

tainly more likely to prove fatal than is secondary hæmorrhage, and its prevention merits more consideration than it has received. It is chiefly on this account that I have ventured thus to point out some of the reasons why the popliteal artery may be ligatured in cases of aneurysms in the ham.

MEMORANDA:

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

OÖPHORECTOMY FOR MENORRHAGIA, PROLAPSED OVARY, AND EPILEPTIC FITS.

In July, 1884, Miss L., aged 35, consulted me with reference to pelvic pain and menorrhagia of some months' duration. The usual drugs were prescribed with no beneficial result, and after some time a vaginal examination was made, and showed the presence of a prolapsed and tender ovary on the left side. About Christmas of that year the patient began to have epileptic fits, which occurred about once a fortnight. The menorrhagia and pelvic pain were also by this time much worse, and the former was on several occasions so profuse, that I plugged the vagina.

In this state she continued for the next nine months, by which time all the usual remedies had been tried in vain. Her condition on October, 1885, was so bad that I asked Dr. Imlach to come and see her. He advised an operation for the relief of the menorrhagia and pelvic pain, but refused in any way to promise that the operation would cure the fits. For the relief from pain and menorrhagia the patient and her friends gladly consented to the operation, which was performed by Dr. Imlach on November 7th, 1885, both ovaries being removed. We found also a small intramural fibroid, though the sound had not shown any enlargement of the uterus. She made an excellent recovery, and was out and about in some weeks. Bromide of potassium was again administered, and though at first the fits continued frequent, yet when belladonna was added to the mixture they gradually diminished in number, and the last one took place in 1888, the medicine however, as a precaution, being continued until the end of 1889. There has been no return of pelvic pain or menstruation since the operation. The patient has now been quite well for more than two years.

Southport.

CHARLES PINKERTON, M.D. Glasg.

ANTIFEBRIN IN TYPHOID FEVER.

DURING the latter part of 1887 I had several cases of enteric fever accompanied by high temperatures; the success I had in the treatment of these cases by antifebrin induces me to record my experiences with this drug.

The first case I used this drug in was a girl, aged 20. Towards the latter part of the third week her temperature, which had been high from the commencement, rose to 105.8° F.; all her other symptoms were correspondingly severe. The patient had been unconscious for four days, passing her motions involuntarily, and to all appearances a fatal result was imminent. I gave her ten grains of antifebrin; half an hour afterwards she broke out in a very profuse perspiration all over the body; this was followed by a violent shivering; her legs, as indeed the entire surface of the body, were quite cold; the temperature (axillary), taken two hours after the administration of the antifebrin, was 98.8°, that is, a drop in two hours from nearly 106° to a little over normal temperature. The patient obtained a short but quiet sleep free from delirium, and woke up much refreshed. Of course the temperature went up again, but not as high as before. Five-grain doses, and afterwards three, and even two grains sufficed to bring the temperature down to normal. The patient made a good recovery, and was soon strong and well, with the exception of a slightly cedematous condition of one leg, which, however, soon disappeared.

I have treated several cases of hyperpyrexia occurring in the course of enteric fever on the above plan, and have had uniform success throughout.

I may add that this drug does not seem to have the same effect in cases of hyperpyrexia occurring in the course of other diseases. I tried it in a case of pneumonia with high temperature, but not with such a satisfactory result. In a case of septicæmia after

confinement a five-grain dose of antifebrin reduced the temperature from 105° to 99°. In enteric fever I would advise a dose of from five to ten grains to begin with, followed by smaller doses.

Wetherby.

T. READMAN, L.R.C.P., etc.

VAGINAL HYSTERECTOMY.

I HAVE read with interest Dr. Clement Godson's account of a case of vaginal hysterectomy in the BRITISH MEDICAL JOURNAL for October 11th. I have another case to report. It was performed on September 13th by Dr. Granville Bantock, and was complicated by omental adhesions to the fundus, hydrosalpinx, and disease of the left ovary, which were removed. The patient recovered without a bad sign. It is worthy of note that this operation was done in private, with no other assistance than I was able to render. The bleeding vessels were tied, and no pressure forceps were left on, which must be most uncomfortable. The vagina was mopped out daily at first with absorbent wool, and on the eighth day an injection of sulphurous acid was used, and after that sulphate of zinc. Constipation was her only trouble afterwards, and this was overcome with pil. col. et hyos. and an occasional saline. I lately witnessed Dr. Bantock perform a similar operation at the Samaritan Hospital.

Camden Road.

FREDERICK SPICER, M.D.

MULTIPLE FRACTURES WITHOUT TREATMENT.

A LASCAR was injured six days before admission by a wave shipped at sea. Both femora were broken a little below their middles and the left humerus below the insertion of the deltoid; and there was a comminuted fracture of the lower jaw, with an external wound. The interest of the limb fractures lies in the results obtained under practically no treatment. The patient would submit to absolutely no restraint; and when attempts at treatment were finally abandoned, thirty days after the accident, there was free movement between the different fragments. Yet in a few weeks firm union occurred in all, the patient simply lying on his back without even sandbags to support the limbs. There was much shortening, complete eversion, and some bending outwards of the thighs, and considerable overlapping of the fragments in the arm. When the patient left hospital, eighty-seven days after the injury, he could hardly stand, being very weak, and the eversion of his feet crippled him much, but there seemed a prospect of fair locomotion ultimately. The treatment of the jaw was very unsatisfactory. There was a line of fracture across the left ramus, probably simple, and another in the posterior part of the body, compound externally, oblique from above downwards and backwards, and from without inwards and backwards, leaving all the teeth on the anterior and inner fragment. The whole jaw was drawn over to the injured side, and backwards and a little downwards, the line of teeth being nearly half an inch behind those of the upper jaw. Considerable force was needed to pull the bone up into position. It was wired to the upper jaw by pins passed through the middle line of each maxilla as far beyond the teeth as possible and supported by a bandage externally; but the pins ulcerated through, and it eventually united in its original position. Two small fragments of bone came away, and the patient was much pulled down by swallowing the pus formed. I do not think that anything short of free division of the muscles inserted into the bone would have sufficed to keep it in position. It was too broken up for wiring the fragments, and a dental cap would have needed the aid of more external pressure than could have been borne.

H. HERBERT,

Acting Civil Surgeon, Aden.

DURING the academical year 1889-90 the number of persons who obtained licences to practise medicine in Bavaria was 414. Of these, 146 "passed" at Munich, 188 at Würzburg, and 80 at Erlangen. The number of dentists licensed during the same period was 12.

ASSAULT BY A LUNATIC ON A MEDICAL MAN.—Dr. Mordret, Chief Physician to the Lunatic Asylum of Mans, was attacked a few days ago during his morning visit by a patient, who stabbed him with a shoemaker's knife in the back and the outside of the thigh. Both wounds were from 2 to 3 centimetres in depth, but fortunately no important organ was injured, and Dr. Mordret was able to return to his duties in a few days. The patient was a very quiet man, who had been a trifle morose for about ten days before the assault. His account of the matter was that he felt impelled to do something that would bring him before the magistrates.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

THURSDAY, NOVEMBER 13TH, 1890.

DAVID DRUMMOND, M.D., President, in the Chair.

Cases.—Dr. HUME showed a man whose superficial femoral artery he had tied for Popliteal Aneurysm; all pulsation had disappeared and the swelling became hard, but running over its outer side a pulsating vessel, probably that accompanying the internal popliteal nerve, was to be felt.—Dr. VICKERMAN RUTHERFORD showed a female suffering from Uterylthema Acneiforme, which began three years ago as an erythema, and later developed the acneiform character.—Dr. GOWANS described a case in which he had performed Antyllus's operation for Popliteal Aneurysm. The femoral was ligatured at the apex of Scarpa's triangle, but pulsation returned seven days later; the aneurysm was, therefore, cut down on, the clots turned out, and the artery ligatured above and below. The passing of the ligature was aided by introducing a catheter into the vessel. The patient made a rapid recovery.—Dr. CHARLES WICKS showed a young man on whom he had performed Nephrolithotomy, removing a uric acid calculus. A year previously a calculus resembling a date stone was passed while the patient was under the influence of belladonna.—Mr. WILLIAMSON showed a young man on whom he had performed Erasion of the Knee; in doing so he had to divide the crucial ligaments. The limb was now—six weeks after operation—a very useful one, with stiffness just as after excision. Mr. Williamson also showed a very severe case of Acne, occurring on the back of a tar worker.—Dr. ROBERTSON showed two patients on whom he had operated for Cleft Palate. Dr. Robertson also exhibited a patient who had been operated on by a London surgeon for Intracranial Abscess following Ear Disease.—The PRESIDENT showed a case of Cerebral Disease illustrating the good results obtained by treatment. Paralysis of both facial and both third nerves had been present but had now almost disappeared, and sight, which had been markedly affected, was now fairly good. The President also exhibited a young man with Alternate Paralysis, the result of tumour of the pons, probably tuberculous in nature.—Dr. MURPHY showed a man who had suffered from Leukoplakia of the Tongue for eight years, and had now developed Epithelioma. This was the sixth case of the kind he had shown.—Mr. RUTHERFORD MORISON showed a man whose tongue he had excised for Epithelioma five months ago.—Dr. MURPHY exhibited a woman, aged 35, who eighteen weeks previously had had complete Obstruction for twenty-two days; the abdomen was immensely distended. An incision was made in the median line, and a tumour discovered involving the upper part of the rectum. It could not be removed; the colon was therefore drawn into the incision, and opened at once. The patient made a rapid recovery.—Mr. RUTHERFORD MORISON said he had experimented on a number of bodies, and generally found considerable difficulty in pulling the colon into a median incision.

Specimens.—Dr. A. E. MORISON showed a specimen of Omentum from a Hernial Sac. The hernia, which was of two years' duration, became strangulated. During the operation the omental mass was removed and a radical cure performed. The man was now walking about, and there was no tendency to recurrence of the hernia.—Dr. HUME showed Calculous Débris (weighing 10 grains), removed at one crushing from the bladder of a boy aged 9. The patient was out of bed two days after the operation and left hospital a few days later. The result pointed towards an extended employment of lithotripsy on boys.—Dr. HUME also showed three large Uric Acid Calculi, removed by suprapubic lithotomy from a man aged 62, who made a good recovery.

Papers.—The following papers were taken as read:—Dr. MURPHY: Notes of Recent Cases on Abdominal Surgery.—The PRESIDENT: Diagnosis of Pleural Effusion.—Dr. LIMONT: Notes on Successful Cases of Alexander's Operation of Shortening the Round Ligaments.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The American Public Health Association will hold its eighteenth annual meeting at Charleston, South Carolina, on December 16th, 17th, 18th, and 19th, under the presidency of Dr. Henry B. Baker, of Michigan. Among the subjects to be discussed are house architecture; heating, lighting, drainage, and ventilation; sewage disposal; control of tuberculosis; isolation hospitals; establishments in favourable climates for persons predisposed to tuberculosis; schools for children; sanatoria, etc.

PROCEEDINGS OF SECTIONS AT THE ANNUAL MEETING AT BIRMINGHAM.

SECTION OF MEDICINE.

FRIDAY, AUGUST 1ST, 1890.

La Asociación contra la Tuberculosis in Spain.—Dr. ARCHIBALD D. MACDONALD (Liverpool) contributed a note on this Association. He stated that, in the month of December, 1889, there was held at Madrid a meeting for the formation of an association against tuberculosis. The inaugural address was delivered by Dr. Antonio Espina, physician to the General Hospital, and, in an eloquent and convincing argument, he pointed out that in order to fight tuberculosis, not doctors only, but all social classes must unite, as great obstacles had to be overcome, old and selfish interests broken, and many prejudices had to be uprooted. Modern wars, epidemics, inundations—none showed the enormous mortality of tuberculosis, which he put at 3,000,000 yearly in Europe alone; and he added that, if an epidemic showed such a mortality, "frontiers would have serried crests of bayonets planted to avoid its propagation." The disease is universal save at high altitudes; it was inoculable and contagious, and affected all animals which served for the sustenance of man. For prevention, everything comprehended under the term "better hygiene" was needed, special attention being paid to the poor, to soldiery, and to municipal affairs. Then there was disinfection to be practised. But principally two points were of the utmost importance: (1) the prohibition of marriage between "known" consumptives; and (2) the independent hospitalisation of tuberculous patients. Rules had been drawn up for the appointment of provincial and central committees with the object of fully studying the disease and its prophylaxis. Following up the line before sketched out, Dr. Macdonald remarked how greatly the presence of the tuberculous diathesis affected the prognosis of many diseases, indirectly permitting a fatal result, and thus enormously augmenting the real mortality of tuberculosis. A short time ago there was a leprous excitement in the land; but it was ever thus in Britain. The Dark Continent received attention quite as much required by the dark spots on our island home. Leprosy produced a repulsive ugliness, tuberculosis mostly the reverse; hence the electrifying influence of the one, and the comparative apathy regarding the other. The task was tremendous, but not impossible.

On the Estimation of Urea.—Dr. R. HINGSTON FEX, contributed notes on the ready estimation of urea. For this purpose, he said, a great many apparatus had been devised. Squibb's method, which was published in the BRITISH MEDICAL JOURNAL in 1884,¹ had appeared to him the most convenient. He had recorded, in a paper read before the Association in 1886,² some results and modifications and had given tables for applying corrections for heat and atmospheric pressure by the aid of logarithms. By these means Squibb's process could be made to yield very accurate results. Thus a 2 per cent. solution of urea yielded an amount of nitrogen equivalent by calculation to 2.003 and 2.052 per cent. respectively, on two occasions, showing the error to be very small. After working now for several years with Squibb's apparatus, he continued to be fairly satisfied with it, excepting that its use occupied a longer time and required greater delicacy in adjustment than was compatible with very frequent employment. Southall's ureometer, a modification of that devised by Doremus, gave an approximate return of the percentage present, not, indeed, with the accuracy of Squibb's and other processes, but sufficient for most practical purposes. A bent glass tube, the longer limb closed and graduated, was filled with the reagent, and a curved pipette, charged with a cubic centimetre of the urine to be tested, introduced through the open bulb. The urine was discharged from the pipette by means of a caoutchouc nozzle, and as it rose in the tube through the reagent the urea was decomposed into carbonic acid, water, and nitrogen, the former being absorbed by the caustic soda in the reagent, and the nitrogen gas evolved being measured on the graduated scale and indicating the percentage of urea. The reagent employed was a solution of hypobromite and hydrate of soda, as in Russell and West's apparatus. This solution was liable to decomposition after about a month. This and the cost and irritant qualities of the bromide were disadvantages. The liquor sodæ chlorinatæ of the United States Pharmacopœia, used in Squibb's apparatus,

¹ BRITISH MEDICAL JOURNAL, 1884, vol. ii, p. 1080.² *Ibid.*, 1886, vol. ii, p. 1016.

was a more stable reagent; it kept perfectly well in stoppered bottles, it was cheaply prepared, and by repeated and careful comparison showed that its results nearly tallied with those obtained by the hypobromite solution. The decomposition was indeed essentially the same, but according to Dr. Thudichum,³ the urea evolved the whole of its nitrogen, whilst in the presence of the hypobromite a portion only—about 90 per cent.—was set free. In the latter process the decomposition was rapidly effected with brisk effervescence and the evolution of heat; in the former it took place slowly. In either case it was necessary to set the ureometer aside for half an hour before reading the result; indeed, greater accuracy was attained by letting it stand for one day. The instrument was graduated to 3 per cent., but results much in excess of 2 per cent. were liable to increased error, and, as a rule, the urine should be diluted with an equal part of pure water when the specific gravity was over 1020.

Estimation of Sugar in Urine.—Dr. R. HINGSTON FOX contributed a note on the ready estimation of sugar also. There were reasons for believing that more than one form of glucose occurred in urine, and that the behaviour of glucose with certain tests was influenced by the presence of other ingredients of the urine. He had made observations with Fehling's solution, prepared after the formula given by Neubauer's and in Ralfe's works, two separate solutions, one of sulphate of copper, and one of sodium hydrate and tartarated soda, mixed only at the time of using. Two cubic centimetres of the mixed solution was used, and a diagram showed how much space this occupies in a half-inch test tube. His object had been to see whether, by using a uniform quantity of the solution and a known quantity of urine, an approximate estimate of the percentage of sugar present could be obtained by observing the coloration produced in the solution. The urine was added in drops from a rather large pipette, which measured 4 millimetres across the lower end, and delivered, when the drops were allowed to fall slowly, about 16 drops to the cubic centimetre. If the solution be mixed and allowed to stand twenty-four hours, and then well boiled without adding any urine, the normal azure blue of Fehling's solution assumed a deep sap green coloration when viewed by reflected light, and a yellowish precipitate ultimately fell. This showed that the copper sulphate decomposed in time without the presence of sugar, and illustrated the need of keeping the two solutions separate until the moment of using. It was easy to make out a scheme of the colours assumed by Fehling's solution when boiled with a fixed quantity of standard solutions of glucose. The table showed the results of the use of a single drop of solutions of various strength. The characteristic coloration by reflected light was observed by holding the test tube away from the light, between it and a dark ground.

Fehling's Solution, Boiled with One Drop of Solution of Glucose.

Glucose Solution per Cent.	Immediate Coloration of Surface.	Coloration by Transmitted Light.	Coloration by Reflected Light.	Sediment at Length
0.1	None	Blue transparent (unchanged)	Blue unchanged	None.
0.2	Slight yellow	"	Ill-defined dull blue	Very thin scarlet.
0.3	"	"	" "	Thin scarlet.
0.4	"	"	Bluish-purple (between "ilac-blue" and "Hirondelle-blue")	Scarlet.
0.5	"	"	Marked bluish-purple	"
0.6	Marked yellow	"	Purple ("Hirondelle-blue")	"
0.8	"	"	Reddish purple (between "Hirondelle-blue" and "damson-brown")	"
1.0	Yellow and orange	Blue translucent	"Damson-brown" nearly	"
2.0	"	"	"Damson-brown"	"
5.0	Yellow and orange-red	Bluish translucent	Purplish-red (between "damson-brown" and "Hindoo-red" (or "Indian-purple"))	"
10.0	Yellow and orange-red, much	Bluish, ill translucent	Deep "Hindoo-red"	"
15.0	"	Opaque	Between "scarlet-lake" and "vermillion"	"

³ Pathology of the Urine, 2nd edition, pp. 35, 36.

In the last case in the table the supernatant liquid was colourless on standing, all the copper having been thrown down. With urine the results were not so uniform. When the percentage of sugar was small, one or two drops of the urine or of the diluted urine (one to nine of pure water) produced the characteristic bluish purple coloration by reflected light, already described as the indication given by the least quantity of glucose which was appreciable by Fehling's test. When this was found, the approximate percentage was at once known. Thus urine No. 657 in his analysis book was that of a lady, aged 81 years, suffering from senile eczema; the specific gravity was 1014½; two drops gave a distinctly perceptible bluish purple coloration to 2 cubic centimetres of Fehling's solution by reflected light. Now, as one drop of a 0.4 solution of glucose was required for this reaction, the percentage of glucose in this urine was shown to be about one-half of this, or 0.2. When the urine was loaded with sugar, a few drops were found to quite destroy the colour of Fehling's solution, that is, on standing after boiling the supernatant liquor had lost its blue tinge. Thus, urine No. 665 was that of a man, aged 21 years, suffering from well-marked progressive diabetes; the specific gravity was 1035½; acetone was present, as shown by the deep red coloration with perchloride of iron and by the odour; one drop of the urine turned 2 cubic centimetres of Fehling's solution of an orange-red colour ("bath terra-cotta"), opaque, and on standing a red-chrome sediment was deposited, the supernatant liquor being nearly colourless. As it required one drop of a 12 or 13 per cent. solution of glucose to discharge all the blue colour, the percentage of glucose in this case was shown to be a little over 10. The colours produced by intermediate strengths of glycosuric urine exhibited considerable diversity. The addition of a few drops of another urine, free from sugar, to the solution before dropping in the diabetic urine gave instructive results. (a) Two drops of urine No. 666, from a diabetic woman, aged 46 years, containing near 5 per cent. of glucose, were added to 2 cubic centimetres of Fehling's solution in the ordinary way, and produced a drab coloration ("dark drab" to "oak"), translucent, an orange-red sediment falling. (b) Eight drops of urine No. 673, from an anæmic boy, aged 21 months, were added to Fehling's solution, and the colour after boiling was practically unchanged; then the two drops of No. 666 were added as before, and the colour now assumed on boiling was pale emerald green, nearly opaque, a scanty sediment of "dark stone" colour very slowly falling. (c) The same experiment was repeated with eight drops of stale alkaline urine No. 670, from a case of Graves's disease, followed as before by two drops of No. 666. The colour was yellowish green opaque ("light moss green"), a scanty canary-yellow sediment slowly subsiding. (d) The first experiment (a) was repeated next day, with the same care, and the coloration was then a dark green ("cucumber green"), with a dull yellow ("old gold") sediment. These observations seemed clearly to indicate that the presence of some other urinary ingredients might hinder the reduction of the copper sulphate by glucose, or so alter the decomposition as to produce a different colour, especially the introduction of yellow (and green) tints. What the disturbing ingredient or ingredients may be was uncertain; it was often thought to be uric acid, but his observations have not confirmed this, and he suspected the urinary pigments to have this influence. These facts indicated that with Fehling's solution as small a quantity of the urine as possible should be used, so that the other urinary constituents might be at a minimum. Tests performed by adding "an equal quantity" of urine to the solution were quite useless as regards a sugar indication. A further fact seemed to be that changes quickly occurred in diabetic urine, so that, as in experiment (d), after one day had elapsed the reactions obtained might be altogether different. He suggested the use of Fehling's solution in the manner indicated as valuable for approximate determination of the percentage of sugar. The urine must be tested when it is fresh, it should be shaken up, and if necessary filtered. To the 2 cubic centimetres (xxxiv) of the solution, freshly mixed and duly boiled, four drops of urine might be added in the first place, and again boiled. The blue colour of the solution might now be dulled, remaining still blue, or it might turn to indigo or a dark indigo green, quite translucent. None of these changes indicated the presence of sugar in any appreciable quantity, and if no further alteration occurred it might be concluded that there was not 0.1 per cent. of sugar present. But if there were a purple tint by reflected light when the test tube was held in front of a dark surface between this and the light, or if the colour was red, orange, or green, opaque, then sugar was certainly present. If the

colour accorded with one of the grades in the scale of reactions with solutions of glucose (see Table above), the percentage was at once obtained, being one-fourth that of the corresponding grade, since four drops were used. When green tints were present, due to other ingredients, a smaller quantity of urine should be used, one drop in a fresh quantity of Fehling; and if still green, the urine should be diluted with pure water, one in ten, and successive drops added to a third quantity of Fehling until the characteristic bluish-purple coloration took place. Then the percentage was ten times 0.4 divided by the number of drops employed.

Lycopodium in Enuresis.—Dr. G. E. J. GREENE (Ferns, Co. Wexford), in a note on this drug, said that Mr. E. Hurry Fenwick, in a clinical lecture delivered at St. Peter's Hospital on July 13th, 1887, gave it as his opinion that for incontinence of urine, whether suddenly developed as a result of accident or injury or even when of several years' standing, no drug gave such satisfactory results as the tincture of *lycopodium clavatum* (club-moss, "stag's-horn"). Dr. Greene had also found it useful in the treatment of enuresis. CASE I.—F. B., female, married, aged 36, suffering from incontinence for past four years, having to urinate every fifteen or twenty minutes, urine normal; she was perfectly healthy in every respect except slight anteversion of uterus; she was given half a drachm of *lycopodium* with 15 minims of tr. card. co. every fourth hour; could retain water for two or three hours after the fifth dose; after three days the dose was increased to 40 minims three times a day; on the fourth day she only passed water four times, and not at all during the night. CASE II.—F. G., male, aged 86, the subject of chronic prostatic enlargement, was unable to retain his water longer than thirty minutes at a stretch; he was given half a drachm of *lycopodium* three times a day, but as this caused vomiting he was ordered 15 minims every fourth hour; after four days he was no better, and the dose was again increased to half a drachm in combination with a drachm of liquor bismuthi et ammonii citratis three times a day; this was retained, and he was able to hold his water two hours without inconvenience after the third dose. CASE III.—J. L., male, aged 56, suffering from locomotor ataxy; the urine was constantly dribbling away; half a drachm of *lycopodium* was administered every fourth hour; he was better after the sixth dose; he was given 40 minims thrice a day on the second day; he passed water every three hours on the fifth day. CASE IV.—J. R., female, aged 32, married, passed water every thirty or forty minutes, with scalding; she said the first dose (half a drachm) did her good; she was quite cured in two days after six doses. CASE V.—V. P., widow, aged 62, suffered from incontinence of urine, with chronic dysentery and general debility; 20-minim doses every fifth hour relieved the incontinence. Dr. Greene suggested that *lycopodium* exercised an anæsthetic influence on the neck (?) of the bladder, dulling the sensibility of the mucous membrane, whilst at the same time giving tone to the sphincter; it also appeared to stimulate the liver, and thus lessened the eliminative work of the kidneys, and as a consequence indirectly rendered the urine more free from irritating products. This opinion was founded to a certain extent on two facts: first, that whereas in two instances the passage of the catheter caused a good deal of pain and irritation before the administration of the medicine, no discomfort was produced in the same patients by the same catheter used by the same operator under precisely similar circumstances after a few doses of *lycopodium*, and on ceasing to administer it the instrument again caused pain. He had noticed that where the liver was at fault with excess of lithates in the urine and flatulent distension of the bowels, but no enuresis, marked improvement followed the use of club moss. As the spores of this moss are practically insoluble in water and spirit, Messrs. Christy, who prepared the tincture for Dr. Fenwick, subjected the crude *lycopodium* to prolonged trituration with sugar of milk, after which it readily dissolved in spirit.

THE late Professor von Nussbaum has bequeathed 10 000 marks (£500) each to the Pension Fund for the Widows and Orphans of Bavarian Medical Men and the Bavarian Association for the Relief of Invalid and Indigent Doctors.

WHAT IS A QUACK?—A medical man, of Buffalo, United States, has brought an action against a professional brother, whom he accuses of having called him a quack. The damages are laid at 25,000 dollars. The profession in America is looking forward to this trial with interest, as a proper legal definition of the word "quack" has never yet been given from the judicial bench.

REVIEWS AND NOTICES.

ANATOMY: DESCRIPTIVE AND SURGICAL. By HENRY GRAY, F.R.S. Twelfth edition. Edited by T. PICKERING PICK, Surgeon to, and Lecturer on Surgery at, St. George's Hospital. London: Longmans, Green, and Co. 1890.

THE life of a popular textbook is an interesting chapter of literary history. It is born as a new work, written on new lines in accordance with the ideas and wants of the student of the day, and untrammelled by traditions which have become effete. Then that new work has its day. It appears rejuvenated in many editions. The editor is usually a pupil of the author, or a man who works as a junior or successor in the same school. He is known to be fit to edit, and he understands the system of the work in every detail, for he has been educated in that system. The decline begins when circumstances preclude the further evolution of an editor and make it worth while for some enterprising man to start a new work.

External evidence, that is to say well-earned popularity, shows that Gray's *Anatomy* is still in the prime of life. Internal evidence, that is to say the nature of this new edition, demonstrates the same fact. Three subjects of interest deserve consideration. First comes the history of this *Anatomy* as a textbook, then the character of the alterations in this edition as indications of the immediate wants of the student. Lastly there is the question of any defects which may have originated in this new issue or which may have existed from the first and remain unremedied. This third consideration would come first in an ordinary book. Gray's *Anatomy* is in no sense "ordinary." Its history is the typical history of a textbook. A sad occurrence associated with the first issue is of special interest. The author, Mr. Henry Gray, died before a second edition appeared.

As to the character of the *Anatomy* and the alterations in the twelfth edition, the main plan of the *Anatomy* remains unchanged. The drawings are mostly big pictures, not diagrammatic, but artistically sound. As before, they bear, printed on their surface, the names of the parts which they represent. The muscular attachments on the bones "are shown in dotted lines (after the plan recently adopted by Mr. Holden)." We quote from the preface to the first edition, which, by the way, is not published in the twelfth. It were well if all authors acknowledged priority "after the plan adopted" by the late Mr. Gray. The arrangement of the text is unaltered, although the modern resources of typography have been utilised for the adornment of the new issue. The substitution of bold black type for italics in side-headings is an advantage for all who use the book for reference. A more important matter is the innovation mentioned in the preface. The edition has been considerably enlarged by the introduction of sections on topographical anatomy. "It is an undoubted fact," says Mr. PICK, "that until very recently this branch of knowledge has been too much neglected; and, even now, many students, after having passed their strictly anatomical examinations, have still to learn the topography of the body." This is perfectly true. The editor adds that in studying the topographical notes on surface forms "the student will be assisted in obtaining a knowledge of this most important subject whilst he is engaged in mastering the drier details of descriptive anatomy." Unfortunately, the editor appears to be a little timid over his spirit of judicious enterprise, for he adds further on: "The sections on topographical anatomy and on surgical anatomy have been printed in small type, so that they may be disregarded by the student engaged in studying the strictly descriptive part of the subject." The arrangement is good, but the principle bad and contradictory of the better designs of the editor as already expressed. The student must not "disregard" topography when he works at "the strictly descriptive part of the subject," namely, those very "drier details" which the editor has avowedly endeavoured to lighten by the introduction of topography. We trust that the student will "disregard" paragraph 3, and regard paragraph 1 in the preface to the twelfth edition. Let the reader compare the minute description of the tibia, pp. 257-261, with the excellent paragraph on "surface form" which succeeds it. The student, knowing nothing about the bone, learns amongst other things in the main text that "it is prismoid in form, expanded above," etc. But pushed aside into the small print "surface form" paragraph is the information that "a considerable portion of the tibia is subcutaneous and easily to be felt." Surely this is one of the first

are placed, without any fault of their own, beyond the protection which the law allows to every individual." While making these serious statements, the inspectors "wish to be understood that they are far from seeking to reflect on those who are responsible for the management of the institution. The Belfast Guardians, they think, have loyally done what they consider necessary for the insane poor." They proceed, nevertheless, to state "that the fact that no one has been considered directly responsible for the care of these irresponsible human beings has led to a want of interest in the management of the department and to many defects and irregularities in the care and treatment of its inmates." They proceed to call attention to these, and "are of opinion that the number of cases kept in bed, amounting to, at the date of their visit, 41 on the male and 87 on the female side, are far too many, as they would appear to them to be confined to bed, not from physical infirmity, but merely to save the trouble of attending to them when up." They further object to the employment of restraint in some cases which come under their notice, to the lack of appropriate occupation for either males or females, and to the insufficiency of the staff of attendants. They point out that the erection of some new day rooms and sheds has deprived some of the old wards of much of their light and air, that the supply of baths is inadequate, and that the water closets are antiquated in type and insufficient in number." They conclude by again disclaiming any intention of reflecting upon anyone. "The master," they say, "has many other equally large departments to attend to, and it is impossible to suppose that he could spare time to study the special wants of the insane. The medical officer could not, without entirely neglecting his other arduous duties, properly supervise such a number of the insane, who, if located in an asylum, would have the sole attention of at least one medical attendant."

To these various charges and reflections, Dr. McConnell, the medical officer in charge of this department, made a vigorous reply at the meeting of the guardians upon November 4th. Dr. McConnell has just vacated the chair of the Ulster Medical Society, he stands extremely high in the esteem both of the public and his professional brethren for his skill and kindness of heart, and his views are entitled to the greatest respect. He pointed out to the guardians that last July he had presented to the Board a memorandum dealing with most of the points now raised by the Commissioners. In that memorandum he had insisted "that a complete remodelling of the wards, dayrooms, and airing grounds, with a largely increased staff of paid, and therefore responsible, attendants would be requisite for the safety and treatment of this class of patients if he was not in future to use the means of restraining and seclusion up to the present placed at his disposal." He agreed with the inspectors that an increased staff of attendants and further facilities for providing suitable occupation were desirable. He could not, however, "plead guilty to a want of interest in the management of this department, but, on the contrary, regarded it with a feeling of pride, considering that nowhere else are so many helpless human beings kept so clean, comfortable, and free from restraint or irritation of any kind, with anything approaching the small number of attendants placed at his disposal by the Board." He protested that a casual examination by the Commissioners was altogether insufficient to determine what patients should be kept in bed, and stated that "none were kept in bed merely to save trouble, but solely for the purpose of medical and surgical treatment, and to prevent injury to themselves owing to their extremely helpless condition."

The Board of Guardians appointed a Committee to consider fully the allegations of the Commissioners, and the replies thereto. This Committee reported on November 11th. The report points out, as regards the legal aspects of the case, that all that had been done with regard to the lunatic poor had had the approval of the Local Government Board. The report further states "that the statement that no interest is taken in the welfare of these cases, and that no one is responsible for their proper care, is devoid of the slightest foundation. The medical officer has at all times taken a warm interest in the inmates, and the resident surgeon and other officials were available at all times to attend to their wants and requirements." The Committee "made a most careful and searching inquiry into the statement that a large number of patients are kept in bed to save trouble in attending to them when up, and are of opinion that had the inspectors been more particular in ascertaining facts during their inspection, a charge so grave and so serious as this would never have been made, as there was not a scintilla of evidence to show that the statement was well founded." The

report was adopted almost unanimously, one of the guardians remarking that if it were not deemed satisfactory it would be easy for the Local Government Board to send down an inspector to hold a sworn inquiry.

INDIA AND THE COLONIES.

INDIA.

LEPROSY.—The *Indian Medical Gazette* for November states that recent inquiries into the number of lepers in India give the following results: There are 71,287 lepers in the Bengal Presidency, 13,944 in Madras, and 13,842 in Bombay. This estimate, which does not include the Native States, gives an average of fifty-four lepers to every hundred thousand inhabitants. The Bombay Corporation has recently passed resolutions to the effect that legislation is urgently needed for the isolation of vagrant and homeless lepers, and that it is expedient that leprosy should be dealt with in a separate enactment. Such enactment, they think, should provide for the segregation of the sexes and of healthy children from leprosy parents. It was agreed that these resolutions should be forwarded to the Government. The Legal Remembrancer has issued a minute relative to the compulsory removal of lepers to the Trombay and Ratnagiri Asylums, in which he expresses the opinion that leprosy, having been declared an infectious disease and dangerous to life and health, lepers may be compulsorily removed to these institutions, under magisterial orders. The Government issued a Resolution instructing the Judicial Department to invite the attention of Presidency magistrates to the Legal Remembrancer's opinion.

NEW SOUTH WALES.

BOVINE TUBERCULOSIS.—The Board of Health report to the Legislative Assembly of New South Wales on Bovine Tuberculosis in the South-East District points out that the "coast cough," so frequently referred to as being of no very great importance, is really a symptom of tuberculosis. Mr. Edward Stanley, G.V.S., found no fewer than 25 tuberculous animals amongst 766 cows in eighteen dairies. As the examination was necessarily somewhat hurriedly performed, it is probable that this number would be very much exceeded had a more careful examination been possible. He also found that pigs fed with the milk from certain of these dairies suffered from panting and foetid ulcerous sores, both of which appeared to be due to tuberculosis. Drs. Gibson, MacLaurin, and Wilson, reporting on 6 animals that were slaughtered—4 cows and 2 swine—state that these were suffering from tubercle, as in most cases tubercle bacilli were found. Mr. Stanley suggests that the Dairies Supervision Act, Clause 10, be enforced, and that "the supply of milk which shall have been produced from any diseased animal" shall be cut off, and that "it is the duty of all local authorities to use their influence to exterminate the disease, which can only be done by destroying the animals, both flesh and milk being unfit for food, either for man, pigs, or poultry."

LEPROSY BILL.—The Colonial Treasurer, as the Minister with whose department the Board of Health for New South Wales is incorporated, introduced a Leprosy Bill into the Legislative Assembly of New South Wales on September 18th. The Bill provides that on the appearance of a case of leprosy in any house or premises, the householder or occupier and the medical practitioner in charge of the case must immediately report the fact in writing to the proper authorities. Any failure to comply with this provision is punishable by a penalty of not less than £10 and not more than £50. The Governor may direct that any suitable place be set apart as a lazaretto for the reception and medical treatment of lepers. On having a case of leprosy reported to them, the Board of Health is to cause an investigation into it to be made by two or more medical practitioners, and, if satisfied that the disease is leprosy, is to order the leper to be detained in the lazaretto, or isolated in such place or manner as it may direct until released by order of the board. Any person disobeying or obstructing the execution of such an order, trespassing on the lazaretto, or communicating or improperly interfering with any person detained therein, shall be liable to a penalty of not less than £10 and not more than £20. A penalty not exceeding £20 is provided for willfully disobeying, or acting contrary to, or obstructing any person in the exercise of regulations made by the Governor at the instance of the Board of Health. The Bill passed its final stages in the Assembly on October 9th.

DR. OSBORNE'S INSUFFLATORS.

MESSES. PADDISON, SON, and FULLILOVE write: Referring to the report contained on page 1131 of the BRITISH MEDICAL JOURNAL of November 15th, we are instructed by our client, Mr. J. M. Richards, of 46, Holborn Viaduct, as agent for Dr. Osborne, the patentee, to draw your attention to the fact that our client is advised that the insufflator therein described is an infringement of Dr. Osborne's patent right, No. 15,735, of 1889.

Immediately upon our client seeing the report in question we took steps to communicate with the manufacturers of the insufflator, styled in the issue as "The Improved Osborne Insufflator," and they have undertaken to discontinue making and selling the same, and have handed to us an account of the profits made from such sale, paying to us such amount.

We trust that in fairness to our client and the patentee, Dr. Osborne, you will give due publicity to this letter in your next issue.

ASSOCIATION INTELLIGENCE.

BRANCH MEETINGS TO BE HELD.

METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.—The inaugural meeting of this session will be held at the Great Northern Central Hospital, Holloway Road, N., on Thursday, December 4th, 1890, at 8 P.M.; Sir William Mac Cormac, President of the Metropolitan Counties Branch, in the chair, when Mr. C. B. Lockwood, F.R.C.S., will read a paper on the Importance of Performing a Curative Operation after Operations for Strangulated Hernia. Some interesting cases from the wards will be shown. All registered medical men, whether members of the Association or not, are earnestly invited to attend.—GEORGE HENTY, M.D., Honorary Secretary, 302, Camden Road, N.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.

A MEETING was held at Bethlem Royal Hospital on November 19th. In the unavoidable absence of Dr. Oswald, Vice-President of the District, the chair was taken by Dr. PERCY SMITH.

Septic Poisoning.—Dr. F. POLLARD read a paper on some cases of septic poisoning of obscure origin. He related several cases in which the symptoms closely resembled those of anthrax, but in which it was impossible to trace the origin of the disease to any probable source of infection.—Mr. BRINDLEY JAMES related his experiences of anthrax among the hide workers of Bermondsey, and agreed that Dr. Pollard's cases bore a strong resemblance to cases of anthrax.

Forms of Neurosis.—Dr. FLETCHER LITTLE read a paper on some forms of neurosis. He believed that the list of neuroses would diminish as methods of examination became more perfect, and that the subtle changes which now baffled the pathologist would be made plain and organic lesions discovered. In his opinion, chorea could not be referred to the corpus striatum, as suggested by Dr. Hilton Fagge. He called attention to its remarkable prevalence between the commencement of the second dentition and the completion of puberty as pointing to some causal relation, and thought that the small size of the maxillæ and the crowding of the teeth, as well as their too much neglected decay, had in some cases caused the disease. He regarded overpressure at school and the advent of menstruation, with its attendant troubles, as important factors in the sum of causation. Neurasthenia and hypochondriasis might be fostered by a too strict dietary, patients acquiring habits of self-observation and introspection. Rheumatoid arthritis, but not gout plus rheumatism sometimes placed under this title, was, he believed, a true neurosis. All the cases he had met with had been preceded by a grave nervous shock, such as the death of a near relation, loss of money, etc. The vast majority of cases occurred in the "neurotic sex." The menopause, as pointed out by Dr. Ord, was a fertile cause. The universal trophic change in and about the joints as well as in the muscles pointed to a central origin. The analogy of Charcot's joints furnished a parallel. He briefly considered the treatment in the various neuroses, pointing out the value of massage in some cases of chorea and of bromides in neurasthenia.—Dr. MACKENZIE called attention to the importance and difficulty of diagnosing hysteria from chorea. He related the case of a girl, aged 22, who had suffered for four years from choreiform movements, totally incapacitating her from work. She had been for eight months in one hospital without much benefit. She had a loud presystolic murmur, which lent weight to the diagnosis of chorea. A few months ago she came under the care of Dr. Mackenzie at the Royal Free Hospital, and the result of the application of a couple of blisters to the arms was that the movements, which had been present for years, entirely ceased within a couple of days. The cure appeared to be quite permanent, as there had been not the slightest return of movements since.—Dr. HYSLOP and Dr. SMITH both referred to

the rarity of rheumatoid arthritis among the insane. Dr. Hyslop thought some nervous shock was to be traced at the onset of a great variety of diseases. Dr. Smith considered it dangerous to prolong the use of bromides in neurasthenia, as tending to make the latter state worse than the first. He alluded to the occurrence of chorea among the insane, and the mental confusion so frequent in ordinary chorea.—Dr. LITTLE replied.

Midwives Registration Bill, etc.—Dr. Rentoul's proposals in regard to the Midwives Registration Bill, the raising of the standard of midwifery, education of medical students, and the increase of the number of the direct representatives of the general practitioners on the General Medical Council, were then considered. It was proposed by Mr. OLDFIELD, and seconded by Dr. WOODS, that a special meeting to consider these questions should be summoned. Mr. BRINDLEY JAMES and Mr. WILKINS brought forward an amendment, that the proposals should lie on the table. The amendment was carried.

WORCESTERSHIRE AND HEREFORDSHIRE BRANCH.

A MEETING of this Branch was held at the Infirmary, Hereford, on November 21st.

Midwives Registration Bill.—A discussion took place on this Bill, and the following resolution was carried unanimously: "That this meeting can with confidence leave the care of the Midwives Registration Bill to the Parliamentary Bills Committee, but is of opinion that the new rules should be under the consideration of the profession generally for at least two months before confirmation by the Privy Council, instead of one month as suggested by the Bill, clause 2, line 24."

READING AND UPPER THAMES BRANCH.

Midwives Registration Bill.—At a Council meeting of the Reading and Upper Thames Branch of the British Medical Association, held on October 31st, 1890, the amended Midwives Registration Bill was considered. The Council passed a resolution expressing general approval of the Bill as amended, subject to further revision in details. The following are the principal defects in the Bill which were alluded to at the meeting: (1) The appointment of examiners by the County Council seems an anomaly. No uniformity as to standard of examination is secured. It was suggested that the examinations might be conducted on the same principle as the Science and Art examinations. (2) Clause 3—the certificate of one medical practitioner not sufficient; there should be at least two. (3) Some such provision for legally qualified medical practitioners as is provided in Clause 5 should also be added to Clause 6. (4) There should most certainly be a certificate of character and good conduct in the case of existing midwives before their admission to the Register. (5) The Bill does not define what is a normal labour.

GLOUCESTERSHIRE BRANCH.

A MEETING of this Branch was held on November 18th, in the Board-room of the Gloucester Infirmary, Dr. WATTERS (of Stonehouse), the President, in the chair.

President's Address.—After the routine business, Dr. WATTERS gave his presidential address, taking as his subject "The Duties of Women with regard to the Preservation of Health." He pointed out the important results which would follow if women would take up intelligently and earnestly such questions as our food, its proper characters and mode of cooking, dress, recreation, and the wise mental and physical training of children.—A cordial vote of thanks was passed, proposed by Mr. WADDY, and seconded by Dr. NEEDHAM.

Midwives Registration Bill.—A letter from Dr. Rentoul, on the subject of the Midwives Registration Bill, addressed to the Secretary, was then read. It was moved by Dr. WILSON, and seconded by Mr. SOUTAR, and carried: "That the meeting pass on to the next business." The Midwives Registration Bill was then discussed, and after a very full discussion, in which many members took part, the following resolution, proposed by Dr. NEEDHAM, and seconded by Dr. WILSON, was carried:—"That this meeting approves of the Bill, and considers it deserving of support."

The members afterwards supped together at the Bell Hotel.

ABERDEEN, BANFF, AND KINCARDINE BRANCH.

An ordinary general meeting of this Branch was held at 198, Union Street, Aberdeen, on Wednesday, November 19th, at 8 o'clock P.M. The President, Dr. GARDEN, was in the chair.

Minutes.—The minutes of the annual meeting were read and approved, and Dr. Alexander F. Fraill, Fraserburgh, was admitted an ordinary member of the Branch.

Aneurysmal Tumour.—Dr. MACKENZIE BOOTH showed a patient in whom a large aneurysmal tumour—the result of acute rheumatism—had been greatly reduced in size by large doses of iodide of potassium.

Cervical Spina Bifida.—Dr. BOOTH also showed a pyriform spinal tumour, excised from the neck of a child, aged $2\frac{1}{2}$ years. It was a spinal meningocele, was congenital, but gave rise to no special symptoms. On removal a probe-sized canal was found, communicating with the cerebro-spinal canal, from which fluid exuded. The canal was sutured, and the wound healed rapidly without any untoward symptoms.

Chancre of Eyelid.—Dr. MACKENZIE DAVIDSON described two cases of Hunterian chancre of the eyelids; the first in a male subject, where powder used in theatrical make-up was the source of infection; and the second in a female, from whom no history could be obtained of probable cause.

Stereoscopic Photography.—These cases were illustrated by stereoscopic photographs, and he urged the advantages of this method of photography in medical and surgical practice.

Epithelioma Tarsi.—He also showed microscopic sections of epithelioma of the eyelid, with characteristic cell nest formation.

SPECIAL CORRESPONDENCE.

PARIS.

French Medical Students and the Conscription.—Opening of the Dental School.—“University Flags.”—General News.

THE French medical students, who are called upon to go through one year of military service instead of the full time, have petitioned the War Minister to be allowed to pass their year of service in the town where they study. This request has been refused, and they have to join the regiment they drew.

The French Dental School in the Rue l'Abbaye has opened for the winter session. Several notabilities attended the ceremony; prizes were awarded to four lady pupils. A “Diplôme d'Honneur” is offered by the Minister of Commerce, and the Conseil Général of the Seine awards £20 yearly to the Dental School.

At Lille the official opening of the different faculties has taken place at the Hippodrome. The rector of the university gave to each student a university flag. In the evening the event was celebrated by a theatrical performance. The professors of the different faculties of the Bordeaux Universities have given to the medical students a handsome tricoloured gold-fringed flag, bearing the arms of Bordeaux, the university seal, and the inscription, “The Students' General Association.”

The *Journal Officiel* publishes a decree raising the Toulouse medical school to the rank of a faculty, and nominating M. Caubet dean thereof.

It was recently reported that an attempt had been made to poison Eyraud, the alleged murderer of Gouffé. It appears the prisoner suffered severe pain a few days ago after drinking some tisane. The vessel used had not been thoroughly cleaned, and the tisane it contained produced colic.

BERLIN.

Spermine.—Proposed Medical Night Service.

THE manufacture of spermine from the testicle is a complicated process. Schering's chemical works have taken in hand its synthetic production, according to a process described by Professor Ladenberg. The basis (which is probably identical with spermine) is C₁₂H₂₇NH—ethyleneimine. Messrs. Schering bring it on the market in the form of a hydrochloric salt, under the name of “Piperazidinum hydrochloricum (synthetical spermine, Ladenberg's ethyleneimine).” It is a crystalline substance, small needle-shaped crystals, is easily soluble in water, and tastes slightly of ammonia. It will dissolve a large amount of urea.

Some weeks ago two children died of asphyxia in a fire, which broke out in the middle of the night in a house of the Friedrichstrasse. Curiously enough—though the Friedrichstrasse is in the most populous part of the city—a considerable time elapsed before a doctor could be brought to the spot. This fact has been much commented on, and public opinion thoroughly roused. It

has been suggested that a night service should be established in telephone offices, and that the ambulance stations, which are dotted all about the city, should be furnished with telephonic communication, and the postal authorities have addressed a circular to all doctors in the town asking those who have telephonic communication to state whether they will undertake to render medical assistance during the night if called through the telephone.

LEEDS.

Alteration of Rules of the Leeds Infirmary.—Deaths from Injuries Received at Football.—Infantile Diarrhoea.—The Public Water Supply.—Death of Mr. Long.

A SPECIAL general Board meeting of the Leeds Infirmary, held on November 21st, Mr. John Lupton moved the following resolution: “That the constitution of the honorary staff be altered by the addition of an assistant ophthalmic surgeon.” Dr. Churton seconded the proposal, and it was adopted. Mr. George Brown moved: “That the conditions of retirement of future physicians, surgeons, and ophthalmic surgeons be assimilated, and that the present ophthalmic surgeons be allowed the right, on their becoming consulting surgeons, to retain the charge of a limited number of beds.” Mr. E. Atkinson seconded, and this alteration was also agreed to. Alderman Spark then proposed an amendment of the rule as to the Special Committee for the election of the honorary medical officers. He proposed that this committee, instead of consisting of 15, should consist of 25; that was 12 members elected as previously, 12 lay members, and the treasurer. Mr. E. M. Baines seconded the resolution. Mr. Pridgin Teale moved that the question be postponed until the general meeting. Dr. Churton seconded the amendment. After some discussion the amendment was put to the meeting, and Mr. Teale and Dr. Churton voted for it. The original motion was afterwards put and declared carried *nem. con.* On the motion of Sir Lionel Pilkington, Bart, seconded by Mr. E. Ward, the rules of the institution as altered, with a slight emendation, was adopted.

On Tuesday, November 21st, Mr. J. C. Malcolm, the borough coroner, conducted an inquiry concerning the deaths of two Leeds youths, named William Armitage and William Scholey, both of whom died last week at the Leeds Infirmary, owing to injuries caused whilst playing at football. Both the lads received their injuries on the same date—November 1st; one of them died on Wednesday, and the other on Friday. In the first case death was due to peritonitis following rupture of the intestine, with hæmorrhage into the peritoneum. In the other, the patient succumbed to pyæmia following acute periostitis of the femur. The coroner said that the game of football was played very differently now to what it was a few years ago. Some of these junior clubs got an immense amount of gate money, and this lent additional zest to the players. He also referred to the question of betting, and pointed to the fact that most of the best teams forbid this. He asked the jury if they thought the evidence showed that the deaths of the young men had been caused by injuries accidentally received. The jury expressed their opinion that that was so. It is high time that something should be done to prevent the ruffianism which sometimes does little harm, sometimes much harm, and sometimes kills. Good football—scientific football—can be played with almost as much safety as a man can walk along the road; and wilful and needless violence in the football field should be put down. It is not desirable that Englishmen should degenerate into a race of milkops, but, on the other hand, we do not wish to see them degenerate into a race of ruffians.

At a recent meeting of the Sanitary Committee, Alderman Ward presiding, the medical officer of health, Dr. J. Spottiswoode Cameron, reported that during the past month there had been an excessive mortality from diarrhoea among infants, especially on the south side of the borough. In the discussion that followed several causes were assigned for the epidemic, one of them being the condition of the sewers, and ultimately a committee was appointed to make an investigation into the matter.

Although Leeds is supposed to have one of the best supplies of drinking water in the United Kingdom, letters have recently appeared in the local papers complaining of the quality. A correspondent of the *Yorkshire Post*, signing himself “Brewer's Chemist,” has stated that a comparison of the figures of this year and last year indicated that an increase had taken place in the impurity of the Leeds water. There can be no doubt that the complaints are not without cause, and although there has been

OBITUARY.

DAVID REID MCKINNON, M.B., C.M.ABER., F.R.C.S.ENG.
DR. D. R. MCKINNON died at Belize, British Honduras, on October 4th. He was the eldest son of Surgeon-General D. R. McKinnon, of the Army Medical Service, and was born at St. Lucia, West Indies, in 1861. He was educated at the Grammar School of Aberdeen and the University, and he entered upon the study of medicine at Marischal College in 1878. After a distinguished undergraduate career he took the degrees of M.B., C.M. with honours in 1882. For two years afterwards he held successively the offices of house-surgeon and house-physician at the Royal Infirmary, Aberdeen.

Proceeding to Vienna in 1884, he spent a year there, paying particular attention to various special branches of medicine and surgery. In 1885 he came to London and joined the River Ambulance Service of the Metropolitan Asylums Board during the small-pox epidemic of that year. On the subsidence of the epidemic he was appointed medical officer at Bethnal House Lunatic Asylum. During the three years of his connection with the asylum he took advantage of every opportunity of extending his clinical experience, attending the practice of the London Hospital, and for some time holding the post of clinical assistant at the Royal Ophthalmic Hospital, Moorfields. In 1888 he obtained the diploma of Fellow of the Royal College of Surgeons, England. In March of last year he accepted an offer to join a practice in Belize, British Honduras, where he proceeded in the same month. For the last year yellow fever has been rife in that colony, and Dr. McKinnon devoted himself with his wonted enthusiasm to the care of his patients and the close study of the disease. On September 26th he himself showed symptoms of fever, at first resembling those of bilious remittent fever, but soon developing the characteristic features of the more deadly malady. At the end of a week he so far improved that a hopeful prognosis was given by several physicians familiar with the course of yellow fever; but, on the night of October 3rd, pneumonia supervened, and he rapidly lost consciousness, and died on the morning of October 4th.

The news of his death came as a great shock to his numerous friends in London and Scotland. Few men had the faculty of attaching friends in the same degree as David McKinnon, and there are many to mourn the untimely closing of his promising and brilliant career, and the loss of a steadfast and valued friend.

T. MORTON RITCHIE, B.Sc., M.B., C.M.

ANOTHER life of great promise and usefulness has been sacrificed by the death of Dr. Ritchie at the early age of 26. In the course of his duties at Leith Hospital he contracted typhus fever, and, after a severe illness of twelve days, succumbed on November 19th in the Edinburgh City Hospital.

Having taken the degree of B.Sc. in the department of physical science, he began the study of medicine at Edinburgh University in 1884, and after a highly successful course, in which he gained the highest distinction in several of his classes, he graduated as M.B. and C.M. in 1889.

"He was," a friend writes, "specially well equipped for his professional work, both by his natural ability and by his careful and conscientious training, and was at the same time a man of wide knowledge and broad intellectual culture. As an undergraduate he was well known to his teachers and fellow-students as one in whom a manly uprightness was blended with a genial and unassuming disposition; while at Leith Hospital his kindness and conscientiousness had made him a great favourite with all. His loss will be deeply regretted, but most by those who knew him best, for by them he was held in the highest esteem and affection for his consistent Christian character and his genuine goodness. This death forms a beautiful though sad termination to a life marked throughout by a spirit of self-sacrifice and devotion to the good of others."

UNIVERSITIES AND COLLEGES.

OXFORD UNIVERSITY.

MR. FREDERICK HOWARD, B.A., Balliol College, has been elected to the Burdett-Coatts Scholarship in Geology.

An examination for a Studentship in Chemistry at Christchurch will be held on January 13th.

CAMBRIDGE.

STATE MEDICINE.—The syndicate for superintending the examination of diplomas in public health, report that at the last examination there were 57 candidates, the largest number on record. Of these, 41 received diplomas. The syndicate ask leave of the Senate to spend £50 a year in maintaining in Cambridge an adequate course of laboratory instruction in sanitary subjects, such as is now required by the regulations for the diploma.

INCREASED EXAMINATION FEES.—The fee for each part of each of the three M.B. examinations is at the beginning of the next academical year to be raised to two guineas. It is understood that this is part of a general scheme for raising the examination fees all round, by way of helping the University to tide over its present state of "financial depression."

EDINBURGH.

UNIVERSITY STUDENTS' REPRESENTATIVE COUNCIL.—The elections for this Council have just taken place in the various faculties, and the first meeting of the new Council was held on Saturday, November 22nd. The first business taken up was a motion, which was unanimously agreed to, to express the sympathy of the Council with the Earl of Rosebery—a former Lord Rector of the University—in his present bereavement. Two protests against elections were then taken up and disposed of, after which the Council proceeded to the election of office-bearers. Messrs. L. C. D. Douglas, Beegling, and Campbell were elected Presidents.

ROYAL COLLEGE OF PHYSICIANS.

An extraordinary comitia of the College was held on Friday, November 21st, at 5 P.M., Sir ANDREW CLARK, Bart., President, in the chair.

Several communications were read, the only one of public interest being from the Registrar of the University of London, inviting the College to make a further communication to the Senate respecting the reconstitution of the University.

Dr. Brunton presented a very fine engraved portrait of Professor Ludwig, the eminent physiologist, for the new laboratory. The best thanks of the College were returned to Dr. Brunton.

The President announced that he had nominated Dr. W. H. Dickinson as Harveian orator and Dr. W. H. Allchin as Bradshawe lecturer for 1891.

The President then briefly gave the reasons which had influenced him in deciding to call a meeting of the Fellows, to consider whether any steps should be officially taken in relation to Koch's treatment of tuberculosis. A long and animated discussion took place, in which Sir Henry Pitman, Sir Risdon Bennett, Sir William Roberts, Sir Joseph Fayrer, Drs. Russell Reynolds, Quain, Broadbent, Pavy, J. E. Pollock, Pye-Smith, Marcet, Theodore Williams, George Harley, John Harley, Payne, Coupland, Barnes, Allchin, Ewart, Crocker, Rickards, and Herringham joined. Several resolutions were moved, but ultimately the previous question was carried by a very large majority.

ROYAL COLLEGE OF SURGEONS IN IRELAND: FELLOWSHIP EXAMINATION.—The following gentlemen, having passed the necessary examination, have been admitted Fellows of the College:—

Mr. P. W. Maxwell, M.D. Edin., 1888, M.B. & Ch. Edin., 1880, M.R.C.S. Eng., L.K.Q.C.P.I., 1884; Mr. G. H. Younge, L.R.C.S.I., 1879, L. & L.M.K.Q.C.P.I., 1879, Surgeon, Medical Staff.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, including London, which have an estimated population of 9,715,559 persons, 5,024 births and 3,962 deaths were registered during the week ending Saturday, November 22nd. The annual rate of mortality in these towns, which had been 20.8 and 21.1 per 1,000 in the preceding two weeks, further rose to 21.3 during the week under notice. The rates in the various towns ranged from 15.2 in Brighton, 15.5 in Derby, 15.9 in Leicester, and 17.4 in Preston and in Birkenhead to 27.4 in Oldham, 27.9 in Blackburn, 30.5 in Halifax, and 33.4 in Manchester. In the twenty-seven provincial towns the mean death-rate was equal to 22.1 per 1,000, and exceeded by 1.9 the rate recorded in London, which was 20.2 per 1,000. The

3,962 deaths registered in the twenty-eight towns during the week under notice included 481 which were referred to the principal zymotic diseases, against 541 and 471 in the preceding two weeks; of these, 176 resulted from measles, 70 from whooping-cough, 87 from "fever" (principally enteric), 64 from scarlet fever, 60 from diphtheria, 44 from diarrhoea, and not one from small-pox. These 481 deaths were equal to an annual rate of 2.6 per 1,000; in London the zymotic death-rate was 2.4, while it averaged 2.7 per 1,000 in the twenty-seven provincial towns, among which it ranged from 0.5 in Hull and in Derby, 0.6 in Newcastle-upon-Tyne, and 1.3 in Bristol to 3.6 in Oldham, in Leeds, in Sheffield, and in Cardiff, 4.4 in Halifax, and 5.4 in Manchester and in Bolton. Measles showed the highest proportional fatality in Bradford, Cardiff, Bolton, Oldham, Manchester, and Preston; scarlet fever in Plymouth and Liverpool; whooping-cough in Halifax and Huddersfield; and "fever" in Sheffield, Salford, Nottingham, and Birkenhead. The 60 deaths from diphtheria registered in the twenty-eight towns during the week under notice included 37 in London, 3 in Birmingham, 3 in Portsmouth, 3 in Salford, 2 in Liverpool, 2 in Manchester, 2 in Leicester, and 2 in Sheffield. No fatal case of small-pox occurred during the week, either in London or in any of the twenty-seven provincial towns; and only one small-pox patient was under treatment in the Metropolitan Asylums Hospitals on Saturday, November 22nd. These hospitals, however, contained 1,988 scarlet fever patients on the same date, against 2,024 and 2,019 at the end of the preceding two weeks; 197 new cases were admitted during the week, against numbers declining from 234 to 189 in the previous three weeks. The death-rate from diseases of the respiratory organs in London was equal to 5.4 per 1,000, and slightly exceeded the average.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, November 22nd, 797 births and 551 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 21.8 to 20.4 per 1,000 in the preceding three weeks, rose again to 21.3 during the week under notice, and corresponded with the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest death-rates were recorded in Perth and Dundee, and the highest in Glasgow and Greenock. The 551 deaths in these towns during the week under notice included 65 which were referred to the principal zymotic diseases, equal to an annual rate of 2.5 per 1,000, which was slightly below the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Glasgow, Perth, and Greenock. The 244 deaths registered in Glasgow included 8 from measles, 7 from whooping-cough, 6 from diphtheria, and 6 from "fever." Two fatal cases of diphtheria were recorded in Edinburgh, 2 in Dundee, and 2 in Perth; and 6 deaths were referred to measles in Greenock. The death-rate from diseases of the respiratory organs in these towns was equal to 5.5 per 1,000, against 5.4 in London.

HEALTH OF IRISH TOWNS.

In the sixteen principal town districts of Ireland the deaths registered during the week ending Saturday, November 15th, were equal to an annual rate of 20.6 per 1,000. The lowest rates were recorded in Dundalk and Armagh, and the highest in Kilkenny and Sligo. The death-rate from the principal zymotic diseases averaged 1.8 per 1,000. The 152 deaths registered in Dublin were equal to an annual rate of 22.5 per 1,000 (against 25.3 and 20.7 in the preceding two weeks), the rate for the same period being 20.2 in London and 14.2 in Edinburgh. The 152 deaths registered in Dublin included 6 which were referred to the principal zymotic diseases (equal to an annual rate of 0.9 per 1,000), of which 3 resulted from diarrhoea, 2 from "fever," and 1 from whooping-cough.

DUTIES OF DISTRICT MEDICAL OFFICER, ETC.

M.R.C.P., who is just appointed district medical officer, writes to ask the following questions: 1. Whether he can, by applying for it, obtain the post of public vaccinator for the same district, this being now held by another gentleman. 2. Whether he can order cod-liver oil to be supplied by the guardians when necessary, or must he provide it himself? 3. Whether he can and must name a substitute in case of illness, and will his qualified assistant be accepted? 4. Must he apply for leave of absence if away a fortnight, his substitute then acting for him?

*1. The appointments of district medical officer and public vaccinator are quite distinct, though frequently held by the same person. Unless the vaccination appointment is vacant, it would be wrong for our correspondent to apply for it; but in case of a vacancy, it is probable that he would be selected for the appointment if a candidate, and eligible to hold it. 2. Unless the guardians have arranged by contract or otherwise to supply cod-liver oil, the medical officer must provide it when necessary. 3. Every district medical officer should name a substitute, and his assistant, if legally qualified, may be nominated by him to act as such during his absence or illness. 4. There is no regulation on this point, but for a fortnight's absence we consider it would be but courteous to the guardians to apply to them, and if then granted, as it no doubt would be, the principal would be relieved of much responsibility during his absence.

THE COLLEGE OF STATE MEDICINE.

At a recent meeting of the Council, 101, Great Russell Street, the following gentlemen were elected associates of the College: C. R. Macdonald, M.D., D.P.H. Camb.; John Rowat, M.B., C.M., D.P.H. Faculty Glasgow, Kilmarnock; John King Warry, M.B., D.P.H. R.C.P. & S. Eng., Bethnal Green.

COUNTY COUNCILS AND THEIR HEALTH OFFICERS.

A CORRESPONDENT sends us the following report, from a local contemporary, of the proceedings of the Kircudbright County Council as indicating the generous and liberal (*sic*) spirit in which County Councils are disposed to treat questions of public health and, he adds, "the noble profession to which we belong."

"Mr. Wm. Maxwell, yr. of Munches, convener, moved the adoption of the report by the Public Health Committee, which recommended the appointment of a medical officer of health at a salary of £400 a year. Mr. Dudgeon seconded.

Mr. J. Biggar moved an amendment, that a medical officer be appointed who should be permitted to engage in private practice. He thought that one could be obtained for £15 a year. Colonel Maitland seconded the amendment, which was carried by 13 votes to 12."

HOSPITAL AND DISPENSARY MANAGEMENT.

BELFAST ROYAL HOSPITAL.

THE annual meeting of the life-governors and subscribers of this institution was held on November 17th; the Mayor of Belfast (C. C. Connor, Esq.) presiding. The medical report showed that during the year 2,364 patients were treated in the wards, 1,014 of these being medical cases and 1,350 surgical. In the Eastern Department 25,183 new cases were treated, of whom 4,975 were medical and 20,208 surgical. The average daily attendance in this department was 185; 106 patients died during the year, of whom 16 were moribund on admission; 200 surgical operations were performed with a mortality of 12, representing a death-rate after operation of 4.13 per cent. Clinical instruction was given in the wards to 145 students in the winter, and to 65 during the summer session. In the Convalescent Home 398 patients were treated, 20 in the Consumptive Department, Thronemount, and 130 in the Children's Hospital. During the year two members of the consulting staff of the hospital had been removed by death—namely, Dr. J. W. T. Smith and Dr. S. Browne, R.N. The Board also recorded with regret the death of Dr. W. B. Croker, while in the active discharge of the duties of house-physician.

During the year some important improvements have been carried out. The drainage of the hospital has been thoroughly overhauled and put into good order. A pathologist's room has been fitted up, furnished, and all necessary requisites supplied. A new disinfecting chamber has been provided. The entire buildings are now in a more satisfactory state than at any time in the history of the institution. The financial report showed that the total receipts for the year amounted to £8,316 8s. 8d., and the expenditure to £8,270 9s. 10d.; but, as some of the receipts were funded according to rule, an apparent deficit was shown. The funded property of the institution now exceeds £19,000. A comparison of the figures regarding the number of patients for 1890, compared with those for the previous decade, shows that during ten years the number of intern patients has increased by about one-third, while the number of extern patients has nearly doubled. The opinion was expressed by several speakers that the time is near at hand when the rapid growth of Belfast will necessitate an enlargement of the Royal Hospital, and the Honorary Secretary, Mr. Marsh, stated that steps were already being taken by the Board of Management to obtain some ground adjoining the institution with a view to its extension.

LEDDBURY COTTAGE HOSPITAL.—Mr. Michael Biddulph, M.P., has purchased a site in Ledbury, upon which he proposes to erect a cottage hospital to replace the present hospital opened in a dwelling-house eighteen years ago.

CADBURY CONVALESCENT HOME.—It is now intended to erect upon the valuable site at Mosely Hall, presented by Mr. Richard Cadbury, a Convalescent Home for Children, to contain fifty beds.

MEDICAL NEWS.

CENSUS IN PORTUGAL.—A general census of the population of Portugal will be taken on November 30th.

At the final examinations recently held in the Military Medical Academy of St. Petersburg 139 students presented themselves, of whom 59 passed with the note "sufficient," and 40 "cum laude," the remainder being "referred."

The police authorities of Cincinnati have issued an order that all children found smoking in the street are to be arrested and kept in custody until it is ascertained from whom the cigarettes were obtained.

DR. J. G. MELNIKOW has bequeathed 3,000 roubles (nearly £400) to the St. Petersburg Military Medical Academy, the interest of which is to be devoted to the payment of the fees of poor students, preference being given to those from the Twer District.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—The next examination in England for the certificate in psychological medicine will be held at Bethlem Hospital, London, on December 18th, at 11 o'clock in the morning. Candidates are requested to give fourteen days' notice to the honorary secretary, Dr. Fletcher Beach, Darentb Asylm, Dartford.

WASHING HOUSES FOR THE POORER CLASSES IN EDINBURGH.—At the meeting of the Public Health Committee of the Edinburgh Town Council on November 25th, it was agreed to recommend to the Council to erect, by way of preliminary experiment, a washing house in one of the poorer districts of the town. Part of the building, it was also agreed, should be used to provide spray baths for women.

We are informed that a petition in favour of permission to practise being granted to Dr. Holland, of St. Moritz, has been drawn up by Dr. Lauder Brunton and Dr. Keser, and addressed to the Swiss authorities. It bears the following signatures: Sir Andrew Clark, Sir Alfred Garrod, Sir Joseph Lister, J. Hutchinson, Drs. Lauder Brunton, Symes Thompson, Douglas Powell, Mitchell Bruce, Ferrier, Hermann Weber, T. Williams, E. Sansom, Stephen Mackenzie. Owing to urgency the petition had to be sent before other names could be added.

MEDICAL VACANCIES.

The following Vacancies are announced:

- BOLTON INFIRMARY AND DISPENSARY.**—Senior House-Surgeon; double qualifications. Salary, £120 per annum, increasing by £10 per annum to £150, with furnished apartments, board, and attendance. Applications to Peter Kevan, Esq., Honorary Secretary, 12, Acresfield, Bolton, by December 4th.
- BOROUGH OF JARROW.**—Medical Officer of Health and Medical Officer to the Corporation Hospital. Double qualifications; must not practise within the Borough. Salary for the joint offices, £100 per annum. Applications to W. S. Daglish, Town Clerk, Jarrow, by December 2nd.
- BRADFORD FRIENDLY SOCIETIES' MEDICAL AID ASSOCIATION.**—Qualified Outdoor Assistant. Salary, £120 per annum. Applications to M. Hayes, 18, Clarendon Street, Manningham, Bradford, Yorks.
- BURTON-ON-TRENT INFIRMARY.**—Two Assistant-Surgeons. Applications to Mr. J. C. Grinling, the Honorary Secretary, by December 8th.
- CANCER HOSPITAL (Free),** Fulham Road, S.W.—Dispenser; Licentiate of the Apothecaries' Company of London, or registered under Pharmacy Act, 1868. Salary, £100 per annum, with dinner and tea. Applications to the Secretary by December 3rd.
- COUNTY COUNCIL OF LANARK.**—Medical Officer for the county must devote his whole time, and must reside within the district. Salary, £500 per annum, and £100 to cover all expenses. Applications to W. Alston Dykes and Edward P. Dykes, District Clerks, Hamilton, by December 8th.
- DENBIGHSHIRE INFIRMARY, DENBIGH.**—House-Surgeon; must be conversant with Welsh language. Salary, £85 per annum, with board, residence, and washing in the house. Applications to W. Vaughan Jones, Secretary, by November 29th.
- DEVON AND EXETER HOSPITAL, Exeter.**—House-Surgeon; double qualifications, unmarried. Salary, £120 per annum, increasing £10 per year up to £150, with board and lodging, not including alcoholic drinks and aerated waters. Applications to the Secretary, George A. Townsend, by November 29th.
- DORSET COUNTY ASYLUM.**—Assistant Medical Officer; unmarried; double qualifications. Salary, £135 per annum, with board, etc. Applications to the Medical Superintendent by November 30th.
- EAST RIDING ASYLUM, Beverley.**—Assistant Medical Officer. Salary, £100 per annum, with board, lodging, and washing. Age between 23 and 30. Applications to C. W. Hobson, Clerk to the Visiting Committee, by December 13th.
- EDINBURGH DEAF AND DUMB INSTITUTION.**—Oculist and Aurist. Applications up to December 1st to the Secretary, William Robertson, S.S.C., 14, Young Street, Edinburgh.
- ESSEX AND COLCHESTER GENERAL HOSPITAL, Colchester.**—House-Surgeon and Apothecary; double qualifications; unmarried. Salary, £100 per annum, with board and lodging at the Hospital. Applications to the Committee by December 3rd.
- GROSVENOR HOSPITAL FOR WOMEN AND CHILDREN, Vincent Square, S.W.**—Assistant-Physician. Applications to the Secretary by December 4th.
- GROSVENOR HOSPITAL FOR WOMEN AND CHILDREN, Vincent Square, S.W.**—Chloroformist. Applications to the Secretary by December 4th.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.**—Resident Medical Officer as House-Surgeon; unmarried; appointment for one year. Salary, £50 per annum, with board and residence in the Hospital. Applications to Adrian Hope, Secretary, by December 2nd.
- KENSINGTON UNION.**—Medical Officer for the No. 2 Relief District; must reside in the district. Salary, £100 per annum, with extra fees for midwifery and surgical operations; must possess double qualifications. Applications on prescribed form to J. H. Rutheyley, Clerk to the Guardians, Guardians' Offices, Marlow Road, London, W., by November 29th.
- LONDON HOSPITAL, Whitechapel Road, E.**—Surgical Registrar; will be required to take part of the duties of out-patient department in the months of August and September, and also on emergency at other times. Salary, £100 per annum. Applications to the Secretary, G. Q. Roberts, by December 4th.

MANCHESTER ROYAL INFIRMARY.—Assistant Medical Officer at Monsall Fever Hospital; appointment for twelve months. Salary, £100 per annum, with board and residence. Applications to the Chairman of the Board by November 29th.

METROPOLITAN ASYLUMS BOARD, SOUTH-WESTERN FEVER HOSPITAL, Stockwell.—Clinical Assistant. Residence and rations as remuneration. Applications to the Medical Superintendent at the Hospital.

PARISH OF ASSYNT, Sutherlandshire.—Medical Officer, to reside in Loch-Inver. Gaelic a recommendation. Salary, £165 per annum, with probability of £15 more, besides fees. Applications to Inspector of Poor, Loch-Inver, by December 1st.

PARISH OF DUIRINISH, SKYE.—Medical Officer and Public Vaccinator; a knowledge of Gaelic a recommendation. Salary, £100 per annum. Applications to John Nicolson, Inspector, Dunvegan, by December 1st.

PAROCHIAL BOARD OF LOUDOUN, Ayrshire.—Medical Officer for the Darvel District. Salary (including medicines, etc.), £27 per annum. Applications to James Morton, Inspector of the Poor, Mewmilns, by December 1st.

ROYAL BERKS HOSPITAL, Reading.—Assistant House-Surgeon. Salary, £40 per annum, with board and lodging. Applications to John T. Hugo, Secretary, by December 9th.

ROYAL UNIVERSITY OF IRELAND, Dublin.—Examiners in Chemistry, Theory and Practice of Medicine, and Ophthalmic Surgery. Applications to be lodged with the Secretaries, of whom full particulars can be obtained, by December 1st.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN, Leicester Square, W.C.—Assistant Physician. Applications to St. Vincent Mercier, Secretary, by December 1st.

SHEFFIELD BOROUGH HOSPITAL.—Medical Officer. Salary, £200 per annum. Applications by November 25th; appointment on December 1st.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.—Physician. Must be Graduate in medicine of a University of the United Kingdom, or Fellow or Member of a College of Physicians of the United Kingdom. Applications to Geo. F. Lockwood, Honorary Secretary, by December 6th.

SMEDLEY'S HYDROPATHIC ESTABLISHMENT, Matlock.—Resident Junior Physician. Appointment for two years, with honorarium of 100 guineas for first, and salary of £200 for second year, board and residence included. Applications to the Secretary by December 13th.

STAFFORDSHIRE COUNTY ASYLUM, Stafford.—Junior Assistant Medical Officer. Double qualifications; unmarried. Salary, £100 per annum, with furnished apartments, board, and attendance. Applications to the Medical Superintendent, County Asylum, Stafford, by December 10th.

STAFFORDSHIRE GENERAL INFIRMARY, Stafford.—House-Surgeon. Double qualifications. Salary, £100 per annum, increasing £10 per annum to £150, with board, lodging, and washing. Applications, under cover to the Secretary, to be addressed to the General Committee, by December 3rd.

TAUNTON AND SOMERSET HOSPITAL.—Honorary Dental Surgeon; must be registered practitioner or licentiate in dental surgery. Applications to J. H. Biddulph Pinchard, Secretary, 13, Hammet Street, Taunton, by December 10th.

TOWNSHIP OF MANCHESTER.—Visiting Physician for the Workhouse Infirmary at Crumpsall. Will be required to visit the workhouse on four days in each week. Salary, £200 per annum. Applications to George Macdonald, Clerk to the Guardians, Poor-law Offices, New Bridge Street, Manchester, by December 3rd.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea, S.W.—House-Surgeon. Double qualifications. Honorarium of £75 per annum; board and lodging in the hospital. Applications to the Secretary, W. C. Blount, by December 13th.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea, S.W.—House-Physician. Double qualifications. Honorarium, £50 per annum, with board and lodging in the hospital. Applications to the Secretary, W. C. Blount, by December 13th.

VICTORIA UNIVERSITY, Manchester.—Examiners in Surgery, Obstetrics, Pathology, Forensic Medicine and Hygiene, Anatomy, and Physiology. Appointments for three years. Applications to A. T. Bentley, M.A., Registrar, by November 29th.

WEST LONDON HOSPITAL, Hammersmith Road.—House-Surgeon; tenable for six months. Board and lodging. Applications to R. J. Gilbert, Secretary-Superintendent, by December 11th, and to appear before the Medical Council at 4.30 on December 12th.

WEST LONDON HOSPITAL, Hammersmith Road.—House-Physician, tenable for six months. Board and lodging. Applications to R. J. Gilbert, Secretary-Superintendent, by December 11th, and to appear before the Medical Council at 4.30 on December 12th.

MEDICAL APPOINTMENTS.

ADKINS, Percy, M.D. Durh., appointed Junior Assistant Medical Officer to the Burntwood Asylum (near Lichfield).

ANSON, G. E., M.A., M.D., B.C. Cantab., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Skin Department of St. Thomas's Hospital.

ATKINSON, Dr., appointed Medical Officer for the Bisworth Local Board.

BATEY, John, L.R.C.P. Lond., M.R.C.S. Eng., and L.S.A., appointed Medical Officer of Health to the Great Yarmouth Union District and Port Sanitary District.

BEEVOR, Sir Hugh, M.B., M.R.C.P., M.R.C.S., appointed Assistant-Physician to the King's College Hospital.

BOYLE, M.A., M.B., C.M., appointed Medical Officer to the Knocknaveen Dispensary, Belmullet Union, *vice* Daniel McGuire.

BRISTOWE, H. C., M.B. Lond., L.R.C.P., M.R.C.S., reappointed Clinical Assistant in the Eye Department of St. Thomas's Hospital.

BURNS, Robert John, L.R.C.P., M.B.C.S., appointed Medical Officer for the West District of the Sunderland Union.

CAGNEY, James, M.A., M.D., M.Ch., M.A.O.Roy.Univ., appointed Electro-therapeutical Officer, St. Mary's Hospital.

CARSTAIRS, H. J., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Throat Department of St. Thomas's Hospital.

COOPER, H. J., M.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S., reappointed Non-resident House-Physician to St. Thomas's Hospital.

COPE, Albert E., M.B., B.S.Durh., M.B.Lond., appointed Resident Medical Officer to the Western Dispensary, Rochester Row, S.W.

FORWARD, F. E., L.R.C.P., M.R.C.S., appointed Clinical Assistant in Eye Department of St. Thomas's Hospital.

GLASTER, A., M.D.Bucharest, L.R.C.P.Lond., appointed House-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.

GRIFFITH, W. S., M.A.Cantab., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Skin Department of St. Thomas's Hospital.

HADLEY, W. J., M.B.Durh., F.R.C.S., M.R.C.P., appointed Pathologist to the City of London Hospital for Diseases of the Chest, *vice* Dr. Armand Ruffer.

HARPER, J. R., L.R.C.P., M.R.C.S., appointed Senior Obstetric Clerk to St. Thomas's Hospital.

HARRISON, J. H. Hugh, L.R.C.P.Lond., M.R.C.S.Eng., appointed District Magistrate and District Surgeon in Her Majesty's Colonial Service.

HEARD, Robert Lynn, M.B., B.Ch., B.A.O., Dip. San. Sci., Royal University of Ireland, appointed Clinical Clerk and Extern Assistant to the Rotunda Hospital, Dublin.

HILL, Hedley, M.R.C.S., L.R.C.P., appointed to the Medical Staff of the Bristol Infirmary.

HOGARTH, Bertram W., M.R.C.S., L.R.C.P., appointed House-Surgeon and Secretary to the Hospital, King's Lynn, *vice* F. Bulman.

JARDINE, Robert, M.D.Edin., M.R.C.S.Eng., appointed Assistant-Surgeon to the Glasgow Cancer Hospital.

JOHNSON, Raymond, M.B., B.S.Lond., F.R.C.S.Eng., appointed Surgeon for the Victoria Hospital for Sick Children, Chelsea, *vice* Walter Pye, F.R.C.S.

KING, A., L.R.C.P., M.R.C.S., appointed Resident House-Physician to St. Thomas's Hospital.

LANKESTER, A. C., L.R.C.P., M.R.C.S., reappointed House-Surgeon to St. Thomas's Hospital.

LISTON, Henry, L.R.C.P., L.R.C.S.Edin., appointed Medical Officer to the Townships of Southwick and Hylton, Sunderland Union; also Surgeon to the Roker Division, Sunderland Volunteer Life Brigade.

LOW, H., M.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S., appointed Resident Accoucheur to St. Thomas's Hospital.

LYONS, A. W., M.B., M.R.C.S.Eng., L.R.C.P.Lond., appointed Resident Clinical Assistant City of London Lunatic Asylum, Stone, near Dartford, Kent.

MACKENZIE, K. W. Ingleby, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer Ryde Dispensary, *vice* J. R. C. Lucas, resigned.

MERCER, Dr., appointed Medical Officer to the Lambourne District of the Ongar Union.

MILLAR, W. H., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Throat Department of St. Thomas's Hospital.

NIX, H. W., B.A.Cantab., L.R.C.P., M.R.C.S., reappointed House-Surgeon to St. Thomas's Hospital.

ORD, W. W., M.A., M.D.Oxon., M.R.C.P.Lond., appointed Assistant-Physician to the Victoria Hospital for Sick Children, Chelsea, *vice* J. H. Philpot, M.D.

POWELL, John Joseph, M.D., M.R.C.S.Eng., appointed to the Medical Staff of the Bristol Dispensary.

ROUILLARD, L. A. J., M.B., B.C.Cantab., L.R.C.P., M.R.C.S., appointed Assistant House Surgeon to St. Thomas's Hospital.

ROUSE, E. Rouse, M.R.C.S., L.R.C.P.Lond., appointed Assistant Medical Officer to the Wilts County Asylum, Devizes, *vice* E. M. Eames, L.R.C.P., L.R.C.S.Edin.

SAYERS, A. W. F., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Ear Department of St. Thomas's Hospital.

SHEARER, D. F., B.A., B.M., B.Ch.Oxon., appointed Assistant House Surgeon to St. Thomas's Hospital.

SMYTH, W., M.B., C.M.Edin., appointed Medical Officer of Health for Amble, Medical Officer and Public Vaccinator for the Warkworth District of the Alnwick Union, Medical Officer to Broomhill Colliery, and Medical Officer to Radcliffe Colliery, *vice* Dr. Currie, deceased.

SNOOK, S. P., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the London Hospital.

STABB, A. F., L.R.C.P., M.R.C.S., reappointed House-Surgeon to St. Thomas's Hospital.

UMNEY, W. F., L.R.C.P., M.R.C.S., appointed Resident House-Physician to St. Thomas's Hospital.

WARE, E. E., L.R.C.P., M.R.C.S., reappointed House-Surgeon to St. Thomas's Hospital.

WICKHAM, G. H., B.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S., reappointed Non-resident House-Physician to St. Thomas's Hospital.

WILLETT, Edgar, M.B., F.R.C.S., appointed Surgeon to the Belgrave Hospital for Children, *vice* W. C. Bull, F.R.C.S.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: On External Diseases of the Eye. The New Infirmary, Paddington, 4 P.M.—Dr. Cheadle: Clinical Lecture on Medical Cases. 5 P.M.—Dr. Savill: Pathological Demonstration.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 8 P.M.—Dr. B. W. Richardson: On Hemorrhage following Tooth Extraction, its Cause and Treatment. Mr. Storer Bennett: On some interesting specimens of Comparative Dental Pathology at present in the Society's Museum. Casual communications:—Mr. Trueman: A case of Eruption of a Tooth under the Chin. Mr. J. O. Butcher will show new Dental Engine Attachments.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, 8 P.M.—*Conversazione*. MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Messrs. Bernard Pitts and William F. Brook: The Treatment of Stenosis of the Larynx and Trachea following Tracheotomy, with Remarks on the Present Position of Intubation. Cases will be shown.

TUESDAY.

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

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. W. Russell: The Characteristic Organism of Cancer. Dr. W. K. Sibley: Non-contagiousness of Cancer. Dr. Maguire: Acute Verrucose Aortitis. Dr. S. West: Pylephlebitis. Mr. James Berry: Femur after Osteotomy. Dr. Rolleston: Lipoma of Liver (Appendix Epiploica?). Card Specimens.—Professor Crookshank: Leprosy Bacillus. Dr. Westbourn: Streptococcus of Erysipelas. Mr. W. G. Spencer: (1) Eyes of Cat with Purulent Conjunctivitis; (2) Double Pyosalpinx with Purulent Vaginitis from Dog; (3) Bony Plates in Dura Mater pressing on Spinal Cord and causing Paraplegia. Mr. W. M. Wynter: Primary Carcinoma of Fallopiian Tube.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption and Diseases of the Chest, Brompton, 4 P.M.—Dr. J. Kingston Fowler: The Physical Diagnosis of Diseases of the Lungs and Pleura. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. E. Marcus Gunn: Ophthalmoscopic Cases.

OBSTETRICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8 P.M.—Specimens will be shown by Dr. Aust Lawrence, Dr. Dakin, Mr. Meredith, and others. Dr. Aust Lawrence: Note on the Operation for Restoring the Perineal Body in Complete Rupture of the Female Perineum. Dr. Percy Boulton: The Purse-String Suture; its Use in Complete Rupture of the Perineum. Dr. Leith Napier: Habitual Abortion.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and the Epileptic, 2 P.M.—Dr. Beevor: Paralysis Agitans. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Abercrombie: On Hydrocephalus.

HARVEIAN SOCIETY OF LONDON, Stafford Rooms, Tichborne Street, Edgware Road, 8.30 P.M.—Dr. Champneys: The Harveian Lectures on Painful Menstruation. Lecture III.

FRIDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption and Diseases of the Chest, 4 P.M.—Dr. J. Kingston Fowler: On the Physical in Diagnosis of Diseases of the Lungs and Pleura.

WEST-LONDON MEDICO-CHIRURGICAL SOCIETY, Board Room, West London Hospital, 8 P.M.—Clinical evening. Mr. E. G. Stocker will show a series of cases of Fractured Patella successfully treated by Wiring. Mr. F. S. Edwards: Rectal Cases. Mr. R. F. Benham: Two cases of Localised Peritonitis; an enormous Spina Bifida in a Girl aged 15. Mr. C. B. Keetley: (1) A case of Dislocated Semilunar Cartilage; (2) Excision of Appendix Vermiformis. Dr. Crombie: A case of Scleroderma. Dr. Clippington: A case of Congenital Eruption and Discoloration in Nerve Tracks.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 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.

SHIELL.—On October 17th, the wife of W. J. Shiell, District Surgeon, Peddie, South Africa, of a son.

STANLEY-NEILON.—On November 23rd, at 763, Wandsworth Road, Clapham, S.W., the wife of H. Stanley-Nelson, L.R.C.P. & S.E., of a daughter.

MARRIAGE.

DICKSON-SHANNON.—On November 19th, at Christ Church, Bray, Ireland, by the Ven. the Archdeacon of Dublin, assisted by the Rev. W. J. B. Kerr and the Rev. A. W. Parkes, B.A., L.T.H., brother-in-law of the bride, William Arthur Dickson, F.R.C.S.I., J.P., Government Medical Officer, British Guiana, to Emma Jane Moore (Em), second daughter of Joseph Shannon, 5, Sydenham Villas, Bray.

DEATHS.

ALLCHIN.—On Monday, November 24th, William Henry Allchin, M.B.Lond., formerly of Bayswater, in his 75th year.

DAY.—On November 13th, at Lower Edmonton, after a few days' illness, William White Day, Esq., M.D., aged 52.

FEWKES.—On November 11th, at his residence, Great Glenn, Leicester, John Merriman Fewkes, L.F.P.S., L.S.A., aged 68 years. R.I.P.

McGILL.—On November 21st, 1890, at Wonoak, Harrogate, Arthur Fergusson McGill, F.R.C.S., one of the surgeons to the General Infirmary at Leeds.

RITCHIE.—At the Edinburgh City Hospital, on November 19th, of typhus fever Thomas Morton Ritchie, M.B., C.M., aged 26 years.

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; Skin, 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 W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu., 2; o.p., daily, except S., 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; (Gynaecological) Th., 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, 42, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 42, 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, 42, 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 BRITISH MEDICAL JOURNAL are devoted, will be found under their respective headings.

QUERIES.

CLIMATE FOR AN ASTHMATIC.

BRIGADE-SURGEON asks to be recommended some place in the South of Ireland, England, or France, suitable for a lady subject to bronchial asthma. Dampness is the chief cause. Additional requirements of place would be good schools for boys and girls, cheapness of houses, servants, and living, and a little sport or other occupation for a retired medical man. The milder and drier the better.

A QUESTION OF EXPEDIENCY.

GENERAL PRACTITIONER has a lady patient who is wishful to go out to the West Indies (Trinidad) at Christmas. She is expecting her first confinement in May. She has already been to the West Coast of Africa, and was sent home very seriously ill with "fever." "General Practitioner" has advised the patient to remain in England until after her confinement, but much pressure is brought to bear on "General Practitioner" to sanction his patient's journey.

* * Under the circumstances stated it would be wise for the patient to remain in England until after the labour.

ANSWERS.

DR. H. E. DIXEY (Great Malvern).—We are not in possession of any facts beyond those stated in the paragraph referred to.

DEFECTIVE VISION IN SCHOOL CHILDREN.

OPHTHALMOS.—We are unable to supply the desired information.

FILTERS.

DR. C. M. JESSOP (Sutherland Avenue) writes: In reply to "Member" the Spongy Iron Filter Company, New Oxford Street, supply a filter in any size and I can strongly recommend it. I have used it for twelve years and travelled with it from Canton to Hankow when only muddy river water was obtainable. The materials can be renewed at a cost, according to size, of a reasonable sum.

SCHOOL BOARD CERTIFICATES.

E.M.—It is difficult to advise what course a medical man should take when applied to by poor parents for certificates of the inability of their children to attend school through sickness, but it would seem that if the certificates are paid for at all (which doubtless they ought to be) they must be paid for by the parents or other persons applying for them. There is no provision that we are aware of for the expense being defrayed by the School Board, nor do we find that medical certificates can be demanded of parents as necessary for their defence when summoned for the non-attendance of their children at school.

SOME REPETITIONS.

LOCUM TENENS AND ASSISTANT.—The question whether a *locum tenens* or qualified assistant is entitled to retain fees for evidence in coroners' courts and law courts has frequently been discussed and answered on several occasions quite recently in these columns. It appears to be clear that unless a special clause has been inserted in the agreement assigning such fees to him he is not entitled to them.

NOTIFICATION.—We would refer "Notification" to the BRITISH MEDICAL JOURNAL of November 8th, 1890, p. 1099. Under paragraph headed "The Rights and Obligations of Medical Officers of Health" he will find a full answer to his queries.

ANOTHER CORRESPONDENT has written to ask whether any surgical instrument maker hires instruments for special operations. A previous question of the same kind met with no response.

AMICUS will find that a very similar question was asked by "L. T. B." on October 25th, page 993, and that an answer was published on November 8th, page 1103.

VERITAS.—This correspondent's question was answered in the BRITISH MEDICAL JOURNAL of November 22nd.

curable, calf lymph is to be used for vaccination; and that the universal adoption of animal vaccination should gradually be carried out by establishing offices for the culture of animal vaccine in all districts by the aid of the public funds.

The report says (p. 3) that there exists at present no active agitation in Germany against vaccination, although in Magdeburg a few writers still oppose it. When fines are levied for non-attention to the law, it is almost always for carelessness. The introduction of animal vaccine has had much to do with this improved feeling on the part of the public, especially in Berlin, where formerly there was a great deal of opposition. There exists now a widespread belief in the harmlessness of this lymph; and, besides this, it is no longer necessary to take lymph from a vaccinated infant's arm. The authorities have also lately given a printed set of directions for the treatment of vaccinated children, which has proved very useful in diminishing accidents after vaccination. These details of the Prussian experiment are interesting, and may, perhaps, lead in England and France to the adoption of revaccination and the use of animal lymph.

TO CORRESPONDENTS.

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

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

(A) Mr. T. W. J. Allen, Groomsbridge; Mr. S. Andrews, Basingstoke; Mr. D. Ashbee, London; Mr. H. W. Allingham, London; Mr. T. R. Atkinson, Sherborne; Dr. James Adams, Eastbourne; Messrs. Arnold and Sons, London. (B) Dr. W. G. Bott, London; Brigade-Surgeon; Dr. Clifford Beale, London; J. W. Batterham, M.B., St. Leonards; Dr. E. Berczeller, Buda Pesth; Messrs. Burroughs, Wellcome, and Co., London; Dr. E. Berdoe, London; W. T. Blakely, M.B., Kirkintilloch; Dr. J. M. Bleyer, New York; Dr. Bradshaw, Liverpool; Dr. T. Lauder Brunton, London; Mr. G. A. Bannatyne, Greenock; Mr. G. Balfour, Wimbledon; Sir H. R. Beevor, London; Mr. S. M. Burroughs, London; Mr. G. F. Blake, Dublin; Dr. Balding, Royston. (C) Mr. W. Carte, Dublin; Dr. Carlyon, Truro; Mr. W. Coates, Manchester; Mr. Bruce Clarke, London; Mr. H. O. Cowen, Ayr; Staff-Surgeon A. Corrie, Hull; Dr. C. Cameron, London; Dr. Ward Cousins, Southsea; Mr. Watson Cheyne, London; Dr. James Cagney, London; Dr. W. H. Calvert, Melrose; A. E. Cope, M.B., London; Mr. W. R. E. Coles, London; Dr. C. Coombs, Castle Cary; Dr. C. J. Cullingworth, London. (D) Mr. R. Dennis, Chester; Mr. J. G. Dunlop, Long Sutton; Dr. H. Davy, Penzance; Dr. L. Drage, Hatfield; Mr. Alban Doran, London; Mr. A. Douglas, Handsworth; Mr. R. Dunthorne, London; T. Drapes, M.B., Ennis-corthy; Dr. A. Doyle, Southsea; Dr. T. Dutton, London; Mr. E. Denison, Accrington. (E) Mr. B. W. Bmtage, Holsworthy; Mr. C. Ewart, London; Mr. H. Bales, Birmingham; Mr. R. G. Emery, London; Mr. C. T. Ewart, Colney Hatch. (F) Sir Joseph Fayrer, London; F.R.C.S.; Dr. D. W. Finlay, London; A Fellow of the Royal College of Physicians; Mr. A. Frost, London; Mr. J. T. Foot, London. (G) P. Gardiner, M.B., Antigua; Dr. G. A. Gibson, Edinburgh; Mr. C. N. Griffiths, Cheltenham; Mr. E. J. Greenhaugh, Bridgnorth; Dr. Garson, London; Mr. Wm. Gryson, Southend. (H) Mr. J. Highest, Worthington; Mr. F. L. Hill, London; Professor Victor Horsley, London; Mr. G. Hickey, Wexford; Humanity; Dr. F. de H. Hall, London; Dr. A. Henry, Newport Pagnell; Mr. J. D. Hutchinson, Aberdare; Mr. J. H. H. Harrison, Tetbury; Dr. P. Z. Hebert, London; Mr. H. Helbing, London; Dr. C. E. Hoar, Maidstone; Mr. F. J. Holdsworth, London; Mr. Humphreys, London; Mr. J. Haysman, London. (J) Dr. C. M. Jessop, London; Mr. F. E. James, Ore, Hastings; Dr. R. Jardine, Glasgow. (K) Mr. E. Kraus, Berlin; Dr. Skene Keith, London; Surgeon-Major W. G. King, Madras; Dr. G. H. Kenyon, Hooton-Pagnell; Dr. G. C. Kingsbury, Blackpool; Messrs. Krohne and Sesemann, London; Dr. G. C. Kingsbury, Blackpool. (L) Messrs. Lea, Bros. and Co., Philadelphia; Dr. J. Limont, Newcastle-on-Tyne; Mr. H. Lund, Manchester; Sir Wilfrid Lawson, Brayton; Mr. H. Liston, Sunderland; A. W. Lyons, M.B., Brighton. (M) Mr. H. W. G. Mackenzie, London; Dr. James McNaught, Newchurch; Dr. W. McMurray, Sydney; Dr. McWilliam, Aberdeen; Dr. A. T. Myers, London; Brigade-Surgeon Maunsell, Curepipe, Mauritius; Dr. C. Mercier, Catford; Dr. Maguire, London; Mr. J. A. Macdowall, Cannes; Messrs. Maw, Son, and Thompson, London; Mr. H. McNeil, Manchester; Miss Marder, Lyme Regis; Mens Sana; Mr. F. H. Madden, London; M.; Surgeon-General Sir W. J. Moore, London; Mr. G. Meadows, Hastings; Mr. L. Mark, London; Dr. R. Muir, Edinburgh; Mr. R. C. Morris, Sutton Coldfield; Dr. T. M. Madden, Dublin; Dr. J. W. Moore, Dublin; A. W. S. McComiskey, M.B., Belfast; Sir Morell Mackenzie, London. (N) Mr. R. H. B. Nicholson, Hull; Mr. James Neil, Oxford; Mr. W. H. Newham, Clifton. (O) Dr. Bernard O'Connor, London. (P) Mr. W. Parker, Bath; Per Mare Per Terram; Messrs. Paddison, Son, and Fullilove, London; Mr. D'Arcy Power, London; Mr. R. G. Patteson, Dublin; Dr. H. H. Phillips, Reading; Mr. F. Page, Newcastle-on-Tyne. (R) Dr. H. Rutherford, Glasgow; Sir Henry Roscoe, London; Mr. S. B. Rubinstein, Northampton; Dr. R. R. Rentoul, Liverpool; Mr. R. Rauschke, Leeds; Mr. A. W. Mayo Robson, Leeds; Mr. G.

Rendle, London; The Registrar of the General Medical Council, London. (S) Dr. R. J. H. Scott, Bath; H. M. Smellie, M.B., Jarrow-on-Tyne; The Secretary of the University of London; The Secretary of the Sheffield Medico-Chirurgical Society; Mr. W. T. Stead, London; Mr. W. E. Scott, London; Surgeon G. Sylvester, Tonbridge; Dr. W. J. Smyth, London; Mr. F. A. Southam, Manchester; The Secretary of the Institute of Medical Electricity, London; Mr. J. Bland Sutton, London; Dr. A. W. Stirling, Grays; Dr. Percy Smith, London; Dr. Ralph Stockman, Edinburgh; Dr. Heywood Smith, London; The Secretary of the Board of Health of New South Wales, Sydney; Mr. J. G. Smith, Clifton; Mr. E. Stock, Bristol; A Senior; Mr. H. W. Shadwell, Acton; Mr. A. T. Simson, Melrose; Dr. F. Semon, London; Dr. R. Wade Savage, London; Mr. P. L. Slater, London; J. C. Simpson, M.B., Stoke Newington; Messrs. Seabury and Johnson, London. (T) Mr. Lawson Tait, Birmingham; Surgeon H. O. Trevor, Curragh; Dr. J. C. Thresh, Chelmsford; Mr. H. A. Totherby, London; Dr. G. Thin, London; Prof. J. Tyndall, Haslemere; Dr. Lloyd Tuckey, London; Mr. O. Troitzsch, Berlin; Mr. W. Taberner, Wigan; Dr. Taylor, Scarborough; Mr. W. G. Tivy, Melton Mowbray. (V) A Veteran; Mr. T. J. Vallance, Stratford. (W) Dr. Hale White, London; Mr. A. Whyte, London; Dr. A. Whitelegge, Wakefield; Dr. Willoughby, London; Mr. W. W. Webb, Tullamore; Dr. A. Wilkinson, Tynemouth; Mr. G. Worthington, Sidecup; Dr. L. Weatherby, Bath; Dr. O. Wood, London; Mr. F. S. Worthington, Lowestoft; Mr. James West, London; Dr. G. S. Woodhead, Balham; Mr. C. J. Worts, Colchester; Dr. White, Stone; Dr. J. K. Will, London; Mr. W. B. Wall, Pembroke. (Y) Messrs. E. A. Yarnall Company, Philadelphia, etc.

BOOKS, etc., RECEIVED.

- Des Suppurations Pelviennes chez la Femme. Par le Dr. Pierre Delbet. Paris: G. Steuheil. 1891.
- Les Microbes de la Bouche. Par le Dr. Th. David. Paris: Felix Alcan. 1890.
- Recherches Experimentales sur l'Origine Microbienne du Tetanos. Par Paul B. Bossano. Paris: Felix Alcan. 1890.
- Jahrbücher der Hamburgischen Staats Krankenanstalten. Von. Prof. Dr. Alfred Kast. Leipzig: F. C. W. Vogel. London: Williams and Norgate. 1890.
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