also found for the plaintiffs on the counterclaim and added a rider to the following effect: "We are of opinion that the plaintiffs treated the defendant with all reasonable care and skill, and we attach no blame to them whatever."

"* We have been asked by the plaintiffs to state that the above action was brought by them in order to clear themselves of the aspersions made on their character by the defendant. The amount of the claim in this particular instance and the proverbial reluctance with which all members of the medical profession seek to enforce payment of their fees by action at law would be sufficient to protect the plaintiffs from any charge of bringing an action for mercenary reasons. We are glad to find that the Lord Chief Justice in his summing up, and the jury by a rider to their verdict, have completely absolved the plaintiffs from the imputations made against them."

PRIVATE PATIENTS IN PUBLIC HOSPITALS.

MR. PATRICK J. HAYES, Senior Surgeon to the Mater Misericordiarum Hospital, Dublin, has obtained a verdict for £50 against a gentleman whose leg he amputated in the hospital. The defendant considered that a donation of £10 which he had given to the funds of the hospital cleared him of any further obligation in the matter. However, the jury did not agree with his view and fixed his indebtedness to Mr. Hayes at the sum stated. In the case of the Dublin hospitals which receive a grant from the Hospital Sunday Fund, it forms part of the conditions under which the grant is given that the medical officers shall receive no fees from private patients, but the Mater is not under this obligation.

THE APOTHECARIES' HALL, IRELAND.

F. C. W.—The L.A.H. Dublin, 1882, entitled the holder to be placed on the Medical Register.

"DOCTOR'S SHOPS."

DR. RIVERS WILLSON (Oxford) writes: Referring to your reply to "P.G.L." in the medico-legal column of the BRITISH MEDICAL JOURNAL for May 12th, I beg to state that the Royal College of Physicians of London by one of its by-laws, and by the wording of the diploma granted, prohibits the dispensing of medicines by its Licentiates for others than their own patients. This prohibition would certainly debar Licentiates from keeping shops. The Royal College of Physicians of Ireland requires Licentiates to subscribe a declaration, portion of which is an undertaking not to keep an open shop for the sale of medicines. I do not know that the Edinburgh College has any regulation on the subject, but judging from the number of its Licentiates who keep shops in Glasgow and elsewhere I should think there is no prohibition.

SALARY OF ASSISTANT DISMISSED FOR MISCONDUCT.

ENQUIRENS asks whether an assistant, who has given the usual bond, and has been dismissed for drunkenness at a moment's notice, can claim salary due to him up to the time of his discharge.

"* An assistant discharged for misconduct does not forfeit his right to payment of salary already accrued due. As to salary accruing but not yet accrued due we are advised that he cannot recover anything for the portion of the term he has served, for example, if he had been discharged at the end of a month and he was paid monthly he could claim the month's salary; but if he were discharged for misconduct at the end of the first week of a month he could claim no payment for that month."

DELIVERY OF DEATH CERTIFICATES.

"WARWICK" would like to know if it is a breach of the Births and Deaths Registration Act to send certificates of the cause of death to the undertakers? On the certificate form it is stated that the certificate is to be given to persons qualified to be informants for the registration of the death and "to no other person."

"* The Births and Deaths Registration Act, 1874, makes it incumbent, under penalty, on every medical attendant to give to a person qualified to be an "informant" a certificate of cause of death, and it is the duty of the "informant" (also under penalty) to deliver that certificate to the registrar and to no other person. The medical man's responsibility ends with the delivery of his certificate to the "informant," and the duty of the informant would certainly not have been discharged by anything short of the actual delivery of the certificate to the registrar. If a medical man were to deliver his certificate to an undertaker (who is not a legal informant) this would certainly not be in accordance with the Act."

MEDICAL GUIDES TO MINERAL WATERS.

"H. F. C."—It is too much the custom at home and abroad for the doctors practising at water cure places to publish booklets which, while affording more or less information upon the nature and action of the local waters, serve as an advertisement for the writer, for us to find fault with what use and wont has established. As to the particular features of the booklets sent to us, which contain on one cover a portrait of the author and upon the other a view of the house in which he boards, we agree that there might be something to be said upon the matter, and as the author is a member of the British Medical Association we will refer the matter to the Ethical Committee.

COLLIERY MEDICAL OFFICERS.

LEX writes: A large colliery has two doctors selected by the men. A section of the men desire a third doctor. Can that third doctor accept the post if offered it by a deputation of the men without first intimating the same to the doctors already appointed, or should he refuse the appointment?

"* The number of surgeons at the colliery referred to in "Lex's" letter must be fixed either by the proprietors, or else by rule or resolution passed by the men in general meeting, or made by the committee appointed by the men. Before a third medical man accepts any post he should ascertain from the other medical officers the conditions of their appointment, and make sure that there is a definite vacancy. If the colliery has already decided to increase the number of surgeons, and if the third surgeon would rank equally with the other two, he might accept an appointment; but if he is only asked to attend a section of the men, and would not in doing so rank equally and be under the same conditions as the other surgeons, he should certainly refuse."

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Degrees.—At the Congregation on Thursday, May 10th, the following graduates in arts were admitted to the B.C. degree:—J. H. Philbrick, Trinity College; H. N. Matthews, St. John's College; H. P. Bradley and T. E. Holmes, Gonville and Caius College; J. Gutch, Christ's College.

Medical School Buildings.—The plans for these, prepared by Mr. Prior, have been accepted for exhibition in the Royal Academy. They were discussed, with general approval, by the Senate on May 5th. A grace for associating the name of Sir George Humphry with the museum has been sanctioned by the Council. The opportune offer of a large benefaction for the erection of the law library, which with the botany school buildings is about to be undertaken by the University, will probably enable the medical school to be begun at an early date. Meanwhile, similar benefactions are

urgently required for the complete equipment of the latter, as the present buildings are decaying rapidly.

Medical Examinations.—The First and Second examinations for medical and surgical degrees will begin on June 11th. The names of candidates must be sent to the Registry on or before May 22nd.

UNIVERSITY OF LONDON.

THE New Hospital for Women, Euston Road, has been added to the list of recognised institutions from which the University receives certificates for the purposes of its examinations for the degree of Doctor of Medicine.

UNIVERSITY COLLEGE, LONDON.

SEVERAL changes have recently taken place in the medical staff of University College. Dr. Sydney Ringer has retired from the Holme Professorship of Clinical Medicine, and has been succeeded by Dr. F. T. Roberts. Mr. Christopher Heath has resigned the Holme Professorship of Clinical Surgery, and is succeeded by Mr. Rickman J. Godlee. Dr. Ringer and Mr. Heath have been appointed Consulting Physician and Consulting Surgeon respectively to University College Hospital. Dr. Roberts on taking up the Holme Professorship, has resigned the Professorship of the Principles and Practice of Medicine, and the Council have selected Dr. G. Vivian Poore to succeed him on the ground of "his eminence as a physician and his acknowledged excellence as a lecturer, both as regards the selection and arrangement of material and his power of exposition." Dr. Poore will enter upon his duties as Professor of Medicine at the beginning of next session. Dr. H. Batty Shaw has been appointed an Assistant Physician to the hospital.

ROYAL UNIVERSITY OF IRELAND.

Exhibitions.—An exhibition of the value of £40 has been awarded to Mr. F. J. Allen, of Queen's College, Cork; one of £25 to Mr. R. M'Carrison, of Queen's College, Belfast; one of the same amount to Mr. P. Dwyer, of the Catholic University School of Medicine; and one of £20 to Mr. W. Phillips, B.A., of Queen's College, Belfast.

Degrees.—The degree of M.B., B.Ch., B.A.O., was conferred on the successful candidates whose names are given in the list printed in the **BRITISH MEDICAL JOURNAL** of May 5th, p. 1135.

UNIVERSITY OF DURHAM.

At the Convocation holden on Saturday, April 28th, 1900, the following Degrees and Diplomas were conferred:

Doctor in Medicine.—V. Burrow, M.B., B.S.Durh.; E. W. Gilroy, M.B., B.S.Durh.; J. Harris, B.A.Syd., M.B., B.S.Durh.; R. A. R. Lankester, M.B., B.S.Durh.; J. Lowry, M.B., B.S.Durh.; G. Smith, M.B., B.S.Durh.; P. H. Wardell-Johnson, M.B., B.S.Durh. (*in absentia*).

Doctor of Medicine (Practitioners of Fifteen Years' Standing).—T. W. Buckley, M.R.C.S., L.S.A.; W. E. Gillson, M.R.C.S., L.R.C.P., L.S.A.; A. G. Mackenzie, M.R.C.P., F.R.C.S.E.; F. W. D. McGachen, L.F.P.S., L.S.A., D.P.H.; G. S. Wild, M.R.C.S., L.R.C.P.; V. H. W. Wingrave, M.R.C.S., L.S.A.

Doctor in Hygiene (D.Hy.).—R. A. Dunn, M.D., B.S., B.Hy.Durh.

Bachelor in Medicine (M.B.).—C. O. Bodman, M.R.C.S., L.R.C.P., University College, Bristol; E. H. Cooke, St. Thomas's Hospital; F. A. Davies, Mason College, Birmingham; G. O. M. Dickenson, College of Medicine, Newcastle-upon-Tyne; R. H. Dix, College of Medicine, Newcastle-upon-Tyne; H. R. Ellis, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; J. J. French, College of Medicine, Newcastle-upon-Tyne; C. T. Holmes, College of Medicine, Newcastle-upon-Tyne; M. Jacobs, College of Medicine, Newcastle-upon-Tyne; J. Macfadyen, College of Medicine, Newcastle-upon-Tyne; J. R. Mitchell, College of Medicine, Newcastle-upon-Tyne; E. Swainston, College of Medicine, Newcastle-upon-Tyne; W. J. Symes, University College, Sheffield; J. C. Velenski, St. George's Hospital and College of Medicine, Newcastle-upon-Tyne.

Bachelor in Surgery (B.S.).—C. O. Bodman, M.R.C.S., L.R.C.P., University College, Bristol; E. H. Cooke, St. Thomas's Hospital; F. A. Davies, Mason College, Birmingham; G. O. M. Dickenson, College of Medicine, Newcastle-upon-Tyne; R. H. Dix, College of Medicine, Newcastle-upon-Tyne; J. J. French, College of Medicine, Newcastle-upon-Tyne; C. T. Holmes, College of Medicine, Newcastle-upon-Tyne; M. Jacobs, College of Medicine, Newcastle-upon-Tyne; J. Macfadyen, College of Medicine, Newcastle-upon-Tyne; E. Swainston, College of Medicine, Newcastle-upon-Tyne; W. J. Symes, University College, Sheffield; J. C. Velenski, St. George's Hospital, and College of Medicine, Newcastle-upon-Tyne.

Bachelor in Hygiene (B.Hy.).—H. E. Davison, M.B., B.S.Durh., M.R.C.S., L.R.C.P.

Diploma in Public Health (D.P.H.).—A. J. Collis, M.A., M.B., B.S.Camb., M.R.C.S., L.R.C.P.; S. D. Turner, M.R.C.S., L.R.C.P.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on May 10th, when the chair was taken by Sir William MacCormac, Bart., K.R.V.O., President.

The late Mr. Davies-Colley.—A vote of condolence with Mrs. Davies-Colley was passed by the Council.

Alteration of By-laws.—The formulæ in regard to the above were approved and ordained as by-laws by the Council.

The Prince of Wales.—The President reported that he had received a telegram from His Royal Highness the Prince of Wales expressing "sincere thanks for kind congratulations," in reply to the resolution adopted by the Council at their last meeting.

Bradshaw Lecturer.—Mr. John Langton was chosen for the ensuing collegiate year.

International Medical Congress.—The President stated that he accepted the nomination of the Council to represent the College at the thirteenth Congress to be held in Paris next August.

Royal Institute of Public Health.—Dr. R. W. Reid was nominated by the Council as delegate to the annual Congress of the above Institute, to be held in Aberdeen from August 2nd to 7th, 1900.

CONJOINT BOARD IN IRELAND.

FINAL EXAMINATION.—Candidates have passed this examination as undernoted:

In all Subjects.—R. A. Campbell, J. E. Hannigan, D. L. Harding, E. R. Townsend, H. G. Westropp.

Completed the Examination.—W. J. Anglin, B. M. W. Coffey, P. J. M'Ginn, J. H. O'Connell, J. F. Smyth, J. Verdon.

In Medicine.—R. G. Mostyn.

In Surgery.—A. T. Benson, A. D. Dunwoody, D. A. Faris, J. L. Gilmartin, R. A. Johnston, R. G. Mostyn, D. J. F. O'Donoghue, D. Power, A. B. Stephenson.

In Mental Disease.—D. A. Faris, J. L. Gilmartin, R. A. Johnston, N. P. Kirby, J. D. S. O'Donoghue, D. Power.

In Ophthalmology.—A. D. Dunwoody, D. A. Faris, F. C. Fowler, J. L. Gilmartin, R. A. Johnston, D. J. F. O'Donoghue, A. B. Stephenson.

In Midwifery.—J. L. Gilmartin, R. A. Johnston, D. J. F. O'Donoghue.

OBITUARY.

GEORGE BIRD, M.D.

WE regret to have to announce the death of Dr. George Bird, formerly of Welbeck Street, London, which took place on May 4th at his house at Hampstead. George Bird was born in 1817. He was the eldest of a very large family. His father, James Bird, well known in Suffolk as a poet, died in middle life, and the boys had early to turn into the world, and every one of them made some sort of mark. George was apprenticed to the doctor of the village, Dr. Wilson, known in his day as an authority on gout, and proud of the fact that he was sent for to prescribe for George IV.

In boyhood as in age Bird was always a pioneer. As a lad he wore yellow at a county election when all the neighbours wore blue. Indeed, he was a born Progressist; never wavered, never compromised, and was always eager for education and development in every aspect. From rural Suffolk he passed to London, and studied at University College. In 1841 he took the diploma of M.R.C.S., and in 1859 the degree of M.D. at St. Andrews.

For thirty-four years he practised at 49, Welbeck Street. He always had an affinity for literature, art, and the drama, and he counted many illustrious people among his patients. He attended Leigh Hunt, and knew behind the scenes. He never lost an occasion to bear witness to the fact that the financial reproaches heaped on Leigh Hunt were undeserved. About two years ago he wrote a memorandum, which in due time will prove that Leigh Hunt was a heroic martyr. It was to shield another he stoically bore aspersions on his character. He also attended Sir Edward Bulwer Lytton, Dickens, Frank Stone, Sir Richard and Lady Burton, Thomas Woolner, R. H. Horne, Mrs. Lynn Linton, and many well-known people of the day.

An old friend of Dr. Bird sends us the following estimate of his character:

"To the last he remained young in body and young in mind. He was always fond of athletic exercises, and in his younger days was an excellent boxer, and remained to the last an active cyclist. He was also young in mind—always embraced with eagerness new ideas, and was in everything progressive. He was most kind of heart and cheerful in disposition, and had at his disposal a fund of good stories, which he narrated excellently. He thoroughly enjoyed life, and brought sunshine wherever he went to friends and patients. His patients were all his devoted friends. He leaves a happy memory behind him among his many friends who will sadly feel their loss, and will long cherish their recollection of George Bird."

WILLIAM HONNOR FITZ-PATRICK, M.D.,

M.R.C.S., L.S.A.,

Stoneycroft, Liverpool.

WE regret to announce the death of Dr. Fitz-Patrick, of Stoneycroft, Liverpool, which took place quite unexpectedly at his residence on May 2nd. He was a native of Ireland, and was born in 1823. He studied medicine at the School of Physic of the University of Dublin. He became M.R.C.S.Eng. in 1845, and L.M. of the Rotunda Hospital in the same year. He took the L.S.A. in 1847, and in 1856 graduated M.B. at the University of Aberdeen. Ten years later he took the degree of M.D. of the same University. After a few years spent as Assistant Surgeon in the Royal Navy and at the Royal Naval Hospital, Plymouth, he settled in Knotty Ash

HOSPITAL AND DISPENSARY MANAGEMENT.

ASSOCIATION OF ASYLUM WORKERS.

THE annual meeting of this Association was held at 11, Chandos Street, on May 14th, Sir J. Crichton-Browne, President, in the chair.

The report (presented by the Honorary Secretary, Dr. Shuttleworth) stated that the number of members at the end of 1899 was 3,006, and that representatives of 31 asylums in the United Kingdom and the Colonies not previously connected with the Association had joined during the year. The financial statement showed a credit balance of £147 8s. 10d. after paying all expenses. Nine invalid nurses and attendants had been sent to "homes of rest" at an aggregate expenditure of £23. The Executive Committee had made representations to Members of Parliament and others as to the desirability on public grounds of a system of satisfactory and assured superannuation allowances for workers in public asylums, with a view to obtain the introduction into the Lunacy Bill now before the House of a pension clause; and Dr. Farquharson, M.P., had given valuable aid in this matter. The improvement of the status of asylum nurses and attendants by training qualifying them for their responsible duties had been constantly kept before the members.

The adoption of the report was moved by Sir J. Crichton-Browne in an eloquent speech, and seconded by Dr. Sidney Coupland, Commissioner in Lunacy, who spoke in appreciative terms of the arrangements for nursing in asylums.

The adoption of the financial statement was moved by Dr. Robert Jones, of Claybury, and seconded by Dr. Harding, of the Northampton County Asylum. The committee and officers were re-elected, with the exception of the honorary treasurer (Miss Evans), who had resigned and was succeeded by Miss Honor Morten, L.S.B.

In proposing a vote of thanks to the honorary secretary, Dr. Hayes Newton referred to the valuable co-operation of this Association with the Medico-Psychological Association and the Parliamentary Bills Committee of the British Medical Association in the endeavour to obtain assured pension for public asylum workers.

A cordial vote of thanks to the Chairman, proposed by Dr. Outtersson Wood, and seconded by Dr. Elkins, closed the proceedings.

MEDICAL NEWS.

THE order for the muzzling of dogs has been revoked in Breconshire, Carmarthenshire, and Glamorganshire.

THE opening lecture of the summer session of the Hospital for Consumption and Diseases of the Chest, Brompton, will be given by Dr. Theodore Williams on Wednesday, May 23rd, at 4 P.M. The subject will be the Relation of Pleurisy to Pulmonary Tuberculosis.

EDINBURGH ROYAL INFIRMARY RESIDENTS' CLUB.—The annual general meeting of members of the club will take place in the Royal Hotel, Edinburgh, on Thursday, June 7th, at 6.30 P.M. The fourth annual dinner will follow at 7.15, when Dr. Yellowlees, the President of the Club, will occupy the chair.

CONFERENCE ON MEDICAL ORGANISATION.—In the list of societies represented at the Conference on Medical Organisation at Manchester the name of the Wood Green and District Medical Society was accidentally omitted. It was represented by Dr. R. F. Tomlin, Senior Vice-President.

EDINBURGH HARVEIAN FESTIVAL.—The 118th Harveian Festival will be held in the Hall of the Royal College of Physicians, Queen Street, on Friday, June 15th. The Society will meet at 6 P.M., when the President (Mr. Annandale) will deliver the Harveian Oration on Transfusion.

TWO INTERESTING PRESENTATIONS.—On the occasion of the recent severance of his official connection as medical officer of health with the county borough of Stockport, Dr. C. Porter, the newly-appointed County Medical Officer for Shropshire, was entertained at supper by the staff of the health department, and presented by them with a very handsome smoking cabinet. On a subsequent date Dr. Porter was the guest of the Corporation of Stockport at a complimentary dinner, during which the Chairman of the Sanitary Committee handed him a beautifully engrossed testimonial on vellum, bearing the common seal of the Council, and setting forth, in very appreciative terms, his special services to the borough during his seven and a-half years' tenure of office. A few days later Dr. Porter was similarly entertained by the Stockport and District Medical Society, those present including most of the medical practitioners of the town, as well as the Mayor, the Chairman of the Sanitary Committee and the Town Clerk. The President (Dr. W. B. Bale) referred to the cordial professional and personal relations that had existed between Dr. Porter and the members of the Society, and as a token of

regard and of good wishes for his future welfare, presented him, on behalf of a number of his medical colleagues, with a very beautiful silver rose bowl, richly chased and suitably inscribed, together with a handsome pair of opera glasses for Mrs. Porter, and an ornamental scroll bearing the names of the subscribers. In thanking them for this final mark of the unvarying kindness and goodwill extended to him by his medical brethren, Dr. Porter said that in his opinion medical men were the salt of the earth, and exerted a most important influence on the sanitary welfare of the community, their mission being educational and preventive as well as curative. He hoped they would take an increasingly active personal interest in municipal affairs, and that more of them would enter the Council, where he knew they were appreciated. It is interesting to add that Dr. Meredith Young, who has resigned the post of medical officer of health for Crewe to succeed Dr. Porter, has been the recipient of a testimonial from the officials of the sanitary department and from the hospital staff. At a meeting over which Dr. Hodgson presided the presentation was made by the Town Clerk and suitably acknowledged by Dr. Young.

MEDICAL VACANCIES.

The following vacancies are announced:

- BIRKENHEAD BOROUGH HOSPITAL.—Visiting House-Surgeon. Salary, £75 per annum, with board, lodging, and washing, and certain fees. Applications to the Chairman of the Weekly Board by May 21st.
- BIRMINGHAM CITY (FEVER) HOSPITAL.—Assistant Medical Officer. Salary, £120 per annum, with board, residence, etc. Applications to the Medical Superintendent.
- BIRMINGHAM GENERAL DISPENSARY.—Three Resident Locum for two or three months' engagement. Terms 4 guineas per week, with furnished apartments. Applications to the Secretary by May 23rd.
- BIRMINGHAM: GENERAL HOSPITAL.—(1) House-Surgeon. (2) Two Assistant House-Physicians. Appointments for six months. Board, residence, and washing provided, but no salary. Applications to the House-Governor by May 23rd.
- BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES, John Bright Street.—Clinical Assistant. Applications to the Secretary of the Medical Committee by June 4th.
- BRECON INFIRMARY.—Resident House-Surgeon; unmarried. Salary, £90 per annum, with furnished apartments, board, etc. Applications to the Secretary, Bulwark, Brecon, by June 7th.
- BRIGHTON: SUSSEX COUNTY HOSPITAL.—(1) House-Physician. Salary at the rate of £50 per annum. (2) Resident Pathologist. Salary at the rate of £40 per annum. Board, washing, and residence provided in each case. Candidates must be unmarried and under 30 years of age when elected. Applications to the Secretary by May 30th and 23rd respectively.
- BRISTOL ROYAL HOSPITAL FOR SICK WOMEN AND CHILDREN.—House-Surgeon. Salary, £120 per annum, with rooms and attendance, not board. Applications, endorsed "House-Surgeon," to be sent to the Secretary by May 23rd.
- BUXTON: DEVONSHIRE HOSPITAL.—(1) House-Surgeon. Salary, £100 per annum. (2) Assistant House-Surgeon. Salary, £50 per annum. Furnished apartments, board, and washing provided in both cases. Applications to the Secretary.
- CHELSEA HOSPITAL FOR WOMEN.—Pathologist. Applications to the Secretary.
- CHORLEY DISPENSARY AND COTTAGE HOSPITAL.—House-Surgeon. Salary commencing at £50 per annum, with board and lodging. Applications to the Honorary Secretary.
- COLCHESTER: ESSEX AND COLCHESTER HOSPITAL.—Resident House-Surgeon. Salary, £100 per annum, with board and lodging. Applications to the Secretary by May 25th.
- CUMBERLAND AND WESTMORLAND ASYLUM, Garlands, Carlisle.—Junior Assistant.—Unmarried. Salary, £130 per annum, rising to £150. Applications to the Medical Superintendent.
- DEWSBURY AND DISTRICT GENERAL INFIRMARY.—House-Surgeon. Salary, commencing at £100 per annum, with board, residence, and washing. Applications, endorsed "House-Surgeon," to the Secretary by May 23rd.
- DURHAM COUNTY ASYLUM.—Second Assistant Medical Officer. Salary, £170 per annum, rising to £220, with rooms, board, laundry, and attendance. Applications to the Medical Superintendent.
- EDINBURGH, CRAIGLOCKHART POORHOUSE AND HOSPITAL.—Medical Officer. Salary at the rate of £100 per annum, with board and apartments. Applications to the Clerk of the Parish Council, Castle Terrace, Edinburgh, by May 21st.
- GATESHEAD UNION.—Assistant Resident Medical Officer. Salary, £150 per annum, with furnished apartments, rations, and washing. Applications, endorsed "Assistant Medical Officer," to be sent to the Union Clerk, Poor-law Offices, Prince Consort Road, Gateshead, by May 29th.
- GLASGOW UNIVERSITY.—Examiner for Degrees in Medicine, with special qualifications to examine in Practice of Medicine (Systematic and Clinical). Salary, £50 per annum. Applications to the Secretary of the Glasgow University Court, 91, West Regent Street, Glasgow, by May 23rd.
- GREAT NORTHERN CENTRAL HOSPITAL.—(1) House-Physician. (2) Junior House-Physician. Appointments for six months. Salaries at the rate of £60 and £33 per annum respectively, with board, lodging, and washing. Applications to the Secretary by June 18th.
- HALIFAX: COUNTY BOROUGH OF.—Medical Officer of Health for the Borough. Must be 25 and between 35 and 45 years of age. Salary, £50 per annum. Applications to the Town Clerk by May 31st.
- HALIFAX ROYAL INFIRMARY.—Third House-Surgeon; unmarried. Salary, £50 per annum, with residence, board, and washing. Applications to the Secretary.
- KIDDERMINSTER INFIRMARY AND CHILDREN'S HOSPITAL.—House-Surgeon. Salary, £140 per annum, increasing to £170, with rooms and attendance. Applications to the Secretary.
- KILBURN, MAIDA VALE, AND ST. JOHN'S WOOD GENERAL DISPENSARY.—Vacancy on the Honorary Medical Staff. Applications to the Honorary Secretary, 13, Kilburn Park Road, N.W., by May 26th.
- LEAMINGTON: WARNEFORD HOSPITAL. House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications on forms provided to be sent to the Secretary by May 26th.
- LEEDS: HOSPITAL FOR WOMEN AND CHILDREN.—House-Surgeon, non-resident. Appointment for six months, but eligible for renewal. Salary at the rate of £125 per annum. Applications to the Secretary of the Faculty.
- LINCOLN HOSPITAL FOR THE INSANE.—Assistant Medical Officer. Salary, £100 per annum. Applications to the Medical Superintendent, The Lawn, Lincoln.
- LIVERPOOL DISPENSARIES.—(1) Head Surgeon. Salary, £200 per annum. (2) Four Assistant Surgeons. Salary, £100 per annum each, with board and apartments in each case. Candidates must be unmarried. Applications to the Secretary, 31, Moorfields, Liverpool, by May 24th.

LIVERPOOL INFECTIOUS DISEASES HOSPITAL.—Assistant Resident Medical Officer. Unmarried, and age not to exceed 26 years. Salary, £100 per annum, with board, lodging, and washing. Applications, endorsed "Assistant Resident Medical Officer," to be addressed to the Chairman of the Port Sanitary and Hospitals Committee, and sent under cover to the Town Clerk by May 23th.

LIVERPOOL NORTHERN HOSPITAL.—Assistant House-Surgeon. Salary, £70 per annum, with residence and maintenance. Applications to the Chairman by May 24th.

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL AND DISPENSARY.—Resident House-Surgeon. Salary, £100 per annum, with furnished rooms, attendance, and board. Applications to the Secretary by May 24th.

MAIDSTONE: KENT COUNTY OPHTHALMIC HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications to Mr. M. A. Adams, F.R.C.S., Honorary Surgeon, Trinity House, Maidstone, by May 25th.

MANCHESTER: ANCOATS HOSPITAL.—Junior House-Surgeon. Salary, £30 per annum, with board and washing. Applications to the Secretary.

MIDDLESEX HOSPITAL, W.—Dental Surgeon. Applications to the Secretary-Superintendent by May 24th.

MIDDLESEX HOSPITAL MEDICAL SCHOOL.—Lecturer on Chemistry. Salary, £150 per annum, with special fees and allowance. Applications to the secretary to the Council by May 31st.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.—Pathologist. Honorarium, 50 guineas. Applications to the Secretary by May 31st.

NEW HOSPITAL FOR WOMEN, Euston Road, N.W.—(1) House-Physician. (2) House-Surgeon. (3) Two Assistant Anesthetists. (4) Three Clinical Assistants. Candidates must be fully-qualified medical women. Applications to the Secretary by May 30th.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road.—Resident Medical Officer and Assistant Resident Medical Officer. Appointment for six months; the Junior is eligible for election to the senior post. Salary at the rate of £50 per annum attached to each. Candidates to attend meeting of the Medical Committee on May 21st.

NOTTINGHAM GENERAL DISPENSARY.—Assistant Resident Surgeon. Unmarried. Salary, £140 per annum, with all found except board. Applications to the Secretary.

OLDHAM INFIRMARY.—Senior House-Surgeon. Salary, £85 per annum, with board, residence, and washing. Candidates to state whether they would be willing to accept the Junior post at £70 per annum. Applications to the Honorary Secretary by June 4th.

PONTEFRACCT DISPENSARY AND INFIRMARY.—Resident Medical Officer. Salary commencing £50 per annum, with furnished rooms, etc. Applications to the Secretary by June 1st.

PORTSMOUTH: ROYAL PORTSMOUTH, PORTSEA, AND GOSPORT HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by May 23rd.

PRESTWICH: COUNTY ASYLUM.—Assistant Medical Officer. Unmarried, and under 35 years of age. Salary commences at £125, rising to £250, with board, apartments, washing, etc. Applications to the Superintendent.

READING: ROYAL BERKS HOSPITAL.—(1) House-Surgeon. Salary, £60 per annum. (2) Assistant House-Surgeon. Salary, £50 per annum. Board, lodging, and washing provided in each case. Applications to the Secretary by June 4th.

RIPON DISPENSARY AND COTTAGE HOSPITAL.—Resident House-Surgeon and Dispenser; unmarried. Salary, £100 per annum, with board and lodging. Applications to the Honorary Secretary.

ROTHERHAM HOSPITAL AND DISPENSARY.—Assistant House-Surgeon. Salary, £60 per annum, with board, lodging, and washing. Applications, marked "House-Surgeon," to be sent to the Secretary by May 25th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—(1) Two Examiners in Dental Surgery. (2) Hunterian Professors. (3) Erasmus Wilson Lecturer. (4) Arris and Gale Lecturer. Applications to the Secretary by June 4th.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, W.C.—Clinical Assistants. Appointments for six months. Applications to the Secretary by May 20th.

ST. GEORGE'S UNION.—Second Assistant Medical Officer at the Infirmary, Fulham Road, S.W. Salary, £70 per annum, with board, residence, and washing. Applications to Dr. H. W. Webster at the Infirmary.

SALISBURY: FISHERTON ASYLUM.—Assistant Medical Officer. Salary, £150 per annum, with board, lodging, and washing. Applications to Dr. Finch, Salisbury.

SHEFFIELD: JESSOP HOSPITAL FOR WOMEN.—House-Surgeon; unmarried. Salary, £50 per annum, with board, lodging, and washing. Applications to Dr. Martin, Claremont Place, Sheffield, by May 22nd.

SHOREDITCH, PARISH OF ST. LEONARD.—Second Assistant Medical Officer for the Infirmary, Hoxton Street, N. Appointment for six months. Salary at the rate of £50 per annum, with ration, washing and furnished apartments. Applications on forms provided to be sent to the Clerk, 213, Kingsland Road, N.E., by May 21st.

SHEREWSBURY: SALOP INFIRMARY.—Assistant House-Surgeon. Appointment for six months, but capable of renewal. Salary at the rate of £40 per annum, with board and washing. Applications to the Secretary.

SOUTHPORT INFIRMARY.—Resident Senior House-Surgeon. Salary, £80 per annum and all found. Applications to the Secretary by May 22nd.

STROUD GENERAL HOSPITAL.—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by May 23rd.

SURREY COUNTY ASYLUM, Brookwood.—Third Assistant Medical Officer. Unmarried, and under 31 years of age. Salary, £120, rising to £150, with board, lodging, attendance, and laundry. Applications to the Medical Superintendent.

THREE COUNTIES ASYLUM, near Hitchin.—Second Assistant Medical Officer, under 30 years of age, and unmarried. Salary, commencing at £150, with board, apartments, washing, and attendance. Applications to Mr. F. C. Butler, Clerk to the Visiting Committee, St. Neots, Hunts, by May 21st.

TIVERTON INFIRMARY AND DISPENSARY.—House-Surgeon and Dispenser. Unmarried. Salary, £75 per annum, with board and residence. Applications to the Honorary Secretary by June 2nd.

VENTNOR: ROYAL NATIONAL HOSPITAL FOR CONSUMPTION.—Clinical Assistant. Board, residence, and laundry provided. Applications to the Secretary, 34, Craven Street, Strand, London, W.C.

WANDSWORTH AND CLAPHAM UNION INFIRMARY, St. John's Hill.—Junior Assistant Medical Officer. Salary at the rate of £80 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

WESTERN GENERAL DISPENSARY, Marylebone Road, N.W.—House-Surgeon; unmarried. Salary, £75 per annum, with board and residence, and allowance for washing. Applications to the Honorary Secretary.

WEST LONDON HOSPITAL, Hammersmith, W.—Assistant Physician. Must be F. or M.B.C.P. Lond. Applications to the Secretary-Superintendent by June 6th.

WESTMINSTER HOSPITAL, S.W.—Resident Obstetric Assistant. Appointment for six months. Board and lodging provided. Applications to the Secretary.

WOLVERHAMPTON: ANESTHETIC STAFFORDSHIRE GENERAL HOSPITAL.—Assistant House-Physician. Appointment for six months. Honorarium at the rate of £50 per annum, with board, lodging, and washing. Applications to the Chairman of the Medical Committee.

YORK LUNATIC ASYLUM.—Assistant Resident Medical Officer. Salary, £130 a year, with board, washing, and attendance. Applications to the Committee by May 22nd.

MEDICAL APPOINTMENTS.

BAILEY, Reginald Threlfall, M.R.C.S. Eng., L.R.C.P. Lond., appointed House-Physician to the Liverpool Royal Infirmary.

BLAMEY, James, M.R.C.S. Eng., appointed Medical Officer for the Penryn District of the Falmouth Union, vice R. H. Jones, M.R.C.S., L.R.C.P., resigned.

CAMPBELL, J. Munro, M.B., C.M. Glasg., appointed Certifying Factory Surgeon for Pollokshaws District, co. Renfrew.

CHRISTIE, B. R. Craig, M.B., C.M. Edin., appointed Resident House-Surgeon to the Glasgow Royal Infirmary.

DYKES, C. B., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer for the Evercreech District of the Shepton Mallet Union, vice J. T. Hyatt, L.R.C.P. Edin., M.R.C.S. Eng., resigned.

HARRIS, J. H., M.R.C.S. Eng., D.P.H. Camb., appointed Medical Officer of Health to the Dartmouth and Totnes Port Sanitary Authority, vice E. W. Soper, M.R.C.S. Eng.

HENNESSY, D., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., appointed Certifying Factory Surgeon for the Bandon, Kilbrogan, and Brinny Electoral Divisions, co. Cork.

HIGGINSON, C. G., M.R.C.S., L.R.C.P., L.S.A., M.A. Lond., appointed Assistant Medical Officer to the Birmingham Infirmary.

KINSELLA, J. J., M.B., B.Ch., B.A.O. & U.I., appointed Certifying Factory Surgeon for the Edenderry Poor-law Union, King's County.

KIRKBY, W., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of Health to the Maccles Urban District Council.

OWEN, R., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Llandwrog District of the Carnarvon Union, vice J. T. Griffith, L.R.C.P. Edin., L.F.P.S. Glasg., resigned.

POTTER, E. Furniss, M.D., appointed to the Senior Staff of the London Throat Hospital.

ROSSER, John Samuel, M.D. Glasg., D.P.H., F.P.S. Glasg., appointed Certifying Factory Surgeon for the Llandovery District.

SCOTT, Kenneth, F.R.C.S., appointed Ophthalmic Surgeon to the St. Mary's Children's Hospital, Plaistow.

VERNON, C. M., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Workhouse of the West Ashford Union, vice J. H. Mitcheson, L.R.C.P. Edin., M.R.C.S. Eng.

TINDAL, Andrew Stewart, M.D., appointed Assistant Physician to the Victoria Infirmary, Glasgow.

WHILLIS, Samuel Short, M.D., B.S. Dunelm., appointed Honorary Surgeon to the Farningham Infirmary for Sick Children, Newcastle-on-Tyne, vice Walter Midley, F.R.C.S., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, Medical Graduates' College and Polytechnic, 22, Chancery Street, W.C., 8.30 P.M.—Annual Conversazione; Reception by the President. 8.45 P.M.—Oration by Dr. J. Kingston Fowler: Science and Medicine in the Eighteenth Century.

TUESDAY.

Medical Graduates' College and Polytechnic, 22, Chancery Street, W.C., 4 P.M.—Sir W. H. Broadbent: Consultation. (Medical).

Royal Medical and Chirurgical Society, 8.30 P.M.—Mr. Clinton T. Dent and Sir William Mac Cormac will deliver addresses on "The Wounded in the Present War." The addresses will be illustrated by lantern slides and an exhibition of specimens showing the effects of various forms of bullets.

National Hospital for the Paralyzed and Epileptic, Queen Square, Bloomsbury, W.C., 3.30 P.M.—Dr. Buzzard: Syringomyelia.

WEDNESDAY.

Medical Graduates' College and Polytechnic, 22, Chancery Street, W.C., 4 P.M.—Dr. C. O. Hawthorne: Consultation. (Medical).

Hospital for Consumption and Diseases of the Chest, Brompton, S.W., 4 P.M.—Dr. C. Theodore Williams: The Relation of Pleurisy to Pulmonary Tuberculosis.

THURSDAY.

Medical Graduates' College and Polytechnic, 22, Chancery Street, W.C., 4 P.M.—Mr. P. Hutchinson: Consultation. (Surgical). 3 P.M.—Dr. Harrison Low: Class: Roentgen Rays. Demonstration II.

Charing Cross Hospital. Post-Graduate Course, 4 P.M.—Dr. Abercrombie: Medical Cases.

Dermatological Society of Great Britain and Ireland, 20, Hanover Square, 4.30 P.M.—Annual meeting. Dr. A. J. Harrison, President, will deliver an address, and Mr. William Anderson will introduce a discussion on Seborrhoeic Diseases of the Skin, the Associated Constitutional Conditions, and the Treatment. Dr. Radcliffe Crocker, Dr. Stephen Mackenzie, and others will join in the discussion. Cases will be exhibited as usual.

Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.—Mr. Bernard Pitts: Demonstration of Selected Cases.

FRIDAY.

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

Clinical Society of London, 8.30 P.M.—Annual general meeting. Election of officers. Papers: Mr. Arthur E. Barker: A case of gastroenterostomy followed by Pylorotomy: Recovery.

Dr. W. F. Victor Bonney (introduced by Dr. Abercrombie): A Remarkable Case of Obscure Septicemia treated by Antistreptococcus Serum and Nuclein. Dr. W. Pasteur: Conclusion and Post-mortem Notes of a Case of Graves's Disease in which Bradycardia supervened (shown at the Society, April 23rd, 1898).

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.

BIRTH.

SQUIBBS.—On May 5th, at 15, Church Street, New Lenton, Nottingham, the wife of E. P. Squibbs, L.R.C.P., of a son.

MARRIAGES.

BOND—LAWRIE.—On May 12th, at Holy Trinity Church, Worcester, by the Rev. Alfred Bond, Rector of Icomb, assisted by the Rev. George Fred Hough, Charles Hubert Bond, M.D., D.Sc., Heath Asylum, Beldwyn's Park, Bexley, to Janet Constance, only daughter of Fred E. Lawrie, of Worcester.

STEDMAN—WHEWY.—On Tuesday, May 8th, at St. Thomas's, Stepney, E., by the Rev. E. Bray, M.A., assisted by the Rev. W. Muirhead, Sevinac Bell Stedman, M.R.C.S., L.R.C.P., of Binbrook, Lincolnshire, to Jane Grace, younger daughter of the late George Whewy, of Nuneaton, and niece of Mrs. G. A. Rogers, 40, Commercial Road, E.

DEATHS.

HARPER.—On May 14th, at 25, Rosary Gardens, South Kensington, after a brief illness Helen Watson, the loved and loving wife of James Harper, M.D., aged 38.

SINCLAIR.—On May 8th, at Oakfield, Garstang, George Gunn Sinclair, L.R.C.P., L.R.C. Edin., L.F.P.S. Glasg., late of Esk, Durnham, aged 40 years.

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.
CHASING 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; Electrotherapeutics, Tu. Th., 9.30; Children, Tu. F., 1; Roentgen, W., 9.45; Orthopaedic, Th., 1. *Operations.*—W. Th. F., 3; 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., 2.
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, i-p., M. Tu. Th. F., 1.30; o-p., M. Tu. F., 12; o-p., Ear, Tu. 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. Tu., 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., 10. *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.*—Tu., 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, Tu. 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. F., 9.30; W., 9. *Operations.*—Daily, 1.30.
NATIONAL ORTHOPEDIC. *Attendances.*—M. Tu. Th. F., 2. *Operations.*—W., 10.
NEW HOSPITAL FOR WOMEN. *Attendances.*—Daily, 2; Ophthalmic, W. S., 9.30. *Operations.*—Tu., 2; 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 EAB, 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., 9; 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. *Operations.*—M. Th., 2; Orthopaedic, Tu., 1.30; Dental, Tu. F., 9; Electrical, M. Tu. Th. F., 1.30. *Operations.*—Daily, 1.30; (Ophthalmic), Tu. F., 9; Abdominal Section for Ovariotomy, 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., 2.30; Skin, W., 2.45; Throat, F., 2; Dental, i-p., M. F., S., 1. *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; 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., 9; Skin, M. Th., 9; Dental, W. S., 9; Electrotherapeutics, 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; Electrotherapeutics, Th., 2; Mental Diseases, Th., 10; Dental, Tu. F., 10; X-Rays, Tu. F., 2; Vaccination, W., 11.30. *Operations.*—Daily, 2; (Ophthalmic), Th., 2; (Gynaecological), Th., 2; (Throat), M., 9.30; (Ear), Th., 9.30.
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, M. Th., 2; Ear, Tu. F., 2; Orthopaedic, W., 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.

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 *Atiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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

QUERIES.

J. H. S. asks whether the "nitropropiol" test for sugar in urine is reliable.

C. F. asks whether it is possible and practicable to insulate needles for electrolysis oneself, and, if so, the best way of doing it.

E. A. wishes to know where he can obtain coloured diagrams of (1) the base of the brain, showing the superficial origins of the nerves; (2) ditto, showing the deep origin of the nerves; and (3) the medulla oblongata and cord, showing the arrangement and course of the nervous strands.

PHOTOGRAPHERS' ECZEMA.

W. asks for a reference as to the pathology and treatment of "photographer's eczema." The condition appears as seen by him to be hypertrophy of the horny layer of the epidermis and is difficult to get right.

SOLID THIRST QUENCHERS.

J. T.—The most convenient preparation for allaying thirst is a compressed tablet of sodium bicarbonate and tartaric acid. Potassium chlorate or potassium chlorate and borax, in compressed form, would probably also prove useful, but should be used with caution.

MEDICAL EXAMINATION OF SCHOOL TEACHERS.

A. T. R. would like to know the fee usually given by a School Board for a certificate of health given after medical examination of a candidate for the post of school teacher (male or female). Several questions having to be answered, namely, as to length of time candidate has been known, opportunities for judging as to state of health, eyesight, etc. After sending in claim of 5s. 12d. 2s. 6d. has been offered, which "A. T. R." does not consider sufficient.

THE PREVENTION OF LACERATION OF THE PERINEUM.

QUERIST asks for information as to the best methods of preventing laceration of perineum in primiparae. I have tried, he writes, (1) supporting finger in rectum, etc., (2) pushing head under pubes through perineum, (3) dilating perineum, (4) pushing head under pubes through finger in rectum, etc., (5) a combination of the above. All these methods act when the pains are not too violent and the perineum is not too rigid. In other cases, however, they seem to me almost if not quite useless. Are lateral incisions in the perineum any good?

TEXTBOOKS OF PRACTICAL GEOLOGY.

DREPECH wishes to be recommended a textbook that would serve as an introduction to anyone taking up practical geology as a hobby. One relating to field work and the practical distinction of the different strata would be desirable.

** Apart from the ordinary general textbooks of geology, the most suitable books would be *Outlines of Field Geology*, by Sir A. Geikie, 4th edition (London, Macmillan and Co., 1891, 3s. 6d.), and *Textbook of Field Geology*, by W. H. Penning, 2nd edition (London, Paillière, Tindall, and Cox, 1894, 7s. 6d.).

HOME FOR IMBECILE CHILDREN.

DERBYSHIRE asks for information of any institution where an idiot boy, aged about 4 or 5 years, could be received. He is of rather dirty habits though he varies in this matter. His parents are poor people, and could only afford a small payment at present.

** The Earlswood Asylum (Secretary, W. Howard, Esq., 36, King William Street, London Bridge, E.C.) would probably be most suitable for the case mentioned, but the boy would have to be elected. No special provision for idiots has been made in the Midlands by the county authorities, except in connection with the Northampton County Asylum, where there is a block for idiots, to which admission might be obtained through the local Poor-law authorities.

WORKHOUSE MEDICAL OFFICER would be glad to know of an asylum or home for a girl, aged 8 years, mentally deficient but not hopelessly, not paralytic though there is slight dragging of one leg. She has had no fits during last eighteen months, though she is said to have had attacks previously. The cost of her maintenance would be defrayed by the Board of Guardians. Her admission to the Royal Albert Asylum has been refused, presumably on account of previous history of fits.

** Miss Dendy, Honorary Secretary to the Lancashire and Cheshire Association for the Permanent Cure of the Feeble Minded, might be able to advise in this matter. Her address is 13, Clarence Road, Withington, Manchester. Homes are about to be established by this Society.

ABATEMENT OF INCOME TAX.

SOUTHSEA asks whether, as a medical practitioner, he can claim a deduction of income-tax in respect of the cost of new surgical and other instruments required professionally, as the local surveyor of taxes refuses to allow this, and states that he is only entitled to claim for repairs to and renewals of existing instruments, and not for new ones.

** The question is one not for the opinion of the surveyor of taxes, who is merely counsel for the Crown, but for the decision of the Commissioners, who have to pronounce whether the expenses incurred have been wholly and necessarily expended in the exercise of his profession. The Income-tax Repayment Agency, to whom we have referred the question, contend that the cost of instruments is such an expense.

ANSWERS.

CARTHA.—The English translation of Professor Schenk's book on the *Determination of Sex* is published by The Werner Company, 13A, Cockspur