

MEMORANDA:

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

NON-PENETRATING WOUND OF RIGHT KIDNEY.

[COMMUNICATED BY THE DIRECTOR-GENERAL OF [THE MEDICAL DEPARTMENT OF THE NAVY.]

J. C., aged 28, H.M.S. *Ganges*. This man, employed and living at Mylor Dockyard in connection with the ship, was kicked by a horse on July 15th. The blow struck the loin over the right kidney, and, although collapsed for some time, he managed to walk a short distance until helped into the Dockyard House, where he lived.

When first seen, he was suffering acutely from shock, and was immediately placed in bed and the following treatment adopted. A gum elastic catheter (No. 8) was passed easily into the bladder, and about three ounces of almost pure blood were drawn off. A bandage was applied so as to exert firm pressure from the hips to back of the chest. Ferri perchlor., in half-drachm doses, was administered, and cold applications to the loins and abdomen. The collapse was severe, and lasted more than an hour, there being marked pallor and coldness of hands and feet; pulse small and feeble, 56. There was some slight fullness apparent on palpation over the region of the right kidney, and frequent micturition was a prominent symptom. By noon he had rallied greatly, the pulse having improved greatly, 68. On passing the catheter again small detached coagula were removed, and about three ounces or more of blood, intimately mixed with urine, were drawn off. During the next few hours coagula, which seemed to be irritating the bladder, were removed by means of a large catheter. By 4 p.m. hæmorrhage had apparently ceased, and the pain in the right side was much relieved. During the night mist. gallici acidi c. opio was administered, the patient lying strictly on his back. Milk and soda-water with ice as a drink. No further symptoms of dangerous hæmorrhage occurred during the night, blood and urine being drawn off to avoid irritation.

July 16th. Urine less coloured. No pain. Tinct. opii, m x, ter in die sum.; milk and soda with ice.

July 19th. The temperature rose to 103°, having been normal hitherto. Urine porter coloured, with a few small detached coagula. Skin dry. Antipyrin, gr. x; suppositoria glycerin, 2. The bladder washed out daily with lotio acidi borici (gr. ii ad 3i). Milk and eggs; lime juice.

July 20th. Temperature 99°. Urine clearer. Milk and beef-tea given. No further symptoms of any consequence occurred, the urine becoming clear and free from blood, and the man returned to his duty sixteen days from date of accident.

Comments on the Case.—The symptoms in this case were very severe in the commencement. The passage of pure blood in large quantities and the presence of marked pallor and collapse pointed to an extensive laceration of the kidney, and the case is also remarkable for the speedy convalescence after such grave injuries.

For these notes I am indebted to Surgeon Hughes, R.N.

G. W. BUCHANAN HAMILTON, Staff Surgeon.

UNION OF FLEXOR TENDONS AT WRIST.

On July 3rd a girl, aged 12, pushed her hand through a window, and in doing so divided the ulnar artery, a branch of the radial artery, and all the flexor tendons of the thumb and fingers, a little above the wrist-joint.

Having tied both ends of the ulnar artery and the branch from the radial artery, I brought together with care the divided ends of the tendons and secured them with silk, so that the lower slightly overlapped the upper ends. A padded splint, covered with gutta-percha tissue, was then put on the back of the arm and hand, a thick pad of lint was securely placed behind the metacarpal bones, the hand fixed somewhat flexed, and the skin brought together by sutures.

All the tendons united within a few days and the greater part of the wound in the skin healed by granulation, and the wound was entirely healed in about five weeks, the splint never having been once removed.

On September 1st the wound remained healed, and there was perfect use of all the tendons. The girl was able to flex her wrist,

make a perfect fist, and to move each finger independently of the others as easily as in the other hand.

The only applications used were adhesive plaster and lint moistened with carbolic oil.

Willenhall. JOHN T. HARTILL, L.R.C.P.Lond., M.R.C.S.Eng.

A CASE OF POISONING BY MEZEREON BERRIES.

On Sunday, August 3rd, I was called on to go and see a little girl, aged 4. On making inquiries, I found that she had been partaking of the berries of a shrub which happened to be growing in a small pleasure ground in which she was playing. On examining the berries and trees I found them to be *mezezon*.

The patient was very restless, and complained of burning pain in mouth and throat. She had twice vomited, before my arrival, matter containing berries and some food. I gave an emetic, fearing there might still be some offending material in the stomach; this soon returned, bringing with it some berry skins. After some time the child became very prostrated, her face being deadly pale, pulse hardly to be felt at wrist, pupils dilated; the extremities were quite cold; she was very drowsy. I had her placed in bed, and suitable remedies were ordered for her critical state. She seemed moribund. I then left her. On returning next day, I found her condition much improved; she had slept well all night (it being 7 o'clock in the evening when I was first called to attend her). However, she was still somewhat restless, as if she had some gnawing pain somewhere. I found her tongue and roof of mouth quite white, the superficial layer of mucous membrane of the latter being evidently burned and destroyed by the acrid juice of the berries. She was ordered to be kept quiet, and emulcent drinks were to be given her as often as she felt thirsty. Her bowels had moved three or four times since my last visit, this being probably due to the irritant action of the juice. On my next visit she was still improving, and is now (August 8th) quite recovered.

I consider this case worthy of notice (1) Because I do not remember ever having read of a case in any way similar. I regret to say I have not got any book of reference on the subject convenient just at present, so I am speaking from memory. (2) The action of the *mezezon* in causing vomiting soon after being swallowed, thereby lessening the chance of absorption, and, should any pass through the stomach, its acting as a purgative still further helped the elimination of any poisonous material that might be present. (3) The occurrence of it at a time when every person who reads the daily papers is quite familiar with the O'Connor poisoning case.

Aghavoe.

THOMAS EDWARD DUNNE, M.B., B.Ch.

SEVERE AFFECTION OF THE VAGUS NERVE THE RESULT OF THE POISON OF INFLUENZA.

The following case—which came under my notice in the month of February last during the severe epidemic of influenza which prevailed here at that time—was related in the Section of Medicine at the late meeting in Birmingham during the discussion on Functional Disorders of the Heart, but owing to my accidental omission to prepare it for press it was omitted from the account of that discussion in the *BRITISH MEDICAL JOURNAL* of August 16th.

The case appears to illustrate in a very striking manner the effect of atmospheric conditions, especially those of an epidemic character, upon the heart's action, as well as upon the actions of those other organs supplied by the vagus nerve.

An elderly medical man, previously in good health and entirely free from any heart affection, was seized one day with a peculiar feeling of debility, with oppression of the cardiac region, but without any pain. He went about his work as usual, but it was with difficulty and languor. There was no cough or bronchial affection, and the appetite was as good as usual. On retiring to rest he felt deadly cold, and then, for the first time, felt the pulse, which was beating in the most irregular and feeble manner, about 20 only in the minute being felt at the wrist. The feeling was entirely that of impending death, but there was no pain at or near the heart, and no sickness. A neighbouring medical man first prescribed strophanthus in good doses, hot brandy and water, heat to the body, etc. In six hours the pulse became regular and much as usual. The impression at first was that this was an attack of angina; but angina without pain seemed an anomaly and a contradiction in terms. The next night there came on a violent spasmodic and exceedingly irritative cough, which lasted for several hours without intermission. The second and third nights were the same.

This passing away, there supervened a violent gastric catarrh, which lasted for several days. When the cough appeared the patient began to think that the first attack was not of an anginal nature after all, and when the dyspepsia arrived he felt quite certain of it, for the affection of each of the three divisions of the vagus nerve in turn satisfied him that a poisonous influence of some kind had attacked its centre; and what more likely than the poison of influenza?

Judging by this experience, as to how life might have been, and was very nearly, cut short by the influence of this poison, it in no way taxes our credulity to believe in the rapidity with which death ensued in the epidemics of the Middle Ages, or even in the strict truth of the Scriptural account of the destruction of Sennacherib's army in a single night.

Given a little addition to the virulence of atmospheric poison during the epidemic of last winter and spring, that epidemic might easily have counted its victims by thousands and hundreds of thousands.

Worcester.

WILLIAM STRANGE, M.D.

CONSERVATIVE SURGERY OF THE FINGERS.

THE following case illustrates well the good results that may be obtained in trying to save, no matter how badly injured and when at all practicable, the fingers of the working classes.

On September 20th, 1889, Sergeant-Major K. retired, now in the employment of the Earl of Caledon as forester, came to me to be treated for an injury he had received to his left hand whilst adjusting the trunk of a tree on the table of a circular saw, when, unfortunately, his hand came into contact with the saw in motion. He came into my surgery with his hand enveloped in all sorts of coverings in order to check the hæmorrhage, and proceeded forthwith to extricate the injured hand with its coverings from his coat pocket, and smilingly said, "Doctor, I have got a few cuts about my fingers which I want you to look to, and it may be necessary for you to remove a few of them." When I had exposed the hand I at once recognised how serious was the injury he had received. On examination I found the remains of the index finger just hanging on to its attachments by a single muscle, all the other fingers of the hand terribly mutilated and shattered, several small splinters of bone lying detached in the wounds of the middle and third fingers, in fact he had received a severe compound comminuted fracture of the first or proximal phalanx of each finger with terrible laceration and destruction of muscles and blood vessels; such an injury as is inflicted only by the teeth of a circular saw. I at once set to work by applying ligatures to the spouting vessels after free irrigation with antiseptic lotion. I then removed the half-amputated index finger, obtaining covering for the stump as best I could. I was anxious to leave as much of the finger as possible. I was fortunate in getting the stump well covered.

At first I was afraid it would be necessary to amputate both the middle and third fingers, in consequence of the great destruction of tissue, and especially as the joint between the first and second phalanges was implicated. Fortunately, on second thought, I determined to give the fingers the chance, and proceeded to adjust the detached portions of bone and apply sutures wherever necessary and practicable. I succeeded in obtaining fairly good position of the fractured bones and got good covering. I then placed the fingers, after dressings were applied, in hollowed out tin splints as suggested by Dr. Palmer, of the Armagh Infirmary, and which I find are admirable splints for such injuries, being easily moulded to any shape or outline. The first dressing was iodoform with alembroth and protective; this was not disturbed for four days, when Dr. Palmer kindly saw the case with me and approved of my attempt at saving the fingers.

When exposed everything seemed to favour this procedure. Of course there was a considerable amount of inflammatory action present, but not more than I expected. The second dressing was similar to the first, and was continued for the first ten days. The dressings had to be changed daily owing to the great discharge. About the fifth day I had to remove a few stitches to relieve tension, which was very great and painful. After a fortnight I had all the stitches removed, healthy granulation was going on, and the patient was able to be up, and, for half an hour at a time, went out of doors. The dressing was now changed to iodoform and wool tissue, which relieved me of the necessity of frequent changes.

With this treatment the wounds healed rapidly and gave little

trouble, and at the end of six weeks from date of injury were firm and strong. With the exception of the middle finger, which is very slightly adducted to the middle line, there is no deformity. He has exceedingly good use of his hand, being able to flex the fingers on the palm, to the extent of holding and grasping firmly a stick, in fact when called on to use his hand in manual work he can do so remarkably well. This man is deeply grateful and thankful that he has his fingers remaining and has such good use of them. He never expected such a satisfactory result. No more did I.

In conclusion I would like to mention that before the accident this man was a renowned player of the warlike bagpipes, and since then he has been able to resume this accomplishment (?) without suffering much inconvenience.

Caledon, Co. Tyrone.

R. D. PATTERSON, L.R.C.S.I., etc.

AN UNUSUAL CASE OF TONGUE BITE.

I MIGHT be permitted to record a singular case of tongue bite which, I believe, would interest the jurists, especially as I do not see it mentioned in standard works on medical jurisprudence that I can command.

On August 9th an old man was lying in bed, when his son-in-law returned home drunk and assaulted the former. In the struggle he took hold of the old man's throat to throttle him. This led his tongue to protrude out to its furthest extent. Immediately the assailant stooped over and bit his tongue, causing a lacerated, dentated wound, resembling in shape the arch of the jaw. The hæmorrhage was not profuse and the wound has healed up, leaving a jagged cicatrix.

Treherbert.

MONTAGUE D. MAKUNA.

REPORTS

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

GUY'S HOSPITAL.

TUBERCULAR DISEASE OF THE BREAST AND AXILLARY GLANDS.
(By W. ARBUTHNOT LANE, M.S., F.R.C.S., Assistant Surgeon Guy's Hospital, and the Hospital for Sick Children, Great Ormond Street.)

S.A.C., a healthy, robust woman, aged 38, was admitted under my care on January 20th, 1890. Her family history was good, except that a maternal aunt died of cancer of the breast. She had never married, and had always been healthy. Eighteen months ago she noticed a small swelling in the upper part of the left breast. It gradually increased in size, and was not painful. Six months ago she noticed another lump on the inner side of the breast. This one caused her some little pain, and it grew more quickly than the other. She had never had any injury to the breast.

On admission, two swellings were found in the left breast. One occupied the upper portion of the breast, being large and firm and not fluctuating. The other occupied the inner portion of the breast, and was soft and fluctuating indistinctly. There was no oedema or redness of the skin, which moved freely over both tumours. In the axilla there was an ill-defined lump on the inner wall.

Supposing it to be a case of chronic abscess, the swelling in the inner portion of the breast was freely incised. This proved to be a single abscess cavity, with a thick wall of granulation tissue. On squeezing the upper mass, a little caseous material and pus welled slowly into the lower cavity. The finger was forced into the upper mass through the wall of the lower cavity, and about seven or eight separate cavities, each as big as a hazel nut, were opened and cleared of their contents. Free drainage was established, and the wound was dressed antiseptically. Though I strongly suspected that the disease was tubercular, no bacilli were found in the material removed. It was, therefore, determined to try thorough drainage before proceeding to remove the breast. The discharge diminished in quantity, and in the hopes of sea air improving her condition, she was sent out on February 13th.

She was readmitted on March 31st, the sinus discharging a

ASSOCIATION INTELLIGENCE.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members, in commodious apartments, at the offices of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the office.

NOTICE OF QUARTERLY MEETINGS FOR 1890. ELECTION OF MEMBERS.

A meeting of the Council will be held on October 15th, 1890. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before the meeting, namely, September 24th, 1890.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary*.

BRANCH MEETINGS TO BE HELD.

EAST ANGLIAN BRANCH.—The autumn meeting of this Branch will be held at Cromer, on Thursday, September 25th. Programme of Proceedings:—2.30. General Meeting in the Library of Cliff House, kindly lent for the occasion by Mr. S. Hoare, M.P., and Mrs. Hoare. Papers: Dr. Shephard Taylor: Cromer as a Health Resort. Dr. McClure: Electricity in Medicine. Mr. Fenner: Notes on Surgical Cases in Cromer Cottage Hospital. Dr. Barton: Nitro-Glycerine as a Therapeutic Agent. Mr. Lawson Tait: A Reply to Sir Joseph Lister's Address "On the Present Position of Antiseptic Surgery." 5 to 7. Reception (Afternoon Tea) by Mrs. McClure and Mrs. Fenner in the grounds of Cliff House, to which members and their ladies are cordially invited. The Cromer Cottage Hospital will be open to the inspection of members.—EDGAR G. BARNES, MICHAEL BEVERLEY, *Honorary Secretaries*.

BORDER COUNTIES BRANCH.—The autumn meeting of this Branch will be held at the Tower Hotel, Hawick, on Friday, October 3rd, at 3 P.M. Members desirous of reading papers should communicate with the Honorary Secretary ten days before the date of meeting.—JAMES ALTHAM, *Honorary Secretary*.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above District will be held at Deal on Thursday, September 25th; Mr. D. Hughes in the chair. The following have promised to read papers:—Mr. R. Lydden: On Ulcerative Endocarditis, with notes of a case. Dr. Boswell: Some Points about Migraine. Dr. Halstead: Medical Notes. Some interesting pathological specimens will be shown. Anyone wishing to read papers or show specimens should at once communicate with the Honorary Secretary, W. J. Tyson, 10, Langhorne Gardens, Folkestone.

SOUTH MIDLAND BRANCH.—The autumnal meeting will be held at Wellingborough, on Thursday, October 2nd. Gentlemen wishing to bring forward papers, cases, etc., are requested to communicate without delay with the Honorary Secretary, C. J. EVANS, Northampton.

SPECIAL CORRESPONDENCE.

PARIS.

The Physiology of the Recent Execution.—Paris Schools and Faculties.—Necrology.—General News.

A FEW days ago a criminal was executed at Epinal; immediately after the execution, which was effected very rapidly, the corpse was given over to Dr. Gley, Professeur Agrégé at the Paris Medical Faculty. The heart beats were observed during six minutes after death. Dr. Gley was able to study auricular and ventricular contraction, which he observed to be independent of each other. Dr. Halletté examined the dead body of another criminal executed at Montreuil, and detected the heart beats a quarter of an hour after death.

At the coming parliamentary session, the question of organising new universities and suppressing old will be discussed. At the present time the following towns possess a university or a pharmaceutical school, termed in French *écoles supérieures*: Bordeaux, Lyons, Toulouse, Montpellier, Lille, Caen, Nancy, Rennes, Poitiers, Alger, Grenoble, Aix (law and literature), Marseilles, Dijon, Besançon (science and arts), Clermont. The total number of students registered at the different schools and faculties on April 15th, 1890, reached 16,391, of whom 15,120 are French, and 1,271 foreigners. Among the French 140 are lady students; among the foreigners, 149. The total number of lady students registered this year throughout France is 289. The above list is arranged according to the number of students studying at each school or faculties. The following towns possess only medical or pharmaceutical schools: Nantes, Amiens, Angers, Limoges, Rouen, Tours, Rheims, Montauban; the latter has also a theological school. Among the foreign students studying in France there are 989 Europeans, of whom 71 are English.

The death is announced of Professor Gavarret. The sad event took place at M. Lannelongue's country house, the Chateau de Valmont. M. Gavarret was born in 1809, educated at the École Polytechnique, and subsequently at the École d'Application, of Metz. Preferring medical studies to military, he quitted the above schools, and became a registered student of the Paris Medical Faculty. In 1834 he attained his diploma. In 1843 he was named Professor of Medical Physics, after the usual *concours*. In 1848 he became member of the Paris Academy of Medicine; subsequently he was member of the Comité Consultatif d'Hygiène, and general inspector. Many of his works on science are still held in great esteem. The last meeting at the Academy of Medicine was suspended as a token of respect and regret.

The cholera precautions are not relaxed. An artisan, Charles Busman, has been sentenced to three days' imprisonment and to pay a fine of five francs (4s. 2d.) for receiving his sister arriving from Spain without notifying the same to the authorities indicated. His sister, who had omitted to notify her arrival to the mayor of her arrondissement, had the same judgment passed on her.

A sad accident has happened at the Grenoble Hospital. A balcony gave way, and in falling to the ground killed a patient and wounded three others.

Dr. Vivant, in a pamphlet entitled *Les Maladies Epidémiques dans le Midi*, urges that contagious diseases should be notified to municipal authorities, and that the disinfecting process should be effected officially by means of a disinfecting stove. The Paris press suggests that this system should be in force throughout France.

SHEFFIELD.

The Sheffield General Infirmary.—Decrease of Pauperism.—Rabies and the Muzzling Order.—Disposal of Refuse.

THE ninety-third annual meeting of the Sheffield General Infirmary was held on September 3rd. The report gave evidence of satisfactory work, but the expenditure, owing to sanitary alterations, renewal by over 100 bedsteads, etc., had exceeded the ordinary income by £1,547. The report referred with regret to the loss by death during the last year of the Chairman of the Weekly Board and the Treasurer, as well as the late Senior Physician, Dr. de Bartolomé. His interest, however, the report stated, in the welfare of the hospital "was maintained to the last, and the presentation by the governors of his portrait, painted by Mrs. S. E. Waller, of London, makes a pleasing memorial of one who did his work well, and aided very materially in the advancement of medical science." It may be added that the portrait is not only an excellent work of art, but is a capital likeness, and presents Dr. de Bartolomé in a way that vividly recalls his well-known features and character. The fund started as a memorial to the late Chairman (Mr. Brooksbank) was reported to be making satisfactory progress, and as it is for the purpose of supplying surgical appliances to needy patients much good is anticipated from it.

The guardians of the two unions, Sheffield and Ecclesall, of which Sheffield consists, were at recent meetings both able to report a decrease in pauperism. In the former the percentage was less than it had ever been in the history of the union.

The three children who were bitten by the dog with rabies have completed their treatment at the hands of M. Pasteur, and have returned home. A regular crusade has been made against the owners of unmuzzled dogs, and heavier fines have been inflicted.

80th year than many men of 25; and a well-spent life preserved his robust faculties intact to the last. The profession has lost in him a hard-working, industrious and enlightened member, and his family and friends an exceptionally lovable and beautiful character.

J. T. GEORGE, M.R.C.S.ENG.

WE have to announce the death of Mr. George, of Keith, in the 70th year of his age and the 50th of his professional practice in the town and district of Keith. He had been in rather delicate health for some time back; indeed, he never got quite the better of a rather severe attack of influenza some months ago, but he kept moving about amongst his patients up till about ten days before his death, when he was compelled to take to his bed. From that time he continued to get gradually worse till about 7 o'clock on Friday night, when he breathed his last. He was a native of Keith, and received his early education under the late genial Mr. John Low in the old school in the upper flat of the gaol on the Square. As an evidence of the esteem in which he was held by the general community, it may be stated that the arrangements were just about completed for presenting him with a jubilee testimonial in recognition of his long services, and now there is general regret that he did not live to receive this tangible token of appreciation.

The deceased was a commissioner of the burgh of Keith. In addition to his other professional appointments he acted as medical adviser to the Strathisla Lodge of Oddfellows, and by the members of that society he much respected. His funeral was a public one.

ROBERT CHALMERS, L.F.P.S.GLAS., L.M., L.S.A.

WE regret to announce the death of Dr. Robert Chalmers, which took place at his residence in Pollok Street, Glasgow, on September 4th. The deceased gentleman had been suffering from an influenza cold for the last two months, but it was only a week previous to his death that he was confined to his bed. Dr. Chalmers was a native of Girvan, where he was born forty-seven years ago. He was medical officer for the burgh of Kinning Park, and was surgeon to the David Livingstone Lodge of Oddfellows, and assisted his brother, Dr. James Chalmers, police surgeon, Southern Division, Glasgow. He had practised his profession in Glasgow for about twenty years. Dr. Chalmers leaves a widow but no family.

INDIA AND THE COLONIES.

VICTORIA.

INSANITARY STATE OF THE MELBOURNE HOSPITAL.—Complaints have for some years been rife as to the defective construction of the Melbourne Hospital, the principal hospital in the Colony of Victoria. The Charities Commission commenced an inquiry into these allegations last July, and the evidence tendered by various members of the staff past and present reveal a condition of things which, if not immediately remedied, will remain a standing disgrace to the city of Melbourne. The wards are badly constructed and overcrowded, and the sanitary appliances are deplorably bad. Dr. Grant, one of the physicians, stated, according to the report in the *Argus*, that in one ward "the chief outlet for the accumulated foul air from closets, slopsinks, and the contents of the scullery was through the door into the large ward." It is not surprising, therefore, to read that "two cases of abdominal section had lately died of blood poisoning in this special ward, and one other case of septicæmia." The condition of other wards was stated to be little if at all better; in one the beds were arranged four deep. Infectious diseases, such as diphtheria, typhoid fever, and erysipelas, are treated in canvas huts, which are so overcrowded that the cubic space for each patient in some instances falls to the utterly inadequate figure of 652 cubic feet. Further, it is impossible to attempt to segregate the cases, so that cases of traumatic delirium, diphtheria, and severe burn were to be found side by side in the same overcrowded hut. The accommodation for resident medical officers and nurses is most inadequate, and is believed to result in much sickness, and even in a special incidence of consumption on the house-surgeons and physicians. We are glad to gather from a leading article in the *Argus* that public opinion has been aroused by the evidence given at the inquiry, and the proposal to pull down the present

obsolete and inadequate building, and erect on a suitable site a hospital constructed on the principles which experience has shown to be necessary finds favour in Melbourne. It is surprising to read that such a deplorable state of things should have been permitted to exist so long in the capital city of a colony so prosperous and progressive as Victoria.

TRINIDAD.

THE report of the Surgeon-General on the Medical Service and Medical Institutions of the Colony of Trinidad for the year 1889 has recently been issued. As to the service, it is stated that since 1882 all vacancies, with two exceptions, have been filled by the appointment of gentlemen resident in the colony. The exceptions were Dr. Beaven Rake, the medical superintendent of the Leper Asylum, and Dr. W. V. M. Koch, nominated by the Secretary of State last year on the ground of his special acquaintance with bacteriology. The amount of work done by the medical service in the hospitals and various district stations during the year was very considerable; the number of patients treated in the Colonial Hospital, Port of Spain, which has 625 beds, was 7,111, with a death-rate of 9.21 per cent. The death-rate of the whole colony is still high (29.56 per mille), though lower than in 1888, when it was 30.48. Neglect and improper feeding of young children are mentioned as among the causes swelling the death-rate, over one-fifth of the deaths being those of children under one year of age. Dr. Rake's report on leprosy, which is published as an appendix, will be noticed in a future number.

NEW ZEALAND.

ON December 31st last the number of registered insane persons in the colony was 1,761, being an increase of 80 for the year: of these 1,761, 25 were in the Ashburn Hall Private Asylum. Dr. Macgregor, the inspector of asylums, in forcible language, draws the attention of the Colonial Parliament to the conditions under which patients are admitted into the asylums. He says that: "Here patients are admitted whether there is room or not, and the accumulation goes on until some scandal calls public attention to its consequences," and he adds, "the responsibility of preventing overcrowding is almost too much for any man to face," and he points out the wisdom of amending the existing lunacy law so as to have a definite "minimum" day room and dormitory space for each patient in each asylum. All the existing asylums are full, and no special provision having been made for the criminal lunatics, they are being cared for and maintained in the wards along with the other patients. These criminal lunatics are a source of intolerable difficulty and danger, as anyone who has had to deal with them knows full well, and it is unfair to the other patients, and to those who have charge of them, that such a state of things should be allowed. Without going to the expense of building a separate criminal asylum, the colonial authorities might set apart special wards in one of the existing asylums for their reception. Despite the drawbacks referred to the percentage of recoveries is satisfactory, namely, 57.62 per cent.; the death-rate was only 4.54 per cent.; and the general health was good, which speaks well for the management of the asylums, in all of which overcrowding is said to exist, and in many the buildings are defective. Dr. Hacon, of Christchurch, points out that there is only one medical officer to each 364 patients, as compared with one to 250 in England and Wales; and he insists that the medical superintendent should be permanent, that is, he should not be sent from one asylum to another, and not "bundled about the colony like a police constable." According to Dr. Hacon, it would seem the Government do not permit *post-mortem* examinations to be made, and he suggests that the Colonial Secretary should be urged to ask parliament to remove the present prohibition; it is to be trusted that this desirable end may be attained without delay.

HOSPITAL AND DISPENSARY MANAGEMENT.

MEDICAL CHARITY REFORM AT BIRMINGHAM.

SIR.—In the *BRITISH MEDICAL JOURNAL* of August 23rd, page 478, Mr. Fothergill, outdoor Poor-law superintendent, is represented as having stated before the Committee on Hospital Reform at Birmingham, that if the destitute sick were admitted into the workhouse they were disqualified as voters. This seems strange.

Section 2 of the Medical Relief Disqualification Act, 1885, provides that "Where any person has in any part of the United Kingdom received for himself, or for any member of his family, any medical or surgical assistance, or any medicine at the expense of any poor rate, such person shall not by reason thereof be deprived of any right to be registered or to vote either as a Parliamentary voter, or at any municipal election, or as a burgess, or as a voter at any election to any office under the provisions of any statute." It will be noted this clause applies to all persons, and not to paupers; it does not even refer to poor persons, but to any person.

It is really a pity that so much unnecessary labour is spent on building up false differences between medical charities and workhouse infirmaries, for the day is not far distant when it will not be considered a crime if the working man, with his two-room dwelling, is compelled in sickness to go to the State hospital for treatment.

Another point is that the time is not far off when the State workhouse infirmaries will be thrown open for the clinical instruction of students. The Poor-law Act of 1867 gave boards of guardians the power to use their hospitals "for the purposes of medical instruction and for the training of nurses." Then came the Poor-law Amendment Act of 1869, repealing the 29th Section of the Metropolitan Poor Act of 1847, and laying it down that the hospitals were not to be used for the purposes of a medical school. At present common sense, and the necessity for the means of turning out young doctors with a fair quantity of practical training, are beginning to make themselves felt, for in the Poor-law Act, 1889, Section 4, it is laid down, "That asylum managers (Metropolitan Asylums Board) may, if they think fit, allow the asylums provided for fever, small-pox, and diphtheria to be used for purposes of medical instruction, subject to the rules and regulations which the Local Government Board may from time to time make with regard to such use of the said asylums." It is a pity our Association had not been more watchful, and had this clause made applicable to the United Kingdom. Let us work for this extension; it is our right.—I am, etc.,

Liverpool.

ROBERT R. RENTOUL, M.D.

NURSING AT THE LONDON HOSPITAL.

At the quarterly court of the London Hospital, Mr. J. H. Buxton, the Chairman, in proposing the adoption of the report, referred to the evidence which had been given before the House of Lords Committee on Metropolitan Hospitals. The House Committee were most anxious that the inquiry should be as full and exhaustive as it could possibly be, and they were anxious that, if there were any weak points in their management, they should be brought to light as quickly as possible. The Committee had thought it right to pass a vote expressing confidence in Miss Lückes, the matron, and sympathising with her in the attacks made upon her. He thought the public must feel that the evidence already given had most completely and fully justified the management. A week or two back, Cardinal Manning, in sending a cheque for £1,000, said he did so in order to show his full confidence in the management after the attacks that had been made upon it.

Mr. W. G. Crow having seconded the adoption of the report, Mrs. Hunter proposed the following amendment: "That the Chairman's motion be received and adopted, provided such adoption shall not be deemed to pledge the meeting to any expression of opinion respecting the questions recently raised before the Select Committee of the House of Lords on Metropolitan Hospitals." It was, she said, premature to pledge the meeting to any expression of opinion respecting the questions at issue, because governors had had no opportunity of forming a judgment on the matter, inasmuch as the Blue Book was not yet printed.

Mr. J. Hall having seconded the amendment,

Sir E. H. Currie said he hoped the meeting would not pass the amendment, but would show their confidence in the Committee and the matron by adopting the report. If through the charges which had been made the public were in any way to lose confidence in the hospital, the great masses of the East End would be the sufferers, and the responsibility of anyone who brought such charges was very great indeed.

Sir Lowthian Nicholson also spoke in support of the House Committee, and defended the nursing arrangements.

After some further discussion, the amendment was put to the meeting, and rejected by 23 votes to 8, and the motion for the adoption of the report was agreed to.

UNIVERSITIES AND COLLEGES.

SOCIETY OF APOTHECARIES OF LONDON.—Pass-list. August 15th. 1890. The following gentlemen passed in Surgery:

*F. W. A. Stott, B.A., Oxford University and Manchester	F. Lewis, St. Mary's Hospital
*R. W. Cooper, St. Thomas's Hospital	H. L. Morgan, Westminster Hospital
A. B. Blomfield, London Hospital	R. B. Morris, Owens College, Victoria University
W. A. Hampton, Middlesex Hospital	C. E. Soulbey, Middlesex Hospital
G. E. T. Haydon, London Hospital	J. J. Waddelow, King's College
R. Jackson, London Hospital	W. A. Powel, University College
H. L. A. Keller, St. Thomas's Hospital	

* Messrs. Stott and Cooper, having passed in Medicine and Midwifery at this Hall, were granted the diploma of the Society.

August 21st. The following passed the examination in Medicine, Forensic Medicine, and Midwifery:

A. E. F. F. Huntsman, St. Mary's Hospital	A. I. Richards, Middlesex Hospital
M. Royce, Royal Free Hospital	D. R. P. Evans, Liverpool and Charing Cross Hospital
J. Hurson, Queen's College, Belfast, and Sheffield	W. A. Hampton, Middlesex Hospital
E. Boardman, Madras University and Royal Free Hospital	C. T. W. Hirsch, London Hospital
J. G. Burgess, Guy's Hospital	J. J. Waddelow, King's College
C. P. M. Swales, St. Bartholomew's Hospital	L. Trewby, Royal Free Hospital
C. E. Soulbey, Middlesex Hospital	C. E. Cornwall, St. Bartholomew's Hospital
	J. More, St. Bartholomew's Hospital
	W. E. Passmore, Westminster Hospital

The following passed in Medicine and in Forensic Medicine:

F. Lewis, St. Mary's Hospital	R. H. D. Mahon, St. Thomas's Hospital
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The following passed in Medicine and in Midwifery:

W. F. H. Newbery, M.D., C.M., Toronto	L. F. Dods, St. Bartholomew's Hospital
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The following, having passed in Surgery at this Hall, were granted the diploma of the Society:

A. E. F. F. Huntsman	J. Hurson	J. G. Burgess
C. P. M. Swales	C. E. Soulbey	A. I. Richards
D. R. P. Evans	W. A. Hampton	C. T. W. Hirsch
J. J. Waddelow	L. Trewby	

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

THE OUTBREAK OF DIPHTHERIA IN PADDINGTON.

In a report recently presented to the Paddington Vestry, Dr. Stevenson, the medical officer of health, points out that the extent to which diphtheria has been prevalent in Paddington may be accurately gauged from the weekly death returns, and from the notifications of sickness sent in to the Sanitary Department under the Infectious Disease (Notification) Act, 1889. During the ten years ended on December 28th, 1889, the annual average of diphtheria deaths was 30. During the first quarter of 1890 the deaths numbered 9, being equivalent to an annual average of 36; during the recent quarter they numbered 10, being at the rate of 40 per annum. In the six months there were therefore 19 deaths, equivalent to an annual average of 38, as against an annual average of 30 during the preceding ten years; and the returns under the Notification Act show 30 cases for the first quarter of 1890, and 46 for the second quarter. It thus appears that there has been some increase in the prevalence of diphtheria in the parish, but nothing in the nature of a general epidemic. The increase has not been confined to Paddington, as for many years the mortality from diphtheria has been steadily rising, both in London and other towns, and particularly so during the last two years; the deaths in London increasing from 953 in 1887 to 1,311 in 1888, and to 1,588 in 1889; whereas the decennial corrected average was only 932. Owing to the fact that several of the fatal cases in Paddington occurred among certain children of the wealthier class in attendance at a particular day school, and to the statement that the boys who contracted the disease had drunk the water supplied at the refreshment room at the Paddington Recreation Ground, while those who had not drunk the water escaped, public attention was attracted, it being inferred that the water was the cause of the disease. This matter, says Dr. Stevenson, has been carefully investigated, and every one of the 46 cases of diphtheria which have occurred since March 29th has been the subject of a special inquiry; he does not consider that the theory is tenable, for the reasons that the water supply in the recreation grounds is free, that it is drunk by hundreds and sometimes by thousands every day, and that upon individual inquiry not one of the 46 notified persons had drunk the water; while in addition,

Paisley, and Glasgow. The 470 deaths registered in these towns during the week under notice included 77 which were referred to the principal zymotic diseases, equal to an annual rate of 3.0 per 1,000, which was 0.9 below the mean zymotic death-rate during the same period in the large English towns. Among these Scotch towns the highest zymotic death-rates were recorded in Perth and Paisley. The 220 deaths registered in Glasgow included 12 which were referred to whooping-cough, 7 to measles, 5 to "fever," and 4 to scarlet fever. Three fatal cases of scarlet fever were recorded in Aberdeen, 2 in Leith, and 2 in Paisley. The death-rate from diseases of the respiratory organs in these towns was equal to 3.0 per 1,000, against 2.1 in London.

HEALTH OF IRISH TOWNS.

In the sixteen principal town-districts of Ireland, the deaths registered during the week ending Saturday, August 23rd, were equal to an annual rate of 21.0 per 1,000. The lowest rates were recorded in Sligo and Lisburn, and the highest rates in Londonderry and Lurgan. The death-rate from the principal zymotic diseases averaged 2.9 per 1,000. The 139 deaths registered in Dublin were equal to an annual rate of 20.5 per 1,000 (against 18.6 and 20.1 in the two preceding weeks), the rate for the same period being 19.2 in London and 16.2 in Edinburgh. The 139 deaths registered in Dublin included 14 which were referred to the principal zymotic diseases (equal to an annual rate of 2.1 per 1,000), of which 7 resulted from diarrhoea, 3 from whooping-cough, and 3 from different forms of "fever."

The deaths registered in the sixteen principal town districts of Ireland during the week ending Saturday, August 30th, were equal to an annual rate of 21.0 per 1,000. The lowest rates were recorded in Lisburn and Sligo, and the highest in Dundalk and Londonderry. The death-rate from the principal zymotic diseases averaged 2.9 per 1,000. The 161 deaths registered in Dublin were equal to an annual rate of 23.8 per 1,000 (against 20.1 and 20.5 in the two preceding weeks), the rate for the same period being 19.6 in London and 12.3 in Edinburgh. The 161 deaths registered in Dublin included 22 which were referred to the principal zymotic diseases (equal to an annual rate of 3.3 per 1,000), of which 13 resulted from diarrhoea, 3 from whooping-cough, 3 from different forms of "fever," and 2 from measles.

HORSHAM BOARD OF GUARDIANS AND THEIR DISTRICT MEDICAL OFFICER.

THIS Board has recently made an unsuccessful attempt to lower the salary of one of their district medical officers, Mr. Kinneir, who very properly declined to continue in office at a reduced remuneration of 12½ per cent. The guardians thereupon decided to advertise the appointment as vacant, and to invite applications for it. The result of this was that the clerk had to inform the Board at its meeting on September 3rd that there was no applicant for the office. It is now proposed that Mr. Kinneir be reappointed at his former salary, but we should not be surprised if he declines this offer. We do not question the legality of the action which led to the expense of advertising the appointment in question, but we consider that so much want of judgment was displayed in thus spending money, that we seriously doubt if the auditor will be justified in allowing it to be charged against the public. Whether, however, he does so or not, we do not hesitate to say that any expense so injudiciously incurred should in fairness be borne by the guardians who voted for it, and that nothing can justify it being thrown as a tax upon the ratepayers of the union.

THE LONDON WATER SUPPLY AND THE THAMES.

DR. P. H. WALKER.—The London water companies which derive their supply from the Thames are the Chelsea, Grand Junction, Lambeth, Southwark and Vauxhall, and West Middlesex. These companies withdraw about 90 million gallons daily from the river, but the Grand Junction, Lambeth, and Southwark and Vauxhall companies supplement their supplies by collecting spring water from the gravel beds in their neighbourhood. All the companies' intakes are in the same reach of the river, namely, that extending between West Molesey and Hampton. The average volume of water flowing down this reach of the river is probably some 500 million gallons in the twenty-four hours. The Thames companies pay an annual sum of £10,000 to the Thames Conservancy Board; they are obliged by Act of Parliament to pass all the water they collect through their filter beds. The dividends of the companies for the past year were as follows: Chelsea, 9½ per cent.; Grand Junction, 9 per cent.; Lambeth, 9½ per cent.; Southwark and Vauxhall, 6 per cent.; West Middlesex, 10 per cent. The five companies possess capital amounting to over 7½ millions sterling.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

BLACKBURN (Population, 121,275).—*Excessive Death-Rate: Measles and School Attendance: Sanitary Needs of the Town.*—Dr. Barwise has had to rely to a great extent on statistics for the sanitary history of 1889 in Blackburn, since his personal experience of the county borough includes only the latter half of the year. He notes that the death-rate, 25.4 per 1,000, an increase upon 1888, is much in excess of the average of the 28 large towns, and he makes a very careful analysis of the causes of this excess. He finds that it is due to three classes of diseases—the zymotic, dietetic, and local diseases, these affecting nearly all the age periods. Comparing the death-rate from groups of local diseases in England and Blackburn, Dr. Barwise shows that the district mortality is 3.2 per 1,000 higher from pulmonary diseases and 0.8 too high from nervous diseases, this latter excess being chiefly due to the deaths of children from convulsions. Bronchitis and pneumonia are by far the most prolific causes of death. The importance of a thorough investigation of the circumstances of the

high death-rate from respiratory diseases is made evident by the fact that in Blackburn it is more than 1 per 1,000 higher than in any of the cotton towns in Lancashire. The zymotic death-rate of 1889 was much above the average, and amounted to 4.9 per 1,000. The heaviest mortality was occasioned by measles, and with regard to this disease, with which it is especially difficult for sanitary authorities and their officers to grapple effectually, Dr. Barwise invokes the assistance of school managers, schoolmasters, and all engaged in education. The sanitation of the borough is not all that could be desired; there are many influences affecting injuriously or threatening the health of the community. There are numerous open middens within a few yards of the windows and doors at the backs of cottage houses, tainting the atmosphere, percolating in many instances under the foundations of the houses themselves, and polluting the ground air. There are many insanitary houses in the town. There is also a practice of building over ditches which requires better regulation than at present. There is, in fact, plenty of room for good sanitary work in Blackburn.

MEDICAL NEWS.

DURING the last week of July one hundred candidates entered their names as candidates for the degree of M.D. in the Faculty of Medicine in Paris, and of this number nine were women.

THE annual house to house collection at Gainsborough, on behalf of the Hospital Saturday Fund, was made on September 6th, when over £40 was realised, being the largest amount ever received.

A REUTER'S telegram from Berlin states that typhus fever has broken out in the district of Rybnik, Upper Silesia, and twenty persons are suffering from the malady on the large estate of Modliszenko. The outbreak is attributed to the poverty, and consequent meagre living, of the people.

DR. EDWARD LAW, Physician to the London Hospital for Diseases of the Throat, has been appointed a *Mitarbeiter*, or collaborator on the staff of the *Monatschrift für Ohrenheilkunde*, etc., which is published at Berlin under the editorship of Professors Gruber, Rüdinger, Von Schrötter, and Weber-Liel.

THE President of the United States has nominated Colonel J. H. Baxter to be Surgeon-General of the United States Army. Colonel Baxter entered the volunteer service as a surgeon in 1861, and for the last twenty-three years has served in the administrative bureau of the medical department of the army.

A MIDWIFE in Prussia has been sentenced to imprisonment for three years and a half for continuing to practise after having been forbidden to do so temporarily by a physician and by the police. She was held to have been the direct cause of the death of one woman after confinement, and of the serious illness of another.

MRS A. F. PIERCY, of the London School of Medicine for Women, who took the gold medal and exhibition for materia medica, and a gold medal in anatomy at the recent intermediate examination in medicine of the University of London, has been appointed Demonstrator of Anatomy to the School for the ensuing winter session.

POISONING BY BOILED CRAWFISHES.—Drs. Zorin and Markeloff, of Nikolaiev, report (*Vratch*, No. 31, 1890, p. 714) a series of cases of acute gastro-intestinal catarrh recently observed in which the disease had been undoubtedly caused by the ingestion of commercial boiled crawfishes. Some of the cases rapidly ended in death.

LEPROSY OR RINGWORM?—It is now stated officially that the statements as to the prevalence of leprosy in New Caledonia were due to a mistaken diagnosis. The disease is now stated to be "not leprosy, but a simple skin disease," probably the severe form of ringworm which is known to be very prevalent among the inhabitants of many of the South Sea Islands.

ADULTERATION OF FRUIT SYRUPS.—A Continental Sanitary Board has recently undertaken an extensive examination of various so-called fruit syrups sold in local shops and stalls. Almost all specimens analysed proved to be artificial sugary compounds coloured with fuchsin and other injurious dyes without containing any fruit ingredients (*Vratch*, No. 32, 1890, p. 738).

THE New York State Dairy Commission has, it is stated (*Boston Medical and Surgical Journal*), begun to take proceedings against milk dealers who use a substance known as "preservaline." This material, which prevents the souring of milk, is added in large quantities—about half-an-ounce to a gallon—so that it appreciably affects the composition of the solids of the milk.

GANGRENE AFTER INFLUENZA.—M. Loison has recorded (*Lyon Médical*) a case of gangrene of the leg after influenza. The symptoms came on with great rapidity, being well established within two or three minutes of onset. The gangrene was apparently due to embolism of the femoral artery. The heart sounds were quite normal, and the origin of this embolus remains a mystery.

AN effort is being made in America to collect funds for the establishment of an insane asylum near Canton. The foreign residents in that city have given their support to the enterprise, and the prime movers, Dr. E. W. Thwing, of Brooklyn, and Mr. John G. Kerr, intend to make an appeal for funds in this country. At the present time there appears to be no provision of any kind in any part of the Chinese Empire for the care and treatment of the insane.

DISINFECTION OF SECONDHAND CLOTHES.—At a recent meeting of the Odessa Town Council, Councillor Dox introduced a resolution demanding that all local dealers in old clothes should be permitted to sell their articles only after a thorough disinfection of the latter in the town disinfecting chamber. Every piece subjected to the treatment should be furnished with some mark, without which no article should be sold (*Vratch*, 1890, No. 32, p. 738).

SECOND LIFE GUARDS.—We have recently announced the retirement of Surgeon-Major Frederick Hume-Spry on a pension, after nearly a quarter of a century's service in the regiment, and thirty-one years' service in Her Majesty's Army. A farewell banquet was given in his honour at the Café Royal, Regent Street. All the present and many of the past officers attended, and the speeches made on the occasion proved how greatly beloved and respected this officer is.

FEVER IN LONDON.—The returns from the hospitals of the Metropolitan Asylums Board up to September 5th show a slight increase in the fever patients under treatment. During the week only 46 cases were admitted, and there remained 1,450 cases of scarlet fever, 128 of diphtheria, 1 of typhus fever, 104 of enteric fever, and 8 cases of other diseases of a febrile character in the six district hospitals—a total of 1,691 cases altogether, including convalescents. The admission of one case of small-pox has been reported, the only case under treatment.

"ANTISEPTOL."—The following method of preparing antiseptol, the trivial name given by M. Yvon to cinchonine iodo-sulphate, is given by the *Pharmaceutical Journal*: Dissolve 25 grammes of cinchonine sulphate in two litres of water, and precipitate this with a solution of 20 grammes of potassium iodide and 10 grammes of iodine in a litre of water. The light voluminous brown precipitate that is produced is described as being inodorous, insoluble in water, soluble in alcohol and in chloroform, and as containing 50 per cent. of iodine. It is said to be an efficient substitute for iodoform.

DEATH DUE TO TEETH EXTRACTION.—At the Warsaw District Court, Mr. Brykovsky, a dental practitioner, was recently tried for malpractice. A woman with an inflamed cheek had come to him to have a right upper tooth extracted. The operation was followed by enormous hæmorrhage, the patient being taken home in an unconscious state; on the next day she died. At the necropsy, the right upper alveolar process proved to be fractured, an adjacent largish artery severed, and all internal organs bloodless. The medical evidence was to the effect that the patient's death was due to acute anæmia caused by the rupture of the vessel. The court concurring in the opinion, the practitioner was deprived of his licence, and, in addition, sentenced to a course of "church penance" (*Vratch*, 1890, No. 32, p. 737).

THE EFFECT OF ENVIRONMENT.—The Rev. W. H. Dallenger, F.R.S., in his address delivered before the Bristol Naturalists' Society, pointed out that in the case of larger animals it was well known that changes in the environment produced change in the organism, but on account of the slowness of succession of the different generations, it was impossible for any one observer to follow up these changes to any extent. In the case of micro-organisms, however, the succession of the generations takes place

with such rapidity, that it becomes possible to produce well-marked change in the organism by the gradual increments of variation in the environment. In the case of one micro-organism, he had been able in some eight years so to change it that it could live and multiply at a temperature of 157° F., although its optimum temperature at the beginning of the experiment was 65° F., and the upper limit at which it could live 100° F.

BUCHU LEAVES.—According to the *British Pharmacopœia*, the leaves of any of the species *Barosma betulina*, *crenulata*, or *serratifolia* may be used in preparations of buchu. An incidental observation that a patient, who had been in the habit of taking an infusion prepared from the broad-leaved varieties, appeared to suffer by the substitution of a preparation of *serratifolia* leaves, led Mr. C. J. S. Thompson to investigate the constituents of the leaves more fully. In a paper read before the Pharmaceutical Conference he reports that the *betulina* and *crenulata* leaves both contain about the same percentage of volatile oil and resinous matter. The percentage in the *serratifolia* leaves is, however, lower, and an infusion of the same appears to be deficient also in mucilage—a constituent which probably assists greatly in allaying inflammation of the mucous membrane. Mr. Thompson considered these results indicate the inferiority of the leaves of *B. serratifolia*, and suggested that only those of *B. crenulata* and *betulina* should be employed in making the official preparations.

PROHIBITION OF HYPNOTIC PERFORMANCES IN RUSSIA.—The Russian Medical Department has just issued the following circular (*Vestnik Obshchestvennoi Higieny, Südebnoi i Prakticheskoi Meditsiny*, August, 1890, p. 12):—"In consideration (1) that public exhibitions of hypnotism cause considerable injury to the health of subjects experimented upon as well as of spectators witnessing the experiments, the performances being apt to give rise to the development in hypnotised persons of various hysterical, nervous, and even mental affections, which may sometimes amount to a genuine epidemic of hypnotic mania; (2) that such public hypnotic entertainments offer to evil-minded subjects a good opportunity for studying methods of hypnotising, and for subsequently practising them for various immoral or criminal purposes; (3) that generally such hypnotic performances, being not accompanied by any rational explanation, can breed in the public only erroneous notions, and even implant superstitions, while post-hypnotic suggestions can constitute a source of disturbance of order and the place of the community by hypnotised persons, and even of committing criminal deeds by the same, the Medical Council has resolved: (1) That henceforward any public *séances* of hypnotism and magnetism are strictly prohibited; and (2) that the application of hypnotism for medical purposes can be permitted solely to medical practitioners, under the condition that the operation is to be practised invariably in the presence of other medical men." It is scarcely necessary to add that the leading Russian medical journals welcome the circular, the necessity of the measure having been unanimously advocated by them year by year.

ANNUAL AND BIENNIAL HENBANE.—It is well known that in most countries biennial henbane is regarded as possessing superior or more active therapeutic properties than the annual variety. A search for evidence in support of this preference, however, reveals no chemical or pharmacological investigation from which the supposed superiority of the one kind over the other can be affirmed. Indeed from a research, extending over several years, instituted by Mr. A. W. Gerrard, the preference appears to have no good grounds, but to be founded entirely on prejudice. The results of these investigations were communicated to the recent Pharmaceutical Conference. The analyses of products from various parts of the country show that annual henbane leaf, first year's biennial leaf and second year's biennial tops—selections that represent the various sorts of henbane sold—have practically the same alkaloidal value; nor does the locality of growth appear to influence the amount of alkaloid present. The first year's roots of the biennial plant, however, are much richer in alkaloids than leaf or top of either variety, and yield an excellent extract with rectified spirit, comparatively free from objectionable taste and odour, and easily standardisable. Mr. Gerrard, therefore, very reasonably urges the advisability of making the biennial root and its alcoholic extract official, as the medical practitioner would thus be provided with a reliable alternative to the present uncertain and unpleasant extract, and an economical alternative to the very costly hyoscyamine.

THE CLEANSING OF PORCELAIN FILTERS.—Porcelain filters (Chamberland's), used for filtering water for domestic purposes, require to be cleansed at intervals varying from a month to two or three days, according to the nature of the water. MM. Rochard and Gautier recommend the following method (*Lyon Médical*):—The filter must be taken to pieces and the parts thoroughly brushed; they should then be allowed to remain for an hour in water containing one part in six of commercial hydrochloric acid; they should then be rinsed in pure water, the apparatus put together again, and the first half-gallon of water that runs through thrown away.

INSTRUCTION IN HOSPITALS.—The following notes should be added to those published in the last issue of this JOURNAL (Students' No., page 590): *City of London Hospital for Diseases of the Chest* (Victoria Park). The practice of this hospital, consisting of a service of 164 beds and 16,000 out-patients annually, is open to practitioners and students. Clinical lectures and demonstrations are given from time to time. Fee for three months' attendance on hospital practice, etc., £2 2s.; for six months, £3 3s. Further particulars may be obtained from Dr. H. Sainsbury, 63, Welbeck Street, W.—*St. Mark's Hospital for Fistula and other Diseases of the Rectum* (City Road). The hospital contains 34 beds, and, during 1889, 286 in-patients and over 2,000 out-patients were treated. Out-patients attend—males on Wednesdays and females on Thursdays, at a quarter before 9 o'clock in the morning. Operations, every Monday and Tuesday, at 2 30 P.M., which, with the practice of the hospital, are open free to students and practitioners.

THE SALE OF POISONS UNDER COVER OF THE MEDICINE STAMP ACT.—The reference made to the increasing sale of proprietary medicines by Mr. C. Umney, in the presidential address to the Pharmaceutical Conference, to which we drew attention last week, has not escaped notice in other quarters. The *Graphic* comments upon the enormous amount of one million and a half sterling spent by the public yearly in nostrums, and ridicules the freeborn Briton because he so often regards the stamped draught or pill as guaranteed by Government, and therefore embodying the collective wisdom of our legislators. Concerning the advisability of introducing some such regulations for the sale of proprietary medicines as are at present in force in Germany, our contemporary pithily remarks "it would only be fair, for both the chemist and the medical man have to pass a fairly stiff examination before they can practise; whereas the patent medicine vendor only needs a well-developed genius for advertisement and a Government stamp to make every man, woman, and child in the kingdom contribute something like tennepence a year all round to his support." The mischief that results from this unguarded sale of poisons is daily apparent, and is only too well illustrated by the evidence given at an inquest on Monday, September 1th, on the body of a commission agent, who died from chlorodyne poisoning. A witness said the deceased was in the habit of taking certain "patent" medicines, which he regarded as panaceas for all the ills to which flesh is heir. Hereupon the Coroner remarked that poison in the form and disguise of "patent" medicines could be bought without let or hindrance, but, if poisons were asked for in the ordinary course at a chemist's, all manner of precautions were taken. The inventors and proprietors of "patent" medicines took care not to lay too much stress upon the poisonous ingredients they contain.

MEDICAL VACANCIES.

The following Vacancies are announced:

ADMINISTRATIVE COUNTY OF THE PARTS OF HOLLAND, Lincolnshire.—Public Analyst. Duties to commence on January 1st, 1891. Remuneration, annual fee of £10 10s., together with a fee of 10s. 6d. for each analysis, and an additional fee of £3 3s. for attendance and travelling expenses when required. Applications to H. Chandonton Johnson, Deputy Clerk of the Council Sessions House, Boston, by October 1st.

ANDERSON'S COLLEGE MEDICAL SCHOOL, Glasgow.—Chair of Physiology. Applications to be lodged with Mr. John Kidston, 50, West Regent Street, Glasgow, by October 1st.

BETHLEM HOSPITAL.—Two Resident Clinical Assistants; double qualifications. Apartments, rations, and attendance provided. Applications to John Baggallay, Esq., Bridewell Hospital, Blackfriars, by October 11th. Election on October 13th.

BRIGHTON, HOVE AND PRESTON DISPENSARY.—Honorary Consulting-Surgeon. A Member or Fellow of one of the Royal Colleges of Surgeons of Great Britain. Applications addressed to the Honorary Secretary, C. Somers Clarke, must be left at the Dispensary, Queen's Road, before September 30th.

BRIGHTON, HOVE AND PRESTON DISPENSARY.—Two Honorary General Practitioners. Doubly qualified. Applications addressed to the Honorary Secretary, S. Somers Clarke, must be left at the Dispensary, Queen's Road, before September 30th.

BRITISH HOSPITAL, Buenos Ayres, South America.—Resident Medical Officer; British qualifications in medicine and surgery. Appointment for three years. Stipend, £200 for first year, £225 second year, and £250 third year, with an annual allowance of £20 for wine, and board, lodging, and washing. Applications to Messrs. Burgoyne, Burbridge, Cyriax, and Farries, 12 and 16, Coleman Street, London, E.C. (of whom further particulars can be obtained), by September 15th.

COUNTY COUNCIL OF THE ADMINISTRATIVE COUNTY OF THE PARTS OF KESTIVEN, Lincolnshire.—Public Analyst. Remuneration, annual fee £12 12s., with a fee of 10s. 6d. for each analysis made on behalf of the local authority, with an additional £3 3s. per diem for attendance and travelling expenses in the event of personal attendance being required in support of a prosecution. Applications to the Sanitary Committee of the Council, care of Jos. Phillips, Clerk, Office of the Clerk of the Council, Stamford, by September 27th.

COUNTY OF ARGYLL.—Medical Officer of Health for the County. Salary, £350 per annum, with £150 a year for all travelling and personal expenses; must reside in the county and not take private practice; may act as medical officer of health or consulting medical officer of health for any of the burghs of the county. Applications to Mr. Dugald MacLachlan, County Clerk, Lochgilphead, by September 15th.

FLINTSHIRE DISPENSARY.—House-Surgeon. Salary £100 per annum, with furnished house, and an increase of £20 after twelve months' service; a knowledge of Welsh indispensable. Applications to the Secretary, W. Thomas Cole, Board Room, Bagillt Street, Holywell, by September 24th.

GENERAL HOSPITAL, Birmingham.—Assistant House-Surgeon; surgical qualification. No salary, but residence, board, and washing provided. Applications to the House Governor, Dr. J. D. M. Coghill, by September 27th.

HUDDERSFIELD INFIRMARY.—Junior House-Surgeon. Salary, £40 per annum, board, lodging, and washing. Applications to Joseph Bate, Secretary, by September 23rd.

HULL ROYAL INFIRMARY.—Junior Assistant House-Surgeon. Salary, £50 per annum, with board and lodging. Applications to be addressed to the Chairman of the House Committee by September 15th.

LIVERPOOL HOSPITAL FOR CHILDREN.—Assistant House-Surgeon. Board and lodging provided. Applications to C. W. Carver, Honorary Secretary, by September 22nd.

METROPOLITAN ASYLUMS BOARD, SOUTH-EASTERN FEVER HOSPITAL, New Cross Road, S.E.—A Clinical Assistant for three months, must be registered. Remuneration consists of board, furnished apartments, and washing. Applications to the Medical Superintendent at the Hospital.

MOUNTMELICK UNION (Ennis Dispensary).—Medical Officer. Salary, £120 per annum, and fees. Applications to Mr. Andrew Gallagher, Honorary Secretary, Ballybrittas, Portarlinton. Election on September 18th.

NORTHUMBERLAND COUNTY ASYLUM, Morpeth.—Clinical Clerk. Board and residence provided. Senior students or gentlemen recently qualified eligible. Applications to Dr. McDowall.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road.—Assistant Physician. Applications to the Secretary, Alfred Craske, by September 30th.

OWENS COLLEGE, Manchester.—Junior Demonstrator in Physiology and Histology. Salary, £100 per annum. Applications to Henry William Holder, M.A., Registrar, by September 15th.

PARISH OF DUNDEE COMBINATION, LOCHKEE DISTRICT.—Parochial Medical Officer. Salary, £55, additional emoluments, £5. Applications by September 22nd.

QUEEN'S COLLEGE, Belfast.—Professor of Materia Medica. Testimonials to be forwarded to the Under Secretary, Dublin Castle, on or before September 20th. The appointment is for seven years.

RIPON DISPENSARY AND COTTAGE HOSPITAL.—Resident House-Surgeon and Dispenser; single. Salary, £80 per annum, with board and lodging. Duties to commence on October 1st. Applications to F. D. Wise, Honorary Secretary.

ST. PETER'S HOSPITAL FOR STONE, etc., Henrietta Street, Covent Garden.—House-Surgeon, from October 1st. Honorarium, 25 guineas, board, lodging, and washing. Must be M.R.C.S., and held similar post. Applications to Walter E. Scott, Secretary, by September 20th.

SALFORD ROYAL HOSPITAL.—House-Surgeon, doubly qualified. Salary, £100 per annum, with board and residence. If Junior House Surgeon appointed, that office will be vacant. Applications to the Institution by September 17th.

SANITARY AUTHORITIES FOR THE SEVERAL SANITARY DISTRICTS OF THE BARNET, BERKHAMSTEAD, HEMEL HEMPSTEAD, WATFORD, AND WELWYN UNIONS, AND FOR THE BARNET AND TRING LOCAL BOARDS.—Medical Officer of Health for the combined districts; double qualifications. Salary, £406 per annum, to cover travelling and other expenses; no fees. Will not be permitted to engage in private practice. Applications to H. Morton Turner, 66, High Street, Watford, by September 20th.

TAUNTON AND SOMERSET HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing in the hospital. Engagement for three years. Applications to J. H. Biddulph Pinchard, Secretary, Hammet Street, Taunton, by September 13th.

UNIVERSITY OF ABERDEEN.—Chair of Chemistry. Applications to the Secretary of the Court, Robert Walker, M.A., University Library, Aberdeen, by October 11th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician and House-Surgeon. Board and lodging provided. Appointments for six months. Applications to R. J. Gilbert, Secretary and Superintendent, by September 25th. Election on September 29th.

WORCESTER COUNTY AND CITY LUNATIC ASYLUM.—Third Assistant Medical Officer; unmarried. Salary, £100 per annum, with board, lodging, and washing. Applications to Dr. Cooke, the Asylum, Powick, near Worcester, by September 17th.

MEDICAL APPOINTMENTS.

ASHTON, Albert, M.B.Vict., B.Ch., appointed House-Surgeon to the Manchester Royal Infirmary.

BARON, H. N., L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer to the No. 6 District of the Lutterworth Union.

BRITTON, Thomas, M.D. St. And., M.R.C.S., L.S.A., appointed Medical Officer of Health to the Brighouse Local Board.

BYASS, Edgar Spry, M.B., C.M., L.R.C.S.Edin., appointed Medical Officer for the First and Second Districts of the Cuckfield Union, *vice* Dr. T. S. Byass.

CARRINGTON, G. H., M.R.C.S., L.S.A., appointed Medical Officer of the Fylingdales District of the Whitby Union, *vice* Mr. R. P. Stubbs, resigned.

CARTER, A. W., M.B., C.M., appointed House-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.

COOPER, William, M.R.C.S., L.S.A., reappointed Medical Officer for the Widnes (Lower) District of the Prescot Union.

CREASY, J. D., M.R.C.S., L.S.A., appointed Medical Officer to the Knockholt District of the Bromley Union.

DAGGETT, Henry J., M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P., appointed Resident House-Surgeon and Dispenser to the Rifeon Dispensary and Cottage Hospital, *vice* Henry Buxton.

DAUBER, J. H., B.A.Oxon., M.R.C.S., L.R.C.P., L.S.A., appointed Surgical Registrar to the National Orthopaedic Hospital.

DRINKWATER, Richard, L.R.C.S., L.R.C.P. Lond. & Edin., appointed House-Surgeon to the Wrexham Infirmary and Dispensary, *vice* Mr. T. Sanders Worboys.

EDWARDS, J., M.R.C.S., L.R.C.P., etc., Medical Officer Her Majesty's Prison, Leeds, promoted to be Medical Officer Her Majesty's Prison, Strangeways, Manchester, *vice* Dr. Braddon, resigned.

FINDLATER, A., M.D.Dub., appointed Medical Officer to the Hendon School.

FINLAY, David W., M.D., C.M.Glasg., L.R.C.P.Lond., appointed Medical Officer of Health to the Harrow Urban Sanitary Authority.

FREEMAN, Alfred, L.R.C.P.Ed., M.R.C.S.Eng., appointed Public Vaccinator to the Eastern District of the Wolverhampton Union.

FREER, John H., L.R.C.P., M.R.C.S., reappointed Medical Officer of Health to the Rugeley Local Board.

GOODWYN, A. H., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer for the Droxford District and the Workhouse of the Droxford Union, *vice* Mr. F. M. G. Smith, resigned.

GOURLEY, Samuel, M.D., F.R.C.S., reappointed Medical Officer of Health to the West Hartlepool Town Council.

HABBIAM, Ernest T., L.R.C.P.Lond., M.R.C.S.Eng., appointed Assistant Medical Officer at the Infirmary of the Wandsworth and Clapham Union.

HARGREAVES, J. B., F.R.C.S., L.R.C.P., etc., appointed Surgeon (non-resident) to Her Majesty's Prison, Armley.

HEARNSEN, Walter C., M.R.C.S., L.S.A., appointed Medical Officer and Public Vaccinator for the Headley District of the Dorking Union.

HENDRIKS, C. M., M.B., M.R.C.S., appointed Medical Officer for the Stoke Lyne District of the Bicester Union, *vice* Mr. E. Cotterill, resigned.

HEYWOOD, C. Christopher, M.B., M.A.Cantab., appointed Medical Officer to the Children's Hospital and Dispensary, Manchester, *vice* F. J. Wheeldon, M.R.C.S., resigned.

HICKS, J. Abernethy, jun., L.R.C.P.Lond., M.R.C.S.Eng., L.S.A., appointed Third Assistant Medical Officer to the Whittingham County Asylum, Preston, Lancashire.

HOLDEN, George Herbert Rose, M.A., M.B., B.C.Cantab., M.R.C.S.Eng., L.R.C.P.Lond., appointed Resident Surgical Officer to the General Hospital, Birmingham, *vice* George Heaton, M.A., M.B.Oxon., etc., resigned.

HUMBLE, George A., M.D., M.R.C.P.Lond., appointed Consulting Physician to the General Hospital of the Rio Negro, Patagones, Argentine Republic, South America.

JOHNSTONE, George Wm., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer for the Newbottle Division of the Houghton-le-Spring Union.

KELLAND, James, M.B., C.M., L.R.C.S., reappointed Physician to the Salisbury General Infirmary.

KING, Charles G., M.B.Glas., C.M., appointed Medical Officer for the Burgh of Pollokshaws.

KINSEY-MORGAN, A., M.R.C.S., L.S.A., reappointed Medical Officer of Health for Bournemouth.

LAKE, Mr. W. W., appointed Medical Officer for the Seventh District of the Depwade Union.

LARKIN, F. Charles, F.R.C.S.Eng., appointed Honorary Surgeon to the Liverpool Stanley Hospital, *vice* Mr. J. Kellett Smith, appointed Consulting Surgeon.

LEE, F. Fawson, M.B., F.R.C.S., reappointed Physician to the Salisbury General Infirmary.

LOMAS, Ernest C., M.B., Ch.B.Vict., M.R.C.S., appointed Resident Medical Officer to the Barnes Convalescent Hospital, Cheadle.

LUCKHAM, Levi S., M.R.C.S., L.S.A., appointed Surgeon to the Salisbury General Infirmary, *vice* Mr. W. D. Wilkes, resigned.

LUNN, Percy T., M.R.C.S., L.R.C.P., L.S.A., appointed Medical Officer of Health to the Launceston Town Council, acting as Urban Sanitary Authority for the Borough of Launceston, *vice* Mr. Samuel J. Brooks, resigned.

MACKENZIE, W., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer for the C District of the Thrapstone Union.

MANNERS, Wm. F., appointed Medical Officer for the Claygate District of the Kingston Union.

MANTLE, Alfred, M.D., appointed Honorary Medical Officer to the Halifax Infirmary.

MAPLES, Reginald, M.R.C.S., L.R.C.P., L.S.A., appointed Medical Officer of Health to the Kingsclere Rural Sanitary Authority, *vice* George Lawson Thomson, deceased.

MASSON, George Blake, L.R.C.P., L.M., L.R.C.S.Edin., appointed Medical Officer for the Fourth District of the Henstead Union.

MITCHELL, Dr., appointed House-Physician to the Belfast Royal Hospital, *vice* Dr. Croker, deceased.

MORRIS, C. W., M.R.C.S., L.S.A., appointed Medical Officer of Health to the Gloucestershire Parishes, Evesham Rural Sanitary District, *vice* G. H. Fosbrooke.

MOXON, William, L.R.C.P.Edin., M.R.C.S., reappointed Medical Officer of Health to the Matlock Local Board.

NESBITT, Robert, L.K.Q.C.P.I., L.M., L.R.C.S.I., reappointed Medical Officer of Health to the Sutton-in-Ashfield Local Board.

NOWLAN, F. B., B.A., M.B., Bac. Surg., B.A.O.Univ.Dub., appointed and approved by Local Government Board Medical Officer of Balbriggan Dispensary District, Medical Officer of Health, Certifying Factory Surgeon, Medical Attendant to Constabulary and Coastguards, Registrar for the District, *vice* Dr. E. W. Adrien, deceased.

O'NEILL, Henry, M.D., M.Ch., L.A.H., reappointed Staff Surgeon to the Belfast Royal Hospital.

PENKERTON, R. L., M.A., M.B., C.M., appointed House-Surgeon to the Surrey Dispensary, Great Dover Street, *vice* Mr. A. Hill, resigned.

RAMAGE, Charles, M.D.Edin., appointed House-Surgeon to the Manchester Royal Eye Hospital, *vice* Edward Roberts, M.R.C.S.

RATRAY, A., M.D., appointed Medical Officer for the Blankney District of the Sleaford Union.

ROBERTSON, D. W., L.R.C.P.Ed., L.M., M.R.C.S., appointed Medical Officer of Health to the Urban District of the Pickering Local Board, *vice* Dr. Walker, deceased.

ROWBOTHAM, A. J., M.R.C.S., appointed Medical Officer for the Clifton District of the Newark Union.

SANDERSON, Charles, L.R.C.P.Edin., L.F.P.S.Glasg., reappointed Medical Officer of Health for Hastings.

SCOTT, Alexander, M.D., C.M., appointed Physician to the Glasgow Royal Infirmary.

SCOTT, Alexander, M.D., appointed Assistant-Physician to the House, Glasgow Royal Infirmary, *vice* Dr. Thos. Beath Henderson.

SKIPWORTH, Herbert, L.K.Q.C.P., reappointed Medical Officer of Health to the Quornon Local Board.

STEPHENS, Mr. H. M., appointed Assistant Medical Officer for the Workhouse and Infirmary of the Parish of St. Leonard, Shoreditch, *vice* Mr. F. Sloman, resigned.

SUCKLING, C. W., M.D., M.R.C.S., appointed Honorary Consulting Physician to the West Bromwich District Hospital.

SUFFERN, A. C., M.D., M.Ch., appointed Medical Superintendent of the Rubery Hill Asylum, *vice* Thomas Lyle, M.D., resigned.

SUTTON, Francis, reappointed Public Analyst for the County of Norfolk.

TAYLOR, J. W., M.D.St.And., M.R.C.S., L.S.A., appointed Medical Officer of Health for the North Riding of Yorkshire.

THOMSON, Douglas Lawson, L.R.C.P., L.R.C.S., appointed Medical Officer and Public Vaccinator of the Highclere District of the Kingsclere Union.

VIANT, Henry, L.R.C.P., M.R.C.S., appointed Medical Officer for the Workhouse of the New Forest Union, *vice* Dr. Nunn, resigned.

WATSON, Arthur Edmondstone, M.R.C.S., L.R.C.P., appointed Junior House-Surgeon to the Bolton Infirmary and Dispensary, *vice* Joseph Clough resigned.

WELLS, A. E., M.D., appointed Medical Officer of the Workhouse of the Cuckfield Union.

WHEATON, S. W., M.D., M.R.C.P., M.R.C.S., D.P.H., appointed Physician to the Surrey Dispensary, Great Dover Street, S.E., *vice* Dr. Dudley, resigned.

WHITE, Dr. Barrington, appointed Medical Officer to the Second District of the New Forest Union.

WHITLA, William, M.D., L.R.C.P., L.R.C.S., reappointed Staff Physician to the Belfast Royal Hospital.

WILLEY, Mr. R. W., appointed Dispenser and Assistant to House-Surgeon at Doncaster General Infirmary and Dispensary, *vice* Mr. H. L. Penny.

WILLET, George G. D., M.R.C.S., reappointed Medical Officer to the Districts of Bitton and Marksbury of the Keynsham Union.

WILSON, Dr., appointed Medical Officer of Health to the Stratford-on-Avon Town Council, *vice* Mr. G. H. Fosbrooke, resigned.

WOLVERSON, Mr., appointed Medical Officer and Public Vaccinator to the No. 1 District of the Wolverhampton Union.

WRIGHT, W. H., L.K.Q.C.P., L.M., M.R.C.S., reappointed Medical Officer of Health to the Alvaston and Boulton Local Board.

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 no later than Wednesday Morning, in order to insure insertion in current issue.

BIRTH.

THOMAS.—On August 29th, at Roslyn, Camborne, Cornwall, the wife of J. Telier Thomas, L.R.C.P.Lond., M.R.C.S., of a daughter.

MARRIAGES.

POWELL—HOWELL-THOMAS.—At Llanllwch Parish Church, Carmarthen, on the 3rd instant, by the Rev. J. Marsden, John Powell, L.R.C.P. and L.R.C.S., Barry, Glamorganshire, to Edith, eldest daughter of John Howell-Thomas, Esq., Starling Park, Carmarthen.

PIERCE—HAMILTON.—At the Friends' Meeting House, Brighton, Bedford Pierce, M.B., late of St. Bartholomew's Hospital, E.C., to Mary Isabella Hamilton, younger daughter of the late John Hamilton.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

- CANCER, Brompton (Free).** *Hours of Attendance.*—Daily, 2. *Operation Days.*—Tu. S., 2.
- CENTRAL LONDON OPHTHALMIC.** *Operation Days.*—Daily, 2.
- CHARING CROSS.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. 1.30; Dental, M. W. F., 9. Throat and Ear, F., 9.30. *Operation Days.*—M., 3; Th. 2.
- CHIKSEA HOSPITAL FOR WOMEN.** *Hours of Attendance.*—Daily, 1.30. *Operation Days.*—M. Th., 2.30.
- EAST LONDON HOSPITAL FOR CHILDREN.** *Operation Day.*—F., 2.
- GREAT NORTHERN CENTRAL.** *Hours of Attendance.*—Medical and Surgical, M. Tu. Wed. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day.*—W., 2.
- GUY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operation Days.*—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.
- HOSPITAL FOR WOMEN, Chelsea.** *Hours of Attendance.*—Daily, 10. *Operation Days.*—M. Th., 2.
- KING'S COLLEGE.** *Hours of Attendance.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days.*—Tu. F. S., 2.
- LONDON.** *Hours of Attendance.*—Medical, daily, exc. S., 2; Surgical, daily, 1.30, and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days.*—M. Tu. W. Th. S., 2.
- METROPOLITAN.** *Hours of Attendance.*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day.*—F., 2.
- MIDDLESEX.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9, W. 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4, Th. 9.30; Dental, M. W. F., 9.30. *Operation Days.*—W., 1, S., 2; (Obstetric), W. 2.
- NATIONAL ORTHOPÆDIC.** *Hours of Attendance.*—M. Tu. Th. F., 2. *Operation Day.*—W., 10.
- NORTH-WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F. 9. *Operation Day.*—Th., 2.30.
- ROYAL FREE.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th. 9. *Operation Days.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
- ROYAL LONDON OPHTHALMIC.** *Hours of Attendance.*—Daily, 9. *Operation Days.*—Daily, 10.
- ROYAL ORTHOPÆDIC.** *Hours of Attendance.*—Daily, 1. *Operation Day.*—M. 2.
- ROYAL WESTMINSTER OPHTHALMIC.** *Hours of Attendance.*—Daily, 1. *Operation Days.*—Daily.
- ST. BARTHOLOMEW'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operation Days.*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
- ST. GEORGE'S.** *Hours of Attendance.*—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th. 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopædic, W., 2; Dental, Tu., S., 9. *Operation Days.*—Th., 1; (Ophthalmic), F., 1.15.
- ST. MARK'S.** *Hours of Attendance.*—Fistula and Diseases of Rectum, males, W., 8.45; females, Th., 8.45. *Operation Days.*—M., 2, Tu. 2.30.
- ST. MARY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.45, o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 1.30; Ophthalmo-therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultation, W., 9.20. *Operation Days.*—Tu., 1.30; (Orthopædic), W., 11; (Ophthalmic), F., 9.
- ST. PETER'S.** *Hours of Attendance.*—M., 2 and 5, Tu., 2, W., 2.30 and 5, Th., 2, F. (Women and Children), 2, 4, 3.30. *Operation Day.*—W. 2.
- ST. THOMAS'S.** *Hours of Attendance.*—Medical and Surgical, daily, except Sat., 2; Obstetric, Tu. F., 2; o.p., W., 1.30; Eye, M. Tu. W. Th., F., 1.30; o.p., daily, except Sat., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, 9, 1.30; Dental, Tu. F., 10. *Operation Days.*—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2.
- SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Hours of Attendance.*—Daily, 1.30. *Operation Day.*—W., 2.30.
- THROAT, Golden Square.** *Hours of Attendance.*—Daily, 1.30; Tu. and F., 6.30. *Operation Day.*—Th., 2.
- UNIVERSITY COLLEGE.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operation Days.*—W. Th., 1.30; S., 2.
- WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 3; Throat and Nose, S., 10. *Operation Days.*—Tu. F., 2.30.
- WESTMINSTER.** *Hours of Attendance.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 9.30; Ear, M., 9; Skin, W., 2; Dental, W. S., 9.15. *Operation Days.*—Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

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.

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

QUERIES.

STUDENT asks to be recommended a book giving the arguments for and against homeopathy.

TENAX asks what is the best and most perfect bedroom commode, and where obtainable? one that prevents the escape of effluvia, etc., especially in infectious cases, such as typhoid, for instance.

M.R.C.P. writes: In Koch's address on Bacteriological Research at the Berlin International Medical Congress, reference is made to recent experiments published by Professor Mattucci on fowl tuberculosis. I shall be greatly obliged if any of your readers can inform me where I can meet with the record of these experiments.

AN M.D. DEGREE.

GENERAL PRACTITIONER asks: Is the difference in the examination for the Brussels M.D. and M.D. of Durham or St. Andrews so great as to influence a man of over twenty years' standing in choosing which examination he would have?

MEDIATE INFECTION IN PERTUSSIS.

T. wishes to know whether it is safe to allow children to attend school whilst other children of the same family are suffering from pertussis, it not being possible to keep the infected ones isolated.

ETHER INHALER.

INHALER writes: In Dr. Wood's address on Anæsthesia he mentions an ether inhaler invented by Dr. O. H. Allis. I should be much obliged if you or any of your numerous readers would tell me of any place in England where it can be bought.

* Messrs. Meyer and Meltzer, of 71, Great Portland Street, are prepared to supply this inhaler. Messrs. Snowden, of Philadelphia, U.S.A., are, we believe, the original makers.

ANSWERS.

J. CALDERWOOD.—We know of none.

A ROUMANIAN.—Consult the recent numbers of the *Neurologische Centralblatt*.

SENEX.—The subject is a repulsive one, and we decline to enter upon it. The part of the medical profession is rather to assist in healthy maternity and childhood than to consider "preventive checks." There might be some merit in checking the creation of some of those who advocate and live upon such proceedings, but even into that discussion we are not disposed to enter.

"WHAT TO DO WITH OUR BOYS."

MR. EDWARD E. SERRES, B.A. (Harley's Grammar School, Osgathorpe, Loughborough), writes to say that that school would probably meet the needs of "Anxious Parent," who can obtain full particulars on application.

DR. ARTHUR H. HOFFMAN (Linden House, Humshaugh-on-Tyne) offers to help "Anxious Parent" if he will communicate with him.

DUPUYTREN'S CONTRACTION OF THE PALMAR FASCIA.

M.D.—A paper by Mr. J. Macready on this subject was published in the BRITISH MEDICAL JOURNAL on February 22nd, 1890, page 411. Mr. Adams read a paper on the same subject at the Medical Society of London on March 24th.¹

SEASONAL SICKNESS.

SENEX.—So far as there are any materials for forming a trustworthy judgment, it seems clear that there is less sickness in London during the summer than the winter months. The statistics of the friendly societies go to prove that this is clearly so among the industrial and artisan classes; while the large number of the middle and upper classes leaving town for holiday periods during the summer and autumn months would, of course, considerably reduce the number of the population in which cases might occur.

¹ See BRITISH MEDICAL JOURNAL, March 29th, p. 722.

