

United Kingdom, and 3 among their children, one of the latter proving fatal.

Scarlet fever was not so prevalent among the troops serving in the United Kingdom in 1885 as it was in the previous year. In 1884 the number of cases of scarlet fever admitted under hospital treatment was 170, in the year under notice the number was 96. The disease led to fatal results in three instances. The disease was scattered all over the kingdom, the 96 cases having occurred in no less than 33 of the stations at which troops were quartered. No cases, however, occurred at Aldershot, Woolwich, or in the Channel Islands.

There were 128 cases of measles admitted into hospital during the year. Every military district was affected in some degree with this disease, though several very slightly. The greatest prevalence of it was in Woolwich, where 27 of the cases occurred.

(To be concluded.)

### ROYAL COLLEGE OF PHYSICIANS.

THE ordinary meeting of the Fellows of this College was held on Thursday, October 27th, Sir WILLIAM JENNER, K.C.B., in the chair.

A large number of licences were granted; and C. W. Marriott, M.D., of Leamington, was admitted to the Membership of the College.

The audited accounts for the year ending September 29th were laid before the College, and the quarterly report of the Finance Committee was received and adopted. Two reports from the Committee of Management of the Conjoint Examinations were also received, and, after some discussion, adopted.

It was resolved that the Hospital for Women and Children at Leeds be not for the present recognised as a place for clinical study.

## ASSOCIATION INTELLIGENCE.

### COLLECTIVE INVESTIGATION OF DISEASE.

INQUIRIES are being pursued on the following subjects

DIPHTHERIA, THE ETIOLOGY OF PHthisis, Memoranda on the above subjects, and forms for communicating observations on them, may be had on application.

The Inquiries on OLD AGE and on the CONNECTION OF DISEASE WITH HABITS OF INTEMPERANCE are now closed.

Reports are in preparation upon the Inquiries made into ACUTE RHEUMATISM, DIPHTHERIA, and HABITS OF INTEMPERANCE, a full Report on OLD AGE, and a Supplementary Report on PUERPERAL PYREXIA. All the above will be published in the JOURNAL as soon as completed. Tables of the Chorea and Acute Rheumatism cases will be published in separate form.

The Returns made to the GEOGRAPHICAL INQUIRY are being tabulated for report.

Application for forms, memoranda, or further information, may be made to any of the Honorary Local Secretaries, or to the Secretary of the Collective Investigation Committee, 429, Strand, W.C.

### BRANCH MEETINGS TO BE HELD.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—The next meeting of this district will take place on Friday, November 25th, at the Ophthalmic Hospital, Maidstone; M. A. Adams, Esq., in the chair. Gentlemen desirous of reading papers, exhibiting specimens, etc., are requested to inform the honorary secretary of the district, A. W. Nankivell, F.R.C.S., St. Bartholomew's Hospital, Chatham, not later than November 7th. Further particulars will be duly announced.—A. W. NANKIVELL, Honorary Secretary.

WORCESTERSHIRE AND HEREFORDSHIRE BRANCH.—The next meeting of this Branch will be held at the Infirmary, Hereford, on Tuesday, November 1st, at 3.45 p.m. Dinner (4s. each) at the Green Dragon, at 6 punctually. Members intending to be present are requested to inform Mr. H. Cecil Moore, Broad Street, Hereford, on or before Saturday, October 29th. Business: A Demonstration of the Cardiograph, with short paper, by Dr. Paul Chapman, President. Note on Bleeding in Acetonæmia, and Notes of a Case of Abscess of the Lung caused by a Stump of a Tooth, and treated by Puncture, Drainage, and Washing: Recovery, by Dr. Strange. Notes of a Case of Cholecystotomy, by Mr. Bates.—G. W. Crowe, Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting will be held, by the kind permission of Dr. Adams, at Brooke House, Upper Clapton, on Thursday, November 17th, at 8.30 p.m. A demonstration of patients suffering from various forms of skin diseases will be given by Stephen Mackenzie, Esq., M.D. Post-mortem specimens will be shown by Dr. C. N. Walker and Major Greenwood, jun., Esq.—JOSEPH W. HUNT, Honorary Secretary, 101, Queen's Road, Dalston.

SOUTHERN BRANCH: SOUTH-EAST HANTS DISTRICT.—The ordinary meeting will be held at the Grosvenor Hotel, Queen's Gate, Southsea, on Wednesday, November 2nd. The chair will be taken by the President, Dr. James Watson, at 4.30 p.m. Agenda: Living Specimens. Pathological Specimens, by Dr. J. O'Conor. Microscopic Sections, by Dr. F. J. Driver. Two Cases of Abdominal Tumour, by Dr. L. K. H. Hackman. Experiences on the Congo, by Dr. George Smith. New Fixation Forceps, by Dr. Ward Cousins. Gentlemen who are desirous of introducing patients, exhibiting pathological specimens, or making communications, are requested to signify their intention at once to the Honorary Secretary. Dinner will be provided at 6.30 p.m. Charge, 5s. (exclusive of wine, etc.)

### SOUTH WALES AND MONMOUTHSHIRE BRANCH.

THE autumnal meeting was held at Tenby, on October 6th, there being twelve members present. The members were sumptuously entertained, on their arrival, by J. GRIFFITH LOCK, Esq.

New Member.—Mr. H. T. Evans, of Treharris, was elected a Member of the Association and Branch.

Coroners' Inquests.—The Report of a Subcommittee, issued by the Manchester Medico-Ethical Association, was considered and discussed, and it was unanimously resolved that the suggestions contained in the report had the cordial approval of the meeting.

Tetanus.—Mr. HALL (Swansea) gave notes of a case of Tetanus after a railway smash, in which curare seemed ineffectual. The patient recovered after several weeks of morphine injections.

Mortality Statistics of Tenby.—Mr. Lock (Tenby) read a paper on the Statistics of Mortality in Tenby for the past fifteen years, giving many interesting facts.

Dinner.—The members and several visitors, including the Mayor and the Rector of Tenby, subsequently dined together at the Royal Gate House Hotel.

### METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.

THE first meeting of the session was held on Thursday, October 20th, at the Hackney Town Hall, at 8.30 p.m., Mr. A. DURHAM, President of the Branch, in the chair. Thirty-eight members and visitors were present.

The minutes of the previous meeting were read and confirmed.

Vomiting of Pregnancy.—Dr. MATTHEWS DUNCAN gave a most interesting address on the vomiting and sickness of pregnancy, for which a vote of thanks was unanimously passed.—Dr. HERMAN opened the discussion, which was continued by Messrs. F. M. CORNER, C. GARMAN, GREENWOOD, and WILLOUGHBY.

New By-Laws.—It was proposed and carried that the following by-laws be added to those already existing:—IX.—The District Committee shall consist of the Vice-President of the District, of the representative of the District on the Council, and six members, to be elected at the annual meeting. In addition, all members of the Council, living in the District, and the District Secretary, shall be *ex officio* members of the Committee. X.—The members of the District Committee shall be elected by ballot, after having been duly proposed and seconded, and shall be eligible for re-election two years, provided they have attended not less than half the meetings of the District. It was proposed by Mr. F. WALLACE, and carried, that Dr. Adams, of Brooke House, Upper Clapton, be the first Vice-President of the District.

Representative on Council of Branch.—It was proposed and carried that Mr. Weller, of Wanstead, be the ordinary representative of the District on the Council of the Branch.

District Committee.—It was proposed and carried that the following gentlemen form the District Committee:—Messrs. F. Cockell, Jun., Hoskin, Nicoll, Percy Warner, St. Clair Shadwell, and Walker (Leytonstone).

Vote of Thanks.—A hearty vote of thanks to Mr. Durham for presiding closed the proceedings.

### SOUTH EASTERN BRANCH: EAST SUSSEX DISTRICT.

A MEETING of this Branch was held at Eastbourne on September 29th, 1887; H. D. FARRELL, Esq., in the chair.

Papers.—The following papers were read:—Dr. GABBETT: On some Methods of Numbering Atmospheric Germs. The author gave his experience with various apparatus, and especially recommended that of Hesser.—The CHAIRMAN: Notes on Typhilitis and Perityphilitis.—Dr. HABGOOD: Notes of a case of Bullet Wound of the Pelvis involving the Rectum. This case will be published in full in the JOURNAL.—Dr. TALFOURD JONES related a case of Bromism.

It was decided that the next meeting should be held at Tunbridge Wells.

THE Marquis of Hertford has been re-elected President of the Birmingham and Midland Counties Orthopaedic and Spinal Hospital.

are dissatisfied with A.'s treatment, would it be strictly professional etiquette for B. to start a surgery in the villas in which A. lives?

\* \* Irrespective of a strong legitimate objection to the trade-like system of duplicate surgeries (except it be for purely personal convenience, and not, as is too often the case, to seek practice in the more immediate professional district of a brother practitioner), we should certainly counsel abstention from such a step in the case in question; for not only would it, in our opinion, fairly be regarded as a retaliatory proceeding on the part of B., but be calculated to raise a prejudice against him as an interloper. If, moreover, it be, as stated, that "the patients of A. are dissatisfied with his treatment," and, it may be, desirous to consult B., the latter may, we think, rest assured that, sooner or later, they will do so, regardless of the intervening distance. B. will also do well to bear in mind that, should he establish a surgery in the village alluded to and arrange to attend at certain specified hours (which must naturally be a matter of more or less incertitude), he will thereby, and justly as we think, have to sacrifice the usual charges for mileage.

**MEDICUS (Yeovil).**—An unbiased, careful perusal of the copies of the correspondence which has passed between Dr. A. and Mr. F. leaves no doubt upon our mind that Dr. A., by declining to withdraw "the objectionable expressions in his note of the 16th ult.," and refusing, moreover—in view, we take it, of his personal verbal relation to Mr. F. of the reputed facts of the case in question—to furnish Mr. F. with a copy of the statements addressed to the Editor of the *Journal*, has thereby unquestionably placed himself in the wrong. Dr. A. will therefore, in our opinion, do well to rectify his error, and transmit a copy to Mr. F., who is entitled thereto, not as a simple act of courtesy, but as a matter of ethical right.

## INDIA AND THE COLONIES.

### SOUTH AFRICA.

**PRETORIA.**—The *South African Medical Journal* states that a Medical Society has been formed at Pretoria. It is also stated that in consequence of the recent action of the Transvaal Government, in dismissing the Pretoria District Surgeon, the members of the Medical Board have resigned.

### INDIA.

THE representatives of the Bombay Union in the University Senate, who were desirous of abolishing the L. M. and S. in favour of a degree of M.B., without any serious enhancement of the test to be passed by the candidates, have not satisfied the Senate that the change would be calculated to improve the credit of the University, or to benefit the medical body in Bombay.

**THE EUROPEAN ARMY IN INDIA.**—The health of the European Army in India during 1885, was, according to the recently published official report, less good than in any one of the three preceding years. The Madras army was, as usual, the healthiest branch of the service, while the Bombay army showed the worst results.

**THE SUPPLY OF LADY DOCTORS.**—The public subscriptions to Lady Dufferin's fund amounted to Rs. 4,78,000 in India, and £1,700 in England. This amount is exclusive of funds paid direct to the branches. Even this sum, considerable as it is, is entirely incommensurate with the magnitude of the work to be done. The women of India last census numbered 124,000,000. To alleviate the preventable sufferings which a large portion of this number have to endure through ignorant treatment, would require an enormous increase of subscriptions. Energetic endeavours are being made in every direction to excite native interest in the scheme. Forty-seven girls are now studying at Agra under a matron and two lady doctors holding diplomas. The like arrangements have been made at Calcutta, Durbhunga, Lahore, and Alwar. The supply, however, falls far short of the demand. Lady Dufferin has been well supported by the Maharajah of Durbhunga, who has founded a hostel for the native students at a cost exceeding Rs. 55,000. A hostel has also been opened by the charitable Maharanee Surnamoyi, in close proximity to the three native hospitals of Calcutta. It is earnestly desired that the workers should be largely recruited in England.

**SANITARY STATE OF QUETTA.**—In consequence of the present sanitary condition of Quetta and the Pishin district, and the occurrence of some cases of fever there, the Viceroy of India has decided to postpone his intended visit till next year. He has taken this step on account of a representation by the Surgeon-General that a cholera epidemic might be induced by the assembling of the retinues of the chiefs summoned to a durbar on November 9th. A few sporadic cases have occurred recently among those Ghilzais who have recently arrived.

The death is announced, at Coventry, of Dr. Johnson, one of the oldest medical men of that town. The deceased gentleman was medical officer of the union and held other public appointments.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

DURING the week ending Saturday, October 22nd, 5,752 births and 3,502 deaths were registered in the twenty-eight large English towns, including London, dealt with in the Registrar-General's Weekly Return, which have an estimated population of 9,244,099 persons. The annual rate of mortality, which had been 17.5 and 17.8 per 1,000 in the two preceding weeks, further rose during the week under notice to 19.8. The rates in the several towns, ranged in order from the lowest, were as follow: Norwich, 15.7; Halifax, 15.8; Nottingham, 17.2; Salford, 17.2; Birmingham, 17.7; Brighton, 17.7; Bradford, 17.9; Derby, 18.3; Portsmouth, 18.5; Oldham, 18.7; Birkenhead, 18.7; Sheffield, 19.3; London, 19.4; Cardiff, 19.5; Liverpool, 19.6; Hull, 19.6; Blackburn, 19.7; Bristol, 19.8; Leicester, 20.4; Wolverhampton, 20.7; Preston, 21.4; Newcastle-upon-Tyne, 22.3; Plymouth, 22.3; Leeds, 22.7; Huddersfield, 23.2; Bolton, 23.2; Sunderland, 25.4; and the highest rate during the week, 26.4 in Manchester. The death-rate in the twenty-seven provincial towns averaged 20.1 per 1,000, and exceeded by 0.7 the rate recorded in London, which, as before stated, was 19.4 per 1,000. The 3,502 deaths registered in the twenty-eight towns during the week under notice included 392 which were referred to the principal zymotic diseases, against 412 and 382 in the two preceding weeks; of these, 117 resulted from scarlet fever, 62 from whooping-cough, 59 from measles, 56 from diarrhoea, 52 from "fever" (principally enteric), 38 from diphtheria, and 8 from small-pox. These 392 deaths were equal to an annual rate of 2.2 per 1,000. The zymotic death-rate in London during the week under notice was equal to 2.0 per 1,000, while in the twenty-seven provincial towns it averaged 2.4, and ranged from 0.7 in Plymouth, in Nottingham, and in Halifax, to 4.7 in Oldham, 5.4 in Blackburn, and 6.4 in Birkenhead. The fatal cases of scarlet fever, which had increased from 73 to 124 in the four preceding weeks, declined last week to 117, and caused the highest death-rates in Oldham, Huddersfield, Liverpool, Blackburn, and Birkenhead. The deaths referred to whooping-cough, which had been 66 and 50 in the two previous weeks, rose again during the week under notice to 62, and showed the highest proportional fatality in Newcastle-upon-Tyne and Leicester. The fatal cases of measles, which had steadily increased in the four preceding weeks from 28 to 50, further rose last week to 59, and caused the highest rates in Bolton, Cardiff, Blackburn, and Derby. The 56 deaths from diarrhoea showed a further decline from recent weekly numbers. The fatal cases of "fever" (including typhus, typhoid, and ill-defined forms of fever), which had been 63, 58, and 53 in the three previous weeks, further fell during the week under notice to 52, and caused the highest rates in Oldham, Sunderland, and Preston. The 38 deaths referred to diphtheria last week in the twenty-eight towns exceeded by 9 the number recorded in the preceding week, and included 21 in London, 5 in Manchester, 3 in Brighton, 2 in Oldham, and 2 in Preston. Small-pox caused 7 more deaths in Sheffield (against 13 and 8 in the two previous weeks), and 1 in Bristol, but not one in London or in any of the twenty-five other large towns. The number of small-pox patients in the Metropolitan Asylums Hospitals, which had been 2, 4, and 5 at the end of the three preceding weeks, had further risen to 7 on Saturday, October 22nd; 2 new cases were admitted into these hospitals during the week. The death-rate from diseases of the respiratory organs in London during the week under notice was equal to 4.6 per 1,000, and exceeded the average. The causes of 68, or 2.0 per cent. of the 3,502 deaths registered during the week in the twenty-eight towns were not certified, either by registered medical practitioners or by coroners.

### HEALTH OF SCOTCH TOWNS.

IN the eight principal Scotch towns, having an estimated population of 1,299,000 persons, 933 births and 478 deaths were registered during the week ending Saturday, October 22nd. The annual rate of mortality, which had increased from 17.7 to 19.3 per 1,000 in the three preceding weeks, declined during the week under notice to 19.1, and was 0.7 per 1,000 below the mean rate for the same period in the twenty-eight large English towns. Among these Scotch towns, the rate was equal to 13.3 in Aberdeen, 17.8 in Dundee, 17.8 in Greenock, 18.4 in Glasgow, 20.7 in Edinburgh, 20.9 in Leith, 25.6 in Paisley, and 34.0 in Perth. The 478 deaths registered during the week under notice in these Scotch towns included 22 which were referred to scarlet fever, 16 to whooping-cough, 10 to diarrhoea, 7 to diphtheria, 6 to "fever" (principally enteric), 5 to measles, and 2 to small-pox; in all, 68 deaths resulted from these principal zymotic diseases, against 64 and 79 in the two preceding weeks. These 68 deaths were equal to an annual rate of 2.7 per 1,000, which exceeded by 0.7 per 1,000 the average zymotic death-rate during the same period in the twenty-eight large English towns. The highest zymotic death-rates in the Scotch towns during the week under notice were recorded in Greenock, Dundee, and Perth. The deaths referred to scarlet fever, which had steadily increased in the four preceding weeks from 11 to 23, were 22 during the week under notice, and included 10 in Dundee, 7 in Glasgow, 3 in Perth, and 2 in Edinburgh. The fatal cases of whooping-cough, which had been 17 and 30 in the two preceding weeks, declined again to 16 during the week, of which 4 occurred in Glasgow, and 4 in Greenock. The 10 deaths from diarrhoea showed a further decline from recent weekly numbers, and included 4 in Dundee, and 3 in Edinburgh. The 7 fatal cases of diphtheria corresponded with the number in each of the two preceding weeks, and included 3 in Glasgow and 2 in Edinburgh. The deaths referred to different forms of fever, which had declined from 11 to 5 in the three previous weeks, were 6 during the week under notice, of which 3 occurred in Glasgow, and 2 in Edinburgh. Of the 5 fatal cases of measles, 3 were recorded in Perth, where both the deaths referred to small-pox also occurred. The 120 deaths from diseases of the respiratory organs in these Scotch towns during the week exceeded by 32 the number recorded in the corresponding week of last year, and were equal to an annual rate of 4.8 per 1,000, against 4.6 in London. The causes of 70, or 14.6 per cent., of the 478 deaths registered during the week under notice in these Scotch towns were uncertified.

### HEALTH OF IRISH TOWNS.

IN the week ending Saturday, October 22nd, 365 deaths were registered in the sixteen principal town-districts of Ireland. The average annual death-rate represented by the deaths registered was 21.9 per 1,000 of the population. The deaths

ing of the elementary schools, at the same time pointing out the comparative futility of this measure so long as no precautions were taken to prevent people from infected houses attending their various places of worship. As far as could be discovered there were about fifty cases in Brynogrug, the two fatal cases being of children under 5. For the third year in succession there was not a single case of typhoid fever or diphtheria in the district, a fact which speaks well for its salubrity.

**LOUTH RURAL** (Population, 23,185).—Dr. Domenichetti reports that the births in this district during 1886 numbered 628, or a rate per 1,000 of 27.13. The deaths from all causes were 328—males 163, females 165—being a rate of 14.1 per 1,000; or, deducting violent deaths and one in the Mablethorpe Convalescent Home, 13.6 per 1,000. There were 23 deaths from zymotic disease—namely, 2 from measles, 9 scarlatina, 4 whooping-cough, 1 typhoid fever, and 7 from diarrhoea. The fatal case of measles occurred in the village of Ludford, and resulted from chest complications. The scarlatina cases were principally at Mablethorpe and South Somercotes, all due to the focus of infection which had been initiated in Mablethorpe during 1885, and distinctly traced to imprudence and want of care amongst the infected families. Dr. Domenichetti remarks on the seven fatal cases of diarrhoea that they were not associated with any insanitary conditions, but were due entirely to seasonal influences, and in some cases connected with dentition. No fatal cases of diphtheria occurred, and only one case of typhoid fever proved fatal in Tetney parish, due, it is supposed, to polluted water. Although the rate for zymotic disease is slightly higher than it was for 1885, being 0.9 per 1,000 against 0.8, still the result is very gratifying, when the nature of the cases is investigated.

**REDDITCH URBAN.**—*Need of Infectious Hospital.*—As the population of this district is a manufacturing one, Dr. C. C. Smith is of opinion that the death-rate of 16.8 per 1,000, recorded for 1886, may be regarded as satisfactorily low. The mortality from zymotic diseases was small, and the town was freer from epidemics than in any of the four previous years. Seven cases of typhoid fever were reported, one being fatal. Four occurred in one house, and another in the adjoining house, and Dr. Smith attributed the outbreak to the insanitary condition of the premises. In the early part of the year a few cases of scarlatina were reported and dealt with, but the usual difficulty was experienced in isolating the patients. The need of a suitable building is well known to the Board, and it is much to be regretted that the admirable suggestion of one of the medical men of the town, that the Jubilee Memorial should take the form of an infectious hospital, did not receive the consideration it merited.

**BEDMINSTER RURAL** (Population, 25,750).—The record of sickness and death for 1886 is a favourable one compared with the two preceding years, the death-rate for 1886 being 15.9 per 1,000, as compared with 16.4 in 1884 and 16.5 in 1885. There were 22 deaths from zymotic diseases, being at the rate of 0.85 per 1,000, namely, 3 from measles, 5 from whooping-cough, 6 from enteric fever, 7 from diarrhoea, and 1 from croup. No deaths were recorded from small-pox—a fact which Mr. Adams considers due to the vigilance with which the Vaccination Acts were carried out. There has been no severe outbreak of scarlet fever in the district since 1880, and Mr. Adams therefore points out that there are from 3,000 to 4,000 children under six years of age now living in the district who are liable to be attacked at the next epidemic. Mr. Adams suggests that unmarried ladies should study the laws of health, with the view of imparting their knowledge to their poorer neighbours. He is of opinion that the possibility of epidemics of infectious disease would thus be considerably lessened and an immense amount of benefit to the commonwealth would be the result.

#### QUALIFICATIONS OF POOR-LAW MEDICAL OFFICERS.

MEDECIN would be glad to know if a L.K.Q.C.P.I. and L.M. can hold the appointment of poor law medical officer.

\* \* If our correspondent has not the necessary diploma or diplomas (duly registered), showing that he has undergone an examination in medicine and surgery, he would not be eligible for an appointment as a district or workhouse medical officer, and, if elected, his appointment would be declared null and void by the Local Government Board, to whom all such appointments are at once reported by the clerk to the Board of Guardians. Our correspondent has so shrouded his professional status as to leave us in doubt whether he possesses any surgical qualification at all.

## UNIVERSITY INTELLIGENCE.

### EDINBURGH UNIVERSITY.

THE following are the revised regulations for graduation in Science in Public Health, Edinburgh University:

1. Every candidate for graduation in science in the department of Public Health must be a graduate in medicine of a British University, or of a colonial, Indian, or foreign University specially recognised by the university Court.

2. Every candidate must be matriculated for the year in which he appears for examination or graduation.

3. There shall be two examinations for the degree of Bachelor of Science in the department of Public Health. A candidate who has passed the first examination may be admitted to the second examination at any time when such examination is held.

4. Every candidate who desires to proceed to the first examination for the said degree must produce evidence—(a) That he has passed the first professional examination for graduation in medicine in the University of Edinburgh, or a corresponding examination, which must include chemistry, in a University recognised under Section 1 hereof; (b) that he has worked in a laboratory where practical instruction is given in the methods of investigating subjects pertaining to public health.

5. Every candidate who desires to proceed to the second examination for the said degree must produce evidence—(a) That he has taken a degree in medicine; (b) that he has attended in this University at least two courses of instruction on subjects included in the examinations set forth in Section 6 hereof; (c) that he has attended a course of lectures in which instruction is given in Public Health.

6. The subjects of the examinations for the degree of Bachelor of Science in the department of Public Health shall be as follows:—(a) For the first examination: (1) Laboratory work. The examination in this department shall in the first place be conducted practically, and thereafter by a written examination, in which the candidate shall be required to explain the *rationale* of any of the investigations contained in the schedule of laboratory work referred to below. (2) Elements of Experimental Physics. The examination in this department shall be conducted by means of written papers. An oral examination in each of the above departments shall be held after the practical and written examinations. (b) For the second examination—(1) Medicine in its application to public health; (2) practical sanitation; (3) sanitary law and vital statistics; (4) mensuration and drawing. The examinations in these departments shall be conducted by means of written papers, and also as far as possible practically; and an oral examination in each department shall be held after the written examinations. Detailed schedules of the subjects of examination in each department shall be issued from time to time by authority of the Senatus.

7. Bachelors of Science in the department of Public Health may, after the lapse of one year, proceed to the degree of Doctor in the same department on producing evidence that they have been engaged in Practical Sanitation since they took the said degree of Bachelor of Science, and on presenting a thesis on some subject in the department of Public Health. Every such thesis must be certified by the candidate to have been composed by himself, and must be approved by the examiners.

8. The examinations for graduation in science in the department of Public Health shall be conducted by the Professors of the subjects included in the said examinations, and by additional examiners appointed by the University Court.

9. The fees for the said degrees in science in the department of Public Health shall be:

For the first examination for the degree of Bachelor,	£5	5	0
For the second	"	5	0
For the degree of Doctor	"	5	0
Total	..	..	£15 15 0

### EDINBURGH UNIVERSITY COURT.

At a meeting of Edinburgh University Court held on Monday, and presided over by Sir William Muir, some business of importance was transacted. Some time ago the Court resolved to take the opinion of counsel as to whether the power to elect a representative of the University to the General Medical Council should rest with the Senatus Academicus or with the General Council of the University (which latter body, through its Association, had raised the question), and the opinion so obtained was communicated to the meeting. The query submitted was: "With which of the bodies of the University of Edinburgh lies the right to appoint the representative of the University in the General Medical Council of the United Kingdom?" The opinion is: "We are of opinion that the right lies with the Senatus Academicus. It is clear that had the Universities Act of 1858 not passed, the right to choose on behalf of the University a member of the Medical Council would have fallen to be exercised by the Senatus as the executive of the University. Now, we do not think that the Universities Act deprives the Senatus of any rights except those which are expressly conferred on other bodies. On the other hand, we find nothing in the Universities Act to suggest that in such matters as the present the Executive of the University is to be found in the General Council, whose duties generally are of a deliberative character—The opinion of W. Macintosh and J. P. B. Robertson." (The first of these gentlemen is Dean of the Faculty in Edinburgh, and the second is Solicitor General for Scotland.) At the same meeting the Court approved of the revised rules for graduation in science in public health, which are given at length above.

On consideration of a minute of Senatus, approval was given to the arrangement by which Professor Rutherford is granted additional leave of absence for six months, during which time his duties will be discharged by Dr. Haycraft (who opened the Systematic Class last Wednesday, and lectures daily); approval was also given to the recognition of Dr. William Russell as a teacher of medicine in Edinburgh, where lectures and course of practical instruction in pathology should qualify for graduation in medicine in Edinburgh University. The same recognition was granted to Dr. D. Noel Paton as a teacher of physiology in Edinburgh, and to Dr. Ebenezer Watson (Glasgow) as a teacher of medical jurisprudence there, on condition that his course of lectures should include the subject of public health.

### CAMBRIDGE.

*New Museums.*—The Museums and Lecture Rooms Syndicate has reported to the Senate that the cost of the new building urgently demanded by the Professors of Pathology, Human Anatomy, Physiology, and Medicine would probably not exceed £16,000. If the whole building cannot be erected at once, it would be desirable to erect a portion at least.

Professor Humphry has been elected by the Special Board for Medicine at Cambridge a member of the General Board of Studies, in the place of Professor Sir G. E. Paget, resigned.

About 110 of the freshmen entered at the University this term have announced their intention of studying medicine. This number will probably be increased by eight or ten before the beginning of the Lent term.

The following examiners have been nominated to serve for the current academical year (they will take part in the second examination for the M.B. degree):—*Pharmaceutical Chemistry*—Mr. M. M. Pattison-Muir, of Caius College; *Human Anatomy*—Dr. Alexander Hill, Professor Cleland, of Glasgow; *Physiology*—Dr. Gaskell, Professor Gerald F. Yeo, of King's College, London. The following are the examiners for the third examination (for M.B. and B.C. degrees):—*Surgery*—Mr. Wherry (of Downing College), Mr. Alfred Willett, Mr. C. Macnamara; *Midwifery*—Dr. Galabin, Dr. W. O. Priestley; *Medicine*—Dr. Norman Moore, Dr. Donald MacAlister, Dr. Broadbent. The Regius Professor of Physic and the Professor of Surgery are examiners *ex-officio*.

## MEDICAL NEWS.

**EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGE OF PHYSICIANS OF LONDON AND THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following gentlemen passed the Second Examination in Anatomy and Physiology.

W. S. Wright, of Bristol School of Medicine; F. W. Andrew, H. L. Brownlow, C. Butler, D. Cannan, A. Corner, E. A. R. Covey, E. C. Drake, F. C. Ford, J. H. P. Graham, G. O. Jacobsen, J. Lawrence, W. K. Parbury, C. M. Powell, C. S. de Segundo, and H. W. Stephens, students of St. Bartholomew's Hospital; H. Andrews, J. H. Barrs, H. F. Bernan, F. W. Beville, C. Brooks, T. E. H. Fisher, J. Hemingway, and A. G. Keeling, of St. Thomas's Hospital; W. B. Bale, A. Lucas, W. B. Pritchard, S. Sellers, and J. Taylor, of Owens College, Manchester; A. J. Beesley, W. E. Burton, and G. H. Griffiths, of Liverpool; A. B. Blomfield, R. J. Colmer, B. E. Dawson, A. H. Head, G. Jones, A. E. Madge, T. E. Mulvany, and H. A. Vernon, of the London Hospital; I. Cohen, F. Lonnion, J. W. G. Prince, A. H. Smith, and H. Wiggins, of Charing Cross Hospital; L. Cooper, F. B. Leeder, A. E. Reynolds, and H. Slater, of University College; A. W. G. Cribb, T. W. T. Gann, and H. G. Morris, of Middlesex Hospital; R. Crosskey, of Cambridge University; A. R. Green, J. F. Jordan, B. S. Norris, H. W. Pooler, and A. B. Rogers, of Birmingham; C. R. Handfield-Jones and H. W. Kershaw, of St. Mary's Hospital; C. G. Gregar, H. B. Rygate, and H. J. Van Leent, of Guy's Hospital; J. A. Hicks, R. J. Orford, and F. W. Rix, of Westminster Hospital; F. W. D. Mitchell, of Dublin; C. H. D. Ralph, of Guy's Hospital; R. A. Walter, of St. George's and Mr. Cooke's.

Passed in Anatomy only.

P. J. Atkey, of St. Thomas's Hospital; A. R. Chater, and G. V. Gideon, of St. Mary's Hospital; A. F. Heaton, of St. George's Hospital; F. T. Jackson, of Liverpool Royal Infirmary School of Medicine; F. S. Colton and F. Turner, of University College; C. O'Sullivan and H. Vallance, of London Hospital; J. H. Roberts and W. D. Spurrell, of Guy's Hospital; H. Sanders, of Charing Cross and Mr. Cooke's.

The following passed in Physiology only.

E. W. Brunton, of Charing Cross Hospital; R. A. Burditt and J. W. Smith, of Owens College, Manchester; C. K. Crowther, C. W. Emlyn, and R. A. Walter, of St. Bartholomew's Hospital; E. J. Hayford, and T. W. Morton, of St. Thomas's Hospital; T. Irwin Henning, of Galway; L. L. James, W. R. Meyer, J. J. N. Morris, and Charles Williams, of King's College; H. J. R. Jones, of London Hospital; M. H. Knapp, of Cork; R. W. Lake, of University College; E. M. Nelson and F. P. Shackleton, of Leeds School of Medicine; G. W. Paterson, of St. Mary's Hospital; E. M. Cooke, of Guy's Hospital; H. B. Shepherd, of Middlesex Hospital; W. Taylor, of Bristol Medical School.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following gentlemen passed the Primary or Anatomical and Physiological Examinations, and when eligible will be admitted to the Pass or Final Examination for the diploma of Member of the College.

J. H. Bayley, R. D. Booth, J. A. Nolan, and E. W. Rahn, students of Edinburgh University; G. A. Campion, R. B. Eccles, and S. C. Skipton, of St. Thomas's Hospital; H. Findlay, of Glasgow University; W. G. Gyton, J. Lupton, and H. A. Walker, of Owens College, Manchester; G. H. B. Hawes and W. F. C. Dowding, of St. George's Hospital; C. A. S. McQueen, of Pennsylvania; C. B. Smith, of Newcastle-on-Tyne School of Medicine; C. T. Standing, of King's College; W. G. Thistle and F. E. Williams, of Guy's Hospital; A. E. Woodcock, of Yorkshire College, Leeds; E. Tyson, of St. Bartholomew's Hospital.

Passed in Anatomy only.

G. M. Arkle, of Liverpool; G. R. Bickerstaff, of St. Mary's Hospital; T. Gray, of Edinburgh University; W. B. Welch, of St. Bartholomew's Hospital.

Passed in Physiology only.

C. E. Bashall, of St. Thomas's Hospital; J. R. Daly, T. Hopps, and C. E. M. Kelly, of Owens College, Manchester; R. H. B. Dudgeon, of Liverpool; J. S. Griffith, of Bristol; Bhagat Ram, of Lahore; M. R. Rich, of London Hospital; E. C. Ryall, of Dublin; E. Springett, of St. Thomas's Hospital; F. Winnett, of Toronto; G. Yeoman, of Cambridge.

**UNIVERSITY OF GLASGOW.**—The following gentlemen have passed the First Professional Examination for the Degrees of M.B. and C.M.

K. Adamson, A. P. Agnew, C. A. Alexander, J. Alexander, J. G. Bain, W. Barbour, J. Barr, J. F. Barr, R. Burns, M. Cameron, J. H. Campbell, J. M. Campbell, W. Cassells, J. Chalmers, A. Cluckie, J. Cochrane, S. Cockburn, D. Coutts, P. Drummond, M.A., G. H. Edington, D. H. Fotheringham, M.A., J. F. Frew, J. Gilmour, J. J. Hood, A. Inglis, G. P. Johnson, J. Kirkwood, M. Lochhead, J. R. Logan, G. A. Main, W. Mason, J. N. Matthews, A. G. Mowat, J. Muir, D. Murray, C. M. Macaulay, D. M'Donald, W. D. Macfarlane, D. O. M'Gregor, H. Macintyre, D. M'Kenzie, J. P. MacLaren, J. N. Macleod, M.A., J. G. M'Naught, M.A., P. M'Ritchie, R. J. Nevin, R. Nichol, W. Park (Booth), W. Park (Kilmarnock), E. L. Paton, M.A., J. Purdie, B. Riddell, W. Robertson, A. T. Scott, C. F. Scott, W. Shearer, R. Sharp, D. Smith, W. M'G. Smith, W. C. Steele, R. Stevenson, J. Stirling, R. T. Sutherland, L. D. Temple, S. D. Thomson, D. Watson, J. Watt, J. Alexander Wilson, J. Allan Wilson, R. Wilson, A. Wylie.

The following have passed the Second Professional Examination.

T. D. Bertram, H. M'D. Borland, J. C. Bowie, R. Broom, D. Brown, M. Bryson, W. Butler, J. A. Cameron, J. Crawford, J. Cunningham, A. Donald, N. Downie, A. C. Farquharson, J. Fisher, I. Fletcher, T. Forrest, L. Fraser, W. Gemmel, J. Gilchrist, M. Gillies, W. Groome, T. A. Haig, J. Hardie, F. Hare, A. B. Houston, W. K. Hunter, R. Kennedy, R. R. Kilpatrick, T. B. Law, J. Lloyd, A. H. Lucas, R. Miller, A. R. Mitchell, T. D. Moffat, W. Murray, R. F. Macarthur, M.A., A. M'Call, R. C. Macdiarmid, J. Macdonald, P. F. Macgregor, D. MacKenzie, J. M'Kie, R. M'Lay, R. A. M'Lay, J. A. Macpherson, R. A. Paton, A. A. Pratt, A. Prentice, F. Rees, T. B. Riddell, A. Robertson, J. Robertson, D. W. Russell, W. J. M. Slowan, J. C. Syson, G. M. E. Thorp, W. R. K. Watson, M.A., A. C. White, J. Wotherspoon.

The following have passed the Third Professional Examination.

W. E. L. Allen, a/w Auld, T. C. Barras, a/j Bauchop, J. P. Boyd, R. C. Brodie, A. Buchanan, a/R. Calderwood, F. S. Campbell, J. Cook, J. Culross, M.A., a/A. Davidson, M.A., a/J. Donald, M.A., D. Ferguson, M.A., a/C. J. Fife, a/E. H. Fife, P. Gardiner, D. C. Gray, a/B. Halliday, R. T. Halliday, a/Y. Hamis a/C. Howie, M.A., A. M. Hutton, R. G. Inglis, a/T. H. Jackson, R. Jamie son, J. M. Johnston, a/A. B. Kelly, J. G. Kerr, a/R. B. Lothian, a/J. B. Morton, J. M. Muir, D. M'Dougal, a/T. M'Lachlan, T. M'Murray, a/D. M'Nicol, a/J. W. Nicol, a/L. R. Oswald, a/W. A. Parker, a/W. Primrose, D. Ramsay, C. E. Robertson, W. Roxburgh, J. A. Stewart, W. Stewart, J. Strang, a/L. R. Sutherland, J. P. Tannock, a/J. Taylor, a/R. Weir, W. M. Wilson, J. Wright. (Those marked (a) preceding names have not been examined in Pathology.)

### MEDICAL VACANCIES.

The following vacancies are announced :

**ATHLONE UNION.**—Medical Officer, Athlone No. 1 Dispensary District. Salary, £140 per annum, and fees. Applications to Mr. John McDonnell, Honorary Secretary. Election on November 4th.

**BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon. Salary, £150 per annum, with furnished apartments, etc., and £80 per annum for cab hire. Applications by November 10th to the Secretary.

**BRISTOL ROYAL INFIRMARY.**—Obstetric Physician. Applications by December 13th to the Secretary.

**CARNARVONSHIRE AND ANGLESEY INFIRMARY.**—Bangor.—House-Surgeon. Salary, £100 per annum, with board, etc. Applications by November 9th to the Secretary.

**CENTRAL LONDON OPHTHALMIC HOSPITAL.**—Gray's Inn Road.—House-Surgeon. Applications by November 4th to the Secretary.

**CHELSEA HOSPITAL FOR WOMEN.**—Fulham Road, S.W.—Three Clinical Assistants. Applications to the Acting Secretary.

**LINCOLN UNITED FRIENDLY SOCIETIES' DISPENSARY.**—Resident Medical Officer. Salary, £200 per annum and fees, with house, coal, gas, etc. Applications by October 29th to W. Bavin, Esq., 49, Montague Street, Lincoln, or to G. Abbott, Esq., 60, St. George's Square, Sheffield.

**LIVERPOOL INFIRMARY FOR CHILDREN.**—Assistant House-Surgeon. Applications by November 5th to C. W. Carver, Esq., Honorary Secretary.

**PARSONSTOWN UNION.**—Medical Officer, Kinnitty Dispensary. Salary, £140 per annum, and fees. Applications to Mr. John Ashton, Honorary Secretary. Election on October 31st.

**ROYAL HANTS COUNTY HOSPITAL.**—Winchester.—House-Surgeon. Salary, £100 per annum, with board, etc. Applications by November 4th to the Secretary.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road. Junior House-Physician. Appointment for six months at the rate of £50 per annum, with board and lodging. Applications by November 19th to the Secretary.

ST. THOMAS'S HOSPITAL.—Obstetric Physician. Applications by November 4th to A. Tritton, Esq., at the Hospital.

STROUD GENERAL HOSPITAL.—House-Surgeon. Salary, £80 per annum, with board, etc. Applications by November 8th to John Libby, Esq., New Mills Court, Stroud, Gloucestershire.

SUSSEX COUNTY HOSPITAL, Brighton.—Assistant Physician. Applications by November 9th to the Secretary.

SUSSEX COUNTY HOSPITAL, Brighton.—Assistant House-Surgeon. Applications by November 9th to the Secretary.

TAUNTON AND SOMERSET HOSPITAL.—House Surgeon. Salary, £100 per annum, with board, etc. Applications by October 29th to the Secretary.

WEST KENT GENERAL HOSPITAL, Maidstone.—House-Surgeon. Salary, £150 per annum, with apartments, etc. Applications by November 7th to the Secretary.

WILTS COUNTY ASYLUM, Devizes.—Second Assistant Medical Officer. Salary, £100 per annum, with board and residence. Applications by November 7th to the Medical Superintendent.

#### MEDICAL APPOINTMENTS.

ADAM, James, M.A., M.B., C.M., appointed House-Physician to the Western Infirmary, Glasgow.

ANDERSON, John A., M.B., C.M., appointed House-Surgeon to the Western Infirmary, Glasgow.

BATCHELOR, Charles, M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer to the Hospital for Sick Children, Great Ormond Street, vice Frank Hinds, M.R.C.S., L.S.A., resigned.

BIGGAM, J., M.B., C.M., M.A. Edin., appointed one of the Honorary Visiting Surgeons to the Dudley Dispensary, vice T. A. Walker, L.R.C.P. Edin., L.M., M.R.C.S., resigned.

BROWN, John, L.R.C.P. Lond., etc., re-appointed Medical Officer of Health for the Bacup Urban Sanitary Authority for one year.

CARSLAW, John H., M.B., C.M., appointed House-Physician to the Western Infirmary, Glasgow.

NESS, Robert B., M.A., M.B., C.M., appointed House-Surgeon to the Western Infirmary, Glasgow.

NISBET, Adam T., M.B., C.M., appointed House-Physician to the Western Infirmary, Glasgow.

O'NEILL, G. Lamb, M.B., C.M. Edin., appointed Honorary Physician to the St. Vincent's Hospital, Sydney, N.S.W.

PATTISON, E. Seton, M.R.C.S., L.R.C.P. Edin., appointed Surgeon to the T. Division of the Metropolitan Police.

PEAKE, Pemberton, M.R.C.S., L.R.C.P., appointed Resident Clinical Assistant to the new St. Marylebone Infirmary.

REID, Robert G., M.B., C.M., appointed House-Surgeon to the Western Infirmary, Glasgow.

RIGDEN, George William, M.R.C.S., appointed Honorary Surgeon to the Taunton and Somerset Hospital, vice C. H. Cornish, F.R.C.S., deceased.

ROBERTSON, William, M.B., C.M., appointed House-Surgeon to the Western Infirmary, Glasgow.

SYMONDS, Charters J., M.S., M.D., F.R.C.S.E., appointed In-Patient Surgeon to the Evelina Hospital for Children, vice H. G. Howse, M.S., F.R.C.S.E., resigned.

THOMPSON, R. Stevenson, M.D., appointed Dispensary Physician to the Western Infirmary, Glasgow.

DEATH OF Mr. BLAKISTON.—It is with much regret that we have to report the death of Mr. Blakiston, at the Salop Infirmary. The deceased gentleman held the post of assistant house-surgeon to this institution, and succumbed to injuries received under circumstances the details of which were published in the JOURNAL of October 22nd. Hopes were at one time entertained of his recovery, but unfavourable symptoms supervened, and he succumbed on October 20th, eight days after the accident. The deceased was a young man of much promise.

LIVERPOOL ROYAL INFIRmary.—This day (Saturday, October 29th) the Earl of Derby will lay the foundation stone of the new institution at Liverpool, which is to take the place of the old Royal Infirmary, now in course of rapid demolition. The new building, which will be in the Gothic style of architecture, is intended to be perfect in its internal arrangements, while having an exterior that will make it a grand addition to the architectural features of the city.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—The following is a list of the officers for the session 1887-8:—President: Mr. Keetley. Vice-Presidents: Dr. Campbell Pope, Dr. Alderson, Dr. Owles, Dr. Gunton Alderton. Council: Mr. Barnes, Mr. Hemming, Dr. Thudichum, Dr. Wells, Mr. R. F. Benham, Dr. Pickett, Mr. Lloyd, Dr. Schacht, Dr. Travers, Mr. H. Percy Dunn, Mr. Swinford Edwards, Dr. Bullock. Treasurer: Mr. Lawrence. Secretaries: Dr. Clippingdale and Dr. Abraham. Auditors: Dr. Banning and Mr. Leonard Mark.

At the annual meeting of the Derby centre of the St. John Ambulance Association, a report was read which showed that 11 classes had been formed during the year, 233 members had attended, and 199 gained certificates at the examination. Dr. Cassidy spoke in high terms of the operations of the ambulance corps of the Midland Railway Carriage and Waggon Department, Derby and Leicester.

An interesting gathering of medical men, resident in Swansea and its district, was held last week to say farewell to Dr. Paddon, on his removal from Swansea. A complimentary dinner was also given to Dr. Paddon by his Conservative friends.

SUPERANNUATION.—Dr. Wm. H. Fitzpatrick, late Medical Officer for the West Derby Rural District of the West Derby Union, has obtained a superannuation allowance of £80 per annum.

#### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

##### MONDAY.

MEDICAL SOCIETY OF LONDON.—Clinical Meeting. The President (Dr. J. Hughlings Jackson) will show a Patient of his from whose Brain Mr. Victor Horsley removed a Tumour more than a year ago. Dr. Herringham will show a Case of Staggering, with Atrophy of the Cerebellum. Mr. Pearce Gould: A Case of Double Osteotomy for Ankylosis of the Hips. Dr. Sidney F. Phillips: A Case of Cross Paralysis. Mr. Herbert W. Allingham: Case of Dislocation of the Hip—Doubtful Case of Charcot's Disease.

##### TUESDAY.

PATHOLOGICAL SOCIETY OF LONDON.—Mr. Treves: Congenital Cartilaginous Tumour of the Neck. Mr. Bland Sutton: Spina Bifida Occulta, with curious associated lesions. Dr. Sainsbury and Dr. S. West: Addison's Disease. Mr. Eve: On the Relation of Strumous Gland Disease to Tuberculosis: Experimental Inquiry. Dr. Wooldridge: On Haemorrhage, Infarction of the Liver. Dr. Turner: Tumour of Spinal Cord. Mr. Spencer: Compound Comminuted Fracture of Lower Jaw. Card Specimens:—Mr. D'Arcy Power: Submaxillary Gland with Large Salivary Calculus. Mr. Spencer: Stump after Chopart's Amputation. Mr. Bellamy: Congenital (?) Nævus of Scrotum.

##### WEDNESDAY.

OBSTETRICAL SOCIETY OF LONDON, 8 P.M.—Mr. Lowe: A Case of Atresia of the Cervix Uteri, with Retention of Menses (Haemotometra). Dr. Swayne: Hydrocephalus as a Complication of Labour. Mr. Meredith: A Case of Haemotometra associated with a Degenerating Fibro-myoma treated by Supravaginal Hysterectomy.

##### THURSDAY.

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Dr. Buzzard: The Significance and Value of Tendon Reflex, discussed and demonstrated from an Elementary Point of View.

##### FRIDAY.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—Pathological Specimens will be shown by Mr. Percy Dunn. Clinical Cases by Dr. Herringham. Papers.—Dr. Scanes Spicer: On Obstruction of the Nose; its Bearing upon Ear and Throat Disease, and its Treatment. Dr. Thudichum: On the Varieties of Aconitum, and the Dangers of their Medical Use. Dr. Middleton: On the Advantages of Venesection of the External Jugular Vein in Cardiac Diseases.

#### BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which should be forwarded in stamps with the announcement.

##### BIRTHS.

ABBOTT.—On October 22nd, at Noel House, Braintree, Essex, the wife of C. E. Abbott, L.K.Q.C.P.I., M.R.C.S., of a son.

##### MARRIAGES.

CHETHAM-STRODE—ANDREW.—On October 20th, at St. Michael's and All Angels Church, Helensburgh, by the Rev. J. Stuart Syme, Reginald Cheetham-Strode, M.B. Edin., Stamford Hill, London, son of Alfred Cheetham-Strode, Esq., of Wairuna, Surrey, to Fanny Antonetta, daughter of the late Thomas Andrew, Esq., Yew Bank.

CORMACK—FILLET.—On Tuesday, October 25th, at the Church of the Resurrection, Brussels, by the Rev. J. Jenkins, Charles E. Cormack, M.D., of Vichy, son of the late Sir John Rose Cormack, to Marie, daughter of the late M. Louis Laurent Fillet, of Brussels.

MACDONALD—MELLIS.—On October 19th, at St. Columba's, Pont Street, Belgravia, London, by the Rev. Donald Macdonald, D.D., William Burns Macdonald, M.A., M.B., Dunbar, to Laura, youngest daughter of the late John Mellis, M.R.C.S. Eng., Fraserburgh, Aberdeenshire.

##### DEATHS.

BENNET.—On October 19th, at 49, Charlotte Street, Leith, James Bennet, M.B. C.M., F.R.C.S.E., aged 31.

MACGRATH.—On October 7th, at 32, Colville Terrace, W., Dr. W. M. MacGrath, aged 46. R. I. P.

TEEVAN.—On October 22nd, at Hawkhurst, after an illness of nearly six years, William Frederic Teevan, B.A., F.R.C.S., late of 10, Portman Square, W., eldest son of the late William Teevan, F.R.C.S., of 28, Bryanston Square, W., aged 53.

## OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY	10.30 A.M. : Royal London Ophthalmic.—1.30 P.M. : Guy's (Ophthalmic Department); and Royal Westminster Ophthalmic.—2 P.M. : Metropolitan Free; St. Mark's; Central London Ophthalmic; Royal Orthopaedic; and Hospital for Women.—2.30 P.M. : Chelsea Hospital for Women.
TUESDAY	9 A.M. : St. Mary's (Ophthalmic Department)—10.30 A.M. : Royal London Ophthalmic.—1.30 P.M. : Guy's; St. Bartholomew's (Ophthalmic Department); St. Mary's; Royal Westminster Ophthalmic.—2 P.M. : Westminster; St. Mark's; Central London Ophthalmic.—2.30 P.M. : West London; Cancer Hospital, Brompton.—3 P.M. : St. Thomas's (Ophthalmic Department).
WEDNESDAY	10 A.M. : National Orthopaedic.—10.30 A.M. : Royal London Ophthalmic.—1 P.M. : Middlesex.—1.30 P.M. : St. Bartholomew's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M. : London; University College; Westminster; Great Northern Central; Central London Ophthalmic.—2.30 P.M. : Samaritan Free Hospital for Women and Children; St. Peter's.—3 to 4 P.M. : King's College.
THURSDAY	10.30 A.M. : Royal London Ophthalmic.—1 P.M. : St. George's.—1.30 P.M. : St. Bartholomew's (Ophthalmic Department); Guy's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M. : Charing Cross; London; Central London Ophthalmic; Hospital for Diseases of the Throat; Hospital for Women.—2.30 P.M. : North-west London; Chelsea Hospital for Women.
FRIDAY	9 A.M. : St. Mary's (Ophthalmic Department)—10.30 A.M. : Royal London Ophthalmic.—1.15 P.M. : St. George's (Ophthalmic Department).—1.30 P.M. : Guy's; Royal Westminster Ophthalmic.—2 P.M. : King's College; St. Thomas's (Ophthalmic Department); Central London Ophthalmic; Royal South London Ophthalmic; East London Hospital for Children.—2.30 P.M. : West London.
SATURDAY	9 A.M. : Royal Free.—10.30 A.M. : Royal London Ophthalmic.—1 P.M. : King's College.—1.30 P.M. : St. Bartholomew's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M. : Charing Cross; London; Middlesex; Royal Free; Central London Ophthalmic.—2.30 P.M. : Cancer Hospital, Brompton.

## HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.30; Dental, M. W. F., 9.
GUY'S.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 12.30; Skin, Th., 12.30; Dental, Tu. Th. F., 12.
KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S. 2; o.p., M. W. F., 12.30; Eye, M. Th., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th.; Throat, Th., 3; Dental, Tu. F., 10.
LONDON.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9.
MIDDLESEX.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, Tu., 4; Dental, daily, 9.
ST. BARTHOLOMEW'S.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9.
ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.
ST. MARY'S.—Medical and Surgical, daily, 1.45; Obstetric, Tu. F., 1.45; o.p., M. Th., 1.30; Eye, Tu. F. S., 9; Ear, M. Th., 3; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electrician, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30; Operations, Tu., 1.30; Ophthalmic Operations, F., 9.
ST. THOMAS'S.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W., 1.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, M., 12.30; Skin, W., 12.30; Throat, Tu. F., 1.30; Children, S., 12.30; Dental, Tu. F., 10.
UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetrics, M. Tu. Th., F., 1.30; Eye, M. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, Th., 2.30; Dental, W., 10.30.
WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 8; Eye, M. Th., 2.30; Ear, M., 9; Skin, Th., 1; Dental, W. S., 9.15.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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 to his private house.

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

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 to the Notices to Correspondents of the following week.

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

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with *Duplicate Copies*.

## LETTER TO CORRESPONDENTS.

OUR correspondents are reminded that prolixity is a great bar to publication, and, with the constant pressure upon every department of the JOURNAL, brevity of style and conciseness of statement greatly facilitate early insertion. We are compelled to return and hold over a great number of communications, chiefly by reason of their unnecessary length.

## QUERIES.

A. A. B. will be glad to be informed of the date of the bayonetting of a gentleman by one of the sentries in London (it is believed at St. James's), between three and five years ago.

## CAUTERISATION OF BITES.

H. F. S. asks whether zinc chloride points or Sir W. Burnett's solution would not be better than argent. nit. for cauterising bites by dogs. The successful use of zinc chloride after operation for cancer suggests, he thinks, a like advantage in cases of possible rabid bites.

## THE ADMINISTRATION OF ACIDS AND ALKALIES.

PUZZLED asks: Should acids be given before or after meals; also, what is the proper time for the administration of alkalies?

## CONSTIPATION OF PREGNANCY.

R. D. writes: A delicate married lady is pregnant for the fourth time, a few weeks gone. She suffers severely from constipation, and, if the bowels are not moved every day, she faints when they act. I have tried almost everything in the way of confections, pills, laxatives, diet, and tonics; nothing gives relief except aloe and rhubarb. Is it safe to continue giving them, as she must take something every day or night? I have also given her the following pill, but fear it is a bad one to be taken nightly on account of the calomel: R. ext. aloes aq. 3*l*; pulv. gamboge gr. iv; jalapa gr. iv; colocynth. gr. vi; hyd. subchlor. gr. xii; sapon. hispan. gr. iv; gingerine gr. ii; Ft. pil. xii. She has a strong dislike to enemata, and her appetite is very bad. Ext. cascara has had no effect.

## EXAMINERS AND THEIR OPINIONS.

A CANDIDATE writes: In a multitude of examiners there is no safety. At the examination in midwifery, held on October 18th at the Examination Hall, I was asked the treatment of vaginal cysts, and gave Dr. Galabin's method of freely incising them and cutting out a piece of their walls, as mentioned in his book on *Diseases of Women*. I was told by the examiner this was "bad surgical practice," and the same remark was applied to other answers quoted from the same authority. Can you or your readers inform me on whom to rely in reading up for this examination?

## ANSWERS.

## ECZEMA.

DR. W. WOODWARD (Worcester) writes: Will you allow me to reply to a correspondent with regard to a case of eczema that I had an exactly similar case to that which he describes cured ultimately, after consulting Dr. Inglis, of Cheltenham, by the application of oil of cade in ointment, about 1 in 10, I think? I have found myself the greatest benefit from ichthyol about the same strength, preferably in lotion made with distilled water. It will be necessary to use care, of course, in applying it to a large surface of the body at once. I shall be happy to give further particulars of the case I have referred to, if requested, as medicine was given at the same time, I believe.

## HANDBOOK OF ANALYSIS FOR MEDICAL OFFICERS OF HEALTH.

A MEMBER writes: I shall feel obliged if someone will inform me whether there be such a book in print as will enable a medical officer of health to analyse air, water, milk, and other foods, and to examine the purity of gas, etc.

\* \* \* Mr. C. E. Cassal, to whom we have referred the above query, writes: I am not aware that there is any book which will "enable a medical officer of health to analyse air, water, milk, and other foods, and to examine the purity of gas." If any importance attaches to the results it is very unadvisable that such work should be undertaken except by those who have had special practical scientific training and experience extending over some years, especially in chemistry and microscopy. From the point of view of the medical officer of health who wants some information on the subject of air and water analysis, probably the most useful book is that of Dr. Cornelius Fox (*Sanitary Examination of Water, Air, and Food*. Second edition).

## THE A. C. E. ANESTHETIC MIXTURE.

INQUIRERS asks where he can obtain the best information as to the administration of the A. C. E. mixture.

\* \* \* There is no full account of how to administer the A. C. E. mixture. Information concerning it may be found in the *Transactions of the Royal Medical and Chirurgical Society*, vol. xlvi (Report of Chloroform Committee), also in a paper read by Mr. George Eastes, M.B., before the Medical Society, and published in the JOURNAL, vol. ii, 1884, p. 1064. It may be administered with Clover's portable regulating ether inhaler, the cone, or upon lint. Given by the "close" method, more air must be allowed the patient than with ether, and the colour of the face must be watched. Any cyanosis indicates the need for access of more air. The mixture should be prepared as needed for use. Deaths have occurred during its use, both from heart failure and from cessation of respiration. Watch the respirations, the pulse, and the colour of the face.

## NOTIFICATION OF INFECTIOUS DISEASES.

M.R.C.S. appears to have failed to notice any of the voluminous literature on the subject of notification which has for years been appearing in the JOURNAL and elsewhere. Notification is only compulsory where a special Act has made it so. This exists in forty-six places in England.

