

frequent in the nerves in anæsthetic leprosy than in the other two forms. In my experience they are about equally common.³ Leloir⁴ raises the question whether the bacilli completely disappear in old cases of anæsthetic leprosy. Certainly they are very rare in the viscera in such cases. Thus, in the Report already quoted I only found them three times in the viscera (twice in the liver and once in the spleen) out of a total of thirty-two occurrences in various viscera.

If bacilli gradually dwindle away in old anæsthetic cases, there is, of course, more hope for the surgeon. However this pathological point may eventually turn out, the above case—together with another which I have quoted elsewhere⁵—seems to establish the fact that nerve stretching may be indefinitely repeated in the same patient and in the same nerves with good hope of relief. However often the operation may have to be repeated for painful perforating ulcer, it is certainly preferable to the amputation which these unfortunate patients often beg for.

NOTES ON DIPHTHERIA IN ANIMALS AND IN MAN.

BEING A SUMMARY OF AN INVESTIGATION CARRIED OUT DURING AN EPIDEMIC IN BUENOS AYRES.

By JAMES T. R. DAVISON, M.D. EDIN.,
Late House-Physician to the Edinburgh Royal Infirmary.

DURING the last few years diphtheria has taken a firm hold on the population of Buenos Ayres. It is the custom in this city to publish in the daily papers mortality tables showing the diseases which have proved fatal, and the houses where the deaths have taken place. With the object of finding out, if possible, the causes of this epidemic, I undertook an investigation, taking as a basis the deaths occurring during the first half year of 1889. I examined the mortality tables, and by their means I was enabled to find 260 houses where patients had died from diphtheria during those six months. I visited each of these houses, and obtained personal information as to the special conditions in which each house was placed. I will briefly relate the most important part of the information I have elicited during my inquiry.

The facts gathered enabled me to affirm that the great cause of the present epidemic of diphtheria in Buenos Ayres is the presence of animals, especially hens and horses, in yards, without any pavement, or hardly paved. Most of the houses in Buenos Ayres have what are known as "patios." There are open spaces within the houses. Some houses have three or four of these "patios," and frequently, especially amongst the poorer classes, the back "patio" is not paved, and hens are kept on it. The soil of Buenos Ayres is of a very retentive character, consequently these unpaved "patios" enclosed, as they are, by walls, which obstruct a thorough ventilation, are highly favourable to the production of dampness. Hens which live on these damp soils become a prey to diphtheria, and children who play in these back yards contract the disease from these hens.

Of the 260 houses which I examined I found that hens were kept in 145, and of the remaining houses hens were kept in houses immediately adjoining in 35 instances, the separation of the yard in some cases being so insignificant as to make the two houses a single one.

I found that 35 per cent. of those who died from diphtheria lived in houses where horses were kept, or in houses immediately adjoining stables. Mention may here be made of the statistics of some of the European armies with relation to diphtheria mortality. In the French army there are three times as many deaths from this disease amongst cavalry as amongst infantry troops. The same holds good for Germany. Diphtheria is three times as fatal in the cavalry as in the infantry regiments, while in Hungary the disease prevails very little in the army, but where it does prevail it selects its victims chiefly from the cavalry regiments. I found that of the houses where diphtherial patients died, and where some of the following animals existed—horses, hens, pigeons—85 per cent. had back yards without any pavement, or with very imperfect ones.

Of the 260 houses examined, I found that in 205 horses, hens, or

pigeons were kept either in the house itself, or in the house immediately adjoining.

I found out the following practical cases, pointing to the direct infection of children from hens affected with diphtheria.

1. In Corrientes Street, a child, 2 years of age, died in the month of January. The house had a single storey, and had a back yard without pavement. A few days before the child took ill two of the hens which were kept in the house had ulcers in the throat.

2. In California Street, two children, one 2 years old the other 4, died in the month of March. The house was a lodging-house, and had a back yard without pavement. A few days before the children died two of the hens which were kept in the house died, having "made a strange noise with their throats" during their illness.

3. In Europe Street, a child, 3 years of age, died in the month of April. Lodging-house, with back yard, without pavement. A month before the child died the hens sickened with an "affection of the mouth."

4. In Salta Street, a child, 9 years old, died in the month of April. House had a back yard, without pavement. Three weeks before the child, several of the hens died with "ulcers in the throat."

5. In Talcahuano Street, a child died from diphtheria (all these cases that I am relating died from this disease). This child was in the habit of playing all day in the back yard, where the hens were kept. In those days when the child sickened, several hens died from an affection, where the "throat was swollen, and membranes were extracted from the nostrils."

6. In Jehallos Street, two children died of diphtheria in the month of May. Back yard without pavement. A month previous to the death of these children the hens suffered from ulcers in the throat.

7. In Belgrano Street, a girl, 16 years of age, died of diphtheria. The yard was paved, but imperfectly so. A hen house was kept in the yard. A few days before the girl died two of the hens had suffered from ulcers in the throat.

8. In San Antonio Street there is a large lodging-house, where several children had died of diphtheria at different times. There is a yard without pavement. The man in charge of this house informed me that it is a common thing for the hens kept there to suffer from ulcers in the throat.

9. A physician in Buenos Ayres lives in a two-storeyed house. On the ground floor a hen house is kept on one of the "patios." One day he saw one of his children playing amongst the hens, and reminding that he had once assisted at a fatal case contracted from a diphtherial hen, he called out to his child to come upstairs. Next day the child sickened with diphtheria, and subsequently died. It was found that the hens at the time were suffering from ulcers in the throat.

These cases which I have selected would of themselves point strongly to the direct infection of children from hens and other animals; but, taken in conjunction with recent observations made in England and on the Continent, they are a strong testimony to the truth of the theory which ascribes diphtheria in animals to the presence of a damp soil, and diphtheria in the human subject to contagion from animals so infected. I do not for a moment wish to state that diphtheria in the human subject has no other origin than that just mentioned. It is, however, ascertained that diphtheria in the human subject may be due to dampness, to the removal of mixed deposits of vegetable and animal matter after they have been in intimate union for some time, to infected milk, and lastly, but very rarely, to infected water.

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

THE PRIMULA OBCONICA.

IN recent numbers of the BRITISH MEDICAL JOURNAL several communications have appeared attributing to the above plant a place in the causation of eczema. It is right to state that the irritating properties of the obconica towards the skin of those handling it have been known for some time to cultivators. In April, 1889, a gardener, whom I was treating for a peculiar eruption on the hands and forearms, brought under my notice a para-

³ Vide Report for 1887.

⁴ *Op. cit.*, p. 223.

⁵ *Lancet*, September 17th, 1837.

graph in the *Garden and Forest*, in which the plant was credited with being the cause of similar troubles. Direct experiment soon established the origin of my patient's affection in the plant, and since then I have seen numerous cases of the kind. I have also tested the matter experimentally on my own skin with conclusive enough results. As far as my observations, however, justify an opinion, the effects produced are not to be described as constituting a true eczema. On the susceptible skin—for it has to be said there are many persons who can freely handle the flower with impunity—the typical result is a simple dermatitis, with a more or less abundant crop of small red papules. In the few cases I have seen simulating an eczema, there was either a predisposition to that affection or some other possible cause existing. Again, in contradistinction to what a correspondent in the *BRITISH MEDICAL JOURNAL* of October 4th suggests—namely, that the irritant action is due to “either the acrid juice or some fungus or poison to be found on dead or decaying leaves,” and that he “can find no apparent cause in flower or leaf”—I believe that the mischief is set agoing by the hairs which abound in stems and leaves, and the younger and more vigorous the plant the more active is it for evil. Such, at least, practical gardeners tell me is the case, and my own experiments have been with a young plant.

As this is one of the few primulas capable of household cultivation, and it is of comparative recent introduction to this country, it can be readily understood that its peculiar effect may be both very widespread and very perplexing.

Perth.

JAMES FERGUSON, M.B., C.M.

“RECTAL OBSTRUCTION” IN A CHILD.

A CASE analogous to that recorded in the *BRITISH MEDICAL JOURNAL* of September 20th seems worthy of mention.

On August 8th I was sent for to see K. R., aged 10, suffering from diarrhoea, with severe abdominal pain dating from five days before. By the usual inquiries as to the diet of the previous days, I found that on the previous Saturday the child had taken part in a school treat in which nutting had been a part of the festivities.

The motions were almost entirely mucous, blood streaked, and very offensive, and contained a few broken nutshells. In spite of full doses of opium, pain was not completely relieved, and there were six or more scanty motions of similar character daily, with increasing tenesmus, until August 12th, when the tenesmus became continuous, with pain referred to the rectum. The position and general condition were as described in the case alluded to.

On examination, a fixed hard mass could be felt in the right iliac region, and at the half-dilated anus was felt and seen a mass of broken nutshells. After an enema of warm oil, with the help of the finger, about a quarter of a pint of the broken shells, with a very scanty cement of faecal matter, was brought away, and more could be felt as far as the finger would reach. Treatment was continued with morphine and iodoform suppositories and enemata of oil, and on each of the next two days a similar mass was dislodged, yielding in all not less than half a pint of the broken nutshells. A few ounces of foetid blood and mucus accompanied and followed the passage of the shells, but subsequent recovery was rapid, and within a week nothing could be felt of the perityphlitic thickening.

Some interest seems to lie in the nature of the mechanical irritant and obstruction. Fruit seeds, skins, and stones are, of course, an abundantly common cause of bowel trouble in children; and from roadside evidence I know that, in some parts of Germany at any rate, cherry stones are, as a matter of course, swallowed with the pulp. Further, I gathered from my patient that other children on the same day ate nuts—shells and all. Still the morbidness of taste involved seems well exemplified here. K. R. had a severe attack of diarrhoea last summer from swallowing nutshells, and was noted at home for her strange cravings. She had had two years ago an attack of hysteria with crying and biting fits, alternating with dull stupidity, with a vacant aspect and slight choreiform movements for two or three weeks. The father is in a condition bordering on general paralysis of the insane, and comes of a neurotic stock. And so the case seems to fall into the class of morbid cravings dependent on mental affection—something more than the deeper deficiency of judgment of childhood; although there is now nothing notably defective or unusual in the child's mental condition.

Shaftesbury.

C. S. EVANS, M.B. Cantab.

A FATAL CASE OF SULPHONAL POISONING.

ABOUT 9 A.M. on October 6th, my principal (Dr. J. C. Clarke) and myself were called to see a gentleman who was stated to have taken an overdose of sulphonal, which drug he had been taken for a short time to produce sleep. On arriving at the house, we found the patient in a state of stupor, from which, however, he could be partially roused. There were two empty one-ounce bottles of sulphonal on a table close to his bedside, one of which had been quite full on the previous evening, while the other had been almost empty, so that he must have taken rather more than an ounce of the drug. The stupor gradually deepened into complete insensibility and anæsthesia; the pupils remained normal and reacted to light; the conjunctiva became insensible to the touch; and the anæsthesia became so complete as to prevent him swallowing. He lay on his side, breathing slowly and regularly, but there never was any stertorous breathing; his pulse was for the most part slow, but sometimes rose as high as 90 per minute; his temperature ranged between 100° and 102°, 103° being the highest registered. His body was bathed in a profuse perspiration. There was total suppression of urine after the evening of the first day.

He remained in this state until 3 o'clock on the morning of October 9th, when his breathing suddenly became short and jerky, and then stopped altogether, he having remained totally insensible from Monday morning until his death on Thursday morning.

The treatment consisted in applying warmth and using the stomach-pump in the first instance, and subsequently in administering enemata of brandy, eggs, and beef-tea, together with hypodermic injections of brandy and of strychnine.

The case is of interest as being, as far as I know, the only recorded case of death resulting from an overdose of this drug.

Morley.

W. H. E. KNAGGS, M.B. Edin.

ANTIPYRIN AS AN ANTIGALACTOGOGUE.

READING HAVEN ROSS'S and Salenci's experiments with antipyrin for the above-named purpose, I was led to try it in the following six cases:—

Case.	Dose.	Result.
No. 1	20 grains for 3 nights	Cessation of milk flow.
No. 2	15 „ 4 „	„ „
No. 3	10 „ 3 „	„ „
No. 4	15 „ 3 „	„ „
No. 5	10 „ 5 „	„ „
No. 6	20 „ 3 „	“No effect.”

No 6 was a very hysterical patient, and a primipara; the other five cases were multiparæ. In No. 6, nothing in the form of medicine had any effect on the flow.

Bexhill-on-Sea.

EDWARD H. RYAN-TENNISON.

MODIFICATION IN THE APPLICATION OF THE UPPER BLADE OF THE LONG FORCEPS.

IN bringing forward the following suggestion, I do so with full knowledge that to obviate the difficulties in applying the upper blade many mechanical contrivances have from time to time been made, besides postural methods suggested and reported in the medical journals of the day.

With few exceptions, authorities tell us that the “lower” blade is to be applied first. In this method “apply your upper blade first.” If possible, have the patient lying on her left side, within easy reach on the bed in the usual obstetric position. Ascertain as accurately as possible the presentation. For the sake of argument, let it be in the first cranial, occipito-anterior, and within the brim. The membranes being ruptured and the os fairly dilated, pass the upper blade (first through the vulva into the vagina inside the os to the left side of the presenting head), just as if it were the lower blade. The handle is at first raised somewhat above the right buttock, and points towards the middle of the outer side of the right thigh; as the blade passes in following the curve of the fetal head, it—the handle—drops and comes opposite the vulva; then, completing the curve, it lies in the fourchette. The concavity of the edge of the blade now faces the hollow of the sacrum. Now, gently rotate the handle from left to right, at the same time drawing it downwards towards the bed, and a little forwards towards the thighs; by this movement the blade passes from the left temporal region to the frontal. As it

passes over the two frontal bones the handle makes a sweep, describing an arc of a circle—the convexity of the arc being towards the bed. Continue the movement in the interval between the pains, withdrawing the blade a very little and then reintroducing it, so avoiding any obstructions; the handle then comes back to the fourchette, with this difference: at first the outer surface of the handle faced upwards, whereas now it is looking downwards towards the bed. The blade is now accurately applied to the right side of the head. Next introduce your lower blade, only pass it “posteriorly to the upper.” The two blades lock and traction can be made.

By this method it is unnecessary to move the patient to get the buttocks over the edge of the bed, as the handle of the upper blade does not come in contact with the bed. I have carried out this method in several cases quite successfully, and in one instance delivered the patient by instruments without any trouble as she lay on the right side.

Oakham.

J. W. HANCOCK STEIL, M.B.

REPORTS

ON

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

SECTION HOSPITAL (No. 1), MEERUT.

NOTES OF A CASE OF TRAUMATIC SEPARATION OF THE EPIDIDYMIS.

(By CHARLES H. BEDFORD, M.B., C.M., B.Sc. Edin., M.R.C.S. Eng.,
Surgeon Bengal Medical Service.)

PRIVATE D. R., 5th Royal Irish Lancers, aged 23, four years' service—one in India—was admitted on July 19th, 1890, suffering from the effects of a severe blow on the testicle. Next day, he was sent over to the large station hospital, the cases of which, at that time, were under my care. He gave me the following history: He was returning from mounted duty at 7 A.M., on the 19th, and was reining up his horse at the stable, preparatory to dismounting. The horse took fright, bounded suddenly forward, and he was thrown on its neck. I should add that the horse had only the “numnah” (a thick, felt covering under the saddle), but no saddle, on; a military saddle, having large leather “wallets” fixed in front of it, renders it more difficult for the rider to be thrown on the horse's neck.

The patient was taken to No. 1 Section Hospital, suffering from severe vomiting, which was almost continuous for one hour after, and lasted intermittently till 7 P.M. Along with this, there was sickening epigastric sensation, and great pain along the spermatic cord, round to the loins, and down over the iliac crests. His temperature rose to, and kept up for some time at, 104.3° F. He had also retention of urine for twenty-four hours after the accident; but, immediately after receipt of the injury, he passed his water involuntarily.

He was treated at No. 1 Section Hospital, locally with hot fomentations, and support of scrotum on pillow between the thighs; for the pyrexia, by sponging the body with iced water; and he was dieted for that day on iced milk only.

The next day he came under my charge at the Station Hospital. The vomiting, pyrexia, and nausea had gone, but great pain was felt in the testicle, up the cord, and over the loins and iliac crests.

The urinary function was now normally performed. On examination of the injured part, I noticed that there was absolute relaxation of the dartos muscle; the scrotum was completely relaxed, and devoid of rugæ to an extent not usually met with from tropical heat alone. The body of the left testis was found in its usual position, but there was no trace of inflammatory effusion into its substance. It was extremely hyperæsthetic, and the slightest compression was agonising. The left epididymis was found lying completely detached at the bottom of the scrotum; the spermatic cord was unruptured (as far as it was examinable), and could be distinctly traced running to, and in its normal relation to, the epididymis, that is, on its inner side. This separated epididymis was extremely sensitive on the least pressure. There was neither hæmatocele, nor subsequently any hydrocele. The left vas deferens was slightly thickened. The right testicle, epi-

didymis, and cord were devoid of swelling, but were extremely painful on manipulation, and there was neuralgic pain up the cord.

He was treated by hot fomentations, support locally on a pillow, and got a hydragogue cathartic, and also a sleeping draught at night. The next day his condition was unaltered; still much pain, but no swelling. I ordered the parts to be swathed in cotton wool, after being thickly smeared over with extr. belladonnæ and glycerine, in equal proportions; and the scrotum was supported by a “crutch pad,” which I prefer infinitely to all other forms of support, as being the least hot and uncomfortable, and keeping an inflamed testicle better slung up than any other. He was also ordered injectio morphinæ hypodermica, miv , at night, for the relief of pain. This condition lasted for some days. It was impossible to bring the dislocated epididymis into apposition with the posterior border of the testis, and to fix it there by strapping, in the hope of adhesive inflammation occurring, as the parts were so extremely painful; and such a procedure as cutting down and stitching the severed epididymis to the body of the testis was negatived by: (1) the integrity of the other gland; and (2) the risk of operation was not commensurate with the advantage to be gained.

On July 30th, during my absence on leave, the testicle was sufficiently painless to allow of its being strapped by the medical officer in charge of my cases. Apposition of epididymis to the body was not then obtained, but the strapping gave much ease by fixing the still painful parts. The man was discharged, on August 18th, with no pain, but great sensibility to pressure of the gland.

REMARKS.—The testes are naturally protected from injury by three means, mainly: (1) The great mobility of the testicle; it is very readily displaced out of the way of any injuring force. (2) The laxity of the surrounding tissues: I once saw a case in which the testicle had been, by a fall on the fork of the leg on a broad surface, displaced up into the areolar tissue of the abdominal wall, above Poupart's ligament; the history was quite clear, and the gland was easily replaced in its normal position by manipulation. (3) The strength of the tunica vaginalis.

In connection with this rare form of injury, it may not be out of place to briefly recall the following facts: The epididymis is covered with the visceral layer of the tunica vaginalis superiorly, inferiorly, and laterally, but is bare posteriorly, a fact which explains the greater frequency of hydrocele in inflammations of the epididymis, according to Treves.¹ At the posterior border of the epididymis, the visceral and parietal layers of the tunica vaginalis meet, thus fixing the testicle and its epididymis to the posterior part of the scrotum.

The epididymis is attached to the testicular body by the visceral tunica vaginalis; by the vasa efferentia, blood vessels, etc., which pass from the globus major into the body of the testis; while the body of the epididymis and globus minor are attached to it mainly by connective tissue. The whole testicle is slung by the spermatic cords; and is fixed by the uncovered posterior border of the epididymis, and by a few blood vessels which enter there. Thus we say that the vasa efferentia, blood vessels, and nerves of the testis (derived from the spermatic plexus of the sympathetic system) must have been torn across by the separation which occurred between the epididymis and body of the testis. It is above noted that hæmatocele was not discoverable at any period after the accident; I am at a loss to explain this, even under the hypothesis that the vessels were torn by the violence they suffered, or by occlusion by torn fragments of epididymis. The intense shock shown by the long continuance of severe vomiting, as well as by the pyrexia, and urinary phenomena, and dartos paresis, is explained by the tearing across of the sympathetic nerve fibres distributed to the testis, as well as to the blow on the right testicle.

Another very remarkable fact was the absence of inflammatory action in the parts, except in the case of the left cord, which was certainly thickened.

In this case, atrophy of the left testicle must inevitably follow, because of the loss of continuity of the testicular ducts. In each of these cases cited by Mr. Birkett,² in which the vas deferens was ruptured within the abdomen—between the internal inguinal ring, and the spot the vas approaches closest to the ureter—atrophy followed. As to the mode of production, I imagine that, when the patient was thrown on his horse's neck, the epididymis

¹ *Surgical Applied Anatomy.*

² In Holmes's *System of Surgery.*

of the inmates, and the general health and sanitary condition of the institutions. We believe the publicity thus given to the management and administration of our asylums has been the means of largely increasing the general confidence with which they are now regarded.

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.

BRANCH MEETINGS TO BE HELD.

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.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.—The next meeting will be held at the Queen's Hotel, Eastbourne, on Thursday, November 20th, at 3.30 P.M.; Mr. J. H. Ewart in the chair. Dinner at 5.30 P.M.; charge 6s., exclusive of wine. Dr. Adams will read a paper on Congenital Occlusion of the Urethra. Notice of papers or cases should be sent to the Honorary Secretary, T. JENNER VERRALL, 97, Montpellier Road, Brighton.

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.

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 3.30 P.M. An address will be delivered by the President, Mr. John Alcock.—GEORGE REID, Honorary Secretary.

WEST SOMERSET BRANCH.—The autumnal meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, November 6th, at 5 o'clock. Dinner (5s. a head, exclusive of wine) at 5.30. A discussion will take place on the Use of Ergot in the Second Stage of Labour. The titles of any paper or communication to be brought before the meeting must be sent to W. M. KELLY, M.D., Honorary Secretary, Taunton.

NORTH OF IRELAND BRANCH.—The autumn meeting of this Branch will be held in the Royal Hospital, Belfast, on Thursday, October 30th, at 4 P.M. Business:—Dr. O'Neill: The Treatment of Lupus. Dr. John Strahan: New Uses of Old Drugs. Dr. Calwell will show Plates of Rare Skin Diseases. Dr. Byers: Drainage in Abdominal Surgery. Gentlemen wishing to read papers, show specimens or patients, will kindly communicate, as early as convenient, with the Honorary Secretary, JOHN W. BYERS, M.D., Lower Crescent, Belfast.

SOUTHERN BRANCH.—The next meeting of the South Wilts District will be held at the Angel Hotel, Salisbury, on Wednesday, November 5th, at 2.30, preceded by luncheon, the charge for which will be 3s. 6d. a head, exclusive of ale or wine. Papers or cases will be read by Mr. Luckham, Mr. H. Coates, and Mr. Straton. A discussion on Rheumatism will be opened by Mr. Kelland. Members intending to be present to give notice to the Honorary Secretary, H. J. MANNING, Laverstock, Salisbury.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—The next Branch meeting will be held at Abergavenny on Thursday, November 6th. Members wishing to read papers, etc., should send titles to Dr. Sheen before the 22nd inst.—A. SHEEN, Cardiff, and D. A. DAVIES, Swansea, Honorary Secretaries.

STIRLING, KINROSS AND CLACKMANNAN BRANCH.—The autumn meeting of this Branch will be held in Stirling, on Tuesday, October 28th. Dr. Macpherson will exhibit specimens of Cortical Cell Degeneration in various forms of Insanity. Members desirous of exhibiting cases, specimens, etc., are requested to communicate with the Honorary Secretaries, C. J. LEWIS and J. PEAKE.

THAMES VALLEY BRANCH.—The next meeting will be held at Richmond, on Wednesday, November 5th. Members willing to read papers or exhibit cases are requested to communicate with the Honorary Secretary, CHARLES C. SCOTT, M.B., St. Margaret's, Twickenham.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting will be held at the Hackney Town Hall on Thursday, November 20th, at 8.30 P.M. It will be devoted to papers, not exceeding ten minutes in length, by local practitioners. Members wishing to read papers will kindly communicate with the Honorary Secretary, Dr. J. W. HUNT, 101, Queen's Road, Dalston, N.E.

BATH AND BRISTOL BRANCH.—The first ordinary meeting of the session will be held at the Museum and Library, Bristol, on Wednesday evening, October 29th, at 7.30 P.M.; A. B. Brabazon, M.D., President. The following communications are expected:—J. M. Clarke, M.B.: Hysteria in the Male. P. W. Williams, M.B.: A Case of Epithelioma of Oesophagus, with Unusual Complications. J. G. Swayne, M.D.: A Case of Puerperal Convulsions. A. E. Aust Lawrence, M.D.: Pelvic Pain in Women; its Treatment by the Hot Vaginal Douche and the Faradic Current.—E. MARKHAM SKERRITT and R. J. H. SCOTT, Honorary Secretaries, Clifton.

YORKSHIRE BRANCH.

The autumnal meeting of this Branch was held at the Crown Hotel, Scarborough, on Wednesday, October 22nd, the President, Dr. EDDISON, of Leeds, in the chair.

The Registration of Midwives Bill.—The (Amended) Bill to provide for the registration of midwives was discussed. The following resolution was unanimously passed: "That this meeting of the Yorkshire Branch, while desiring to promote the better training of nurses in every detail of their work, is strongly of opinion that the legislation proposed in the Bill for the Registration of Midwives is undesirable and entirely unnecessary, and unanimously protests against the Bill as sent down by the Parliamentary Bills Committee."

Papers.—Mr. H. BENDELACK HEWETSON read a paper on the Surgical Treatment of Deafness and Mouth Breathing arising from Nasal Stenosis, with remarks upon the general condition of habitual "Mouth Breathers."—Mr. J. W. DRAPER reported Cases treated by Hypnotism.

SPECIAL CORRESPONDENCE.

SHEFFIELD.

Commencement of the Annus Medicus.—Smoke Abatement.—
Mr. W. F. Favell.

CERTAIN events inform us at this season that a new Annus Medicus has commenced. The introductory address by Dr. Sidney Roberts, with which the winter session of the 63rd year of the Medical School was opened, was, as usual, listened to by an audience which included several ladies and non-medical men. The Medico-Chirurgical Society held its first meeting on the 9th inst., when the President, Mr. Dale James, delivered an able address on Modern Dermatology, to a good attendance of members. The Students' Debating Society has commenced operations, and, under the presidency of Dr. Arthur Hall, is likely to do good work during the session.

A meeting of the profession was held on October 18th, to consider the smoke question, it having been thought that an expression of medical opinion would tend to strengthen the hands of those who are agitating for measures to be taken for its abatement. Dr. Law presided, and the attendance was large and representative. A resolution was unanimously adopted setting forth the prejudicial effects on health of a smokeladen atmosphere. Several of the speakers alluded to the late epidemic of influenza and pneumonia, and of the much more fatal results of these epidemics in persons who resided in the east or smoky end of the town, to those who lived in the purer atmosphere of the residential districts at the west end. Attention was drawn to this fact in these letters at the time of the epidemic. It is to be hoped that the efforts that are now being made will lead to some practical results. A portion of the community appear hitherto to have regarded an abundance of smoke as an evidence of flourishing trade, and difficulties naturally arise in "prevention," from the fact that the authorities are in many cases themselves makers of smoke. The Health Committee appear to be alive to the importance of the matter, and such an expression of medical opinion will hardly fail to lend encouragement to their efforts to cope with the evil, as it will also to those outside the officials who have the subject in hand.

Among the recent additions to the borough magistracy appears the name of Mr. W. F. Favell, Senior Surgeon to the General Infirmary. The announcement has given the greatest satisfaction to his professional brethren.

permanent salary as sanitary officer, I could not claim fees for attendance at court. The question I wish to have answered is: Can I recover the two guineas from the guardians? and, if so, under what statute?

At the time of my appointment I made no special argument with the guardians as to extra duty in sanitary matters.

. We do not think our correspondent can recover the fees referred to. Apart from the question between him and the guardians relative to the duties which the permanent salary of sanitary officer would be held to include, the services in this case were rendered *ex officio* and voluntarily, not on a subpoena.

BUYING A PRACTICE.

D. J.—We gather from the statement of facts submitted that there are two points involved: (1) whether or not the legal rights of our correspondent have been infringed; and (2) whether or not the conduct of the immediate vendor calls for inquiry by the General Medical Council.

In considering the first point, there is involved the question of whether on the occasion of the first sale the vendor agreed not to practise in the neighbourhood. If this question is answered in the negative, we do not think that "D. J." can restrain the first vendor from renewing his practice. The decisions on the subject have been somewhat conflicting, but it has recently been held by the Court of Appeal that a vendor of a business is not, in the absence of express agreement, to be restrained from soliciting his old customers (*Pearson v. Pearson*, 27 Ch. Div.); and we think this equally applies to the vendor of a professional practice.

In considering the matter from a moral point of view, however, and in order to show how it was regarded by the late Master of the Rolls, we may mention that he commenced his judgment in *Ginesi v. Cooper*, 14 Ch. Div., by saying that "Thou shalt not steal" was as much a portion of the law of courts of equity as it was of courts of law, and indicated his surprise at the proposition that a trader who had sold for value his business and goodwill to another was entitled, notwithstanding, to solicit his old customers to deal with him, just as if no sale had ever taken place.

With regard to the second point, we would suggest that the statement, correspondence, and newspaper reports should be sent to the Faculty of Physicians and Surgeons, Glasgow, by whom they would be probably dealt with, or forwarded to the General Medical Council for inquiry; one or other course appears, on the facts stated, certainly to be called for.

COMPACTS WITH DRUGGISTS.

L.R.C.P. and S.E.—It is not often that so palpable and flagrant an attempt to enter into an unprofessional compact with prescribing druggists (to which we cannot but think that the advertisement clearly points) is made public. It may, therefore, be well for the local profession to carefully observe the "coming man." What with penny-a-week dispensaries, provident medical societies, prescribing chemists, and the like, the professionally loyal, but more or less impecunious, young practitioner has in modern practice a distinctly up-hill fight to battle with.

. Owing to the severe indisposition of a member of the staff, we have to defer various replies.

UNIVERSITIES AND COLLEGES.

OXFORD.

THE MEDICAL SCHOOL.—The entry of medical students this year in the University is larger than for many years. In Oxford a medical student does not begin his medical studies, that is, human anatomy and physiology, until he has passed, in addition to the entrance examinations, called Responsions, or more familiarly "Smalls," the Preliminary Examination in Natural Science. This examination closely resembles the Preliminary Scientific Examination of the University of London, with this difference in favour of the Oxford student, that he is allowed to offer each of the subjects, namely, chemistry, physics, zoology, and botany, at a different time. A great effort has been made during the last few years to abbreviate the time required for preparing for this examination, partly by limiting the scope of the schedules, but chiefly by improving the means of practical instruction. For the student of medicine a year and a half is the utmost that can be given, without too much curtailing the time at his disposal for other purposes, to the preliminary study of the sciences which are not immediately connected with physiology or medicine. A few years ago it was impossible to get through the necessary work for the preliminaries in less than a couple of years, but now it is satisfactory to find that a well prepared student succeeds in passing them at the end of the first year after matriculation. The increased number of medical students this year is largely due to this shortening of the Preliminary Science course. In the Physiological Department 25 medical students are working, of whom 10 are beginning their medical studies this year. Of the 25, all excepting four are also candidates for honours in the Natural Science Schools, and will offer physiology as the principal subject in the Final Examination for the degree of B.A. In the Anatomical Department the number of students working is 30, a number in excess of any previous year. The Anatomical Laboratory is but just equal to the increase in the

numbers of the students, and before long it is evident that the present temporary buildings must be replaced by permanent buildings worthy of the important subject to be taught in them. At the Radcliffe Infirmary practical ward work is taught by the physicians and surgeons, and systematic courses of elementary medicine and surgery are given by the Lichfield Lecturers.

CAMBRIDGE.

APPOINTMENT OF EXAMINERS.—The following are nominated as examiners in the various subjects of the medical examinations: Chemistry: Mr. Pattison Muir, Christ's; and Dr. Ruhemann, Caius. Physics: Professor Thomson and Mr. Wilberforce, Trinity. Biology: Mr. Sedgwick, Trinity; and Professor Marshall Ward, Cooper's Hill College. Anatomy: Professor Macalister and Professor Windle. Physiology: Mr. L. E. Shore, St. John's; and Dr. Sherrington, Caius. Pharmaceutical Chemistry: Mr. Robinson, Downing; and Mr. Acton, St. John's.

DEGREES.—At the Congregation on October 16th the following degrees were conferred:—M.D.: Hugh Richard Jones, M.A., M.B., St. John's College (Thesis, The Health of the Vyrnwy Valley); Edward Lawrence Fox, M.A., M.B., Cavendish College (Thesis, The Diagnosis and Treatment of Empyema in Childhood). B.C.: J. H. C. Dalton, Trinity College.

SCHOLARSHIPS IN SCIENCE.—Peterhouse: R. C. Slater, Clifton College, has been awarded an entrance scholarship of £40 a year in Natural Science, St. John's: Foundation scholarships of £20, £20, and £50; minor scholarships of £50, and exhibitions of £40 and under, will be awarded at the open competition beginning on December 9th; subjects: Physics, Chemistry, General Biology, Botany, Zoology, Human Anatomy, Physiology, and Geology. Applications to be made before December 1st to the tutors, Dr. Sandys, Rev. J. T. Ward, Mr. Heitland.

GLASGOW.

THE following gentlemen have passed the First Professional Examination for the degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.):—

R. Y. Aitken, J. D. Baehoup, D. Beatson, W. Blair, R. Boyd, T. S. Brodie, J. P. Brown, M.A.; J. Brown, T. D. Brown, A. J. Brownlee, R. Bruce, A. Cameron, E. A. Campbell, J. J. Carruthers, H. B. Causley, V. E. Chang, J. M. N. Christie, J. Clark, W. S. Cook, J. Cumming, A. Dingwall, M.A.; D. Dinwoodie, F. Dittmar, M.A.; A. Dodds, A. Donald, W. Donaldson, J. E. Downs, F. Elliott, J. Ferguson, J. W. Findley, A. Forrest, R. W. Forrest, G. W. Francis, J. Fullarton, W. Fyfe, J. F. R. Gairdner, J. G. Gibson, T. B. Gilchrist, R. K. Goldie, H. B. Grant, R. Grieve, M.A.; D. F. Harris, C. B. Harrison, A. G. Hay, M.A.; G. S. Illingworth, G. Innes, M.A.; W. Irwin, J. R. Jeffrey, W. L. Jones, T. Kay, A. J. Laird, R. Langmuir, M.A.; J. F. Lees, R. R. Manners, C. S. Marshall, T. B. Marshall, J. Masterton, D. M. F. Miller, B. B. Morton, T. R. Muir, P. M. Bryde, G. M. Callum, J. M. Feat, A. MacGregor, W. A. Mackay, J. M. Kie, J. I. Macmillan, M.A.; T. M. Nay, B. S. Nicholson, G. Nicoll, J. H. Ormond, A. C. Park, J. Patrick, M.A.; A. F. S. Pearcey, E. L. Pollonais, W. P. Porter, A. Rachman, J. Rankin, W. Rankine, A. Revie, A. K. Robertson, A. M. L. Robertson, J. Robertson, J. C. Robertson, S. K. Rey, J. Shaw, A. N. Sinclair, E. P. Sinclair, M. A. M. I. Sinclair, W. S. Sinclair, J. M. Smith, J. Sturrock, E. Sugden, J. Thomas, J. R. Turner, J. J. Urwin, F. H. Waddy, A. A. Warden, M.A.; J. L. Watson, R. G. Whitelaw, J. Y. Whyte, H. W. Williams, J. D. O. Wilson, H. R. Wolfe, R. T. Wood, S. M. K. Wotherspoon, A. G. Young, A. Young.

The following gentlemen have passed the Second Professional Examination:—

R. H. Allen, C. J. Babes, T. Barrowman, J. E. Bow, J. J. Boyd, W. B. Brodie, F. Brown, W. M. Brown, A. Cameron, D. G. Carmichael, R. J. Carroll, J. Carlaw, M.A.; W. Casals, J. Cochrane, A. D. Dewar, P. F. Dewar, A. S. Dick, T. Divine, W. W. Don, G. A. Radie, E. A. Eckersley, A. B. Ferguson, A. Findlay, R. Forsyth, J. J. Fraser, W. Fulton, T. A. S. Gibb, D. M. I. Gien, F. Gracie, R. Guy, T. Hamilton, J. B. Hartley, E. D. S. Heyliger, A. Higgle, C. Higbet, J. L. Howie, G. L. Kerr, H. Kerr, M.A.; T. Kirkwood, M.A.; T. D. Laid, J. Lamont, J. Lindsay, J. B. Littlejohn, W. Lowe, H. C. Marr, J. R. M. C. Miller, M.A.; J. Moffat, J. D. P. Monro, M.A.; J. Morison, J. H. MacArthur, W. M. Call, J. M. Donald, M.A.; G. M. Feat, J. M. Kay (Dumbarton), M. Macnicol, M.A.; A. S. M. Pherson, P. C. MacRobert, W. M. Walter, R. E. Newton, J. Paterson, M.A.; J. Pearson, W. J. Richard, M.A.; J. J. Robb, H. Robertson, J. A. Robertson, L. A. Rowden, T. L. Shields, J. Smyth, W. Steel, J. B. Stevens, C. Stewart, B. Taylor, J. H. Teicher, M.A.; J. F. Thomas, D. Wallace, A. Wauchope, A. White, C. Wilson, T. Wright, A. A. Young, M.A.; J. M. Young, and W. S. Young.

The following gentlemen have passed the Third Professional Examination, including, in the case of those marked with an asterisk, the subject of Pathology:—

J. A. Aitken, *W. C. Allardice, H. C. Anderson, *W. Anderson, W. Barbour, E. Beck, R. Bishop, *P. O. W. Browne, N. Campbell, *J. Don, M.A.; W. Doyle, J. Dunlop, A. E. Evans, J. Falconer, *J. Frew, *H. Galt, *E. A. Gibson, *J. Gilmour, *W. B. Hastings, *R. H. Henderson, W. M. Holmes, R. K. Howat, W. Jackson, R. James, O. G. Jones, *D. Lamb, *J. W. Logie, J. Marr, *E. L. Mars, *R. J. Marshall, J. Miller, *J. K. Muir, P. H. Murray, *W. Murray, *R. M. G. He, J. A. Macintosh, W. J. McKendrick, A. L. M. Leod, M.A.; *P. G. M. Reddie, *R. W. Nairn, G. Park, W. A. Paterson, J. Richardson, B.A.; R. C. Robertson, M.A.; W. D. Rose, A. T. Scott, M.A.; J. P. Small, *G. C. Stewart, *R. Stobo, D. M. Taylor, M.A.; *J. Todd, *E. Turner, *W. Watson, *J. L. White, *J. W. White, *W. Young, *J. Yuill.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the annual stated meeting of the College, held on Saturday, October 18th, 1890, being St. Luke's Day, the following officers were elected for the ensuing year: *President*: John Magee Finny, M.D. *Vice-President*: G. F. Duffey, M.D. *Censors*: George F. Duffey, M.D.; A. V. Macan, M.B.; Wallace Beatty, M.D.; John Molony, F.R.C.P.I. *Additional Examiners to take the place of an Absent Censor*: G. P. L'Estrange Nugent, M.D.; Christopher Joynt, M.D.; Andrew J. Horne, F.R.C.P.I. *Examiners for the Licence to Practise Midwifery*: W. J. Smyly, M.D.; Andrew J. Horne, F.R.C.P.I. *Examiners for the Diploma in State Medicine*: Albert E. Murray, C.E. (Engineering); George R. Price, Q.C. (Law); H. T. Bewley, M.D. (Chemistry); John William Moore, M.D. (Meteorology); G. P. L'E. Nugent (Vital Statistics); F. J. B. Quinlan, M.D. (Hygiene); Joseph M. Redmond, M.D. (Medical Jurisprudence). *Examiners in Preliminary Education*: Isaac Ashe, M.D. (Science); Henry P. Bewley (Languages). *Examiners in addition to Censors under the Conjoint Examination Scheme*: Isaac Ashe, M.D., and H. T. Bewley (Chemistry and Physics); E. M.D. Cosgrave, M.D., and F. J. B. Quinlan (Materia Medica); John M. Purser, M.D. (Physiology); A. W. Foot, M.D., and C. J. Nixon (Medicine); Joseph M. Redmond, M.D. (Hygiene and Forensic Medicine). *Examiners for the Conjoint Diploma in State Medicine*: F. J. B. Quinlan, M.D. (State Medicine and Hygiene); H. T. Bewley, M.D. (Chemistry); John W. Moore, M.D. (Meteorology); A. E. Murray, C.E. (Engineering). *Membership Examiners*: G. F. Duffey, M.D.; Wallace Beatty, M.D.; A. W. Foot, M.D.; E. M.D. Cosgrave, M.D.; J. M. Purser, M.D.; H. T. Bewley, M.D. *College Representatives on the Committee of Management under the Conjoint Scheme with the Royal College of Surgeons in Ireland*: T. W. Grimshaw, M.D.; Walter G. Smith, M.D.; John Wm. Moore, M.D. *Representative on the General Medical Council*: Lombe Atthill, M.D. *Treasurer*: Lombe Atthill, M.D. *Registrar*: John Wm. Moore, M.D. *Librarian*: Samuel W. Wilson. *Agent for Sir Patrick Dun's Estates*: C. U. Townsend. *Low Agents*: Stephen Gordon and Son. The following were elected to the Fellowship: Conolly Norman, M.R.C.P.I.; Edwin Lapper, M.R.C.P.I.; Thomas Joseph O'Carroll, M.D., M.R.C.P.I.

ROYAL UNIVERSITY OF IRELAND.

OCTOBER examinations in the Faculty of Medicine. First Examination in Medicine:

Upper Pass Division.—E. W. Dickson, Royal College of Science, Dublin; J. Dundon, Queen's College, Cork; Emily E. Eberle, M.A., Royal College of Science, Dublin; M. P. McLoughlin, Catholic University School of Medicine; B. Moore, Queen's College, Belfast; E. J. O'Farrell, Queen's College, Cork; T. J. O'Meara, Queen's College, Cork; J. R. Thompson, Queen's College, Belfast; R. Watt, Queen's College, Belfast; J. H. Whitaker, Queen's College, Belfast.

All the above may enter for Honours.

Passed.—W. T. D. Allen, Royal College of Science and Carmichael College; D. E. Cantillon, Queen's College, Cork; B. Connolly, Queen's College, Cork; J. H. Davis, Queen's College, Belfast; R. E. Davitt, University College, Stephen's Green, and Carmichael School of Medicine; W. J. Forbes, Queen's College, Galway; J. Halpenny, University College, Stephen's Green; W. Hunter, Queen's College, Belfast; W. J. M. Jackman, Royal College of Science; Edith B. Joel, Royal College of Science and Carmichael School of Medicine; J. F. Keenan, Queen's College, Galway; C. Kidd, Queen's College, Galway; R. A. McLaughlin, Catholic University, Dublin; J. Miller, Queen's College, Belfast; J. J. Minhaue, Queen's College, Cork; S. H. R. Montgomery, Queen's College, Belfast; W. J. Niblock, Queen's College, Belfast; T. Norman, Queen's College, Cork; J. J. O'Shea, Queen's College, Belfast; Lillian A. Powell, Queen's College, Belfast; D. S. Robinson, Queen's College, Belfast; G. Scott, Queen's College, Belfast; W. J. Stitt, Queen's College, Belfast; W. D. T. Thompson, Queen's College, Belfast; J. M. J. Tighe, University College, Dublin and private study; G. Young, University College, St. Stephen's Green.

Second Examination in Medicine:

Upper Pass Division.—*M. J. B. Costello, Queen's College, Galway; H. Fisher, Queen's College, Belfast; W. Lee, Queen's College, Belfast; H. R. Neill, College of Surgeons, Dublin, and Queen's College, Belfast; R. A. Parkhill, Queen's College, Belfast; *W. A. Rountree, Queen's College, Cork; *W. J. Woods, Queen's College, Belfast.

Those marked with an asterisk may present themselves for the Further Examination for Honours.

Passed.—E. J. Bell, Queen's College, Belfast; W. Chancellor, B.A., Queen's College, Belfast; T. J. Connolly, Queen's College, Galway; J. S. D. Clark, Queen's College, Belfast; W. D. Donnan, Queen's College, Belfast; P. Flanagan, Catholic University School of Medicine; I. J. Flynn, Catholic University School of Medicine; A. Fulton, Queen's College, Belfast; W. J. Gannon, B.A., Queen's College, Galway; P. Gerety, Catholic University School of Medicine; M. Halpenny, Catholic University School of Medicine; H. MacN. Jones, King's College, London; J. C. Longbridge, Queen's College, Galway; J. N. MacMullan, Queen's College, Belfast; W. J. Maguire, Queen's College, Belfast; W. C. Milles, Queen's College, Galway; J. E. O'Connor, School of Physic, Trinity College, Dublin; M. V. O'Reilly, Catholic University School of Medicine; J. Patrick, Queen's

College, Belfast; W. T. A. Scanlan, Queen's College, Cork; W. Scott, Queen's College, Cork; A. A. Stewart, Queen's College, Belfast; F. Whitaker, Catholic University School of Medicine.

Third Examination in Medicine:

Upper Pass Division.—A. J. M. Blaney, B.A., Catholic University School of Medicine; R. Campbell, B.A., Queen's College, Belfast; J. M. McIlroy, Queen's College, Belfast; D. O'Driscoll, Queen's College, Cork; M. O'Sullivan, Catholic University School of Medicine; P. T. O'Sullivan, Queen's College, Cork.

All the above may compete for Honours.

Pass Division.—P. Bennett, Catholic University School of Medicine; F. Brannan, Catholic University School of Medicine; D. J. Collins, Queen's College, Cork; I. A. Davidson, B.A., Queen's College, Belfast; J. J. Fitzgerald, Catholic University School of Medicine; C. H. Foley, Queen's College, Belfast; S. Hamilton, B.A., Queen's College, Galway; W. Hamilton, Queen's College, Belfast; W. J. Hughes, Carmichael College of Medicine; J. Lyness, Queen's College, Belfast; W. Monypenny, Queen's College, Belfast; A. Moss, Queen's College, Belfast; P. J. O'Brien, Queen's College, Cork; D. O'Callaghan, B.A., Queen's College, Cork; J. K. O'Connor, Queen's College, Belfast; H. Sands, Carmichael College of Medicine and School of Physic, Trinity College, Dublin; J. A. Scott, Queen's College, Belfast; W. C. Sullivan, Queen's College, Cork; R. H. S. Torne, School of Physic, Trinity College, Dublin, and Carmichael College.

Medical Degrees Examination: The Examiners have recommended that the following should be adjudged to have passed this Examination:

Upper Pass Division.—J. A. Adams, B.A., Queen's College, Galway; J. M. Brown, Queen's College, Belfast; *M. J. Dempsey, Catholic University School of Medicine; G. H. Frost, B.A., Catholic University School of Medicine; *A. Fullerton, Queen's College, Belfast; *T. W. A. Fullerton, Royal College of Surgeons; J. M. Keegan, M.A., Queen's College, Galway; *J. B. Moore, Queen's College, Cork, and Royal Infirmary, Glasgow.

Those marked with an asterisk may present themselves for Further Examination for Honours.

Pass Division.—J. H. Anderson, Queen's College, Belfast; E. Du Cave, B.A., Carmichael College, Dublin; W. Cluff, Queen's College, Belfast; P. Crowley, Queen's College, Galway, and Royal Infirmary, Edinburgh; J. E. Cruise, Catholic University School of Medicine; M. FitzGerald, Queen's College, Cork; T. H. Foley, Queen's College, Galway; R. M. Fraser, B.A., Queen's College, Belfast; J. McK. Harrison, Queen's College, Belfast; J. H. Heane, Queen's College, Galway; O. P. S. Hill, Queen's College, Belfast; T. Jackson, Queen's College, Belfast; H. G. Jamison, B.A., Queen's College, Belfast; J. H. Jones, Ledwith and Catholic University Schools of Medicine; B. F. Jordan, Queen's College, Birmingham; R. J. Keane, Queen's College, Cork; R. Lyons, Queen's College, Belfast; J. McMorde, Queen's College, Belfast; M. Matuny, Carmichael College of Medicine; J. Mills, School of Physic, Trinity College, Dublin; J. Marow, B.A., Queen's College, Belfast; J. Nevin, Queen's College, Belfast; H. Stranaghan, Queen's College, Belfast; S. Tate, Catholic University School of Medicine; E. Tierney, Catholic University School of Medicine; A. J. Tomkins, Queen's College, Belfast; G. S. Walker, Queen's College, Cork; T. B. P. Wilkinson, School of Physic, Trinity College, Dublin.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The quarterly examination for the Triple Qualification in Edinburgh, took place in October, with the following results:—

First Examination.—Of 45 candidates, the following 23 passed: A. A. Pim, Belfast; G. T. Johnson, Durham; J. F. D'Aren, Mangalore; J. D. Hadden, Rajahmundry; W. D. Neal, India; J. I. Twonig, Ballykerrick; J. Ewing, County Antrim; A. G. McKenna, County Galway; P. J. D. Carr, Madras; C. Kiely, Ballingarry; J. J. Uniacke, Cork; M. Wright, Dublin; D. J. Buckley, County Cork; O. L. Appleton, Newcastle-on-Tyne; Eugenia Elizabeth Hannah Ure, York; J. Russell, Aberdeenshire; W. J. Roughan, Galway; G. F. Jackson, Kingstown; R. Dunlop, Belfast; E. H. Manson, County Durham; J. Featherstone, Hallowthistle; P. R. Cairns, Galashiels; and P. I. de Villiers, Cape Colony.

Second Examination.—Of 54 candidates, the following 27 passed: E. W. Allison, Liverpool; P. Mohan, County Louth; T. F. Devane, E. W. G. R. S. Breeze, Torquay; F. Evered, Curry Rivell; J. D. Hadden, Rajahmundry; L. D. Leslie, Margate; F. W. Marsden, Moscow, Russia; C. A. Koyl, Liverpool; H. A. L. Howell, Chatham; R. Reid, Belfast; Alice Marion Umpherston, Lasswade; Jessie MacLaren MacGregor, Edinburgh; J. J. C. Elmes, Limerick; G. M. Drury, Cork; M. Lavan, New Castle West, Limerick; D. J. MacCarthy, Riverstown; Janet Milner Campbell Gray, Bathgate; Margaret Agnes Booth, Kettering; J. F. Robertson, Edinburgh; J. Moorhead, India; C. M. Coates, Somerset; S. E. Jones, Flintshire; T. L. Lawrie, Edinburgh; B. S. Lockwood, Huddersfield; M. Gepp, Essex; and J. Groult, London.

Final Examination.—Of 102 candidates, the following 46 passed, and were admitted L.R.C.P. and S.E., and L.F.P. and S.G.: W. E. M. Wright, Bangalore; W. Johnson, Dublin; A. Wallace, Ballymena; T. J. Talbot, County Dublin; H. N. Pelly, New Brighton; J. C. Mocker, Portadown; S. T. Beckett, Liverpool; J. Wilson, Newry; H. Wells, India; D. D. Dryden, Plymouth; L. Roberts, Conway; Mary Louisa Gordon, Liverpool; J. S. Robson, County Derry; M. Crannitch, Ballyshane; Lillian Violet Cooper, Kent; G. A. Inge, Canada; G. Wright, Canada; E. N. Fére, Canada; D. Archer, Toronto; Catherine Mary Wickham, Dublin; E. S. Leyburne, County Carlow; P. M. Sheedy, County Cork; J. Ryan, Limerick; J. Murphy, Limerick; R. E. Brown, Durham; A. E. Syme, Melbourne; S. V. R. Iyengar, Mysore; T. N. Stuart, South Africa; A. J. Murchison, Canada; P. E. Rainaldoe, Ballinasloe; A. McCune, Kilmurphy; J. A. McDonald, County Cork; E. V. Rames, Donegal; J. H.

Peet, County Kerry; G. Robertson, Leslie; F. W. Marshall, Staffordshire; A. D. C. Meade, County Cork; C. P. F. Baillieu, Victoria; T. J. Frost, County Clare; T. P. G. Wells, Blackburn; J. T. Rogers, Canada; H. M. Walker, Dublin; D. Horan, Kerry; J. C. Hodsack, Nottingham; G. Foggin, Newcastle-on-Tyne; and R. L. Moore, Belfast.

SOCIETY OF APOTHECARIES OF LONDON.—Pass-list. September, 1890. In the Examination in Arts there were 155 candidates, of whom 3 were placed in the First Class, 16 were placed in the Second Class, and 87 were recorded as having passed in one or more subjects. The following candidates passed the Examination in Surgery:

S. B. Atkins, St. Bartholomew's Hospital
H. J. L. Bullen, St. Mary's Hospital
H. S. Challenor, Cambridge University and Middlesex Hospital
J. R. Daly, Manchester
F. L. Dick, Royal Free Hospital
A. C. Dornford, London Hospital
M. B. Dumaresq, London Hospital
C. E. M. Hey, St. Mary's Hospital
Atkins, Hook, More and Royce, having previously passed in Medicine and in Midwifery at this Hall, were granted the diploma of the Society qualifying for registration.

The following passed the examinations in Medicine, Forensic Medicine, and Midwifery:

A. Allen, Charing Cross Hospital
H. J. L. Bullen, St. Mary's Hospital
H. S. Challenor, Cambridge University and Middlesex Hospital
J. R. Fuller, St. Mary's Hospital
C. E. A. MacArthur, Glasgow University
H. Sanders, Charing Cross Hospital
J. Spurr, St. Mary's Hospital

The following passed in Medicine and in Forensic Medicine:

C. P. Lovell, B.A., Oxford University and St. Thomas's Hospital
C. A. Morgan, St. Thomas's Hospital

The following passed in Medicine and in Midwifery:

F. O. Rogers, Victoria University, Owens College
Messrs. Bullen, Challenor, MacArthur, Sanders and Spurr, having previously passed in Surgery at this Hall, were granted the diploma of the Society, qualifying for registration.

INDIA AND THE COLONIES.

INDIA.

MORTALITY IN INDIAN GAOLS.—In 1888 the death-rate in gaols was 44.7 for Bengal, and 35.1 for the whole of India, the corresponding death-rate for the previous year having been 35.6. The attention of the Secretary of State and Government of India has, says the *Calcutta Medical Record* of October 1st, for some time past been directed to the mortality in gaols, and the Government of India is now engaged, in concert with the local governments, in considering suggestions as to means of diminishing the amount.

OBITUARY.

J. SAUNDERS GRAHAM, M.D., L.R.C.P., AND L.R.C.S. EDIN.

It is our painful duty to announce the early death on October 16th of Dr. John Saunders Graham, at his residence, Glenside House, Ballysillan, near Belfast. The deceased enjoyed excellent health until about four weeks ago, when he experienced an attack of acute pneumonia, and, notwithstanding the daily attention of Professor Cuming and Drs. Whitla and Hewitt, it terminated fatally. Dr. Graham graduated M.D. of the Royal University in 1882. Since his graduation he has had a large and widely-extended private practice, and was highly esteemed wherever he was known both as a physician and a friend.

The deceased was a brother of the Rev. Dr. Graham, of Comber; of Dr. S. Graham, of the District Lunatic Asylum, Belfast; and of Dr. William Graham, Resident Medical Superintendent, District Lunatic Asylum, Armagh.

JOHN LANGSTON, F.R.C.S., J.P.

We have to record the death of Mr. John Langston, F.R.C.S., who spent a long and active professional life in Strood, Rochester, and for many years had one of the largest practices in the county of Kent. For some years he was consulting surgeon to St. Bartholomew's Hospital, Chatham. Mr. Langston was greatly beloved by his patients and universally respected in his neighbourhood. He

was made a justice of the peace for the county of Kent some fourteen years ago. After practising in Strood for thirty-four years, and devoting himself incessantly to the calls of a large country practice, he began to suffer from angina pectoris, and one of the attacks left him with slight symptoms of hemiplegia on the left side, due probably to a small embolism. Subsequently he relinquished practice, and moved to Linden Gardens, Notting Hill, where, under the influence of a restful life, his attacks of angina practically ceased; but on October 13th, when apparently in perfect health, a severe attack came on. From this he never wholly recovered, though appearing to rally. He died on October 16th. He was attended throughout his illness by his old fellow-student and life-long friend, Dr. Edmunds. Mr. Langston leaves a widow, a daughter, and one son.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

AN UNHEALTHY AREA IN THE EAST END.

At the meeting of the London County Council on Tuesday last a report of the Housing of the Working Classes Committee was submitted, referred to the official representation of the medical officers of health for Bethnal Green and Shoreditch as to unhealthy areas in those districts. The two areas were adjoining and were treated as one. The Committee in their report state that they were especially struck by the narrowness of the streets, the widest measuring only 28 feet. There was also a great difference of level between the streets and the floors of the houses—in some cases as much as 18 inches—and the appearance of the inhabitants indicated a low standard of vitality. In many cases there were no back yards. The total area was about 15 acres, and contained 2,118 persons occupying 752 single-room tenements, 2,265 persons occupying 506 two-room tenements, and 1,183 persons occupying 211 tenements of three or more rooms (781 rooms). The houses (mostly two-storey dwellings) are stated to be generally small, old, and dilapidated. In many of them the ground floor is situated below the level of the street pavement, which renders the lower rooms very damp. The floors themselves lie on the earth, and there are no damp-courses. On the eastern side of the area are many ill-ventilated courts and narrow streets. The following striking figures are extracted from a report furnished by the medical officer of Bethnal Green. The deaths registered and relating to that part of the area situated in Bethnal Green, being nineteen-twentieths of the total area, give the following rates of mortality. Those in Bethnal Green as a whole are also stated for the purposes of comparison—

	Bethnal Green (1886-88).	Represented Area (1886-88).	Represented Area (1889 only).
General mortality ...	22.8 per 1,000	40.0 per 1,000	40.13 per 1,000
Deaths from zymotic diseases ...	3.7	7.9	10.71
Deaths from tubercular, etc. diseases ...	3.9	8.5	7.26

It is therefore evident that about twice as many persons die in this area each year as would die if the mortality were the same as in Bethnal Green as a whole. The Committee found that in the four years 1886-89 in Bethnal Green as a whole 159 deaths occurred annually among children under one year of age to every 1,000 births, in this particular part of Bethnal Green the number of deaths of such children was during that period 252 to every 1,000 births. Thus, for every three children under one year who died in Bethnal Green as a whole, five died in this particular area. Whether judged by the general death-rate or by death-rates from those classes of diseases which are especially associated with unwholesome conditions, this area is pre-eminently one that demands a comprehensive scheme. The density of the population alone shows that some radical rearrangement is necessary, as in this area, consisting almost entirely of two-storey houses, there are living 373 persons per acre, whereas over Bethnal Green generally, by the last census, the population is 168 per acre. The Committee proposed to deal with the unhealthy area by a scheme the total estimated net cost of which would be £300,000, the result of which they said would be justified by the consequent large saving of life.

Discussion of the scheme was adjourned.

NOMADS AND THE HOUSING OF THE WORKING CLASSES ACT.
M.O.H. writes: In the new Housing of the Working Classes Act, 1890, while careful directions are given for the condemnation of houses unfit for habitation, no provision appears to be made for tents, vans, sheds, or other places used for human habitation that are in an insanitary state, and which was provided for in the old Act, Sec. 9, 1. This is of importance in many urban and all rural districts where vans used as shows, etc., tents of gipsies and others, or in some cases sheds, are used. If the term had been added "or other places used for human habitation," it would have met the case. What is to be done in such cases?

QUALIFICATION OF POOR-LAW MEDICAL OFFICERS.

PHYSICIAN, who is M.A., M.D. Dublin, writes to ask how it is that the Local Government Board does not think his qualification sufficient to enable him to claim permanence of appointment as district medical officer, and whether the guardians could elect anyone else to his office if he, being the only resident in the district, should refuse to take a surgical qualification.

. The regulations of the Local Government Board are that a medical officer shall, before being permanently appointed, possess a medical and a surgical qualification, the latter of which, it appears, our correspondent does not hold. In such cases the Board have deemed it unadvisable to confer upon officers a permanent tenure of office; we apprehend, therefore, that our correspondent will, until he procures an additional qualification, be reappointed annually or triennially at the option of the guardians, unless a legally doubly qualified practitioner should become resident in the district, in which case his appointment might be endangered.

HEALTH OF ENGLISH TOWNS.

DURING the week ending Saturday, October 18th, 5,405 births and 3,870 deaths were registered in twenty-eight of the largest English towns, including London, which have an estimated population of 9,715,559 persons. The annual rate of mortality in these towns, which had been 19.3 and 19.8 per 1,000 in the two preceding weeks, further rose to 20.8 during the week under notice. The rates in the several towns ranged from 12.3 in Nottingham, 13.9 in Plymouth, 15.7 in Portsmouth, and 16.7 in Birmingham to 25.2 in Sunderland, 25.8 in Preston, 26.6 in Blackburn, and 28.0 in Manchester. In the twenty-seven provincial towns the mean death-rate was 21.0 per 1,000, and exceeded by 0.5 the rate recorded in London, which was 20.5 per 1,000. The 3,870 deaths registered during the week under notice included 647 which were referred to the principal zymotic diseases, against numbers declining from 694 to 639 in the three preceding weeks; of these, 285 resulted from diarrhoea, 121 from measles, 65 from scarlet fever, 61 from diphtheria, 59 from whooping-cough, 56 from "fever" (principally enteric), and not one from small-pox. These 647 deaths were equal to an annual rate of 3.5 per 1,000; in London the zymotic death-rate was 2.9, while it averaged 3.9 per 1,000 in the twenty-seven provincial towns, and ranged from 0.6 in Huddersfield, 0.7 in Plymouth, 1.0 in Derby, and 1.7 in Nottingham to 5.2 in Bradford, 6.7 in Manchester, 6.9 in Birkenhead, and 7.9 in Preston. Measles caused the highest proportional fatality in Brighton, Manchester, Oldham, Bradford, and Birkenhead; scarlet fever in Sunderland and Liverpool; whooping-cough in Wolverhampton and Newcastle-upon-Tyne; and diarrhoea in Bolton, Manchester, Sheffield, Leicester, Blackburn, and Preston. Of the 61 deaths from diphtheria registered in the twenty-eight towns during the week under notice, 41 occurred in London, 5 in Birmingham, 3 in Manchester, 3 in Salford, 2 in Portsmouth, and 2 in Birkenhead. No death from small-pox was registered, either in London or in any of the twenty-seven provincial towns, and no small-pox patients were under treatment in any of the Metropolitan Asylums Hospitals on Saturday, October 18th. These hospitals contained, however, 1,887 scarlet fever patients on the same date, against numbers increasing from 1,373 to 1,797 at the end of the eight preceding weeks; 190 new cases were admitted during the week, against 241 and 216 in the two previous weeks. The death-rate from diseases of the respiratory organs in London was equal to 4.0 per 1,000, and was slightly below the average.

HEALTH OF SCOTCH TOWNS.

IN eight of the principal Scotch towns 688 births and 501 deaths were registered during the week ending Saturday, October 18th. The annual rate of mortality in these towns, which had been 18.0 and 18.2 per 1,000 in the two preceding weeks, further rose to 19.4 during the week under notice, but was 1.4 per 1,000 below the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest death-rates were recorded in Paisley and Greenock, and the highest in Perth and Glasgow. The 501 deaths registered in these towns during the week under notice included 74 which were referred to the principal zymotic diseases, equal to an annual rate of 2.9 per 1,000, which was 0.6 below the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Paisley and Perth. The 224 deaths registered in Glasgow included 10 from whooping-cough, 10 from diarrhoea, and 6 from measles. Two fatal cases of diphtheria were recorded in Edinburgh, and 3 in Leith; and 3 deaths were referred to "fever" in Dundee. The death-rate from diseases of the respiratory organs in these towns was equal to 3.5 per 1,000, against 4.0 in London.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, October 11th, the deaths registered in the sixteen principal town districts of Ireland were equal to an annual rate of 18.0 per 1,000. The lowest death-rates were recorded in Galway and Sligo, and the highest in Belfast and Londonderry. The death-rate from the principal zymotic diseases averaged 2.3 per 1,000. The 132 deaths registered in Dublin were equal to an annual rate of 19.5 per 1,000 (against 20.8 and 19.4 in the two preceding weeks), the rate for the same period being 17.4 in London and 17.9 in Edinburgh. The 131 deaths registered in Dublin included 19 which were referred to the principal zymotic diseases (equal to an annual rate of 2.8 per 1,000), of which 9 resulted from diarrhoea, and 7 from different forms of "fever."

MEDICAL NEWS.

MR. JOHN T. HARTILL, L.R.C.P. Lond., M.R.C.S. Eng., of Willenhall, has been appointed a Justice of the Peace for Staffordshire.

SIR EDWIN SAUNDERS has become Treasurer of the Dental Hospital of London, in the place of the late Mr. R. C. L. Bevan.

OFFICIAL statistics show that in Prussia the excess of births over deaths was less in 1889 by 14,004 than in 1888.

MR. NOBLE SMITH has been elected a corresponding member of the American Orthopaedic Association.

THE foundation stone of a crematorium was ceremoniously laid in Hamburg on October 19th.

THE outbreak of typhoid fever at Arles has been investigated, and it appears that the disease is endemic there, owing, as it is believed, to the water supply.

DURING the month of September 158 patients were treated at the Pasteur Institute. Among these seventeen were bitten by cats.

THE WRONG BOTTLE.—Mr. Henry Thorn, a much-respected solicitor, of Bedford Row, has met his death by a fatal mistake—swallowing the contents of a bottle of liniment in mistake for a prescribed mixture in a bottle of a similar shape and appearance.

MR. T. S. DOUGLAS, J.P., M.R.C.S. Eng., L.S.A. (retired), of Ellerkeld, Workington, has accepted an invitation to contest Mid-Cumberland in the Liberal interest against Mr. J. W. Lowther, M.P., the sitting member.

A new Medical Society has been established in Belgium, under the title of "Société Médico-Chirurgicale du Brabant." The first meeting was held in the buildings of the University of Brussels on September 27th.

THE Sanitary Committee of the Philadelphia Board of Health, which has been investigating the condition of the schools in that city, recently reported that sixteen of them were in a more or less insanitary state.

COLONEL LYON-CAMPBELL, R.E., has been elected House-Governor of the Royal National Hospital for Consumption, Ventnor. There were, we understand, nearly 200 applicants for the post.

PRESENTATION.—At the close of the examination of the nursing class of the St. John Ambulance Association, which took place at St. George's Schools, Everton, Liverpool, on October 16th, Dr. Buchanan, the class lecturer, was presented by Mr. R. D. Street, on behalf of the ladies of the class, with a handsome carriage clock in morocco case.

TREATMENT OF LEPROSY.—The District Charitable Society of Calcutta having received, as a donation from Mrs. Hayes's Leper Fund, a supply of the drugs recommended for the treatment of leprosy by Dr. Unna, of Hamburg, arrangements have been made to have their efficiency tested under the supervision of European medical officers in Calcutta.

VIVISECTION.—Two prizes of 250 dollars each are offered by the American Humane Society for the best essay on the question, "Whether vivisection should be permitted in the interests of humanity, and, if so, with what restrictions?" Competitors are requested to send their essays to Mr. George T. Angell, 19, Milk Street, Boston, U.S., before January 1st.

IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.—The autumn general meeting will be held at 11, Chandos Street, Cavendish Street, on Tuesday, November 25th, at 5 P.M., the President, Dr. George H. Kidd, in the chair. The association dinner will take place at the Holborn Restaurant at 7 P.M. the same evening.

A TOO CRITICAL CHEMIST.—At Korostyshev, South Russia, a local chemist, named Revitch, recently refused to make up a young medical man's prescription on the ground that it was "concocted in a stupid manner." The doctor appealed to a justice of peace, with the result that the chemist was sentenced to seven days' imprisonment.—*Vratch*, No. 39, 1890, page 903.

TAMPERING WITH A PRESCRIPTION.—A chemist at Grenoble was recently sent to prison and fined 500 francs, besides having to

pay the costs of the action, for having substituted naphthaline for naphthol-beta in a prescription for a patient suffering from typhoid fever. The patient, after taking each dose, complained of an abominable taste of coal-gas in his mouth, and was seized with severe vomiting.

SMALL-POX IN MADRID.—Small-pox is still rife in Madrid. The number of deaths from that disease, which was 138 in August, reached 421 in September, and 317 during the first half of October. The *Siglo Medico* accuses the authorities of supineness as regards isolation, and especially as regards vaccination. The members of the Royal Family have already been revaccinated, and it is hoped that the good example thus given may be extensively followed.

TRICHINOUS HAM.—Dr. Gules Rochard urges that the law forbidding the importation of American ham and bacon in France should be repealed. Trichinous ham, he asserts, is harmless when cooked. The prohibitory decree withdraws 400,000,000 kilogrammes of meat from the market; this loss most closely affects the poor and the working classes. The Comité Consultatif d'Hygiène Publique was consulted by the Minister of the Interior, and replied that trichinous ham when cooked was harmless.

SCARLET FEVER IN LONDON.—At the meeting of the Metropolitan Asylums Board on October 18th it was stated that 2,165 patients remained under treatment, 1,856 of whom were suffering from scarlet fever, 134 from diphtheria, and 165 from enteric fever. Mr. Scovell, the vice-chairman of the board, moved that it should be referred to the General Purposes Committee to consider and report as to the necessity of providing additional accommodation for fever patients. He pointed out that the returns showed that the Board had only 155 vacant beds for the reception of patients, and he added that the pressure was very great in the East End of London. The motion was adopted.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.—The annual meeting of this Society was held on October 9th, Dr. J. Murphy, the President, being in the chair. The financial report, which was read by the Honorary Secretary, Dr. Limont, showed that there was a balance to the credit of the society of £13 0s. 10d. Twenty-three new members had been admitted during the session, and the society now numbered 190 members. The following gentlemen were elected officers for next session:—*President*: Dr. David Drummond. *Vice-Presidents*: Drs. Murphy, Oliver, Gowans, and Adamson. *Honorary Secretaries*: Dr. Limont, and Mr. Rutherford Morison. *Committee*: Drs. Anderson, Arnison, J. Drummond, Middlemiss, Sqaunce, Peart, Smith, and Messrs. Black and Williamson. Mr. Cathrae, Librarian to the Royal Infirmary, was appointed Secretary. Dr. Murphy then surrendered the chair to his successor, Dr. David Drummond. Votes of thanks were passed to the retiring President and to Dr. Oliver, who resigned the office of Honorary Secretary. Eight new members were elected. The scientific part of the proceedings will be found at p. 960.

MR. WILLIAM CADGE.—At the last quarterly meeting of the Norfolk and Norwich Hospital the resignation of Mr. Cadge was formally announced. The following resolution, moved by Sir Peter Eade, M.D., and seconded by Canon Cook, was unanimously adopted: "The Board of Governors accepts with much regret the resignation of Mr. William Cadge, senior surgeon of this institution, after thirty-six years' service, of the merit of which, the honour and advantage to this hospital accruing therefrom, and the benefit conferred upon the sick and suffering thereby, this Board cannot speak too highly. In recording Mr. Cadge's elevation, under Law 49, to the office of consulting surgeon, the Board refers with pleasure to the resolution by which three beds are assigned to the retiring surgeon for the reception of surgical cases introduced by him and under his treatment; and they trust that this arrangement may secure for many years to come the benefit of Mr. Cadge's attendance at the hospital, and the aid and counsel in affairs which he is so pre-eminently capable of affording. The Board directs that this resolution be signed by the President, engrossed, and forwarded to Mr. Cadge."

MEDICAL VACANCIES.

The following Vacancies are announced:

ANCOATS HOSPITAL, Manchester.—Honorary Physician; in-patients and out-patients. Applications to the Honorary Secretary by November 1st.

BELMULLET UNION, Knocknalaver Dispensary.—Medical Officer. Salary, £110 per annum, and fees. Applications to Mr. Thomas Swift, Honorary Secretary, Ballinahoy, Belmullet. Election on October 27th.

BIRMINGHAM CITY ASYLUM.—Assitant Medical Officer. Salary, £120 per annum, with board and lodging. Applications to the Medical Superintendent.

BRADFORD INFIRMARY AND DISPENSARY.—House-Physician; single and doubly qualified. Salary, £100, with board. Applications endorsed "House-Physician," to William Maw, Secretary, by October 28th.

BRADFORD MEDICAL AID ASSOCIATION.—Outdoor Assistant; qualified. Salary, £121 per annum (*net*). Address Resident Medical Officer, 38, Little Horton Lane, Bradford, Yorkshire.

BRISTOL DISPENSARY, Castle Green.—Two Members on the Medical Staff; double qualifications. Applications to the Secretary, Edward Stock (from whom full particulars as to salary, etc., can be obtained) by November 18th.

BURNTWOOD ASYLUM, near Lichfield.—Junior Assistant Medical Officer; single. Double qualifications. Salary, £100 per annum, with board, lodging, washing and attendance. Applications to Dr. Spence, Medical Superintendent, by October 29th.

CAPE OF GOOD HOPE.—Bacteriologist, to investigate diseases of domestic animals, supposed to be caused by germs. Salary, £500 a year. Free first class passage. Applications, with copies of any scientific publications, to Charles Mills, Agent-General, Cape of Good Hope Government Agency, 112, Victoria Street, London, S.W., by November 15th.

CAPE OF GOOD HOPE.—Toxicologist, to attend forensic cases and investigate South African plants. Salary, £400 a year, and free first class passage. Applications, with copies of any scientific publications, to Charles Mills, Agent-General, Cape of Good Hope Government Agency, 112, Victoria Street, S.W., by November 15th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Pathologist; must be registered and not engaged in private practice. Salary, 100 guineas per annum. Applications to the Secretary, T. Storrar-Smith, 24, Finsbury Square, E.C., by November 6th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park.—House-Physician. Board and residence and allowance for washing provided, but no salary. Applications to the Secretary, T. Storrar-Smith, 24, Finsbury Circus, E.C., by November 7th.

CLINICAL HOSPITAL FOR WOMEN AND CHILDREN, Manchester.—House-Surgeon. Salary, £80, with apartments and board. Applications stating age to Mr. Herbert Teague, Secretary, 38, Barton Arcade, Manchester.

COUNTY BOROUGH OF SOUTH SHIELDS.—Medical Officer of Health. Salary, £280, and £20 for attending patients at the Infectious Hospital. Must devote his whole time. Applications endorsed "Application for Appointment of Medical Officer of Health," to J. M. Moore, Clerk, 35, Market Place, South Shields, by November 24th.

GLASGOW MATERNITY HOSPITAL.—Indoor and Outdoor House-Surgeons. Applications from young graduates to be sent to the Secretary, Arthur Forbes, 145, Buchanan Street, Glasgow, by November 5th.

GLASGOW MATERNITY HOSPITAL.—Assistant Obstetric Physician. Applications to the Secretary, Arthur Forbes, 145, Buchanan Street, Glasgow, by November 19th.

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.

KILKEEL UNION. (Kilkeel Dispensary No. 1).—Salary, £115 per annum, and fees. Applications to Mr. A. Dudgeon, Honorary Secretary. Election on October 27th.

KING'S COLLEGE HOSPITAL.—Assistant Physician. Applications to J. W. Cunningham, Esq., King's College, London.

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.

LOUGHBOROUGH MEDICAL AID ASSOCIATION.—Junior Medical Officer. Salary, £160 per annum, with 10s. for each midwifery case. Applications to A. Harding, Secretary, by October 27th.

NATIONAL HOSPITAL FOR PARALYSED AND EPILEPTIC, Queen Square, Bloomsbury.—Registrar and Pathologist. Honorarium, 50 guineas per annum. Applications to B. Burford Rawlings, Secretary and General Manager, by October 30th.

NORFOLK AND NORWICH HOSPITAL, Norwich.—Assistant to House-Surgeon. Candidates must have one qualification. No salary, but board, residence and washing provided. Applications to the House-Surgeon, H. O. Nance, by October 28th. Election October 29th.

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 Lochaber 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 about November 26th next. Applications to R. Macmillan, Inspector of Poor, Portree.

RADCLIFFE INFIRMARY, Oxford.—House-Surgeon. Salary, £80, with board, lodging, and washing; double qualifications. Appointment tenable for two years. Applications to the Secretary by November 14th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road.—Assistant Physician. Members or Fellows of R.C.P.Lond. Applications to the Council by October 31st.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.—Assistant Surgeon. Applications to the Secretary, Robert J. Newstead, by October 30th.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Surgeon to the Out Department; will have to act as Pathologist. Applications to George Scudamore, Secretary, by October 28th.

SCARBOROUGH FRIENDLY SOCIETIES MEDICAL ASSOCIATION.—Medical Officer (out-door); doubly qualified; not over 35 years of age. Salary, £140 first year, £150 second year, if satisfactory, and allowance for midwifery cases. Applications to the Secretary, H. Watson, St. Mary's Walk, Scarborough, by November 5th.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.—Junior Assistant House-Surgeon. Salary, £50 per annum, with board, lodging and washing. Applications to the Honorary Secretary, Medical Staff, Public Hospital, Sheffield, by October 27th.

SICK CHILDREN'S HOSPITAL, Newcastle-on-Tyne.—Resident Medical Officer; double qualifications. Salary, £60 per annum, with board, lodging, and laundry. Applications to the Honorary Secretary by November 1st.

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

UNIVERSITY COLLEGE, London.—Jodrell Professorship of Comparative Anatomy and Zoology. Applications to J. M. Horsburgh, M.A., Secretary, up to November 17th.

VICTORIA HOSPITAL FOR SICK CHILDREN, Chelsea.—Assistant-Surgeon in charge of out-patients. Fellows or Members R.C.S.Eng. Applications to Commander W. C. Blount, R.N., Secretary, by November 12th.

VICTORIA HOSPITAL FOR SICK CHILDREN, Chelsea.—Assistant-Physician. Fellows or Members of one of the British Colleges of Physicians. Applications to Commander W. C. Blount, R.N., Secretary, by November 12th.

WALSINGHAM UNION.—Medical Officer for the Raynham District. Salary, £38 per annum, exclusive of extra medical and vaccination fees. Applications to W. M. Rumbelow, Clerk, Bridge Street, Fakenham, by November 4th.

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.

WEXFORD UNION, Broadway Dispensary.—Medical Officer. Salary, £115 per annum, and fees. Applications to Mr. W. Pettitt, Honorary Secretary, Rathmore, Broadway. Election on October 28th.

MEDICAL APPOINTMENTS.

ARMITAGE, Edward, L.R.C.P. & L.R.C.S.Édin., appointed Medical Officer to the Waltham District of the Grimsby Union.

ASHWORTH, Percy, F.R.C.S.Eng., M.D., B.S., B.C.Lond., appointed Assistant Surgeon to the Manchester Clinical Hospital for Women and Children.

BODY, H. M., M.R.C.S., L.S.A., reappointed Medical Officer of Health to the Crediton Urban Sanitary Authority.

BULLOCK, Roger, M.R.C.S.Eng., L.S.A., appointed Medical Officer to the Workhouse of the Warwick Union.

BURMAN, C. Clark, L.R.C.P. & S.Édin., appointed Honorary Physician to the Alnwick Infirmary. *vice* E. P. Thew, M.B., resigned.

COOPER, Edward, M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Royal Portsmouth, Portsea, and Gosport Hospital, *vice* L. P. Gibson, resigned.

DANIELL, G. H. M.B., B.C.Camb., appointed Assistant House Surgeon to Guy's Hospital.

ELLIOT, John, L.R.C.S.Eng., L.S.A., appointed Medical Officer of Health to the Erith Urban Sanitary Authority, *vice* Dr. R. C. Studdart, deceased.

GALLAGHER, Joseph William, L.M., L.R.C.P.I., L.R.C.S.I., appointed Medical Officer to the Killybegs Dispensary, Glenties Union, *vice* Dr. Joseph D. McFeely.

GÜNTHER, Theodore, M.D.Tübingen, L.R.C.P.Lond., reappointed Medical Officer of Health for Hampton Wick and Teddington District.

GUTHRIE, Leonard G., M.A., M.B., B.Ch.Oxon., M.R.C.P., M.R.C.S., appointed Assistant Physician to the North-West London Hospital, Kentish Town Road, N.W.

HALL, Ben, M.B., M.R.C.S.Eng., appointed Medical Officer for the Bodenham District of the Leominster Union.

HAWTHORN, F. J., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Tattenhall District of the Seison Union.

HAY, Frank, M.B., C.M.Aberd., appointed Assistant Medical Officer to the James Murray Royal Asylum, Perth, *vice* G. Findlay, M.B., resigned.

HILL, J. Stonely, M.B.Édin. & C.M., appointed Medical Officer for the Fifth Medical Relief District of St. Saviour's Union.

KERR, D. O., M.B., C.M.Édin., appointed Medical Officer for the Stallenborough District of the Grimsby Union.

KNAGGS, P. Lawford, M.D., M.C., F.R.C.S.Eng., L.R.C.P., appointed Honorary Ophthalmic Surgeon to the Leeds Public Dispensary, *vice* R. N. Hartley, M.B., resigned.

LAXTON, T. L., L.R.C.P. & M.R.C.S., appointed Surgeon to the Infirmary, Bridgwater, *vice* Mr. John Parsons, F.R.C.S., resigned.

MCALL, Anthony, M.B., C.M.Glasg., appointed Public Vaccinator to the Carlborough District of the Doncaster Union, *vice* Dr. Hills, resigned.

MACDOUGALD, Mr., appointed Analyst to the County of Perthshire.

MORRIS, Price, M.R.C.S., appointed Medical Officer for the Workhouse of the Blything Union, Halesworth, Suffolk, *vice* M. Percy Warwick.

PEACHEY, Allan T., L.S.A., appointed Medical Officer for the Ballyconnel Dispensary District of the Bawnbay Union.

PEACOCK, E., M.R.C.S., L.S.A., appointed Medical Officer of Health to the Nuneaton Local Board.

RICHARDS, Albert F., M.R.C.S.Eng., L.R.C.P.Lond., B.A.Cantab., appointed Junior House-Surgeon to the Cheltenham General Hospital, *vice* G. W. Simpson.

ROCHE, Antony, L.R.C.S.I., L.R.C.P.I., L.M., appointed Professor of Medical Jurisprudence and Hygiene in the Catholic University Medical School Dublin.

SCOTT, R. A., L.R.C.P. & S.Édin., appointed Medical Officer of Health to the Pickering Rural Sanitary Authority.

SCOTT, W. J., M.B., B.S.Durh., appointed Assistant House-Physician to Guy's Hospital.

SHIMELD, J., L.R.C.P. & L.R.C.S.Édin., appointed Medical Officer of Health to the Ilford Urban Sanitary Authority.

SOUTHEY, A. J., M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health for Eton Rural and Urban and Slough Urban Districts.

STYLE, Dr., appointed Medical Officer of Health to the Hucknall Huthwaite Local Board.

SWAINE, F. G., M.B., B.C.Camb., appointed Assistant House-Surgeon to Guy's Hospital.

TUPPEN, H. S., M.A., M.B., B.C.Camb., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Royal Hants County Hospital.

VERNON, A. Heygate, F.R.C.S., appointed Honorary Surgeon to the Boscombe Hospital, Bournemouth.

VERNON, J. Justinian, M.B., C.M., appointed Junior House-Surgeon to the Bolton Infirmary and Dispensary, *vice* Joseph Clough, M.R.C.S., etc., resigned.

WILLS, James Powell, appointed Assistant Demonstrator of Anatomy in the University of Durham College of Medicine.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. R. Marcus Gunn: On External Diseases of the Eye. New Infirmary, Paddington, 4 P.M.—Mr. Reginald Harrison: Clinical Lecture on Diseases of the Bladder. 5 P.M.—Dr. Savill: Pathological Demonstration.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. William Rose: A case in which the Gasserian Ganglion was Removed. The patient will be shown, and the paper will be illustrated by diagrams. Mr. C. B. Lockwood: On the Abuse of Drainage.

TUESDAY.

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

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Mr. A. E. Barker: Seven cases of Excision of the Hip combined with Hot-water Flushing Method; Primary Union in Six. Mr. W. G. Spencer: Soot in Cells of Chimney-sweep's Cancer.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption and Diseases of the Chest, Brompton, 4 P.M.—Dr. Hector Mackenzie: Clinical Demonstration on Cases of Mitral Stenosis. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Ophthalmoscopic Cases.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and the Epileptic, 2 P.M.—Mr. R. Brudenell Carter: Ocular Symptoms in Diseases of the Nervous System. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Angel Money: Demonstration of Medical Cases.

FRIDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption and Diseases of the Chest, 4 P.M.—Dr. Hector Mackenzie: Clinical Demonstration on Cases of Mitral Incompetence.

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.

BORROWMAN.—At Colombo, on September 10th, the wife of Philip G. Borrowman, M.B., of a son.

WETHERED.—October 18th, at 34, Queen Anne Street, Cavendish Square, W., the wife of Frank J. Wethered, M.D., M.R.C.P., of a daughter.

WILSON.—On October 15th, at 184, Goldhawk Road, W., the wife of W. Wilson, M.B.Édin., of a son.

MARRIAGE.

ROBERTSON-YATE.—On the 22nd inst., at the Parish Church of St. James, Paddington, London, by the Rev. Walter Abbott, Vicar, R. S. Robertson, L.R.C.P.Édin., M.R.C.S.Eng., Bolton, to Catherine Sophia, fourth daughter of the Rev. G. E. Yate, M.A., Vicar of Madeley, Shropshire. No cards.

DEATH.

LANGSTON.—On October 16th, 1890, at 95, Lindon Gardens, Hyde Park, suddenly, John Langston, Esq., F.R.C.S., and Justice of the Peace for the County of Kent, late of Strood, Kent. Requiescat in pace.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

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

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

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

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

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

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

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

QUERIES.

L. T. B. asks to be recommended an institution or home where an old lady, aged 70, who is partially paralysed, can be received for a payment of £30 to £35 a year.

ATTENDANCE UPON THE FAMILIES OF MEDICAL MEN.

A FATHER writes: May I ask through the columns of the BRITISH MEDICAL JOURNAL whether it is usual for consulting practitioners in London to charge medical men in the country for consultations? Two of my children are afflicted with diseases rather out of the common run of ailments, and during the last six months I have taken each of them to town, one to a physician and one to a surgeon, going with them myself to the doctors' houses. Now both of these men are at the top of the professional ladder, write books, and, for aught I know, attend Congresses. After consulting with me (I must say very kindly) over the case, in each instance I have asked the fee, and in each instance have received the same answer, "Two guineas," pocketed without a murmur.

Now, Sir, I want to know whether this is the usual custom amongst London consultants. In the country we have an aversion to cannibalism, and never feed upon one another. I have myself always considered it an honour to attend my medical brethren and their families, and in my turn have received much kindness and attention from neighbouring practitioners. A souvenir of gratitude and goodwill may not be out of place sometimes, but such a thing as a fee is never once named among us.

That there are gentlemen in town, and men of eminence, who do not take fees from country doctors, even for operations and lengthy attendance, I know full well. Surely this is a subject that requires ventilation, as there are probably many like myself who have invalid children, and who from time to time think a specialist's opinion desirable.

ANSWERS.

FLEAS.

MR. GEORGE F. GRANT, M.B. (Campbell Road, E.), writes: In answer to "Naval Member B.M.A.," if the lady in question will try powdered fennel or a wash made of the bruised fruit and water ($\frac{1}{2}$ lb. to a gallon), she will derive great benefit from it. In South Africa the plant itself is hung up in kennels, and this drives away all fleas. The powder is better than the wash.

AQUAM versus AQUE.

P. J. M.—Both forms are correct. Aquam is governed by recipe understood—the last line reading: "Recipe aquam ad uncias octo." Aqua is the genitive after uncias, the line then reading: "Recipe ad uncias octo aquæ." See Whittle's Pharmacy, etc. (third edition), p. 95.

MANAGEMENT OF IMBECILE CHILD.

A. B. C.—There can be little doubt that the child is an imbecile. His late walking, and talking, and outburst of passion prove this. There is not much chance of his improvement unless he is sent to an institution where he can be trained. Earlewood Asylum, Redhill, Surrey; the Western Counties Asylum, Star Cross, near Exeter; and the Eastern Counties Asylum, Essex Hall, near Colchester, might be applied to.

CURE OF STAMMERING.

DR. K. M. MACDONALD (Edinburgh) writes: Mr. F. L. Nicholls (Fulbourn) will find much regarding the causes and cure of stammering in a very compact little work by A. G. Bernard, L.R.C.P. and M.R.C.S., and published by Churchill, of London. A stammering child should never be sent to a public school, nor be found fault with at home on account of his failing. Patience, gentleness, kindness, and perseverance work wonders in such cases.

FRACTURES NEAR THE ELBOW.

SUBSCRIBER.—No addition of any great importance has been made since 1888 to our knowledge of the treatment of fractures near the elbow-joint. The latest editions of Hamilton and Gurlt and the works of Stimson and Pick, amongst many others, deal fully with the treatment and all other points relating to

NOTICE.—Advertisers are requested to observe that it is contrary to the Postal Regulations to receive at Post-Offices letter addressed to initials only.