

and the clinical reports of doctors in the Indian Service convinced him (Dr. Taylor) that their typhoid was again different in some features to the disease as seen both here and in Germany. Further, it was also a clinical fact that in this country typhoid epidemics varied in character—one being characterised by severity of diarrhoea and belly symptoms, whilst in another year the epidemic might be of so mild a type as to lead to errors of diagnosis, and also to occasional overlooking. Nor was this to be wondered at. Animals and plants varied in size, and bulk, and colour, and other characteristics under different climates. Here a plant became dwarfed, there it assumed gigantic size; but both were merely variations of type under varying circumstances. As regarded the outbreaks, there were, of course, two prime factors—a germ and the nidus. It was probable that everyone came in contact with the micro-organisms of many fevers and specific diseases; but they did not all represent “living cultivations,” although unfortunately some did. It was probable that, as regarded method of conveyance, the majority of inoculations occurred by means of fluids; but it was probable also that few cases did occur by inhalation. As regarded treatment, the exclusive method of milk feeding was not to be approved; it tended to produce constipation; and, during convalescence, bread was distinctly stated to be an active cause of recrudescence and relapse.—Dr. D. J. DEVIS (Charter Towers, Queensland) asked if there was such a disease as typho-malarial fever? After nine years' experience in tropical Queensland, he had found that varieties of enteric were numerous, from the severe type to the milder. Diarrhoea and rash were conspicuous by their absence. Constipation occurred before treatment in quite 50 per cent. There was roseolar rash in only small proportion. His own opinion was that so-called typho-malarial fever was a severe type of asthenic malarial, often rapidly fatal, and his opinion was based on *post-mortem* examinations of cases. He had not seen a case that could be called typho-malarial, as a distinct disease; but no doubt cases of enteric fever occurred which were influenced by malarial poisoning, as many other diseases were. Enteric fever was no doubt introduced into Queensland by emigration. The question of typho-malarial was important with regard to treatment.—Mr. PILCHER (Boston, Lincolnshire) said that general varieties of typhoid appeared to be as prevalent in India as in England. The hesitation of observers to declare a diagnosis might be stated as proof. He was glad to know that the differentiation of so-called fevers in India had resulted in the exclusion of many cases of pyrexia due to various local causes formerly called “fevers.” He should be glad to know if Dr. Hamilton was satisfied that the earth in the neighbourhood of Lucknow, where the death-rate had been so high, did not contain germs of typhoid which might be spreading through water the causes of disease.—Dr. HINGSTON FOX drew attention to the importance of boiling milk and water for drinking purposes, believing that even in this country it should be made the universal rule; and if so, much more was it necessary in India.—Dr. ISAMBARD OWEN, after alluding to the comparative mildness of scarlatina in Switzerland, as an illustration of the varying types of the same disease in different countries, moved: “That the special attention of the Parliamentary Bills Committee be asked to the statements contained in Brigade-Surgeon Hamilton's paper read in this Section, particularly as regards the defects of the milk supply to British troops in India.”—Dr. SUCKLING seconded Dr. Owen's resolution, and Dr. HAMILTON and Dr. FERRIS gave some additional details on the subject. The resolution was then put and carried unanimously.

## MEMORANDA:

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

#### DEATH UNDER CHLOROFORM.

THE patient, G. G., aged 50, a labourer, was a feeble man having angular curvature of the spine of fifteen years' duration. He complained of having suffered from bronchitis for a long time. He was admitted for an abscess of the left thigh. On July 23rd the abscess was opened under chloroform, the patient recovering well from the anæsthetic. On August 4th, the abscess not draining freely, he was again put under chloroform and a counter-opening made. On August 27th the temperature again rose, and, as the patient

was rapidly sinking from the discharge, it was decided to slit up the sinus which had formed. For this purpose chloroform was administered on a mask on September 3rd. The patient had just got beyond the struggling stage and was becoming rigid, when the pulse suddenly stopped, together with the respiration. Artificial respiration was employed for half an hour. There were one or two spontaneous gasps within the first five minutes; none afterwards. The pulse was never perceptible, nor could the heart sounds be heard with a stethoscope.

*Post-mortem Appearances.*—Lungs: The left was firmly adherent at its base and slightly over the rest of its surface; the right was adherent all over; both were œdematous and showed emphysema and bronchitis. Heart: Ill-nourished and flabby, especially the right side; the left ventricle contained fluid blood, the right was nearly empty; the valves were healthy. Aorta atheromatous. Liver slightly fatty. Kidneys: Right slightly fatty; left entirely destroyed by tuberculous disease. Brain normal. The left psoas muscle was atrophied, and contained some caseous material; there were caries and ankylosis between the third and fourth lumbar vertebrae with disappearance of the intervertebral substance.

A. H. SMITH, House-Surgeon, London Hospital.

#### PUERPERAL ECLAMPSIA.

THE following cases of puerperal eclampsia, which have occurred in my practice during the last twelve months, may be of interest:—

H. C., aged 38, multipara, about seven months pregnant: convulsions. Treatment by subcutaneous injections of pilocarpin, gr.  $\frac{1}{10}$ . Inhalations of chloroform, venesection, with no amelioration. Death in nine hours. Premonitory symptom: diarrhoea. No œdema of the extremities. Albumen in urine during the convulsions.

H. L., aged 26, primipara, also about seven months pregnant: convulsions. Treatment as above with no beneficial result. Death in thirteen hours and a half. No premonitory symptoms. Neither of the patients was able to swallow, but a rectal injection of chloral and bromide was administered to the second one. As labour had set in she was delivered with forceps of a dead foetus. There was no œdema.

Mrs. H., primipara, was confined at full time; labour normal. Immediately afterwards she complained of intense occipital pain. Convulsions came on about an hour and a half afterwards. I determined to give opium a trial, as my other cases had ended so badly. Injected her with morphine gr.  $\frac{1}{4}$  and atropine gr.  $\frac{1}{10}$ , which had the effect of stopping the convulsions for half an hour. I had just given her a dose of chloral and bromide, gr. xx of each, when another convulsion set in, upon which I again gave a subcutaneous injection of morphine gr.  $\frac{1}{4}$ , with the result that she had no further convulsion and slept the whole day, being roused only to take the chloral and bromide mixture every four hours. Next day she had no recollection of anything after the birth of the child. I attribute the successful result more to the opium than to the mixture. She had premonitory symptoms of diarrhoea and œdema for weeks before the onset of labour.

Dunedin, New Zealand. HENRY TEEVAN, M.R.C.S., L.S.A.

#### ECZEMA CAUSED BY PRIMULA OBOVATICA.

WITH reference to eczema from the above cause, Dr. Sym, in the BRITISH MEDICAL JOURNAL of September 20th, draws attention to a point of considerable importance, as it explains some cases of skin affections which otherwise may prove both puzzling and troublesome.

During the spring and summer months of the present year I have been frequently consulted by a lady, much given to working among flowers, about a papular eczema affecting principally the hands, wrists, and fingers. A few hours after working with plants of the above variety of primula the skin becomes red, swollen, intensely itchy, and well-marked papules develop. Each attack runs a course of four or five days before desquamation ending in recovery takes place. On two or three occasions the eyelids and cheeks have become similarly affected, due, she says, to her rubbing those parts with her hands to remove a fly or other annoyance. It would appear that tolerance of the irritant—whatever its nature—is not readily established, as the condition became chronic for some weeks when some flowering plants were brought indoors, their leaves being held aside daily while the roots were watered. It may be mentioned that another lady in

the same house suffers from a similar affection of the hands after working with the plants.

Dumfries.

FRED. H. CLARKE, M.B., C.M.

IN the BRITISH MEDICAL JOURNAL of September 20th I see a note by Dr. Allan Sym, on eczema caused by *primula obconica*; it seems to me that this will prove to be the exciting cause of many mysterious forms of eczema, as this plant has in recent years become very fashionable, flowering as it does for the greater part of the year.

In the spring of this year a case of a lady came under my notice; she had been subject during the last three years to repeated painful attacks of the face and hands, resembling eczema; in her case not only the skin but the mucous membranes of eyes, nose and mouth were much affected. These attacks yielded to the usual treatment, but they recurred so frequently that she consulted some of our leading specialists, but without deriving any ultimate benefit.

She noticed that when travelling or from home she always enjoyed excellent health, but frequently on return she was immediately attacked. It was suggested that it might be some plant, so communication between the house and conservatory was shut off; but still at short intervals she suffered from these attacks. The onset was usually during the night: she would get feverish, then the hands and face would burn, and after a few hours of intolerable pain and itching, erythema with small papules becoming pustules made their appearance. On inquiry I found that *primula obconica* was a favourite flower, and that she had always been in the habit of arranging flowers for the table; in short, after experiment it was discovered that this particular plant was the offender.

I have carefully examined this plant but can find no apparent cause in flower or leaf. I feel inclined to decide that it is either the acrid juice or some fungus or poison to be found on dead or decaying leaves. I hope that someone more capable will take this matter up and let us know where the mischief is.

Dunfermline.

C. NAIRNE LEE, M.B., C.M.

#### ILIO-SCIATIC DISLOCATION OF THE FEMUR; REDUCTION AFTER NINE WEEKS.

WHILST visiting New Zealand last year I made the acquaintance of Dr. Scott, resident physician and surgeon of Picton. During my stay he consulted me in regard to a case which came under his notice last November. The patient was a full-blood Maori, named Hapi, aged 24 years, big and muscular, who had dislocated the left thigh-bone on the dorsum of the ilium whilst wrestling nine weeks previously. The native leech of his tribe had exhausted all the meagre resources at his command in trying to reduce the dislocation, but had failed. He then applied for admission to the hospital of the neighbouring township of Blenheim, but for some reason or other was refused admittance.

On examination there was the usual shortening, and the trochanter could be distinctly felt riding on the ilium, as there was little or no swelling. Adhesions had formed, preventing all movement of the hip. We determined to break up the adhesions by means of the double purchase block and tackle, and thus avoid cutting. For an hour previous to the operation our patient was placed in a hot bath to relax the muscles. He was then placed on the operating table, and an extension and counter-extension band applied, the former attached to the tackle, and the latter to an immovable rail. Dr. Scott administered the chloroform, whilst I undertook the manipulation. One stout Maori and two white men made extension with the blocks and tackle until the adhesions gave way. I then applied flexion, abduction, rotation outwards, and extension in the usual manner, so that the head of the femur was immediately restored to its socket. We then bandaged both legs together, making the right act as a splint for the left, as there was no long splint obtainable. As the patient suffered a good deal of pain we gave him a quarter of a grain of opium twice or thrice. In five weeks the bandages were removed; in seven weeks he could walk with the aid of a crutch and stick; and in three more weeks he could get about as well as ever.

I mention this as I am not aware of there being any similar case on record where this dislocation has been reduced after so long a time having elapsed. I think our success was in some measure due to the fact that the patient was a Maori, for this reason, that the muscles of the Maori race, although large and

strong, appear to be more lax when not in action than those of the European.

Helensburgh.

JAS. EWING HUNTER, M.B., C.M.

#### CASE OF RECTAL OBSTRUCTION IN A CHILD.

IN the BRITISH MEDICAL JOURNAL of September 20th a case is related by Dr. Stalkartt of rectal obstruction in a child by a mass of wheat grains. As such cases are rare, it may be of interest to note that a few years ago a very similar one came under my own observation in the person of a boy, also aged 10, who, whilst spending a week with some of his relations in the country, ate a large quantity of wheat stored in a barn in which he was playing. The day after his return home he was noticed to have lost his appetite and to be listless. In the evening he suffered greatly from pain in the abdomen, frequent and urgent desire to evacuate his bowels, and severe tenesmus. These symptoms increased in intensity, and on the third day, when I was requested to see him, I found him lying in bed with his knees drawn up and complaining of severe abdominal pain and bearing down. On examination through the abdominal walls, the sigmoid flexure was felt to be greatly distended. I was informed by his parents that a few grains of wheat had been found in the bed. On investigation, liquid was seen to be oozing through the anus, and, by digital examination, the rectum was discovered to be enormously distended by a mass of wheat grains. Under chloroform, a quantity of these, sufficient to fill a quart pot, was removed with complete relief to all the symptoms.

T. SYMPSON.

Lincoln.

#### GLYCOSURIA IN A CASE OF CANCER OF THE PANCREAS.

IN his excellent Bradshaw Lecture, Dr. Saundby pointed out the frequent combination of diabetes mellitus and affections of the pancreas. Professor Friedreich, in his article on Diseases of the Pancreas, in *Ziemssen's Cyclopædia of Practice of Medicine*, has also cited a large number of cases in which glycosuria coexisted with pancreatic disease. He suggests that this may be due to secondary implication of the semilunar ganglion and solar plexus. Brief notes of the following case may tend to throw some light on an obscure subject.

A. W., aged 48, first seen on October 4th, 1886. Even when in good health he was a pale, delicate-looking man. For many years he had suffered from dyspepsia, had much flatulence, and not infrequently pain after eating. There was a recent history of rapid loss of flesh, a sense of increasing weakness, aggravation of dyspeptic symptoms, constipation, and frequent micturition. The urine was examined and was found to have a specific gravity of 1040 and to contain a considerable quantity of sugar. The patient was put upon suitable diet and in six weeks the sugar had almost disappeared. Nevertheless he gradually grew thinner and weaker, there was oedema of the lower extremities and of the right hand, and great prostration. He suffered from obstinate constipation. He was seen about Christmas by Mr. T. Symptom and Mr. C. Brook. Deep-seated malignant disease was strongly suspected, yet of this there was no positive sign or symptom, and the most careful physical examination failed to confirm this diagnosis. During the last three weeks of his illness the patient actually improved in health, he took a large quantity of nourishment with relish, he had less discomfort after eating, the bowels were comfortably moved by an occasional aloetic pill. He was able to sit up in bed, he talked with animation and enjoyed refreshing sleep. Unfortunately the improvement was illusory. Suddenly, in the early morning of January 22nd, 1887, the patient gave a loud scream, and in a few minutes was dead. A *post-mortem* examination solved the puzzle. A small and evidently recent perforation of the anterior wall of the stomach was observed. No doubt this was the immediate cause of death. Opposite to this perforation there was on the posterior wall a cancerous mass, about the size of a crown piece. It was discovered that this was a scirrhous tumour of the head of the pancreas that had eaten away part of the posterior wall of the stomach and had been securely fixed by firm and extensive adhesions.

The remarkable points about this suggestive case were:—1. The presence of sugar in the urine and its disappearance. 2. The paucity and vagueness of symptoms in a case where there was such grave and progressive disease. 3. The spread of cancerous elements to and infiltration of the anterior wall of the stomach by occasional contact of surfaces.

Lincoln.

JOHN T. COLLIER, M.D.

## 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.

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.

**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. B. 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.Lond. (Southend): 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.I. (Baintree): 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, Baintree.

**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 Bezema. 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.

**METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.**—The inaugural meeting of the session will take place on Thursday, October 16th, at the Hackney Town Hall, Mare Street, at 8.30 P.M. The chair will be taken by the President of the Branch, Sir W. Mac Cormac. A practical paper on "The Differential Diagnosis of Pelvic Inflammations" will be read by

Dr. C. J. Cullingworth. All medical practitioners, whether members of the Association or not, will be welcomed.—J. W. HUNT, Honorary Secretary, 101, Queen's Road, N.E.

## EAST ANGLIAN BRANCH.

A MEETING of this Branch was held at Cromer on September 25th in the Library of Cliff House (kindly lent for the occasion by Mr. S. Hoare, M.P., and Mrs. Hoare).

The chair was taken by Dr. BEVERLEY, President of the Branch, and 73 members and visitors were present. The members were welcomed to Cromer by Dr. MCCLURE and Mr. FENNER, and the minutes of the last meeting at Norwich were read and confirmed.

*Papers.*—The following papers were read: Dr. SHEPARD TAYLOR: On Cromer as a Health Resort.—Dr. MCCLURE: On Electricity in Medicine.—Mr. FENNER: On Surgical Cases in the Cromer Cottage Hospital.—Mr. LAWSON TAIT: On the Present Position of Antiseptic Surgery (published in the BRITISH MEDICAL JOURNAL of September 27th).

*Entertainment.*—After the meeting, the members of the Association, with ladies and friends, were entertained by Mrs. McClure and Mrs. Fenner in the beautiful grounds of Cliff House.

*Votes of Thanks.*—Votes of thanks were accorded to Mr. Lawson Tait for his address; to Mr. S. Hoare, M.P., and Mrs. Hoare for the use of the library and grounds of Cliff House; and to Mrs. McClure and Mrs. Fenner for their hospitable reception.

## MIDLAND BRANCH.

*Invitation to Nottingham for 1892.*—At a special general meeting held at Nottingham on September 10th, the following resolution was unanimously passed: "That the Midland Branch have pleasure in inviting the British Medical Association to hold the annual meeting at Nottingham in 1892." A committee was appointed for making the necessary preliminary arrangements.

*The late Dr. Webb.*—The PRESIDENT feelingly alluded to the death of Dr. Webb, and it was resolved: "That this meeting of the Midland Branch of the British Medical Association deeply sympathises with Mrs. Webb in the great loss she has sustained by the death of her late husband, who presided over this Branch in 1883, who for several years ably represented it on the Council of the Association, and who, by his ability, energy, and straightforward conduct, gained the esteem and respect of all who knew him."

*Representative on Council of Association.*—Dr. Handford was elected to fill the vacancy on the Council of the Association.

## BOMBAY BRANCH.

An ordinary meeting of this Branch was held in the University Hall, Bombay, on June 23rd. Surgeon-General PINKERTON was in the chair, and the following members were present: Drs. Banks, Hatch, Boyd, Maconachie, Crimmin, Hay, and Barker, with Dr. Collier, honorary secretary.

The minutes of last meeting were read and confirmed.

*New Members.*—Surgeon W. E. Jenning, I.M.S., and Assistant-Surgeon B. H. Nanavatty, were elected members of the Association.

*Femoral Aneurysm.*—Surgeon-Major HATCH read notes of a case of femoral aneurysm, which is not a common disease in Indian hospitals. Two months and a half before admission the patient observed a small swelling in right groin, 3 inches below Poupart's ligament. Five months previously he strained himself when unloading a waggon. He was much emaciated and sallow, and appeared about 35 years of age. The tumour could not be emptied by pressure, but expansile pulsation was evident; a thrill was perceptible on the inner side, and a *bruit* was audible to some distance beyond the tumour. Circumference over trochanter 22 inches, left side 15 inches. On April 13th an incision was made in right iliac fossa, by which the common iliac could be reached if, as was feared, the external iliac were found extensively implicated. The external iliac was doubly ligatured at a healthy part, and the patient did well, the wound healing by first intention. The patient was shown, and on deep pressure a swelling could still be felt on the iliac fossa, but no pulsation.

*Cyst of Lower Jaw.*—Surgeon-Major HATCH also read notes and showed a specimen of a case of cystic tumour of the lower jaw, on a patient, aged 25. On January 7th an incision was made over the tumour, and after clearing it of the soft parts it was removed with the diseased bone. The jaw was found expanded into cystic cavities lined with membrane and partially filled with soft

material. On January 18th the wound had quite healed. Dr. Hatch also showed another specimen of cystic disease of the jaw.

**Abdominal Tumours.**—Surgeon COLLIER read notes on a series of five abdominal tumours.—Dr. HATCH made remarks on the cases.

#### MELBOURNE AND VICTORIA BRANCH.

An ordinary monthly meeting of this Branch was held in the Hall of the Medical Society, Melbourne, on June 25th, the Vice-President, Dr. ANDREW SHIELDS, in the chair. There was a fair attendance of members.

The minutes of the previous meeting, May 28th, 1890, were read and confirmed.

**New Members.**—The CHAIRMAN announced that the Council, at its meeting on June 18th, 1890, had elected the following gentlemen members of the Branch, namely:—Dr. Henry Friedman, M.B., B.S.Melb., of Deniliquin, New South Wales; Dr. Basil J. Adam, M.B., C.M.Glasg., of Beaufort.

**Scarlatina in Relation to Season.**—A paper on this subject was read by Dr. D. ASTLEY GRESSWELL.

## SPECIAL CORRESPONDENCE.

### BERLIN.

**Professor Koch's Cure for Consumption.**—*New Biological Problems.*—*Medical Monopoly in Heligoland.*

It will be remembered that Professor Koch created a certain sensation at the International Medical Congress by stating that his unceasing efforts to find a remedy for tuberculosis seemed at last about to be crowned with success. Since then experiments with the new remedy have been going on in Professor Senator's department of the Charité. The time is, of course, much too short for anything like definite results, but as the experiments proceed, the veil of secrecy will no doubt be lifted, and it will be possible to keep readers of the BRITISH MEDICAL JOURNAL informed of the progress made.

Professor Emil Fischer, the distinguished chemist, to whom we owe the synthetical production of grape sugar, fruit sugar, and a whole series of new sugars, lately gave an account of his work before the German Chemical Society in Berlin. In the course of his paper Professor Fischer touched upon problems that are of even deeper interest to the physiologist than to the chemist. The following are his own words: "Next to the albumens the natural hydrocarbons form the chief food stuff for the animal kingdom, especially for graminivorous animals, and a large number of valuable observations have been made concerning the processes they undergo in the animal body. Might it not be possible to substitute some of the artificial sugars for these natural hydrocarbons, and what would be the result? Mannose, so closely related to grape sugar, and so easily fermented by yeast, might very probably form a good food stuff, even for the more highly organised animal; and yet the slight change of substance might cause corresponding changes in the vital processes. If mannose be taken as food, will the liver produce a new glycogen, and the mammalian gland a substitute for milk sugar; and will this sugar be oxidised in the body of the diabetic? The changes in the animal organism could not but be still more decided, if one could succeed in feeding the animal body with a pentose or a heptose, or the easily fermentable niose. One would then probably find that blood and tissues would modify their functions, that the pig and the goose would produce a changed fat, the bee a changed wax. Indeed the experiment might perhaps be carried still farther. The assimilating plant prepares from sugar not only the more complicated hydrocarbons and the fats, but also, with the help of inorganic nitrogenous compounds, the albuminoids. Certain classes of bacilli have the same power. Now, if it were possible to feed the assimilating plant or these bacilli with a differently constituted sugar, they might possibly be forced to form a changed albumen. May we not then expect that the changed building material will lead to a changed architecture? We should thus gain a chemical influence on the formation of the organism which would necessarily lead to the most extraordinary phenomena, to changes of form far exceeding all that has been reached by crossbreeding, etc. Since the fundamental experiments of Wöhler and Frerichs, physiological chemists have incor-

porated hundreds of organic substances with the animal body, seeking the products in the urine; but they, almost exclusively, made use of substances having no likeness to natural food stuffs. The use of the new series of sugars offers a wide field of action to the physiologist, and may be attended by results far more extraordinary. Biology here stands before a problem, which has never yet been set, nay, which could not have been set until chemistry had prepared the material for the experiment."

The little island of Heligoland is an exceptional bit of territory in many respects, amongst others in this, that never in the recollection of the "oldest inhabitant" has it been the seat of professional jealousies. Why is it so favoured? Because only one medical man (dentist, surgeon, general practitioner all in one) is to be found the length and breadth of the island. No sooner, however, had Germany taken possession of her new appanage than this delightful state of things seemed destined to come to an end. An announcement appeared in the *Heligoland Gazette*, stating that a second German M.D. would shortly take up his residence in the island. Of course the Heligoland doctor was up in arms at once. He appealed to the new governor, quoting the Emperor William's dictum that the rights and privileges of the Heligolandians were to be respected and to remain unchanged "for the present," and the result is a decree leaving him in undisturbed possession of the sole right of practice in the island.

### PARIS.

**Typhoid Fever at Trouville.**—*Precautions against Cholera.*—*Morphinomania.*—*Paris Water Supply.*

THE investigation concerning the typhoid epidemic at Trouville has proved that the town has a good supply of spring water (Saint Pierre d'Azif), but in addition there are cisterns to many of the houses for the purpose of collecting the rain water; in one of the houses where typhoid appeared the servants were questioned, and the cook answered the cistern water seemed just as good as the spring water; she therefore used it for washing vegetables, salad, etc. The water used for drinking purposes was spring water previously boiled. The municipality of Trouville has ordered that household refuse is not to be thrown into the street, a practice hitherto in fashion, but to be deposited in boxes like those used in Paris; also that the *fosses d'aisances* should be cemented to prevent infiltration. It is evident that the sanitation of Trouville is bad. Deauville, contiguous to Trouville, is intact. At Arles there is also an epidemic of typhoid; an inquiry into its origin is being made.

M. Dujardin-Beaumetz has laid before the Academy of Medicine the report drawn up by the Seine Council of Health and Sanitation concerning the cholera precautions to be adopted, which are as follows: Immediate notification of cholera cases; the organisation of a medical body for the purpose of certifying cholera cases and superintending disinfection; sulphate of copper is the sole chemical disinfecting agent allowed for linen, stools, etc. Sulphurous acid is to be used for dwellings; and disinfecting stoves for bed, bedding, furniture and wearing apparel. Special carriages for the conveyance of patients; these are afterwards to be disinfected. The houses visited by cholera are to be evacuated, especially lodging houses. Special wards are set apart for cholera patients in some of the Paris hospitals; these wards are to be isolated.

Dr. Jules Rochard, the well known sanitarian, attacks in the *Temps* the "fashionable vice morphinomania." At Schoenberg, Berlin, there is a Maison de Santé for morphinomaniacs, organised by Dr. Levinstein. At Gratz, in Styria, there is a similar establishment which, in 1889, contained 300 patients. Dr. Rochard regrets that there is no such establishment in France. The morphinomaniacs remain at home, eventually go mad, or commit suicide. Suicide is a more frequent termination of morphinomania since cocaine has been used in combination with morphine. Two medical students have recently made away with themselves under the joint influence of cocaine and morphine. Dr. Rochard calls upon doctors and druggists to be more prudent in prescribing and selling morphine. He states that morphinomania generally dates from a dose of morphine taken under medical advice; and urges practitioners to give it liberally to incurable patients who suffer agonies of pain which are relieved by morphine, but niggardly to neuropathic patients, and never to the *excentriques* and *déséquilibrés*. Medical men should never entrust a patient with the injection syringe. Dr. Rochard wishes an existing law frequently unobserved to be actively enforced. Druggists

## PROSECUTION UNDER THE LUNACY ACTS.

At the Otley Petty Sessions, Dr. Henry Dobson was summoned a few days ago on a charge of having wilfully and falsely represented himself as a person registered under the Medical Act of 1858, whereas he was not, on August 9th, a person so registered. He was committed for trial at the next Quarter Sessions at Wakefield, bail being accepted.

It appeared that a lady who had gone to a hydropathic establishment of which the defendant was part proprietor, had manifested some symptoms of insanity; and the defendant signed one of the medical certificates under which she was sent to a lunatic hospital. In the usual course, this certificate, together with the other documents, came by copy before the Commissioners in Lunacy, who, finding that the defendant was not registered at the time the certificate in question was signed, instituted this prosecution against him, the prosecuting counsel stating that the effect of the defendant's act had been that all that had been done would have to be done over again; every procedure had been rendered nugatory, and other documents would have to be procured at some cost and inconvenience.

Medical men will find it to their advantage to note carefully the provisions of the statutes relative thereto before they sign any certificate of lunacy, or inadvertently they may create difficulties for themselves and for other people.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF DURHAM.

**FACULTY OF MEDICINE.**—At the Convocation holden on Tuesday, September 30th, 1890, the degree of Doctor in Medicine was conferred on the following practitioners of fifteen years' standing, namely:

C. W. Chapman, M.R.C.P.Lond., M.R.C.S.Eng.; W. J. Gibson, L.R.C.S.Ire., L.K.Q.C.P.Ire., L.M.; J. S. S. Harvey, M.R.C.S.Eng., B.Sc., Licentiate of Medicine, Paris; R. J. Martin, F.R.C.S., L.R.C.P.Ed., M.R.C.S.Eng.; A. Milroy, L.R.C.P.Ed., L.F.P.S., D.P.H.Glasg.; C. B. Plowright, M.R.C.S.Eng., L.R.C.P.Ed.

The degree of M.D. was conferred on the following gentlemen, namely:

W. D. Arnison, M.B., B.S.Durh., M.R.C.S.Eng., L.R.C.P.Lond.; A. B. Blacker, M.B., B.S.Durh., M.H.C.S., L.S.A., L.R.C.P.Lond.; E. Bowmaker, M.B., B.S.Durh.; F. H. M. Burton, M.B., M.S.Durh., M.R.C.S.Eng.; I. Davis, M.B., B.S.Durh., D.P.H.; C. F. L. Dixon, M.B.Durh., M.R.C.S.Eng.; J. T. James, M.B.Durh., F.R.C.S.Eng., M.R.C.S., L.R.C.P., L.S.A.; H. A. Sweetapple, M.B., B.S.Durh.; J. H. Wilson, M.B., B.S.Durh.

The degree of Bachelor in Medicine (M.B.) was conferred on the following gentlemen, namely:

*Honours, First Class.*—T. Beattie, College of Medicine, Newcastle-upon-Tyne.

*Honours, Second Class.*—C. H. D. Morland, M.R.C.S., L.R.C.P., St. George's Hospital; A. M. Martin, College of Medicine, Newcastle-upon-Tyne.

*Pass List.*—P. R. Adkins, St. Thomas's Hospital; C. Averill, M.R.C.S., L.S.A., St. Bartholomew's Hospital; F. H. Alderson, L.R.C.P.Lond., Middlesex Hospital; R. C. Brown, College of Medicine, Newcastle-upon-Tyne; T. Buckham, College of Medicine, Newcastle-upon-Tyne; G. F. Cross, College of Medicine, Newcastle-upon-Tyne; C. C. Bardley-Wilmet, St. Bartholomew's Hospital; F. S. Harris, M.R.C.S., L.R.C.P., London Hospital; A. A. Hewer, St. Bartholomew's Hospital; W. Melville-Davison, College of Medicine, Newcastle-upon-Tyne; S. W. Plummer, College of Medicine, Newcastle-upon-Tyne; C. J. Stanley, M.R.C.S., L.R.C.P., King's College, London; B. T. Stokoe, College of Medicine, Newcastle-upon-Tyne; W. H. Turnbull, College of Medicine, Newcastle-upon-Tyne.

The degree of Bachelor in Surgery (B.S.) was conferred on the following gentlemen, namely:

C. Averill, M.R.C.S., L.S.A., St. Bartholomew's Hospital; T. Beattie, College of Medicine, Newcastle-upon-Tyne; R. C. Brown, College of Medicine, Newcastle-upon-Tyne; T. Buckham, College of Medicine, Newcastle-upon-Tyne; G. F. Cross, College of Medicine, Newcastle-upon-Tyne; C. C. Bardley-Wilmet, St. Bartholomew's Hospital; A. A. Hewer, St. Bartholomew's Hospital; A. M. Martin, College of Medicine, Newcastle-upon-Tyne; W. Melville-Davison, College of Medicine, Newcastle-upon-Tyne; C. H. D. Morland, M.R.C.S., L.R.C.P., St. George's Hospital; S. W. Plummer, College of Medicine, Newcastle-upon-Tyne; B. T. Stokoe, College of Medicine, Newcastle-upon-Tyne; W. H. Turnbull, College of Medicine, Newcastle-upon-Tyne.

## HOSPITAL AND DISPENSARY MANAGEMENT.

**THE new Children's Wing of the Royal Albert Edward Infirmary, Wigan, which has been erected at the cost of Mr. J. H. Johnson, was formally opened on September 24th by the Mayor.**

**THE Warden of King's College Hospital has received a contribution of £1,000 from Mr. Matthew Whiting, and the ward which had been closed for want of funds will be at once reopened.**

**THE KENT COUNTY ASYLUM AT BARMING HEATH.**—Dr. T. Pritchard Davies (Superintendent) writes with reference to an article published in the *BRITISH MEDICAL JOURNAL* of September 27th, that the facts as stated in the local papers are exaggerated and distorted. He disputes the statement that the committee

sympathised with the assistant medical officer whose term of office was suddenly terminated. The other subjects mentioned in the article are engaging the attention of the Committee of the asylum.

**BIRMINGHAM HOSPITAL SUNDAY FUND.**—At the recent meeting of the Birmingham Hospital Sunday Fund attention was called to the fact that the collections had not kept pace with the increased wealth and population of the city. Thirty-one years ago, with a population of 270,000, and a rateable value of £800,000, the collection amounted to £5,200, while at present, with a population of 500,000, and rateable value of £1,800,000, the collection of last year only amounted to £5,166. It was decided to ask the clergy to form a subcommittee to canvass congregations.

## INDIA AND THE COLONIES.

## NEW SOUTH WALES.

**THE REGULATION OF DAIRIES.**—Up to the year 1887 there can be little doubt that the dairies in New South Wales were as badly managed and under as little supervision as they were and still are in many cases in this country; but with an energy and thoroughness which do credit to the principal medical officers of the Board of Health and the Legislative Assembly of the colony, ample provisions have been made for ensuring better sanitary conditions in both cowhouses and dairies of those who supply milk to Sydney and the surrounding country districts. In many points the Dairies Supervision Act of New South Wales is superior to our own. It is certainly drawn up on a wider basis, and whilst allowing ample general freedom to those engaged in the production and vending of dairy produce, it exacts the most complete obedience to essential hygienic rules. It goes beyond our own Act, for example, in including cancer and tuberculosis in the list of contagious diseases of animals. It provides for the inspection, registration, and supervision of the premises occupied by dairymen and milk vendors, for the careful examination of water not derived from a town supply, and beyond all this pays special attention to the following points. It enacts that all dairy premises after being examined by the medical officer shall be registered under a penalty of £20, and that all registered premises and milk stores, the cattle, appliances, and utensils used for the production and distribution of milk shall be inspected by the local authority at least once in every three months. In this the regulations are behind those voluntarily submitted to by the farmers who supply the Milk Supply Association of Copenhagen, who under the articles of agreement submit their cattle to a fortnightly examination by the veterinary inspector of the company; and, in view of the rapid onset of tuberculous disease, especially of the udders, the interval of three months is considerably too great to be as effectual as could be desired, but any plan of systematic inspection of cattle is a great advance on what has hitherto been the method of procedure in this country. We have internal evidence in this report that the colonial system is based very largely on that adopted by Mr Busck in the working of the above-mentioned Danish association, for although there are certain minor differences, the main clauses are much the same in both cases, though Mr. Busck's association still maintains its lead as a pioneer in respect to the drawing up of regulations concerning cattle and dairy inspection.

How necessary even the following simple regulations are only those who have seen the process of milking as carried on in some of our town and country dairies can appreciate. "Means should be provided for thoroughly cleansing the hands of persons employed as milkers, and also for cleansing the udders of the cows, if necessary, and provision should be made on the premises for a supply of hot water for cleansing the utensils and appliances." "Whenever there is a town water supply accessible its use should be insisted on, unless the supply is satisfactory, and, in the absence of this service, the water supply should be carefully examined as to its purity and freedom from pollution by drainage, etc." As evidence of the necessity for this it is stated that in twenty-five cases in which such analysis was made by the Government analyst during last year of the water supply on dairy premises it was found so far polluted as to be unfit for domestic purposes, and the local authorities were advised to close the wells or tanks immediately.

"No premises should be registered unless there is an ample supply of water available, and no water should be used upon



registered premises which is drawn from an outside source, nor should the cattle be allowed to have access to any water except that upon the registered premises." "A room of sufficient size, according to the quantity of the milk produced and the manner in which it is dealt with, should be provided and set apart for straining and storing the milk, and for keeping the appliances, vessels, and utensils used. This room should be well lighted and ventilated, should not be in direct communication with any living or sleeping room, or under the same roof with the cowsheds, stable, or fodder store, and should not be used for keeping forage, clothing, or other stores in, or for any other purpose."

When one sees the various well-advertised milk stores in London in which vegetables, fresh or otherwise, or strong smelling articles of diet, for example, are kept alongside the milk, it must be brought very forcibly home to us that either the New South Wales people are extremely fastidious, or that we on this side of the water are careless to a degree almost of culpability. This same "room" should not have within it any sink or drain communicating directly with a sewer, but all waste and drain pipes from such room should discharge in the open air over gullies connected with the drain or sewer.

After dealing with the cleaning of appliances, utensils, and vehicles, attention is drawn to the part of the Act in which compulsory notification of cases of infectious disease occurring in the families or milk vendors is involved, and it is provided that persons suffering from, or having been exposed to, infectious disease are not to assist in any dairyman's or milk vendor's business. "No dairyman or milk vendor should allow any person suffering from an infectious disease, or who has been recently exposed to any infectious disease, to take part in any dairy operations or assist in the sale, storage, production, or distribution of milk, and any person infringing the requirements of this section is liable to a penalty of £20."

The Copenhagen Milk Supply Company goes further than this, and adopts what appears to be a better plan. One of their rules states: "The contractor, to the best of his ability, must watch over all who reside on his farm or work upon it, also the families of the latter; should a case of infectious disease arise among any of them he must immediately report the fact to the company, and withhold his milk, which will nevertheless be paid for as usual if these conditions are fully complied with." Basing their argument on Bang's observations that tubercle bacilli have been found in the cheese and butter made from the milk of tuberculous animals, it is suggested by the secretary of the board that the Act should be so extended as to include the products of milk, and milk produced for making butter and cheese, and should provide for the registration and inspection of all butter and cheese factories.

In all legislation of this kind it is well to bear in mind that if the operations or provisions of an Act can at the outset be made to appear advantageous to those to whom it is proposed that it shall apply, there will be far greater likelihood of obtaining an effective and smooth-working measure, and one would think that good results might be obtained were we, in this country, to combine the two methods suggested—the one by the Legislative Assembly of New South Wales, and the other by the Copenhagen Milk Supply Association—that is, if we were to enforce registration of all dairy farmers and milk vendors, exacting a small fee according to the number of cattle kept or the amount of milk sold, and out of the sum obtained from the registration fees paid compensation not only to dairy farmers, but also to milk vendors, for milk rendered unsaleable through an outbreak of disease amongst the cattle, or amongst the cattle tenders or milk vendors or their families, in all those cases in which such disease is reported at once, or within a certain time of its outbreak, but to inflict a heavy fine in those cases where information is withheld or where the disease can be traced to have gone on for a certain definite time before the inspector has been called in to examine for the presence of disease. In such regulations there would be an inducement to notify at once where any disease was found out, and it would keep owners more alert in their outlook for the appearance of any disease on the premises, either amongst *employés* or in the stock.

**CONSUMPTION OF SALT.**—According to statistics recently published there is more salt consumed in England than in any other country in Europe. In France, the consumption is 15 kilogrammes a head; in Italy, 10; in Russia, 9; in Austria, 8; in Prussia, 7; in Spain, 6; in Switzerland, 4; in England 20 kilogrammes.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### FEVER IN THE TEES VALLEY.

THE recent serious prevalence of enteric fever in Darlington, Stockton, Middlesbrough, and other places in the valley of the Tees is causing considerable local anxiety, and Dr. Barry of the medical department of the Local Government Board has been commissioned to investigate the matter by request of the Darlington Corporation. The serious nature of the case is obvious from the fact that in Darlington 56 cases of enteric fever were reported between September 1st and 19th. At the meeting of the Stockton Town Council on September 19th, Dr. Clegg, the medical officer of health, reported that during the previous fortnight 40 cases of typhoid fever had been notified to him, 23 being in the east and 17 in the west district. During the same period 13 cases of scarlet fever had been notified. At a meeting of the Middlesbrough Council on the same day, the health officer, Dr. Malcolmson, reported that during the preceding fortnight 43 cases of typhoid fever had been notified to him. They were evenly distributed over the town. Outbreaks of a similar character are reported from Port Clarence, North Ormesby, South Bank, Easton, and other places in the neighbourhood. The circumstances seem to point to some common cause, and strong suspicion attaches to the water supply which is derived from the Tees. That river, it is notorious, receives serious pollution above the intakes of both the Darlington and the Stockton and Middlesbrough Water Companies, Barnard Castle being one of the chief offenders; but whether such pollution can be related to the present outbreak remains to be investigated. In the mean time those persons who are wise will use only water or milk which has been boiled, a precautionary measure which many good housewives adopt as a matter of everyday practice.

### MEDICAL INSTRUCTION IN POOR-LAW INFIRMARIES.

WE are pleased to learn that the Paddington board of guardians have made another step in the enlightened policy alluded to in our last issue, and that at their meeting last week they, at the instance of Dr. Felce, extended their invitation to examine patients in the infirmary and to deliver lectures on the same, in connection with the London post-graduate course, to Drs. Bristowe and Cheadle and to Messrs. Reginald Harrison and Treves. The guardians also passed a cordial vote of thanks for his services to Dr. Broadbent, who, from pressure of other work, has been obliged to discontinue his attendances.

### THE CREMATORIUM, WOKING.

ON September 27th some ninety members of the Association of Public Sanitary Inspectors, by invitation of the Cremation Society of England, paid a visit of inspection to the Crematorium, St. John's, Woking. With the view of illustrating the cremating process, the carcass of a sheep was cremated, the time occupied being a little over an hour. While this was being effected, Sir Spencer Wells, in the absence of Sir Henry Thompson, the President of the Society, gave a brief history of the movement. The cinerary urns and other arrangements were then inspected. It was stated that the ashes of cremated adults weigh from 4½ lbs. to 7 lbs., and occupy a space corresponding to about from half to three-quarters of a gallon.

### METROPOLITAN WATER SUPPLY.

At a meeting of the London County Council on September 30th, a recommendation, by the Special Committee on Water Supply, that that Committee should be authorised to prosecute inquiries and negotiations relative to the supply of water, or companies supplying water, was adopted. It was also resolved that the Committee should be authorised to enter into tentative negotiations with the water companies, to ascertain on what terms they would be prepared to dispose of their undertakings.

### NOTIFICATIONS BY MEDICAL OFFICERS OF HEALTH.

A LANC. M. O. H. asks whether he is to claim the same fee for reporting infectious cases to the sanitary authority as his professional brethren, he being the medical officer of health.

\*.\* Our correspondent is certainly entitled to his fee, but he must use his own judgment as to the advisability of making the claim.

### REFUSE HEAPS NEAR HOUSES.

GERM writes: The back wall of A.'s house is about on a level with the front wall of B.'s; a wall ten yards from each runs between the two. A. has

formed an ash heap against this wall at the back of his own house and on a level with B.'s front windows, and also keeps a cow in a small stable in the same position. The emanations from this refuse heap and stabled cow are carried into B.'s house by certain winds. A quiet remonstrance on the part of B. was met by the suggestion that B. should find another house if he did not like it. The sanitary authorities being timid and apathetic, has B. any means of forcing them to act, or of protecting himself, or must he wait till a case of illness occurs in his family which can be attributed to the stench of the decomposing refuse?

\*Sanitary authorities are generally advised by officials not to interfere in cases of this kind, which are cases for private action. Of course, if the dust-bin or cowhouse were in such a state as to be a nuisance, then the case would be one for the public authority.

#### PAYMENT OF MEDICAL OFFICERS OF HEALTH.

The Launceston board of guardians have drafted a petition which is for presentation by the Devon County Council to the Local Government Board praying for the remission of half the salaries of the medical officer and sanitary inspector when it is certified that they have discharged their duties in a satisfactory manner.

#### HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, including London, which have an estimated population of 9,715,559 persons, 5,622 births and 3,735 deaths were registered during the week ending Saturday, September 27th. The annual rate of mortality in these towns, which had been 18.6 and 19.1 in the two preceding weeks, further rose to 20.0 during the week under notice. The rates in the several towns ranged from 11.4 in Derby, 14.3 in Nottingham, 15.0 in Bristol and 16.6 in Leicester to 28.5 in Plymouth, 30.7 in Cardiff, 32.2 in Preston, and 32.6 in Manchester. In the twenty-seven provincial towns the mean death-rate was 22.5 per 1,000, and exceeded by 5.3 the rate recorded in London, which was only 17.2 per 1,000. The 3,735 deaths registered in the twenty-eight towns during the week under notice included 694 which were referred to the principal zymotic diseases, against 599 and 680 in the two preceding weeks; of these, 388 resulted from diarrhoea, 66 from scarlet fever, 63 from whooping-cough, 62 from measles, 58 from "fever" (principally enteric), 58 from diphtheria, and 1 from small-pox. These 694 deaths were equal to an annual rate of 3.7 per 1,000; in London the zymotic death-rate was 2.5, while it averaged 4.8 per 1,000 in the twenty-seven provincial towns, and ranged from 1.3 in Bristol, 1.9 in Nottingham, 2.0 in Leicester, and 2.1 in Derby to 8.1 in Bradford, 7.9 in Preston, 8.1 in Wolverhampton, and 9.3 in Norwich. Measles caused the highest proportional fatality in Birkenhead, Manchester, and Cardiff; scarlet fever in Manchester, Wolverhampton, and Liverpool; whooping-cough in Oldham, Huddersfield, Halifax, and Norwich; "fever" in Birkenhead, Plymouth, and Preston; and diarrhoea in Blackburn, Bradford, Preston, Norwich, and Wolverhampton. Of the 58 deaths from diphtheria registered in the twenty-eight towns during the week under notice, 38 occurred in London, 3 in Liverpool, 3 in Birmingham, and 3 in Salford. One death from small-pox was registered in London, but not one in any of the twenty-seven provincial towns; and no small-pox patients were under treatment in the Metropolitan Asylums Hospitals on Saturday, September 27th. These hospitals contained, however, 1,628 scarlet fever patients on the same date, against numbers increasing from 1,373 to 1,548 at the end of the five preceding weeks; 197 new cases were admitted during the week, against 200 and 204 in the two previous weeks. The death-rate from diseases of the respiratory organs in London was equal to 2.6 per 1,000, and almost corresponded with the average.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, September 27th, 739 births and 483 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.8 and 19.6 per 1,000 in the two preceding weeks, declined again to 18.7 during the week under notice, and was 1.3 per 1,000 below 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 Greenock and Perth, and the highest in Glasgow and Paisley. The 483 deaths registered in these towns during the week under notice included 72 which were referred to the principal zymotic diseases, equal to an annual rate of 2.8 per 1,000, which was 0.9 below the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Perth, Glasgow and Paisley. The 226 deaths registered in Glasgow included 14 from diarrhoea, 8 from "fever," 8 from whooping-cough, 4 from measles, and 3 from diphtheria. Two fatal cases of scarlet fever were recorded in Paisley. The death-rate from diseases of the respiratory organs in these towns was equal to 3.7 per 1,000, against 2.6 in London.

#### HEALTH OF IRISH TOWNS.

In the sixteen principal town-districts of Ireland, the deaths registered during the week ending Saturday, September 20th, were equal to an annual rate of 18.4 per 1,000. The lowest death-rates were recorded in Lisburn and Dundalk, and the highest in Drogheda and Belfast. The death-rate from the principal zymotic diseases averaged 2.0 per 1,000. The 131 deaths registered in Dublin were equal to an annual rate of 19.4 per 1,000 (against 19.2 and 17.3 in the two preceding weeks), the rate for the same period being 16.2 in London and 16.7 in Edinburgh. The 131 deaths registered in Dublin included 13 which were referred to the principal zymotic diseases (equal to an annual rate of 1.9 per 1,000), of which 4 resulted from different forms of "fever," 4 from diarrhoea, and 2 from measles.

A TELEGRAM of September 20th states that fever has broken out amongst the crew of H.M.S. *Dreadnought*, now in the Levant with the *Trafalgar*, *Agamemnon*, and other British war vessels. The epidemic is said to have been brought on board by some of the crew who had gone on shore to a picnic, and twenty-five men are now under treatment, though no fatal cases have occurred. The ship's doctors say that the malady is of the nature of dengue fever.

## MEDICAL NEWS.

THE Middlesex Hospital has received a munificent donation of £1,000 from Mr. W. H. Johnson, of Bermondsey.

THE Great Oseburn Board of Guardians have resolved that in future all vaccinations in the union be performed with calf lymph.

DR. GRANT BEX, of Cairo, delivered, at the Aberdeen Philosophical Society, on September 18th, a highly interesting lecture on Egyptology to a large audience.

THE will of the late Sir William Charles Hoffmeister, M.D., who died on July 29th last, was proved on September 12th by his sons and executors, the personal estate amounting to over £7,000.

AT their last meeting the Council of Queen's College, Birmingham, appointed C. E. Purslow, M.D.Lond., to the newly-created position of Tutor in Midwifery and Gynaecology.

DR. M'NICOLL, the respected medical officer of health for St Helens, has been entertained by the medical practitioners of the town to a banquet to celebrate his 70th birthday.

A SCHEME is on foot for the erection at Droitwich of a new Brine Baths Hospital for the poor, affording increased and much-needed accommodation. The entire cost of the building will be borne by a lady whose name is at present withheld.

DR. LEBBAU, surgeon to the Hôpital des Anglais at Liège, died suddenly on September 2nd, at the age of 55. He was one of the leading members of the profession at Liège, and well known throughout Belgium.

TYPHOID FEVER has broken out among the troops garrisoned at Saint Nicolas, a small town beyond Nancy, on the Strassburg line. There have been 100 cases in a single battalion, out of which 42 are serious.

ON Wednesday, September 22nd, Dr. William Duncan performed vaginal extirpation of the entire uterus for primary cancer of the uterine body in a patient, aged 57, who has since recovered without an unfavourable symptom.

A SUM of £1,200 has been handed over to the Glasgow Western Infirmary by Miss Schaw for the endowment of a bed in memory of her brother, Alexander Shanks Schaw, a late Glasgow merchant. This is the tenth bed in the institution so endowed.

IT is proposed to amalgamate all the medical societies in Russia into one general association, which will be divided, for scientific purposes, into sections of medicine, surgery, obstetrics, etc. but will be managed by a central committee.

ACCORDING to the last return the number of children vaccinated in Leicester in 1879 was 3,086; in 1889 the number had fallen to 126. In 1885 the guardians decided not to prosecute. During 1885 the number was 1,379, the following year it was reduced to 598.

THE death-rate in Austria in 1889 was lower than it has been for ten years. The total number of deaths was 646,787, being at the rate of 27.25 per mille; the number of births was 898,350, or 8,449 fewer than in 1888. Among the children born there were 1,064 boys to 1,000 girls.

TYPHOID IN NEW SOUTH WALES.—During the first six months of the present year 360 cases of typhoid fever, 53 of which ended fatally, were admitted into the hospitals of Sydney. The number for the corresponding period in 1889 were 619 admissions with 67 deaths.

ANTIRABIC INSTITUTE IN CHICAGO.—The number of patients treated in the Chicago Pasteur Institute since it was opened, on July 2nd, is 24. Of these, 1 was bitten by a skunk, 2 by a cat, and 21 by dogs. In 12 cases the Director of the Institute believed that the animals which inflicted the bite were rabid; the other cases he considered doubtful. No fatal result has occurred so far.

THE WILLIAM F. JENKS MEMORIAL PRIZE.—The second triennial prize of 450 dollars under the deed of trust of Mrs. W. F. Jenks will be awarded to the author of the best essay on the "Symptomatology and Treatment of the Nervous Disorders following the Acute Infectious Diseases of Infancy and Childhood." The essay, which must be in English, should be sent to the College of Physicians of Philadelphia, Penn., U.S.A., before January 1st, 1892, addressed to Louis Starr, M.D., Chairman of the W. F. Jenks Committee.

**MEDICAL STUDENTS IN PORTUGAL.**—In the academic year 1889-90, 117 students matriculated in the Medical Faculty of the University of Coimbra, 115 in the Medico-Chirurgical School of Lisbon, and 164 in the Medico-Chirurgical School of Oporto. In the Lisbon school 22 candidates obtained the licence to practise.

**VACCINATION IN AUSTRIA.**—The administrative authorities of Lower Austria have awarded three prizes of 100 florins and ten of 30 florins to the medical practitioners who were most successful in vaccination during the year 1888. A number of vaccinators in Vienna and Lower Austria have received public commendation on the same ground.

**THERE** is said to be an alarming prevalence of diphtheria and scarlet fever in Hotzenball, Silesia, and all the schools in that place are being closed in consequence. Fifteen children have died of those diseases within three days, and considerable distress prevails in the stricken district. In another part of Silesia, namely, at Lemberg, an epidemic of measles has necessitated the closing of the schools.

**MEDICAL BEQUESTS.**—The following medical institutions have received sums under Miss Mimpriss's will: St. George's Hospital, £1,000; the Gordon Hospital, £500; Hospital for Paralysed and Epileptic, £200; and £100 each has been bequeathed to the Home for Incurable Children, the Home for Crippled Girls, the All Saints' Convalescent Hospital (Eastbourne), the Society for the Prevention of Cruelty to Animals, and the Free Cancer Hospital; and £50 to the Hospital for Consumption.

**THE Association of Municipal and Sanitary Engineers and Surveyors of Great Britain** met in the hall of the Royal Scottish Society of Arts at Edinburgh, on September 26th, Mr. Boulnois, of Liverpool, presiding. Mr. Cooper read a paper on Municipal Work in Edinburgh, and Mr. Colam one on Cable Tramways. Mr. Mead (London), Mr. Pritchard (Birmingham), and others took part in the proceedings. The members of the association were entertained at luncheon in the council chamber by the Corporation, and afterwards visited the exhibition.

**THE Venetian Royal Institute of Science, Literature, and Art** has awarded a prize of 3,000 lire (£120) to Professor Edoardo Bassini for the work entitled *A New Operative Procedure for the Cure of Inguinal Hernia*, which he published in 1889. Among 251 operations performed on 216 persons, in 35 of whom the hernia was bilateral, there was not a single death. The hernia came down again in only seven cases, and in many of the others the cure was found to be maintained four years and a half after the operation.

**SANITARY INSTITUTE.**—The tenth course of lectures and demonstrations for sanitary officers will be given at the Parkes Museum, 74A, Margaret Street, W., on Tuesdays and Fridays, at 8 P.M., commencing on October 3rd. Sir Douglas Galton, K.C.B., will lecture on Ventilation, Warming, and Lighting; Dr. Louis Parkes on Water Supply, Drinking Water, Pollution of Water; Professor H. Robinson on Drainage; Professor W. H. Corfield, M.A., M.D., on Sanitary Appliances; Mr. Shirley F. Murphy on Infectious Diseases and Methods of Disinfection. Dr. J. F. J. Sykes and Mr. A. Winter Blyth are also among the lecturers.

**MEDICAL COMBINATION.**—A Medical Practitioners' Protective Alliance has been formed in Baltimore with the laudable objects of "maintaining organised co-operation among practising physicians, protecting themselves against the dispensary abuse and inferior medical schools, and devising means of improving their financial position in every honourable way." This seems to be a step towards that combination among doctors for the redress of professional grievances, and the promotion of their own interests, which is a necessary condition for the reform of the present unsatisfactory state of the medical commonwealth.

**BABY-FARMING.**—Matilda Muncer, of Lillie Road, Fulham, was summoned by the County Council to the West London Police-court, recently, for not having, as by law required, given the particulars of an infant she had received to nurse for hire or reward, while she was registered under the Infant Life Protection Act. She was fined £5 and costs; and in another case, where the magistrate was of opinion that she had withheld information from the coroner to prevent inquiry, she was sent to prison for one month with hard labour. It was stated by the inspector that the defendant had been registered since 1882, and during that time she had had thirty-three children under her care, but he had no fault to find with her until the present case.

**HOW TO ELIMINATE THE "UNFIT."**—An association has been formed at Vienna for the purpose of carrying out the method of "natural healing" which a clergyman named Kneipp claims to have discovered. The treatment seems to consist in a process of "hardening." The faithful who submit to it are directed to wear the lightest clothing, to stand barefoot for hours at a time on wet grass, to walk about in newly-fallen snow and water, and generally to live in what may be termed a chronic state of hydropathic observance. If, as appears to be the case, this method is to be applied impartially to all sorts and conditions of men and women, and if it comes into anything like general use, the death-rate of the Austrian capital is likely to be materially heightened.

**PREVENTION OF BLINDNESS.**—Statistics of the institutions for the blind in the State of New York show that in almost a fifth of the cases the loss of sight can be traced to ophthalmia neonatorum. The sufferers belong largely to the social stratum in which midwives and untrained nurses are the sole attendants on lying-in women. The New York Legislature recently passed an enactment which came into effect on September 1st, by which it is provided that if any midwife or nurse having charge of an infant notices that its eyes are reddened or inflamed at any time within two weeks after its birth, she must report the fact in writing to the nearest health officer, or to some legally qualified medical practitioner. Failure to obey this regulation is made punishable by a fine not exceeding one hundred dollars, or imprisonment for not more than six months.

**MANSLAUGHTER BY A FAITH HEALER.**—The practice of faith healing has received a severe check, if not its death blow, in the city of Toronto. A certain well-known citizen, who had for some time been the subject of diabetes, and had been dieted for it, thought he would give himself the benefit of the newest fashion, and accordingly placed himself in the hands of a Mrs. Stewart, one of the apostles of the new art. Being by her instruction freed from all dietetic restrictions, he speedily died of diabetic coma, and an inquest being held the jury found that "he came by his death through the gross ignorance of Mrs. Stewart, who undertook to cure him of his disease in not advising him to continue the restricted diet prescribed by his former physician." Mrs. Stewart is consequently now awaiting her trial for manslaughter. We forbear to comment upon a case which is still *sub judice*.

## MEDICAL VACANCIES.

The following Vacancies are announced:

- BAWNBOY 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.
- 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.**—Assistant Medical Officer. Salary, £120 per annum, board and lodging. Applications to the Medical Superintendent.
- 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.
- CAVAN UNION (Ballyconnell Dispensary).**—Medical Officer. Salary, £105 per annum, and fees. Applications to Mr. James Clancy, Honorary Secretary. Election on October 4th.
- CLINICAL HOSPITAL FOR WOMEN AND CHILDREN,** Park Place, Cheetham, Manchester.—Honorary Assistant-Surgeon. Fellows of one of Colleges of Surgeons of the United Kingdom or hold degree in Surgery. Applications to Mr. H. Teague, Secretary, 38, Barton Arcade, Manchester, by October 4th.
- 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.
- EAST LONDON HOSPITAL FOR CHILDREN,** Shadwell, E.—House-Physician vacant on November 1st. Board and lodging provided. Applications to Ashton Warner, Secretary, by October 16th.
- EVELINA HOSPITAL FOR SICK CHILDREN,** Southwark Bridge Road, S.E.—House-Surgeon. Salary, £70 per annum, with board, washing, and residence. Applications to the Committee of Management, by October 21st.
- FLINTSHIRE DISPENSARY.**—Resident House-Surgeon. Salary, £130 per annum, with furnished house, rent and taxes free, also coal, light, water, and cleansing, or in lieu thereof the sum of £20 per annum. A knowledge of Welsh desirable. Applications to W. Thomas Cole, Secretary, Board Room, Bagillt Street, Holywell, by October 22nd.
- GENERAL HOSPITAL,** Nottingham. Honorary Physician; Fellow or Member of the Royal College of Physicians of London. Applications by October 22nd.



**GENERAL INFIRMARY, Leeds.**—One Resident Obstetric Officer for twelve months; two House-Physicians, one for six months and one for twelve months; two House-Surgeons for twelve months; one Resident Officer at the Ida Hospital; appointment for six months, with honorarium of £25. Candidates must be qualified and registered. Board, lodging, and washing provided at the Infirmary. Applications to Mr. W. H. Brown, Secretary to the Faculty, 19, Queen Street, Leeds, by October 18th.

**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.

**KILLARNEY DISTRICT LUNATIC ASYLUM.**—Visiting and Consulting Physician, at a salary of £100 per annum. Election on October 10th.

**KING'S COLLEGE, London.**—Office of Sambrooke Medical Registrar. Applications from old students to J. W. Cunningham, Secretary, by 2 P.M. on October 8th.

**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.

**NEWCASTLE-ON-TYNE DISPENSARY.**—Two Visiting Medical Assistants. Double qualifications. Must be prepared to stay at least one year. Salary, £120 per annum. Applications to the Honorary Secretary, F. W. Sisson, 13, Grey Street, Newcastle-on-Tyne, by October 5th.

**PADDINGTON GREEN CHILDREN'S HOSPITAL, London, W.**—House-Surgeon. Salary, £50 per annum, with board and residence. Applications to the Secretary by October 29th.

**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.

**ROYAL PORTSMOUTH, PORTSEA, AND GOSPORT HOSPITAL.**—Junior House-Surgeon, unmarried. Board, lodging, and washing provided. Applications to Mr. J. A. Byerley, Secretary, 137, Queen Street, Portsea, by October 8th.

**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.

**TAUNTON AND SOMERSET HOSPITAL.**—Honorary Physician. Applications to J. H. Biddulph Pinchard, Secretary. Election on October 27th.

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

**WEST RIDING ASYLUM, Wakefield.**—A Fourth Assistant Medical Officer, doubly qualified, registered, and unmarried. Salary, £100 rising to £130 per annum, with board, lodging, and attendance. Applications to the Medical Superintendent at the Asylum by October 18th.

**WHITECHAPEL UNION INFIRMARY.**—Assistant Medical Officer (Resident). Salary, £150 per annum, with furnished apartments, coal, gas, and washing. Applications to William Vallance, Clerk, Union Offices, Baker's Row, Whitechapel.

### MEDICAL APPOINTMENTS.

**BLACK, R. Sinclair, M.A., M.B., C.M., D.P.H.Aberd.,** appointed Pathologist and Assistant Medical Officer to the Lancashire County Asylum, Whittingham.

**BROOKLESBY, Richard, L.R.C.P.Ed., M.R.C.S.Eng.,** appointed Medical Officer for the Second District of the Grimsby Union.

**CHRISTIE, John, M.R.C.S.,** appointed by the Aberdeen District Committee Parochial Medical Officer for Fintray.

**COMPTON, Thomas J., M.B., C.M.,** appointed Resident Medical Superintendent, Heigham Hall Asylum, Norwich.

**COOPER, William, M.D.Aberd.,** appointed by the Aberdeen District Committee Parochial Medical Officer for Newmachar.

**Cox, Stafford M., A.B., M.B. (T.C.D.), L.R.C.S.I., L.R.C.P.I.,** appointed House-Surgeon and Secretary to the Chelsea, Brompton, and Belgrave Dispensary, *vice* F. T. Hill.

**ELSON, Frederic J., L.R.C.P. & L.M.Edin., M.R.C.S.Eng.,** reappointed Medical Officer for the Cuckney District of the Worksop Union.

**FREER, John H., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Medical Officer and Public Vaccinator for the Rugeley District of the Lichfield Union.

**FULTON, Thomas, M.D.Glas., L.R.C.S. & L.M.Edin.,** appointed Resident Surgeon to the Belfast Union Hospital.

**GOODFELLOW, J. A., M.B., M.R.C.S., L.R.C.P.,** appointed House-Surgeon to the Salford Royal Hospital, *vice* W. P. Stocks, M.R.C.S., resigned.

**GREEN, Thos. W., M.D.Glas., M.R.C.S.Eng.,** reappointed Medical Officer of Health for the Rawtenstall Urban Sanitary District.

**HALL, E. George, M.R.C.S., L.R.C.P.Eng.,** appointed Assistant House-Physician, Bristol Royal Infirmary.

**HEARNDEN, W. C., M.R.C.S.,** appointed Medical Officer and Public Vaccinator for the Leatherhead and Fetcham Districts of the Epsom Union.

**HENSLEY, Philip H., M.R.C.S.,** appointed House-Surgeon to the District General Infirmary, Dewsbury, *vice* Alexander Milne, M.B. & C.M.Aberd., resigned.

**HOUSLEY, John, M.D.St.And., M.R.C.S.Eng., L.S.A.,** reappointed Medical Officer to the Retford Rural Sanitary Authority.

**HOUSMAN, Basil W., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed House-Surgeon to the Taunton and Somerset Hospital.

**JONES, F. Felix, M.R.C.S.Eng., L.S.A.,** reappointed Medical Officer of Health to the Llanfyllin Urban Sanitary District.

**KERSHAW, James E., M.A., M.B.Oxon., M.R.C.S., L.R.C.P.,** appointed Resident Medical Officer to the Hospital for Consumption and Diseases of the Chest, Brompton, *vice* Mr. H. Herbert Taylor.

**LORD, R. E., M.B., B.Sc.Lond., Ch.B.Vict., M.R.C.S.,** appointed Junior House-Surgeon to the Salford Royal Hospital, *vice* J. A. Goodfellow, M.B., M.R.C.S., L.R.C.P.

**MAVER, David, M.B. & C.M.Aberd.,** appointed by the Aberdeen District Committee Parochial Medical Officer for the Dyce District.

**O'KELLY, Robert, L.K.Q.C.P.I., L.R.C.P.Edin., L.F.P.S.Glas.,** appointed Medical Officer to the Emo Dispensary, Mountmellick Union, *vice* Dr. Fisher.

**PARK, David S., L.R.C.P. & F.R.C.S.Edin.,** reappointed Medical Officer for the Northern Division of the Houghton-le-Spring Rural Sanitary District.

**PARSONS, Francis J. C., L.R.C.P.Lond., M.R.C.S.Eng.,** reappointed Medical Officer of Health for the Bridgewater Rural and Urban Districts.

**PENNY, J., M.R.C.S.Eng., L.R.C.P.Lond.,** late House-Surgeon to King's College Hospital, appointed House-Surgeon to St. Peter's Hospital, Henrietta Street, Covent Garden.

**POGSON, W., F.R.C.S., L.R.C.P.,** reappointed Medical Officer of Health to the Leeds Rural Sanitary District.

**POTTS, F. R. H., M.R.C.S., L.R.C.P.Lond.,** of Beaconsfield, appointed Medical Officer and Public Vaccinator to Hedgerley District, Eton Union, *vice* F. Johnson.

**PURSHLOW, C. E., M.D.Lond., M.R.C.S.Eng.,** Honorary Obstetric Officer, Queen's Hospital, Birmingham, appointed Tutor in Midwifery and Gynaecology, Queen's College, Birmingham.

**REDMOND, O'Connell, L.K.Q.C.P.Irel. & L.M., L.R.C.S.I.,** appointed Medical Officer to the Midland Great Western Railway Company Benefit Society, Dublin District.

**SANDERSON, Charles, L.R.C.P.Edin., L.F.P.S.Glas.,** appointed Medical Officer of Health to the Hastings Rural Sanitary Authority.

**SPURRELL, C., M.R.C.S., L.R.C.P.,** appointed a House-Surgeon to Guy's Hospital.

**STEPHENSON, R. B. Tydd, M.B. & C.M.Aberd.,** appointed by the Aberdeen District Committee Parochial Medical Officer for Oldmachar.

**SUTHERLAND, John Russell, L.R.C.S.Edin., L.S.A.,** appointed Medical Officer and Public Vaccinator for the Rainton District of Houghton-le-Spring Union.

**THOMPSON, J. E., M.B., B.Sc.Lond., F.R.C.S.Eng.,** appointed Resident Surgical Officer to the Manchester Royal Infirmary, *vice* K. T. Milner, M.B.Oxon., M.R.C.S., resigned.

**WAGGETT, Henry Ingledew, M.A., M.B., B.C., M.R.C.S., etc.,** appointed Resident House-Surgeon and Dispenser to the Ripon Dispensary and Cottage Hospital, *vice* Henry Buxton, resigned.

**WESTLAKE, Algernon, M.B. & C.M.Edin.,** appointed Medical Officer for the First District of the Grimsby Union.

**WOHLMANN, A. S., M.R.C.S., L.R.C.S.,** appointed a House-Surgeon to Guy's Hospital.

### DIARY FOR NEXT WEEK.

#### TUESDAY.

**SOCIETY FOR THE STUDY OF INEBRIETY, 11, Chandos Street, Cavendish Square, W.**—Mrs. L'Oste: Hereditary Inebriety. Dr. P. F. Spaink (Baarn, Holland): The Influence of Pure Alcohol on the Organism, especially on the Peripheral Nervous System. Dr. T. L. Wright (Bellefontaine, Ohio): Drunkenness; a consideration of its Psychology and Responsibility.

#### WEDNESDAY.

**BRITISH GYNAECOLOGICAL SOCIETY, 20, Hanover Square, 8 P.M.**—Council Meeting. 8.30 P.M.—Dr. Robert Barnes: On the Correlations of Sexual Functions to Mental Disorders. Sir J. Crichton Browne, Dr. Mercier, Dr. G. Savage, Dr. Wilks, and Dr. Hack Tuke will take part in the discussion.

**HUNTERIAN SOCIETY, 8 P.M.**—Short address by President, Dr. Pye Smith, on some Points in the Prognosis and Treatment of Cardiac Disease.

#### FRIDAY.

**CLINICAL SOCIETY OF LONDON, 8.30 P.M.**—Mr. W. H. Battle: A case of Suppuration in Hip-Joint, Abscess of Neck of Femur; Operation. Primary Union, Recovery. Mr. R. W. Parker: A case of Sudden and Fatal Dyspnoea due to a Bronchial Gland which had ulcerated into the Trachea in a child, aged 12 months. Mr. Bland Sutton: 1. A case of Excision of the Acromial Half of the Clavicle for Myeloid Sarcoma. 2. A case of severe Traumatic Sciatica successfully treated by the removal of a Spiculum of Bone from the edge of the great Sacro-Sciatic Foramen.

### BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 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.

**MARTIN.**—On September 28th, at Arnheim, Blackburn, the wife of John M. H. Martin, M.B.Vict., F.R.C.S.Eng., J.P., of twin daughters.

**PAUL.**—On September 25th, at 38, Rodney Street, Liverpool, the wife of F. T. Paul, F.R.C.S., of a son.

## 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 ORTHOPEDIC**. *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 ORTHOPEDIC**. *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; Orthopaedic, 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; Orthopaedic, 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; Orthopaedic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 1.30; Radiotherapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days*.—Tu., 1.30; (Orthopaedic), 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; Orthopaedic, 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.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the office of the JOURNAL, and not to his private house.

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

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

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

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

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

### QUERIES.

W. H. F. asks how the appointment of medical officer to Post Office employes is obtained.

J. A. W. wishes to know whether there is any special charitable institution which would receive a confirmed epileptic, refused admission elsewhere, on payment of a small weekly sum.

### PESSARIES AFTER CONFINEMENT.

SUBSCRIBER writes: A fortnight ago I attended, in her fifth confinement, a lady who has for several years worn a ring pessary for uterine displacement. The lochia have ceased, and she is free from pain and discomfort. When ought the pessary to be reintroduced, and is the same size likely to answer again?

### AMBULANCE LECTURES.

T. H. L. M. asks what are the best work or works to consult preparatory to giving a course of "Ambulance or First-Aid Lectures," and the best place to obtain any diagrams that might be required in dealing with the subject.

\*\*\* *Accidental Injuries*, (Cantile); *Regulations for Army Medical Services*, Part II, p. 37; *Shepherd's First Aid to the Injured*. The best diagrams are Marshall's *Physiological Diagrams*, from St. John's Gate, Clerkenwell.

### AMBULANCE WAGGONS.

FIRST AID asks for information as to the builders of ambulance waggons other than the St. John Association, London, and the St. Andrew, Glasgow.

\*\*\* 1. Löhner ambulance wagon, Messrs. Löhner and Co., Vienna. 2. Furley's smaller wagon, to be seen at Military Exhibition. 3. English ambulance wagon, marked III; ditto, marked IV. These are made at Woolwich. 4. Neuss wagon, Neuss, Berlin. For civil purposes Furley's wagon is by far the best.

### PAPILLOMA OF FOREHEAD.

F. B. M. asks for advice in the treatment of the following case: A lady, past middle age, has had for some years a warty growth on the middle of the forehead, circular, the size of a vaccination pock, centre usually dry scaly encrustation, except at periods, when it becomes moist, granular and sore in appearance; it is now slowly increasing in size.

The integuments of forehead being tain, I hesitate to apply any caustic treatment, lest cicatrization would be imperfect. Perhaps I am wrong in thus doubting its ability to heal after such treatment. Mild remedies, such as vinolia, etc., have been applied, but make no difference to it. I may add that the lady who is the subject of this growth objects to the knife being used.

### TREATMENT OF ECZEMA SENILE.

W. D. asks for some hints as to the treatment of a severe case of eczema, confined to the face, and especially to the ears, which has resisted all attempts at treatment for some years. The patient is a gentleman over 80, and the most troublesome symptom is the persistent itching. The face often improves, but the ears do not. Tar ointment, white precipitate, and various other things have been tried with no effect. Probably the most useful is a lotion containing liq. plumbi diacet. ʒij in ol. olivæ ʒvi, but even that is discouraging, and the disease does not in any way abate.

### TREATMENT OF INCONTINENCE OF URINE.

A SURGEON writes: Would any of your numerous readers kindly give me some hints as regards the successful treatment of the following case? A little boy, aged 9, robust and intelligent, the son of healthy parents, has had the habit since birth of constantly making water night and day, wetting himself and clothes at all hours, without notice or otherwise. He can, if threatened with punishment, abstain from doing so in the day, but every night he "wets his bed." The boy looks the picture of health, and has apparently no disease of the bladder. The usual forms of treatment and management for such cases have been adopted. Circumcision was performed two years ago, but with no beneficial effect.

M.R.C.S., L.R.C.P. EDIN., writes: May I be allowed to support Mr. Brodhurst's statement about the rejected of London going to Edinburgh? When I was a student at Guy's at least two men of my year who had been plucked at London University went to Edinburgh and graduated there. One of them was a most unfortunate man, who never, I believe, passed any London examination at his first attempt; he was plucked at his matric., he was plucked twice at his preliminary scientific, and I believe also at his first M.B., he was plucked at his first college; he finally gave up trying for the London degree, and went to Edinburgh, where he graduated five years after entering at Guy's. The other man was plucked five times at his matriculation, qualified L.S.A. 1873, M.R.C.S. 1874, M.B. and C.M. Edin. 1875. He never failed at any other examination. Both these were quite average men; putting this without any further statement might be misleading, and this is where Mr. Brodhurst seems to have erred. Both these men had to spend two years in Edinburgh in order to graduate. The inference that might be drawn from Mr. Brodhurst's evidence is that they went directly from the one university to the other. Residence is required at both universities. There is no doubt that both universities (Aberdeen and Edinburgh) give good degrees, but they are degrees that any student who works fairly may obtain; in London it is not so. I could give examples of others who have in like manner obtained the Aberdeen degree. I could give a list of quite a number of ordinary men in country practice who have never been heard of out of their own villages who have obtained the F.R.C.S. Edin. simply on the nomination of those who have already possessed the title. No person who knows anything of the subject could think of comparing the London and Edinburgh titles as being equal; only those do so who seek to strut in borrowed plumes. There is this to be said of the Edinburgh colleges, that they meet the requirements of men in practice who wish to take up higher qualifications or additional ones. I started in practice as M.R.C.S. only, intending to take a degree at a university. Circumstances prevented this, and although desirous of getting the L.R.C.P. Lond., I found that a stay in the metropolis for several days would be necessary. Instead of this I travelled in the night to Edinburgh, and got a special examination, returning again the next night, having been away from home for one whole day only. I had a very searching examination; they make it stiffer, I was told, for those who ask for a "special," for which an extra fee of £5 is required. I got my diploma, of which I confess I sometimes feel ashamed, and I never for one moment think that it is equal to the L.R.C.P. of London, though probably I may claim to be as well up in my profession as those who possess the latter, but my diploma does not guarantee it.

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

Mr. G. Rendle, London; A. Birmingham, M.B., Dublin; Mr. W. Farson, London; Dr. E. Seaton, London; Dr. W. H. Fenton, London; Sir James Paget, London; Mr. J. Poland, London; Mr. R. G. Style, Bethnal Green; Mr. G. E. Moffat, Gibraltar; Mr. E. J. Burgess, Attleborough; Mr. H. Vevera, Hereford; Mr. G. E. Williamson, Newcastle-on-Tyne; Surgeon R. J. Simpson, Woolwich; Mr. R. Sanderson, Brighton; Mr. E. Beaumont, London; Dr. P. T. Duncan, Croydon; Dr. G. Thin, London; Mrs. E. Garrett Anderson, London; Sir William Roberts, London; Mr. J. B. James, London; Mr. C. J. Shout, Perth; Dr. J. Curnow, London; Mr. D. Lees, Birmingham; The Secretary of the Sanitary Institute, London; Mr. T. Ellis, Gloucester; W. S. Bagot, M.B., Dublin; The President of the Royal College of Physicians, London; Dr. Savage, London; Our Liverpool Correspondent; Mr. F. H. Madden, London; Dr. Isabel Thorne, London; Mr. Pearce Gould, London; Mr. R. S. Black, Whittingham; Mr. S. Hales, London; Mr. W. B. Arthur, Ferryhill; Mrs. J. St. A. Horton, London; Mr. G. Foy, Dublin; T. Luson, M.B., Cromer; Mr. W. J. H. Wood, Boston; Mr. E. Cresswell Baber, Brighton; Mr. C. C. Burman, Alnwick; Dr. W. Bernard, Londonderry; Dr. C. Forsyth, Coleraine; Dr. H. Snow, London; Dr. P. Abraham, London; Dr. W. Donovan, Edington; Professor O. Liebreich, Baden-Baden; Dr. A. Ruffer, London; Rev. B. Waugh, London; Dr. W. H. Broadbent, London; Dr. C. R. Illingworth, Acerrington; An Asylum Medical Officer; Mr. W. A. Griffiths, Cowbridge; Mr. W. E. Scott, London; Messrs. J. D. and W. Fryer, Brecon; Mr. T. H. L. Mudge, Paignton; Messrs. Leslie and Anderson, London; Dr. I. Owen, London; Dr. Rentoul, Liverpool; Our Egyptian Correspondent, Cairo; Brigade-Surgeon W. Riordan, Queens-town; F. C. Brodie, M.B., Fakenham; Mr. R. W. Sisson, Newcastle-on-Tyne; Dr. R. A. Hayes, Dublin; Mr. C. H. Wells, London; Mr. H. C. Phillips, London; Our Berlin Correspondent; Surgeon J. B. C. Reade, London; "Military Instincts" and Discipline; P. M. O.; Dr. J. C. Ewart, Edington; Dr. C. B. Gunn, Peebles; Dr. J. Althaus, London; Dr. G. Thin, London; Dr. W. Whitla, Belfast; Mr. A. W. Mayo Robson, Leeds; Mr. J. T. Neech, Tyldesley; Mr. Stewart, Hexham; Dr. O. Jennings, Paris; Mr. P. Hudsmith, Buckley; Dr. F. Bateman, Norwich; Dr. J. Hern, Darlington; Sir V. B. Kennett Barrington, London; Dr. W. R. K. Watson, Govan; Dr. F. T. Paul, Liverpool; Sir William MacCormac, London; Dr. Withers Moore, Burgess Hill; Dr. E. F. Willoughby, London; The Medical Press Agency, London; Mr. Johnson Smith, London; Dr. J. Andrew, London; Professor Pisani, Malta; Dr. Mickle, London; Dr. J. W. Mason, Hull; Mr. W. E. Scott, London; Dr. N. Senn, London; Dr. C. D. H. Drury, Darlington; Mrs. F. N. Boyd, London; Messrs. Jarrold and Co., Norwich; C. Harvey, M.B., Iquique, Chili; Dr. S. Martin, London; Dr. Norman Kerr, London; Mr. C. B. Lockwood, London; Mr. H. R. Hearson, Chatham; Dr. A. Bronner, Bradford; Mr. E. M. Corbe, Powick; Mr. Martindale, London; Dr. Feloe, London; Dr. R. Stockman, Edinburgh; Dr. W. V. Lush, Weymouth; Mr. V. Jones, Arran; Dr. W. R. Smith, London; Mr. A. Talbot, London; Mr. W. T. Cole, Holywell; Mr. L. Mark, London; Dr. D. Thomas, London; Dr. F. P. Davies, Barming Heath; Dr. F. Payne, London; Our

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#### BOOKS, ETC., RECEIVED.

La Santé par le Tricycle. Par Dr. Oscar Jennings. Troisième Edition. Paris: Librairie Universelle. 1889.  
Cycling and Health. By Oscar Jennings, M.D. Translated from the French by Brigade-Surgeon J. Crosse Johnston, A.M.S. London: Iliffe and Son. 1890.  
Congrès Français de Chirurgie: Procès Verbaux, Mémoires et Discussions publiés sous la Direction de M. le Dr. L. Piqué. Paris: Felix Alcan. 1890.  
Hypnotism. By Augustus Nicoll, M.B. London: H. Renshaw. 1890.  
The Croonian Lectures on Cerebral Localisation. By David Ferrier, M.D., LL.D., F.R.S. London: Smith, Elder, and Co.  
A Manual and Atlas of Medical Ophthalmoscopy. By W. R. Gowers, M.D., F.R.S. Third Edition. Revised and edited with the assistance of Marcus Gunn, M.B., F.R.C.S. London: J. and A. Churchill. 1890.

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A WEEKLY EPITOME

OF

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MDCCCXC.