

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

COMMON DEFORMITIES OF THE FEET.

I HAVE in the last few years examined a considerable number of girls of the middle classes, and I find that a foot without some amount of deformity produced by the wearing of ill-designed footwear is almost unknown. Hallux valgus is in my experience practically universal. It varies, of course, in degree from a position of the great toe such that it makes a very obtuse angle with the posterior part of the foot, to a partial dislocation of the first metatarsophalangeal joint, with often an inflamed bursa over it, and with the three first toes lying over or under one another. Young children usually, though not invariably, present the deformity in the lighter degrees. I have seen children of 12 or 14 with dislocated joints and the three first toes lying almost in one vertical plane.

The universality of the deformity disposes, I think, of the doctrine that it is due to rheumatic or rheumatoid affections. Rheumatism even in its mildest forms is not universal in girls over 12, and though I acknowledge that the more vulnerable joints of the so-called rheumatic subject yield more quickly and more completely to the injurious pressure and show sometimes very marked examples of the deformity, yet we must, I am sure, look for some more generally acting cause to account for so general a condition.

The deformity is caused by boots and shoes so made that the inner and outer lines of the sole converge to a point somewhere beyond the space between the second and third toes instead of following the natural line of the foot—straight on the inner and curved on the outer side. The damage done by the ill-shaped sole is increased by the artificial heel; since the foot, placed on an inclined plane, gradually slips further into the toe of the shoe, and is moulded to its shape. But besides contributing to the production of hallux valgus, the high heel has developed a quite abnormal method of walking. In natural walking the heel alone is first planted on the ground, the body swings forward, and the front part of the foot comes in contact with the ground, while the heel is lifted by the contraction of the calf muscles followed by the front part of the foot. In walking with a high heel, the foot is swung forward with the calf muscles contracted, the ankle extended, and the toes lowered and pointed, so that the front part of the foot is first planted on the ground, or at best this reaches the ground contemporaneously with the heel. Thus the whole action of walking is altered, and instead of the firm heel-and-toe gait we get a much less firm and much more fatiguing toe gait or trip. Girls are corrected when they walk in the normal fashion. They are taught to walk with ankle extended, toes pointed and lowered. Little wonder that the majority of women cannot walk any distance without undue fatigue, and that the minor degrees of flat-foot meet one on every side. It will be said that the tyranny of heels is being relegated to the past, with many other minor tyrannies, by the bicycle-riding and hockey-playing young woman of the day. I am glad to recognise that this is in part true. At the same time I must also recognise that more than half the girls I see belonging to the leisured classes suffer from a minor degree of flat foot, and practically all from some amount of hallux valgus. I find that not one parent in twenty attributes these ills to their true cause. Most of them have no idea that properly-shaped, well-fitting foot gear is a matter of real importance. They often increase and perpetuate the evil by the very means that they take to cure it. There exists among the laity, and also among a certain part of the profession, an idea that the remedy for "weak ankles" is a stiff, high boot, firmly laced up the front of the leg. Such a boot usually perpetuates the ills of a centrally-pointed toe and high heel, and, in addition, it prevents the natural movement at the ankle-joint, and cramps the muscles of the leg, while adding considerable weight. For cases of mild flat foot I prescribe a low, light shoe, with flat heel, wide toes, and straight on the inner side of the sole.

For my own part, I find that it is almost impossible to get a properly-shaped pair of shoes made. If one orders shoes to fit one's feet, one usually receives articles shaped like a coffin, with the upper fixed in at the narrow end, with rigid soles, and weighing about 20 ounces each. I believe that the article of dress that at the present time is most prejudicial to the well-being of English people is foot gear, and I take it that for this reason the subject is not unworthy of real attention and a definite statement of opinion from the medical profession.

ETHEL M. N. WILLIAMS, M.D. Lond., D.P.H. Cantab.
Newcastle-on-Tyne.

A POLYPOID EXCRESCENCE OF THE TONSIL.

As the subject is one of general interest, I beg to enclose references to 10 cases of a similar nature to that described in the BRITISH MEDICAL JOURNAL of April 13th.

My own experience and these records do not support the view expressed as to its rarity. Among the reported cases there seems to have been some confusion between the terms polypus and papilloma. Papillomata are generally short fimbriated projections from the surface of the tonsil, while polypi invariably protrude either from the interior of lacunæ, or hang down from the supratonsillar fossa. In one of my own cases, shown at the British Laryngological Association in 1894, which macroscopically bore a striking resemblance to Dr. Yonge's, the polypus was seven-eighths of an inch long, and consisted of a core of myxœdematous lymphoid elements and blood vessels, covered with stratified squamous epithelium. Their origin may be as Dr. Yonge describes, or they may arise as papillary outgrowths from the lacunar walls, a condition which is so often associated with the desquamative form of chronic lacunar tonsillitis.

REFERENCES.

1. Polypus of Tonsil. Lublinski. *Journ. of Laryngol.*, vol. ii, p. 21.
2. Polypus of Tonsil. Rivière. *Ibid.*, vol. iv, p. 157.
3. Polypus of Tonsil. Birkett. *Trans. Med. Soc. Montreal*, December, 1893.
4. Polypus of Tonsil. Wyatt Wingrave. *Journ. of Laryngol.*, vol. viii, p. 358. 1894.
5. *Gazette des Hôpitaux*. Guepin and Ripault. June 23rd, 1894.
6. Polypus of Tonsil. Rutten. *Journ. of Laryngol.*, vol. xi, p. 213. 1896.
7. Papilloma of Tonsil. Wyatt Wingrave. *Trans. Lar. Soc. Lond.*, 1897, p. 17.
8. Polypi and Papillomata of Tonsil. Hill, Horne, Yearsley, etc. *Trans. Lar. Soc. Lond.*, 1898, p. 6.
9. Papilloma of Tonsil. Santi. *Ibid.*, p. 26.
10. Polypus of Supratonsillar Fossa. Chester. *Ibid.*, 1899, p. 78.

WYATT WINGRAVE, M.D.,
Physician and Pathologist, Central London Throat
and Ear Hospital.

PLACENTA PRÆVIA.

I WOULD like to draw attention to a statement in Dr. Ranken Lyle's very suggestive article in the BRITISH MEDICAL JOURNAL of April 6th, p. 815, to the effect that in central or complete placenta prævia the treatment adopted in the Rotunda Hospital is perforation of the placenta and version when necessary. This used to be considered heroic treatment; is it not considered so still?

I was called to see a woman in labour, and found that she had been attended by an unqualified person, who with short forceps took away the whole placenta, and then, becoming frightened, left the case. On examination I discovered the placenta lying in the bed, and still attached to the foetus *in utero*. The presentation was abdominal. There was no part of the foetus in the cervix, and yet there was no loss of blood after the placenta was detached. The cervix over which the central placenta prævia had been attached was patulous, and version was easily performed.

This case has always appeared to me to be a convincing proof of the correctness of Barnes's teaching about the treatment of placenta prævia.—I am, etc.,

Bowmore, Islay.

JAMES ROSS, M.A., M.D.

PAINLESS CALCULOUS PYONEPHROSIS.

IN the BRITISH MEDICAL JOURNAL for March 2nd, 1901, p. 509, Mr. Alban Doran invites the recital of other surgeons' experience in regard to pain and fever in calculous disease of the kidney. The following are notes of a case of painless calculous kidney disease.

Mr.—, aged 50, consulted me on January 10th, 1898, for what he thought was cystitis. In 1892 he had had a perineal (urinary) abscess, which was incised in India. Late that year

he had had an external urethrotomy performed in Dublin. For some time before this, and ever since, he had been passing pus in the urine, but at no time had he pain either in the bladder or in the regions of the kidneys. A noteworthy point in his history was that, after violent exercise, such as a game of rackets, the quantity of pus passed in the urine was greater, and on a few such occasions it was tinged with blood. There was no renal tumour. His general health was excellent, and he indulged in all kinds of games; his sole trouble was the constant evacuation of pus, which caused him great anxiety, as he thought that, healthy as he felt, there must be something very wrong with him. For six years he had been washing out his bladder almost daily, with no benefit. I examined him with the cystoscope, and at once found thick pus running from the left ureter, like custard from a syringe, the stream of pus alternating with fairly clear urine. No abnormal matter flowed from the right ureter. My note taken at the time concluded as follows: The diagnosis of chronic pyelitis is now clear, the cause is obscure; the painlessness is against calculus, yet one often finds calculi in the kidneys in the *post-mortem* room which gave no trouble during life. Why not likewise here? I accordingly stated as my opinion that there was calculus of the left kidney. The kidney was removed soon after by Mr. Fenwick, and the patient is now in excellent health.

JOHN SMYTH, Major I.M.S.,
Surgeon in Charge of the Victoria Hospital, Bangalore.

AN UNUSUAL SITE FOR BURSTITIS.

BURSTITIS is a condition frequently met with in certain well-known localities, but inflammation of the smaller and less perfectly formed sacs is of rarer occurrence, and the following case may therefore be of interest.

A labourer, aged 27, came to consult me as he was unable to work on account of a painful swelling on the back of his right hand. I found a fluctuating, fairly well defined swelling, about the size of a marble, over the metacarpo-pharyngeal articulation of the middle finger of the right hand. There was considerable pain and tenderness, with limitation of movement, while the skin was hot and hyperæmic. For a short distance the surrounding tissues were swollen from infiltration, but the joint was free from any evidence of invasion. On questioning the patient as to his employment, he stated that his work consisted in the constant use of a large shovel for the purpose of excavation. In using the implement the fingers of his right hand were tightly flexed over the handle, while in order to assist him in his work he brought pressure to bear on the back of his hand by pushing with the internal condyle of his right femur. The man was tall and thin, and his bony projections prominent, and it is quite obvious that the continued and somewhat severe pressure on the dorsal aspect of the joint induced an inflammatory reaction in the small bursal sac beneath the tendon of the extensor communis digitorum. The condition might well be termed "shovel-workers' knuckle."

Cockett, near Swansea.

H. HYSLOP THOMSON, M.D.

TRIPLETS WITH SINGLE PLACENTA.

IN the *EPITOME* of March 30th, a case of Saniter's of triplets with single placenta is quoted in which he states this condition to be very rare. I therefore think short notes of a case I attended may be of interest.

Mrs. S. was delivered in her third pregnancy of triplets—two girls and a boy—on the morning of September 16th, 1887. She was only 21 years of age when the triplets were born. She had twins for her first pregnancy, when she was 18 years years and 7 months; they were premature, being only 6½ months. She had a girl before the triplets were born, so she had borne six children when she was 21 years of age. When I saw her on the evening of September 15th, 1887, her pains were making little progress. On the morning of September 16th she was still making little progress, and was terribly oppressed from her great size. I punctured the membranes and a large quantity of water came away. Immediately afterwards the first baby was born, a girl, then the two others followed almost immediately. The first two born were cranial presentations, the third was a breech, and was born with the sac intact. The placenta followed immediately. On examination it was found to be single and very

large, and the three sacs where each child had been could distinctly be seen. The first born lived one month, the second five weeks, and the boy two months.

Glasgow.

WILLIAM MCFARLANE, M.B.

REPORTS

ON

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

CUMBERLAND AND WESTMORLAND ASYLUM.

A CASE OF MALFORMATION OF KIDNEY.

(By GEORGE A. RORIE, M.B., Senior Assistant Medical Officer.)

THE following case is of interest on account of the small size of the right kidney, which, so far as could be judged from appearances, was still carrying on its function:

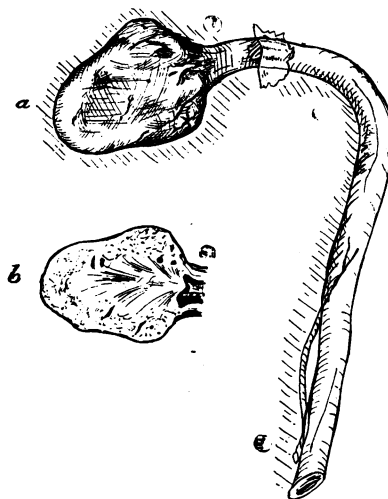
The patient, A. J. B., a female, was admitted into the Cumberland and Westmorland Asylum, suffering from mania on June 17th, 1898.

History.

She was suffering from congenital syphilis, which was put down as one of the causes of insanity. Bodily she was small, her nose was flattened and deformed by syphilis, she had a perforation in the palate, had a node on the right tibia, and was almost totally blind. On admission the urine, beyond having a specific gravity of 1032, showed nothing abnormal. She died on March 8th, 1901, of gangrene of the lung.

Post-mortem Examination.

The right kidney, which resembled a bean in size and shape, lay directly opposite the left and in the normal position, though lying rather obliquely. It was surrounded by fatty and soft fibrous matter, and had a large and well-developed ureter attached to it, 9½ inches in length. The ureter was patent throughout its length, and measured one-eighth of an inch in internal diameter. Beyond a small mass of fat there was no trace of the suprarenal body. Running up the ureter was a small blood vessel which was distributed to the pelvis of the kidney, and crossing the ureter at its junction with the pelvis of the kidney were three small renal vessels. The kidney itself, which was irregular in shape, measured six-eighths of an inch from pelvis to external border; its greatest breadth, from above downwards, was five-eighths of an inch, and its greatest thickness two-eighths of an inch. It weighed 18 grains.



a, Sketch of surface view of kidney (right); b, sketch of section of kidney; (exact size).

The capsule was adherent to it, but on section there was a fair amount of cortex in proportion to its size; there was

Compensation (Extension) Act, 1900, which comes into force on July 1st in this year the Act of 1897 is extended to employers who habitually employ one or more workmen in agriculture, which term includes horticulture, forestry, and the use of land for any purpose of husbandry, inclusive of the keeping or breeding of live stock, poultry, or bees, and the growth of fruit and vegetables.

DOCTORS AND INSURANCE COMPANIES.

BURY ST. EDMUNDS.—When an insurance company asks a medical practitioner for information respecting a patient his name has probably been given to the company by the patient whose interest it is that the questions should be answered: still, before answering, it is well to obtain the patient's consent. Of course the company should pay a fee for the information, but we do not understand that our correspondent complains of the amount tendered.

PROFESSIONAL TOUTING.

SANDY.—We do not know of any way of bringing pressure to bear on a medical rival who calls upon one's patients and offers to vaccinate or attend for lower fees, except by reporting his conduct to some society of which he is a member.

PROFESSIONAL SLANDERS.

VERITAS.—Our correspondent complains of language derogatory to his treatment used by a rival practitioner, and asks if nothing can be done. He admits that he is not in a position to prove the use of the words complained of. We do not think our correspondent has any remedy except through a medical society which might take up the complaint, but the absence of proof offers a serious hindrance to any inquiry.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF BIRMINGHAM.

EXAMINATION FOR DIPLOMA IN PUBLIC HEALTH.—The following candidates have satisfied the examiners:

Parts I and II.—F. W. Bonis, A. Sims.

UNIVERSITY OF DURHAM.

SECOND EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.—The following candidates have satisfied the examiners as under:

Anatomy, Physiology, and Materia Medica.—(Honours—first class) J. W. Gibson, College of Medicine, Newcastle-upon-Tyne; (Honours—second class) F. Stoker, College of Medicine, Newcastle-upon-Tyne; W. Haward, College of Medicine, Newcastle-upon-Tyne; W. J. Phillips, B.Sc., College of Medicine, Newcastle-upon-Tyne; J. S. Hall, M.R.C.S., L.R.C.P., St. Thomas's Hospital; (Pass List) F. D. Atkins, St. Thomas's Hospital; F. G. Armstrong, College of Medicine, Newcastle-upon-Tyne; C. P. Burd, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; J. A. Bennett, College of Medicine, Newcastle-upon-Tyne; J. F. Bridge, Birmingham University; H. L. Currie, College of Medicine, Newcastle-upon-Tyne; W. Gibbons, College of Medicine, Newcastle-upon-Tyne; A. J. Gilbertson, College of Medicine, Newcastle-upon-Tyne; A. H. Heslop, College of Medicine, Newcastle-upon-Tyne; T. C. Hunter, College of Medicine, Newcastle-upon-Tyne; Lizzie Evelyn Kendal, College of Medicine, Newcastle-upon-Tyne; B. W. Lacey, College of Medicine, Newcastle-upon-Tyne; S. Nix, St. Mary's Hospital; D. M. Ross, College of Medicine, Newcastle-upon-Tyne; Mary Raw, College of Medicine, Newcastle-upon-Tyne; D. M. B. Snell, St. Thomas's Hospital; T. J. S. Suffield, L.R.C.P., L.S.A., London Hospital; Janet Arthur Vaughan, London School of Medicine for Women; H. Wolfe, College of Medicine, Newcastle-upon-Tyne; W. F. Wilson, College of Medicine, Newcastle-upon-Tyne.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At a special meeting of the President and Fellows of the Royal College of Surgeons in Ireland held on Monday, April 15th, Messrs. R. Lane-Joynt and P. W. Maxwell were elected to the vacancies made in the Council by the resignation of Messrs. Lentaigue and Conway Dwyer, who became candidates for the Chair of Surgery in the College, which had been occupied for over a quarter of a century by the late Sir William Stokes.

The election for this Professorship took place on Thursday, April 18th, when the Council selected Mr. Conway Dwyer to the post. The new Professor is a distinguished graduate of Dublin University, and, like his colleague, Mr. William Stokes, in the dual Chair of Surgery in the College, he is surgeon to Jervis Street Hospital.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

LECTURES ON TROPICAL DISEASES.—During the Summer Session Dr. Patrick Manson will give a course of lectures on Tropical Diseases at the London (Royal Free Hospital) School of Medicine for Women. The lectures will be given on Tuesdays at 4.30 p.m., beginning May 7th. The course will be open to all qualified practitioners and medical students, and, as far as possible, the lectures will be illustrated by cases. Further particulars can be obtained from the Secretary, 8, Hunter Street, W.C.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, April, 1901.—The following candidates passed in:

Surgery.—P. J. R. Bucknill (Section II), Manchester and Dublin; T. Burdekin, University College Hospital; C. J. Francis, Guy's Hospital; A. W. H. Grant (Sections I and II), Charing Cross Hospital; W. J. Hogg (Section II), Belfast and Middlesex Hospital; F. A. Hort,

Middlesex Hospital; E. E. Naggiar (Sections I and II), St. Mary's Hospital; R. A. Pitter, Middlesex Hospital.

Medicine.—K. M. Betts (Section I), Royal Free Hospital; P. J. R. Bucknill (Section II), Manchester and Dublin; W. H. Crossley, St. Bartholomew's Hospital; G. B. Dixon (Sections I and II), Charing Cross Hospital; C. F. W. Dunn, Middlesex Hospital; D. Fletcher, St. Bartholomew's Hospital; W. Garstang (Section I), Manchester; W. T. Harris (Sections I and II), St. Thomas's Hospital; H. Jessop (Section II), Birmingham; E. F. Lampert, Royal Free Hospital; A. H. Thomas (Sections I and II), St. Mary's Hospital.

Forensic Medicine.—W. Alcock, Sheffield; A. A. E. Baptist, Calcutta; K. M. Betts, Royal Free Hospital; A. A. F. Clarke, St. Thomas's Hospital; J. H. Clements, Birmingham and University College Hospital; W. H. Crossley, St. Bartholomew's Hospital; G. B. Dixon, Charing Cross Hospital; W. Garstang, Manchester; M. S. W. Gunning, University College Hospital; W. T. Harris, St. Thomas's Hospital; E. F. Lampert, Royal Free Hospital; A. E. Malaher, St. Thomas's Hospital; L. R. Marshall, St. Mary's Hospital; D. V. Muller, Charing Cross Hospital; H. Richardson, Leeds; E. R. Risien, St. Bartholomew's Hospital; A. H. Thomas, St. Mary's Hospital.

Midwifery.—A. A. E. Baptist, Calcutta; F. M. Boclet, Charing Cross Hospital; C. W. S. Boggs, Leeds; W. Garstang, Manchester; M. S. W. Gunning, University College Hospital; L. R. Marshall, St. Mary's Hospital; S. A. Mahmood, Middlesex Hospital; W. Miles, Middlesex Hospital; A. U. Parkhurst, Cardiff and St. Mary's Hospital; B. E. Sansom, St. Thomas's Hospital; T. Scatchard, Leeds; A. W. D. Thomson, St. George's Hospital.

The diploma of the Society was granted to T. Burdekin, A. W. H. Grant, F. A. Hort, H. Jessop, E. F. Lampert, L. R. Marshall, and R. A. Pitter.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

ENGLISH URBAN MORTALITY IN THE FIRST QUARTER OF 1901.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]

The vital statistics of the thirty-three large English towns dealt with by the Registrar-General in his weekly returns are summarised in the accompanying table. During the three months ending March last, 86,884 births were registered in the thirty-three towns, equal to an annual rate of 29.6 per 1,000 of their aggregate population, estimated at 11,789,099 persons in the middle of the year. In the corresponding periods of the three preceding years the rates had been 31.3, 30.8, and 31.0 per 1,000 respectively. In London the birth-rate last quarter almost corresponded with the average rate in the thirty-two large provincial towns, which was 29.6 per 1,000. The birth-rates in these towns ranged from 21.2 in Huddersfield, 21.9 in Bradford, 22.5 in Burnley, 22.6 in Oldham, and 23.4 in Halifax to 33.7 in Hull, 34.6 in Wolverhampton, 35.0 in Gateshead, and 35.6 in Sheffield and in Sunderland.

During the quarter under notice 56,300 deaths were registered in the thirty-three towns, corresponding to an annual rate of 19.2 per 1,000, against 20.6, 20.6, and 23.6 in the first quarters of the three preceding years. In London the rate of mortality was 18.7 per 1,000, while it averaged 19.5 per 1,000 in the thirty-two large provincial towns, among which the death-rates ranged from 13.6 in Croydon, 13.7 in West Ham, 15.2 in Burnley, and 15.4 in Leicester to 21.3 in Sunderland, 22.2 in Salford, 22.3 in Manchester, 25.0 in Plymouth, and 25.6 in Liverpool. The 56,300 deaths registered in the thirty-three towns last quarter included 4,811 which were referred to the principal zymotic diseases, equal to an annual rate of 1.64 per 1,000, against 2.38, 1.75, and 2.02 in the corresponding periods of the three preceding years. In London the zymotic death-rate last quarter was equal to 1.52 per 1,000, while it averaged 1.71 in the thirty-two provincial towns, among which it ranged from 0.35 in Huddersfield, 0.57 in Halifax, 0.69 in Croydon, and 0.72 in Norwich, to 2.28 in Nottingham, 2.38 in Blackburn, 2.91 in Salford, and 2.96 in Liverpool.

The 4,811 deaths referred to the principal zymotic diseases in the thirty-three towns during the quarter under notice included 1,435 which resulted from whooping-cough, 1,089 from measles, 961 from diphtheria, 507 from diarrhoeal diseases, 436 from "fever" (principally enteric), 381 from scarlet fever, and 2 from small-pox. One death from small-pox occurred in Cardiff and one in Newcastle, but not one in any other of the thirty-three large towns. The fatal cases of measles, which had been 1,908, 829, and 631 in the three preceding quarters, rose again to 1,089 during the three months ending March last, and were equal to an annual rate of 0.37 per 1,000; in London the death-rate from this disease was also 0.37 per 1,000, and corresponded with the mean rate in the thirty-two provincial towns, among which measles was proportionally most fatal in Wolverhampton, Liverpool, Bolton, Leeds, Hull, and Gateshead. The deaths from scarlet fever, which had been 304 and 435 in the two preceding quarters, declined again to 381 during the three months under notice, and were equal to an annual rate of 0.13 per 1,000; in London the scarlet fever death-rate was only 0.08 per 1,000, while it averaged 0.16 in the thirty-two provincial towns, among which this disease showed the highest proportional fatality in Liverpool, Salford, Oldham, Blackburn, Preston, and Sunderland. The fatal cases of diphtheria, which had been 824 and 1,131 in the two preceding quarters, declined again to 961 during the three months ending December last, and were equal to an annual rate of 0.33 per 1,000; in London the death-rate from this disease was 0.27 per 1,000, while it averaged 0.37 in the thirty-two provincial towns, among which diphtheria was proportionately most fatal in West Ham, Bristol, Salford, Blackburn, Leeds, and Sheffield. The deaths from whooping-cough, which had declined from 1,591 to 807 in the four preceding quarters, rose again to 1,435 during the three months under notice, and were equal to an annual rate of 0.49 per 1,000; in London the death-rate from whooping-cough was 0.51 per 1,000, while it averaged 0.47 in the thirty-two provincial

MEDICAL NEWS.

THE King has acceded to the request of the Council of the Royal Medical Benevolent College to become the Patron of the institution. The King has also become the Patron of the Middlesex Hospital, a position previously held by George IV., William IV., and by Queen Victoria throughout the whole of her reign. His Majesty has also granted his patronage to the Royal Hospital, Richmond.

THE annual meeting of the Church Missionary Society Medical Mission Auxiliary will be held at St. James's Hall on Tuesday next at 3 P.M., under the chairmanship of the Archbishop of Canterbury. Further particulars can be obtained from Dr. Herbert Lankester, Church Missionary Society, Salisbury Square, E.C.

PRESENTATION.—Dr. Edward Charles Robertson was recently presented at Otterbourn with a handsome pig-skin dressing case, and a gold watch which bore an inscription that it was presented by his many friends and well wishers in Northumberland on the attainment of his jubilee as a medical practitioner at Otterbourn.

TENBY.—Dr. John Griffith Loch has resigned the office of M.O.H. of Tenby after twenty-nine years' service, and we regret to learn that this is due to ill-health. When Dr. Loch was appointed in 1872 the public health service was in an elementary state, and he had to draw up the rules for the duties of his office. At that time the remuneration attached to it was £10, but this has been gradually raised to £50. We learn, however, that Dr. Loch in leaving his post has to regret that he has failed to induce his authority to provide a new slaughterhouse and an adequate supply of water free from any suspicion of impurity.

INTERNATIONAL CONGRESS OF THE MEDICAL PRESS.—It has been arranged to hold a second International Congress of the Medical Press in Brussels on September 20th. The first Congress, which was held last year in Paris, appointed a Committee consisting of Professor Cornil, Professor Charles Richet, Professor Posner (Berlin), and Drs. Blondel, Laborde, and Marcel Baudouin, to draw up draft rules to be submitted to a meeting of delegates to be held before the Congress. The delegates who would represent the various countries would revise these rules and submit them to a plenary meeting of the Congress. The objects in view do not appear to be as yet very clearly defined, but they include an international bureau of information, and the consideration of the ethics of medical journalism, particularly in relation to the classes of advertisements which should be admitted to medical papers.

MEDICAL VACANCIES.

The following vacancies are announced:

- ALLERTON URBAN DISTRICT COUNCIL.—Medical Officer of Health: between 30 and 50 years of age. Salary, £20 per annum. Applications, endorsed "Medical Officer," to the Clerk to the Council, 2, South John Street, Liverpool, by May 4th.
- BRADFORD ROYAL INFIRMARY.—Dispensary Surgeon, unmarried. Salary, £100 per annum, with board and residence. Applications, endorsed "Dispensary Surgeon," to the Secretary.
- BRENTFORD UNION.—Assistant Medical Superintendent of the Infirmary and Assistant Medical Officer of the Workhouse and Schools, unmarried. Salary, £100 per annum, with furnished apartments, rations, washing, etc. Applications, on forms provided, to be sent to the Clerk, Union Offices, Isleworth, by April 30th.
- BRIGHTON THROAT AND EAR HOSPITAL.—Non-resident House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £75 per annum. Applications to Mr. E. W. Pilbeam, Secretary, 10, Black Lion Street, Brighton, by May 9th.
- BRISTOL GENERAL HOSPITAL.—Assistant House-Surgeon. Salary, £50 per annum, with board, residence, etc. Applications to the Secretary by April 30th.
- BURTON-ON-TRENT INFIRMARY.—House-Surgeon. Salary, £150 for first year, £170 for second year, with furnished rooms, coals, and gas. Applications to the Honorary Secretary by May 10th.
- CAPETOWN: CITY CORPORATION.—Medical Officer of Health. Salary, to commence, £800 per annum, and fees possibly aggregating to about £200 per annum. Applications to Messrs. Davis and Soper, 54, St. Mary Axe, London, E.C., by May 2nd.
- CAPETOWN: SOMERSET HOSPITAL.—Assistant Resident Surgeon. Salary, £200 per annum, quarters, rations, and free passage. Applications, by letter, to Medical Officer, Cape Government Agency, 38, Victoria Street, London, S.W.
- CARDIFF INFIRMARY.—Assistant House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £75 per annum. Applications, endorsed "Assistant House-Surgeon," to the Secretary by May 6th.
- CHELTSEY RURAL DISTRICT AND URBAN DISTRICTS OF CHELTSEY, WALTON-UPON-THAMES, AND WEYBRIDGE.—Medical Officer of Health. Salary, £500 per annum. Applications to the Clerk to the Joint Committee, Walton-on-Thames, by April 30th.
- CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL AND DISPENSARY.—Resident House-Surgeon. Salary, £110 per annum, with board, apartments, and washing. Applications to the Secretary by May 1st.
- DOSFORD UNION.—Medical Officer and Public Vaccinator for the Lavenham District. Salary, £32 2s per annum, exclusive of fees. Applications to the Clerk of the Guardians, Union Offices, Hadleigh, Suffolk, by May 1st.
- DENTAL HOSPITAL OF LONDON, Leicester Square W.—Assistant Dental Surgeon. Applications to the Secretary by May 20th.

- DERBY BOROUGH ASYLUM, Rowditch.—Assistant Medical Officer. Salary, £120 per annum, with board and washing. Applications to Dr. Macphail by May 3rd.
- EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Assistant Surgeon to see Out-patients; must be F.R.C.S. Eng. Applications to the Secretary by May 8th.
- FARRINGTON GENERAL DISPENSARY.—Resident Medical Officer. Salary, £120 per annum, with residence, etc. Applications to the Honorary Secretary, Bartlett's Buildings, Holborn Circus, E.C., by May 7th.
- GLOUCESTER: BARNWOOD HOUSE HOSPITAL FOR THE INSANE.—Junior Assistant Medical Officer. Salary, £150 per annum, rising to £170, with board, etc. Applications to the Medical Superintendent.
- GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—Assistant House-Surgeon. Salary, £50 per annum, with board, residence, and laundry. Applications to the Honorary Secretary.
- HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Senior Clinical Assistant. Applications to the Secretary by April 30th.
- HULL ROYAL INFIRMARY.—Junior Assistant House-Surgeon. Salary, £60 per annum, with board and lodging. Applications to the Secretary.
- ISLINGTON PARISH.—Medical Officer for the Workhouse, Cornwallis Road. Salary, £100 per annum. Applications to the Clerk, Guardians' Office, St. John's Road, Upper Holloway, by April 20th.
- LANARK COUNTY.—Resident Physician for the Middle Ward Isolation Hospital. Salary, £140 per annum, with board, etc. Applications to the District Clerk, County Buildings, Hamilton, by April 30th.
- LANCASHIRE COUNTY ASYLUM, Whittingham.—Junior Assistant Medical Officer: unmarried and not over 30 years of age. Salary, commencing at £150, increasing to £200, and on promotion to £250, with furnished apartments, board, washing and attendance. Applications to the Medical Superintendent.
- LEWISHAM BOROUGH.—Medical Officer of Health and Public Analyst. Salary, £870 per annum, with board, and endorsed "Medical Officer and Public Analyst," to be sent to the Town Clerk, Town Hall, Catford S.E., by May 7th.
- LIVERPOOL ROYAL INFIRMARY.—Four vacancies on the Resident Staff. Appointments for six months. Board, residence, and washing provided. Applications to the Secretary of the Medical Board.
- LONDON COUNTY ASYLUM, Hanwell, W.—Junior Assistant Medical Officer; between 23 and 30 years of age. Salary, £150 per annum, with board, furnished apartments, and washing, on forms provided, to the Clerk of the Assistant Committee, 6, Waterloo Place, S.W., by May 6th.
- LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Assistant Surgeon. Honorarium 50 guineas a year. Applications to the Secretary by May 11th.
- MANCHESTER ROYAL INFIRMARY.—(1) Honorary Assistant Surgeon, must be F.R.C.S. Eng. (2) Resident Surgical Officer, unmarried, and not less than 25 years of age. Salary, £150 per annum, with board and residence. (3) Assistant Director. Salary, £50 per annum. Applications to the General Superintendent for (1) and (3) by April 30th, and (2) by May 4th.
- MANCHESTER: ST. MARK'S HOSPITAL.—(1) Senior Medical Officer; (2) Junior Medical Officer. Salary, £70 and £65 per annum respectively, with board and residence. Applications to the Secretary by May 8th.
- MILLER HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich Road, S.E.—Junior Medical Officer. Appointment for six months, with prospect of election as Senior. Salary, at the rate of £80 per annum, with board, attendance, and washing. Applications to the Secretary by April 30th.
- NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Soho Square, W.—(1) Physician to out-patients. Must be M.R.C.P. Lond. (2) Resident Medical Officer. Appointment for six months. Salary at the rate of £40 per annum. Applications to the Secretary.
- NORTH LONDON HOSPITAL FOR CONSUMPTION, Hampstead.—Senior Resident Medical Officer. Honorarium £100. Applications to the Secretary, at the offices, 41, Fitzroy Square, W., by April 30th.
- ROTHERHAM HOSPITAL.—Assistant House-Surgeon. Salary, £80 per annum, with board, residence, and washing. Applications to the Secretary, Moorgate, Rotherham.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Four Examiners in Anatomy, and four Examiners in Physiology. Applications to the Secretary by April 30th.
- ROYAL ORTHOPEDIC HOSPITAL, 297, Oxford Street, W.—Resident House-Surgeon and Registrar; unmarried. Appointment for six months, but eligible for re-election. Salary, £100 per annum, with partial board. Applications to the Secretary by May 15th.
- SALFORD BOROUGH.—Assistant Medical Officer to the Ladywell Sanatorium for Infectious Diseases, Eccles. Salary, £150 per annum, with board, lodging, etc. Applications to the Medical Superintendent by May 3rd.
- SHEFFIELD CORPORATION.—Resident Medical Superintendent of the two Infectious Diseases Hospitals. Salary, £250 per annum, with board, lodging, and attendance. Applications, endorsed "Resident Medical Superintendent," to the Town Clerk, Town Hall, Sheffield, by April 25th.
- SHEFFIELD: JESSOP HOSPITAL FOR WOMEN.—House-Surgeon; unmarried. Salary, £75 per annum, with board, lodging, and washing. Applications to the Honorary Secretary, Medical Staff, Mr. P. E. Barber, Leavycroft House, Hounfield Road, Sheffield.
- SOUTHPORT INFIRMARY.—Resident Junior House and Visiting Surgeon; unmarried. Appointment for six months, but renewable. Honorarium at the rate of £60 per annum, with residence, board, and washing. Applications to Mr. J. Worrall, Infirmary Offices, 24, King Street, Southport, by May 4th.
- STIRLING ROYAL INFIRMARY.—Resident House-Surgeon. Salary, £30 per annum, with board. Applications to Messrs. Philip and Dobbie, solicitors, Stirling.
- STOCKPORT INFIRMARY.—(1) House-Surgeon. Salary, £100 per annum. (2) Junior Assistant House-Surgeon. Appointment for six months. Salary at the rate of £24 per annum. Board, washing, and residence provided in each case. Applications to the Secretary by April 28th.
- SUNDERLAND INFIRMARY.—(1) House-Physician. (2) House-Surgeon. Salary, £100 per annum, increasing by £15 annually for three years, with board and residence. Applications, endorsed "Application for Resident Medical Appointment," to the Secretary by May 1st.
- SWANSEA GENERAL AND EYE HOSPITAL.—Resident Medical Officer. Salary, £75 per annum, with board, apartments, washing, and attendance. Applications to the Secretary.
- TREDEGAR: ROYAL CORNWALL INFIRMARY.—House-Surgeon; unmarried. Salary for first year £85, increasing by £10 a year, with board and apartments. Applications to the Secretary by April 30th.
- WESTMORLAND CONSUMPTION HOSPITAL.—Resident Medical Officer. Salary, £150 per annum with board and rooms. Applications to Dr. Paget Tomlinson, Kirkby Lonsdale, Westmorland.
- WREXHAM INFIRMARY.—House-Surgeon. Salary, £100 per annum, with board and washing. Applications to the Secretary.

MEDICAL APPOINTMENTS.

- BENSON, P. L. M.D., D.P.H. Camb., reappointed Medical Officer of Health for the Rural District of Buckingham.
- BEATTIE, James, M.A. (N.Z.), M.B. Edin., appointed Lecturer on Pathological Bacteriology and Senior Assistant to the Professor of Pathology, University of Edinburgh.
- BREWERTON, Elmore, F.R.C.S. Eng., L.R.C.P. Lond., appointed Curator of the Museum and Pathologist to the Royal Westminster Ophthalmic Hospital.
- BOSTOCK, A. S., M.R.C.S. Eng., reappointed Medical Officer of Health for the Westhampton Rural District.
- BROWN, J. Percival, M.B., Ch.B. Vict., appointed House-Surgeon at the Hulme Dispensary, Manchester.
- DWYER, F. Conway, F.R.C.S., has been elected Professor of Surgery to the Royal College of Surgeons in Ireland, *vice* Sir William Stokes, deceased.

GILKS, Arthur E., M.D., B.Sc., F.R.C.S., M.R.C.P., appointed Gynaecologist to the Hospital of St. Francis, New Kent Road, S.E.
 HEWETSON, Alfred, M.R.C.S. Lond., L.R.C.P. Eng., appointed Assistant House-Surgeon to the Scarborough Hospital and Dispensary.
 HORSFORD, C. A. B., M.B., Ch.B. Edin., appointed Resident Medical Officer to the Royal Albert Hospital, Devonport.
 ILES, M., M.B., B.S. Lond., appointed Senior Medical Officer, W.M.A. Hospital, Cawnpore.
 JONES, F. F., M.R.C.S. Eng., D.P.H.R.C.P. and S. Eng., appointed Certifying Factory Surgeon for the Llanfyllin District, County Montgomery.
 LANE, J. Oswald, M.D. Cantab., etc., appointed Visiting-Surgeon Hereford City and County Prison, *vice* H. Vevers, M.R.C.S., etc., deceased.
 LINDSAY, James Fisher, M.B., Ch.B. Edin., appointed Medical Officer for the Prison at Dunblane, *vice* C. W. Howatson, M.B., Ch.B. Edin., resigned.
 MACDONALD, James H., M.B., Ch.B. Glas., appointed Senior Assistant Medical Officer to the Govan District Asylum, Crookston, near Glasgow.
 MACKELLAR, A., L.R.C.P., L.R.C.S. Edin., appointed District Medical Officer of the Bellingham Union.
 MITCHELL, J. C. M.B., D.Sc. Edin., appointed Medical Officer for plague duty at Cape Town.
 PRINGLE, A. M. N., M.B., Ch.B. Edin., appointed Medical Officer of Health to the Manchester Port Sanitary Authority, *vice* J. H. Crocker, M.D. Vict., D.P.H.
 ROBERTS, E. E., L.R.C.P., L.R.C.S. Ire., appointed District Medical Officer of the Anglesey Union.
 YEOMAN, J. B., M.D. Edin., appointed Medical Officer for the Clatteridge Workhouse and the Neston District of the Wirral Union, *vice* J. O. Blandin, L.R.C.S. Ire.

DIARY FOR NEXT WEEK.

MONDAY.

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

TUESDAY.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.—Dr. Theodore Williams: Consultation (Medical).

WEDNESDAY.

Obstetrical Society of London, 20, Hanover Square, W., 8 P.M.—Specimens will be shown by Drs. Jardine, Munro Kerr, Jennings, and others, on a discussion on Dr. E. W. Hey Grove's paper on "The Pathology and Treatment of Puerperal Eclampsia, with special reference to the Use of Saline Transfusion."
 Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.—Conversation.

THURSDAY.

Ophthalmological Society of the United Kingdom, 20, Hanover Square, W., 8 P.M.—Clinical evening—Cases at 8 P.M. Chair at 8.30 P.M.—Mr. Nettleship for Dr. Wood: Case of Pulsating Double Exophthalmos, following injury to head, cured by ligature of left common carotid. Mr. G. W. Roll: Two Cases of Congenital Ptosis, upon which Hess's operation has been performed. Mr. Simon Snell: Specimen of Sarcoma of Orbit. Dr. Rayner D. Batten: (1) Case of Serous Iritis with Nodular Formation; (2) Case of Serous Iritis with Persistent Tachycardia. Mr. G. Hartridge: A Case of Choroiditis. Mr. A. S. Percival: (1) A Case with Two Optic Discs in One Eye; (2) Periorbital Glaucoma. Mr. W. Lang: Case with Congenital Notch in Lower Lid, and Dermoid Growth in the Eye. Mr. C. Blair: A Portable Refractometer.
 Harveian Society of London, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 P.M.—Mr. W. H. Dolamore: The Importance of the Deciduous Teeth as a Factor in the Health of the Child.
 Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.—Mr. Hutchinson: Consultation (Surgical).

FRIDAY.

Anatomical Society of Great Britain and Ireland, Physiological Theatre, University College, London, 4 P.M.—Exhibition of Specimens by Mr. E. P. Rowlands, Professor Arthur Thomson, Mr. Raymond Johnson, Mr. T. W. P. Lawrence, and Professor F. Dixon. Papers: Professor Symington: (1) Additional Notes on the Articulations between the Occipital Bone, Atlas, and Axis in the Mammalia. (2) On the Development of Digits in Cetacea; (3) Observations on the Development of the Human Brain before and after Birth. Dr. H. Batty: On the Contribution to the Study of the Morphology of Adipose Tissue. Mr. J. H. Watson: A Lantern Demonstration showing the Origin and Nature of the Hydatiform Bodies of the Testicle and Broad Ligament, with special reference to the fate of the Müllerian Duct in the Epididymis. Professor Arthur Thomson: Relation of Structure to Function, as illustrated by the growth of the Inferior Femoral Epiphysis.
 West London Medico-Chirurgical Society, West London Hospital, Hammer-smith Road, W., 8.30 P.M.—Papers: Dr. William Hunter: The Infective Nature and Septic Origin of Pernicious Anemia. Dr. Stanley Melville: Epidemic Stomatitis. Dr. Charles Buttar: Thrush of the Lung.
 Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.—Mr. R. Lake: Consultation (Ear).
 Laryngological Society of London, 20, Hanover Square, W., 8 P.M.—Cases and Specimens will be shown by Dr. Barclay Baron, Dr. Tilley, and Mr. Wazgett.
 West Kent Medico-Chirurgical Society, Royal Kent Dispensary, Greenwich Road, S.E. 5 P.M.—Dr. Sepimus Sunderland: Presidential Address on Uterine Hemorrhage: its Chief Causes and Treatment.

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.

MARRIAGES.

DUNLOP—DEACON.—On the 18th inst., at Highgate Presbyterian Church, by the Rev. Alex. Ramsay, B.D., Thomas Dunlop, M.B., Medical Officer of Health, Aldershot, third son of Chas. S. Dunlop, C.M.G., retired R.A., to Martha Cantion Deacon, third daughter of William Deacon, Enniscorthy, Ireland.
 PERMEWAN—MUSPRATT.—On Wednesday, April 17th, at the Parish Church, Sefton, Lancashire, by the Rev. R. F. G. Smithwick, M.A., Vicar of Seaford, assisted by the Rev. Canon Armour, D.D., William Permevan, M.D., F.R.C.S., of 7, Rodney Street, Liverpool, second son of Dr. Permevan, Redruth, Cornwall, to Stella, youngest daughter of Edmund Knowles Muspratt, J.P., of Seaford Hall, near Liverpool.
 YOUNG—DA COSTA.—On April 17th at Christ Church, Longcross, Surrey, by the Rev. W. Tringham, Charles W. F. Young, M.D., son of the late W. F. Young, to Mabel C. Da Costa, daughter of the late D. C. Da Costa.

DEATH.

VEVERS.—April 5th, at Highmore House, Hereford, Henry Vevers, M.R.C.S. Eng., L.S.A., seventh son of the late William Vevers, of Dormington Court, Herefordshire, aged 73. No cards.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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, 42, 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, 42, 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 *Aitiology, 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.

GREEK AT CAMBRIDGE.

B. desires to know if Greek is required during any part of the medical curriculum at Cambridge?

* * Yes; it is one of the compulsory subjects of the "Previous" Examination, which must be passed before a candidate is admitted to the First M.B. Examination.

CHALKY WATER.

A. B. asks for an opinion as to the probable effects of drinking chalky water on middle-aged persons taking it for the first time, and more particularly as to gout and rheumatism, calculi and dyspepsia, with tendency to constipation; also the most simple and ready means of rendering such water less harmful.

* * The hardness of "chalky" water is mainly temporary, and can be partly removed by boiling or if in quantity by Clark's process. The constipation and dyspepsia ascribed to a change of water are usually evanescent, and those with any tendency to calculus formation are by no means certainly effects of drinking water from the chalk.

ANÆSTHETICS IN MITRAL REGURGITATION.

E. M. asks whether gas can be taken with safety by sufferers from mitral regurgitation, and, if so, whether there would be any risk from giving the patient a second dose after recovering from the first. Is ether in such a case safer than chloroform?

* * The existence of mitral regurgitation is probably no contraindication to the administration of nitrous oxide gas. Of the 314 cases of heart weakness, including valvular lesions, analysed by the Anæsthetics Committee of the British Medical Association, there were 9 danger cases, and all occurred in chloroform anæsthesia. Ether, or gas and ether, was given in 72 cases, and chloroform in 130 cases.

CLINICAL TEACHING IN VIENNA.

M.O.H. desires information in regard to facilities for hospital practice, particularly clinical medicine and surgery, in Vienna; also whether coaching in these subjects, in English, is to be had there.

* * There are facilities for clinical work in the one general hospital in Vienna. A large number of tutorial classes are always in progress, some of which are in English, and nearly all are conducted by teachers who speak English; they are advertised at the hospital gate. Each course usually lasts about six weeks, and the charge is 20 gulden (£2). A man may begin any time, as the arrangement is made for, say, the latter half of one course to be completed by the former half of the next. If none of the advertised courses is suitable a class can be started if a few men can be found to form it. The teaching in the purely English classes is said to be not quite so good as in those where German is spoken. A knowledge of German is required for the purpose of speaking to patients. Further information may be obtained from the *Universität's Kalender*, which might be got through Messrs. Williams and Norgate, Henrietta Street, Covent Garden, W.C.

ANSWERS.

T. A.—Books suitable for reading for various examinations will be found in the following issues of the BRITISH MEDICAL JOURNAL: March 30th, 1901, p. 811; September 1st, 1900, p. 615; October 6th, 1900, p. 1065; May 12th, 1900, p. 1208; April 21st, 1900, p. 1007; January 13th, 1900, p. 119; December 9th, 1899, p. 1058; April 29th, 1899, p. 1076; April 15th, 1899, p. 951; and April 1st, 1899, p. 831.

EXAMINATION FOR M.R.C.P. LOND.

J. H. S.—A candidate for the M.R.C.P. is required to show a good general acquaintance with medicine, theoretical and practical. The following books may be read or consulted, but there are others which would serve the purpose equally well: Dr. Frederick Taylor's *Practice of*