

tion in twelve hours. A sponge tent after twelve hours in the uterus is the most stinking thing I know, and the most deadly if there has been a wound in the uterus. Sponges are the perfect type of the tissue I dread—dead animal matter specially ready and apt to decompose.

Hamilton's beautiful experiments with sponge grafting, all of which I have followed with fair success, were the first light which came to me explaining why Lister was wrong. I knew Lister was wrong before that, but I did not know why; but Hamilton's conclusions clearly show it, and they likewise bring into correlation a number of facts which formerly were discordant and apparently contradictory, as, for instance, why we can leave a small fragment of sponge in the abdomen, as we often do, without any harm; but if we leave a big bit the patient dies rapidly of suppurative peritonitis, no matter what Listerian precautions have been taken.

Speaking again of Bantock and myself, Lister says: "Both observe the strictest cleanliness—which is surely an antiseptic precaution—for it owes its virtue to the fact that it presents the septic organisms in the smallest possible numbers, and thus reduces their power for evil to the utmost that can be done by any measures that are not germicidal." Before speaking of our position Sir Joseph really ought to have been to see it, and then he would never have written thus. The cleanliness adopted in my operations is strict enough, but even he would have been impressed with the fact that its details are directed towards dead tissue, and not against germs. But the above sentence is not interesting so much in the manner of Sir Joseph's reference to his critics, as in the complete falling away from his own faith. Were we not told for years that if our antiseptic measures failed it must be because one germ at least had got in? Sir Joseph now admits my second argument against his theory, that the facts of dosage are against it.

To continue. Lister says: "Both those surgeons also wash out the peritoneum with water, so as to get rid of coagula without injuring the peritoneal surface by rubbing it with sponges, and this is done in order to avoid the risk of leaving in residual clots." If Sir Joseph Lister would witness the facts of the case, as they are in my practice daily, he will see that I care not a straw for injuring the peritoneum; that in the great bulk of my operations it is already so damaged that further injury is and must be a matter of utter indifference; and the only fact in his whole statement concerning me which is correct is that I wash away clots (pus, serum, and a great deal more) to avoid the risk of sepsis in the residuum. That is precisely what I have been teaching for the last twelve years. Lister's view was, "Keep out the germ and you may leave blood-clot (and other matters) to take care of themselves." My view was and is, "Get out all decomposable matter and you can let the germs in freely." Lister has now come round to my view, so where is Listerism now? As I said a few months ago at the debate at the Medical Society of London, it is as dead as Julius Caesar, after a short life of twenty-four years.

The mischief probably is not at an end, for we hear that the last phase of this astonishing craze is that wounds are to be dressed with still a new contrivance, one as deadly and dangerous as anything that can well be imagined—a double cyanide.

Lister first admits, as I have said, that I wash away clots to avoid the risk of sepsis, and in the very next paragraph resuscitates his old dead theory in the words, "But now that all are agreed that microbes are the evil with which we have to contend." There are two factors in the trouble, and it can be shown conclusively that one, the germs, are wholly inconsiderable without pabulum on which to feed; whilst the other, the pabulum, is sure to breed trouble, because it is practically and mechanically impossible to keep the germs out; they exist already in the blood and elsewhere, and are ever present, according to the best authorities.

Finally, Sir Joseph Lister claims the draining of the peritoneum as an antiseptic measure. It is not many months since we were very vigorously told by an eminent authority on abdominal surgery that, if the Listerian precautions were properly carried out, drainage was wholly unnecessary, indeed pernicious. When Keberlé first taught me drainage in 1873, he told me its use was to prevent the collection and retention of material capable of decomposition. In Chassaignac's writings may be found the most minute and detailed directions for the same purpose, and the most perfect reasoning on the subject. There is hardly a possible point in which Chassaignac does not

meet the whole requirements, save in abdominal surgery, which was, of course, not then invented.

It is a matter of ever-increasing wonder to me how Chassaignac's logical common sense and practical proposals have been neglected, whilst antiseptics has driven the surgical world wild with a wholly misdirected enthusiasm.

There are three modern details the adoption of which has certainly contributed above all others to make our work in abdominal surgery successful. They are the cleansing of the peritoneum by water, the use of the drainage tube, and the use of saline purgatives in the early stage of peritonitis following operations. I give credit to the first two for a very large contribution towards our success, but they are not so important as the third. Even when we have cleansed the peritoneum thoroughly of all dirt in which germs are likely to multiply and to produce their poisonous effects, and used a drainage tube properly placed, we may yet have in thirty-six or forty-eight hours indubitable evidence of the onset of peritonitis in a large proportion of cases. The prompt use of the turpentine enema and the seidlitz powder will arrest the peritonitis and divert the case from its fatal issue with as great certainty as anything I know in the practice of surgery.

In conclusion, I throw once more a challenge down to Sir Joseph, that he should publish his results in detail. He says: "Those who have followed my practice at King's College Hospital during the year and a half in which this dressing has been employed will agree with me that we have secured a constancy of aseptic results which have more than ever justified the performance of operations once quite unwarrantable." It is not easy to give the meaning of the last phrases of this sentence—they may be read in so many ways—but in any case we cannot accept without challenge his statements about the results. All that we want is a published statement of Sir Joseph Lister's operations in consecutive order of date, with satisfactory defining titles and accurate statements of results. I never saw any satisfactory statement of results of operations performed at King's College Hospital; and, as I said in my recent Address in Surgery, institutions which did not publish satisfactory statements of results were beginning to be regarded with doubt. Hence the repetition of my challenge to Sir Joseph Lister.

## MEMORANDA:

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

#### REINFECTION, RECRUDESCENCE, OR WHAT?

IN June last scarlatina broke out in the Idiot Children's Block adjoining Berrywood asylum, and among those attacked was one of the nurses. The eruption appeared on the second day of June; the patient went through the usual course of a mild attack, the cuticle desquamating considerably, but not profusely. The temperature did not rise above 103°. Convalescence was rapid; by the 20th June desquamation had entirely ceased, and the nurse was, to all appearances, perfectly well.

On July 2nd, however, the disease returned in an intensified form. The throat was more markedly affected; the eruption was more profuse; the temperature rose to 106°, and desquamation of the epidermis unusually abundant.

In neither instance could there be any doubt about the diagnosis, and although similar cases of recrudescence or reinfection have been mentioned by medical writers, I am not aware that they are of sufficiently common occurrence to prevent the above note being of interest to some of your readers.

Northampton.

RICHARD GREENE.

#### COCAINE POISONING.

A FEW days ago I received a most urgent summons, in the absence of my principal, to attend a lady at the local dentist's, who had been seized with alarming symptoms soon after the injection of  $\frac{1}{2}$  grain of cocaine into the gum before the drilling of a tooth. I found her in a very prostrate condition, lying in the dentist's chair, with rapid feeble pulse and most urgent dyspnoea. Mr. Jones, the dentist, had already administered a little brandy, as well as applied nitrite of amyl to the nostrils, and under the influence of some more stimulant, which I ordered, together with the ap-

plication of ammonia to the nostrils, she began to improve and eventually sat up, so that I suggested that it would be more convenient if she were supported into an adjoining room to recline upon the sofa there. This was no sooner accomplished than the symptoms returned in full force, apparently through the slight exertion she had undergone, but she was soon brought round again, and so, after enjoining the recumbent position for some time to come, and also the taking of something solid before she was allowed to leave with her sister, I left.

Mr. Jones, who has had considerable experience with cocaine, has never seen any bad effects from it before, and I am inclined to think that in the present case it was predisposed to by the ill-health of the patient, who had only lately been under the care of my principal, Dr. Carter, for anæmia. CYRUS LEGG, Stamford. L.R.C.P.Lond., M.R.C.S.Eng.

#### PAROTITIS CAUSED BY ANTIPYRIN.

As a contribution to the list of sequelæ after administration of antipyrin, will you allow me to give recent experience in the use of the drug?

A young woman, suffering from influenza, had ordered for her some 10-grain powders of antipyrin. Immediately after swallowing one of these she experienced a feeling of suffocation, and felt "as if a knife was being scraped along the tongue and palate." Then within ten minutes she called the attention of her friends to a swelling arising at each side of the face. I was sent for, and saw her within twenty minutes after the drug had been given, and found her in a very excited state, complaining of difficulty of breathing. The parotids on both sides were enlarged, as if the patient was suffering from mumps, and all within twenty minutes' time. The uncomfortable symptoms soon passed away, and by next morning the enlarged parotids had subsided.

Springburn, Glasgow. J. C. G. DUFFUS, M.A., M.B., C.M.

#### CASE OF HÆMORRHAGE INTO BURSA PATELLÆ.

A. H., aged 39, married, woke up on June 2nd and found the skin on the front and sides of the left knee was black, there being neither swelling nor pain (menses previous week); this disappeared. On June 9th she experienced a pricking sensation about the knee, and, when occupied in the garden, the bursa patellæ suddenly swelled up, giving rise to severe pain, so that she had to be helped back to the house. Poultices were applied in the evening; the parts again becoming discoloured, she drove to my surgery the next day. The bursa was much distended, with ecchymosis chiefly at the back of the leg. She was ordered to rest, and to apply tr. iodi daily. On June 19th, as she complained of headache, I explored the sac, and, finding it to contain blood, used ether spray, and incised it, expressing a quantity of black, treacly blood; a drainage tube was inserted, the sac was syringed with carbolic solution, and dressed antiseptically. On June 20th there was some amount of discharge on the dressings, but the surfaces of the sac were mostly adherent. On June 21st there was no discharge; the tube was withdrawn. The incision rapidly healed, but tenderness and discoloration of leg had not quite gone on July 12th.

Southam. WALTER LATTEY, M.D.Durh.

#### HERPES ZOSTER OF ARM.

The following case appears worthy of record.

A. B., farmer, aged 61. Complaints of excruciating pain and peculiar rash, extending along the inner aspect of right arm, and slightly over the right side of the chest. The illness began with a feeling of stiffness in the fingers of the right hand. Seven days ago the first signs of the eruption appeared in the form of a few scattered vesicles, in size not larger than a small pea. Since then the pain has become very severe, and the vesicles have greatly increased in number. He has been told that he is suffering from "blistering rose."

On examination, the eruption is found to extend along the whole of the inside of the right arm, and slightly along the lower edge of the right pectoral muscle. The outer aspect of the arm, except near the insertion of the deltoid, is unaffected, but for the presence of some subcutaneous oedema. The rash consists of an agglomeration of vesicles varying in size. Most are small; one or two have an area of about that of a threepenny piece. One, near the palm of the hand, is as large as a shilling, very tense and painful. The contained fluid is colourless; the vesicles and eruption generally have a pink colour, due to cutaneous inflammation. The whole arm is stiff, and swelled from inflammatory oedema in the subcu-

taneous tissue. The pain is constant, of a burning and tingling character. The general health is good, and no reason can be assigned for the onset of the disease.

The diagnosis is between pemphigus, arrest of circulation, erysipelas, and herpes zoster. From pemphigus it is distinguished by its localisation, the smallness and agglomeration of the vesicles, the excruciating pain, and the absence of crusts or excoriations. Examination of the axilla shows no sign of neoplasm or aneurysm by which the return of blood can be retarded. The absence of constitutional symptoms, and the small amount of cutaneous inflammation compared with the number of vesicles, are sufficient to differentiate it from erysipelas. On the other hand, though herpes zoster rarely occurs in this situation, there is evidence that it is due to some nervous derangement. The rash extends along the line of distribution of the internal cutaneous nerve, and nerve of Wrisberg, both of which are branches of the inner cord of the brachial plexus, while the outer surface of the arm, supplied by the external cutaneous nerve, a branch of the outer cord of the plexus, remains unaffected. The neuralgic nature of the pain and the rash itself are also in favour of herpes zoster.

*Treatment.*—A hypodermic of morphine at the wrist relieved the pain in a few minutes. Zinc ointment, with 5 grains of cocaine and the same of morphine to the ounce, prevented recurrence of the pain. Quinine and sulphate of magnesia were prescribed for internal use. A fortnight later the vesicles had completely dried up, leaving a brown discoloration of the skin.

Cupar, Fife, N.B.

J. MATTHEW CAV, M.D.

#### FRACTURE OF A RIB SIX DAYS AFTER INJURY TO THE SIDE.

The following case, being somewhat unusual, seems to me worth recording:—

Mr. F. S., aged 56, consulted me on April 15th, 1890, giving the following history. On April 9th he was getting out of an omnibus, and in doing so swung against the side of the 'bus, striking his right side against a projecting point. Pain and tenderness followed, but so slight as not to prevent his following his usual occupation. On the morning of the 15th, when dressing, he sneezed, and at the same time felt something snap in his side. This was followed by severe pain, greatly increased by deep inspiration. Shortly afterwards I saw him, and on examination discovered crepitus and the usual signs of fractured rib about the point of junction of the bony and cartilaginous portions of the tenth rib. I strapped it up in the usual way. The next morning I was sent for, to find him suffering from a severe attack of diaphragmatic pleurisy, which spread and implicated the lower half of the right chest. The free exhibition of morphine hypodermically enabled him to breathe with a fair amount of comfort, and he was soon able to get about. The point of interest is the fact that at the time of the accident he must have sustained a partial fracture of the rib, the fracture being completed by the sudden strain put on it by sneezing.

Cardiff.

H. E. SKYRME, L.R.C.P.Lond., M.R.C.S.Eng.

#### RUPTURE OF LUNGS WITH LACERATION OF BRONCHUS FROM INJURY WITHOUT FRACTURE.

R. H., aged 6 years, was run over by a van while on his way home from school. When seen shortly afterwards, he was breathing with great difficulty, unconscious, dilated pupils, cold extremities, air not passing into bases of lungs, râles in chest, frothy fluid blood issuing from nose and mouth, rapid feeble pulse, and cold extremities. The only signs of external injury were a broad livid discoloration running obliquely across the back from the spine of left scapula to angle of right, and an abrasion on left malar prominence and on outer side of left forearm just below elbow. At the *post-mortem* examination, pneumothorax and subpleural emphysema, lungs collapsed, full of hæmorrhagic extravasations, hæmorrhage in posterior mediastinum, and a dark fluid blood in both pleural cavities, more in right than left; laceration of substance of right lung between upper and middle lobes; extensive laceration of root of left lung, the bronchus being torn across just above its first bifurcation; the heart collapsed and contracted; viscera generally healthy; some evidence of bruising of right chest wall posteriorly, but no fracture of ribs, spine, or sternum. The child lived about a quarter of an hour after its removal home, and probably about half an hour from the receipt of the injury. Instances of this form of injury being of rare occurrence, I desire to place this on record.

Bromley, Kent.

HERBERT J. LOTT, M.D.

## DEATH FROM HÆMORRHAGE AFTER SCARLATINA.

On the evening of July 18th, I was called out to see a little girl, aged 5, who was said to be suffering from excessive bleeding from the nose and mouth. On arriving at the house I found the child lying full length on a couch and in a moribund condition. Questions addressed to the parents elicited the facts that the child had been ailing for about two weeks, had complained of sore throat and had had a slight rash. On examination I found the surface of the body cold and clammy; the skin was distinctly desquamating; the cervical glands were much enlarged; pulse at the wrist not to be felt; heart sounds very indistinct. An examination of a small quantity of urine showed it to contain about two-thirds albumen. Examination of the throat was found to be impossible, as at intervals of about two minutes the child vomited large quantities of bright arterial blood; in fact, on my arrival the room floor was quite flooded with blood. All attempts to arrest the hæmorrhage were futile, and the child died from exhaustion in less than an hour. My diagnosis of the case was scarlatina, with deep and extensive ulceration of the tonsils, the ulceration finally leading to perforation of some of the large vessels of the neck and causing death from hæmorrhage and exhaustion. Unfortunately, permission to perform a *post-mortem* examination could not be obtained, so that the actual vessel implicated is unknown to me. I have thought the case worthy of record, as such a cause of death in scarlatina is certainly rare.

Crew. ALFRED E. VAUGHAN, L.R.C.P. and L.R.C.S. Edin.

## ACUTE PERITONITIS CONSEQUENT ON DETACHMENT OF ADHESIONS SURROUNDING OLD PERFORATION OF STOMACH.

E.T., aged 51, was admitted to prison in October of last year. From the date of admission he occasionally complained of dyspeptic symptoms, and received treatment. On November 26th he was sent to hospital, when his condition was noted to be as follows: Appears ill. Is pale and anæmic, with distinct puffiness beneath eyelids, but no oedema of ankles. Has felt ill for the last few days, but to-day is worse. Complaints of nausea, vertigo, and pain in stomach (the latter chiefly after ingestion of food), and pain is lessened after vomiting. No blood has been noticed in vomit, but on last two occasions of going to stool he has observed that motions are very dark in colour. No tumour in epigastrium. Tongue fairly moist, with white fur. Bowels fairly regular. Urine normal. Heart sounds rather weak, but no *bruit*. No history of previous serious illness. Has occasionally suffered from rheumatism and indigestion.

He remained in hospital under observation and treatment for over four months. At first vomiting and epigastric pain were much complained of, but by medicinal and dietetic treatment these were relieved, his stomach was able to retain ordinary food, his physical condition improved, and he gained 13 pounds in body weight.

After his discharge from hospital he continued at light prison employment, occasionally complaining of indigestion.

On March 31st I was sent for at midday to see him. He then appeared to be in great pain, faint, and partially collapsed. Pain was referred to pit of stomach and between shoulders. He described it as of sudden onset, and as most acute in character. He had almost finished his dinner when he felt it, the dinner on that day consisting of beans with bacon and potatoes. After administration of stimulants he was removed to hospital, and during the evening symptoms of acute inflammation of bowels came on, and he died at 12.30 that night.

*Necropsy* twelve hours after death. Abdomen only was opened. Acute recent effusion of lymph over whole of intestines was present. In abdominal cavity contents of stomach were easily distinguished. Stomach was large and distended, but no signs of recent inflammation present. On posterior aspect, and about one inch and a half from oesophageal opening, was found a round punched-out hole, regular in contour, involving the whole stomach wall, and having hard cartilaginous-like edges. No inflammatory redness was present around this, but externally the whole of this part of the stomach had peritoneal adhesions to the parts adjacent and the adhesions surrounding the perforation showed signs of recent detachment.

This was an undoubted case of ulcer of the stomach, which, by rest in bed joined to careful medicinal and dietetic treatment, was practically healed, so that for a considerable time the patient was able to retain ordinary food and put on flesh.

The cause of death seems to have been the giving way of the

catrictorial adhesions surrounding the ulcer, through the rapid ingestion of a heavy meal.

JAMES MURRAY, M.B. Aberd.,  
Assistant Medical Officer H.M. Prison, Wakefield.

## XANTHOMA MULTIPLEX.

On consulting Dr. Crocker's book on *Diseases of the Skin*, I find that only forty cases of xanthoma multiplex in the adult have been recorded. I therefore trust the following notes of the case of a patient who recently consulted me for brow neuralgia and jaundice associated with that interesting affection of the skin, xanthoma multiplex, may prove of interest.

Miss —, aged 60, states that she had always enjoyed fairly good health until two to three years ago, when she suffered a good deal from bronchial and nasal catarrh, and diarrhoea; but from these she appeared to have quite recovered until she was taken ill in November last with supraorbital neuralgia and erysipelas of right side of face. In January, patches of xanthoma appeared on her hands, feet, wrists, and face, followed in a short time by intense jaundice. As the patient was at this time residing in a malarious district of America, I think the jaundice was attributable to the malarial cachexia there acquired.

When I first saw her (May 26th, 1890) there were numerous buff-coloured patches on the palms and backs of the hands and wrists, and in the flexures of the elbows and knees. Also on the face there were several patches not raised above the level of the skin. The lesions on the hands and feet were from about the size of a grain of wheat to that of a threepennypiece. Some were perfectly flat, and, on passing the fingers over them, no protuberance was noticeable—xanthoma planum; others, however, were slightly raised above the level of the skin—xanthoma tuberosum. The subjective symptoms were severe itching, particularly at the time of formation of new lesions. I have repeatedly examined the urine without discovering any trace of sugar.

Under antimalarial treatment and drachm doses of phosphate of soda three times a day, the jaundice has improved very much, and the irritation of the skin and neuralgia have almost entirely disappeared.

The patient feels confident that some of the patches of xanthoma have disappeared, but I cannot say that I have noticed more improvement than that they have become less raised above the level of the skin, although the patient's statement is no doubt important in view of the fact that Mr. Jonathan Hutchinson, in a recent number of the *Archives of Surgery*, reports a case with symptoms very similar to those of my patient, and in which xanthoma diabetorum was suspected from the irritating character of the lesion, etc., although no glycosuria was discoverable, and in which he thinks there was sufficient improvement in the lesions to warrant a more hopeful prognosis being taken of the disease than the available statistics would lead one to suppose.

Sutherland Avenue.

GEORGE C. STEPHEN, L.R.C.P. Lond.

## THE THERAPEUTIC USES OF EXALGINE.

I HAVE used exalgine very frequently since reading Professor Fraser's clinical lecture on the subject in the *BRITISH MEDICAL JOURNAL* of February 15th, and my experience with it inclines me to the opinion that if generally tried exalgine would take a permanent place among our analgesic remedies, and its proper therapeutic dose and range of usefulness would soon be determined.

I consider the proper dose to be half a grain, and not to exceed one grain. This is absolutely safe and free from poisonous effects. As a rule the half-grain dose, in suitable cases, will relieve pain for a short time, perhaps half an hour; on its return a second dose will give a longer immunity, though a third or fourth may be required. I seldom prescribe more than four doses, with instructions that when the pain returns the dose is to be immediately repeated. When the pain is very severe commencing with a double dose is more effectual.

If exalgine fails to relieve pain after the administration of two grains, divided in this manner, I think it is best to let it alone and try some other remedy.

From the various published accounts of the poisonous effects which have followed 4 or 5-grain doses of exalgine it is evident that such doses are excessive and dangerous. To derive the greatest benefit from the small doses they should be taken on an empty stomach<sup>1</sup>.

As to its range of usefulness, I find that exalgine is generally

<sup>1</sup> The preparation I have lately been using is Corbyn's elixir of exalgine. Each drachm contains half a grain.

efficacious as an analgesic in thin, spare persons of nervous temperament and subject to neurotic ailments, while it fails with the robust, plethoric, or phlegmatic, whose functional pains more often proceed from dietetic causes.

It is useless in relieving pain due to mechanical or organic lesions; this often accounts for its failure in apparently suitable cases, where the cause of the pain is obscure.

The first case in which I administered exalgine was that of a young lady with abscess of the antrum, which was lanced; she had three days of pain and sleeplessness, only partially lulled by morphine. One grain dose of exalgine removed the pain and gave her four hours' refreshing sleep. Nor did she require to repeat the dose.

About the same time a delicate deformed gentleman, whom I was attending for epistaxis, fell off his chair and bruised his sternum against a fender; several hours afterwards he was seized with acute pain in the affected part; this was quite arrested by four half-grain doses of exalgine.

These successes encouraged me to use it in all forms of pain with the following general results:—During the late epidemic of influenza it invariably more or less alleviated the frontal and orbital pains which were so marked a symptom of that peculiar disease. In most cases of facial neuralgia and of toothache, not due to caries, it was successful, so much so that some lady patients are loud in its praise. In gastralgia it is uncertain, though a few cases experienced great relief from pain; one of these was recovering from ulcer of the stomach and was much benefited by the half-grain dose four times a day. It certainly gives relief in functional cardiac pain and in attacks of imperfect angina. I have not found it at all successful in allaying the pains of lumbago or sciatica in the cases I have tried it.

It is not to be expected that exalgine will do more than give temporary immunity to painful neurotic affections, which is all that other analgesics confer. It has, however, the advantage, when given in small doses, of being perfectly safe and free from those inconveniences which accompany the administering of narcotics, and which have nothing to do with the relief of pain.

J. SINCLAIR HOLDEN, M.D.,

Sudbury, Suffolk. Vice-President of the East Anglian Branch.

## REPORTS

ON

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

#### CARDIFF UNION HOSPITAL.

##### CYSTIC LIVER AND KIDNEYS.

(By D. R. PATERSON, M.D., M.R.C.P.)

THE association of cysts in the liver with cystic disease of the kidneys, first pointed out by Dr. Bristowe, is of such rarity, and the connection between the two so obscure, as to make any case illustrating this condition worthy of record.

I. L., aged 62, a labourer, was admitted under the care of Dr. Sheen in the early part of February. He complained of swelling of the feet and shortness of breath, which had been coming on for two months. The case was looked upon as one of Bright's disease, and treated with so much improvement that the patient asked to be discharged. He remained outside but a week, the old symptoms coming back as severe as ever, and he was readmitted on April 16th. Through the kindness of Dr. Sheen I saw him two days later. He was a well-built man, with fair nutrition. The skin was dry and harsh, and he stated that he had been getting thinner since the commencement of his illness at Christmas time. Previous to that he had always been healthy; he had never had rheumatism, had worked hard all his life, and had never drunk to any extent. He complained much of shortness of breath, but was able to lie down with his head low. The respiration was slow (16 per minute), long drawn, and noisy. There was some thirst, but little or no appetite. (Edema of the legs, back, and chest was present, but neither jaundice nor cyanosis. The temperature was subnormal, and the pulse 70 per minute, small, and slightly irregular in rhythm and volume. The heart's apex, felt in the fifth left intercostal space in the nipple line, was not forcible. The first sound in the mitral area was feeble, distant, and irregular,

accompanied by a faint systolic *bruit*, while over the tricuspid valve the murmur was heard rather better. In the other areas the sounds were weak and distant. There was oedema at the bases of both lungs. The urine was pale, acid, with a specific gravity of 1010, and a moderate amount of albumen. It was difficult to palpate the abdomen satisfactorily on account of the cedematous state of its walls and some tenderness over the liver region. It could be ascertained, however, that the liver reached down to the umbilicus, its upper surface feeling uneven, but without distinct nodules, and the edge sharply defined and hard. The spleen was not enlarged. On the following day the anæmic condition was more advanced. The patient lay on his back, breathing very deeply and noisily, and with a marked tendency to sighing. He was drowsy, but could be roused and made to answer questions. The tongue was dry and brown. The pulse was 80, small and feeble, and the extremities cold. *Râles* were to be heard all over the chest. There was a strong urinous odour from the breath, and a patch of purpura had appeared on the extensor surface of the forearm. As the day advanced the breathing gradually became more laboured, and the patient more difficult to rouse. About 4 o'clock he had a general convulsion, after which he never recovered consciousness, and died two hours later.

At the necropsy some blood-stained serum was found in the right pleural cavity; both lungs were cedematous more or less throughout. The heart was enlarged, weighing 33½ ounces, the left ventricle greatly hypertrophied and dilated, and the mitral valve was stretched, admitting the joints of four fingers, the cusp being quite intact. The ventricular endocardium appeared pale and spotty in places, otherwise the organ was healthy. Both kidneys presented the characteristic appearance of hypertrophic cystic disease. They were enlarged to several times their normal size, and converted into a mass of cysts varying from a pea to a walnut in size, some of which had clear transparent contents, but the majority were filled with a brownish or greyish gelatinous fluid. The right kidney weighed 32 ounces and the left 32½. On section there were the ordinary cystic characters, cortex and medulla being replaced by cysts, and no trace of kidney substance visible to the naked eye. The calyces were little if at all changed, and the pelvis, ureter, and bladder quite normal. The liver was enlarged, and weighed 4 lbs. 13½ ounces. The upper surface was studded with cysts, whose clear transparent contents gave them the appearance of pieces of glass embedded in the tissue, most of them having a dark bluish hue, so that at first sight they suggested melanotic deposits. They varied in size from mere points to that of a hen's egg, and were scattered at intervals over the upper and anterior part of the organ, some being more prominent than others. In the left lobe they were in greater number, arranging themselves especially along the free margin, and at the extreme left was a large cluster of varying sizes, from those just visible to one as large as an egg, which was adherent to the capsule of the spleen. On the under surface they were fewer in number, and were most numerous and largest in the left lobe close to the portal fissure. These cysts had a firm capsule lined by a smooth glistening membrane, and bulged in various directions, having a loculated appearance from the inside.

Microscopically, the cyst walls were seen to be composed of fibrous tissue with a layer of flattened epithelium inside. In the neighbourhood of the cyst there was a proliferation of connective tissue, and in some places the intralobular veins dilated and the hepatic cells compressed as in nutmeg liver, both changes being probably due to pressure from the distending cysts. The minute cysts were observed in groups, three or four together surrounded by fibrous tissue, suggesting fusion as enlargement went on. No vacuolation of the liver cells as figured by Dr. Pye-Smith was observed.

The fluid was carefully examined by Mr. J. T. Cundall, B.Sc., of the South Wales University College. It was clear and of light straw colour, faintly alkaline, and showing no absorption spectrum. It was not coagulated by heat but rendered turbid. On neutralisation there was a copious precipitate, and the filtrate with nitric acid gave a precipitate and the xanthoproteic reaction, showing the presence, probably, of globulin. It did not give the sulphur tests for the bile acids, and no trace of bile pigment could be detected. After evaporation and extraction with alcohol, the alcoholic residue did not give the reaction for sugar with Trommer's or Pettenkofer's test. There was a large amount of urea.

The presence of cysts simultaneously in the liver and kidneys was first drawn attention to by Bristowe,<sup>1</sup> when he published a

<sup>1</sup> Pathol. Soc. Trans., vol. vii.

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Presented by D. S. SKINNER, Esq., M.D., Willesden.

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 BOTH (M.). Handbook of the Movement Cure. 1856.  
 SKINNER (D. S.). The Science of the Change of Air. 1885.

Presented by J. M. STONE, Esq., Wimbledon.

COLLECTION OF PORTRAITS OF MEDICAL MEN.

Presented by E. J. TILT, Esq., M.D., London.

MEDICO-CHIRURGICAL TRANSACTIONS. 1888-89.  
 OBSTETRICAL TRANSACTIONS. 1888-89.

**ARE THE UNITED STATES OVER-DOCTORED?**—The New York *Medical Record* recently drew attention to the extraordinary attraction which the medical profession has for the citizens of the great republic on the other side of the Atlantic. The disproportion of medical practitioners to the population, among whom they have to earn their living, would be ludicrous if it were not melancholy. With a population of 60,000,000 the United States have something like 100,000 doctors, while France, with 38,000,000 inhabitants, has fewer than 12,000. In Germany, where the "bitter cry" of overcrowding in the medical profession has even reached the ears of the Government, the proportion of doctors to population is 30,000 to 45,000,000, considerably less than half that in the United States. Roughly speaking, while in France there is one doctor to every 3,000, and in Germany one to every 1,500 inhabitants, in the United States there is one to every 600 possible patients. The relative rates of increase in the numbers of the medical profession in the three countries is still more remarkable. While in France about 600, and in Germany a little over 900, licences to practise are granted annually, in the United States nearly 4,000 newly-fledged doctors are let loose on the public every year. These startling figures make one inclined to say, with Abernethy, "God help you, gentlemen, where will you all find bread?"

## 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.

#### COUNCIL.

##### NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at No. 429, Strand (corner of Agar Street), London, on Wednesday, the 15th day of October next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

September 25th, 1890.

##### 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.

**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*.

**OXFORD AND DISTRICT BRANCH.**—A special meeting of the Branch, called by the Council, will be held on Tuesday, September 30th, in the Radcliffe Infirmary, at 3 P.M.—W. LEWIS MORGAN, *Honorary Secretary*.

**NORTH OF ENGLAND BRANCH.**—A meeting of this Branch will be held at the White Swan Hotel, Alnwick, on October 7th at 4 P.M.; dinner at 5.30, P.M. Members wishing to read papers or to exhibit specimens are requested to send notice to the Secretary, G. E. WILLIAMSON, F.R.C.S., 22, Eldon Square, Newcastle-on-Tyne.

**EAST ANGLIAN BRANCH: ESSEX DISTRICT.**—The next meeting of the members of the Essex District and their friends will be held in the Institute, Southend, on Thursday, October 9th, at 2.30 P.M. Mr. G. F. Jones has kindly invited the members and their friends to lunch at his residence, Clarence House, at 1 P.M. All members of the profession living in the district are invited to the meetings of the Association. Business: To arrange the place and date of the next meeting. Dr. Mead (Newmarket) will give a short report of the work of the Medical Defence Union for the past year. Resolutions will be submitted to the meeting regarding the State registration of midwives. The following papers have been promised:—Dr. Lloyd Tuckey (London): Demonstration on Hypnotism. Mr. G. D. Deeping, L.R.C.P. (London): The Advantages and Drawbacks of the Medical Profession. Mr. A. Morris, L.R.C.P. (Ed. Southend): Will exhibit and give a Demonstration of his Ambulance. Mr. C. E. Abbott, L.R.C.P. (Braintree): The Infectious Disease (Notification) Act, 1889. At the conclusion of the meeting, typical cases of Charcot's Disease and Osteitis Deformans will be shown by G. F. Jones, M.R.C.S. Eng.—C. E. ABBOTT, *Honorary Secretary, Braintree*.

**SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.**—The next meeting of this District will be held at the White Hart Hotel, Reigate, on Thursday, October 9th, at 4 P.M. Dr. Robert Jones, Resident Physician and Superintendent Earlswood Asylum, in the chair. Dr. Jones will be happy to show members over the asylum before the meeting, and will provide luncheon at 2 P.M. Dinner at 6 P.M., charge 7s., exclusive of wine. The following papers have been promised. Dr. W. A. Berridge: The Treatment of Acute Abscess. Dr. R. H. Clarke: On Septicæmia in Birds. Mr. Malcolm Morris will give a demonstration upon the Treatment of Eczema. The Chairman of the Parliamentary



Bills Committee has consented to attend and to explain the provisions of the Midwives Bill. Members intending to remain to dinner or wishing to exhibit or read notes of cases please communicate with the Honorary Secretary, P. T. DUNCAN, M.D., Croydon.

**SOUTH MIDLAND BRANCH.**—The autumnal meeting will be held at Wellingborough, on Thursday, October 2nd. Gentlemen wishing to read papers, cases, etc., are requested to send the titles of the same at once to the Honorary Secretary. The following communications have been promised. Dr. Bower: Reminiscences of the Berlin Congress. Dr. Easby: On Empyema. Mr. Milligan: Will show (1) Two Ovarian Tumours successfully removed from the same Patient; (2) Specimen of Ruptured Intestine. Dr. Jones: Notes on some Cases of Epilepsy and Epileptiform Convulsion. Dr. Leonard Cane (Peterborough), and Mr. Archibald Thomas (Wellingborough) will be proposed as new members.—C. J. EVANS, Honorary Secretary.

## SPECIAL CORRESPONDENCE.

### MANCHESTER.

*Owens College Medical School; Opening Address; Medical Dinner; New Class Room for the Physiological Department.*

THE Owens College Medical School will, as has already been announced, be opened on October 1st by Sir Spencer Wells, who will give an introductory address in the Chemical Theatre of the College. Members of the medical profession are cordially invited by the authorities of the College.

The sixth medical dinner in connection with Owens College will be held in the Queen's Hotel on Wednesday evening, October 1st.

For some time past the increase in the number of students attending Owens College Medical School has been so steady and so large that the existing buildings have with difficulty accommodated them all. Pending the erection of new laboratories, in order to relieve the pressure in the physiological department, where the want of space has been severely felt, the Council have erected in the open space in front of the medical school a new temporary class room for Professor Stirling. This will, it is hoped, add to the comfort of the students pending the maturing of plans and the erection of the contemplated new laboratories.

## CORRESPONDENCE.

### RABIES AND THE MUZZLING ORDER.

SIR,—Will you allow me to supplement your annotation upon the muzzling order? I contend that there are two ways of doing a thing. That adopted by the authorities is the wrong way. I object to muzzling altogether on present plans; but if it is done, let it be carried out so as to effect the object in view. It may then be submitted to for the sake of the results to be attained; but the authorities are now trying to run with the hare and hunt with the hounds, and necessarily fail in their purpose.

Muzzling to be effectual must be complete, and must apply to the whole of the country and to all kinds of dogs. To exclude those which propagate rabies more than all other kinds of dogs is simply playing with the matter. Sportsmen's dogs are excluded from the operation of the law because sportsmen will not submit to have their own pleasures curtailed for the good of the people. In the Bedford case the dog was muzzled; but a dog who is suffering from rabies will soon find means by which the muzzle will be removed, however securely it may be fastened on; he will escape from the house whilst unmuzzled, and, rushing about the country, will transmit the disease in spite of muzzling orders.

If the authorities would arrange for the order to take effect upon all dogs in the kingdom from April 1st to October 1st, and institute a quarantine on all dogs coming into the country, which quarantine should be continued after the muzzling order had ceased, rabies might then be extinguished; but this cannot be brought about by the present method, which muzzles dogs in Surrey but allows them liberty in Kent. It is not town dogs which distribute rabies, but ownerless and country dogs or the sporting type. The latter are not restrained by the muzzling order; hence it follows that, although no doubt rabies has been diminished by the order, it has not been stamped out, and it will continue to recur in spite of Mr. Chaplin and of Scotland Yard and its half-and-half way of doing things.

I like to see a thing done effectually if it is to be grappled with at all by such a method. To my mind there is an equally good way, and probably a better one than that of muzzling. My object

in writing is to illuminate your readers upon the difficulty in which Mr. Chaplin places himself by his half-and-half measure.—Yours, etc.,  
Croydon.

ALFRED CARPENTER.

### THE LACTOMETER.

SIR,—In an official letter recently addressed to the Medical Officer of the New South Wales Government, Mr. William M. Hamlet, analyst in the Government laboratory of Sydney, enters a timely protest against the discredit that has been cast on the lactometer or lacto-densimeter by most analysts, since Dr. Wanklyn's condemnation of that instrument in 1873. The condemnation was useful at the time, as it brought into prominence the fact that those who used the lactometer did not understand what precautions it was necessary to take, and under what conditions the lactometer might be most useful.

In the first place, until Dr. Voelcker adopted the method of standardising the temperature at which to take the readings, the observations could not be correct, as the addition of organic matter to water must be very great to give a marked rise of the specific gravity; so that a very slight error in reading will represent a very considerable error in the estimation of the amount of solids; and as the temperature at which the density is taken will modify the specific gravity reading, it is a matter of the greatest importance that correction for temperature should always be made, or that the specific gravity should be taken when the temperature of the milk has been brought to 60° F. Even with all these precautions, however, it is evident that the composition of milk may deviate very considerably from the normal without there being any great alteration in the specific gravity. It may, for instance, contain a very large quantity of cream—so large, indeed, that the specific gravity may be below 1028 (good milk, with all its fat, usually has a specific gravity of 1028 to 1034—average 1029), fat having a comparatively low specific gravity from 996 to 936; but exactly the same results may be obtained by adding water; so that the specific gravity may be reduced by adding either water or cream to milk. It follows from this, as Wanklyn pointed out, that the specific gravity of milk may be raised by adding skimmed milk, or milk from which a large proportion of the fat has been removed (as all the solids, with the exception of fat, have a high specific gravity). Thus the old trick of removing the cream or fat, and again increasing its specific gravity by watering of the milk, left a fluid with a normal specific gravity, but deficient in both fat and other organic matter; but a fluid which, unless artificially coloured, should be readily recognised as containing a larger proportion of water than milk, even without the assistance of a lactoscope.

In estimating the opacity of the milk by means of the lactoscope, it must be borne in mind that the drops of fat held in suspension in milk vary very considerably in size, and that the small drops absorb the light much more readily, or refract it much more strongly, than a similar weight of fat in larger globules. It must also be remembered that when the milk is allowed to stand it is the fat in the form of large globules that first rises, and therefore when a part of the cream is removed, the opacity is not diminished in the same degree as the removal of the same amount of fat in skimmed milk would bring about; whilst in sweet milk, in which of course there is a mixture of large and small globules, the amount of fat to bring about an equal diminution of opacity would have to be calculated out on a different basis. That is to say, as the opaque point reading rises when using the lactoscope, the relative proportion of fat contained in milk diminishes more rapidly than in an inverse ratio, and from the tables drawn up on the data supplied by analysis, by means of extraction, by ether and weighing, it will be found, for example, that whilst with opaque point reading (Palmin's method) of 3 cubic centimètres, we have 26.3 per cent. of fat, with opaque point reading, 14 cubic centimètres, we have only 4.1 per cent. of fat, and with 24 cubic centimètres, we have only 1.4 per cent. Thus skimmed milk absorbs more light than diluted sweet milk containing the same quantity of fat as 1.0 to 0.268. It is evident, then, that a determination of the solids and fat in milk, accurate enough for all practical purposes, may be made in a few minutes by means of the lacto-densimeter and the lactoscope, and by testing the milk; but it must be remembered that in all cases the milk should be brought to a standard temperature; or temperature corrections should be carefully made. By means of the taste any gross adulteration with salt, sugar, glycerine, condensed milk, etc., may be determined, and then after the specific gravity has been made out

tion agitated by medical officers. Mr. Stanley's admirable medical officer is, of course, only publicly known as Surgeon Parke, and might be a civilian for all the title implies, but would his fame have been less had he been known by the title of, say, Surgeon-Captain Parke? Our correspondent especially dislikes the title surgeon-major, and would prefer to be called "senior surgeon." Of what? Nevertheless, the term may appropriately fit when he becomes a member of an Indian civil medical service.

#### THE EXAMINATIONS FOR THE MEDICAL STAFF AND INDIAN MEDICAL SERVICE.

OUTSIDE writes: It is now an open secret that the examiners have officially reported a serious falling off in the qualifications of the candidates at the August examination, both from a literary and professional point of view. It is also stated that a large proportion of the successful candidates are men who have been in two, three, and even four times before, and have now succeeded through knowing the system of the examination, helped by suitable coaching. These are a most undesirable class of men to get, as they must be more or less rusty in their practical work, and not at all as good as candidates fresh from their schools.

I would suggest that, for the future, the examination be divided into two parts, namely, a preliminary, practical, on such subjects as diagnosis of cases, operations, putting up fractures, bandaging, teeth extraction, use and knowledge of surgical instruments and appliances, antiseptic dressing, etc.; the second part to be the examination written and oral as is now given. No candidate should be allowed to present himself for the second competitive examination till he had shown his full capacity in the first. If some such system as this were adopted, the practical men would come to the front, and the "chronic ground up" would be left where he ought to be—outside.

#### COMPOUND TITLES.

DELTA urges that if compound titles are to be given to army medical officers, the military should take precedence of the professional, thus—captain, surgeon, major-surgeon, etc. This would, at all events, prevent confusion over the titles surgeon-major and sergeant-major.

#### THE NAVY.

STAFF-SURGEON A. B. TROUSDELL, M.B., has been promoted to be Fleet-Surgeon, September 13th. His previous commissions are dated: Surgeon, February 16th, 1870; Staff Surgeon, July 24th, 1880.

Deputy Inspector-General DANIEL O'CONNOR, M.D., died at Killarney on the 14th instant. He entered the service as Surgeon, August 7th, 1856; became Staff-Surgeon, April 13th, 1867; Fleet-Surgeon, November 20th, 1877; and Deputy Inspector-General on retirement, August 14th, 1887. He was Fleet-Surgeon of the *Superb* at the bombardment of Alexandria in July, 1882, and during the Egyptian war (medal with clasp, Egyptian bronze star, and third class of the order of the Medjidie).

Retired Staff-Surgeon VANS CHRISTIAN CLARKE, M.D., sometime Governor of Woking Prison, died at Goring, Sussex, on the 14th instant. His commission as Surgeon dated from June 27th, 1844; that of Staff-Surgeon from July 11th, 1854.

#### MEDICAL STAFF.

DEPUTY SURGEON-GENERAL SAMUEL BLACK ROE, M.B., C.B., is placed on retired pay from September 11th. Entering the service as Assistant-Surgeon August 4th, 1855, he became Surgeon December 22nd, 1869; Surgeon-Major March 1st, 1873; Brigade-Surgeon July 1st, 1881; and Deputy Surgeon-General July 25th, 1885. He served in the Crimea in 1855, and in Central India during the Indian Mutiny campaign in 1858-59. He was in the Afghan war in 1879-80, and was present in the engagement at Ali Kheyl, and in the operations around Cabul in December, 1879, including the investment of Sherpore (mentioned in despatches); he accompanied Sir Frederick Roberts in the march to Candahar, and was at the battle of Candahar (mentioned in despatches, medal with two clasps, and bronze decoration). He also served in the Boer war of 1881. He was nominated a Companion of the Order of the Bath May 24th, 1881.

Brigade-Surgeon E. C. MARKEE, serving in the Madras Command, is appointed to officiate on the Administrative Medical Staff of the army, with the temporary rank of Deputy Surgeon-General, *vice* S. B. Roe.

The undermentioned officers, who are serving in the Bengal Command, have leave of absence for six months on medical certificate: C. H. MELVILLE, M.B.; Brigade-Surgeon G. W. McNALLY, M.D.; Surgeon F. W. G. HALL, M.B.

Surgeon W. H. BEAN, serving in the Madras Command, has leave to Australia for 120 days on medical certificate.

#### INDIAN MEDICAL SERVICE.

SURGEON J. C. LAMONT, Bengal Establishment, has passed the examination in Hindustani by the higher standard, and Surgeons H. B. MELVILLE, A. R. S. ANDERSON, and J. C. S. VAUGHAN, all of the Bengal Establishment, have passed in Hindustani by the lower standard.

The services of Surgeon G. H. BAKER, Bengal Establishment, are placed temporarily at the disposal of the Government of the North-West Provinces and Oude.

The undermentioned Surgeons, all of the Bengal Establishment, are appointed to the officiating medical charge of the regiments named: Surgeon G. T. MOULD, 1st Bengal Cavalry, *vice* Surgeon-Major J. E. C. Ferris, granted sick leave; J. T. CALVERT, 42nd Goorkha Light Infantry, *vice* Surgeon F. A. Rogers, granted leave; C. R. M. GREEN, 33rd Bengal Infantry, *vice* Surgeon H. B. Banatvala, granted leave.

The appointment of Surgeon A. L. DUKE, Bengal Establishment, to the officiating medical charge of the 2nd Battalion 2nd Goorkhas is cancelled.

The services of Surgeon J. L. T. JONES, M.B., Bombay Establishment, are placed at the disposal of Government for employment in the civil department.

The undermentioned officers have leave of absence as specified: Surgeon J. A. CUNNINGHAM, Bengal Establishment, Civil Surgeon, Mooltan, for 90 days on medical certificate; Brigade-Surgeon G. C. ROSS, Bengal Establishment, Rawul Pindee, privilege leave for 2 months and 21 days from August 11th; Surgeon-Major H. ALLISON, M.D., Madras Establishment, for one year on private affairs.

#### THE VOLUNTEERS.

THE undermentioned gentlemen were appointed Acting-Surgeons to the regiments specified:—EDWIN DENING, 2nd Volunteer Battalion Gloucestershire Regiment (late the 2nd Gloucestershire); FRANCIS GEORGE HERBERT WHITLEY, 1st Volunteer Battalion Duke of Cornwall's Light Infantry (late the 1st Cornwall); and JOHN HERBERT GRIFFIN, 16th Middlesex (London Irish).

Surgeon and Surgeon-Major (ranking as Major) J. W. DANAEHER, 3rd Volunteer Battalion Essex Regiment (late the 3rd Essex), has resigned his commission, with permission to retain his rank and uniform. He dated as Surgeon from February 14th, 1871; as Surgeon-Major from February 1st, 1889.

Surgeon and Surgeon-Major (ranking as Lieutenant-Colonel) W. CORBETT, 1st Volunteer Battalion Queen's Own Cameron Highlanders (late the 1st Inverness), has also resigned his commission, with permission to retain his rank and uniform. His commission as Surgeon dates from November 5th, 1861; that of Surgeon-Major, February 1st, 1889.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF DURHAM.

EXAMINATION FOR DEGREES IN MEDICINE AND SURGERY.—September, 1890. Second Examination for the degree of Bachelor in Medicine.

Honours, Second Class.—J. C. Hoyle, M.R.C.S.Eng., L.R.C.P.Lond., St. Bartholomew's Hospital; F. H. Marson, Queen's College, Birmingham; J. O. Hollick, Queen's College, Birmingham; B. May, College of Medicine, Newcastle-upon-Tyne; W. E. Peacock, College of Medicine, Newcastle-upon-Tyne; E. V. Peacock, College of Medicine, Newcastle-upon-Tyne.

The following candidates have satisfied the examiners:

H. G. Best, Middlesex Hospital; B. W. Bond, St. Thomas's Hospital; F. D. Browne, Yorkshire College, Leeds; D. J. Caddy, College of Medicine, Newcastle-upon-Tyne; H. Case, College of Medicine, Newcastle-upon-Tyne; E. B. Cass, Yorkshire College, Leeds; H. A. H. Claridge, Queen's College, Birmingham; H. K. Dawson, College of Medicine, Newcastle-upon-Tyne; A. H. C. De Silva, Ceylon Medical College; W. A. Dow, St. Bartholomew's Hospital; A. J. Gardner, M.R.C.S.Eng., L.R.C.P.Ed., Yorkshire College, Leeds; R. Green, College of Medicine, Newcastle-upon-Tyne; V. T. Greenyer, St. Bartholomew's Hospital; F. Hawthorn, College of Medicine, Newcastle-upon-Tyne; W. W. Hodgins, University College, London; T. G. S. Hodson, London Hospital; J. H. Hunter, College of Medicine, Newcastle-upon-Tyne; F. S. Jones, London Hospital; T. F. Keenan, College of Medicine, Newcastle-upon-Tyne; A. A. J. McNabb, College of Medicine, Newcastle-upon-Tyne; C. Meaden, Bristol Medical School; E. Mitchell, College of Medicine, Newcastle-upon-Tyne; R. H. Shepard, St. Bartholomew's Hospital; F. H. Simpson, Queen's College, Birmingham; H. Spicer, St. Bartholomew's Hospital; J. B. Stephenson, Middlesex Hospital; R. Sterling, B.A., L.Th., College of Medicine, Newcastle-upon-Tyne; H. S. Titterton, Queen's College, Birmingham; C. N. C. Walch, St. Bartholomew's Hospital; S. S. Whillis, College of Medicine, Newcastle-upon-Tyne; G. J. Williams, College of Medicine, Newcastle-upon-Tyne.

Examination for the Licence in Sanitary Science. The following candidates have satisfied the examiners:

W. G. Barras, M.B.Glas., D.P.H.Glas.; W. B. Griffith, L.R.C.S., L.R.C.P.Ed.; J. A. Hutton, M.B., B.S.Durh., M.R.C.S.Eng., L.R.C.P.Lond.; J. N. Richardson, M.D.Durh., M.R.C.S.; J. Robinson, M.D.Brussels, M.R.C.S.Eng., L.R.C.P.Edin.

## OBITUARY.

### PETER HOOD, M.D. ST. ANDREWS.

WE regret to announce the death, in his 82nd year, of Dr. Peter Hood, of Seymour St., London and Watford, a highly respected member of the medical profession and one well known and much liked in leading medical circles. He was a man of striking and manly face and figure; vigorous in thought and expression; well read; an original thinker, self-respecting and resolute, but courteous and cordial in mind and manner. He was of far more than ordinary capacity, and was an excellent colleague and companion, as well as an able physician.

Dr. Hood, who was a native of Gateshead, received his medical education at St. George's Hospital, and settled in London, where he acquired a very considerable practice, chiefly among the upper classes of society. In his early days the custom of blood-letting in its various forms held almost unchallenged sway in the sick room, and he had the great merit of being among the first to perceive its frequent inapplicability to children, and to show that their diseases were less often inflammatory, in any true sense, than was then commonly supposed. A treatise on this subject, which was published in 1845 under the title of *Practical Observations on the Diseases Most Fatal to Children*, attracted much attention, and was largely influential in modifying the ordinary course of treatment. In subsequent years Dr. Hood published works on scarlet fever and on affections of the throat, but he has been chiefly known by his work on gout and rheumatism, which has passed through three editions.

Notwithstanding the cares of a large practice, he was a keen sportsman and naturalist, an excellent shot, and one of the most skilful fly-fishers in England. He was treasurer of the Fisheries Preservation Association from its origin; and the last letter which he wrote had relation to its business. He was also permanent president of the West Hants Medical Association. Dr. Hood had been eight years a widower, and three of his children, Dr. Whar-ton Hood, Miss Hood, and Lady Palmer survive him.

## INDIA AND THE COLONIES.

### INDIA.

**MEDICAL EDUCATION AND THE UNIVERSITY OF BOMBAY.**—We have been favoured with a copy of the *Bombay Gazette* of August 25th, 1890, containing a letter from Dr. J. Accacio Da Gama, a medical graduate of the University of Bombay, in which that gentleman complains, "that prejudice and spite are at the bottom of all the outcry about the incompetency of the graduates, and that judgment is being pronounced against them in a manner which is unfair and unjust." It would appear from the following letter from the Chief Secretary to Government to the authorities of the University of Bombay that it has been brought to the notice of Government that the medical graduates of the Bombay University are less accomplished in their profession than they might reasonably be expected to be, and that these facts may be attributable, in part at least, to the defective preliminary training of the graduates before commencing their studies in medicine. A difficulty has, in consequence, been experienced in obtaining competent persons to fill certain hospital appointments. It is of course impossible for us to give an opinion on this matter on an *ex parte* statement. Clearly, if those who feel themselves aggrieved by the representations on which the letter of Government is based have, as our correspondent alleges, a good case, they may reasonably ask for an inquiry into the facts by a competent and impartial committee. Meanwhile we fear that the presumption must be that the Government of Bombay would not address such a letter as the one we subjoin to the University Registrar, without having before the council evidence that the complaint against the preliminary education of the graduates was well founded.

To the University Registrar.

SIR,—I am directed to request that you will be good enough to inform the syndicate that it has been brought to the notice of Government in connection with the working of the scheme for the employment of honorary physicians and surgeons at the J. J. Hospital that difficulty is experienced in obtaining competent persons to fill the honorary appointments satisfactorily, and that the medical graduates of the Bombay University are less accomplished in their profession than they might reasonably be expected to be, and that these facts may be attributable, in part at least, to the defective preliminary education undergone by the graduates before commencing their studies in medicine. It would, therefore, seem to be for consideration whether a higher standard of general education should not be required by the University in the case of persons intending to enter the medical profession. I am to ask, therefore, that this question may be referred for opinion by the syndicate to the faculty of medicine, and that Government may be informed of the result of the discussion of the subject by the faculty, and of the steps, if any, which it may be proposed to take with a view to raising the standard of requirements for a medical degree.—I have the honour to be, Sir, your most obedient servant,

(Sd.) J. NUGENT, Chief Secretary to Government.

**SANITATION OF MADRAS.**—A crowded public meeting was held at Madras recently to consider the insanitary state of the city. The chairman, the Rev. Dr. Miller, stated that the death-rate was far above that of almost any other place in the civilised world. The meeting resolved to request the Governor to appoint a special sanitary officer or a committee to investigate the causes of cholera epidemics and of the unusual mortality.

MISS E. L. PALMAN, medical student in the Madras Medical College, has won the Viceroy's silver medal as first lady student of the year.

**FACTORY REGULATION.**—A committee, says the *Times of India*, is shortly to be appointed at Bombay, chiefly consisting of natives, which will inquire thoroughly into the question of working hours and holidays, with reference to the women and children employed in factories; and their report, which will be based on the facts collected in the North-West Provinces, Bengal, and Bombay, will be submitted to Government, before any legislation takes place in connection with the Factory Act in the cold weather.

### BURMAH.

**A SUDDEN OUTBREAK OF CHOLERA.**—Among the outbreaks of cholera which occurred in Burmah last year there was a remarkable visitation at the Moulmein Gaol. One evening the prisoners

were conducted to their dormitories in the usual manner, without the slightest indication that there was anything wrong. At midnight the seizures commenced, and by 6 o'clock the following morning 9 men had been attacked, and every one of them died. When the day came to a close, 31 out of a total of 674 convicts were struck down, and the following day the number of seizures was increased by 17, giving for the two days 48 attacks, of which 38 ended fatally. On the third day there were 15 more seizures, so that in three days 10 per cent. of the gaol population suffered. Cholera camps were formed outside "the zone of gaol influences;" but it was some time before the scourge could be shaken off, and by order of the Commissioner 136 convicts were released.

At Mandalay a fund has been started to provide a home for lepers, and already nearly 3,000 rupees have been subscribed. All the residents of the place appear to have put down their names for the deserving charity.

### SIERRA LEONE.

**MEDICAL POOR RELIEF.**—The following notice has been issued in reference to the new regulations: "The Governor directs it to be publicly notified with reference to Public Notice No. 85 of July 23rd, 1890, that the private medical practitioners of Freetown, having signified their approval and willingness to adopt the rules and regulations for affording medical aid to poor persons, are to be included in the scheme, and that their names will appear on the 'tickets of recommendation' along with those of the Government medical officers."

MUCH discussion has arisen in reference to the new Bill for the Regulation of the Sale of Drugs and Poisons, the object in view being, it is said, to settle a broad line of demarcation between the professional medical practitioners and the local practising druggists, between whom in this colony there has been hitherto a distinction without a difference.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### TROUBLE AT THE KENT COUNTY ASYLUM AT BARMING HEATH.

CONSIDERABLE correspondence has lately taken place in the local press with regard to this asylum. From the *Maidstone and Kentish Journal*, which has devoted several columns to the subject, we gather that a letter had appeared in that paper giving a statement of the grievances of the nurses and attendants at the asylum. In its issue of September 2nd our contemporary states: "As soon as the Superintendent discovered who was the author of the letter signed 'Pelops,' which we published last week, that unfortunate individual, who is a monomaniac, and is a private patient, was removed into the refractory ward amongst the worst class of patients, and had to exchange his private clothes for the regulation clothes. He protested against this treatment, and was shortly afterwards restored his own clothing, and removed to No. 7 ward. From there he was removed to No. 12, and all his private papers and effects were withheld from him. He was put under strict surveillance, a special attendant being placed over him morning and night, and, although he was allowed to write, he had to give his letters up immediately to the attendant. The patient, however, took advantage of the rule enacting that all letters addressed to the Commissioners in Lunacy must be posted unopened, and wrote to that body stating the facts of the case, and asking that his papers might be returned to him. He received a reply on Thursday ordering that all his effects be returned to him."

In the meantime the nurses and attendants had drawn up a memorial and sent a copy to the Medical Superintendent, the Committee of Management, and the Commissioners in Lunacy, setting forth their grievances. From the last annual report of the Commissioners it appears there are 169 nurses and attendants on the staff, and it is a significant fact that all but twelve, who were mostly artisans, had signed the memorial. The memorialists complain of the manner in which the rules of the asylum with regard to leave are carried out by the medical superintendent; the inferior quality, insufficient quantity, and bad cooking of the food. According to numerous letters addressed to the *Maidstone and Kentish Journal*, there is a want of comfort, and especially the want of recreation rooms for the use of the attendants and nurses when off duty, so that when the weather is inclement they should not be compelled to walk about the streets or go to bed.

According to the same paper it appears that an exhaustive in-



the opinion that, being under the impression that the registration law had been evaded, our correspondent acted wisely in reporting the case to the Registrar-General. We also agree with him in regretting that the borough coroner does not, in the interest of the public, judge it expedient to hold inquests with a view to checking the excessive number of uncertified deaths in the town in question. There is good ground for believing that the working classes receive the visits of these unqualified assistants under the impression that they are duly qualified medical men. An inquest is the only means by which this dangerous system can be exposed and effectively checked. Registered medical practitioners are undoubtedly to blame for supplying the forms of medical certificates for the use of unregistered assistants.

#### WORKHOUSE INMATES AND LUNACY CERTIFICATES.

F. W. writes: 1. A number of pauper lunatics (chronic epileptics) have been detained in a workhouse, where special accommodation has been made for them. Some of them are signed for by the medical officer of the workhouse according to the Act and form of 1862. Seeing that the 1862 Act and all later amendment Acts are repealed by the complete Act of 1890, is it necessary that separate certificates be made out first by a justice of the peace, and independent medical examiner, and by the medical officer of the workhouse?

2. In the event of separate certificates being required, what would be a reasonable sum, say, for fifty such certificates, as the guardians demur to pay 10s. 6d. for each case?

\*. 1. As regards a pauper in a workhouse on May 1st, 1890, as to whom a certificate had been signed under Sect. 20 of the Act of 1862, no certificate or order of a justice is required. Also, a poor person suffering from mental disease may be detained in a workhouse by Sect. 22, Poor Law Amendment Act, 1867. Otherwise, and except for fourteen days, no lunatic shall be detained in a workhouse without an order under the hand of a justice having jurisdiction in the place where the workhouse is situate, application for such order being supported by a medical certificate under the hand of a medical practitioner who is not the, or an, officer of the workhouse, and by a certificate under the hand of the medical officer of the workhouse, the former being in "Form 8," the latter in "Form 10," as prescribed in the Act of 1890.

2. The Act says the guardians "shall pay such reasonable remuneration as they think fit" for the former, but says nothing as to payment for the latter. Implicitly, the guardians may pay for the second what they deem to be a reasonable remuneration.

#### HEALTH OF ENGLISH TOWNS.

DURING the week ending Saturday, September 20th, 5,493 births and 3,550 deaths were registered in twenty-eight of the largest English towns, including London, which have an estimated population of 9,715,559 persons. The annual rate of mortality in these towns, which had declined from 21.0 to 18.6 per 1,000 in the four preceding weeks, rose again to 19.1 during the week under notice. The rates in the several towns ranged from 12.9 in Derby, 14.1 in Bradford, 14.4 in Bristol, and 15.3 in Norwich to 27.9 in Sunderland, 30.0 in Blackburn, 31.6 in Manchester, and 35.7 in Preston. In the twenty-seven provincial towns the mean death-rate was 21.4 per 1,000, and exceeded by 5.2 the rate recorded in London, which was only 16.2 per 1,000. The 3,550 deaths registered in the twenty-eight towns during the week under notice included 680 which were referred to the principal zymotic diseases, against numbers declining from 999 to 599 in the four preceding weeks; of these, 373 resulted from diarrhoea, 76 from measles, 72 from whooping-cough, 63 from diphtheria, 46 from "fever" (principally enteric), 47 from scarlet fever, and not one from small-pox. These 680 deaths were equal to an annual rate of 3.7 per 1,000; in London the zymotic death-rate was 2.8, while it averaged 4.4 per 1,000 in the twenty-seven provincial towns, among which it ranged from 1.1 in Bristol, 1.6 in Derby, 1.9 in Halifax, and 2.0 in Birkenhead to 6.5 in Manchester, 6.6 in Plymouth, 7.6 in Sunderland, and 13.4 in Preston. Measles caused the highest proportional fatality in Plymouth, Wolverhampton, and Manchester; whooping-cough in Huddersfield, Sunderland, and Norwich; scarlet fever in Liverpool; "fever" in Blackburn, Halifax, and Plymouth; and diarrhoea in Sheffield, Hull, Sunderland, and Preston. Of the 63 deaths from diphtheria registered in the twenty-eight towns during the week under notice, 35 occurred in London, 8 in Salford, 4 in Manchester, 4 in Cardiff, and 3 in Liverpool. No death from small-pox was recorded during the week, either in London or in any of the provincial towns, and no small-pox patients were under treatment in the Metropolitan Asylums Hospitals on Saturday, September 20th. These hospitals contained, however, 1,548 scarlet fever patients on the same date, against numbers increasing from 1,373 to 1,494 at the end of the four preceding weeks; 204 new cases were admitted during the week, against 200 in each of the two previous weeks. The death-rate from diseases of the respiratory organs in London was equal to 2.2 per 1,000, and was slightly below the average.

#### HEALTH OF SCOTCH TOWNS.

IN eight of the principal Scotch towns 757 births and 506 deaths were registered during the week ending Saturday, September 20th. The annual rate of mortality in these towns, which had been 18.2 and 17.8 per 1,000 in the two preceding weeks, rose again to 19.6 during the week under notice, and exceeded by 0.5 per 1,000 the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest death-rates were recorded in Perth and Aberdeen, and the highest in Leith, Paisley, and Glasgow. The 506 deaths registered in these towns during the week under notice included 89 which were referred to the principal zymotic diseases, equal to an annual rate of 3.4 per 1,000, which was 0.3 below the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Glasgow, Perth, and Paisley. The 244 deaths registered in Glasgow included 18 from diarrhoea, 15 from whooping-cough, 3 from diphtheria, and 3 from scarlet fever. Two fatal cases of diphtheria were recorded in Dundee, and 3 of scarlet fever in Paisley. The death-rate from diseases of the respiratory organs in these towns was equal to 2.9 per 1,000, against 2.2 in London.

#### HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, September 13th, the deaths registered in the sixteen principal town districts of Ireland were equal to an annual rate of

19.6 per 1,000. The lowest death-rates were recorded in Armagh and Kilkenny, and the highest in Wexford and Sligo. The death-rate from the principal zymotic diseases averaged 2.3 per 1,000. The 117 deaths registered in Dublin were equal to an annual rate of 17.3 per 1,000 (against 23.8 and 19.2 in the two preceding weeks), the rate for the same period being 16.6 in London and 17.5 in Edinburgh. The 117 deaths registered in Dublin included 15 which were referred to the principal zymotic diseases (equal to an annual rate of 2.2 per 1,000), of which 11 resulted from diarrhoea, and 2 from "fever."

#### REPORTS OF MEDICAL OFFICERS OF HEALTH.

**MILE END OLD TOWN** (Population, 116,509).—*Diphtheria and its Isolation in Hospital: Occupation of Cellar Dwellings.*—The total number of deaths from all causes which occurred in this hamlet during 1889, including those belonging to the hamlet which occurred in public institutions outside its boundaries, amounted to 2,108, and produced a rate of 18.0 per 1,000. This rate is slightly higher than that of the previous year, but it must be considered favourable when compared with the average of the past ten years. A large number of cases of infectious disease had to be dealt with during the year, but no particular locality was exceptionally affected, nor was there any serious epidemic. Diarrhoea, scarlet fever, and diphtheria were the most fatal of the zymotic diseases, the last-named causing 50 deaths, as compared with 20 in 1888 and 22 in 1887. It is satisfactory to note that out of the 65 cases of diphtheria notified during the year, no fewer than 38 were removed to hospital. Mr. Thomas Taylor appears to be unremitting in his efforts to procure good sanitation, but in a district so thickly populated and so poor as Mile End it is a task of no little difficulty. It is much to his credit that the sanitary condition of the district is as well maintained as it is. Mr. Taylor finds from experience that more can be effected in this matter by moral persuasion than by legal compulsion. Recourse to the latter method has, however, been sometimes found necessary. The occupation of cellar dwellings, especially in the West Ward, where the residents are principally foreign Jews, is a source of considerable trouble.

**TOXTETH PARK** (Population, 24,000).—*Low Death-rate: Supervision of Dairies: Registration of Plumbers.*—The favourable conditions under which the inhabitants of this district live have undoubtedly a large share in producing the satisfactorily low rate of mortality which Dr. Steeves records for 1889, namely, 10.6 per 1,000. Modern houses constructed with a due regard to external and internal air space, a young and strong population, a good and constant water supply, and an active and successful sanitary administration, go far to promote a good condition of public health. It only remains to be seen to what extent it can be improved or how long maintained. Epidemic diseases should have but little chance in so healthy a community, in spite of the risks of the introduction of infection from densely populated Liverpool. During 1889 one case of small-pox was reported; but the patient recovered, and there was no extension of the disease. Typhus was absent, and only 4 cases of typhoid came to the health officer's knowledge. There was an epidemic of measles in the spring, but the cases were for the most part mild in character and general in distribution. It is well that dairies receive special attention in Toxteth Park, and that proper air space and ventilation in the cow-houses are insisted upon. The minimum space of 600 cubic feet per cow is certainly not unreasonable. In many districts the minimum is fixed at 800 cubic feet, and from a purely hygienic point of view the higher figure is to be preferred, especially in view of the tendency of cowkeepers to restrict the ventilation of the shippens in order to raise their temperature. The registration of the plumbers of the district is progressing, and a most important safeguard to the health of the community is thereby extending its influence.

## MEDICAL NEWS.

**DR. STEPHEN OWEN MOSES**, of Calcutta, has been appointed an Honorary Presidency Magistrate.

A COTTAGE hospital at Thirsk, built and endowed by Miss Lambert in memory of her father and husband, both medical men, was opened on Wednesday last by Colonel Dawnay, M.P.

THE number of students who have entered the University of Moscow for the semester which has just begun is 820, of whom 148 belong to the Medical Faculty.

A VIENNA midwife was recently sentenced to three months' imprisonment for having divided the frænum of the tongue in a newborn infant, with the result that it died of diffuse suppuration of the sublingual connective tissue.

MR. WEBER, Chief of the United States Emigration Bureau, has officially asked that cabin passengers shall in future be examined under the provisions of the Contract Labour Act, for infirmity or disease.

A CASE of wholesale poisoning is reported from Pressburg, where a family consisting of father, mother, and six children died after eating the fruit of the deadly nightshade in ignorance of its poisonous character.

MEDICAL MAGISTRATE.—Dr. John T. Dillon, Medical Officer of the Listowel Union Hospital and Listowel Dispensary District, has been appointed to the Commission of the Peace for the County of Kerry.

ST. GEORGE'S HOSPITAL.—The distribution of the prizes will take place in the large lecture theatre in the Medical School on October 1st, immediately after Mr. Augustus Winterbottom's introductory address. Mr. T. Holmes will preside.

THE number of students in the University of Buda-Pesth in the academic year 1889-90 was 3,606, of whom 1,204 belonged to the medical faculty. Besides these there were 228 students of pharmacy, and 73 women attended courses of instruction for midwives.

SURGEON-MAJOR C. H. JOUBERT has addressed a circular letter to medical men practising in Calcutta proposing the establishment of a register of nurses and midwives following their occupation in that city. The nurses themselves are said to approve of the plan.

FRAU EMILIE VON TORKLUS, of Riga, has given a sum of 4,000 roubles towards the establishment of courses of instruction for the training of midwives to attend poor women in their confinements. An annual grant of 600 roubles for the same purpose has been promised by the Livonian *Ritterschaft*.

THE Committee of the Newcastle Hospital Sunday Fund are able to record a substantial increase in the collections of last year. The total sum collected was £4,508 12s. 6d., being the largest amount ever received by the fund. The contributions from the factories and workshops exceeded those of the churches and chapels.

It has been determined to postpone the next meeting of the International Congress of Otolaryngology, which had been fixed to take place at Florence in September, 1892, till 1893, when it will be held at Rome a week before the assembly of the Eleventh International Medical Congress.

By decree of the Portuguese Minister of Justice, dated August 30th, Dr. José Julio Rodrigues, lecturer on chemistry in the Polytechnic School of Lisbon, has been charged with the preparation of a complete scheme for the establishment and organisation of an institute of toxicology adequate to the needs of Portugal.

PRESENTATION.—Mr. W. P. Warren, L.R.C.P. and S.Edin., of Enfield Highway, has been presented with a silver hot-water dish from the male members of his ambulance class at Enfield Lock, and with a silver *entrée* dish from the female members. Of the former, twenty-three out of twenty-four were successful, and the whole of the female class (thirty in number) were successful.

THE *Madras Mail* states that at the instance of the Secretary of State for India, the Government of India has forwarded to all local governments and administrations copies of Dr. A. Harkin's work on *The Vague Treatment of Cholera*, which was recently reviewed in our columns, with a request that the mode of treatment therein recommended may be tested in selected hospitals, and the result communicated to the Government of India.

A SUCCESSFUL CASE OF CÆSAREAN SECTION.—A case of Cæsarean section in which both mother and child were saved was performed not long ago by Dr. Stenhouse in the Otago Benevolent Institution at Dunedin. The patient was able to leave her bed on the twenty-first day, being then as the report, which is published in the *New Zealand Medical Journal* for July, states "as fully well as a woman after a normal confinement."

NATIONAL HEALTH SOCIETY.—Classes for women have been arranged at seven different centres in London by the National Health Society. Dr. A. T. Schofield will give two courses of twelve

lectures to each class on the "Hygienic Education of Women." The Society is to be congratulated on its courageous effort to remedy the neglect with which in the past this most essential part of female training has been treated. The courses will commence at an early date, and will continue until Christmas. All particulars may be obtained from the Secretary, 53, Berners Street, W.

NORTH QUEENSLAND MEDICAL SOCIETY.—The first annual meeting of the North Queensland Medical Society was held at Townsville on June 17th, under the presidency of Dr. Ahearne. The Secretary, Dr. G. A. Van Someren, gave an account of the foundation of the Society on January 6th, 1890. There are at present twenty-one members, and four others have expressed their intention of joining. An interesting address on the modification which the physical structure and constitution of Europeans undergo by residence in North Queensland was delivered by the President.

At a recent meeting of the Società per il Bene Economico di Roma (Society for the Promotion of the Economic Prosperity of Rome), Professor Guido Baccelli, who is President of the Organising Committee of the next International Medical Congress, proposed that an International Exhibition of Hygiene should be held in connection therewith. This was agreed to after some discussion. Florence, which is now taking the lead among the cities of Italy in sanitary progress, has already expressed its willingness to take part in the Exhibition, and similar replies are expected from Turin and Milan.

SYPHILITIC INFECTION FROM A BITE.—A patient was recently shown to the Berlin Medical Society who was said to have contracted syphilis from the bite of a man. The bite was inflicted on the lip, and the wound healed in two or three days; but in six weeks it reopened and the lip became greatly swollen. Five weeks later there was an ulcer on the inner surface of the lip with great swelling and induration round about; the submaxillary and cervical glands were also much enlarged. After some time a typical syphilitic eruption made its appearance. By the use of mercurial frictions the swelling both of the lips and of the glands was considerably reduced.

THE death of Mr. Paul Belcher, L.R.C.P. Lond., M.R.C.S., one of the oldest medical practitioners at Burton-on-Trent, occurred on September 17th, under painful circumstances. The deceased was found by his wife in his bedroom in an unconscious condition, and all that medical aid could do failed to restore animation. On the dressing table was found a small bottle containing hydrocyanic acid, and near the bed a medicine glass which had contained some of the poison. The deceased had been in ill health for many months. He was 55 years of age. He received his medical education at King's College, London; he was at one time house-surgeon to the Great Northern Hospital, London, and was senior surgeon at the Burton Infirmary.

THE EYES OF EYE SURGEONS.—At the dinner of the Ophthalmological Section of the International Medical Congress at Berlin, Professor Hermann Cohn, of Breslau, showed a collection of autographs of the oculists who had taken part in the annual meetings at Heidelberg for twenty years, which was made specially interesting by the fact that opposite each name the signatory's visual power with the right and left eye respectively was indicated. Among other celebrities who figured in this list were Arlt, Horner, the elder Critchett, Schweigger, and Knapp. Among 44 oculists tested, visual acuity was normal in 32, over the normal in 10, and under it in 2. Twenty-eight, or 61 per cent., were short-sighted; the concave glasses required varied between Nos. 5 and 24, the average being 20, so that the myopia of the distinguished ophthalmologists in question was, as a rule, moderate in degree.

HYGIENE IN ITALY.—In spite of its elaborate new code of public health administration and the untiring efforts of sanitary reformers, Italy is still far behind the standard of modern civilisation in point of hygiene, as the following official statistics will show. No fewer than 1,454 communes are almost destitute of a supply of drinking water; 4,877 have no drains, and all excrementitious matter is thrown out into the public road; 600 have no public medical attendant for the sick poor, although obliged by law to have one; in 336 there is no cemetery, and the dead are buried in the church. Malaria is prevalent in 194 districts, with a collective population of six millions. The number of persons afflicted with pellagra is 100,000. With regard to conditions of life, more than 200,000 persons live underground, the number of

such subterranean dwellings being 37,203. In 1,700 communes bread is eaten only on feast days or in case of illness, and in 4,905 the use of meat as a food is practically unknown.

**CONGENITAL LEPROSY.**—In the *Revista Medica de Bogotá*, November 1st, 1890, Dr. R. Navarro, who has practised for more than forty years in the province of Vélez, in the United States of Colombia, reports two cases of congenital leprosy which came under his own notice. In 1847 he delivered a woman, at Chiquinquirá, of a male child of a remarkably weakly and wasted appearance, and covered with leprosy spots over the whole surface of the skin. In two months leprosy tubercles became developed on the face, elbows, and knees. Soon afterwards the mother showed symptoms of leprosy, and a daughter aged 8 years, who had up till then been in perfect health, contracted the disease. All three died of leprosy within two years. In 1848 Dr. Navarro attended another woman at Pangote, in the province of García Rovira. She was suffering from elephantiasis in its last stage, and gave birth to a well-formed female child, the whole of whose skin was covered with leprosy spots. There was also a well developed tubercle on the upper part of the concha of the left ear.

**MEDICAL BEQUESTS.**—Under the will of the late Mr. Richard Welch Hollin, of the Chestnuts, Hoigate Hill, York, which has been proved by Dr. Hardcastle (a nephew) and his other executors, the following sums, among other munificent bequests, have been bequeathed to medical charities:—To the Newcastle Infirmary, £1,000; Zenana Mission, £1,000; York Dispensary, Northern Asylum for Deaf and Dumb (Newcastle), the Prudhoe Convalescent Hospital (Whitley, Northumberland), the Hull Infirmary, the Durham Infirmary, the Royal Medical Benevolent College at Epsom, the Royal Sea-Bathing Infirmary (Scarborough), £500 each; the Morpeth Dispensary, the Harrogate Bath Hospital, and the Devonshire Hospital (Buxton), £200 each. And the testator bequeaths the residue of his estate, which will be considerable, to be equally divided amongst nine charities, in which the York Dispensary will participate.—The will of the late Mr. John Clayton, F.S.A., of Newcastle-upon-Tyne, etc., contains the following bequests to medical charities: £500 to the Newcastle-on-Tyne Infirmary, £200 to the Newcastle-on-Tyne Dispensary, and £200 to the Prudhoe Convalescent Home.

**THE ELIMINATION OF POTASSIUM IODIDE.**—At the thermal baths of Bagnières-de-Luchon, M. Georges Doux had several times during the past year occasion to determine the amount of potassium iodide in the urine of a patient ordered to take eight grammes of the salt daily. The analyses showed the eliminated quantity to be so large and constant that M. Doux considered that further investigation of the subject would be of interest, on account of the wide limits assigned to the size of dose in treatment with this remedy. He therefore conducted a series of experiments upon himself, taking two 3-gramme doses of the iodide daily for twenty consecutive days, and determining the amount of iodide and urea present in the total quantity of urine passed every twenty-four hours. The salt could be detected in the urine thirteen minutes after ingestion of the first dose, and the daily elimination after the second day remained a nearly constant quantity, being about 90 per cent. of the dose taken, whilst no traces could be detected seventy-five hours after the last dose. At the same time, the normal amount of urea present in the urine was diminished by about one-fifth. The experiments were repeated on two occasions, at two months' intervals, with the same results, but it was observed that the quantity of iodide eliminated did not exceed 60 per cent. if a little absinthe had been taken on the previous day. M. Doux further states that he was prevented from extending his field of research by the attacks of coryza, epiphora, and maxillary pains that accompanied the daily ingestion of doses varying from one to five grammes of iodide, whereas no ill effects were observed to follow a dose of six grammes, which might have been expected to increase the severity of the symptoms.

**MEDICAL CONGRESS IN RUSSIA.**—The fourth congress of the Society of Russian Medical Practitioners will be held at Moscow, the day of meeting being fixed for January 3rd, 1891. There will be twelve Sections, namely: 1, Normal and Pathological Anatomy and Physiology, including Anthropology, Histology, and Embryology (Presidents, Professors Sernow, Scheremetewski, and Vogt); 2, Surgery (President, Professor Ssinizin); 3, Internal Medicine and Pharmacology (Presidents, Professors Tscherninow and Bogowski); 4, Nervous and Mental Diseases (Presidents, Professor

Koshewnikow and Dr. Korasakow); 5, Midwifery and Gynaecology (President, Dr. Dobrynin); 6, Diseases of the Eye (President, Dr. Braun); 7, Diseases of Children (President, Dr. Filatow); 8, Syphilis and Diseases of the Skin (President, Dr. Mansurow); 9, Forensic Medicine (President, Professor Neiding); 10, Pharmacy and Pharmacognosy (President, Professor Tichomirow); 11, Hygiene (Presidents, Professor Erisman and Dr. Ossipow); 12, Medical Status, etc. (President, Dr. Ostroglasow). The programmes of discussions in the various Sections cover a large area, and include most of the leading questions of the day in medical and surgical practice. Amongst many others may be mentioned the following: The Role of the Blood in the struggle against Micro-organisms; Impairment of the Secretary Function of the Stomach as a cause of disease in that organ; Etiology and Prognosis of Cancer; Limits of the Applicability of Suprapubic Lithotomy; Treatment of Tuberculosis from the point of view of public health as well as that of the patient; the Therapeutic Use of Hypnotism; Asepsis and Antisepsis in Midwifery; Electrolysis in the Treatment of Uterine Fibroids; Massage in Gynaecology; the Treatment of Leprosy in Hospitals and Lazar Houses; Artificial Feeding of Infants with Sterilised Milk, etc. As a sign of the times it may be noted that among the questions relating to the internal economy of the medical profession is a proposal to break up the examination for the Doctor's degree into groups of subjects, corresponding to the various specialities. Another interesting feature is the remarkably comprehensive nature of the programme of the Section of Hygiene; if this may be taken as an index of the practical interest taken in the subject by medical men in Russia, the fact is one on which not only that country but the rest of Europe may be congratulated.

### 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. Chanderton 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.
- BAWNBURY UNION WORKHOUSE.**—Medical Officer. Salary, £65 per annum, and £15 per annum for Consulting Sanitary Officer. Applications to Mr. James McGovern, Clerk of the Union. Election on October 6th.
- BELGRAVE HOSPITAL FOR CHILDREN, 79, Gloucester Street, S.W.**—House-Surgeon. Board, lodging, and washing provided. Applications, marked on envelope "House-Surgeon," to the Honorary Secretary 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.
- BIRMINGHAM CITY ASYLUM, Ruberry Hill, near Bromsgrove.**—Clinical Assistant. Board and residence provided; no salary. Applications to Dr. Suffern, Ruberry Hill Asylum, Bromsgrove.
- BLYTHING UNION, Halesworth, Suffolk.**—Medical Officer for the Workhouse. Salary, £50 per annum, exclusive of midwifery and vaccination fees; drugs to be found by officer. Applications to the Clerk by September 27th.
- BOLTON INFIRMARY AND DISPENSARY.**—Junior House Surgeon; double qualifications; age not over 25. Salary, £100 per annum (increasing by £10 per annum to £150), with furnished apartments, board, and attendance. Not to practise on his own account in the Borough of Bolton. Applications to Mr. Kevan, Honorary Secretary, 12, Acresfield, Bolton, by October 3rd.
- 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.
- CAYAN UNION (Ballyconnell Dispensary).**—Medical Officer. Salary, £105 per annum, and fees. Applications to Mr. James Clancy, Honorary Secretary. Election on October 4th.
- CARDIFF UNION.**—Assistant Medical Officer. Salary, £100 per annum, with rations, apartments, attendance, and washing. Applications to Arthur J. Harris, Clerk, Queen's Chambers, Cardiff, by October 15th.
- CHELTHAM GENERAL HOSPITAL.**—Junior House-Surgeon; double qualifications; unmarried. Salary, £40 per annum, with board and apartments. Applications to Lieutenant-Colonel Croker-King, Honorary Secretary and Treasurer, by September 30th.
- COUNTY COUNCIL OF THE ADMINISTRATIVE COUNTY OF THE PARTS OF KESTVEN, 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 GALWAY INFIRMARY.**—Surgeon at a nominal salary until presentment is passed by the Grand Jury. Applications to Mr. James Loftus, Registrar. Election on October 22nd.

**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.

**GLENTIES UNION (Killybegs Dispensary).**—Medical Officer. Salary, £115 per annum and fees. Applications to Mr. Arthur Brooke, Honorary Secretary, White House, Killybegs. Election on September 29th.

**HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.**—Resident Medical Officer. Salary, £50 per annum, with board and rooms. Applications to the Secretary by October 6th.

**INFIRMARY FOR CONSUMPTION AND DISEASES OF CHEST AND THROAT, 26, Margaret Street, W.**—Physician in Ordinary required to sit twice a week; M.R.C.P.Lond. Applications to W. H. Johnson, Secretary.

**INFIRMARY FOR CONSUMPTION AND DISEASES OF CHEST AND THROAT, 26, Margaret Street, W.**—Surgeon. Applications to W. H. Johnson, Secretary.

**LEEDS PUBLIC DISPENSARY.**—Honorary Ophthalmic Surgeon. Applications with testimonials to be sent in by October 11th, addressed to the Chairman of the Election Committee.

**LINCOLN COUNTY HOSPITAL.**—House-Surgeon; double qualifications, under 40 years of age, unmarried. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary, W. B. Danby, by October 18th. Election on November 3rd.

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

**PARISH OF PORTREE, Isle of Skye.**—Medical Officer and Public Vaccinator. Salary from Parochial Board, £71 per annum; other emoluments value over £27. To commence duties about November 26th next. Applications to R. Macmillan, Inspector of Poor, Portree.

**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.

**ROYAL HANTS COUNTY HOSPITAL.**—House-Surgeon; double qualifications; member of Church of England. Salary, £100 per annum, with board and lodging. Applications to the Secretary, Major W. P. Terry, by September 30th.

**ROYAL SOUTH LONDON DISPENSARY, St. George's Road, Lambeth, S.E.**—Surgeon to the Waterloo District. Honorarium, £20 per annum. Applications to the Resident Medical Officer by September 30th.

**SHAPINSAY, Orkney.**—Medical Officer, to commence practice November 11th. Salary, £80 per annum, and fees of general practice. Population, 1,000. Applications to the Chairman of Parochial Board up to October 13th.

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

**UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, Newcastle-on-Tyne.**—Demonstrator of Anatomy. Salary £100 per annum. Particulars of Dr. Howden at the College, to whom applications must be sent by October 1st.

**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.

### MEDICAL APPOINTMENTS.

**ASHDOWN, Dr.**, appointed Medical Officer for the Dogdyke District of the Boston Union, *vice* T. H. Keough, L.K.Q.C.P., resigned.

**BARTON, George, L.R.C.P. Edin., M.R.C.S.**, appointed Medical Officer for the Fulbeck District of the Newark Union.

**BISHOP, Reginald W. Snowden, M.R.C.S. Eng., L.R.C.P. Lond.**, appointed House-Surgeon to the Bradford Children's Hospital.

**BRITTON, Thomas, M.D. St. And., M.R.C.S., L.S.A.**, reappointed Medical Officer to the Hippenholme Urban Sanitary District.

**CARPENTER, J. Godfrey, M.R.C.S., L.R.C.P.**, appointed Junior Assistant House-Surgeon to the Hull Royal Infirmary, *vice* Arthur B. Kingsford, resigned.

**CARTER, Weldon Cragg, M.D. Lond., L.R.C.P., M.R.C.S.**, appointed Junior House-Surgeon to the Royal Infirmary, Wigan, *vice* H. Birkenhead, M.R.C.S. Eng., L.R.C.P. Lond.

**CLAYTON, Edw. Godwin, F.I.C., F.C.S.**, appointed Analyst to the Parish of Fulham, *vice* Mr. Chas. H. Piesse, F.I.C., F.C.S., etc.

**COLUM, Archie Tilver, M.R.C.S. Eng., L.R.C.P.**, appointed House-Surgeon to Charing Cross Hospital from September 1st.

**COOPER, William, M.R.C.S. Eng., L.M., L.S.A.**, reappointed Medical Officer of Health to the Widnes Urban Sanitary Authority.

**DOLAN, T. M., M.D. Durh., L.R.C.P., F.R.C.S. Edin.**, reappointed Medical Officer to the Borough Hospital, Halifax Union.

**ESSEAY, Wm. J., M.B. Durh., M.R.C.S.**, appointed Medical Officer for the Penryn District of the Falmouth Union, *vice* R. J. L. Rowley, L.K.Q.C.P., resigned.

**GIBBS, Charles, M.R.C.S., L.R.C.P.**, appointed House-Physician to Charing Cross Hospital from September 1st.

**GREIG, David M., M.B., C.M., F.R.C.S. Eng.**, appointed Demonstrator in the Anatomical Department of the University College, Dundee.

**HENRY, Joseph, L.R.C.P. Lond., L.R.C.S. I.**, appointed Certifying Officer for the Vaccination Districts of Wellington, Featherstonhaugh, Greytown, Masterton, Castlepoint, Carterton, and Otaki, New Zealand.

**HINDE, S. L., L.S.A. Lond.**, appointed Junior House-Surgeon to the London Temperance Hospital, *vice* C. S. Patterson, M.B., C.M.

**HODGE, W. T., M.R.C.S., L.S.A.**, appointed Medical Officer for the Middle and Baschurh Districts of the Ellesmere Union, *vice* C. A. Corke, resigned.

**JACKSON, Dr. G. S.**, appointed Medical Officer for the Workhouse and the First Division of the Penrith Union.

**LEIGH, William W., L.R.C.P. Ed., M.R.C.S. Eng., L.S.A.**, appointed Medical Officer for the Merthyr Tydvil and Treharris District of the Merthyr Tydvil Union.

**LUNAN, Robert, L.R.C.S. Edin.**, appointed Parochial Medical Officer by the Rattray Police Commission.

**McCOULL, George J., L.R.C.P. & L.M. Edin., L.F.P.S. Glasg.**, appointed Medical Officer of the Western Division of the Seventh District of the Hexham Union.

**MANTLE, Alfred, M.D., M.R.C.S.**, appointed Surgeon to the Halifax Infirmary, *vice* G. W. Crowther, resigned.

**MATTHEWS, H. E. H., L.R.C.P. & L.M., M.R.C.S. Eng.**, appointed Medical Officer and Public Vaccinator for No. 9 District (Levenshulme and the Longsight portions of Gorton) of the Chorlton Union, *vice* W. C. Matthews, M.R.C.S., L.M., L.S.A.

**MITCHELL, Chas. J. C., M.D. Brux., M.R.C.S. Eng., L.S.A.**, appointed District Medical Officer to the Birmingham Union.

**MURPHY, W. E. C., M.B., etc.**, appointed Medical Officer to the Llantarnam Local Board, *vice* R. Edmunds.

**NEWBY, Thomas, M.D. St. And., M.R.C.S., L.S.A.**, appointed Medical Officer to the Cleethorpes Urban Sanitary Authority.

**RAWSON, Edwin, L.R.C.P. Edin. & L.M., M.R.C.S. Eng., L.S.A.**, reappointed Medical Officer of Health to the Thornton Urban Sanitary District.

**SAUNDERS, F. H., M.B. Aberd. & C.M.**, appointed Medical Officer for the Ripley District of the Knaresboro' Union, *vice* Dr. Cautley, resigned.

**SEATON, Dr.**, appointed Medical Officer and Public Vaccinator to the No. 4 District of the South Stoneham Union.

**STOKES, Arthur S., L.R.C.P. Edin., M.R.C.S. Eng.**, appointed Medical Officer for the Weldon District of the Oundle Union, *vice* T. Pink, M.R.C.S.

**WALKER, Horatio H., M.R.C.S. Eng., L.S.A.**, appointed District Medical Officer to the Corwen Union.

**WARD, G. S., L.R.C.P. & S. Edin.**, reappointed Medical Officer of Health to the Stevenage Urban Sanitary Authority.

**WEATHERBE, Lewis Y., M.B., C.M.**, appointed Assistant House-Surgeon to the Rotherham Hospital and Dispensary, *vice* W. G. Boase, M.R.C.S., L.R.C.P., resigned.

**WILEY, Arthur Ormsby, L.R.C.S.I., L.R.C.P. Edin.**, appointed Medical Officer of Health for the Rural Sanitary District of the Knaresboro' Union, *vice* Dr. W. C. Cautley, resigned.

**WILSON, Thomas, L.R.C.P. Edin., M.R.C.S. Eng.**, reappointed Medical Officer of Health to the Wallsend Urban Sanitary Authority for three years.

**WISKEN, Henry, L.R.C.P. Edin. & L.M., L.F.P.S. Glasg.**, reappointed Medical Officer of Health to the Borough of Heywood.

### DIARY FOR NEXT WEEK.

#### THURSDAY.

**OBSTETRICAL SOCIETY OF LONDON, 8 P.M.**—Specimens will be shown by Dr. William Duncan, Mr. Doran, and others. Dr. Herman: Four Cases of Pregnancy with Bright's Disease. Dr. Lewers: On Plugging the Uterus in Severe Cases of Post-Partum Hæmorrhage. Dr. Hurry: Case of Symmetrical Erysipelas followed by Premature Labour, Eclampsia, etc.

### 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.*

#### BIRTHS.

**BOWER.**—On September 22nd, at Hill House, West Boldon, Co. Durham, the wife of W. G. Bower, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., of a daughter.

**SMITH.**—On September 18th, at 2, Victoria Terrace, Far Headingley, Leeds, the wife of H. Archibald Smith, M.R.C.S., L.R.C.P. Lond., of a son.

**TAYLOR.**—On September 16th, at 59, Bath Street, Snow Hill, Birmingham, the wife of John W. Taylor, F.R.C.S., of a daughter.

**VEYERS.**—September 20th, at Highmore House, Hereford, the wife of Henry Veyers, M.R.C.S. E., etc., of a son.

#### MARRIAGES.

**POLLARD-GROVE.**—On September 24th, 1890, at Christ Church, Clifton, by the Right Rev. Bishop Speechly, D.D. (uncle of the bride), assisted by the Revs. G. C. Pollard and L. G. Pollard (father and brother of the bridegroom), George Samuel Pollard, Esq., L.R.C.P., M.R.C.S. Eng., to Norah, eldest daughter of Major-General H. Leslie Grove.

**POULAIN-HARPER.**—On August 23rd last, at St. Mary Abbots, Kensington, by the Rev. J. L. Evans, M.A., Victor Peter Anthony Poulain, M.D., M.R.C.S. E., of South Kensington, to Cecilla Fanny Harper, eldest daughter of T. S. Harper, of Chelsea.

**WEBB-HARRIS.**—On September 20th, at St. Thomas's, Portman Square, by the Rev. J. J. Evans, Rector of Cantref, Brecon, assisted by the Rev. Vavasour Hammond, Vicar of Drighlington, Yorkshire, Charles Alfred Webb, Surgeon, Medical Staff, to Ellen Ida, third daughter of the late Canon Harries, of Llanundas and St. Bride's Hill, Pembrokeshire.

## 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.

**CHELSEA 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., 9.

**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; Therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *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, S., 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, F., 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., 2.30; 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.O., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.O., 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.O.

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.

M.B. asks to be recommended a home at San Remo or neighbourhood where two ladies could winter. The terms should be moderate.

#### LEPROSY AND LEVITICUS.

N. B. L. writes: I was asked by our vicar whether I could give any medical explanation of the following words: "When wholly leprous, why should the leper be considered clean?" See Leviticus, xiii, 12 and 13.

\*\* As an explanation of the passage, it may be suggested that the writer considered that leprosy never involved the entire skin, and that any eruption or absence of pigment involving the whole integument was, *ipso facto*, not leprosy.

#### RELATIVE GERMICIDAL POWER.

GERMICIDE writes: 1. Have any experiments been made by Koch or others with permanganate solution? If so, where can I see the results?

2. Would garments worn by small-pox or scarlet fever patients if steeped in Condy's fluid be considered perfectly free from infection?

3. What is the composition of "Jeyes' fluid"?

\*\* 1. Koch made experiments with potassic permanganate, and found that 714 parts per 1,000,000 of water arrested the development of anthrax spores, and that 330 parts per 1,000,000 impeded the development of these spores. He found also that a 5 per cent. solution of potassic permanganate killed the anthrax spores in one day, but that they remained alive in a 1 per cent. solution for two days. See vol. i of the *Mittheilungen aus dem k. Gesundheitsamte*, abstracted and translated in the New Sydenham Society's volume of *Selected Essays on Micro-Parasites and Diseases*, 1886, pages 509 and 513.

2. Garments worn by small-pox or scarlet fever patients, if steeped in Condy's fluid, if the strength were 5 per cent. of the solid, would be perfectly free from infection, and even a weaker solution would serve.

3. We can give no information as to the composition of Jeyes' fluid.

### ANSWERS.

E. DU M.—The letters entitled *A Winter Trip to the Fortunate Islands*, by Ernest Hart, were republished by Smith, Elder and Co., 15, Waterloo Place, S.W.

#### THE M.D. HEIDELBERG.

JUNIOR MEMBER.—The examination for the M.D. degree at Heidelberg must be passed in the German language. It comprises (according to an official syllabus now before us) written, oral and practical tests in anatomy, physiology, morbid anatomy, materia medica (pharmacognosy, pharmacodynamics, and toxicology), internal medicine, surgery, midwifery, ophthalmology, and mental diseases. One of these branches of medical science may be selected by the candidate as his principal subject, all the others then becoming secondary. An original dissertation must also be presented, of which 200 copies must be printed at the candidate's expense. The fees for the examination, exclusive of the cost of the diploma, and of printing the thesis, amount to 374 marks (about eighteen guineas).

#### MEDIATE INFECTION IN PERTUSSIS.

DR. THOS. WHITESIDE HIME (Bradford) writes: In reply to the inquiry of "T." in the BRITISH MEDICAL JOURNAL of September 20th, I have very strong evidence to show that mediate infection of pertussis may occur. One case was that of a well-to-do family living in an isolated house in the country; no pertussis among the families on the farm. The nurse went away to neighbouring town, and spent the day at a house where pertussis existed, and nursed the sick child a good deal. The children in the isolated house were attacked some time after her return. It is highly advisable that children from houses where pertussis exists should not attend school for the above reason, as also for the



The following is a comparison of the number of entries requisite in each system, both for first and all subsequent entries during the same attendance:—

**A. For every fresh entry—**

For every fresh entry

	A 1.		A B C.
Entries to be made	$\left\{ \begin{array}{l} \text{Name} \\ \text{Item} \\ \text{Index} \\ \text{Ledger} \\ \text{Loose Index} \end{array} \right\} = 5$	...	$\left\{ \begin{array}{l} \text{Name} \\ \text{Item} \\ \text{Ledger} \end{array} \right\} = 3$

**B. For each subsequent entry—**

$$\begin{array}{l} \text{Entries to be made} \dots \left\{ \begin{array}{l} \text{Name} \\ \text{Item} \\ \text{Ledger} \end{array} \right\} = 3 \dots \left\{ \begin{array}{l} \text{Item} \\ \text{Ledger} \end{array} \right\} = 2 \\ \text{References to be made} \dots \left\{ \begin{array}{l} \text{Loose Index} \\ \text{Ledger} \end{array} \right\} = 2 \dots \text{Ledger} = 1 \end{array}$$

In the A B C daybook each name stands for a month, and any items against a particular name may be made during that period without any repetition of name or address; whereas in the A 1 system, for every entry that is made the name at least must be repeated as often as an item is entered. In the A 1 virtually five books have to be kept—I purposely omit any mention of cash-book and expenses book, as these are absolutely necessary in every well-conducted practice, and no system can dispense with them—namely, day-book, index, ledger page, loose index, and alphabetical list of rendered accounts. In the A B C two only are necessary, namely, daybook and ledger. The prescription book, which includes notes of cases, is for dispensing purposes only, and has nothing whatever to do with the book-keeping. For every entry in this book perhaps a dozen might be made in the daybook, for it is simply a record of each fresh prescription, the nature of a disease, or the result of an analysis of urine which it may be deemed necessary to keep.

The loose end, in the A 1 system no doubt, acts as a daily list of patients; but the daybook in the A B C system is a list in itself and requires no special keeping. In making out an account in the A 1 system, in every case a reference must be made to another page, where the amount must be entered as a rendered account, and to pick up any previously rendered account that may exist; whereas in the A B C the whole account is before you, with a very few exceptions, where instalments are made, for which special pages at the end of the ledger are provided and referred to by number and page.

In one place Dr. Illingworth tells us that the posting in the A 1 system occupies about an hour every second day; in his letter to me he states the time occupied as being twenty minutes; however, the time, no doubt varies, and we may say roughly that his posting would occupy about the same time every second day as would be required for posting under the A B C system once a month. And this is partly where the saving of time and labour comes in under the A B C system.

The A1 posting reminds me too vividly of the old dreadful days of posting ; if ever anything in this world tended to make one's life miserable, it was the posting of old days. Account writing was another misery ; here, again, in my opinion, the superiority of the A B C over the A 1 system is indisputable.

As regards referring quickly to an account, I maintain that this can be done more quickly in the A B C than in the A 1 system; for, if there is a reference to an account that has been paid, the former has slightly the advantage, for the name spaces are numbered from 1 to 10 on each page in the A B C ledger, so that, a certain account being marked  $\frac{297}{9}$ , we know at once that, page 297 being found, the account is the next one to the bottom. Dr. Illingworth's system of arrangement of names under the first two letters in the ledger might, perhaps, be adopted under the A B C system with advantage; but too much arrangement frequently entails extra trouble, even as much as we may be trying to save.

**COMMUNICATIONS, LETTERS, etc., have been received from:**

Mr. J. R. Whitaker, Edinburgh; Mr. G. Alexander, Jersey; Mr. J. Haysman, London; Mr. A. J. Woolrych, Burton-on-Trent; Mr. W. F. Farquharson, Dundee; Our Swiss Correspondent, Berne; Messrs. R. W. Greef and Co., London; Dr. Whitla, Belfast; Dr. Isambard Owen, London; G. H. R. Holden, M.B., Birmingham; Dr. Arlidge, Stoke-on-Trent; Mr. W. Allingham, London; Mr. M. Smale, Henley; Dr. B. F. O. Sullivan, Victoria; Dr. J. Curnow, London; Dr. F. W. Edridge-Green, London; The Dean of Charing Cross Hospital Medical School; Mr. Munro Scott, London; Equity; Mr. H. S. Morrison, Coleraine; Mr. G. F. Wilson, Weybridge; Dr. J. T. Dillon, Listowel; Mr. C. H. Wells, London; Messrs. Reade Brothers and Co., Wolverhampton; Mr. H. Fox, Newcastle-on-Tyne; Mr. H. Lamond, Glasgow; Mr. R. Wilson, Derby; Dr. C. R. Illingworth, Accrington; The Secretary of the Royal College of Surgeons in Ireland, Dublin; Mr. W. C. Hastings, Dublin; Dr. F. T. Heuston, Dublin; Mr. W. P. Warren, Enfield Highway; Mr. J. S. Oswald, Forest Hill; Mr. K. Roberts, Bishops Lydiard; Mr. A. H. Smith, London; Mr. A. E. West, Brixton; Dr. J. W. Murray, Chorley; Surgeon W. Molesworth, Bristol; Surgeon W. J. Colborne, Gibraltar; Dr. M. Cameron, Glasgow; Mr. Munro Scott, London; Dr. E. Seaton, London; Dr. J. F. Creery, Coleraine; Dr. Ward Cousins, Southsea; Mr. D. E. Flinn, Kingstown; Mr. R. W. Dodgson, London; Mr. C. H. Barber, Sheffield; Dr. R. H. Coombes, Bedford; Dr. Norman Kerr, London; Dr. Steavenson, London; Mr. J. Rafter, Bristol; Mr. J. Mullen, Dublin; Dr. E. Willoughby, London; Dr. Burney Yeo, London; Dr. W. J. Smyly, Dublin; Mr. E. Townsend, Galway; Mr. J. Taylor, Chester; Dr. H. C. Bastian, London; Dr. G. E. Shuttleworth, Lancaster; Dr. A. Teevan, Melbourne; The Matron of the London Hospital; Dr. R. Stockman, Edinburgh; Surgeon P. Mulvany, South Norwood; Mr. H. C. Phillips, London; Mr. A. Jack, Cork; Dr. J. T. B. Davison, Buenos Ayres; Prof. C. J. Wright, Leeds; Surgeon-General W. R. Cornish, Weymouth; Dr. R. Neale, London.

I.V.R.C.; Dr. L. Henry, Melbourne; J. E. MacLennan, M.B., Juneo, N.S.W.; Dr. J. Williams, Johannesburg; Dr. Mickle, London; Dr. C. McBride, Wigtown; Mr. A. Winterbottom, London; Mr. R. J. Bryden, Gravesend; Dr. F. Fulis, Dordrecht, Cape Colony; Mr. S. W. Woollett, Southwold; Dr. H. G. Thompson, Croydon; Dr. T. Barlow, London; Mr. M. McHugh, Dublin; Sir William Roberts, London; Mr. G. H. Morley, Birmingham; Messrs. C. Magnier and Fils, Paris; Mr. G. Rendle, London; A. Birmingham, M.B., Dublin; Mr. J. Wylie, Belfast; Mr. N. S. Manning, Pilton; Dr. D.T. Masson, Edinburgh; F.R.C.S.E. (Exam.); Mr. A. O. Wiley, Knaresborough; Dr. J. B. Hamilton, London; Mr. J. Taylor, London; Mr. J. S. Oswald, Forest Hill; Dr. Whittle, Belfast; Mr. G. T. Schofield, Moseley; Mr. J. Swale, Leeds; Messrs. Eyre and Spottiswoode, London; Dr. Alfred Carpenter, Croydon; Mr. S. Paget, London; Dr. Rentoul, Liverpool; Dr. C. E. Shelly, Hertford; Dr. G. Thin, London; Mr. W. Duncan, Westbury-on-Trym; Mr. R. S. Jaques, Acomb; Subscriber; Mr. J. W. Shannon, Birkenhead; Mr. R. W. Morris, Canterbury; Mr. R. B. T. Stephenson, Aberdeen; R.; Mr. E. O. Ashe, Stonham; Dr. R. S. Penman, Paisley; Dr. H. Campbell Pope, London; An Old Memter, London; Dr. Abercrombie, London; Dr. W. Robertson, Newcastle-on-Tyne; Dr. W. Hood, London; Dr. S. T. Taylor, Norwich; J. C. Simpson, M.B., London; Dr. M. Handfield-Jones, London; Mr. W. Martindale, London; Mr. Humphreys, London; Mr. A. E. Lyster, Long Eaton; A Graduate; Dr. F. Tresilian, Enfield; Our Manchester Correspondent; Dr. C. H. P. D. Graves, Cookstown; Dr. J. Collier, Lincoln; Mr. W. T. Stead, London; Mr. A. A. Bowly, London; J. E. Hunter, M.B., Helensburgh; C. Nairne Lee, M.B., Dunfermline; Mr. R. Macdonald, Glasgow; S. and F.; M.D.; F. H. Clarke, M.B., Dumfries; A.M.O.B.; Mr. G. Taylor, London; Dr. Hannah, Buxton; Dr. W. R. Smith, London; Dr. C. E. Abbott, Baintree; Dr. W. W. Hardwicke, Dovercourt; Surgeon C. A. Webb, Eastbourne; The Wenham Company, London; Mr. H. B. Robinson, London; Dr. R. Wade Savage, London; Dr. J. F. Little, London; Mr. W. Williams, Dolgelley; The Editor of the *Gentleman*, London; Mr. A. Storrs, Southport; Dr. P. Abraham, London; Mr. F. B. Musgrave, Leeds; Dr. T. Sympton, Lincoln; Dr. P. T. Duncan, Croydon; Mr. M. Thomson, Bradford-on-Avon; Our Paris Correspondent; Dr. A. Edington, Edinburgh; Dr. G. Sims Woodhead, Balham; Mr. C. T. Street, Edinburgh; Sir William Turner, Edinburgh; Mr. H. A. Claridge, Leamington; Mr. E. Milner, Sheffield; Surgeon R. Robertson, Greenock; Mr. G. Williamson, Newcastle-on-Tyne; Mr. W. Bailly, London; Dr. O. D. Marriott, Sevenoaks; Dr. A. Soamides, Canea, Crete; Dr. O. Grant, Inverness; Professor O. Liebreich, Baden-Baden; Dr. Bertram Windle, Birmingham; etc.

BOOKS, ETC., RECEIVED.

**The Law relating to Medical Practitioners in England.** By Joseph Craven, assisted by Theodore Coppock, M.A., LL.B. London: Shaw and Sons. 1890.

**A Treatise on the Common Sole**, prepared for the Marine Biological Association of the United Kingdom. By J. T. Cunningham, M.A., F.R.S.E. Plymouth: Published by the Association. 1890.

**A Textbook of Practical Therapeutics.** By Hobart A. Hare, M.D., B.Sc. Philadelphia: Lea Brothers and Co. 1890.

**Pasteur and Rabies.** By Thomas M. Dolan, M.D., F.R.C.S.Ed. London: George Bell. 1890.

**Manuel d'Asepsie: la Stérilisation et la Désinfection.** Par le Dr. C. Vinay.  
Paris: J. B. Baillière et Fils. 1890.

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