

as a fever I would not be thought to ignore the treatment of the lung condition, which may be so extensive as by itself to threaten life. I have already expressed my preference for cold compresses over poultices as the local application to the chest, and subsequently, when the physical signs indicate the persistence of pleurisy, counter-irritation is of service. For the early stitch, which is probably pleuritic in origin, nothing is more serviceable than the application of three or four leeches, and I can hardly recall a case where they have failed to give relief. But as an alternative the local hypodermic injection of morphine may be employed. The cough of pneumonia in cases uncomplicated by bronchitis is seldom very troublesome, but if it is then it may be allayed by medicated inhalations—for example, of eucalyptus—rather than by opiates. When there is great involvement of lung, and the dyspnoea and cyanosis, together with the physical signs of such wide implication and of a labouring right heart, then venesection is distinctly indicated, and may be freely performed with much benefit. Indeed, it is only in such circumstances that venesection, once the routine measure for the treatment of pneumonia from the onset of its symptoms, can rationally be had recourse to. In such circumstances, also, the inhalation of oxygen has been successful in prolonging life until the resolution of the inflammation has set in. Mostly, I fear, the case in which one feels impelled to resort to such a measure is in desperate straits, and little aid can be rendered by it. Expectorants are not needed unless the case be much complicated with bronchitis, when, too, one must abandon the cold compress in favour of the poultice.

To enter into full detail concerning the treatment of all eventualities, or even of the various types of the disease, would occupy too much of your time, with little profit. It would involve the consideration of many a disease in which pneumonia occurs as a complication, as well as of such of its direct sequelæ as empyema and pulmonary gangrene. I hope, however, that my reticence in this matter will not prevent our hearing the experiences of others on any point that may occur to them. Especially should I like to invite an expression of opinion upon the best measures to adopt in dealing with pneumonia complicated by delirium tremens, and as to the propriety of giving opiates in these circumstances. The gravity of the prognosis in cases having this conjunction makes it all the more incumbent on us to agree as to the safest mode of dealing with it. If there be no disease of the kidneys, nor any marked bronchitis, I should myself employ morphine in preference to chloral or the bromides, and perhaps hyoscine is to be preferred to morphine, if it were not that its effect in delirium tremens is sometimes disappointing.

In conclusion, I feel that I have but touched upon the fringe of a wide subject, in presenting in merest outline the principles which it seems to me should guide us in dealing with a disease like acute pneumonia. It may be said that after all this is nothing but "expectancy," and the criticism may be a just one. Still I would ask whether, in attempting anything more heroic or striking we do not deceive ourselves, and whether it is not true that in acute disease our rôle is really that of one who, aware of the possible eventualities and watchful of the indications of failing powers, strives to render assistance to the natural forces and to bring their efforts to a successful issue in the combat with morbid agencies. To claim more than this for our art is to magnify our office, and lay us open to receive unmerited credit or discredit according to the issue of the case. To claim less would be to abrogate our function entirely and leave all in the hands of Nature.

Dr. SANSOM concurred with the author in his view as to the comparative inefficiency of drugs in the treatment of pneumonia. On the other hand his experience of the treatment of pneumonia by means of cold applications was exceedingly encouraging. He insisted, calling attention to the analogy with the cold treatment of typhoid fever and the important statistical information recorded in regard to this disease, on the importance of the early routine practice of cold, preferably ice applications, and hoped that members of the Section would carefully try the plan and record their results.—Dr. BARRS referred to the treatment of insomnia falling short of

actual delirium, and expressed his preference for sulphonal in the management of this symptom. He also expressed his strong belief in the antipyretic treatment by means of exposure, sponging, icepacking, etc., in preference to drugs.—Dr. HUGH WOODS said, with regard to the drug treatment of pneumonia, he could not altogether agree with Dr. Coupland as to the uselessness of drugs and especially as regards digitalis, which he had found of very great value in pneumonia if used early enough. This view was founded not so much on the results of a very long series of cases as on the observation of individual cases, in which he had found the blood disappearing very soon from the sputa under the influence of digitalis, and reappearing forthwith if the administration of the drug was prematurely desisted from.

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

### STERTOR AND POSITION.

THE following case is such a striking illustration of the really practical value of Dr. Bowles's views on the treatment of unconscious conditions by position, as recently published in his work on *Stertor*, that I have thought it worth recording.

A. C., aged 2½, a well-nourished child, but with a heavy hydrocephalic head, was seized with convulsions early in the morning. On my arrival, half an hour later, he was cyanosed, frothing at the mouth, had violent twitching of the facial muscles and of the limbs. The pulse was full and laboured; the respirations could best be described as jerky attempts at breathing accompanied by pharyngeal stertorous sounds. The child was sitting in a semi-upright position on its mother's knee, with the chin bent down on the sternum. On being placed on his side on a bed, the stertorous sounds became palatine in character, and ceased entirely as the chin was raised from the sternum; at the same time a large quantity of mucus and saliva commenced to dribble from the corner of the mouth, and the breathing in a few minutes became free and easy. On auscultation of the chest at the moment of being placed on his side loud sonorous and mucous râles were heard all over both sides. At the end of twenty minutes the child had the appearance of one sleeping peacefully; there were no stertorous sounds, the pulse was soft and natural, the breathing free and easy, the usual healthy colour of the child had returned, and all the abnormal sounds had vanished from the upper lung, though some were still heard in the lower. Once the chin fell down again on to the sternum, when all the symptoms of suffocation recurred and the child nearly died before it was rectified; but the urgent symptoms again disappeared on placing the child in the proper position. He slept for two hours, then became conscious, took food, and finally made a good recovery.

Folkestone.

PERCY G. LEWIS, M.D.

### HYOSCINE HYDROBROMATE IN CHRONIC MANIA.

Mrs. F., a widow, aged 62, who has two uncles and an aunt insane, recently came under my care. She was then in a very noisy, restless, and excited condition, constantly chattering or shouting, and complaining of various vague pains, the exact position of which she was unable to locate definitely, though she most frequently referred them to her head. She declared that she could not remain quiet, and was perpetually either pulling at the bedclothes, moving about in bed, or making faces. If left by herself for a few moments she got out of bed and wandered about the room in an aimless manner, chattering to herself. Only with difficulty could she be induced to allow herself to be dressed, and when dressed she would attempt to take her clothes off again. She slept but little and at irregular intervals.

The history given was that she had been very much in this condition for the previous five years, but that of late she had become worse and her strength less. She informed me that medicines never had any effect on her, and her relations stated that she had taken a large quantity of medicine from various sources without deriving benefit.

Having tried the usual sedatives without effect, I ordered for her hyoscine hydrobromate in doses of  $\frac{1}{32}$  grain, combined with spts. vini rect. in a mixture, to be taken night and morning. The effect was very marked; the shouting ceased and the chattering diminished. She was able on the following day to converse reasonably on many subjects, and to give her attention to reading short articles in the newspapers, and also to hold short conversations on what she had read, but when her mind was not otherwise occupied she became restless and inclined to get out of bed. The pupils were widely and regularly dilated under the influence of the drug, but she did not experience any inconvenience therefrom. Her facial expression was more reasonable, and she no longer made faces, though occasionally after showing her tongue, it was apparently involuntarily protruded and rapidly withdrawn once or twice.

I increased the dose of hyoscine hydrobromate to gr.  $\frac{1}{16}$ , and ordered tinct. digitalis with it, with still better results. The patient who, up till then, had slept irregularly, now slept fairly well each night, and remained in a quiet and fairly reasonable state during the day. She complained of dryness of the mouth and throat, and difficulty in articulation. I then discontinued the use of hyoscine hydrobromate, and she remained reasonable. Her general health much improved, apparently by the respite gained from her maniacal exertions. When the drug had been discontinued for about a week some of the restlessness returned, but in a much less marked degree. The pupils returned to their normal size in about twenty-four hours.

Hyoscine is amorphous, and is sometimes described as amorphous hyoscyamine; its three salts—the hydrobromate, hydrochlorate, and hydriodate—are crystalline.

Kingston Hill.

W. E. ST. LAWRENCE FINNY, M.B.

#### SIX CASES OF LABURNUM POISONING.

THE following six cases of poisoning by cytisus laburnum, from their comparative rarity, may possibly be of interest.

CASE I.—W. G., aged 10 years, was brought to the hospital on August 20th, 1891, and stated that he, together with several other boys, that afternoon, about two hours after dinner, had found during a walk a tree with pods growing on it, which they thought to be small beans. Several of these pods having been brought to me, I found them to be the seed cases of the cytisus laburnum. W. G. had eaten the contents of four pods (that is, eight or ten seeds). Five or ten minutes afterwards he began to sweat but soon became cold and shivering, and a little later was seized with vomiting. He vomited three times, and saw portions of the seeds in the matter ejected. He was then purged once. About one hour later he came to the hospital, and I found him cold and shivering, skin pale, and pulse scarcely perceptible—in fact, in a state of general collapse. His pupils were dilated, and he felt very drowsy and giddy but suffered no pain. After his stomach had been well cleared by emetics, brandy was administered. He, however, showed little signs of improvement for the next hour or so, when an enema of hot strong coffee was given, and the patient wrapped in blankets, and hot bottles applied. The collapse then gradually passed off, and the patient was able to leave the hospital in a few hours. He has had no bad symptom since.

CASE II.—P. H., aged 11 years, was brought in a short time after the previous case, and in a similar condition. He had eaten the seeds of three or four pods, and some time after was seized with vomiting, great collapse, shivering, giddiness, and scarcely perceptible pulse; his pupils were widely dilated. This child appeared to be in a critical condition, and was admitted as an in-patient, put to bed, and treated as in the previous case.

CASE III.—S. H., aged 7 years, a much smaller boy, had eaten the seeds of several pods. In this case also the collapse, shivering, giddiness, vomiting, and extreme weakness of pulse, and dilated pupils were so marked as to necessitate his admission. After similar treatment he rallied, and felt quite well next day. In these three cases there was marked collapse, with very small weak pulse, shivering, giddiness, vomiting, and widely dilated pupils, but no pain. There was also marked drowsiness in all three. In the two cases admitted the temperature remained subnormal for two days.

CASE IV.—A. R., aged 9 years, was brought up some hours later suffering from purging and vomiting. There was little or no collapse. He had been with the other children, and had eaten the contents of (one?) pod only. He required little treatment, and was not detained. In this case purging was the chief symptom.

CASE V.—A. B., a little girl, 5 years old, had taken one seed only. She was sick, but showed no other symptoms.

CASE VI.—E. G., a girl, aged 7 years, had eaten one seed only, which her brother had given her, but as she showed no symptoms two hours afterwards she required no treatment. Two of these cases were admitted into the Queen's Hospital, Birmingham, under Drs. Carter and Foxwell.

GEORGE ST. JOHNSTON, M.R.C.S. and L.R.C.P.

Queen's Hospital, Birmingham.

#### CASE OF TRAUMATIC LATERAL NYSTAGMUS.

MRS. B., aged 21, married, with two children, consulted me for frequent frontal headache, often very intense; to use her own words, "If I have two days clear, I have it three days continuous," sometimes ending in a sick headache.

At the age of 16 she had a fall, head first, from a third storey window on to the pavement, and alighted on her forehead; this necessitated a stay of two months in hospital. Shortly after the accident it was noticed that both eyes oscillated from side to side; there was no history of hereditary transmission, nor of epilepsy; the movement was synchronous and symmetric. She read at twelve inches; the pupils were equal, and acted to light and accommodation. She complained of oscillation of objects looked at. In strong convergence the movement was small, and on looking down at the feet ceased entirely. Urine, specific gravity 1025; slight trace of albumen. I regret that the patient's eyes were not examined for choroidal atrophy.

The case is of interest, as it can be so fully traced to a traumatic origin.

Barnsley.

J. FLETCHER HORNE, M.D.

#### PARAFFIN IN DIPHTHERIA.

MR. TURNER's letter in the BRITISH MEDICAL JOURNAL of September 19th on the use of paraffin in diphtheria would lead us to hope that the paraffin hydrocarbons have a definite therapeutic action in this disease. It is difficult, however, to understand why exposure to the air causes the paraffin to lose its curative properties, as commercial paraffin in this country does not contain any appreciable quantity of hydrocarbons volatile at the ordinary temperature. It will be interesting to hear again from Mr. Turner on this point when he has had further experience in the use of this new agent, or from others who will no doubt give it a trial in their own cases. I am more inclined to attribute the curative effect to the action of the higher hydrocarbons present in the paraffin, as the beneficial effect of vaseline and petroleum jelly is already well known. The liquid condition of paraffin appears to be an objection to its use, as it can only be possible to coat the surface attacked with a thin film of the liquid. This difficulty might be overcome by converting the liquid paraffin into a semisolid condition, as can readily be done by agitating it with a soap or saponin. A convenient way of making a paraffin ointment for this purpose would be to agitate with an egg whisk a mixture of paraffin and 10 per cent. of warm water containing 1 per cent. of ground saponaria bark. The small quantity of saponin required to gelatinise the paraffin is unlikely to have any therapeutic action, and in this form the paraffin could be applied with a brush in much larger quantities at a time, and would adhere better to the surface of the membrane it is required to disintegrate. The liquid vaseline of the *German Pharmacopœia* might also be used in the place of ordinary paraffin, and would no doubt produce similar beneficial effects. When I first heard of this paraffin treatment during the recent Health Congress I suggested the vaporisation of paraffin or the formation of a spray of this liquid as an alternative method for applying it, and I hope Mr. Turner will be able to report later on the value of the method he proposes for disinfecting the air of a room occupied by a diphtheria patient.

SAMUEL RIDEAL, D.Sc., Lecturer on Chemistry,  
St. George's Hospital.

### FASTING AND GOUT.

DR. GEO. N. ROBINS has forwarded the following notes on the recent fifty days' fast:—

Were it not for the extraordinary length of time during which Alexandre Jacques has succeeded in keeping body and soul together on a diet of mineral water and a limited quantity of a secret powder, there would be no special interest attaching to this last experiment, most of the symptoms and changes observable being analogous to those recorded in the case of Succi's forty days' fast, reported in the *BRITISH MEDICAL JOURNAL* of June 21st, 1890. At the same time there are a few points of difference between the two cases which are worth noticing.

At the commencement Jacques weighed 142 lbs. 8 ozs., and lost in all 28 lbs. 4 ozs., being a little over 19.8 per cent. of his original weight; whereas Succi's loss in forty days was 34 lbs. 3 ozs., or 26.75 per cent. The general shrinkage of the body was much the same as in Succi's case, with one remarkable difference. Whereas Succi diminished in height from 65½ inches to 64½ inches, Jacques actually increased from 64½ inches to 65½ inches, the increase being almost uniformly ⅛th inch per week. This increase in height was very carefully noted and verified. The loss of weight was not regular; on a few occasions an increase was recorded, but was generally followed by a corresponding diminution the next day. These occasional increases were attributed either to a copious libation shortly before being weighed, or else to the non-emptying of the bladder for several hours. The total amount of fluid drunk was 1,784 fluid ounces, an average of 35.4 ounces per day (half as much again as Succi used to take), the greatest quantity in one day being 66½ ounces. He passed on the average about 20 ounces of urine, but on some days none at all. On the thirty-seventh day Jacques suffered considerable pain from the presence of scybalous masses in the bowel, which were removed with some difficulty after repeated injections of hot water. The scybala weighed about ¾ lb., and were of a very dark greenish-brown colour. This was the first solid evacuation since the commencement of the fast. There were about 2 ounces of a clear watery evacuation on the twenty-fifth day.

During the latter part of the time Jacques suffered more or less from gout, which made its appearance first in the right hand, and subsequently in the other extremities, but the gout was not so severe as was the case during his former fasts. It was treated with Woodhall Spa bromo-iodine water internally and externally (as hot compress). On one or two occasions he complained of headache, but not of a serious nature. As a rule he slept well, from midnight to 6 or 7 A.M.

During the fast he took small doses, repeated three or four times a day, of a powder made, he says, from herbs which he collects in the fields and woods around Crayford, where he lives, and it is to this powder that he attributes his capability of existing so long without food. Unfortunately, he cannot be persuaded to allow this powder to be seen by anyone, therefore his statements with regard to it must be taken for what they are worth. The total quantity of powder consumed was 4 ounces. As to his general condition, it was much the same as Succi's. His tongue was moist, and generally slightly furred. The heart sounds were regular, and distinctly audible. The pulse varied from 60 to 114, according as he had been resting or moving about, a very little exercise sufficing to increase the rate. Temperature was high on one or two occasions, when the gout was rather severe, the highest being 100.2° F. on the forty-second day; otherwise the variations from normal were insignificant, except on the thirtieth day, when it was as low as 97.0°. The respirations were generally about 30. The skin was dry, and comparatively inelastic throughout, and its sensitiveness was unimpaired. The muscular reflexes did not show any noticeable alteration. Hearing and sight were unaltered. Towards the last there was some unsteadiness in walking, but that was probably due more to the painful condition of the right knee and foot than to any actual exhaustion. On the last day his voice was much weaker than usual, and he complained of dryness of the fauces. During the fast the excretion of urea diminished to a minimum of 114 grains per diem, the average for the whole period being 144 grains. His demeanour throughout the whole period of fifty days was very cheerful, except when in pain

from gout, but even then there was no marked irritability of temper.

Jacques smoked cigarettes continually except on one day (the forty-second), when he was advised to desist, the total number consumed by him during the fifty days amounting to nearly 700.

Having accomplished the full period of fifty days at 4 P.M. on September 19th, Jacques partook of some chicken broth, followed by a small piece of sole and a portion of a mutton chop, washed down with burgundy. This meal was digested without any inconvenience, and he afterwards resumed ordinary diet, being only careful as to the quantity taken at each meal.

Now that the possibility of sustaining life (under specially favourable conditions) without any food except water (mineral or plain) for such lengthy periods as forty and fifty days is an established fact, provided that the faster be allowed the use of an elixir (Succi) or a powder (Jacques), the composition of which is kept rigorously secret, it would be interesting to know if the same feat could be performed without the secret aids; for unless it is possible to do so, or unless the composition of these preparations is made public, there does not appear to be very much ultimate good to be derived from the experiments.

## ASSOCIATION INTELLIGENCE.

### LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members in commodious apartments, at the Offices of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the Office.

### NOTICE OF QUARTERLY MEETING FOR 1891. ELECTION OF MEMBERS.

A MEETING of the Council will be held on October 21st, 1891. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before that meeting, namely, September 30th, 1891.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

### BRANCH MEETINGS TO BE HELD.

**SOUTH MIDLAND BRANCH.**—The autumnal meeting will be held at Northampton on Tuesday, October 6th, in the Committee Room of the General Infirmary, at 2.30. The president, Mr. George H. Percival, requests the pleasure of the company of the members at luncheon previously to the meeting, and will be obliged by an early reply. Programme: Mr. Evans will propose the following alteration of Rule 3 of the by-laws of the Branch. Present rule: "3. That in order to carry out the objects of the Branch, there be appointed annually a president, a president-elect, an honorary secretary, and a treasurer; eight other members, with the ex-President, to constitute a committee of management, and one representative on the General Council." Proposed alteration: "That, in order to carry out the objects of the Branch, there be appointed annually, at a general meeting to be held in the spring, a president, a president-elect, an honorary secretary, an honorary treasurer, and a representative on the General Council and Parliamentary Bills Committee; also eight other members, to be elected by ballot, who shall retire annually but be eligible for re-election, to constitute a committee of management." Gentlemen wishing to read any paper or cases at the meeting are requested to communicate with the Honorary Secretary as soon as possible. The following have been promised:—Dr. A. H. Jones: A short Study of Epilepsy from a Practical Standpoint. Mr. R. A. Milligan: The Immediate Suture of Ruptured Perineum. Mr. T. A. Durrant: Cases of Disease of the Cerebellum. Dr. Walker (Peterborough): Notes on (1) Case of Bullet wound of Brain, with specimen—(2) Severe Ptyalism following use of Lotio Hydrarg. Nigra—(3) Severe Poisoning (almost fatal) from Absorption from a Belladonna Plaster. Dr. Thomson (Luton): (1) A

Case of Puerperal Septicæmia; (2) An Unusual Case of Retroflexion of Uterus. Dr. Maguire (Stony Stratford) will exhibit a copy of the *Medical Directory* for 1780.—C. J. EVANS, Honorary Secretary, Northampton.

**NORTH OF ENGLAND BRANCH.**—The autumnal meeting will be held at the Erimus Club, Middlesbrough, on Tuesday, September 29th, at 3 P.M. Business:—Specimens: Dr. Herbert Bramwell: Fracture through the Anatomical Neck of the Humerus. Dr. Dester: Skull Perforated by a Bullet with different Velocities illustrating diverse Effects. Dr. Benington: Dermoid Cysts of the Ovary; also Drawings illustrating the Direction of the Uterine Axis in Fœtal Life. Papers:—Dr. Murphy: A case of Porro's Operation (mother and child saved). A case of Vaginal Hysterectomy. Dr. Oliver: Ulcerative Aortitis. Dr. Sqaunce: Notes on a case of Acute Phthisis treated by a New Method. Dr. Ellis: A Visit to the Mud Baths and Pine Baths of Laurvick, Norway. Dr. Herbert Bramwell: Cirrhosis of the Liver, with Notes of an Unusually Chronic Case. Dr. Hume: Urinary Fever, what is it? Mr. Williamson: On the Extraction of Cataract. The dinner after the meeting will take place at the Erimus Club at 6 P.M., 6s. 6d. each.—G. E. WILLIAMSON, F.R.C.S., 22, Eldon Square, Newcastle-on-Tyne.

**SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.**—The next meeting of this District will take place at St. Bartholomew's Hospital, Rochester, on Thursday, October 29th, Mr. F. W. Penfold, in the chair. Gentlemen desirous of reading papers or exhibiting specimens are requested to inform the Honorary Secretary of the District, A. W. Nankivell, F.R.C.S., St. Bartholomew's Hospital, Rochester, not later than October 10th. Further particulars will be duly announced.—A. W. NANKIVELL, Honorary Secretary.

**WEST SOMERSET BRANCH.**—The autumnal meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, October 15th, at 5 o'clock. Dinner at 5.30. The subject settled by the Council for discussion is Antipyretics. Dr. Mead will open the discussion. Any member having a paper or communication to bring before the meeting should send notice of its title, and also give early notice if he purposes being at the dinner, that the necessary arrangements may be made.—W. M. KELLY, M.D., Honorary Secretary.

**SOUTH-WESTERN BRANCH.**—An intermediate meeting of the Branch will be held at the Devon and Exeter Hospital, Exeter, on Friday, October 16th, 1891, at 4 P.M. Notices of papers to be read, or of cases, specimens, etc., to be shown, to be intimated to the Honorary Secretary. The annual medical dinner for Exeter and district is fixed for the same day, at the New London Hotel, at 6.45 P.M., at which the Dinner Committee will be very glad to see any members of the Branch. The Honorary Secretary, Mr. L. H. Toswill, 28, West Southernhay, will forward a ticket to any member applying on or before October 13th. Price of dinner ticket, 7s., exclusive of wine.—P. MAURY DEAS, Honorary Secretary, Wonford House, Exeter.

**OXFORD AND DISTRICT BRANCH.**—The next meeting will be held at the Radcliffe Infirmary, Oxford, on Friday, October 30th, at 3.15 P.M. Gentlemen are requested to send notice of papers, etc., to W. LEWIS MORGAN, Honorary Secretary, on or before October 16th.

**SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.** The 120th meeting of this Branch was held at the Victoria Hospital, Folkestone, on September 17th, Dr. Tyson in the chair. Upwards of thirty members were present.

**Communications.**—Mr. W. K. TREVES read a paper entitled "The Duration of Tuberculous Disease, and its Periods of Activity, of Quiescence, and Decline."—Dr. THOMAS LISTER read a paper on "Ten Cases of Abdominal Section."—Cases and Pathological Specimens were exhibited by the medical staff of the hospital.

#### BRITISH GUIANA BRANCH.

The usual quarterly meeting of this Branch was held in the Pathological Museum of the Public Hospital, Georgetown, under the chairmanship of the Vice-President, Dr. J. S. WALLBRIDGE, Acting Surgeon-General. There were present Drs. Wallbridge, Anderson, Williams, Godfrey, Irving, Delamere, Barnes, Ferguson, Von Winckler; and Drs. Neal and Shackelton came as visitors.

**Financial Statement.**—The minutes having been read and confirmed, the auditors' statement was read over by Dr. FERGUSON, who acted for the Secretary, he being unable to leave Berbice. The statement showed a balance of some 81 dollars to the credit of the Branch.

**Anchylostomiasis.**—Dr. FERGUSON read a paper on Anchylostomiasis. After alluding to the difficulty of assigning to each of the numerous cases of anæmia met with in British Guiana its true cause, he pointed out that in addition to the well-known causes, such as malarial fever, phthisis, Bright's disease, etc., there were others, such as filarial disease and anchylostomiasis. He complimented Dr. Ozzard on his identifying this hæmatoid in 1887, and after referring to the history of the disease as given by Hirsch, and to the discovery of the parasite by Dubini, of Milan, in 1843, gave a

review of the symptoms of the disorder. He dwelt on the progressive character of the anæmia in a strongly-built and otherwise healthy man, and its slow development. There was some palpitation, some breathlessness on exertion, with drowsiness. There was some mucus passed with the stools without any pain or uneasiness. A thorough physical examination of the organs for the most part yielded negative results; there might or might not be a delicate trace of albumen, and the digestive powers were impaired. There was evidence of mental change, the memory being impaired, as also the will power, and Dr. Ferguson suggested that some forms of African lethargy were probably due to anchylostoma. The end, as a rule, was by serous effusions and cardiac failure, occasionally by diarrhœa. A sketch of the *post-mortem* appearances was given, the position of the entozoon in the middle third of the jejunum was mentioned, and the "millions of worms" of authors was stated to be an exaggeration. He counted, with the assistance of Dr. Neal, in a case of death from this cause, only some 700 worms; and allowing for errors, there could not have been more than 1,000. He considered from 1,000 to 2,000 sufficient to kill a man, and that in fatal cases in the colony about 1,000 was the average number. Referring to the work of Dr. Giles, of Assam, in the tea gardens, he gave an account of the life history of the parasite as far as he (Dr. Ferguson) had worked it out, and showed numerous slides under the microscope where the worm was seen in all stages of growth. Patients suffering from the disease were also shown to the meeting. In the discussion which followed, Drs. ANDERSON, DELAMERE, GODFREY, and the CHAIRMAN took part.

**Vote of Thanks.**—A vote of thanks to Dr. Ferguson for his paper brought the meeting to a close.

#### LEEWARD ISLANDS BRANCH.

##### MEETING OF COUNCIL.

An adjourned meeting of the council of this Branch was held on May 18th, at St. John's. Dr. W. H. Edwards, A. G. McHattie, A. Edwards, G. E. Piercez, and J. Freeland were present.

**New Members.**—Drs. W. S. Campbell, Tortola, Virgin Islands; and Kirkpatrick, Dominica, were duly elected ordinary members.

#### MEETING OF THE ANTIGUA SUBDIVISION.

The half yearly meeting of the Antigua subdivision of this Branch was held on July 15th at the house of the President. There were present:—Drs. W. H. Edwards (President), A. G. McHattie (Vice-President), G. E. Piercez (Honorary Secretary), J. S. Gabriel, F. J. Freeland, and P. Gardner (visitor).

**President's Address.**—The minutes of the inaugural meeting having been read by the SECRETARY and confirmed, the PRESIDENT delivered an address on his experiences of the past fifty years. He mentioned with regret the fact that practice now was very different from what it used to be. There were no Government medical officers, and yet there managed to live and thrive in this small island over twenty-two medical men. He referred to the difficulty surgeons experienced in performing operations in those days when there was no chloroform; but negroes, he thought, stood severe operations better than most other people from the fact that their nervous systems were more obtuse. In conclusion, he strongly urged upon his colleagues the advisability of keeping records of all interesting cases.—Dr. McHATTIE moved a vote of thanks to the President, seconded by Dr. PIEREZ, which was unanimously carried.

**Communications.**—Dr. PIEREZ read a paper on Injury to the Kidney from Accidental Violence, with Recovery, which all present took part in discussing.—Dr. McHATTIE read a short paper on Fever, and Drs. PIEREZ, FREELAND, and EDWARDS joined in the discussion.—Dr. FREELAND showed some specimens of Embryonic Filariæ, with a view to illustrating his paper on Filarial Disease, but the reading of this was postponed for want of time.

**Vote of Thanks.**—Dr. PIEREZ proposed a vote of thanks to the President-elect of the British Medical Association for his kind and cordial welcome sent to any colonial members who might be in England at the time of the meeting at Bourne-

mouth. The motion was seconded by the PRESIDENT and unanimously carried.

*Luncheon.*—After the meeting all the members lunched with the President, and enjoyed a very pleasant day.

## SPECIAL CORRESPONDENCE.

### PARIS.

*An Ambulance Train.—Accidental Poisoning with Chromate of Lead.—The Cancer-grafting Scandal.—General News.*

EXPERIMENTS have been recently made in France with the sanitary trains for carrying the wounded. Goods waggons are utilised, and by the manner they are swung almost all motion is avoided. Since city ambulances were organised in Paris in 1889, 7,000 patients have profited by them.

A mysterious death from poisoning recently occurred in a French family. After strict inquiry it was ascertained that the victim (a child) had been seen playing near a factory with pieces of lead chromate. A workman in this factory admitted that he had thrown outside the factory rubbish containing bits of lead chromate.

M. Doyen denies the charges of cancer-grafting recently brought against him, and states he was not present at the inquiry because he was not invited.

The General Council of the Gironde has voted 120 francs to be spent in sending poor children to the marine sanatorium at Arcachon.

At Bernaz a statue in honour of Jacques Daviel, who invented the operation for cataract, was recently erected with much pomp and ceremony.

Dr. Forgues, son-in-law of M. Dujardin-Beaumetz, director of the Army Medical Service, is under treatment at the Pasteur Institute, having been bitten by a rabid dog.

### LEEDS.

*Opening of the Medical School.—New Medical School Buildings.—New Wing of the Infirmary.—Small-pox and Typhoid Fever.*

SIR J. CRICHTON BROWNE will deliver the opening address of the winter session of the medical department of the Yorkshire College. As Sir J. Crichton Browne has so many friends both on the staff of the Infirmary and College, as well as among the medical men of the district in which he resided so long, it is proposed to entertain him at a dinner given by the medical men of Leeds and district.

Since the end of the summer session the demolition of the old buildings on the west of the infirmary has been taking place, in order to prepare the site for the building of the new medical school.

On the east side of the infirmary the new wing is making very satisfactory progress, and it is hoped may be ready for occupation in the spring of next year. By this addition the infirmary will gain 100 beds, and will have one of the most complete out-patient departments which it is possible to imagine.

Small-pox and typhoid fever are still prevalent. As no fresh case of small-pox had been brought under the notice of the sanitary authorities of the town for a week, it was hoped that the outbreak had been checked. This expectation, however, has not been realised. Every precaution is being exercised, and the work of providing additional accommodation at the sanatorium is being pushed on as rapidly as possible. It is expected that this temporary building will be ready for occupation, if needed, a week hence. Three people succumbed to typhoid fever last week, and a fresh patient has been admitted into the Fever Hospital.

### NEWCASTLE-ON-TYNE.

*College of Medicine.—Meeting of Medical Officers of Health.—Clinical Society.—Children's Hospital.—North of England Branch.*

THE winter session of the College of Medicine commences on October 1st. The Marquis of Londonderry will distribute the prizes to the successful students. During the past fortnight the first and second examinations for the M.B. have been

held; the visiting examiners were Sir William Turner and Mr. Bland Sutton in anatomy, Dr. Harris and Mr. G. W. Ridley in physiology. During the present week the final examinations for the various degrees will be held. There have been no changes in the staff either at the college or infirmary, with the exception of the appointment of Dr. Baigent as anaesthetist, and Mr. G. W. Ridley as surgical registrar.

A meeting will be held at the College of Medicine this week to form a branch society of medical officers of health. Dr. Hill, Medical Officer of Health for South Shields, is acting as honorary secretary.

The winter session of the Clinical Society will commence in October; preparations for it have already been well advanced by the honorary secretary, Dr. George Murray, who has obtained a good list of papers for discussion. Dr. William Murray will read a paper at the first meeting. The session promises to be the most successful the Society has yet had.

The staff of the Children's Hospital are anxious that their work in the hospital should be thrown open to any students who care to avail themselves of it. They have arranged operation days and hours of attendance at such times as will not interfere with the visits of the medical staff at the infirmary. The hospital contains sixty beds, and there is a large out-patient department open every day at 3 p.m., at which the honorary staff attend in person.

The autumn meeting of the North of England Branch of the British Medical Association will be held on September 29th at Middlesbrough; amongst the cases to be shown is one of successful Porro's operation—mother and child saved—by Dr. Murphy, of Sunderland. Middlesbrough is the centre of a populous district, and the meeting should be largely attended.

## CORRESPONDENCE.

### PRISON SURGEONS.

SIR,—I hasten to cordially endorse the remarks of a "Prison Surgeon" in the BRITISH MEDICAL JOURNAL of September 19th. Prison officials of all grades are so crushed down that it is impossible for them to risk the stigma which would follow the publication of any but an anonymous letter. No wonder they have "hearts of hare," and unless you, Sir, extend to us your powerful aid, if only to the length of putting us into communication with each other, I fear the present opportunity, which seems a favourable one for the ventilation of our grievances, will be lost.

The most crying iniquity at present is the position of the assistant surgeons. These officials have to give up the whole of their time to the most onerous and responsible duties imaginable, yet they do not rise above £300 a year after ten years' service. They have entered with the intention of devoting their best years and energies to the service in which most of them have been for nearly ten years. They are expected by their seniors to perform the greater part of the medical duties which require their absolute presence day and night, with no opportunity for even an hour's relaxation. As the senior medical officers happen to be nearly all men in the prime of life, there is simply and emphatically not the smallest prospect of promotion. If such a state of things existed amongst any section of the working classes, it would be styled sweating of the worst description. The pay of the chaplains is on the same scale as that of the medical staff, yet it would puzzle the most conscientious assistant chaplain to create duties for himself which would occupy him a fourth of the time daily and nightly spent by the assistant surgeons in large prisons.

The medical officer of a considerable provincial prison being lately transferred elsewhere a vacancy for promotion was created; but instead of an assistant surgeon being promoted a local private medical man was engaged to perform the duties.

It is small encouragement to the conscientious discharge of what are probably the most harassing duties in the public service to find that vacancies are not filled up as they arise, and that experience laboriously acquired by long and poorly paid service in the junior ranks is contemptuously set aside



Schools, which he brought to a high state of sanitary efficiency.

On giving up practice, he moved into the country and opened a house for the reception of private patients suffering from nervous and other disorders, which he continued to conduct until his decease. He was formerly sub-editor of the *London Medical Gazette*, acting under and with the late Dr. Alfred Swayne Taylor, whom he also assisted in the compilation of his work on medical jurisprudence. He also wrote, and published papers, etc., on other subjects, especially nervous diseases, in the *Journal of Mental Science*, the *St. Bartholomew's Hospital Reports*, the *British and Foreign Medical and Chirurgical Review*, the *Provincial Medical Journal*, *Lancet*, and *BRITISH MEDICAL JOURNAL*. He read a paper on the pathological histology of the spinal cord at the International Medical Congress of 1881. He wrote many articles on medical ethics, which were believed to be conducive to a feeling of greater kindness among medical men towards one another; and he was consulted by very many of his medical neighbours for their own families.

Dr. Kesteven was on the committee of management of the Asylum for the Blind, and did good work on behalf of Epsom College. He was a member of the Anthropological, Epidemiological, Psychological, Pathological, and Clinical Societies; for many years honorary secretary, and subsequently president of the North London Medical Society, and secretary of the Holloway Literary and Scientific Institution. But not content with all these and other posts that entailed hard work, he was also an omnivorous reader, and his memory of what he had read was most retentive. It has been truly said of him that "the poor, the sick, the dying, found in him a true friend," and this characteristic is the key to the high regard entertained for him by all persons who had the honour of his acquaintance.

#### WILLIAM HEMPSON DENHAM, M.R.C.S., L.S.A.

We regret to record the death of Mr. William Hempson Denham, which occurred somewhat unexpectedly from syncope at his residence, 23, Cornwall Grove, W., on September 21st. Mr. Denham, a man of remarkable vigour of character, was one of the oldest practitioners on the *Register*, and had carried on his practice for nearly sixty-five years until within three days of his death. Besides having contributed to current literature, Mr. Denham was the author of several medical and other works. He was a pupil of Sir Astley Cooper. The deceased gentleman leaves a widow and numerous children. He was in his 84th year.

## INDIA AND THE COLONIES.

### INDIA.

**SIR WILLIAM MOORE MEMORIAL FUND.**—A meeting of subscribers to the fund which is being raised for a memorial of Surgeon-General Sir William Moore was held at Bombay on August 27th, Surgeon-General Pinkerton being in the chair. The accounts showed a credit balance of 1,041 rupees in hand. It was resolved that the interest of the money should be given as an annual prize, to be called the Surgeon-General Sir W. Moore Prize, to the best student in the final year's studies of the provincial medical schools in rotation, first that of Poona, secondly that of Ahmedabad, and thirdly that of Hyderabad.

### CAPE OF GOOD HOPE.

**NEW MEDICAL BILL.**—The want of a good legislative enactment to supersede the almost obsolete Medical Ordinance of 1830 has long been felt in the colony. A new Medical Bill is now before the House of Assembly; it was read a second time on July 27th. The Bill provides for the formation of a "Colonial Medical Council" and a "Colonial Pharmacy Board" to take the place of the present Colonial Medical Committee. The former is to consist of seven medical practitioners and one dentist, of whom three medical practitioners and the dentist are to be nominated by the Governor, the remaining four medical practitioners to be elected by the medical practitioners of the colony. The members of the Medical Council are to be nominated or elected for such term, not ex-

ceeding five years, as the Governor may think fit. The dentist member of Council is only to discuss or vote on questions relating to his own speciality. All persons duly licensed to practise as physicians, surgeons, or accoucheurs the day before the Act takes effect shall be entitled to continue to practise without further licence provided that their names, addresses, and qualifications be registered as provided by the Bill. When the Act becomes law, no person is to be admitted to practise or to be registered either as a medical practitioner or a dentist unless he has obtained a licence signed by the Colonial Secretary on the recommendation of the Council to which his diplomas must first be submitted for approval. The Council may require proof by sworn declaration or other evidence of the authenticity of the diplomas, and of the identity and good character of the holder, wilful misstatement being punishable by the penalties by law provided for the crime of perjury. Power is, however, reserved to the Governor at any time within three months of the taking effect of the Act to grant a licence to any person who has practised as a medical practitioner in the colony for twenty years continuously before the passing of the Act. The Governor may grant a similar privilege to persons who have practised dentistry in the colony for at least three years; the names of such persons shall thereupon be entered in the register. Where the Council have refused to approve of diplomas submitted to them for registration the Governor in Council may, after communicating with the Council, order a licence to be issued to the applicant, and his name shall thereupon be entered in the register. The Council may from time to time make regulations prescribing what diplomas or certificates will be entertained in any application for a licence to practise medicine or dentistry. Every medical practitioner may practise as an accoucheur, but he will be bound under certain penalties to obey the rules passed from time to time by the Council for checking the spread of puerperal fever. Every medical practitioner may compound or dispense medicines prescribed by himself or any other medical practitioner with whom he is in partnership on payment of the annual licence fee required by law to be paid by a chemist and druggist. Women have exactly the same privileges as men under the Act. Persons who have their names entered in the register by false or fraudulent representation, and those who aid and abet them in doing so, are liable to imprisonment with or without hard labour for any term not exceeding twelve months. Any person falsely using professional titles, or implying that he is licensed, or registered, or qualified, and any person practising without a licence as medical practitioner, dentist or chemist and druggist, is liable to a fine not exceeding one hundred pounds for each offence, and in default of payment he is liable to imprisonment with or without hard labour for a period not exceeding six months. A register in five corresponding parts is to be kept in the Colonial Secretary's office, of the names, addresses, date of admission, licence or certificate and qualifications of all (1) medical practitioners, (2) dentists, (3) chemists and druggists, (4) certificated midwives, and (5) trained nurses in the Colony. The Colonial Secretary will, at the request of the Council, cause to be erased from the register the name of any person who either before or after the passing of the Act may have had his name struck off the roll of the University, College, or other body in the Colony or elsewhere, from which he received the diploma on the strength of which he obtained a licence to practise in the Colony, provided the Colonial Secretary is satisfied that such person has, if possible, had an opportunity of showing cause why his name should not be erased from the register. Any person judged by the Council, after due inquiry, to have been guilty of infamous or disgraceful conduct in any professional or other respect, may be struck off the register and have his licence withdrawn and cancelled by the Governor. The Council is to make such inquiry on information or complaint laid by any member of the public. No person whose name has been erased from the register shall be qualified to practise by the fact that he remains in possession of a licence or certificate. The name of any person struck off the register may be restored thereto at the request of the Council. No person not licensed under the Act can recover fees for medical advice and medicines, etc., in a court of law, nor hold any medical appointment in any hospital or other public establishment or society, nor sign certificates

required by the law. The Bill has, we understand, the approval of the majority of the medical men in the Colony as far as its general tenour goes, but the clause empowering the Governor, within three months of the passing of the Act, of his own mere motion, to place on the register any person who has practised for twenty years continuously in the Colony, has met with strong opposition and a petition against it signed by twenty-two medical practitioners of Cape Town and the suburbs has been presented to the House of Assembly, on behalf of the Cape of Good Hope Branch of the British Medical Association, of which they are members.

**REGISTRATION OF MIDWIVES AND TRAINED NURSES.**—The new Medical Bill provides for the registration of midwives. The clauses relating to them are as follows: "The Council may, in accordance with regulations approved of by the Governor, grant certificates of competence in midwifery (a) to any female who is the holder of a certificate or diploma as a midwife granted by any one of such examining bodies as the Council may from time to time prescribe and define; (b) to any female who shall satisfy the examiners thereto appointed by the Council of her competence, skill, and fitness in and for the practice of a midwife's calling. These certificates are to be signed by the President and Secretary of the Council, and entered in a register kept for that purpose in connection with and as part of the Register provided for in the Act. The Council may from time to time frame rules for preventing the spread of puerperal fever or any other similar disease. If it be proved that any midwife has wilfully disobeyed or disregarded these rules, or is grossly incompetent, or has been guilty of such improper conduct as in the opinion of the Council renders it inadvisable that she should continue to practise as a certificated midwife, her certificate may be withdrawn and cancelled. Further, any midwife, whether certificated or not, who contravenes the said rules may be punished by a fine not exceeding £30, and, failing payment, may be imprisoned for a period not exceeding three months with or without hard labour. Any female falsely pretending to be a certificated midwife renders herself liable to a fine not exceeding £25, or in default of payment to imprisonment, with or without hard labour, for any period not exceeding three months. A list of certificated midwives will be published by the Council at the beginning of each year. The provisions relating to the registration of trained nurses are the same as those for midwives.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF GLASGOW.

THE preliminary examination for medical students is held at this University on the first three days of October. The number of candidates already entered is fully 300; and of candidates for the preliminary examination for degrees in science there are 30. The professional examinations in medicine begin on October 5th, and continue for three days. There are 155 candidates for the first, 142 for the second, and 134 for the third.

### UNIVERSITY OF ABERDEEN.

THE MEDICAL DRAFT ORDINANCES. At a meeting of the University Council on September 19th the Committee of the Council appointed to deal with the Draft Ordinances issued by the Scottish Universities Commissioners brought up its reports on various recently-issued ordinances. The following is a summary of its report on Draft Ordinance Aberdeen No. 1, which deals with regulations for degrees in medicine: Section VI vests in the University Court the power of recognising various degrees in arts and science as exempting students from preliminary examinations on beginning their professional studies. The Committee recommends that this power should rather be vested in the Joint Board of Examiners appointed under the provisions of Ordinance No. 8, as it is felt that recognitions made of such degrees should be uniform in the different universities. Section VII, subsection 10, as it stands requires a student to attend all his twelve labour cases at a public institution—an arrangement that would be unworkable in Aberdeen. The Committee proposes amendments

which would have the effect of requiring him to attend three at least of the twelve at such an institution, providing, however, that, in accordance with the recommendation of the General Medical Council, these three shall be under the direct superintendence of a registered practitioner. Section X of the ordinance reads as follows: "Each candidate shall be examined both in writing and *visà voce* in the following divisions, namely: First, in Botany, Zoology, Physics, and Chemistry (including Practical Chemistry); second, in Pharmacognosy and Pharmacy; third, in Anatomy and Physiology; fourth, in Materia Medica, including Pharmacology and Therapeutics, Pathology, and Medical Jurisprudence and Public Health; fifth, in Surgery, Practice of Medicine, Midwifery, and Clinical Medicine and Clinical Surgery; and the examinations shall as far as each subject permits be conducted practically." The Committee proposes to amend this by striking out the second division, placing Pharmacognosy and Pharmacy under Materia Medica in the third division, and by splitting up the final division into a fourth division to consist of "Surgery, Practice of Medicine, and Midwifery," and a fifth division to consist of "Clinical Medicine and Clinical Surgery, including such special departments as the Senatus may from time to time determine." The Committee is aware that it has suggested important changes in this section, but it believes that if the proposals therein contained be carried out, the practical effect will be that the first four years of the curriculum will be so loaded with lectures and classes to be attended at the University that the student will find himself with no more time for clinical work than he has under the present four years system. It is of the utmost importance that the fifth year of study should, as recommended by the General Medical Council, be entirely set free for clinical work. The Committee regards with the greatest surprise the proposal that one of the professional examinations should be entirely devoted to certain departments of Materia Medica, namely, Pharmacognosy and Pharmacy. These belong more properly to the craft of the chemist and druggist than to the practice of a physician or surgeon. The Committee strongly object to the marked prominence given in the examinations to Materia Medica, an entire professional examination and part of another being proposed to be devoted to this subject. The Committee cannot but feel that the effect of this will be retrograde and pernicious as militating against the tendency of modern scientific medicine, which is entirely towards simplicity in prescribing, and as encouraging a style of practice antagonistic to the best traditions of the medical profession in Scotland. Section XV gives power to the Faculty of Medicine to refer an unsuccessful candidate for a medical degree back to the study of the subjects in which he has failed for such a time and under such conditions as it may prescribe. The Committee, thinking that this gives professors a direct pecuniary interest in rejecting candidates, proposes to substitute the examiners for the Faculty of Medicine, and to give these the power of referring a student back to his studies generally, but not to the study of special subjects under specified conditions. Section XXIII enacts: "The examiners for graduation in medicine in the University of Aberdeen shall be the professors in the Faculty of Medicine in that University, together with such lecturers in the University and such additional examiners to be appointed by the University Court as the University Court shall deem necessary," etc. The Committee propose to leave out the word "the" before "professors," and to insert "such." The object of this amendment is to secure that, if a professor should abuse his position as examiner, the University Court shall have power to omit his name from the list of examiners. The recommendations of the Committee were unanimously approved.

### UNIVERSITY OF DURHAM.

SECOND EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.—The following candidates have satisfied the examiners:

*Second Class Honours.*—R. A. Morris, College of Medicine, Newcastle-upon-Tyne.

*Pass List.*—P. R. Ash, Yorkshire College, Leeds; R. A. Bolam, College of Medicine, Newcastle-upon-Tyne; T. M. Clayton, College of Medicine, Newcastle-upon-Tyne; P. Coleman, M.R.C.S. Eng., L.R.C.P. Lond., St. Thomas's Hospital; E. D. Dingle, College of Medicine, Newcastle-upon-Tyne; W. F. Fisher, London Hospital;

W. F. Gibbs, College of Medicine, Newcastle-upon-Tyne; J. J. Grace, Otago, New Zealand; N. C. Gwynn, Bristol Medical School; K. C. Hill, College of Medicine, Newcastle-upon-Tyne; J. M. Hope, College of Medicine, Newcastle-upon-Tyne; G. Jimenez, Guy's Hospital; A. C. Leigh, University College, London; R. C. Leonard, Bristol Medical School; R. W. Morgan, College of Medicine, Newcastle-upon-Tyne; L. G. C. Vintras, M.R.C.S.Eng., L.R.C.P.Lond., B.Sc.Faris, St. Mary's Hospital.

#### EXAMINATION FOR THE DEGREE OF BACHELOR IN HYGIENE.

—The following candidates have satisfied the examiners:

T. Buckham, M.B., B.S.Durb.; W. H. Turnbull, M.B., B.S.Durb.

#### EXAMINATION FOR THE LICENCE IN SANITARY SCIENCE.—

The following candidate has satisfied the examiners:

F. W. Gunn, M.R.C.S., L.R.C.P., L.S.A.

SOCIETY OF APOTHECARIES OF LONDON.—Pass-list, September, 1891. The following candidates passed:

#### In Surgery:

J. E. Bailey, University College Hospital  
W. T. Davies, London Hospital  
H. W. Roberts, St. George's Hospital  
P. C. Bardsley, Cambridge and University College Hospital  
C. M. Wheeler, Royal Free Hospital

#### In Medicine, Forensic Medicine, and Midwifery:

C. W. Allen, St. Mary's Hospital  
W. S. McGeagh, St. Thomas's Hosp.  
H. S. Cooper, St. George's Hospital  
C. M. Wheeler, Royal Free Hospital  
P. C. De Wet, St. Thomas's Hospital

#### In Medicine and Forensic Medicine:

J. S. Newington, Edinburgh Univ.  
W. R. Nicol, Montreal

#### In Medicine and Midwifery:

H. B. T. Symons, Aberdeen University and Charing Cross Hospital

#### In Forensic Medicine:

V. H. Barr, Guy's Hospital  
A. C. Fenn, St. Bartholomew's Hosp.

The Diploma of the Society, entitling them to practise Medicine, Surgery, and Midwifery, was granted to the following gentlemen:

Messrs. Cooper, De Wet, McGeagh, Newington, Nicol, Roberts, and Symons, and to Miss Wheeler.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### PAUPER LUNATICS OUT OF ASYLUM ON TRIAL.

MR. WILFRED HOWARD (District Medical Officer Guiltcross and Depwade Unions) writes: Referring to your reply to "M.B. and C.M." on the above subject in the BRITISH MEDICAL JOURNAL of August 29th, may I call your attention to the following extract from Lunley's *Medical Officer's Manual*, third edition, page 33: "When a pauper patient is discharged from an asylum provisionally for a limited time, a medical certificate as to the state of his mind is required by the 16 and 17 Vict., c. 97, s. 79, to enable him to remain at large after the expiration of the time, and sometimes the authorities of the asylum require to have medical reports in the interval. If the board of guardians or the relieving officer require it the medical officer having charge of the lunatic as a pauper patient must give this certificate free of charge." Hence it would seem that no charge can be made by a district medical officer for such certificate provided the pauper patient is brought to the surgery, but I would ask: Is he entitled to charge the usual fee of 2s. 6d. if he has to visit such patient at his or her home? I have visited several such cases, but have never made any charge.

### HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns, including London, 5,691 births and 3,201 deaths were registered during the week ending Saturday, September 19th. The annual rate of mortality in these towns, which had been 16.8 and 17.3 per 1,000 in the preceding two weeks, further rose to 17.7 during the week under notice. The rates in the several towns ranged from 12.4 in Portsmouth, 13.2 in Halifax, 13.3 in Hull, and 14.0 in Cardiff to 23.8 in Blackburn, 25.0 in Manchester, 27.8 in Sunderland, and 29.0 in Preston. In the twenty-seven provincial towns the mean death-rate was 19.4 per 1,000, and exceeded by 3.6 the rate recorded in London, which was only 15.8 per 1,000. The 3,201 deaths registered during the week under notice in the twenty-eight towns included 519 which were referred to the principal zymotic diseases, against numbers declining from 653 to 456 in the preceding seven weeks; of these, 292 resulted from diarrhoea, 81 from whooping-cough, 46 from "fever" (principally enteric), 44 from diphtheria, 31 from scarlet fever, 24 from measles, and one from small-pox. These 456 deaths were equal to an annual rate of 2.9 per 1,000; in London the zymotic death-rate was 2.4, while it averaged 3.3 per 1,000 in the twenty-seven provincial towns, and ranged from 0.6 in Halifax, 0.7 in Bristol, and 1.0 in Hull and in Birkenhead to 5.1 in Manchester, 5.2 in Sunderland, 6.3 in Wolverhampton, and 6.8 in Preston. Whooping-cough caused the highest proportional fatality in Huddersfield; and diarrhoea in Brighton, Sunderland, Leicester, Manchester, Sheffield, Bolton, Wolverhampton, and Preston. The mortality from measles, scarlet fever, and "fever" showed no marked excess in any of the large towns. Of the 44 deaths from diphtheria registered in the twenty-eight towns 32 occurred in London, 3 in Salford, 2 in Liverpool, and 2 in Sheffield. A fatal case of small-pox was recorded in Birmingham, but not in London or in any other of the large towns; and no cases of this disease were under treatment in any of the Metropolitan Asylum Hospitals on Saturday, September 19th. The number of scarlet

fever patients in these hospitals and in the London Fever Hospital on the same date was 1,021, against 917 and 993 at the end of the preceding two weeks; 137 new cases were admitted during the week under notice, against 97 and 151 in the previous two weeks. The death-rate from diseases of the respiratory organs in London was equal to 1.9 per 1,000, and was below the average.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, September 19th, 806 births and 397 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had risen from 17.6 to 18.7 per 1,000 in the preceding two weeks, declined again to 15.4 during the week under notice, and was 2.3 per 1,000 below the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest death-rates were recorded in Paisley and Perth, and the highest in Leith and Glasgow. The 397 deaths in these towns included 61 which were referred to the principal zymotic diseases, equal to an annual rate of 2.4 per 1,000, which was 0.5 below the mean zymotic death-rate during the same period in the large English towns. The highest zymotic rates were recorded in Leith and Glasgow. The 185 deaths registered in Glasgow included 16 from diarrhoea, 6 from scarlet fever, 3 from measles, 4 from "fever," and 3 from diphtheria. Three fatal cases of fever were recorded in Edinburgh. The death-rate from diseases of the respiratory organs in these towns was equal to 2.1 per 1,000, against 1.9 in London.

### HEALTH OF IRISH TOWNS.

IN sixteen of the principal town districts of Ireland the deaths registered during the week ending Saturday, September 12th, were equal to an annual rate of 21.6 per 1,000. The lowest rates were recorded in Newry and Wexford, and the highest in Drogheda and Kilkenny. The death-rate from the principal zymotic diseases averaged 2.9 per 1,000. The 151 deaths registered in Dublin were equal to an annual rate of 22.1 per 1,000 (against 23.9 and 18.5 in the preceding two weeks), the rate for the same period being 15.0 in London and 16.7 in Edinburgh. The 151 deaths in Dublin included 18 which were referred to the principal zymotic diseases (equal to an annual rate of 2.6 per 1,000), of which 14 resulted from diarrhoea, 3 from enteric fever, and 1 from whooping-cough.

## MEDICAL NEWS.

A HOSPITAL for the Italian Colony was opened at Tunis on September 1st.

PROFESSOR GARTNER, of Jena, has been appointed to the Chair of Hygiene in the University of Marburg, in place of Professor Rubner, recently translated to Berlin.

THERE are in the United States and Canada forty-seven medical faculties which admit students of both sexes, and nine for women only.

THE College of Physicians of Philadelphia has awarded the Alvarenga Prize for 1891 to Dr. L. Duncan Bulkley, of New York, for his essay on Syphilis Insontium.

MEDICAL MAGISTRATE.—Mr. John Barlow Stuart, F.R.C.S.E., has been placed on the Commission of the Peace for the County Borough of Wigan, Lancashire.

By the will of the late Dr. Fordyce Barker the New York Academy of Medicine is to receive all the works in his library which relate to obstetrics, gynaecology, and the diseases of children.

THE distribution of prizes of the Pharmaceutical Society of Great Britain will be made by the President on October 7th, when the inaugural sessional address will be given by Mr. Gainsford Bruce, D.C.L., Q.C., M.P.

SMALL-POX is said to be raging at Mauritius, and it is stated that all the hospitals are full. Cholera has also, it is reported, made its appearance in the port on board a coolie ship, and one death had occurred on September 2nd.

A CITY WATER SUPPLY.—By means of an artesian well at a depth of 352 feet the artisans' dwellings in the Minorities are being supplied daily with between 17,000 and 19,000 gallons of good water. It is intended to go down another 100 feet, when the supply is expected to reach from 25,000 to 30,000 gallons.

GENERAL PRACTITIONERS' ALLIANCE.—At a meeting of the Council of the Alliance, held at the offices, 29, Threadneedle Street, on September 9th, the following new members were elected: R. R. Llewellyn, E. Stanley Wood, H. C. Fox, D. Fairweather, R. J. W. Oswald, C. H. Howard, D. B. Balding, J.P., and Justin McCarthy. Mr. W. J. Noel Bell, of 316, Clapham Road, S.W., was elected Local Secretary for the Brixton and Clapham Districts.



**PRESENTATION.**—Dr. Clift, who is resigning his post as Assistant Medical Officer of the Chelsea Workhouse Infirmary to undertake the supervision of the Bournemouth Sanatorium, has received a number of gratifying presents, including a handsome solid silver cigar case from the officers of the infirmary, and a beautiful gold pencil case from the patients of that institution, whilst the inmates of the workhouse presented him with an inkstand in oak and silver.

**SEAMEN'S HOSPITAL SOCIETY.**—The committee of the Seamen's Hospital Society have decided to open, on October 1st, a new dispensary for sailors in the East India Dock Road to meet the needs of the largely increasing number of seamen who are now congregating in this neighbourhood. Sailors attending the dispensary, and who require treatment as in-patients, will be transferred either to the Dreadnought Hospital at Greenwich, or to the branch hospital in the Royal Albert Docks.

**THE PREVENTION OF BLINDNESS.**—Following the example of New York, the Legislature of the State of Maine has passed a law providing that "should one or both eyes of an infant become reddened or inflamed at any time within four weeks after its birth, it shall be the duty of the midwife, nurse, or person having charge of the said infant to report the condition of the eyes at once to some legally-qualified practitioner of medicine of the city, town, or district in which the parents of the child reside."

The lovers of Robert Browning will welcome the appearance next month of a *Browning Cyclopaedia*, by Dr. Edward Berdoe, one of the foremost members of the Browning Society. The volume, which will be published here by Messrs. Swan Sonnenschein and Co., and in America by Messrs. Macmillan and Co., will contain a commentary on every poem, with explanations of all obscurities and difficulties arising from the historical allusions, legends, classical, and archaic phraseology, and curious out-of-the-way terminology with which the works of Browning abound, and to the ordinary reader often make it difficult to grasp his meaning.

**MIDWIVES IN FRANCE.**—Two women belonging to the neighbourhood of Laval, in France, were recently prosecuted, at the instance of the regularly-licensed midwives of the district, for having practised midwifery for many years without a diploma. They were each fined 100 francs (£4), but the fine was remitted, with a caution that if again convicted of the same offence the maximum penalty would be inflicted. On the other hand, a duly-qualified midwife in the same district has got into trouble for using forceps and otherwise exceeding her powers, and she has had an intimation conveyed to her by the authorities that unless she speedily mends her ways the law will be put in force against her.

**AN ITALIAN LARYNGOLOGICAL SOCIETY.**—At the Medical Congress recently held at Siena it was determined to establish an Italian Society of Laryngology, Otology, and Rhinology. The headquarters of the new society are to be in Rome. A committee composed of Professors Grazzi, of Florence; Egidi, of Rome; and Massei and Fasano, of Naples, has been appointed to complete the organisation. Among those who have already intimated their intention to become members are several of the leading Italian representatives of the specialties in question, including Drs. Labus, of Milan; Gradenigo, of Turin; G. Masini, of Genoa; and Masucci and Cozzolino, of Naples.

**RETURNING FROM THE HOLIDAYS.**—The 1,500 delicate children sent by the city of Paris on thirty-day trips—the scrofulous to the seaside, the anæmic to the mountains—were all weighed at the mayoralties, their chests measured, and their muscular strength tested before starting and on their return. It was found that weight, height, general strength, and muscular power had increased in striking degrees and in most cases. Those who in the first week were hardly able to walk two miles a day were able without fatigue to do seven or eight before the end of the trip. The cost of the outing, including travelling expenses and a month's board and lodging, came to £4 a head.

**THE UNITED STATES AND EMIGRATION.**—Cousin Jonathan having suddenly awaked to the fact that the United States was being used as a dustheap for human rubbish from the Old

World, a few years ago established a system of "sifting" intended to exclude all emigrants who, owing to disease or other causes, did not seem likely to add to the greatest happiness of the greatest number in the country in which they meant to begin life anew. During the last seven years 1,374 lunatics and diseased persons have been sent back to Europe from the State of New York. A complaint is now beginning to make itself heard that the sanitary sieve allows many of the unfit to pass to the detriment of the general health of the Republic and of the physical perfection of its future citizens. Medical practitioners have, it is stated, occasion to know that only a small percentage of the diseased and undesirable emigrants are returned to their homes. One-third of the insane in the United States, and over one-half of the dispensary and hospital patients, are said to be foreign-born.

**DEATHS IN THE MEDICAL PROFESSION ABROAD.**—Among the members of the medical profession who have recently died in foreign countries and the colonies are Dr. von Zenetti, of Munich, an extraordinary member of the Imperial Sanitary Council of Germany, who, in conjunction with Professor von Pettenkofer and Herr von Erhardt, had taken a very prominent part in improving the sanitation of the Bavarian capital; Dr. J. M. Peres Pinto, of Oporto, author of a history of that city; Dr. S. J. da Luz Soriana, also of Oporto, aged 90, author of a work on cholera and numerous other books on history, etc.; Dr. Giovanni Colombi, of Milan, formerly assistant to Professor Sangalli, in the chair of pathological anatomy at Pavia, and afterwards physician to the Istituto di S. Corona, at Milan; Dr. J. G. Rodrigues, one of the oldest physicians of Lisbon, where his advice was much sought after in cases of lung disease; Dr. R. T. Godfrey, for many years a leading practitioner in Montreal, where he amassed a fortune of over a quarter of a million, aged 72; Dr. Carl Lehfeldt, of Berlin, aged 80, a favourite pupil of the famous physiologist Johannes Müller, for whom he made a number of ingenious experiments on the production of the voice, which were published in his graduation thesis, *De Vocis Formatione*, 1835; and M. Etienne Jacottet, of Neuchâtel, in his 24th year. M. Jacottet, though he had not taken his full degrees, was in medical charge of workmen employed in constructing a hut on the summit of Mont Blanc. On August 28th he took up his quarters in the Cabane des Bosses, at an altitude of 4,400 metres, and on September 1st he made the ascent to the top of the mountain without apparently feeling excessively fatigued. The next day he was seized with drowsiness, followed by a rigor; he soon passed into a condition of coma, and died in a few hours.

**LITERARY INTELLIGENCE.**—The first number of a new quarterly journal of pharmacy and materia medica has recently appeared in Chicago. It is entitled the *Apothecary*, and is edited by Mr. Oscar Oldberg and published by the Illinois College of Pharmacy. Another addition to periodical medical literature in America is the *Ophthalmic Review*, published at Nashville, Tenn., under the editorship of Dr. G. C. Savage. The *Transactions of the Tenth International Medical Congress at Berlin* are gradually finding their way out of the hands of the editors and printers. The proceedings of Section VIII (Midwifery and Gynecology) have just appeared, while those of Sections VIIA (Orthopedic Surgery) and IX (Neurology) are on the eve of publication. Sections VII (Surgery) and X (Ophthalmology) are in the press. Sections XI (Otolaryngology), XII (Laryngology), and XIII (Dermatology) which complete the work, are, like John Gilpin's hat and wig, "upon the way."—The September number of the *New England Medical Monthly* is particularly interesting, not only on account of its literary matter, which is of exceptional value, but on account of a number of portraits of American and European celebrities which it contains. Among these may be mentioned Dr. Oliver Wendell Holmes, Dr. W. A. Hammond, the late Dr. S. D. Gross, Marion Sims, Alexander Mott, Henry Sands, Dr. D. Hayes Agnew, Professor Koch, Mr. Lawson Tait, and our own respected President of the Council, Dr. Withers Moore. It is interesting to see what Carlyle called the *eidola* of these distinguished men, but some of the portraits can hardly be called flattering.—Professor Osler, of Baltimore, has a work on the practice of medicine in the press.—Dr. Thin has in the press a work on leprosy, which will shortly be published by Messrs. Percival and Co.

## MEDICAL VACANCIES.

The following Vacancies are announced :

- BELFAST UNION, DISPENSARY DISTRICT.**—Medical Officer for No. 10 Sub-district. Salary, £125 as Medical Officer and £20 as Medical Officer of Health (exclusive of fees). Must reside in the sub-district. Applications to the Honorary Secretary, Robert Morgan Annave, Windsor Avenue, Belfast, by September 28th.
- BETHLEHEM HOSPITAL, S.E.**—Two Resident Clinical Assistants. Apartments, rations and attendance provided. Applications, endorsed "Clinical Assistantship," to the Treasurer before October 5th.
- BOLTON INFIRMARY AND DISPENSARY.**—Junior House-Surgeon: doubly qualification; age not to exceed 25. Salary, £100 per annum, rising £10 annually to £150, with furnished apartments, board, and attendance. Appointment for twelve months; not to engage in private practice for 5 years. Applications to the Honorary Secretary, Peter Kevan, Esq., 12, Acresfield, Bolton, by September 30th.
- BURTON-ON-TRENT INFIRMARY.**—House-Surgeon. Salary £130 per annum, with prospect of increase, and rooms in the Infirmary free, also coals and gas. Applications to Mr. J. C. Grinling, the Infirmary, by October 1st.
- CHARING CROSS HOSPITAL, Strand, W.C.**—Surgical Registrar. Salary, £40 per annum. Applications to the Medical Committee by September 28th.
- CHESHIRE COUNTY ASYLUM, Upton, near Chester.**—Junior Assistant Medical Officer, fully qualified and unmarried. Salary, £120 per annum, with board, lodging, and washing. Applications to Medical Superintendent by October 14th.
- DENTAL HOSPITAL OF LONDON, Leicester Square.**—Anaesthetist; must be registered. Applications to J. F. Pink, Secretary, by October 5th.
- DENTAL HOSPITAL OF LONDON, Leicester Square.**—Assistant Anaesthetist; must be registered. Applications to J. F. Pink, Secretary, by October 5th.
- EASTERN COUNTIES ASYLUM FOR IDIOTS, Colchester.**—Resident Medical Attendant: doubly qualified; unmarried. Salary, £100 per annum, with furnished apartments, board, and washing. Applications to John J. C. Turner, Superintendent, by September 26th.
- GREAT CLACTON LOCAL BOARD.**—Medical Officer of Health. Salary, £20 per annum. Applications endorsed "Medical Officer" to J. W. Potter, clerk to the Board, Trinity Street, Colchester, before September 26th.
- HEREFORD GENERAL INFIRMARY.**—Resident Dispenser: fully qualified, with a knowledge of minor surgery. Salary, £50 per annum, with board and washing. Applications to the Secretary, 37, Bridge Street, Hereford.
- HULL ROYAL INFIRMARY.**—House-Surgeon. A Member or Licentiate of the College of Surgeons of England, Edinburgh, or Dublin, and unmarried. Salary, 100 guineas per annum, with board and furnished apartments. Appointment for three years. Applications to be addressed to the Chairman of the House Committee by September 29th.
- MIDDLESEX HOSPITAL.**—Pathologist and Curator of the Museum. Applications to the Secretary-Superintendent, F. Clare Melhado, by October 3rd. Candidates will be required to be in attendance on the Medical Committee on Saturday, October 10th, at 1.30 P.M.
- PARISH OF EDAY, Orkney.**—Resident Medical Officer. Salary, £70 per annum, with practice. Applications to the Inspector of the Poor.
- ROYAL FREE HOSPITAL, Gray's Inn Road.**—Junior Resident Medical Officer, with medical or surgical qualification from one of the examining boards of the United Kingdom. Appointment for six months and eligible for re-election. No salary, but board and residence provided. Applications to the Secretary, Conrad W. Thies, by September 28th.
- ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge Road, S.E.**—Assistant-Surgeon, fully qualified. Applications to the Secretary, R. Garrard Kestin, by September 28th.
- SINGAPORE, Straits Settlements.**—Health Officer, to act also as Medical Officer to the staff and *employes* of the municipality. Salary, 300 dols. per mensem, and *emolument*. Applications to Dr. W. Gilmore Ellis, St. Bartholomew's Hospital, E.C., or to Mr. C. C. Lindsay, M.Inst.C.E., 167, St. Vincent Street, Glasgow, by September 30th.
- SOUTH DEVON AND EAST CORNWALL HOSPITAL, Plymouth.**—House-Surgeon. Salary, £100 per annum, with board and residence. Applications to the Honorary Secretary, J. Walter Wilson, by October 9th.
- UNIVERSITY OF ABERDEEN.**—Six Examiners in Medicine. Appointment for one year. Grant of £30. Application to Robert Walker, Secretary of the University Court, by October 3rd.
- WALSALL COTTAGE HOSPITAL.**—Resident House-Surgeon, double qualification. Salary, £100 per annum, with board, lodging, and washing. Applications to the Chairman by October 5th.
- WESTERN OPHTHALMIC HOSPITAL, 153, Marylebone Road, W.**—Assistant Surgeon. Applications to the Secretary of the Medical Committee by September 30th.
- WESTERN OPHTHALMIC HOSPITAL, 153, Marylebone Road, W.**—Assistant Surgeon, to act as Clinical Assistant to the Surgeons. Applications to the Secretary of the Medical Committee by September 30th.
- WEST KENT GENERAL HOSPITAL, Maidstone.**—Honorary Dental Surgeon. Applications with testimonials and certificates of registration to the Secretary before October 5th.
- WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.**—Second Dental Surgeon. Applications to the House Committee by September 29th.

## MEDICAL APPOINTMENTS.

- BARKER, Oliver, M.D.**, appointed Apothecary to the Peter Street Dispensary, Dublin, under the Local Government Board.
- BROWN, R., M.B.Durh.**, appointed Medical Officer to the Winton District of the Gateshead Union, and Public Vaccinator for the parishes of Winton and Stella.
- COOKE, J. A., M.R.C.S., L.R.C.P.**, appointed Junior Assistant Medical Officer to the Cheshire County Asylum, Macclesfield.
- COPLAND, A., M.B., C.M.Glasg.**, appointed Surgeon to the Jarrow Memorial Hospital, *vice* J. D. Leigh, M.B., resigned.
- DRAPER, M. R., L.R.C.P., L.R.C.S. Edin.**, appointed Medical Officer for the West Ward of the Borough of Luton.
- FRIER, Charles, of Cupar, N.B.**, appointed Assistant to House-Surgeon at the Coventry and Warwick Hospital.
- GRAY, W. Howard, L.D.S., F.P.S.Glasg.**, appointed Dental Surgeon to the Glasgow Royal Infirmary.
- JOHNSTON, Dr. J. Somerville**, elected Medical Officer and Public Vaccinator to the Fifth District of the Newport Pagnell Union, *vice* F. D. McGachen; also District Medical Officer to the London and North-Western Railway Company.
- JONES, Morris, L.R.C.P.Lond., M.R.C.S.Eng., L.S.A.**, appointed Medical Officer of Health for Aberystwith.
- LE RICHE, P. J., M.R.C.S., L.R.C.P.Lond., L.S.A.**, appointed Visiting and Consulting Physician to St. Raphael's Hospital, Worthing, *vice* Francis R. Bernard, M.B., C.M.
- LOVE, James Kerr, M.D.Glasg.**, appointed Aural Surgeon to the Royal Infirmary, Glasgow.
- M'INTYRE, Hugh, M.B., C.M.**, Oban, appointed Medical Officer for the parish of South Uist.
- MAYNARD, J.S., M.B., C.M. Edin.**, appointed House-Surgeon and Secretary to the Stourbridge Dispensary, *vice* F. G. Gardener, M.R.C.S., L.S.A.
- MONRO, Thos. K., M.B. & C.M.Glasg.**, appointed Assistant-Physician to the Royal Infirmary, Glasgow.
- PENMAN, Robt. Steven, M.B. & C.M.Glasg.**, appointed Medical Officer of Health for the Parish of Erskine, Renfrewshire, *vice* Dr. W. Lewis.
- PRINGLE, Jas. Hogarth, M.B., C.M. Edin., M.R.C.S.Eng.**, appointed Assistant-Surgeon to the Glasgow Royal Infirmary.
- RUNDLE, James Mayne, L.R.C.P., M.R.C.S.**, reappointed Medical Officer for the Second District of the Plympton St. Mary Union.
- SANDERS, Charles, M.B.Lond., M.R.C.S.**, appointed Honorary Surgeon to the West Ham Hospital, *vice* A. A. Lipscomb, M.R.C.S., resigned.
- SMITH, J. W., M.D. Edin.**, appointed Public Vaccinator for the parishes of Chopwell, Crayke, Kytton, etc., Gateshead Union.
- SNELL, Ebenezer, M.R.C.S.Eng., L.S.A.**, appointed by the Lords of the Admiralty Surgeon and Agent for Brighton and Black Rock Coast Guard, and Surgeon to the Patcham Division of the East Sussex Constabulary.
- THOMSON, David, M.D., C.M.Glasg.**, appointed Medical Officer to the East Ward of the Borough of Luton.
- THURSFIELD, Dr.**, reappointed Medical Officer of Health to the Ellesmere Urban Sanitary Authority.
- VIDLER, A. E., L.R.C.P., M.R.C.S.**, appointed temporarily Medical Officer of the Workhouse and No. 1 District of the Rye Union, *vice* J. A. Woodhams, deceased.
- WEATHERBE, L. J., M.B., C.M. Edin.**, appointed House-Surgeon to the Rotherham Hospital, *vice* J. H. Battersby, M.B., C.M. Edin., resigned.
- WYNNE, W. A. S., M.D.Stand., M.R.C.S.**, reappointed Medical Officer of Health to the Lowestoft Borough and Port and Mutford and Lotherland Rural Sanitary Districts.

## DIARY FOR NEXT WEEK.

## FRIDAY.

**WEST LONDON MEDICO-CHIRURGICAL SOCIETY, 8 P.M.**—Introductory Address by the President, Charles Wells, M.D.

## BIRTHS, MARRIAGES, AND DEATHS.

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

## MARRIAGES.

- ATWOOL-WILSON.**—At St. Paul's Church, Hull, on September 8th, by the Rev. H. Courtenay Atwool, M.A., M.D., father of the bridegroom, assisted by the Rev. Canon Rowsell, M.A., Vicar of the parish, William Tillinghast Atwool, M.R.C.S., L.R.C.P., to Jean, daughter of the late Alexander Wilson, M.D., of Manchester.
- KERR-MILES.**—On September 22nd, at St. John's Church, Yeading, by the Rev. David F. Bradley, M.A., Vicar of Yeading, James Kerr, M.A., M.D.Cantab., to Elizabeth R., only daughter of George Willoughby Miles, of Woolwich.

## DEATHS.

- GRIEVE.**—At Saltoun Place, Fraserburgh, on September 1st, Alexander Cruickshank Grieve, M.R.C.S.E., aged 71 years.
- KENYON.**—At Brynllwydwyn, Machynlleth, North Wales, in his 73rd year, John Kenyon, M.R.C.S.Eng., L.S.A., late of Hooton Pagnell, Doncaster, where he was in practice 47 years.
- SQUARE.**—September 17th, at 22, Portland Square, Plymouth, William Joseph Square, F.R.C.S., L.S.A., aged 78 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. W. 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.
- GUYS.** *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, exe. 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.
- LONDON TEMPERANCE HOSPITAL.** *Hours of Attendance.*—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operation Days.*—M. Th., 4.30.
- 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; (Obstetrical), W., 2.
- NATIONAL ORTHOPEDIC.** *Hours of Attendance.*—M. Tu. Th. F., 2. *Operation Day.*—W., 10.
- NORTH-WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F., 9. *Operation Day.*—Th., 2.30.
- ROYAL FREE.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operation Days.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
- ROYAL LONDON OPHTHALMIC.** *Hours of Attendance.*—Daily, 9. *Operation Days.*—Daily, 10.
- ROYAL ORTHOPEDIC.** *Hours of Attendance.*—Daily, 1. *Operation Day.*—M., 2.
- ROYAL WESTMINSTER OPHTHALMIC.** *Hours of Attendance.*—Daily, 1. *Operation Days.*—Daily.
- ST. BARTHOLOMEW'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9. *Operation Days.*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
- ST. GEORGE'S.** *Hours of Attendance.*—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu. S., 9. *Operation Days.*—Th., 1; (Ophthalmic), F., 1.15.
- ST. MARK'S.** *Hours of Attendance.*—Fistula and Diseases of the Rectum, males, W., 8.15; females, Th., 8.15. *Operation Day.*—Tu., 2.
- ST. MARY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopaedic, W., 19; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days.*—Tu., 1.30; (Orthopaedic), W., 11; (Ophthalmic), F., 9.
- ST. PETER'S.** *Hours of Attendance.*—M., 2 and 5, Tu., 2, W., 2.30 and 5, Th., 2, F. (Women and Children), 2, S., 3.30. *Operation Day.*—W., 2.
- ST. THOMAS'S.** *Hours of Attendance.*—Medical and Surgical, daily, exe. W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu., 2; o.p., daily, exe. 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., 1.15, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30; *Operation Days.*—W. Th., 1.30; S., 2.
- WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days.*—Tu. F., 2.30.
- WESTMINSTER.** *Hours of Attendance.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days.*—Tu. W., 2.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

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

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

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

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

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

### QUERIES.

G. E. asks for information as to the therapeutic effects of chloride of gold, and whether it is useful in insomnia and nerve prostration.

DR. G. ST. GEORGE (Lisburn, co. Antrim) asks for information about the Guild of S. Luke.

DR. WILLIAM KEEN asks how a boy, aged 9, who speaks very imperfectly, can be improved. Do professors of elocution undertake these cases? If so, can one be recommended in the neighbourhood of South Kensington?

#### PONY TRAPS.

ONVEYANCE asks to be recommended to the easiest kind of two-wheeled, light, pony trap procurable? Springs must be very easy, to suit a person very sensitive to any shaking or jolting. Price to be moderate. He believes there are some made with Cee-springs, but has been informed they are not the easiest.

#### APPRENTICESHIP.

M.D. (EDIN.) asks for information as to apprenticeships to medical men. What would be the usual fee for a six months' apprenticeship to an M.D. Edin. in good general practice to teach dispensing, methods of conducting practice, book-keeping, visiting, seeing operations, osteology and rudiments of physiology (if required)? He supposes it is usual to have a form of agreement in connection with the apprentice ship.

#### HOSPITAL APPOINTMENTS IN AUSTRALIA.

J. F. C.—Australia for the Australians is no doubt a peculiar and, to a certain extent, a reasonable cry; but we presume that the authorities of the Sydney Hospital would only prefer a recent graduate of an Australian University if his other claims to appointment were equal to those of the best of the remaining competitors.

#### "ELECTIVE ACTION OF OPIUM AND BELLADONNA."

DR. J. FOSTER PALMER (8, Royal Avenue, S.W.) writes: I should be interested to know whether, in the experience of your readers, the elective action of two drugs is a common occurrence, as I do not remember to have observed it before. Having given opium and belladonna internally for the relief of pain in the descending colon, I found they had chosen their respective fields of action—one pupil being strongly dilated, the other as distinctly contracted.

#### WINTER CLIMATES.

POLO would be much obliged if some member would kindly let him know a suitable place for a retired physician to live in who is suffering from rheumatism, South of England preferred—some quiet, dry place, with nice society and facilities for educating a boy in immediate neighbourhood. Living must be cheap, as physician's means are limited.

"Polo" would be glad to hear of other suitable climates on Continent, and probable cost of living. A level country preferred, as he is unable for much exercise in the way of walking.

### ANSWERS.

VERITAS is referred to the reply to "Ethic" on page 669 of our issue of September 19th, 1891.

P. AKERMAN.—There is no cause for anxiety. Consult any respectable general practitioner, and avoid quacks or reading the pernicious and intentionally terrifying and misleading nonsense on the subject which abounds in their pamphlets and books.

HAKIM.—There is only one way for the lady in question to obtain a qualification, and that is by the usual course of study and series of examinations. Possibly some further facilities might be obtained from one of the British Universities in India, but of this we have no knowledge.

## SANTONIN POISONING.

DR. P. C. REMONDINO (San Diego, California) writes: I was interested in reading in the *BRITISH MEDICAL JOURNAL* of the account given by Dr. J. Anderson Smith, concerning the experience of a little child with santonin. I had a somewhat remarkable personal experience myself. In 1870 I was in Tours awaiting an assignment to some corps of the French army as a surgeon. Being interested in numismatics, old historical monuments and edifices, Tours and its surroundings afforded me with an unending list of interesting objects. Among my acquaintances there was a manufacturing chemist, who had a strong numismatic proclivity. I had one day secured a very rare and interesting coin of the early part of the reign of Henry III., and realising its rarity I dropped it on my friend to show him my prize. He was busy at the time in his counting-room, and I loitered into one of the laboratories, where, finding a tray of what I took to be chocolate drops, I carelessly ate about a dozen in an absent-minded way, without thinking that in all probability they might contain some drug.

Soon after seeing my friend I walked to another part of the town, having that day learnt that the ancient tomb of St. Martin had been discovered and restored. This tomb is an old historical relic, and I longed to stand on the spot which Richard Cœur de Lion had visited prior to his departure for Palestine. I soon found the place—one of the old towers alone remaining of the old abbey, this being all that the Vandals of the Revolution had left of one of France's great historical monuments. I descended into the vault where the original tomb is said to be; there were many worshippers at the shrine, and the bright light from the great number of candles burning about the gilt shrine and the darkness beyond in the recesses, gave the place a weird appearance. I must have remained in the underground vault some twenty minutes, when, on returning to the outer air, I was no little dumbfounded by observing that the sky had suddenly turned of a greenish yellow tinge, as if I had looked at it through a piece of an old greenish wine bottle. It was then late, and lights were being lit; these had a greenish, weird, and ghastly look, and all whom I met looked like resurrected plague corpses. I am not superstitious, but I must say I felt very uncomfortable; at first I laid it all to the optical effects of having remained too long in the subterranean abode of the dead Saint, and to the combined glimmer of so many candles and the reflection of the gilded shrine. I shut and rubbed my eyes, but all to no purpose. To add to my discomfort and disorder, I began to experience a singing or ringing noise in both ears, and some dizziness. I began to seriously consider whether some mental derangement was possible; I pinched myself to make sure I was awake, and not in a dream, and tried to indulge in some Adam Smith or Locke moralising, to test my logical faculties. In this unpleasant frame of body and mind I reached my hotel, hoping that there, at least, these hallucinations or diabolical influences and sensations would disappear. The waiters and guests all looked like men who had returned after a three days' drowning and greenish; the lights had an unnatural, condensed, yellowish glare, and at last, to escape all these ghostly oppressions, I took myself to my room and darkness, and by the aid of a chair climbed into the middle of the spacious bedstead, where I soon fell asleep. It was not until the next morning that, on looking at the unnatural colour of the urine, it dawned upon me that I had been eating a lot of worm lozenges. The yellowness of vision remained for part of that day, and then it disappeared, after which I experienced no further bad result.

## LETTERS, COMMUNICATIONS, Etc., received:

(A) Dr. Arlidge, Stoke-on-Trent; Brigade-Surgeon Ambrose, Devizes; Another Prison Surgeon; Mr. Ernest Anson, London; Mr. W. C. Aylward, Tunbridge Wells; Dr. H. J. Alford, Taunton. (B) Mr. T. J. Bokenham, London; Dr. Broom, Clifton; Mr. B. Brooks, Hull; Sir J. Crichton Browne, Dumfries; Mr. W. L'Heureux Blenkarne, Leicester; Dr. E. Berdoe, London; Dr. Rayner D. Batten, London; Mrs. E. Briereley, London; Dr. W. Bruce, Dingwall; Dr. J. W. Ballantyne, Edinburgh; Mr. Albert Bradshaw, Gilsland; Dr. F. N. Brown, Pirbright; Mr. Cresswell Baber, Brighton; Mr. H. T. Butlin, London. (C) Dr. J. Spottiswoode Cameron, Leeds; Mr. W. H. Coke, Ashford; Dr. John Crerar, Maryport; Dr. Collie, London; Mr. J. F. Cobb, Melbourne; Mr. J. Cornwall, Hythe; Mr. M. C. Corner, London; Mr. W. H. Cross, London; Dr. J. G. Cassel, Askern; Mr. W. R. Culling, London. (D) Mr. Davys, Swords; Mr. Alban Doran, London; Mr. J. M. L. Davies, Dunedin, New Zealand; Dr. Davison, Battle; Mrs. Dowson, London; Dr. P. Maury Deas, Exeter; Mr. A. Denham, London; Dr. W. Duncan, London. (E) Dr. A. J. Eccles, London; Mr. F. Eve, London; Mr. J. R. Essex, Pontypool; Mr. G. S. Edge, Blofield; Ethical. (F) Dr. E. Flayler, Ottawa; Mr. G. Foy, Dublin; Fairplay; F.R.C.S. Eng.; Dr. J. Ferguson, Toronto. (G) Mr. R. S. Gregson, London; Dr. W. H. Gilbert, Baden-Baden; Dr. Greenwood, London; Dr. E. Goodall, Berlin; Dr. Guttman, Berlin; Mr. J. Good, Roberts's Bridge; Dr. A. Hill Griffith, Manchester; Mr. James Gibson, Doune, N.B. (H) Dr. E. H. Hicks, Folkestone; Mr. S. Hughes, Bangor; Dr. T. Eustace Hill, South Shields; Dr. J. Fletcher Horne, Barnsley; Mr. A. Hoare, London; Surgeon-Captain Healey, Aldershot. (I) Dr. V. Idelson, Berne; Dr. H. H. Griffith, Manchester; Mr. James Gibson, Doune, N.B. (J) Dr. E. H. Hicks, Folkestone; Mr. S. Hughes, Bangor; Dr. T. Eustace Hill, South Shields; Dr. J. Fletcher Horne, Barnsley; Mr. A. Hoare, London; Surgeon-Captain Healey, Aldershot. (K) Dr. V. Idelson, Berne; Dr. H. H. Griffith, Manchester; Mr. James Gibson, Doune, N.B. (L) Dr. W. O. Lambert, Sunderland; Rev. F. Lawrence, York; Mr. Libbey, Leeds; Mr. R. Lane, London; Dr. Leeper, Ederney; Mr. S. R. Lundy, London; Liverpool Correspondent; Liquor Carnis Co., Limited, Lon-

don; Mr. W. F. Lovell, Bristol; Mr. P. J. Le Riche, Worthing. (M) M.D. Edin.; H. G. McLagan, M.B., London; Dr. J. A. Menzies, Brighton; Mrs. Musgrave, London; Dr. J. Murray Moore, Liverpool; A. B. Mackay, M.B., Bootle; Dr. Manning, Gladesville, New South Wales; Dr. McKendrick, Glasgow; Mr. W. Lewis Morgan, Oxford; Mr. J. Macready, London; Mr. A. Mackay, Fearn; Surgeon Molesworth, Duns, N.B. (N) Mr. M. C. Naylor, Rotherham; Mr. A. W. Nankivell, Chatham; Mr. J. Nelson, King's Lynn; Surgeon G. E. Newland, Thayetmyo, Burma; Dr. R. K. Nicoll, St. Helen's. (P) Mr. F. T. Paul, Liverpool; Mr. E. C. Paget, Salford. (R) Dr. Rake, Fordingbridge; Mr. Roche, Dublin; Mr. Felix Roth, London; Mr. Thos. F. Raven, Broadstairs; Mr. Joshua A. Reed, London; Dr. W. Robertson, Newcastle-on-Tyne; Dr. S. R. Rideal, London; Mr. G. N. Robins, London; Mr. G. A. Rae, Devonport; Mr. Kilham Roberts, Cirencester. (S) Secretary of St. Mary's Hospital Medical School, London; Mr. J. B. Stuart, Wigan; Mr. Morton Smale, Henley-on-Thames; Dr. Steele, London; Mr. Walter G. Spencer, London; Mr. W. Johnson Smith, Greenwich; Dr. J. F. Sykes, London; Mr. A. G. A. Simpson, London; Mr. F. O. Simpson, Farcham; Dr. Shelly, Hertford; Mr. B. Spicer, New Barnet; Mr. W. Sedgwick, London; Mr. R. R. Slemman, London; Mr. E. Snell, Brighton; Dr. G. Cockburn Smith, London; Mr. G. St. George, Lisburn; C. Sanders, M.B., London; Mr. Schön, St. Leonard's-on-Sea; Mr. E. Elliot Square, Plymouth; Mrs. E. Stuart, Kenilworth; Professor Burdon Sanderson, Oxford; Secretary of the General Practitioners Alliance, London. (T) J. Thomson, M.B., Edinburgh; Mr. Atwood Thorne, Stotfield, N.B.; Mr. T. Thatcher, Bristol; Tenax; Mr. W. K. Treves, Margate. (U) University of Durham, Newcastle-on-Tyne. (V) Veritas; Mr. H. B. Vincent, East Dereham. (W) T. Stacey Wilson, M.B., Birmingham; Dr. Josiah Williams, Crocodile Poort, Barberton, S. A. R.; Dr. C. J. White, Bournemouth; W. I. C.; Dr. Hugh Woods, London; Mr. E. Willett, London; Mr. W. H. Watson, Braystones; W.D.; Lewis J. Weatherbe, M.B., Rotherham; Mr. R. H. Wellington, Sutton Bridge. (Y) Dr. Burney Yeo, London; etc.

## BOOKS, Etc., RECEIVED.

- Practical Manual of Diseases of Women and Uterine Therapeutics for Students and Practitioners. By H. Macnaughton Jones, M.D., etc. Fifth Edition. London: Baillière, Tindall, and Cox. 1891.
- A Pocket Epitome of the *British Pharmacopoeia*. By Russell Coombe, M.A., F.R.C.S. London: Baillière, Tindall, and Cox. 1891.
- The Seamen's Medical Guide in Preserving the Health of a Ship's Crew. Revised by Archibald Finlay. New Edition. London: George Philip and Son. 1891.
- A Practical Treatise on Diseases of the Skin. By Henry G. Piffard, A.M., M.D.; and R. M. Fuller, M.D. With fifty full page Original Plates. London: H. K. Lewis. 1891.
- Diphtheria, its Natural History and Prevention (Milroy Lectures, 1891). By R. Thorne Thorne, M.B. Lond., etc. London: Macmillan and Co. 1891.
- Baden-Baden as a Watering Place. By Mr. Fray. Baden-Baden: Spies.
- Thirty-Third Annual Report of Commissioners in Lunacy for Scotland. London: Eyre and Spottiswoode.
- Everybody's Writing-Desk Book. By Charles Nisbet and Don Lemon. London: Saxon and Co. 1891.

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