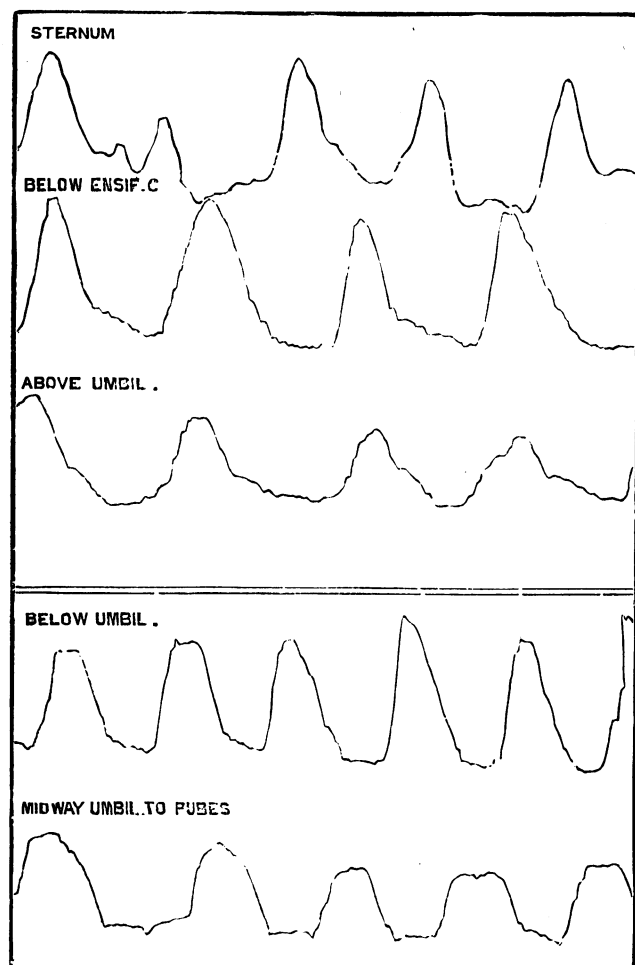


free and very regular movement in both sexes, the solid mass of this organ apparently communicating the movement of the diaphragm. (3) Just above the umbilicus, the results were very variable, and appeared to be influenced largely by the varying size of the liver and by varying degrees of abdominal plethora or slowness. (5) Midway between the umbilicus and pubes varying results are exhibited; in many cases, whether male or female, but little respiratory movement appears.

Then (4) just below the umbilicus. At this, as if at a mean abdominal level, there occur the most characteristic differences in regard to abdominal breathing, and it appears to furnish the most advantageous level for comparison. Thus the following groups may be distinguished among the present tracings.

1. Cases of men. A principal group shows free movement below the umbilicus (see illustration M.), whilst a smaller group of men, mostly having soft abdominal walls or contents, have only slight, although distinct, movement at the same level.

2. Cases of women dressed and corseted in the usual manner, a large group showing in regard to movement below the umbilicus that it is diminished considerably, or excessively, or nearly abolished (see illustration W_a). In a much smaller group of corset-wearers, young and muscular women, free movement is retained.

W_b.

3. Cases of women habitually wearing no corset—a large group showing free movement below the umbilicus, in no degree less marked than in men. (See illustration W_b.) In the particular case from which this illustration was taken it occurred that the respiratory movements were actually freer than in most males. A small group (two cases) of women habitually non-corseted, but

having slight soft abdominal walls or contents, shows only slight movement.¹

Certain miscellaneous collateral points illustrated were the curves produced by coughing, yawning, deep breathing, hicough, an attack of hysterical gasping; a minute vibration (probably muscular) obtained, for instance, over the hips; in aged persons diminished respiratory movements in all situations; in some young persons, and especially in children, secondary, persistent, jerky, undulations of the respiratory curve, probably of muscular origin.

The author submitted in conclusion, pending further observations, that the tracings exhibited tended to invalidate the routine physiological teaching that there is a natural difference in the respiratory movements of the sexes, and they tended to confirm the belief of Sibson that the alleged difference is chiefly or wholly due to the effects of woman's conventional dress.

The PRESIDENT (Professor Cunningham) was very pleased to find that physiological experiment confirmed the views which he had formed on anatomical grounds, that there ought to be no essential difference in the respiratory movements in the man and the woman.—Professor ALLEN thanked Dr. Wilberforce Smith for the interesting results which he had placed before the Section. These results agreed entirely with his preconceived ideas, for he could not understand what advantage could accrue to the woman through a different manner of breathing from that of the man, except during the latter period of gestation. It must be remembered that even when no corset was worn, a woman still suspended about half her clothing from the waist, and the mere contact of the waistband would suffice to render it more irksome to breathe with the abdominal muscles. If the female embarrassed her abdominal movements, the male, on the other hand, limited his chest movements by suspending all his clothing from the shoulders. The best method would seem to be to suspend half the clothing from the pelvis, not the waist, by means of a light but stiffened frame, which should rest on the pelvis after the manner of a milkman's yoke, reaching from the back as far forward as the anterior superior spines of the ilia, with a yielding portion in front, so as to allow perfectly free movement of the muscular walls of the abdomen. This apparatus need not cause any prominence of the clothes; or, even if of exaggerated size, would be much less disfiguring than a dress-improver.

MEMORANDA:

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

VAGINAL HYSTERECTOMY.

IN the BRITISH MEDICAL JOURNAL of October 4th, under the heading of Medical News, you state that Dr. William Duncan, on September 22nd, performed vaginal extirpation of the uterus for primary cancer of the uterine body in a patient aged 57, who has since recovered without an unfavourable symptom. In consequence of this announcement, I venture to inform you, believing it will be of interest to your readers, that on September 6th I removed the entire uterus at St. Bartholomew's Hospital for cancer of the cervical portion, and that the patient was discharged on September 30th, never having had a bad symptom.

When I commenced the operation, I had no intention of doing more than a supravaginal amputation of the cervix at the level of the internal os uteri. The disease reached so far back in the posterior lip that Douglas's pouch was opened to such an extent that, after the supravaginal amputation was effected, the fundus uteri protruded through the opening, and it occurred to me at once that the removal of the entire uterus was so simple, it would be better to proceed with it. I therefore continued the separation of the uterus from the bladder, and, applying Spencer Wells's large clamp forceps on either side, cut away the uterus with scissors. I then applied a strong ligature of silk on either side, and removed the clamps. Several pressure forceps had been applied during the earlier part of the operation, and these were left on. They were protected with iodoform gauze, a T bandage put on, and the patient sent back to bed. The whole operation

¹ Since reading the present paper, the author has had the opportunity of obtaining tracings, within the London Hospital, from ayahs wearing Oriental dress. Nine ayahs hitherto tested, all being multiparous, exhibit movement below the umbilicus not less free than in average English males.

occupied little more than an hour. Eight hours later the pressure forceps were removed, and the vagina douched with solutio hyd. perchlor., 1 in 4,000. The douches were continued at intervals of about four hours, day and night, by Mr. Kanthack, the resident obstetric assistant, to whose skill, unremitting care, and attention to the patient I feel that her recovery is greatly due.

Grosvenor Street.

CLEMENT GODSON.

TWO CASES OF PLACENTA PRÆVIA.

I GIVE a few brief notes of two cases of placenta prævia which were under my care—one treated successfully by turning, the other fatal from *post-partum* hæmorrhage after turning. The latter was a woman, aged 45, in her ninth pregnancy. I was hurriedly summoned to her, being told she had a fit. On my arrival she was pale and blanched, somewhat alcoholic like her attendants. The mattress was nearly soaked through with blood, and had been soaked through a week previously, when hæmorrhage first took place, but no treatment or advice was adopted. I found a central placenta prævia, and pretty free bleeding. As soon as possible I administered chloroform, dilated, and turned. The child was dead, and was evidently about the eighth month. There was considerable hæmorrhage, but ultimately the uterus contracted, and the patient was tolerably well. Unfortunately I was obliged to leave her in about one hour and a half, and on my return there was again considerable bleeding, which, however, was soon stopped by the hot douche and the hand *in utero*. Notwithstanding the administration of ergot, brandy and ether injections, combined with bandaging and elevating the extremities, the patient gradually sank twelve hours after delivery.

On this case I would only remark that she was an alcoholic, that more or less severe hæmorrhage had taken place previous to my seeing her, and that when seen she was primed with alcohol, as were also her friends, who did not carry out my instructions when I had to leave. Such a subject would be no more suitable for an abdominal operation under the social and physical circumstances than she unfortunately was for the obstetric treatment applied.

The other case was that of a woman, aged 37, in her seventeenth pregnancy, about the eighth month, but she is uncertain, as from the time of supposed impregnation she had been free from hæmorrhage for only two months, about the fifth month. Her last child had died two months before, aged 14 months. For the past six weeks the patient had been losing blood more or less, but she had always been going about. Foetal movements were lively. On September 6th she had more severe hæmorrhage than usual, but this was less next day. However, on the morning of September 8th I was called to see her in the absence of my friend, Dr. Kipling, her medical attendant. She was up and dressed, but very pale. The os was found to be dilated to about the size of a half-crown, through which I could feel the head on the left side, and the placenta to a small extent on the right. There were slight uterine contractions. She was ordered to keep strictly quiet in bed, and an opiate was administered. In six hours, finding the hæmorrhage continued, I administered chloroform, dilated, found the placenta very much more central, separated it up for some distance, and turned. There was some troublesome delay in extracting the head, and when that and the removal of the placenta were accomplished patient was extremely weak and pallid; pulse 160. I injected ergotine (Bonjean), and half a drachm of ether twice. The pulse improved and came down to 120. Uterus contracted nicely. Her legs were raised on the back of a chair put on the bed. Half an ounce of brandy, egg, and milk were given every half hour or so, and this she fortunately retained. The child was dead. The further progress of the case was one of recovery, uninterrupted by any unusual event, except slight cellulitis on the left side, which is now better.

In Mr. Tait's hands she would most probably have recovered and had a live child, as well as being saved the possible recurrence of this condition; but, excepting the latter advantage, I see nothing to be desired in the immediate result as regards the mother.

Though possessed of current abdominal surgical views to the full in general, still, in this particular, I must confess that the ordinary obstetric treatment in ordinary hands seems to me most capable of giving a satisfactory result.

Stoke Newington.

J. CHRISTIAN SIMPSON, M.B. Edin.

HEAD INJURY, WITH HÆMORRHAGE FROM THE EAR AND PARALYSIS OF THE FACIAL AND AUDITORY NERVES.

J. S., aged 60, a labouring man, states that he has always had good health, except that he has sometimes had attacks of giddiness with dimness of vision, which passed off quickly; no headaches, and does not get up frequently at night to make water; urine normal.

On June 21st he states that one of these attacks of giddiness came on, and that he lost consciousness and fell, striking his head against a kerbstone. There was a V-shaped cut over the occipital prominence which bled freely; the bone did not seem injured; there was also profuse hæmorrhage from the left ear. He seemed to me at the time to be decidedly drunk, but he strongly denied this afterwards. He could be roused. The pupils contracted to light, and he could move all his limbs freely. I stitched the wound and plugged the ear.

I did not see him for two days. Then all bleeding had ceased. He said he remembered nothing of the fall nor of my visit until he had been told about it. I found a diagonal rent in the membrana tympani, in front of the malleus. There was complete paralysis of the left side of the face, most marked in the lower portion. The eye could not be shut nor could he wink, but the frontalis acted slightly in frowning and wrinkling the forehead. He could neither whistle nor show his teeth, and the saliva ran out of the left side of the mouth. Watch only faintly heard on contact in left ear; singing tinnitus in left ear; tuning-fork on vertex heard louder in left ear, and no difference on closure of the auricle; slight lachrymation of left eye.

In September I saw him again, just three months after the injury. The facial paralysis was almost completely well, except a little bagging of the cheek in whistling. Hearing distance in left ear five inches; complains still of an occasional singing tinnitus in that ear. Rent in the membrane healed and a scar marking its position. The paralysis was evidently from hæmorrhage into the internal ear and Fallopian canal.

I think such cases are sufficiently rare to render this one worth being recorded.

Enfield.

FRED. TRESILIAN, M.D.

REINFECTION, RECRUDESCENCE, OR WHAT?

THE note of Dr. Richard Greene, under this head, at page 732 of the BRITISH MEDICAL JOURNAL of September 27th, is of wide interest. His case falls well within the period when scarlet fever may reappear from self-infection or relapse, and while the convalescent might also convey infection to others; hence the necessity of a six weeks' isolation during convalescence from even mild attacks, and of a further prolongation in the event of this somewhat rare accident. In the six cases of second attacks of scarlet fever occurring even after convalescence that have come to my knowledge, the shortest interval was forty days in a girl four years and a half old; the next, a girl five years old, had a second attack eight weeks from the first after desquamation was over, and she had seemed quite well for a fortnight. In these cases reinfection from without was ascertained, and the second attacks were as marked as the first and more prolonged.

Harley Street.

WILLIAM SQUIRE, M.D.

CARCINOMA (CYLINDROMA) HIGH UP THE RECTUM.

It is probable that not a few instances of malignant disease here situate are passed over as irremediable; partly on account of the inaccessibility of the affected area, partly through a not unreasonable dread of uncontrollable hæmorrhage, and of subsequent peritonitis. So long, however, as the parts are found to retain perfect mobility, it is plainly not right thus to abandon the patients to their fate; and a cursory notice of two recent cases will serve to demonstrate how they may safely be dealt with. In the second (male), a fairly large knuckle of intestine, embracing the whole calibre of the gut, was excised without untoward symptom. In the mode of procedure adopted the noteworthy points are: (a) Free access gained by preliminary incision of the sphincter backwards in the middle line. (b) Removal by the galvanic *écraseur* diminishes shock, and almost entirely precludes all risk of hæmorrhage and of the absorption of septic materials by a raw cut surface.

Case 1. Mrs. D., aged 75, seen in April last in consultation with Dr. Barrie, of Clapham. Chronic diarrhoea for previous nine months; some symptoms of disease for an indefinite period before

this; no pain, but considerable suffering by straining efforts at defæcation and rapidly increasing debility. On digital examination, a soft lobulated mass was found growing from the anterior wall of the rectum; its upper limit could not be reached, and, until the patient was placed on the operating table and anaesthetised, the possibility of any attempt at operative removal was uncertain. The parts were freely movable, however; some deep infiltration of the recto-vaginal septum existed. The sphincter having been incised towards the tip of the coccyx, the diseased area was brought well into view by fingers inserted into the vagina, extroverted, and removed by the galvanic wire. The temperature subsequently was never higher than 100.4°, and was normal on the sixth day. The patient recovered without the slightest unfavourable symptom, and has been in sound health ever since. An aperture in the recto-vaginal septum, of course, remains; but at such an advanced age proves of little detriment. An ulcerated fungus, as large as the fist, had been excised.

Case II. E. R., aged 39, cabman, admitted into the Cancer Hospital in July last. History of kick from a horse on the back five years previously; marked symptoms of disease for a year. As high in the rectum as the fingers could reach was a thick ring of indurated tissue; the finger could not be passed through this, but a round projecting bone could be felt above; the whole freely movable. Under ether, it was found possible to drag the parts down; with a catheter in the bladder, a preliminary division of the sphincter backwards was then made, the malignant infiltration brought into view with vulsellum and tongue-forceps, and a curved needle passed through its base. The knuckle thus transfixed was excised by the galvanic *écraseur*. On the third day the temperature rose to 101.6° (the highest point reached), but soon subsided; the bowels acted, after a dose of castor-oil, on the eighth day; and a favourable recovery ensued. On September 25th the man was walking about to all appearance in good health, with a very small ulcerated surface still unhealed, but with no sign of disease. There is some cicatricial contraction, which has so far caused no trouble.

Gloucester Place.

HERBERT SNOW.

REPORTS

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

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.

DEATH FROM ETHER.

(Reported by ARTHUR H. W. HUNT, M.R.C.S., House-Surgeon.)

I SEND a few particulars of a recent death at this hospital from the administration of ether, in which the patient died of syncope, and not from failure of the respiratory function.

A young man, aged 20, was admitted under Mr. Vincent Jackson on June 19th last. He was a miller by trade, and sought relief from a swelling at the upper and outer side of his left leg. He was a stout, flabby man, and rather anæmic. The swelling turned out to be a chronic abscess. Previous to this he had always been healthy. The abscess was opened soon after his admission, under chloroform, and another which appeared a few weeks later was opened under nitrous oxide. In addition to these, two other abscesses were opened without an anæsthetic.

It was found necessary to again place him under an anæsthetic, in order to scrape away some unhealthy granulations and slit up a couple of sinuses. The house-physician and assistant house-surgeon were present. The house-physician *pro tem*. (Mr. Bryett, M.B.Lond.) gave ether with a Clover's inhaler, and the ether was from the same bottle as that which had been successfully used for other patients. It was obtained from Robbins, of Oxford Street, London.

Deceased was not deeply under when I commenced and finished the operation, which only lasted two or three minutes. At no time was the ether on beyond the mark "3" on the inhaler. On telling the house-physician I had finished, the inhaler was put aside, and I commenced to dress the wound. After breathing normally several times, deceased moaned, and then became pale and ceased breathing. At the same time his pupils dilated. The

tongue was at once drawn out with forceps, and artificial respiration begun. His chest was slapped with a wet towel, and hypodermic injections of ether and brandy administered. In addition, a battery which was at hand was applied. Artificial respiration was kept up for forty minutes, but was of no avail.

The *post-mortem* examination was made by Mr. V. Jackson, at the request of the coroner. There was a considerable layer of fat over the chest, and the muscles were paler than natural. Both lungs were healthy, but there were some old adhesions in the right pleural cavity. The heart was unduly covered with fat, especially at its apex. The right side was dilated, and full of blood; the left was empty and contracted. The walls of the right ventricle were thin; the valves were healthy; the heart muscle was very pale and soft. A small piece was submitted to microscopical examination, and showed that marked fatty changes had taken place in the muscular tissue. The jury returned a verdict "That deceased died of syncope."

This case is interesting, first, because it is opposed to the view generally held, that death from ether takes place through asphyxia; and, secondly, from its sudden fatal termination, without any previous warning.

REVIEWS AND NOTICES.

A MANUAL OF CLINICAL AND PRACTICAL PATHOLOGY. By W. ESSEX WYNTER, M.D., and FRANK J. WETHERED, M.D. London: J. and A. Churchill. 1890.

It is not always easy to find a perfectly descriptive title for a book, and probably that given to the work before us by its authors is as good as could be found; still it does not altogether express the aim of this useful manual. It is really a practical guide, not a textbook, intended to instruct in methods rather than to convey a knowledge of facts. Another special feature—and a laudable one—in the treatment of the subject, is that pathology is recognised as pertaining to the study of disease during life as well as after death. It was a saying of that grandiose quack, Paracelsus, that there was an *anatomia vivorum*, a much more valuable science than the *anatomia mortuorum*, or dissection, of which he had a very low opinion; and though what Paracelsus meant by the anatomy of the living was mere fiction, the distinction, had it been founded on fact, would have been a sensible one, and very applicable to the present subject. We want a pathology of the living, to link together the interests of clinical medicine and morbid anatomy. Towards supplying this want the work before us is, at least in certain departments, a useful contribution.

The book of Drs. WYNTER and WETHERED consists essentially of two parts, Practical Pathology, consisting of a practical guide to morbid histology, with a chapter on *post-mortem* examinations; and Clinical Pathology, comprising the examination of urine, blood, sputum, and the like.

With regard to the first, or *post-mortem* portion, we cannot help thinking that a fuller reference to naked-eye morbid anatomy and its investigation would add to its value. The chapter at the end on *post-mortem* examinations is hardly adequate, containing, for instance, no reference even to testing the competency of the valves of the heart. However, as a guide to practical morbid histology this section is entitled to high praise. The directions for preserving and hardening tissues and for making preparations are, on the whole, very complete and brought up to date, including, for instance, the more recent methods of Weigert and others, and giving full recognition to bacteriological research. There is no striking novelty, except it be in the systematic tables of hardening and staining reagents, but the treatment of the subject is thoroughly good and practical, and the book will be very useful in the pathological laboratory. The chief omission that strikes us is the absence of any directions for displaying "mitoses" or karyokinetic figures, so important in many new growths and inflammations. An excellent special chapter on the pathological examination of the eyeball is supplied by Mr. Treacher Collins.

The section on Clinical Pathology is more novel, as no other book covers precisely the same ground, its topics being generally found scattered through clinical manuals and textbooks of medicine. The scope of this section involves a more minute investigation of these matters than is always customary, even in hospitals; and, indeed, it must be confessed that our London hospitals do not always provide adequate facilities for this kind of work, the ar-

chronic hæmorrhagic catarrh, with, in one case, gastric ulcer. Delirium tremens occurred in several cases. Microscopically, the alcoholised showed marked peripheral nerve degeneration. This consisted in discontinuance, swelling, and thinning of the nerve fibres, in large oval accumulations and drops of myelin, and in empty neurilemmata. A new finding was a peculiar alteration of the axis cylinder, spiral of several separate adjoining fibres, the axis cylinder generally thicker, broader, and more diffuse. In some fibres the spiral was followed by another spiral with a normal stretch of axis cylinder between. Here and there a real loop was found.

Mrs. L'Oste, Gipsy Hill, read a paper on Hereditary Inebriety. In paternal alcoholic heredity the moral nature seemed to be most affected, in maternal the brain and nerve apparatus. Dr. Arthur Jamison, Mr. Jabez Hogg, Dr. A. Murray, and Dr. H. Williams, took part in the discussion.

CHOLERA.

ALTHOUGH the public health of Spain is far from satisfactory, there are, it is stated, no grounds for the alarm which appears to prevail in some places abroad. The choleraic epidemic has at no time assumed serious proportions, nor has it spread with the rapidity that characterises the Asiatic scourge.

During the five months since the outbreak occurred there have been about 5,000 cases, and half that number of deaths. With the exception of Toledo, where there were some 500 cases, all the cases were confined to Valencia and the east coast provinces. Suspicious cases are now reported in the districts of Seville and Jerez, but there is no official confirmation of them. No case of cholera has occurred in the capital, but small-pox and diphtheria continue to make great ravages, especially among infants. The death-rate, which has always been very high in Madrid, has increased to an alarming extent. Vaccination, against which there was formerly a strong prejudice, although not compulsory, is now very general in Spain.

A Reuter's telegram from Paris states that it was officially announced at the sitting of the Superior Council of Hygiene that two cases of epidemic cholera imported from Spain had been reported at Lunel Herault. The patients were isolated.

It has been observed that in the present epidemic in Spain, just as in the previous one of 1885, whenever cholera broke out on the banks of a river in the provinces of Valencia, Alicante, and Toledo, cases soon occurred on the banks of the stream in villages and towns situate lower down on its course seawards. So it came to pass that the epidemic spread all across the country between Rugat, Ador, Montichelvo, its starting points, to Gandia, Denia, and later to the city of Valencia. In the same way the cholera which had been carried to the village of Arges, in the province of Toledo, by a pedlar fresh from the infected district of Valencia, not only decimated the peasants of Arges, but spread to villages below that ill-fated place on the banks of the Tagus, and then attacked Toledo city. During the present epidemic in Toledo city the supply of water from the Tagus was cut off for five days, and the number of fresh cases of cholera declined rapidly. Then, when the water supply from the Tagus was restored, the number of fresh cases and deaths increased. In vain have the authorities attempted to arrest the export of fruit and vegetables from the infected districts into the rest of the kingdom and into Madrid. All sorts of devices are employed, often successfully, by the growers in Valencian rural districts to avoid the heavy loss afflicted upon their agricultural interests by native and foreign prohibitions against the products of the cholera country.

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.

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.

SOUTH-WESTERN BRANCH.—An intermediate meeting of the Branch will be held at the Devon and Exeter Hospital, Exeter, on Friday, October 17th, at 4 P.M. Tea and coffee will be provided before the meeting. Notices of papers to be read, or of cases, specimens, etc., to be shown, to be intimated to the Honorary Secretary without delay. The annual medical dinner for Exeter and district is fixed for the same day, at the Clarence Hotel, at 6.45 P.M., at which the Dinner Committee will be very glad to see any members of the Branch; the Honorary Secretary, Mr. L. H. Tosswill, 28, West Southernhay, will forward a ticket to any member applying on or before October 14th. Price of dinner ticket, 7s., exclusive of wine.—F. MAURY DEAS, Honorary Secretary, Wonford House, Exeter.

SOUTH-EASTERN BRANCH: EAST AND WEST KENT DISTRICT.—A conjoint meeting of these Districts will take place on Thursday, November 20th, at Maidstone; Mr. A. H. B. Hallows in the chair. Gentlemen desirous of reading papers or exhibiting specimens are requested to inform one of the District Secretaries, Dr. Tyson, Folkestone, or A. W. Nankivell, F.R.C.S., St. Bartholomew's Hospital, Chatham, not later than October 31st, 1890. Further particulars will be duly announced.—W. J. TYSON, A. W. NANKIVELL, Honorary Secretaries of the Districts.

LANCASHIRE AND CHESHIRE BRANCH.—The intermediate meeting of the Branch will be held in Macclesfield early in November. Members desirous of reading papers, making communications, or showing cases are requested to write to the Honorary Secretary at once, so that the complete programme may go out with the circular convening the meeting.—CHARLES ED. GLASCOTT, Honorary Secretary, 23, St. John Street, Manchester.

OXFORD AND DISTRICT BRANCH.—The next meeting will be held on Friday October 31st, at 3 P.M., in the Radcliffe Infirmary. Members who intend to read papers or show cases are requested to inform the Honorary Secretary on or before Tuesday, October 21st.—W. LEWIS MORGAN, Honorary Secretary, 42, Broad Street, Oxford.

STAFFORDSHIRE BRANCH.—The seventeenth annual general meeting of this Branch will be held at the Station Hotel, Stoke-on-Trent, on Thursday, October 30th, at 3 P.M. An address will be delivered by the President, Mr. John Alcock.—GEORGE REID, Honorary Secretary.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.

THE last meeting of the above district was held at Deal on Thursday, September 25th, Mr. LEGGATT occupying the chair in the absence of the elected Chairman, Mr. D. Hughes, who was too indisposed to attend.

Papers.—Dr. BOSWELL: Some points about Migraine.—Mr. R. LYDDON: On Ulcerative Endocarditis, with Notes of a Case (specimens shown).—Dr. FRANK EASTES: Notes on two cases of Intrauterine Polypi, Removal, Recovery. The papers were discussed by Mr. RAVEN, Mr. WHITEHEAD REID, Dr. HENRY LEWIS, Mr. GEORGE RIGDEN, Mr. TAPLIN, Dr. TYSON, and others.

Monstrosity.—Mr. LYDDON showed, for Mr. HUGHES, photographs of a monstrosity which had occurred in his practice.

Specimens.—Pathological specimens were shown by Dr. BOWLES, Dr. F. EASTES, and Dr. TYSON.

SOUTH MIDLAND BRANCH.

THE autumnal meeting of this Branch was held at Wellingborough on October 2nd, under the presidency of Dr. BOWER. Eighteen members were present.

New Members.—Dr. Leonard Cane (Peterborough), Mr. Alfred R. Darley (West Haddon), and Mr. Archibald Thomas (Wellingborough), were elected members; the latter of the Association and Branch, the two former of the Branch only.

Alteration of Rule.—Mr. EVANS gave notice of his intention to propose an alteration in Branch Rule No. 3, the effect of which would be to convert the usual meeting of the Committee of Management held in the spring into a general meeting; and so give the general body of members the opportunity of electing the Committee of Management themselves at the time, instead of simply confirming, or otherwise, the proposals of the committee at the following annual meeting, as is now the case.

Donation from Branch Funds.—A donation of £10 from the Branch funds was voted to the daughter of a lately deceased member of the Branch, who had been also a pensioner of the Royal Medical Benevolent College and of the Medical Benevolent Fund.

Dr. Rentoul's Communications.—Several communications received from Dr. Rentoul were laid before the meeting, and, after some discussion, the resolutions which will be found in the letter from the Honorary Secretary published at p. 869 were unanimously carried.

Communications.—Dr. EASBY read a paper on Empyema, dwelling particularly on the various antiseptic solutions used for injection into the pleural cavity. Dr. BUSZARD, Dr. JONES, and Mr. MILLIGAN made remarks.—Dr. JONES related several cases: a very severe case of Leukæmia, with enormously enlarged spleen, which was greatly reduced in size by the use of arsenic in large doses. He also related one or two cases of Cardiac Disease.—Mr. HEMMING related a case of severe Hæmorrhage from Ruptured Hymen, in which there was an enlarged spleen. The patient died some time after from rupture of that organ.—Dr. BUSZARD believed that what was usually considered as hæmorrhage from ruptured hymen was really from rupture of the venous sinuses in the walls of the vagina, and mentioned a case in confirmation thereof.—Dr. BOWER (President) made a few interesting remarks relating to his visit, as delegate from the Branch, to the Berlin Medical Congress.

Specimens.—Mr. MILLIGAN showed two Ovarian Tumours successfully removed from the same patient; a second case of Ovarian Tumour, complicated with Pregnancy; and a specimen of Ruptured Intestine.

Votes of Thanks.—Votes of thanks were passed to the Chairman, readers of papers, etc.

SPECIAL CORRESPONDENCE.

LEEDS.

Opening of the Medical Session.—Need for New School Buildings.—Extension of Infirmary.

THE sixtieth session of the Leeds School of Medicine was opened on October 1st, when the address published last week was delivered to the students by Dr. W. H. Broadbent, Physician to St. Mary's Hospital, London. The assembly took place in the Chemistry Theatre of the Yorkshire College, and was presided over by the Dean of the School of Medicine (Mr. T. Scattergood), Dr. Broadbent distributing the prizes won at the examinations during the past year. The following is a list of the successful students:—Junior Anatomy: Prizes, E. H. Houfton and W. W. Stoney, equal; certificate, G. V. A. Robertson. Junior Physiology: Prize, E. H. Houfton. Chemistry: Prize, R. W. Middleton; certificate, F. Walker. Materia Medica: Prizes, P. H. Fearnside and G. V. A. Robertson, equal; certificate, F. Walker. Practical Chemistry: Prize, F. Walker; certificate, R. W. Middleton. Senior Anatomy: Prizes, T. L. James and J. M. Nicol, equal; certificate, C. Oldfield. Senior Physiology: Prize, J. M. Nicol; certificates, A. Ellison and J. W. Haigh, equal. Pathology: Certificate, C. E. Waddington.

Midwifery: Prize, J. M. Nicol. Gynæcology: Prize, J. Stalker; certificate, J. A. Codd, B.Sc. Thorp Prizes: Forensic Medicine: First prize, £10, J. Stalker; second prize, £5, H. A. Phillips. Hygiene: Prize, £5, J. M. Nicol. Hardwick Prize: Clinical Medicine: Second prize, £5, J. A. Codd, B.Sc. Silver Medals: First year, Ernest H. Houfton; second year, J. M. Nicol. Scholarships: Infirmary Scholarship of 40 guineas, Solomon Gross; recommended for College Scholarship of 60 guineas, Harold S. Callum. Besides the staff of the medical department, between three and four hundred students and their friends were present at the opening ceremony.

Leeds students are looking forward to the erection of more commodious buildings to replace the present School of Medicine, which is now overcrowded; a splendid site has been secured on the west of the General Infirmary, and already nearly £30,000 has been contributed towards the building fund.

The new out-patient department and other additions to the infirmary, which will cost nearly £40,000, are making very satisfactory progress, and the staff of the hospital are anticipating the time when they will have an out-patient department of which they may feel justly proud. The new ophthalmic and gynæcological wards and the special rooms for abdominal cases have been long wanted, and will add to the clinical usefulness of the infirmary, besides enhancing the teaching value of the institution. Owing to the large increase in the ophthalmic work, it is probable that the addition of an honorary assistant ophthalmic surgeon will be made to the staff.

NEWCASTLE - UPON - TYNE.

Opening of the College of Medicine.—Local Societies.

THE winter session of the College of Medicine was inaugurated on October 1st, when the scholarships and prizes were presented to the successful students, and an address delivered by Dr. Embleton, who, though holding no official chair in the school, yet takes a very warm interest in its welfare. The ceremony took place in the large hall of the college, and there was a large gathering. The students occupied the back part of the room, and considerably enlivened the proceedings by the usual running fire of humorous interruptions. Owing to its being "council" day the mayor and other prominent members of the Corporation were unable to be present, and the well-known figure of Dr. Heath, the President of the College, was absent owing to illness, and his absence was much regretted. Dr. Gibson, lecturer on diseases of women, occupied the chair. In his opening address he welcomed the students, and said the past year of the College had been a most successful one; that the outlook for the coming session was bright in the extreme, the large increase in the number of students rendering it necessary to appoint an assistant to the professor of anatomy. Dr. Embleton at the commencement of his address said that was the sixty-fourth anniversary of his entering the medical profession. He referred to the early history of medicine, and strongly advised all about to enter the profession to reflect very seriously as to whether they had a real liking for the profession or not. He recommended study combined with relaxation. "Brain work and muscle work should go on alternately, temperance and other virtues continuously." He referred to the advance in knowledge, in system of imparting knowledge, and to the change in examination since his early days. The address was frequently applauded. At the termination the prizes were distributed. There is no change in the staff of the College for the work of the session, with the exception that an assistant in the anatomical department will be elected.

The autumn meeting of the local Branch of the British Medical Association will be held at Alnwick on October 7th. By special permission of his Grace the Duke of Northumberland, the rooms of the castle will be thrown open to members of the Branch.

The Northumberland and Durham Medical Society holds its first meeting of this session next week. The annual banquet will be held late in October, and it is proposed to entertain Surgeon Parke on that occasion. Surgeon Parke (the University of Durham having conferred upon him the honorary D.C.L.) will be in the north to receive his degree.

The papers read before the Clinical Society last year have just been published. They form a small volume, are very neatly printed and got up, and will tend to increase the popularity of the Society. It is probable that the Society will this year change its place of meeting. Its new abode has not yet been fixed upon, but will be carefully considered at the first meeting of the com-

1st, 1873; and Surgeon-Major, October 1st, 1870. During the Boer war of 1881 he had charge of the Base Hospital, and was mentioned in despatches for his services; he also served in the Sudan campaign in 1815, and received the Egyptian medal with clasp and the Khedive's bronze star.

Brigade-Surgeon (temporary Deputy Surgeon-General) E. C. MARKEE, serving in the Madras command, is posted to the Madras and Southern Districts.

Surgeon A. PETERKIN, M.B., serving in the Bombay command, has leave to England for four months on private affairs.

The undermentioned officers, whom we named last week as directed to proceed to England, are detailed to join the troopships leaving Bombay on or about the dates specified:—Surgeon HAMILTON, October 23rd; Surgeon DAY, November 20th; Surgeon-Major MACKINNON, November 23rd; Surgeon-Major ROUTE, January 9th, 1890; Surgeon HATHAWAY, January 15th, and Surgeon BEAN, February 6th.

INDIAN MEDICAL SERVICE.

SURGEON H. W. ELPHICK, Bengal Establishment, is appointed to the officiating medical charge of the 39th Native Infantry, *vice* Surgeon-Major M'Kenna, granted sick leave.

The services of Surgeon A. J. O'HARA, Madras Establishment, are placed temporarily at the disposal of the Government of India.

Surgeon-Major G. GRIFFITH, Bengal Establishment, is promoted to be Brigade-Surgeon, *vice* Brigade-Surgeon J. M. Coates, retired. Brigade-Surgeon Griffith entered the service March 31st, 1866, becoming Surgeon-Major twelve years thereafter. He was in the Abyssinian war in 1867-68 (medal), in the Afghan war in 1879-80 (medal), and with the Mahsood Wuzereee expedition in 1881.

The undermentioned officers have leave of absence as specified:—Surgeon-Major T. E. L. BATE, Bengal Establishment, Civil Surgeon, Delhi, for 182 days on private affairs; Surgeon-Major J. E. C. FERRIS, Bengal Establishment, Medical Officer 1st Native Cavalry, for one year on medical certificate.

Surgeon-Major A. W. MACKENZIE, M.B., Bengal Establishment, from the officiating medical charge of the 3rd Sikh Infantry, is posted to the permanent medical charge of the regiment, *vice* Surgeon-Major T. Moloney, M.D., deceased.

Surgeon C. W. BENSLEY, Bengal Establishment, serving in Burma, is transferred from Mintre to the civil medical charge of the Akyab District.

Surgeon H. M. MORRIS, Bengal Establishment, serving in Burma, is transferred from Pakokku to the civil medical charge of the Minbu District.

Surgeon-Major T. C. H. SPENCER, Madras Establishment, is appointed to the medical charge of the 4th Light Cavalry, *vice* Surgeon-Major S. L. Dobie.

Brigade-Surgeon H. COOK, M.D., Bombay Establishment, is appointed officiating Administrative Medical Officer, Nagpore District.

THE VOLUNTEERS.

ACTING-SURGEON W. A. MCLACHLAN, M.D., 1st Renfrew and Dumbarton Artillery, is promoted to be Surgeon, October 4th.

Acting-Surgeon G. V. GILRAY, M.B., 1st Orkney Artillery, has resigned his appointment, which dated from February 9th, 1889.

Acting-Surgeon A. M. SYDNEY TURNER, 1st Gloucestershire Artillery, has also resigned his appointment, which was dated June 27th, 1883.

Acting Surgeon C. S. LUNAN, M.B., 5th Volunteer Battalion Royal Highlanders (late the 2nd Perthshire), has also resigned his appointment, which bore date February 20th, 1878.

Second Lieutenant A. A. KANTHACK, 3rd Volunteer Battalion Royal West Kent Regiment (late the 4th Kent), is appointed Acting-Surgeon to the corps. Surgeon KANTHACK joined as Second Lieutenant on April 12th last.

ERRATUM.—In the BRITISH MEDICAL JOURNAL of October 4th the name of Acting-Surgeon R. R. SLEMAN, of the 20th Middlesex (Artists'), was, through a clerical error, misprinted Sloman.

ARMY MEDICAL RESERVE.

SURGEON F. W. GIBSON, of the 1st Durham Engineer Volunteers, is appointed as Surgeon, ranking as Captain, October 8th.

MEDICO-LEGAL AND MEDICO-ETHICAL.

CONSULTATION AND CONSULTANTS.

DR. MCC.—If the allegations made fairly represent the facts of the case, there can, in our opinion, be no reasonable doubt that Dr. — has committed a flagrant breach of medical etiquette, and failed also to do unto a professional brother as he doubtless would wish to be done by. Having met Dr. McC. in consultation, and approved of the treatment adopted and to be pursued, he (Dr. —) should have courteously but firmly declined to accept charge of the case; in reference to which we would further note that in twice (surprisingly, it is alleged) visiting the patient in the absence of the attendant practitioner, he gravely erred and justly subjected himself to severe criticism—a course of action, moreover, that, failing an apology, would fully justify Dr. McC. in declining to meet him in consultation in any future case. Far better that Dr. — should have sought to inculcate the lesson so much needed by many patients, namely, that to discard the family medical adviser without just and reasonable cause is not only more or less professionally injurious to him, but is not infrequently followed by unsatisfactory results to themselves, and a matter, therefore, for their thoughtful consideration.

"THE CURABILITY OF LOCALISED CANCERS."

H. C. P.—Inasmuch as the ill-judged advertisement to which our correspondent solicited attention was taken from a quasi-medical publication, the circulation of which is, if we are rightly informed, limited to the profession, we deem it unnecessary to offer any comment thereon other than that, in our opinion, it is the duty of "a medical man possessing a safe, potent, and well-proven remedy which effectually cures" (as the practitioner in question ventures to assume) so fell a disease as that therein specified to at once make it known to the profession in the interest of suffering humanity rather than reserve it for the especial benefit of patients who may be induced to avail themselves of his "sanatorium," in fact, any concealment in regard to it is inconsistent with true beneficence and professional liberality.

A PARTNERSHIP QUESTION.

T. E.—It is difficult to answer questions of this kind satisfactorily without having the full text of the articles of partnership. The case seems eminently one in which counsel's opinion, based on a full statement of the facts, would be desirable.

According to Clause 1, the partnership is for the joint lives of the two partners, unless previously determined, which Mr. E. has the option of doing if he chooses. Apparently, however, there is no clause to prevent the other partner setting up an opposition practice if the partnership is so terminated, and probably for that reason Mr. E. is presumably not anxious to give his three months' notice. If there is no risk of opposition, that would be the simplest termination of the difficulties.

If the partnership is to continue the articles must either be modified or else the present differences must be settled by arbitration. The clause providing for arbitration seems wide enough to include them all, and if the arbitrators are distinctly asked to award what is to be done in the future, and do so award, it will be possible to enforce their directions supposing Mr. C. should disregard them.

The case is essentially one to be disposed of by a legal arbitration, as the points in dispute must turn mainly on the meaning of the partnership agreement. Probably there will be very few facts seriously at issue, and the hearing of the case ought not therefore to take more than one or at most two days. For the purpose of obtaining a satisfactory decision and of saving expense it is most desirable that both partners should agree on one arbitrator. If they do not know any barrister in whom they both have confidence, they should leave the appointment of the arbitrator to some impartial third party. Of course, if one partner refuses to adopt this reasonable course and insists on the appointment of two arbitrators and an umpire, and if he also insists on prolonging the inquiry, the expense of arbitration will be seriously increased; but if the course here recommended is adopted, the expense should not be very great.

Mr. E. is under no obligation to accept Mr. C.'s proposed modifications of the articles of partnership unless he chooses to do so. He need not be afraid of his share being sacrificed in case of his death by Mr. C. refusing either to purchase or to accept a successor. Such a contingency would, however, entail on his representatives the necessity of going to law to enforce their rights, and therefore it would be better to have matters settled now if possible.

"LIVE AND LET LIVE."

ETHICS writes: Twenty years ago B., on the recommendation of A.'s father (who was an old practitioner), commenced practice in the same village as A.'s father. In 1883 A. acts as his assistant, remaining with him for nearly a year, taking sole charge of B.'s principal and branch practices. From 1884 to 1887 A. acts as assistant and *locum tenens* in London and the provinces. No legal bond was made between A. and B., but being personal friends, and B. objecting to A. practising in the same village, A. leaves the district, and commences practice in a neighbouring town four miles away. Two years later A. is sent for to see patients in B.'s district. B. not being in attendance on the patients A. prescribes. A. has now a branch in a village where B. has also a branch.

. "Ethics" would have simplified the subject of his note and facilitated our reply if, after making his somewhat complex statement, he had defined the points on which our opinion is sought, instead of leaving us to assume them as best we may. Our answer, therefore, must be general and not specific. Need we remind him that it was a very natural feeling that A. should seek to practise in the village home of his father; and it is, we think, to be regretted, if the district afforded the necessary scope for another practitioner, that he ("Ethics") did not assent thereto, and thereby render to the son a willing return for the kindly act evinced towards himself in his own early professional career by A.'s father.

Under the circumstances related by our correspondent, we fail to recognise that he has any just or reasonable cause to complain of A. having commenced practice in a neighbouring town, and further sought to establish a branch in an adjacent village. At the same time, we strongly deprecate the course adopted by so many practitioners of starting "branch" practices in outlying districts, thereby selfishly depriving others of an opening, unmindful of the Christian principle involved in the adage, "Live and let live."

CANVASSING BY FRIENDLY SOCIETIES.

E. I. S.—So long as the mandate or injunction loyally imposed by our correspondent on the officials of the friendly society in question is honourably carried out, he will be fully justified in retaining the appointment of medical officer. If, however, at any time he becomes cognisant of an undue or persistent canvassing of other practitioner's patients, resignation of the office will, in our opinion, be judicious.

UNIVERSITIES AND COLLEGES.

CAMBRIDGE.

VICE-CHANCELLOR'S ADDRESS.—At the first congregation of the academical year, on October 1st, the Vice-Chancellor, in accordance with custom, reviewed the recent history of the University. The following extracts from his speech will prove of interest to our readers. The pecuniary question in particular is becoming acute, and in view of the heavy expenditure recently incurred for buildings in connection with the schools of natural science and medicine we think the Vice-Chancellor has made out a good case for his appeal to non-resident and other benefactors who have these studies at heart. The residents have certainly not been

backward in offering gratuitous service and pecuniary help for the starting and fostering of the Medical School, but, as the work is national in its scope and importance, it is just that the University should look abroad for something like national recognition and assistance.

It is gratifying, the Vice-Chancellor said, to know, on the authority of the Registry, that the number of matriculations, 1027, has never been equalled in the history of the University; and further, that the number of degrees taken in the civil year 1889, namely, 1546, was also the fullest on record. This I say is gratifying, but if we wish to estimate the full effective range of our higher examinations we must add to the large number of degrees not a few other earnest and successful candidates for honours; and perhaps the year now expiring may best live in academic memory from the fact that the highest mathematical honours fell to a lady, whose father, alike as a professor and a statesman, had been regarded with singular affection both by the University and the country..... Mr. James Stuart has found himself compelled by other duties to retire from the Professorship of Mechanism and Applied Mechanics, which he was the first to hold, and which he has held for fifteen years. To have introduced this branch of practical science to the serious attention of university students, and, further, to have borne the leading part in originating the movement—popular but never superficial—which has now won the significant and auspicious title of "University Extension" are two services which, it is safe to predict, will not be forgotten. When in July last representatives of the various local centres met in this building, on the invitation of the syndicate of which Professor Browne has for twenty years been the indefatigable secretary, to exchange thoughts as to the further progress of the movement, the reception given to the name of Mr. Stuart showed how widely and how warmly the value of his work was recognised. His resignation has brought to the front the important question, in what precise form his professorship shall be continued, and how far it may be expedient and practicable to combine with that department, as he had himself long hoped, the working of an engineering laboratory? A syndicate, specially appointed, has already partially reported on this subject, and will immediately resume its labours. Meanwhile, without in any way presuming to anticipate the result of their deliberations, I may perhaps be permitted to express my own belief that, should the establishment of such an institution be held to be in itself desirable, pecuniary help, from non-resident as well as resident friends of the University, is not likely to be refused. This is, indeed, part of a wider question. We have yet to see what pecuniary assistance might be obtained for the fresh "advancement of learning" if it were once thoroughly known throughout the country that many important sciences still need to be fostered, that the funds of our University are in truth very limited and hardly admit of any large augmentation from increasing the fees of our students, and yet, again, that the resources of the colleges are, in the opinion of many of our soberest thinkers, already strained as far as is either equitable or practically expedient. An appeal, based on these facts, addressed to friends outside Cambridge, as well as to ourselves, if very carefully drawn and very influentially attested, would, in my judgment, be likely to receive a generous response. Only, if it is made at all, I would respectfully suggest that it be made on a large scale, not for the engineering laboratory alone, but for all those other departments of learning—scientific, literary, or linguistic—whose needs are here at least emphatically recognised, it being of course understood that every gift to this new endowment fund might be allocated, if it were so desired, to any special object, approved by the proper authorities, that the donor might prefer. I venture very respectfully to commend this important matter to the consideration of the University. It is gratifying, in this connection, to record special acts of munificence, during the past year, from resident members of our own body. At a moment when it seemed doubtful whether the proposed new building for physiology could be erected simultaneously with the building for human anatomy, Dr. Sidgwick came forward with a timely gift of £1,500, which at once enabled a much needed work to proceed. Subsequently, Dr. Cayley presented £500 to the new library—a building which is itself a conspicuous monument of private munificence, and is now externally complete. Still more recently, when difficulties had arisen as to the cost attending the acceptance of the late Mr. Newall's telescope, his son, Mr. H. Francis Newall, relieved us from embarrassment by offering both personal service and pecuniary help.

OBITUARY.

CHARLES HANDFIELD JONES, M.B., F.R.C.P., F.R.S.,

Consulting Physician to St. Mary's Hospital.

MEDICAL science has sustained a great loss in the death of Dr. Charles Handfield Jones, than whom the British empire can boast of few who throughout their life have been more zealously, more heartily, and more honestly devoted to the most unselfish and conscientious research of scientific truth. His father, a captain in the Royal Navy, after retirement from service, settled at Liverpool, where the subject of this brief memoir was born on October 1st, 1819, and was christened Charles Handfield, after his grandfather, Colonel Handfield, and his name continues the prefix to the names of all our friend's descendants.

His education commenced at Rugby, under Dr. Arnold, and doubtless the spirit of that great man had much influence upon the mental tone and calibre of young Handfield Jones throughout his life. It was impossible to see much of him and not to feel that he was thoroughly imbued with the earnestness that such an example would infuse into a susceptible youth, while every now and then he would give evidence of his retaining to late in life that polish and taste which nothing but a thorough classical training can give.

From Rugby Charles Handfield Jones proceeded to Catherine Hall, Cambridge, and completed his medical studies at St. George's Hospital. He took the degree of M.B. at Cambridge in 1845, and became a Fellow of the Royal College of Physicians in 1849. His work at St. George's Hospital must have been very strenuous, for he was elected a Fellow of the Royal Society as early as 1850, at the age of 31, on account of his valuable researches into the minute anatomy of the liver—an organ to which to the end of his days he continued to devote much attention.

At the College of Physicians he filled numerous offices. He was Junior Censor in 1863-64, Senior Censor in 1886, and Vice-President in 1888, during the presidency of Sir William Jenner. He held the Councillorship in 1868, 1872, 1878, 1879, and 1880, was repeatedly examiner, and gave the Lumleian Lectures at the College, on Nervous Pathology, in 1865.

In 1851—the year in which he married Louisa, the daughter of Captain Holt—Dr. Handfield Jones was appointed one of the staff of the then new Hospital of St. Mary, Paddington, at which he ever enjoyed the reputation of being its most learned, patient, and hard-working physician. The care and minuteness with which he recorded his hospital cases would render them, if well-arranged and published with a good index, not only the best memorial that could be erected to him, but would for originality and variety go far to establish a reputation greater than that of the *Clinique Médicale* of Andral.

Anyone who desires to acquaint himself with Dr. Handfield Jones's encyclopædic knowledge should read his series of very profound papers on fatty and on fibroid degeneration, published in the *British and Foreign Medico-Chirurgical Review*, vols. xi, xii, xiii, and xiv. Their influence on medical science was undoubted at the time, and all Jones's other work, published in separate volumes or relegated to journals, remains as evidence of his assiduity and originality, and his contemporaries can bear witness to the respect with which for more than forty years his statements and his opinions have been received by the profession.

The *Transactions* of the Royal Medical and Chirurgical Society contain four important papers from his pen which deserve to be put on record here: (1) "Some Observations on the Effect of Cholagogue Medicines and some Remarks on Morbid Changes in the Liver" (vol. xxxv, p. 249); (2) "Observations on Morbid Changes in the Mucous Membrane of the Stomach" (vol. xxxviii, p. 195); (3) "Tabular Statement of Seventy-two Cases of Hæmatemesis, with Remarks" (vol. xliii, p. 353); and (4), in conjunction with Mr. Page, "Case of Intussusception in which Abdominal Section was performed" (vol. lxi, p. 301).

Handfield Jones's contributions to the *Transactions* of the Pathological Society and to the weekly journals were a further testimony to his indefatigable zeal and powers of observation. In 1854, in conjunction with his friend, Sieveking, Dr. Handfield Jones wrote the *Manual of Pathological Anatomy*. In 1864 we received from his pen *Clinical Observations on Functional*

MEDICAL NEWS.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.—The following gentlemen passed the Second Examination of the Board in Anatomy and Physiology at a meeting of the examiners on October 6th, namely:

Messrs. J. Hepple, student of Yorkshire College, Leeds; J. P. Race and H. K. Birley, of Owens College, Manchester; G. P. L. Gregory and A. E. Wigginton, Queen's College, Birmingham; F. C. Fosbery and R. H. Chilton, of Bristol Medical School; E. H. Beresford, of Bristol and Mr. Cooke's School of Anatomy and Physiology; J. M. Evans, of Anderson's College, Glasgow, and London Hospital; H. A. Fido, of Grant Medical College, Bombay; E. M. B. Payne, of St. Bartholomew's Hospital.

Passed in Anatomy only.

F. B. Cooper, of Sheffield School of Medicine; J. Brown, of Owens College, Manchester; W. A. Pierce and J. H. Moore, of University College, Liverpool; H. S. Hughes, of Queen's College, Birmingham; E. L. Davey, of St. Bartholomew's Hospital; C. F. P. Baly, of University College; R. E. T. Ingram, of Guy's Hospital.

Passed in Physiology only.

F. B. Webster, H. W. Pritchard, H. C. Renshaw, R. Alcock, and T. Aspinall, of Owens College, Manchester; J. W. Taylor and F. W. Cave, of Bristol Medical School; G. H. Tomlinson, of Queen's College, Birmingham; and J. F. Smart, of St. Thomas's Hospital.

Passed in Anatomy and Physiology on October 7th.

W. H. Lendrum, of Queen's College, Belfast; T. A. Beddy, of Dublin and Middlesex Hospital; S. J. Strok, of Middlesex Hospital; R. Newham-Davis, of St. Mary's Hospital; A. H. Hosford, of University College; and A. V. Chapman, of Guy's Hospital.

Passed in Anatomy only.

A. Knowles, of Yorkshire College, Leeds; E. C. Drake, of Westminster Hospital and Mr. Cooke's School of Anatomy and Physiology; V. J. Robin, of Adelaide University; W. G. Macauley, of St. Thomas's Hospital; R. B. Williams, of St. Thomas's Hospital and Mr. Cooke's School of Anatomy and Physiology; H. W. Joyce, of King's College and Mr. Cooke's School of Anatomy and Physiology; E. F. N. Currey, of St. Bartholomew's Hospital; J. A. Edsell and C. W. Smith, of St. Bartholomew's Hospital and Mr. Cooke's School of Anatomy and Physiology; W. R. Barrett and W. H. Fry, of Charing Cross Hospital; L. P. Gordon, of Charing Cross Hospital and Mr. Cooke's School of Anatomy and Physiology; G. A. Skinner, of Guy's Hospital; G. E. May and H. Der Stepanian, of London Hospital.

Passed in Physiology only.

J. E. Abbott, T. A. Bottomley, and J. E. H. Mitchell, of Yorkshire College, Leeds; M. Dick, of University College; M. T. Archdall, of Charing Cross Hospital; C. H. Wright, of Owens College, Manchester; P. F. Howden, of Bristol Medical School; A. H. Godwin, of University College, Liverpool; S. E. Morton, of Sheffield Medical School; A. V. Evans, of St. George's Hospital; A. P. Brice, of Westminster Hospital; A. E. Shepherd, of Middlesex Hospital; T. D. Manning and E. Hunt, of Guy's Hospital; and F. W. Rock, of St. Bartholomew's Hospital.

Passed in Anatomy and Physiology on October 8th.

C. W. Wilson, of McGill College, Montreal; G. Elliot, W. A. Savage, and P. H. Stirik, of University College; J. E. Passmore, of London Hospital; C. E. Woakes, of London Hospital and Mr. Cooke's School of Anatomy and Physiology; J. J. W. Baird, of Grant Medical College, Bombay; R. F. H. S. Wallace, of Charing Cross Hospital; G. de Castro, of St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology.

Passed in Anatomy only.

H. Hearnden, of Guy's Hospital; F. W. Mason and R. H. Powers, of St. Thomas's Hospital; J. F. H. Iles, of St. George's Hospital; S. L. Martin, of London Hospital; H. Andreal, of University College; M. N. Tarachand, of Grant Medical College, Bombay; T. Davies, of Melbourne University; C. M. Welbourn, of St. Bartholomew's Hospital and Mr. Cooke's School of Anatomy and Physiology.

Passed in Physiology only.

D. D. Brown, of St. Bartholomew's Hospital; T. W. Goldney, of Charing Hospital and Mr. Cooke's School of Anatomy and Physiology; H. B. Emerson, of Leeds, Middlesex, and Mr. Cooke's School of Anatomy and Physiology; H. Shepherd, of St. Thomas's Hospital; Bhola Nath, of Lahore and St. Thomas's Hospital; and E. W. Cooke, of London Hospital and Mr. Cooke's School of Anatomy and Physiology.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having previously passed the necessary examinations, and having now attained the legal age, 25 years, were at the quarterly meeting of the Council on October 9th, admitted Fellows of the College:

Bidwell, Leonard Arthur, L.S.A., 34, Lee Terrace, Blackheath. Member January 21st, 1887.

Moynihan, Berkeley George Andrew, M.B.Lond., Millgarth Street, Leeds. Member November 10th, 1889.

The following gentlemen having passed the necessary examinations were admitted Members of the College.

Bullen, Hewitt John Lysaght, L.S.A., 20, Merton Road, Bootle, Lancashire Challenger, Harry Septimus, L.S.A., Springfield, Abingdon More, John, L.S.A., Rothwell, Kettering.

Richards, Arthur Izod, L.S.A., 10, Junction Lane, St. Helen's, Lancashire.

MEDICAL MAGISTRATE.—Dr. F. K. Dickson, Medical Superintendent of Wye House Asylum, Buxton, has been appointed a Justice of the Peace for the County of Derby.

A new hospital for infectious diseases was opened at Sunderland on October 1st.

An exhibition, which will be international so far as hygiene and electricity are concerned, is to be held at Lyons in 1892.

A SOCIETY of Neurology and Psychiatry has been established at Moscow, and will hold its first meeting this month. The number of original members is twenty-one.

A DENTIST who was called in to attend upon the Nizam is said to have received for drawing a couple of His Highness's molars the handsome *douceur* of 8,000 Government rupees.

PROFESSOR KAHLER, of Vienna, who has been seriously ill, has now recovered sufficiently to be able to resume the duties of his Chair.

SUCCESSFUL VACCINATION.—Dr. R. Graves-Burton, public vaccinator for the Hanwell District of the Brentford Union, has received the Government grant for successful vaccination.

By decree dated September 13th, the Portuguese Government sanctioned the expenditure of an additional sum of 120 contos of reis, "for the sanitary defence of the country."

A NEW German periodical, the scope of which is sufficiently explained by its title, *Zeitschrift für Fleish und Milch Hygiene*, is announced to appear this month. The editor is Dr. Robert Oster-tag, the publisher T. C. F. Enslin, of Berlin.

PRESENTATION.—Dr. C. Clark Burman, who has recently removed to Alnwick, has received a tangible proof of the esteem with which he is regarded by his friends in the Belford district, who have presented him with a handsome timepiece, bearing a suitable inscription, together with a silver mounted whip.

BEQUESTS.—The late Mr. Henry Winthrop O'Donovan, of Lissard, Co. Cork, has given under his will £50 each to the General and County of Cork Hospital and the Cork Fever Hospital; £20 to the Cork Lying-in Charity; and £100 to the Hospital for Incurables promoted by Miss Gregg.

A CONGRESS OF MIDWIVES.—On September 22nd and 23rd the midwives of Prussia held their first Congress at Berlin. The attendance, which included representatives of all the Prussian midwives' societies, besides delegates from the corresponding associations in Austria, numbered six hundred.

THE Governors of St. Bartholomew's Hospital, by way of showing their appreciation of the services of their Treasurer, Sir Sydney Waterlow, have recently subscribed a large sum of money for the purpose of having his portrait painted by Professor Hubert Herkomer.

DR. SCHOENLEIN, *Privat-docent* at Würzburg, and well known for his researches on the physiology of nerve and muscle, has been appointed Ordinary Professor of Physiology in the University of Santiago, South America. Dr. Schoenlein was a pupil and assistant of Bernstein at Halle, and "qualified" as *Privat-docent* in that University in 1884.

THE CANADIAN MEDICAL ASSOCIATION.—The annual meeting of the Canadian Medical Association was held at Toronto on September 9th, 10th, and 11th. The attendance did not exceed a hundred, but much good scientific work was done, and social festivities were not wanting. The next meeting will be held at Montreal.

PRIZE.—M. Quinchard, of Saint Brieuc, has left an annuity of 2,000 francs to the French Academy of Medicine for the foundation of a prize of 4,000 francs (£160) to be awarded every two years to the author of the best essay on "Croup and Croupal Angina" containing the most practical suggestion for the efficient treatment of these diseases.

THE United Temperance Council will give a breakfast to Dr. B. W. Richardsor, F.R.C.P., F.R.S., on the occasion of his visit to the Father Mathew Centenary, Dublin. The use of the hall of the College of Physicians has been granted by the Fellows, and the leading members of the medical profession have been invited. Sir Wilfrid Lawson and other visitors are expected.

POLICE AMBULANCE.—The Lord Mayor distributed on October 3rd, at the Mansion House, the medals and certificates to forty constables and sergeants of the City Police, who had passed the examination of the St. John Ambulance Association. The Chief Commissioner of the City Police intends in future to make the Ambulance Association certificate a condition of admission to the force.

INCREASE OF SCARLET FEVER IN LONDON.—At the last fortnightly meeting of the Metropolitan Asylums Board, it was reported that there were under treatment 1,710 cases of scarlet fever, 136 cases of diphtheria, 2 of typhus, 153 of enteric, and 12 of other diseases of a febrile character. It was stated that as the total available accommodation at the fever hospitals would be exhausted in about two weeks' time, instructions had been given to fit up the brick-hut hospitals at Darenth for the reception of fever cases.

THE SMOKE EVIL.—At an important conference convened by the Mayor of Leeds, at the instance of an Association for Testing Smoke Preventing Appliances, held on October 6th, at which representatives of the largest manufacturing firms of the town were present, Mr. Fletcher, Her Majesty's Chief Inspector of Alkali Works, explained that the main object of the Society was the dissemination of trustworthy information with regard to appliances for preventing smoke, to which end an exhaustive report was being prepared.

THE LONDON SCHOOL BOARD AND PHYSICAL TRAINING.—The School Board for London has taken an active interest in promoting the physical exercises of their pupils, and, by giving the public an opportunity of seeing the progress made by their classes, an additional prominence is given to questions of physical training. On Tuesday, October 14th, the Board propose to hold a general gathering of children in the Royal Albert Hall, when an exhibition will be made of their proficiency in military drill, Swedish drill, and other exercises. It is to be hoped that this action on the part of the Board will encourage both teachers and children to secure good development of their bodies as well as their brains.

FIRE IN A HOSPITAL AT OPORTO.—The Misericordia Hospital at Oporto had a narrow escape of being burnt down on September 22nd. At half-past eight on that evening it was discovered that the building was on fire. There was great alarm among the inmates, many women throwing themselves from the windows partially or entirely naked. No lives appear to have been lost, but much harm was done to many of the patients by the exposure and excitement. A large number of prostitutes under enforced treatment for venereal disease took advantage of the confusion to escape. The fire, which is thought to have originated in the part of the building containing the boilers for the baths, was got under control by ten o'clock, and completely extinguished by midnight.

DEATHS IN THE PROFESSION ABROAD.—Professor Wenzel Gruber died of apoplexy at Vienna, aged 76. He was an Austrian by birth, but had been Professor of Anatomy at St. Petersburg for nearly forty years, during which time he published some 500 papers, chiefly on anatomical subjects. Some years ago he was named an Imperial Councillor of State by the Czar. Among other eminent foreign members of the profession who have recently joined the great majority are Dr. G. C. H. Lehmann, Professor of Ophthalmology in the University of Copenhagen, who died at the age of 75; and Dr. Ernest Hardy, head of the chemical laboratory of the Paris Academy of Medicine, well known for his researches in physiological and pathological chemistry. He was 63 years of age.

SUICIDE AMONG SCHOOL CHILDREN IN PRUSSIA.—Recently published statistics seem to show that there is more "overpressure" among school children in Prussia than in England—or, at any rate, that it leads to more tragic results. In the six years, 1833-88, there were 289 cases of suicide among school children in Prussia, 210 of them having been boys and 49 girls. The cases are apportioned among the different years as follows: In 1883 there were 58 suicides; in 1884, 41; in 1885, 40; in 1886, 44; in 1887, 50; and in 1888, 56. In 86, or 29.8 per cent., of the cases the motive of the deed is unknown; but in 80 the causes were "fear of punishment;" in 19, "disappointed ambition;" in 16 "fear of examination;" and in 28, "insanity and melancholia;" 5 of the suicides are attributed to "love," and 7 are believed to have been half unintentional.

MEDICAL VACANCIES.

The following Vacancies are announced:

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, Rubery Hill, near Bromsgrove.—Clinical Assistant. No salary. Board and residence provided. Applications to Dr. Suffern, Rubery Hill Asylum, Bromsgrove.

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.

COUNTY COUNCIL OF KINCARDINE.—Medical Officer for the County under the Local Government (Scotland) Act, 1889, who will not be allowed to engage in private practice. Salary, £300, with railway fares and conveyance hires. Applications, with eight copies of testimonials, to Robert Tisdall, County Clerk, County Buildings, Stonehaven, by October 18th.

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 18th.

ECCLISALL BIERLOW UNION.—Medical Officer for the First District of the Union. Salary, including medicines (except quinine and cod liver oil), £85 per annum, in addition to fees, and 10s. for each midwifery case. Applications to Thomas Wm. Smith, Union Offices, The Edge, Sheffield, by October 14th.

ECCLISALL BIERLOW UNION.—Medical Officer for the Union Workhouse. Salary, £180 per annum, and 10s. for each midwifery case. Applications to the Clerk, Thomas Wm. Smith, Union Offices, The Edge, Sheffield, by October 14th.

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, Baghill 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.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—House-Physician. Salary, £80 per annum, with board and lodging in the hospital. Applications to the Secretary, W. T. Grant, by October 27th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Assistant Resident Medical Officer. Salary, £50 per annum, with board and residence. Applications by October 22nd.

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.

LANCASHIRE COUNTY ASYLUM, Rainhill, near Liverpool.—Assistant Medical Officer. Salary, £105 per annum, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent by October 21st.

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.

LIVERPOOL DISPENSARIES.—Head Surgeon. Salary, £200 per annum, with apartments, board, and attendance; unmarried. Applications to the Secretary, R. R. Green, Leith Offices, 34, Moorfields, Liverpool, by October 27th.

NORFOLK AND NORWICH HOSPITAL, Norwich.—Surgeon and Assistant-Surgeon on the Honorary Staff. Election on November 8th. Applications to the Secretary, Howard J. Collins, at least fourteen days before the day of election.

NORTH WEST LONDON HOSPITAL, Kentish Town Road.—Medical Officer, duly qualified and registered. Salary, £50 per annum; board, residence, and washing. Applications to Alfred Craske, Secretary, by October 24th.

NORTH WEST LONDON HOSPITAL, Kentish Town Road.—Assistant Medical Officer, duly qualified. No salary; board, residence, and washing. Applications to Alfred Craske, Secretary, by October 24th.

NOTTINGHAM BOROUGH ASYLUM, Mapperley Hill, Nottingham.—Resident Clinical Assistant; double qualifications. No salary; board and residence provided. Applications to the Medical Superintendent by October 25th.

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 KILMONIVAIG.—Medical Officer for the Lechaiber part of the Parish. Knowledge of Gaelic desirable. Salary, £50, with good prospect for practice. Applications to W. Ross, Inspector of Poor, Spean Bridge, by October 31st.

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 at out November 26th next. Applications to R. Macmillan, Inspector of Poor, Portree.

ROXBURGH DISTRICT ASYLUM, Melrose. — Assistant Medical Officer. Salary, £100 per annum, with board and lodging. Applications to Dr. Johnstone, The Asylum, Melrose.

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.

ST. ANDREW'S HOSPITAL, Northampton. — Junior Assistant Medical Officer. Salary, £3 3s. a week, with board, lodging, and washing. Applications to the Medical Superintendent.

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 LONDON HOSPITAL, Hammersmith Road, W. — House-Physician. Board and lodging provided. Applications to the Secretary-Superintendent, R. J. Gilbert, by October 23rd. Election on October 27th.

WEST LONDON HOSPITAL, Hammersmith Road, W. — House-Surgeon. Board and lodging provided. Applications to the Secretary-Superintendent, R. J. Gilbert, by October 23rd. Election on October 27th.

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.

ANDERSON, G. R., M.R.C.S., L.R.C.P., appointed House-Surgeon to the West Bromwich District Hospital.

ANDERSON, W. H., M.B.Glasg., & C.M., reappointed Medical Officer of Health for the Hoxne Rural Sanitary District.

BAKER, C. H., B.A. & M.B.Cantab., M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer to the Royal Free Hospital, *vice* Arthur E. Ronald.

BARTON, John A., M.B.Glasg., & C.M., reappointed Medical Officer of Health for St. George, Bristol.

BONING, A. W., M.R.C.S.Eng., L.S.A.Lond., appointed Third Assistant Medical Officer to the Worcester County and City Lunatic Asylum, in succession to C. Price Tanner, M.R.C.S.Eng., L.R.C.P.Lond., promoted to be Second Assistant Medical Officer, *vice* Richard Atkinson, F.R.C.S.Eng., resigned.

CALCOTT, G. W. B., M.R.C.S., L.S.A., reappointed Medical Officer for the Barnwell District of the Oundle Union.

CARPENTER, W. S., appointed Resident Clinical Assistant to the Paddington Infirmary, *vice* Frank Osborne, whose term of office has expired.

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

Cox, Stafford Mouritz, A.B., M.B. (Trin. Coll. Dubl.), L.R.C.S.I., L.R.C.P.I., appointed House-Surgeon and Secretary to the Chelsea, Brompton, and Belgrave Dispensary.

DAY, Edward Joseph, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health for the Eastern Division of the Dorchester Rural Sanitary District.

DUKE, Allen, L.R.C.P. & L.M.Edin., M.R.C.S.Eng., appointed Resident House-Surgeon to the Branch Dispensary of the Cheltenham Hospital, *vice* F. J. G. Mason, M.R.C.S., L.S.A.

FARNCOMBE, W. T., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the General Hospital, Birmingham, *vice* Mr. Devereaux.

GODFREY, Graham, L.R.C.P., L.R.C.S.Eng., L.M., Manfield, Notts, appointed Certifying Factory Surgeon, *vice* Thomas Godfrey.

GRUGEN, William, L.K.Q.C.P.Irel. & L.M., L.F.P.S.Glasg., P.H.Dip.Camb., appointed Medical Officer of Health to the Sanitary Authorities for the several Sanitary Districts of the Barnet, Berkhamsted, Hemel Hempstead, Watford, and Welwyn Unions, and for the Barnet and Tring Local Boards, *vice* T. W. Thompson, L.R.C.P.Edin.

HENDERSON, Jane B., L.R.C.P., L.R.C.S.Eng., appointed Resident Clinical Assistant on the Ladies' Side of the Holloway Sanatorium Hospital for the Insane, Virginia Water.

HILL, A. Bostock, M.D., L.R.C.P., L.R.C.S.Eng., reappointed Medical Officer of Health to the Sutton Coldfield Borough.

HOOPER, Alfred, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Burton-on-Trent Rural Sanitary District.

HUTTON, Henry E., M.A., M.B.Cantab., appointed Assistant-Physician to the Manchester Hospital for Consumption and Diseases of the Throat.

JACOB, Edmund J., L.K.Q.C.P.Irel. & L.M., L.R.C.S.I., appointed Medical Officer to the Bourne District of the Templemore Union.

JEPHOOTT, R. W., L.R.C.P. & S.Eng., L.M., appointed Medical Officer of Health for the Warwickshire Branches of the Alcester Rural Sanitary District.

KERR, W. J., M.B., B.Ch.Vict., M.R.C.S.Eng., appointed Assistant House-Surgeon to the Liverpool Hospital for Children, *vice* R. E. Howell.

KINNEIR, F. W. E., M.R.C.S., L.S.A., reappointed Medical Officer for No. 4 District of the Horsham Union.

LUCAS, Herbert, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Godmanchester Urban Sanitary District.

LUNN, Percy T., M.R.C.S., L.R.C.P., L.S.A., appointed Medical Officer for the Workhouse and No. 8 District of the Launceston Union, and Medical Officer of Health to the Rural Sanitary Authority.

MCALLUM, Stuart G., M.B., C.M.Edin., appointed Junior Assistant Medical Officer to the Counties Asylum, Carlisle, *vice* W. F. Farquharson, M.B.

MCNEILL, Roger, M.D., D.P.H.Camb., etc., appointed Medical Officer of Health to the County of Argyll.

MANN, John Bentley, M.R.C.S.E., L.K.Q.C.P.I., appointed Medical Officer to the No. 1 District of the Township of Manchester, *vice* Alfred Blackmore, deceased.

MASON, F. J. G., M.R.C.S., L.S.A., appointed Surgeon to the Cheltenham Provident Dispensary.

RENDALL, William, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health for the Western Division of the Dorchester Rural Sanitary District.

SIMPSON, G. W., L.R.C.P., M.R.C.S., appointed Senior House-Surgeon to the Cheltenham General Hospital.

SMITH, Dr. McGill, appointed House-Surgeon to the Ayr County Hospital.

SNADDON, James, M.B. & C.M.Edin., reappointed Medical Officer for No. 4 District of the Wortley Union.

STAMFORD, William, L.R.C.P.Lond., M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health for Tunbridge Wells.

TAYLOR, Hugh, L.R.C.P. & L.M.Edin., M.R.C.S., L.S.A., appointed Medical Officer of Health for the Rural Sanitary District of the Smallburgh Union.

THEED, Stanley V., M.R.C.S., appointed Medical Officer of Health for the shire of Mornington, West Riding, Victoria, *vice* Hooper, resigned.

WATKINS, H., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer for the Newton District of the Warrington Union.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M. — Mr. R. Marcus Gunn: On External Examination of the Eye. New Infirmary, Paddington, 4 P.M. — Mr. Jonathan Hutchinson: Introductory Clinical Lecture, 5 P.M. Dr. Savill: The Study of Pathology in a Workhouse Infirmary.

SOCIETY FOR THE STUDY OF INEBRIETY, Medical Society of London, Chandos Street, 4 P.M. — Mr. Ernest Hart: On Ether Drinking, its Prevalence and Results.

TUESDAY.

LONDON POST GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M. — Dr. Payne: On Eczema, its Varieties.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M. — Dr. C. Theodore Williams: On the Diagnosis and Treatment of Early Phthisis. Royal London Ophthalmic Hospital, Moorfields, 8 P.M. — Mr. A. Quarry Silcock: Ophthalmoscopic Cases.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, 8 P.M. — Mr. H. B. Brady: A New Type of Foraminifer. Mr. P. C. Waite: New Method of Demonstrating Intercellular Protoplasmic Continuity. Mr. G. F. Dowdeswell: A Simple Form of Warm Stage.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and the Epileptic, Queen Square, 2 P.M. — Dr. Gowers: On the General Principles of the Treatment of Diseases of the Nervous System for Sick Children, Great Ormond Street, 4 P.M. — Dr. Cheade: On Food Disorders of Infancy.

HAREVIAN SOCIETY OF LONDON, 8.30 P.M. — Mr. Watson Cheyne: On the Expectant Treatment *versus* Operative Interference in Tubercular Disease of Joints. The paper will be illustrated by lantern slides.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 8.30 P.M. — Patients and card specimens at 8 P.M. President's Address. Dr. Sharkey: On Graefe's Sign. Mr. W. Lawford: Not a Case of Recovery from Graves's Disease. Mr. Donaldson: Paralysis of both External Recti with Secondary Contraction of Internal Recti. Mr. Benson (Dublin): Case of Suspected Tumour Oculi. Mr. Marcus Gunn: Cases of Traumatic Mydriasis. Mr. E. Treacher Collins: Bloodstaining of Cornea: Case and Microscopic Specimens.

FRIDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M. — Dr. C. Theodore Williams: On the Diagnosis and Treatment of Early Phthisis.

SATURDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 4 P.M. — Dr. Andrew: The Harevian Oration.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in Post Office Order or Stamps with the notice not later than Wednesday Morning, in order to insure insertion in current issue.

BIRTHS.

ASHWORTH. — On October 5th, at Halstead, Essex, the wife of J. Henry Ashworth, F.F.P.S.Glasg., and M.R.C.P.Ed., of a daughter.

LAWRENCE. — October 3rd, at 1, Lynwd Villa, Bath, the wife of J. H. Harris Lawrence, M.R.C.S.Eng., of a daughter.

OWEN. — October 1st, at Wood Lane Cottage, Falmouth, the wife of J. F. Holland Owen, M.R.C.S., etc., of a daughter.

STILES. — At 5, Castle Terrace, Edinburgh, on the 7th instant, the wife of Harold Jalland Stiles, M.B., F.R.C.S.E., of a son, stillborn.

DEATHS.

RAWSON. — September 25th, suddenly, at his residence, "Brooklands," Thornton, Bradford, Edwin Elsworth Rawson, M.R.C.S.E., L.S.A., etc., aged 53 years.

RICHARDSON. — On September 17th, at his residence, Queen Street, Keighley, Yorks., William James Richardson, M.B., aged 28. Deeply regretted.

YOUNG. — On August 5th, at Monkden, Manchuria, North China, Florence Mary, the beloved wife of T. M. Young, M.B., C.M.Edin., and eldest daughter of John Benson, M.R.C.S., Sheffield, of typhoid fever, aged 26.

CORNS AND TENDER FEET.

CORN'S AND TENDER FEET.

D. TOLMY MASSON, M.A., M.D. (Edinburgh), writes: "A Brigade-Surgeon" may profit by the following hints, the outcome of considerable study and experience in the treatment of tender feet. 1. Unsuitable stockings are often more hurtful than tight shoes and boots. Seamed stockings should be carefully avoided. Even when knots and loose threads are pared away the seams do serious mischief. Perhaps "A Brigade Surgeon" has heard of the practice among soldiers of turning their stockings inside out before beginning a long day's march. Knitted woollen stockings, well fitting and undarned, form an essential item both in the prevention and cure of this troublesome ailment. 2. In the active treatment of corns a hot foot-bath is the first step. It softens the outer crust of the horny-like growths and callosities, which, when thus softened, may be partly rubbed away by the energetic use of a good bath towel. Repeat this process from time to time, wearing suitable stockings and easy shoes, and you will in many cases attain, if not a cure, yet at least a gratifying measure of alleviation. 3. A touch of glacial acetic acid, carefully applied to the centre of the more prominent callosities, will greatly facilitate this treatment, but the acid must of course be used with care; even a medical expert should not be his own patient when using so dangerous a remedy. 4. A piece of "impermeable pliline," consisting of soft cotton tissue backed with gutta percha, if nicely fitted into the stocking over the corn, and moistened, will often give comfort to the sufferer and hasten his cure. The mechanical benefit of this cleanly form of poultice may also be variously helped out by judicious medication, for example, the moistened "pliline" may advantageously be smeared over with an emollient ointment, consisting of soap, lanoline, vaseline, or olive oil, etc. 5. In suitable cases I have sometimes, by more heroic treatment, effected the radical cure of corns that threatened serious mischief. With acetic acid I turned the corn into a blister, whose effused fluid mechanically uprooted the callous growth down to its ultimate filaments—a plan of extirpation which I venture to suggest as applicable and effectual in the early stage of growths more to be feared than corns. Here, again, care and careful discrimination are indispensable.

TO CORRESPONDENTS.

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

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

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