

the community in which they exist, and that is that they guarantee to the public the existence of a staff of medical men who must keep well abreast with the discoveries and advances in medical and surgical science and practice which are constantly taking place. A physician or surgeon who has undertaken the responsibility of teaching the educated and intelligent class of young men who in these days present themselves at the medical schools cannot go to sleep over it. The existence of a medical school in our midst necessitates also the existence of a staff of careful, vigilant, and observant medical men, always alert to mark any change in practice, any alteration, improvement, or invention which a ceaseless spirit of inquiry and investigation may elicit. Surely, then, a medical school in our town is good for the profession and good for the public.

Mr. Favell concluded with a few words of encouragement and advice to those about to enter on their medical studies. The five years' curriculum, which would shortly come into force, was not, in his opinion, at all too long a period of training when the number and extent of the subjects to be acquired, and the immense responsibilities of the medical profession, were taken into account. If the curriculum extended over fifty and five years instead of only five they would still find how much they had to learn. The medical man was a student all his life, and he would be astonished at the close of his career to find how little he knew, and how much he had had to learn and unlearn again during the progress of his life's work. Mr. Favell dwelt particularly on the study of psychological medicine. The requirements of the new Lunacy Act made it imperative on the general practitioner to have a very definite knowledge of lunacy. He said that by patience, by strict attention to work, and by rectitude of conduct, it was open to all of them, if not to amass riches, at all events to make a competence, and to occupy a trusted and honoured position in the community in which their work was carried on; but he earnestly begged of them not to let impatience of success lead them to adopt unworthy means to secure it, nor to attempt to raise their own reputation at the expense of that of a medical brother. You know, he went on, how nervous and morbidly sensitive long illness makes not only the sufferer, but those who, with a most painful anxiety, are watching him day by day, and how even an insinuation or a half-expressed doubt may undermine confidence, and result in the loss of practice. We are all of us very fallible; we are all apt to make mistakes, and instead of taking advantage of the mistake of a brother we ought to do all in our power to help him out of a difficulty, and restore his comfort and confidence. Do not forget that golden rule, "To do unto others as you would they should do unto you." Let me also beg of you young men about to commence practice not to resort to the reprehensible, though more open method, of advertising your skill, or allowing well-meaning but injudicious friends to do it for you. Depend upon it, such unworthy means do not succeed in the long run. You may gain some temporary success, you may impose upon the credulous, but it is only by honest work, honourable conduct, and a conscientious determination to do what is right, that you will succeed to your own satisfaction, or secure the confidence of those whose good opinion you most highly value. And in the early months, or first year or two of practice you may find a difficulty in your relation to your patients—perhaps from want of confidence in yourself, perhaps partly from youthfulness (of which you will mend every day) you may fail to gain the confidence of your patients in such degree as you could wish; but do not be discouraged at this—it is what all young men have to put up with; but I will tell you what I believe will help you to attain this object more certainly than anything else, and that is to cultivate a spirit of true and genuine sympathy. I am afraid many young men in strong and vigorous health are not very sympathetic. I must confess that, in my long experience, I have seen one or two young house-surgeons get into the way, from routine and habit, of looking upon patients who presented themselves at the hospital as simply "cases," and treating them almost as if they were pieces of machinery, and were not endowed with the ordinary feelings and sensations of human beings. Now let me beg of you never to let familiarity with suffering blunt your feeling of sympathy with the sufferer. To every right-minded man, to everyone who has a heart to feel and an intellect

to think, distress and suffering accentuate and intensify sympathy; and you will find that not only is a kind and sympathetic manner a blessing to your patient, encouraging him, giving him confidence, and helping him to summon fortitude to bear his trouble, but will be also a blessing and a vast advantage to yourself, for it will bind him to you by bonds of gratitude and affection stronger and more enduring than any amount of purely skilful treatment could call forth. You will meet with many patients who cannot appreciate the skill you may show in your treatment of their ailment, but who will repay you with warmest gratitude for sympathy with their sufferings.

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

HYDRORRHOEA GRAVIDARUM.

Mrs. C., being nearly five months pregnant, fell down a "flight" of stairs. Severe pain came on round the waist, in the back, and down the thighs, which lasted a week, when she felt something give way, and a sudden gush of watery fluid came from the vagina. All pain then ceased. The discharge, however, continued in small amounts day and night, with the exception of intervals of twenty-four to thirty-six hours, these intermissions being invariably followed by sudden gushes. On September 17th she was confined of a healthy male child, breech presentation. The labour was rapid but otherwise natural.

The treatment has been complete rest and attention to general health, an iron tonic being given as she was anæmic. It is her second confinement, the previous one being quite natural.

ARTHUR B. CORTELL,

Surgeon-Captain Medical Staff, in charge of Staff, Female Hospital, etc., Chatham.

CASE OF POISONING BY MUSSELS.

On the evening of September 19th, at 9 P.M., I was called to see an elderly, stoutly-built man lying on the floor of his business premises in a state of collapse, with a very small quick pulse, and lividity of the face particularly marked about the nose. He was perfectly conscious, and there was no motor paralysis of the limbs; there was loss of speech and sight. After making several attempts at speech, I was enabled to make out that he had very acute pain at the nape of the neck, also in the epigastrium, and there was profuse diarrhoea. He said he had eaten some pears in the afternoon, but had no recollection of where he got them.

Having got him removed home and put to bed, I had mustard applied to the nape of the neck and epigastrium, friction to the limbs, which were cold, and the use of hot bottles. I gave him an emetic of mustard, which caused vomiting within twenty minutes, after which he got relief, his sight and memory gradually returning.

On examining the vomited matters I found them to consist largely of mussels. With this as my only guide I instantly gave stimulants, including digitalis, together with strychnine, 10 drops of the liquor every half-hour till relieved. In four hours he was so far recovered as to state that about 6.30 P.M. on Saturday evening he had partaken freely of mussels, and about two hours afterwards he felt giddiness coming on, followed by a prickling sensation in the hands, while the throat became so dry that he "thought he was going to choke," then loss of sight quickly followed, diarrhoea being preceded by colicky pains. After this he had no recollection of anything that occurred until he found himself in bed and vomiting. I note especially that there was no smell of alcohol present, nor had he partaken of spirituous liquors.

Glasgow.

GEO. BELL TODD, M.B., C.M.

DOUBLE URETHRA.

In the interesting case of malformation reported by Dr. Hugh Woods in the BRITISH MEDICAL JOURNAL of September 19th, pp. 644-5, and which is not altogether so uncommon as may

be generally supposed, it seems to have been reasserted by the patient in this as in some other cases of a similar description, that one of the urethral passages was the urinary and the other the genital. Although, according to Malgaigne, who has been cited by Dr. Woods, only one of these passages communicates with the bladder, whilst the other is always a *cul de sac*, yet there are other and perhaps greater anatomical authorities who have greatly differed from him both as regards the character and the extent of this malformation. Meckel, for example, in his *Manual of Descriptive and Pathological Anatomy*, has shown that it is usually to be regarded as "a primitive deviation of formation, which depends principally on a suspension of development, or the permanence of a primitive form; and that the first degree of this anomaly is the entire separation of the urinary and seminal passages." The malformation, in its most advanced form, is represented by complete duplication of the organ, when, according to Meckel, "the two penises are situated one at the side of, or one above, the other;" and, when this is the case, there is complete duplication of the urethra also. As is more or less usual in the case of all malformations, there is a tendency for this peculiarity to become hereditary; and in one of my papers on the "Influence of Age in Hereditary Disease,"¹ I had occasion to cite a case of this description, which has been recorded by M. Picardat,² "in which a father and son both had two urethrae, the orifices of which were situated one above the other, the one, it is said, serving for discharge of urine, and the other for the passage of semen."

Gloucester Place, Portman Square. WILLIAM SEDGWICK.

REPORTS

ON

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

TYRONE COUNTY INFIRMARY.

INTUSSUSCEPTION: OPERATION: RECOVERY.

(By RICHARD E. THOMPSON, L.R.C.S.I., etc., House-Surgeon.) W. S., aged 10 years, a healthy lad, had been at school and walked home a considerable distance, apparently in his usual health. At about 8 o'clock that evening (March 4th) he suddenly complained of pain in the abdomen. His mother gave him two rhubarb pills without effect. On March 5th, at 5 A.M., he commenced to vomit, and on the evening of that day his mother gave him castor oil, which he vomited. Late the same night a medical man saw him and administered some medicine and enemata, which gave no relief. Next day he was seen in consultation, and, the case being looked upon as one of intussusception, his removal to hospital was advised.

On the night of March 6th he was admitted to the Tyrone County Infirmary at Omagh, when his condition was as follows: His eyes appeared very dull, heavy, and sunken; face pale and pinched; his countenance was expressive of great distress: his lips pale; tongue small, dry, and brown; teeth slightly coated with sordes. He lay on his back with his knees drawn up; complained of great pain in the abdomen, particularly intense in the right iliac region, where a more or less sausage-shaped swelling could be distinctly made out, shifting its position slightly at intervals; dullness existed in both flanks, with slight tympany in the central regions of the abdomen. Tenesmus was constant, but since admission he had passed no blood, mucus, or flatus.

With the body well inverted, I gave him an enema with the long tube passed well up, and combined this with massage of the abdomen. The injection came away slightly coloured, with the least possible trace of feculent matter. He was put on opium and belladonna, with ice to suck and very small quantities of milk. During the night he had short intervals of sleep.

March 7th. The tumour could not be made out so distinctly. Inversion and copious enemata were again had

recourse to; but the injection immediately returned quite clear, and it was evident that in this way the obstruction was not to be overcome. Inflation with air was not tried.

March 8th. The symptoms were all more urgent. Constant hiccup, with retching and occasional vomiting of dark fluid material; tenesmus still present, and great thirst. Breathing was very rapid and shallow, pulse rapid and thready; torpor had much increased, the patient being only able to speak in a whisper when roused. The abdomen was now much swollen and very tympanitic, the feet and legs cool and clammy, and the temperature, which had run up to 100.8° F., was at normal.

His parents were now willing, indeed anxious, to give him the chance which an operation held out, although they were informed that delay had considerably lessened that chance, and that it was possible he might not recover from the anæsthetic; and, on the other hand, that the gut might have already become gangrenous.

With the assistance of Dr. Stone, in the absence of Dr. E. C. Thompson, surgeon to the hospital, I made an incision in the middle line, and on opening the peritoneal cavity a considerable quantity of dark-coloured pus oozed out. The coils of small intestine were so enormously distended with flatus that they tended to escape like balloons, and in order to make room I inserted two large aspirating needles. This proceeding had not the slightest effect, and I therefore enlarged the incision freely. Without much difficulty I found, as was anticipated, that a portion of the ileum, about six inches long, had become invaginated through the ileo-cæcal valve. With some little difficulty and very gentle manipulation, the invaginated portion was withdrawn. The abdomen was not douched out, but every trace of pus was removed with artificial sponges, which had been previously steeped in boiling water. A drainage tube was inserted well down into the pelvis, the wound closed with silk sutures, and dressed antiseptically. Ether was the anæsthetic used. Almost instant relief was afforded.

An hour later there was free passage of flatus, so that the dressing became somewhat loose. A few hours later the bowels were slightly moved, what came away having a very fœtid odour. Before next morning there was a free motion. The patient rapidly recovered, not having had a single bad symptom, and left hospital on April 17th in perfect health, in which he has since continued.

REMARKS.—One or two features in the case struck me as being remarkable, namely, (1) that although tenesmus was constant, the strangulation complete before operation, there was no passage of blood, and (2) the facility with which the invaginated ileum was withdrawn from the large intestine—a circumstance which might be accounted for by the presence of the pus tending to delay firm adhesions. To a young operator like myself, the protrusion of the enormously distended gut must necessarily be a source of great inconvenience, and it is questionable whether under similar circumstances it would not be advisable to incise the gut, as in this case the use of the largest aspirating needle had no apparent effect.

DURHAM COUNTY HOSPITAL.

CASE OF TUBERCULOUS PERITONITIS TREATED AND CURED BY TAPPING.

(Under the care of Dr. J. C. J. FENWICK.)

[Reported by BUCKLEY POGSON, M.D., late Resident Medical Officer.]

W. S., aged 9, admitted on February 23rd. An emaciated lad with no appetite. Belly distended by fluid with usual signs: circumference at navel 26 inches; no signs of tuberculosis of chest, joints, etc.; no pyrexia; no morbus cordis. Treated by ung. hydrargyri on flannel belly band, renewed daily. Ol. morrhuae and Parrish's food internally.

March 6th. Fluid in belly has steadily increased. Circumference at navel 29 inches. Temperature, 101.2° F. (evening). Urine, 30 ounces per diem.

March 7th. Belly very large. Temperature 104.5° at noon. Respiration and pulse very feeble. Brandy ordered. Patient apparently "moriturus." Belly aspirated at usual spot, and 15½ ounces turbid ascitic fluid removed. Much relief afforded by this. Temperature next morning 90.6°.

March 10th. Circumference at navel 25½ inches. No liver

¹ *British and Foreign Medico-Chirurgical Review*, October, 1886.

² *Recherches sur les Anomalies Congénitales de l'Urethre, Thèse de Paris*, 1858, No. 91, p. 36.

proach to the hospital; (4) a new chapel; (5) a waiting room, lavatory, and cloak room for students; (6) increased accommodation for the resident medical officers. The addition of this new wing places the administrative part of the hospital in a very effective position, and greatly facilitates the efficient teaching of clinical medicine and surgery. The new clinical theatre will be used for the first time on October 6th, when Sir Andrew Clark will give the opening medical lecture. Mr. Jonathan Hutchinson will deliver the opening surgical lecture on October 9th.

MIDDLESEX HOSPITAL.

It has been decided to introduce the electric light into the library, theatres, dissecting-room, museum, students' room, passages, etc. The work is being rapidly pushed on and will be completed very shortly. When it is remembered how greatly fog interferes with dissecting, it is evident that a powerful electric light over each dissecting table will be of immense help to students through the dark winter days.

FIRTH COLLEGE: SHEFFIELD SCHOOL OF MEDICINE.

Considerable additions have been made to the students' library and to the physiological apparatus of the school. A room has also been set apart for the use of students.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

According to the direction of the President and Council, the principal departments of the school are in course of complete reconstruction, in order to meet the necessities of modern medical education, as well as the demand for enlargement of the school, which recent changes made imperative. The plans prepared by the College architects, Sir Thomas N. Deane and Son, include extensive structural additions. For the present the reconstruction has been restricted to the anatomical and physiological departments, and to a less extent the chemical department. The ground covered by the new buildings extends along Glover's Alley, which adjoins the College, for about 140 feet behind the main College building, and it has a width from this alley towards York Street of about 60 feet. The two wings of the building rise to a height of about 50 feet from the basement. This portion of the work, which will cost about £5,000, has been in progress since the beginning of July, and will be finished by the contractors (the well-known firm of H. and J. Martin, of Belfast and Dublin) in time for the opening of the winter session of the schools. The main entrance for students will ultimately be situated about half way along the York Street frontage of the College, and it will lead directly to the anatomical and chemical departments, to the library, and also to the principal staircase, which in its turn will lead to the museums and the physiological department. The new anatomical department will be, when complete, one of the largest and finest in Ireland, and will be excelled by few in the United Kingdom. On the ground floor is the principal dissecting room, 71 feet long, 50 feet wide, and 21 feet in height, lighted from the side and from the roof, and fitted with the electric light. On this floor will be also situated a large prosector's and demonstrator's room, bone room, student's lavatory and cloak rooms. On the first floor a special wing has been set apart for lady students, which includes a large dissecting room, lavatory and cloak rooms. This department is the only one in the three kingdoms where special workrooms have been provided for ladies, with the exception of the London, Edinburgh, and Glasgow special schools of medicine for women. The physiological department on the first floor, reached by the principal staircase, will also be one of the best, both as to arrangement and fittings, in Ireland. It will include a large and well-lighted histological laboratory, a practical physiological laboratory, an extensive room for physiological chemistry, and a fine theatre lighted from the roof, as well as the professor's private room, attendant's workroom, etc. In the chemical department the principal laboratory has been enlarged, so that it now measures 51 by 28 feet, and the lighting has been much improved. It is hoped to carry out these plans so as to provide for a new anatomical theatre to be connected with the Albert Assembly Hall of the College, new chemical, pathological, and pharmacological departments, and a theatre for operative surgery, as well as a bacteriological laboratory

connected with the curator's department, and a laboratory for hygiene. The acquisition of new ground by the College authorities will also enable future provision to be made for students' common rooms, hall of residence, and recreation grounds.

ASSOCIATION INTELLIGENCE.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

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

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at No. 429, Strand (corner of Agar Street), London, on Wednesday, the 21st day of October next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

October 1st, 1891.

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 Loto 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. Dr. Newman (Stamford) will exhibit a Guttapercha pessary worn uninterruptedly for sixteen years.—C. J. EVANS, Honorary Secretary, Northampton.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The inaugural meeting of the session will be held in the Town Hall, Mare Street, Hackney, on Thursday, October 15th, at 4.30 P.M. The chair will be taken by Dr. Cleveland, the President of the Branch. An address will be given by Mr. Lawson Tait entitled *New Views concerning the Pathology and Treatment of Displacements of the Uterus*. All

medical practitioners, whether members of the Association or not, will be welcomed.—H. E. POWELL, Honorary Secretary, Glenarim House, Upper Clapton, N.E.

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 WALES AND MONMOUTHSHIRE BRANCH.—The next meeting will be held at Pontypool on Thursday, October 29th. Members desirous of reading papers, etc., are requested to send titles to Dr. Sheen, Cardiff, before October 15th.—A. SHEEN, M.D., Cardiff; D. ARTHUR DAVIES, M.B., Swansea.

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.

SYDNEY AND NEW SOUTH WALES BRANCH.

The 101st general meeting of the Branch was held in the Royal Society's Room on Friday, August 7th, 1891; Dr. KNAGGS in the chair. There were present Drs. Newmarch, Edwards, Clubbe, Milford, Hodgson, Wm. Chisholm, Shewen, Coutie, MacSwinney, Hull, West, Rennie, Furnival, G. A. Marshall, Paton, Megginson, Roth, Cohen, Rorke, Clarke, Jenkins, Fiaschi, Hankins, Martin, Worrall, McCulloch, Twynam, Lloyd. Drs. Goode and Moir were also present as visitors.

The late Dr. Wilkinson.—The minutes of the previous meeting having been read and confirmed, the HONORARY SECRETARY (Dr. Worrall) read a letter from Dr. Mackellar, M.L.C., relating to the destitute condition of the widow of the late Dr. Wilkinson and asking for some pecuniary aid. A subscription list was opened.

New Member.—Dr. Furnival, of Auburn, was elected a member of the Branch.

Communications.—Dr. W. H. GOODE read some notes on a case of Ligature of the External Iliac Artery for Femoral Aneurysm, and exhibited the patient, who was examined by the members. Drs. KNAGGS and MILFORD discussed the paper.—Dr. EDWARDS read some notes on the Physiological Means of Arresting Hemorrhoidal Congestion in the Earlier Stages. A discussion ensued, in which Drs. CHISHOLM, FIASCHI, MEGGINSON, GOODE, SHEWEN, KNAGGS, MILFORD, and ROTH took part.—Dr. RENNIE read some notes on Two Cases of Cerebro spinal Meningitis. Drs. TWYNAM, GOODE, MILFORD, SHEWEN, and WEST discussed the cases. Dr. RENNIE replied.—Dr. MACSWINNEY exhibited a Membranous Cast expelled from a woman of about 37 years of age, who was about two weeks over her period time, and who was not in the habit of passing such membranes. The patient thought she was pregnant, but he (Dr. MacSwinney) advised her otherwise. He would like an expression of opinion as to the nature of the cast.

Defence and Benevolent Fund.—The HONORARY SECRETARY (Dr. Worrall) read the report of the subcommittee appointed to inquire into the advisableness of starting a Defence and Benevolent Fund.—After a discussion, in which Drs. MEGGINSON, WORRALL, NEWMARCH, and CLUBBE took part, the report was adopted.

SPECIAL CORRESPONDENCE.

PARIS.

The Cholera.—The French Association for the Advancement of Science.—Pathology of the Jewish Race.

M. PROUST recently stated before the Comité d'Hygiène Publique that the outbreak of cholera on board the English vessels at Bombay is a further proof of the danger of that port. Cholera is endemic there; every week there are a few cases of cholera, but the non-acclimatised are attacked more severely. At Mecca two cases of cholera are reported. The Bedouin brigands, who have attacked the caravans travelling from Mecca, Medina, and Yambo, have suffered severely. On an English vessel, *Sorata*, which left Rio Janeiro on August 25th, two fatal cases of cholera occurred; active measures of disinfection and isolation succeeded in arresting the epidemic.

The twentieth annual meeting of the French Association for the Advancement of Science has just been held at Marseilles. M. Baret, the mayor, delivered an address, in which he said that the improved sanitation of the city which had been so long talked about was on the eve of realisation. On October 8th the works would be inaugurated in the presence of the Ministers of the French Republic. The mayor also alluded to the transformation of the Medical School into a Faculty.

Recently M. Javal, at the Paris Academy of Medicine, drew attention to a certain form of myopia prevalent among Jews. At subsequent meetings the reason of the tendency of Jews to certain diseases and their immunity from others was discussed. In 1884 M. Bordier, at the Anthropological Society, dwelt on the immunity of the Jewish race from the plague, and on the rarity of tania, croup, and goitre among them. On the other hand, diabetes and insanity were of frequent occurrence among them. In the *Revue des Deux Mondes* M. Anatole Leroy-Beaulieu publishes an interesting article entitled "Psychologie des Juifs." The most interesting question discussed at the Academy of Medicine was the frequency or otherwise of epilepsy, madness, and diabetes observed among Jews. According to M. Lagneau, epilepsy is more frequent among them than among other people; he quoted statistics on the subject from Denmark, Germany, and America. M. Worms, who has been for many years physician to the Rothschild Hospital at Paris, asserts that M. Lagneau's statement does not apply to France. During thirteen years thirty-nine Israelites have been admitted into the Salpêtrière to be treated for epilepsy. M. Féré, in his treatise, does not mention any preponderance of this morbid condition among the Jewish race. M. Worms has consulted physicians practising among the Jewish population of Paris, who told him that epilepsy is not often met with among them. Herr Oser, who directs the Hospital for Jews at Vienna, also states that epilepsy is not more frequent among members of that race than among other people. Dr. Bouchardat has for some time been struck by the frequency of diabetes. Frerichs and Sergen have met with 25 per cent. cases of diabetes among their Jewish patients. M. Sée objected to the conclusions arrived at, and observed that statistics drawn from Christians living under the same conditions—that is, muscular inaction, cerebral activity, and comfortable surroundings—would probably show a similar state of things.

BERLIN.

The Sixty-Fourth Congress of German Naturalists and Medical Men.

THE annual Congress of German Naturalists and Medical Men was held at Halle from September 21st to 25th. The papers read were quite up to the usual average, and the attendance showed no decrease. Still, it must be owned that the number of special congresses held this summer in various parts of Germany—the Hygienic Congress and the Congress of Dermatologists at Leipzig, the Congress on Mental Diseases at Vienna, the Apothecaries' Congress at Magdeburg, the Anthropological Congress at Danzig, the Ophthalmological Congress at Heidelberg, the Congress of Electrical Engineers

on the same day, in the absence of war, is, we believe, if not unprecedented in the annals of the Army Medical Service, at least happily an event of very rare occurrence.

The following paragraph, which has appeared in the *Army and Navy Gazette*, is a not unworthy tribute to the memory of two British officers who lost their lives in the service of their country:

"Cholera has been raging at Quetta, and two Army Medical officers lost their lives on one day, owing to their devotion to duty, Surgeons C. L. Walsh and E. McN. Woods having both died on August 4th. A correspondent writes to us: 'It is customary, I know, for some small-minded combatants to regard the army doctor with disfavour, but it is surprising how an epidemic changes the whole aspect of affairs. I am a combatant officer myself, and I can testify to the devotion, approaching heroism, which the Medical Staff have again displayed during this visitation. I hope that you, our leading service organ, will afford me the opportunity of doing justice to the memory of a couple of worthy comrades, who may have been "only doctors," but died the deaths of heroes nevertheless, doing their best to fight a powerful enemy.'"

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

THE academical year began on Thursday, October 1st, when the out-going Vice-Chancellor, Dr. Butler, delivered an address on the chief events of his last year of office, and Dr. Peile, Master of Christ's College, was installed as the new Vice-Chancellor.

Dr. Butler, referred to the deaths of the High Steward (Lord Powis), the Registry (Dr. Luard), and the Member for the University (Mr. Raikes). The new High Steward, Lord Walsingham, F.R.S., is "a nobleman whose scientific attainments and proved devotion to the University permit us confidently to anticipate for him a distinguished term of office. His lordship has already been pleased to signify his wish to give a gold medal annually for the encouragement of Zoology and other branches of Natural Science." In the professorial body, "Professor Ewing has succeeded Mr. James Stuart in the department of Mechanism and Applied Mechanics, and has already by his energy and eloquence confirmed the hopes of those who desire to see a School of Engineering established at Cambridge."

After a reference to the proposals which have been made for relieving the finances of "depressed colleges," Dr. Butler added: "Meanwhile the necessity of fresh university funds for sites, for buildings, and for teaching becomes every year more apparent. Much has been done, and is now being done, but much still remains to do. At the Museums, the buildings for Human Anatomy and Physiology, the latter mainly due to the timely munificence of Professor Sidgwick, have been completed, and are now in use. They are pronounced by experts to be admirably adapted for their purpose. The proportions, the lighting, and the acoustic arrangements leave, I am assured, nothing to be desired. Large additions also are being made to the buildings of the Botanic Garden.....It is hoped that before long the old building lately devoted to Human Anatomy may be so altered as to furnish a long-needed accommodation to the medical school. The vigorous growth of this school, attested by the marked increase in the number of medical degrees, makes this extension one of pressing importance. The Senate has lately resolved to assign an adequate site to the Geological Department, with provision for future extension. It would seem, therefore, that there is at last a fair prospect that the long expected Sedgwick Museum may be erected on an adequate scale. Everyone must desire that the execution of a memorial for so many years due to a great and beloved name may be rapidly and solidly accomplished."

Dr. Butler then spoke of the benefactions received by the university in the past year, and in particular of the munificent donation of £12,500 by Mr. Frank McLean for the foundation of Isaac Newton studentships in Astronomy and Optics. He proceeded: "Let us hope that this most generous initiative may lead to similar benefactions towards other important objects, for example, the endowment of professorships in

Ancient Philosophy, in Ancient History, in Modern Literature, in Surgery, or again to provide appliances for systematic instruction in Engineering and in Agriculture. I may add that, through the gifts of friends, the University has also received portraits of Dr. Westcott, Professor Browne, and Professor Newton, while a marble bust of Sir George Humphry has been put up in Addenbrooke's Hospital as a record of those brilliant services which have recently, to the gratification of his many friends and pupils, obtained a welcome recognition from the Crown."

Turning to educational subjects, the Vice-Chancellor referred to two which are likely to cause some discussion in the University, as follows: "In November of last year a syndicate was appointed to consider a letter addressed to the Chancellor by Mr. H. Chaplin, President of the Board of Agriculture, suggesting that some systematic instruction in Agriculture might advantageously be given at Cambridge. The syndicate not only included resident members of the Senate, but also had the advantages of the services of the Marquis of Hartington, Lord Walsingham, Mr. J. D. Dent, Mr. Green, and Mr. Albert Pell. Their recommendations will come before the Senate in the course of the ensuing term. Meanwhile it may be mentioned that the Cambridgeshire County Council are prepared to assign £400 to the University for agricultural education. If other county councils in the neighbourhood should see their way to offer like assistance, we may hope that an adequate system of instruction may ere long be established in the University. Already a beginning has been made on the part of the Local Lectures Syndicate by furnishing the counties with trained lecturers in those branches of science on which modern agricultural practice is based. A syndicate has also been nominated by the Council to consider a question which in substance has on more than one occasion attracted the attention of the University: 'Whether it be expedient to allow alternatives, and if so, what alternatives, for one of the two classical languages in the Previous Examination, either to all students or to any classes of students other than those already exempted.' The University will decide early in this term whether the syndicate, thus nominated, is to be called into existence."

The address was well received, and Dr. Butler then handed the insignia of office to his successor. His two years' tenure of office has been marked by several important events in the history of the University, and will long be remembered for the grace and dignity and the sympathetic and catholic spirit with which he has discharged the duties of his high office.

UNIVERSITY OF DURHAM.

FACULTY OF MEDICINE.—At the Convocation held on Saturday, September 26th, 1891, the following were recommended for the degree of Doctor in Medicine for practitioners of fifteen years' standing, namely:—

G. Bainbridge, M.R.C.P.Lond.; E. A. Austin, L.R.C.P., L.R.C.S.Ed.; S. H. Hopley, L.R.C.P.Lond., M.R.C.S., L.S.A.; H. A. Lawton, M.R.C.S. Eng., L.R.C.P., D.P.H.Lond.; J. A. Masters, M.R.C.P.Lond.; B. S. Ringer, M.R.C.S., L.S.A.; A. P. Sherwood, M.R.C.S.Eng., L.R.C.P.Lond.; H. Smalley, M.R.C.S.Eng., L.R.C.P.Lond.; T. Walby, M.R.C.S. Eng., L.R.C.P.Ed.

The following were recommended for the degree of M.D., namely:—

F. Bass, M.B.Durh., L.R.C.P.Lond., F.R.C.S.Eng.; C. Gayford, M.B. Durh., M.R.C.S.Eng., L.R.C.P.Lond.; R. Heels, M.B.Durh., M.R.C.S. Eng., L.R.C.P.Lond.; L. W. Keiffenheim, M.B., B.S.Durh., M.R.C.S. Eng., L.R.C.P.Lond.; R. G. F. Lansdown, M.B., B.S.Durh.; F. W. Ramsay, M.B., B.S.Durh.; F. P. Wightwick, M.B.Durh., M.R.C.S. Eng., L.R.C.P., D.P.H.Lond.

The following were recommended for the degree of Bachelor in Medicine (M.B.), namely:—

Honours, Second Class.—F. W. Gunn, M.R.C.S., L.R.C.P., L.S.A., King's College Hospital; T. Carr, M.R.C.S., L.S.A., Guy's Hospital; T. L. Bryan, College of Medicine, Newcastle-upon-Tyne.

Pass List.—T. M. Allison, College of Medicine, Newcastle-upon-Tyne; E. W. P. Baines, St. George's Hospital; J. V. Blachiford, Guy's Hospital; R. H. Cole, College of Medicine, Newcastle-upon-Tyne; A. C. De Silva, M.R.C.S., L.R.C.P., Ceylon Medical College; C. V. Dingle, College of Medicine, Newcastle-upon-Tyne; E. B. Duncan, St. Mary's Hospital; W. J. Durant, College of Medicine, Newcastle-upon-Tyne; A. A. Fennings, St. Mary's Hospital; T. G. Hall, College of Medicine, Newcastle-upon-Tyne; F. Hinton, College of Medicine, Newcastle-upon-Tyne; J. P. Iredale, College of Medicine, Newcastle-upon-Tyne; H. D. Johns, M.R.C.S.Eng., L.R.C.P.Lond., Charing Cross Hospital; J. A. Kendall, College of Medicine, Newcastle-upon-Tyne; J. Law, College of Medicine, Newcastle-upon-Tyne; C. Meadon, Bristol Medical School; A. E. Neale, College of

Medicine, Newcastle-upon-Tyne; E. Rye, Owens College, Manchester; W. R. Thurnam, St. Thomas's Hospital; A. M. Wilson, St. Thomas's Hospital.

The following were recommended for the degree of Bachelor in Surgery (B.S.), namely:—

T. M. Allison, College of Medicine, Newcastle-upon-Tyne; E. W. P. Baines, St. George's Hospital; J. V. Blachford, Guy's Hospital; A. C. De Silva, M.R.C.S., L.R.C.P., Ceylon Medical College; C. V. Dingle, College of Medicine, Newcastle-upon-Tyne; R. B. Duncan, St. Mary's Hospital; W. J. Durant, College of Medicine, Newcastle-upon-Tyne; A. A. Fennings, St. Mary's Hospital; F. W. Gunn, M.R.C.S., L.R.C.P., L.S.A., King's College Hospital; T. G. Hall, College of Medicine, Newcastle-upon-Tyne; F. Hunton, College of Medicine, Newcastle-upon-Tyne; J. P. Iredale, College of Medicine, Newcastle-upon-Tyne; H. D. Johns, M.R.C.S. Eng., L.R.C.P. Lond., Charing Cross Hospital; J. A. Kendall, College of Medicine, Newcastle-upon-Tyne; J. Law, College of Medicine, Newcastle-upon-Tyne; A. E. Neale, College of Medicine, Newcastle-upon-Tyne; W. R. Thurnam, St. Thomas's Hospital; A. M. Wilson, St. Thomas's Hospital.

The following were recommended for the degree of Bachelor in Hygiene:—

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

The following was recommended for the Licence in Sanitary Science:—

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

The gold medal for the best essay for the year 1891 has been awarded to Louis Robinson, M.D. Durh.; the Luke Armstrong Scholarship to Mr. Edward C. Willcox, M.B., B.S. Durh.; the Tullock Scholarship to Mr. G. C. B. Kempe; the Charlton Scholarship to Mr. W. J. Durant; the Gibb Scholarship to Mr. Benjamin May; the Goyder Scholarship to Mr. W. J. Durant.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

AN ACTION FOR ASSAULT.

At the Central Criminal Court a few days ago, a young man man was convicted on a charge of abduction of a girl under the age of 18 years, and let off with the very slight punishment of nine months' imprisonment. Had there been nothing else in the case we should not have considered it necessary to make any allusion to it, but one of the counts against the prisoner was for assault, in that he had communicated a venereal disorder to the girl. This count was struck out by order of the Common Serjeant on the ground that the ruling in the case of the Queen *versus* Clarence had decided once and for all that an action for assault could not lie on such a ground. With all due respect for the learned judge we venture to dissent from his ruling, and to believe that he is wrong. In the case referred to the parties were man and wife, and there the act complained of was by consent, and it was on this very point of consent that several of the majority of the judges supported their contention in quashing the conviction. In the abduction case the defence of consent was not raised, and we do not for one moment believe that if the question had been submitted to them, the full bench of judges would have considered that the ruling in the Clarence case afforded any precedent for this case. If the Common Serjeant is correct in his law, then the sooner the communication of venereal disease is made an indictable offence the better.

NORTHERN BRANCH OF THE SOCIETY OF MEDICAL OFFICERS OF HEALTH.

On September 24th a meeting of medical officers of health of Northumberland, Cumberland, Durham, and Westmoreland was held at the University of Durham College of Medicine, Newcastle-upon-Tyne, for the purpose of forming a northern branch of the Society of Medical Officers of Health. Dr. Armstrong (Newcastle) was elected Chairman. Letters were read by the Honorary Secretary *pro tem.*, Dr. T. Eustace Hill, from a number of medical officers of health in favour of the formation of a branch.

The Chairman pointed out that sanitary science suffered to a considerable extent through not having a northern branch of the Society of Medical Officers of Health. Sanitary work had made great strides, and the need for co-operation and

mutual counsel and support was greater now than ever. He moved that, subject to the approval of the Council of the Society of Medical Officers of Health, a branch of that Society, to be called the Northern Branch, be formed. Dr. Harris (Sunderland) seconded the motion, which was supported by Dr. Gibbon (Seaham Harbour), and unanimously passed.

The following officers were elected to form the Council:—
President: H. E. Armstrong, M.O.H. Newcastle, President of the Society of Medical Officers of Health. *Vice-President:* A. E. Harris, M.O.H. Sunderland. *Honorary Secretary and Treasurer:* T. Eustace Hill, M.O.H. South Shields. *Committee:* S. Gourly, M.O.H. West Hartlepool; D. S. Park, M.O.H., Houghton-le-Spring; C. S. Hall, M.O.H. Carlisle Rural; D. Duncan, M.O.H. Chester-le-Street; J. E. Gofton, M.O.H. Tynemouth; T. Frazer Hurst, M.O.H. Walker.

INSTRUCTION AND EXAMINATION OF SANITARY INSPECTORS.

WE stated some time ago that a course of lectures primarily for sanitary inspectors had been arranged by Dr. Reid, M.O.H. Staffordshire. The first outcome of this course has been an examination held at Stafford at the end of last month by examiners appointed by the Sanitary Institute. The candidates were not confined to Staffordshire, but the excellence of Dr. Reid's instruction was proved by the fact that of the 25 candidates who had attended his lectures 23 were successful, while of 22 others only 12 were successful. It ought to be added that Dr. Reid took no part in the examination of his own pupils. Previously there was only one qualified inspector in the administrative county of Stafford, whereas as a result of the initiative taken by the County Council there are now twenty-four—nearly one-half the total number.

FAILING TO NOTIFY.

A MEDICAL practitioner of Aldershot has been summoned for failing to notify a case of diphtheria, the patient being a girl living in a building belonging to the War Department. Cases occurring on Government premises are expressly exempted from the operation of the Notification Act, and the summons was, of course, dismissed. Whatever may be thought of the wisdom of the exception thus made, it is strange that the legal advisers of the sanitary authority were not more familiar with the provisions of the Act.

Dr. Parson, the Medical Officer of Health at Godalming, was summoned to Guildford, on September 26th, for failing to notify a case of scarlet fever to the rural sanitary authority, and was ordered to pay costs.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

CRICKHOWELL RURAL (Population, 4,831). *Influenza: Unwholesome Dwellings.*—Mr. Philip E. Hills's last report shows that sanitary matters receive much attention in this district, but the year's record reveals little that is of more than local interest. The conditions recorded are, in most instances, those that were common to the country generally during 1890—a variable climate, a freedom from zymotic sickness, and a visitation of influenza attended with an increase of mortality. Mr. Hill is, however, satisfied with the death-rate of his district (17.2 per 1,000), since it compares favourably with those of other districts, and is below the average of the past five years. The water supply has been satisfactory both in quality and quantity, the sewer outfall has been improved, and nuisances appear to have been sought out and remedied, but proper paving of the streets seems to be needed. The health officer also points out that a number of the working population and others in the district are housed in structures which are unfit for human habitation, or in such a condition as to be distinctly prejudicial to the health of the inmates, and very properly calls attention to the powers which the local authority now possess for dealing with this matter under the Housing of the Working Classes Act, 1890.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, including London, 5,809 births and 3,428 deaths were registered during the week ending Saturday, September 26th. The annual rate of mortality in these towns, which had risen from 16.8 to 17.7 per 1,000 in the preceding three weeks, further increased to 19.0 during the week under notice. The rates in the several towns

ranged from 6.9 in Halifax, 13.2 in Derby, 14.9 in Norwich, and 15.3 in Bristol to 26.6 in Preston, 28.3 in Wolverhampton, 29.0 in Blackburn, and 33.0 in Sunderland. In the twenty-seven provincial towns the mean death-rate was 21.2 per 1,000, and exceeded by 4.9 the rate recorded in London, which was only 16.3 per 1,000. The 3,428 deaths registered during the week under notice in the twenty-eight towns included 600 which were referred to the principal zymotic diseases, against 456 and 519 in the preceding two weeks; of these, 373 resulted from diarrhoea, 94 from whooping-cough, 41 from "fever" (principally enteric), 38 from diphtheria, 28 from measles, 26 from scarlet fever, and not one from small-pox. These 600 deaths were equal to an annual rate of 3.3 per 1,000; in London the zymotic death-rate was 2.5, while it averaged 4.0 per 1,000 in the twenty-seven provincial towns, and ranged from 0.0 in Halifax, 0.2 in Bristol, 2.1 in Norwich, and 2.3 in Hull to 6.8 in Preston, 7.2 in Bolton, 8.3 in Sunderland, and 9.4 in Wolverhampton. Whooping-cough caused the highest proportional fatality in Derby, Oldham, and Plymouth; "fever" in Sunderland; and diarrhoea in Birmingham, Blackburn, Leicester, Sunderland, Bolton, Preston, and Wolverhampton. Of the 38 deaths from diphtheria registered in the twenty-eight towns 29 occurred in London, and 2 in Salford. No fatal case of small-pox was recorded either in London or in any of the twenty-seven provincial towns; and no cases of this disease were under treatment in any of the Metropolitan Asylum Hospitals on Saturday, September 26th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital on the same date was 1,054, against numbers increasing from 947 to 1,021 at the end of the preceding three weeks; 122 new cases were admitted during the week under notice against 151 and 137 in the previous two weeks. The death-rate from diseases of the respiratory organs in London was equal to 2.2 per 1,000, and was slightly below the average.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, September 26th, 757 births and 485 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.7 and 15.4 per 1,000 in the preceding two weeks, rose again to 18.8 during the week under notice, but was slightly 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 Leith and Edinburgh, and the highest in Aberdeen and Perth. The 485 deaths in these towns included 86 which were referred to the principal zymotic diseases, equal to an annual rate of 3.3 per 1,000, which corresponded with the mean zymotic death-rate during the same period in the large English towns. The highest zymotic rates were recorded in Glasgow and Greenock. The 211 deaths registered in Glasgow included 18 from diarrhoea, 7 from scarlet fever, 6 from measles, 4 from "fever," and 2 from diphtheria. The death-rate from diseases of the respiratory organs in these towns was equal to 3.1 per 1,000, against 2.2 in London.

HEALTH OF IRISH TOWNS.

IN sixteen of the principal town districts of Ireland the deaths registered during the week ending Saturday, September 19th, were equal to an annual rate of 19.8 per 1,000. The lowest rates were recorded in Armagh and Wexford, and the highest in Sligo and Waterford. The death-rate from the principal zymotic diseases averaged 2.5 per 1,000. The 144 deaths registered in Dublin were equal to an annual rate of 21.0 per 1,000 (against 18.5 and 22.1 in the preceding two weeks), the rate for the same period being 15.7 in London and 15.1 in Edinburgh. The 144 deaths in Dublin included 18 which were referred to the principal zymotic diseases (equal to an annual rate of 3.2 per 1,000), of which 14 resulted from diarrhoea, 4 from enteric fever, and 4 from whooping-cough.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE SECOND ANNUAL REPORT OF THE COUNTY OF LONDON LUNATIC ASYLUMS.

THE number of lunatics in the various institutions and belonging to the unions and parishes in the County of London on the 1st of last January was 10,916, or an increase of only 120 for the previous year. This number is far short of the increase expected, the average annual increase for the last twenty years having been about 300. It must not be overlooked that there are, in addition to the 10,916 above mentioned, 5,620 imbeciles, so that the total number is really 16,536.

A special subcommittee has been appointed to deal with the rates of pay and emoluments and with the question of increased leave of absence for the members of the asylum staffs, nurses and attendants, and artisans. The results of the labours of the committee are given in elaborately prepared tables, and a considerable addition has been made to the number of attendants, nurses, and servants to enable the committee to carry out the reforms mentioned. We notice with approval the determination of the committee to do away with the dual authority which has for many years maintained at Hanwell and Colney Hatch, and that in future there will be one instead of two medical chiefs. Already Dr. Seward has been appointed sole superintendent at Colney Hatch, and the committee refer to the satisfactory manner in which his onerous and responsible duties have been performed.

The number of beds refused for want of accommodation was 381, and the difficulty of providing asylum accommodation has been so great that contracts have had to be entered into with other counties to provide for 1,075 patients. The Asylums Committee make short work of the report of Mr. Brudenell Carter's committee in reference to the provision of a hospital for the insane. This report, it will be remembered, raised a whirlwind of indignant protest from medical officers of asylums throughout the country, and the Asylums Committee refused to act upon it. The cost of maintaining the patients during the year was 9s. 3½d. per week.

SKIN HOSPITAL, BALLYSHANNON.

THE foundation stone of the Skin Hospital, Ballyshannon, was laid on September 24th by Miss Henrietta Sheil, sister of the founder (the late Dr. Simon Sheil). The Archbishop of Armagh blessed the stone, and in an eloquent address referred to the noble and self-sacrificing life of the founder, and his princely generosity in leaving a sum of over £30,000 for the founding and maintaining of the hospital. The building, which it is expected will be completed in about twelve or fourteen months, will accommodate over thirty-six beds. Its total length will be 108 feet; depth 61 feet, and height from basement to ledge 51 feet. There will be male and female medical and surgical wards, a maternity and accident ward, with accommodation for private pay patients.

GLASGOW ROYAL INFIRMARY CONVALESCENT HOME.

A GLASGOW lady, Miss Schaw, has set aside the sum of £40,000 for erecting, equipping, and as far as possible endowing a convalescent home in connection with the Royal Infirmary. It is to be called the Schaw Convalescent Home, in memory of her brother. A site has been secured at Bearsden, one of the healthiest of Glasgow suburbs and about six miles from the infirmary, from which it is easily reached by rail. Miss Schaw has invited the co-operation of a number of Glasgow gentlemen to assist in perfecting the plans and arrangements, and the building is expected to be begun soon.

MEDICAL NEWS.

BEQUESTS.—St. Mary's Hospital, Paddington, receives under the will of the late Mr. Lewis Lloyd a legacy of £1,000.

MEDICAL MAGISTRATE.—Mr. Robert Charnley Smith, M.D. of Ardwick, has been placed on the commission of the peace for the city of Manchester.

QUARANTINE regulations are from September 28th being enforced against all ships arriving at the port of Alexandria from Bombay.

The meeting of the Society of German Naturalists and Physicians which has just been held at Halle was attended by some 1,250 members; the meeting was also graced by the presence of more than 300 ladies. It was decided to hold the next meeting at Nuremberg.

INFLUENZA IN PORTUGAL.—During the first two weeks of September the epidemic of influenza, which is still prevalent in the northern parts of Portugal, showed some signs of abatement. Cases continue to occur in Lisbon, the disease being chiefly of the gastro-intestinal variety. Pneumonia is also very prevalent in the Portuguese capital.

ON the initiative of Professor Rampoldi, a committee has been formed at Pavia for the erection of a memorial to the celebrated surgeon and anatomist, Antonio Scarpa. It is intended to place the memorial in the public hall of the University, and the unveiling of it next year will be made the occasion of a great academic festival.

CREMATION OF DISEASED ANIMALS.—The advisability of erecting a crematorium for the disposal of diseased and dead animals, unsound meat, etc., was discussed at a recent meeting of the Cardiff Health Committee. The medical officer supported the plan. Eventually a subcommittee was appointed to wait upon the Property and Markets Committee for the purpose of discussing the scheme.

THE WELZ PRIZE.—At the meeting of the German Ophthalmological Society, held at Heidelberg from September 14th to 16th, the Welz prize for the best paper published in *Von Graefe's Archiv für Ophthalmologie* in the years 1887, 1888, and 1889 was awarded to Professor von Hippel, of Königsberg, for his essay entitled "A New Method of Cornea Transplantation," which was published in Bd. xxxiv, Abth. 1. This is the sixth time the prize has been awarded.

YORK MEDICAL SOCIETY.—This Society inaugurates its sixty-first session on October 8th, when Mr. Wheelhouse, F.R.C.S., Consulting Surgeon Leeds Infirmary, will deliver an address on "Education in its Health Aspects." A dinner will be held the same evening in the Station Hotel. The society is in a flourishing condition and numbers 77 members. It possesses an extensive library and reading room, where the leading medical publications can be consulted, and where the ordinary meetings are held.

PHARMACEUTICAL CONGRESSES.—M. H. Bocquillon-Limousin, General Secretary of the French Pharmaceutical Association, has sent a circular in the name of a large number of French pharmacists to all pharmaceutical associations throughout the world, proposing that an international pharmaceutical congress should take place in 1893 at some place to be decided on. At present the choice appears to lie between Madrid and Copenhagen. In the same year an international pharmaceutical congress will also be held at Chicago on the occasion of the "World's Fair."

NATIONAL HEALTH SOCIETY.—This useful Society has again organised special winter courses of lectures on sanitation, domestic and personal hygiene, elementary anatomy and physiology, nursing, accidents and disease. These lectures will be given in the lecture room of the Society. The lectures will be given at 5 P.M. (an hour suitable to those engaged during the day), and they will be of a specially practical nature, each being fully illustrated by diagrams and models. Syllabuses and all further particulars may be obtained from the Secretary, 53, Berners Street, W.

THE UNIVERSITY OF VIENNA.—From the calendar for the present winter semester it appears that the number of students last summer was 5,121, of whom 2,427 belonged to the Faculty of Medicine; of these, 348 were foreigners of various nationalities. The numbers had considerably fallen off as compared with the previous winter, when there were 6,220 students, of whom the medical faculty claimed 3,242. In the summer semesters immediately preceding that of 1891, the numbers of medical students had been respectively 2,296, 3,185, 2,553, 3,105, etc. There has also been some diminution in the number of foreigners attending this famous school.

REVACCINATION IN FRENCH SCHOOLS.—The Conseil d'Hygiène of the department of the Seine has issued the following instruction respecting revaccination in schools: 1. Animal lymph should be exclusively used; strong and absolutely healthy calves should be chosen for purposes of vaccine culture, and rigorous antiseptic measures should be employed. 2. Vaccination should be performed directly from calf to child. 3. For this little operation all the antiseptic precautions used in surgery should be taken; the arm to be inoculated should first be washed with a solution of boracic acid; the lancet should first be steeped in an antiseptic solution. 4. The children to be revaccinated should be examined for diseases of the skin, such as eczema and impetigo, which would favour the generalisation of the vaccinia. 5. All children of 10 years of age should be revaccinated.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away is Dr. K. Wedl, Professor of Histology in, and some time Rector of, the University of Vienna, and author of well known works on pathological anatomy, the pathology of the eye, the pathology of the teeth, etc., aged 77; Dr. D. H. Storer, of Boston, for many years dean, and also professor of legal medicine and obstetrics in the Harvard Medical School, and formerly president of the American Medical Society, aged 87.—Dr. Storer, who was an intimate friend and collaborator of Agassiz, was the author of a work on the fishes of North America; Dr. George B. Loring, of Salem, Massachusetts, formerly Commissioner of Agriculture

and United States Minister to Portugal, aged 73; Dr. Giacomo Buttinoni, a former comrade of Garibaldi in his Sicilian campaign, and afterwards for many years surgeon to the Hospital of Treviglio, aged 74; and Dr. Klopsch, extraordinary professor of surgery in the University of Breslau, who died of apoplexy on September 18th, whilst getting out of his carriage.

UNQUALIFIED MEDICAL PRACTICE IN BAVARIA.—During the year 1890 the number of persons prosecuted for the illegal practice of medicine in Bavaria was 1,170, of whom 861 were men and 309 women. This number, large as it appears to be, shows some improvement in the condition of things in 1889, when 1,216 persons got into trouble for practising the healing art without a diploma. Of those who came into conflict with the authorities in 1890, 486, including 30 chemists and druggists and 37 midwives, were more or less connected with the medical profession. The remaining 684 were persons who had had no medical training, and belonged for the most part to the class of working men. It is remarkable that the number of clergymen who had extended their cure of souls to that of bodies was only 21; your German *Pfarrer* is evidently far behind his English brother in that "seizing the unity of the individual," which we are told is the real problem of medicine. Again, the number of chemists who overstepped the limits of their province seems absurdly low to us in this country, where "counter prescribing" is almost a national institution. The special lines of practice followed by these unqualified persons in Bavaria included "secret remedies and sympathy," which had 117 adherents; then comes "homœopathy," with 71; "magnetism," with 12; and "electro-homœopathy," with 9. The highly specialised branch of "tapeworm curing," was pursued by no fewer than 13 enthusiasts.

MEDICAL VACANCIES.

The following Vacancies are announced:

- BECKENHAM LOCAL BOARD.**—Medical Officer of Health. Salary, £125 per annum. Must reside within the parish or within 12 miles thereof. Applications to F. Stevens, Clerk to the Board, by October 10th.
- BELGRAVE HOSPITAL FOR CHILDREN,** 79, Gloucester Street, S.W.—House-Surgeon. Board, lodging, and fuel provided. Applications, endorsed "House-Surgeon," to the Honorary Secretary, by October 7th.
- BETHLEM HOSPITAL, S.E.**—Two Resident Clinical Assistants. Apartments, rations and attendance provided. Applications, endorsed "Clinical Assistantship," to the Treasurer before October 5th.
- CHELtenham GENERAL HOSPITAL.**—House-Surgeon; doubly qualified; unmarried. Salary, £50 per annum, with board and apartments. Applications to Lieutenant-Colonel Croker-King, Honorary Secretary, by October 12th.
- 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.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—House-Physician. Board and residence and allowance for washing; no salary. Appointment for six months. Applications to the Secretary, T. Storrar-Smith, 21, Finsbury Circus, by October 9th.
- DENTAL HOSPITAL OF LONDON,** Leicester Square.—Anæsthetist; must be registered. Applications to J. F. Pink, Secretary, by October 5th.
- DENTAL HOSPITAL OF LONDON,** Leicester Square.—Assistant Anæsthetist; must be registered. Applications to J. F. Pink, Secretary, by October 5th.
- HAMPSTEAD PROVIDENT DISPENSARY.**—Medical Officer, doubly qualified. Applications to the Secretary, 23, High Street, Hampstead, before October 10th.
- HARROW LOCAL BOARD.**—Medical Officer of Health. Salary, £50 per annum. Applications, marked "Medical Officer," to R. E. H. Fisher, Clerk, by October 14th.
- KENT COUNTY ASYLUM,** Barming Heath, Maidstone.—Third Assistant Medical Officer; unmarried. Previous asylum experience not essential. Also a Fourth Assistant Medical Officer and Pathologist; unmarried. Previous asylum experience not essential. Salary, for each officer, £150 per annum, with furnished quarters, attendance, coal, gas, washing, garden produce, and milk. Applications to F. Pritchard Davies, M.B., Superintendent, by October 7th.
- MACCLESFIELD GENERAL INFIRMARY.**—Senior House-Surgeon. Doubly qualified. Salary, £100 first year, £10 increase second year, with board and residence. Applications to the Chairman, "House Committee," Macclesfield Infirmary, by October 3rd.
- 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.

NOBLE'S ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY.—Resident House-Surgeon; unmarried. Salary, £100 per annum, with apartments, gas, coals, and washing. Applications to F. Browne, Honorary Secretary, by October 8th.

PADDINGTON GREEN CHILDREN'S HOSPITAL, London, W.—House-Surgeon. Appointment for six months, from November 1st. Salary, £50 a year, with board, lodging, and an allowance of £2 12s. 6d. in lieu of beer. Applications to the Secretary, at the Hospital, by October 19th.

ROTHERHAM HOSPITAL.—Assistant House-Surgeon. Rooms, commons, and washing provided. Applications to the House-Surgeon by October 7th.

ROYAL ISLE OF WIGHT INFIRMARY AND COUNTY HOSPITAL, Ryde.—House-Surgeon and Secretary; doubly qualified. Salary, £50 per annum, with board, lodging, etc. Applications to the Secretary, by October 17th.

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.

SOUTH DEVON AND EAST CORNWALL HOSPITAL, Plymouth.—Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing; no salary. Applications to the Secretary, by October 6th.

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.

WEST KENT GENERAL HOSPITAL, Maidstone.—Honorary Dental Surgeon. Applications with testimonials and certificates of registration to the Secretary before October 5th.

WEST RIDING ASYLUM, Wakefield.—Two Resident Clinical Assistants. Appointment for six months. Board and lodging provided. Applications to the Medical Director.

MEDICAL APPOINTMENTS.

ADAMS, John A., M.A., M.B., appointed Assistant House-Surgeon to the Halifax Infirmary and Dispensary, *vice* Mr. Lucius MacDonnell, M.A., M.B., B.Ch.

ALLAN, F. J., M.D., reappointed Medical Officer of Health for Shoreditch.

BELBEN, Frank, M.B., B.Cantab., appointed House-Physician to the West London Hospital, Hammersmith Road, *vice* George F. Murrell, M.R.C.S., L.R.C.P.

BOTT, Henry, L.R.C.P.Lond., M.R.C.S., reappointed Medical Officer of Health to the Brentford Urban Sanitary District.

BUTTERFIELD, Harris, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health for the West Kent Combined District.

CRESWELL, J. C., L.R.C.P. & L.M. Edin., M.R.C.S.Eng., reappointed Medical Officer of the Hutton and Mountnessing Districts of the Billericay Union.

EATON, Oliver, L.R.C.P.Lond., M.R.C.S., appointed Medical Officer for the Seventh District of the Kingsbridge Union, *vice* Dr. Sandford, resigned.

FERNANDEZ, Edward J., L.R.C.P., F.R.C.S., appointed Medical Officer of Health to the Brackley Rural Sanitary Authority, *vice* — Bradshaw, resigned.

GARDNER, James Clark, L.R.C.P., M.R.C.S., appointed Medical Officer to and Public Vaccinator for the Harraton District of the Chester-le-Street Union, *vice* Dr. Jackson, deceased.

GORMAN, Thomas, M.B., B.A., etc., appointed Assistant Medical Officer to the Liverpool Workhouse, *vice* Dr. Cunningham, resigned.

HART, F. J., Lorimer, M.B. & C.M. Edin., appointed Medical Officer and Public Vaccinator for Sydenham District of the Lewisham Union *vice* W. R. Brunton, M.R.C.S., resigned.

HEYWOOD, Charles Christopher, M.B. & B.C., M.A.Camb., M.R.C.S., L.R.C.P., elected Junior House-Surgeon to the Salford Royal Hospital, *vice* Mr. Lord.

KEATS, Dr., appointed Assistant Medical Officer of the Greenwich Infirmary, *vice* Dr. Dixon, resigned.

KELLY, Dr., of Ballindine, appointed Medical Officer of the Workhouse Hospital, Claremorris.

LEVICK, George D. B., M.R.C.S.Eng., L.R.C.P.Lond., L.S.A., appointed House-Surgeon to the Middlesex Hospital.

LOYD, Jordan, M.S., M.B., F.R.C.S., appointed Lecturer on Operative Surgery in Queen's College, Birmingham, *vice* T. H. Bartlett, M.B., F.R.C.S., deceased.

LORD, Robert Ellis, M.B. & B.Sc.Lond., M.B., Ch.B.Vict., M.R.C.S.Eng., appointed Junior House-Surgeon to the Salford Royal Hospital, has been elected Senior, *vice* T. A. Goodfellow, M.B., M.R.C.S., resigned.

MCGUIRE, Dr., of Ballinrobe, co. Mayo, appointed Medical Officer of the Claremorris Dispensary.

MACINTYRE, Hugh, M.B., C.M.Glasg., appointed Medical Officer to the Parochial Board of South Uist, *vice* Dr. Archibald MacLachlan.

MARTIN, J. H., M.R.C.S., appointed Medical Officer for the Wistow District of the St. Ives Union, *vice* Dr. Few, resigned.

MAYNARD, John S., M.B. & C.M. Edin., appointed House-Surgeon and Secretary to the Stourbridge Dispensary, *vice* F. G. Gardner, resigned.

MILBURN, C. H., M.B., M.S., appointed Surgeon to the Hull Lying-in Charity.

MUIR, Robert D., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the Poplar Hospital for Accidents, E.

MURRELL, George F., M.R.C.S., L.R.C.P., appointed House-Surgeon to the West London Hospital, Hammersmith Road, *vice* Malcolm L. Margrave.

PESKETT, Alfred Freeman, M.R.C.S.Eng., L.S.A., reappointed Medical Officer to the Leyton Urban Sanitary Authority.

RODEN, Percy A., M.B., C.M.Aberd., appointed Medical Officer of the Droitwich Union.

SAWELL, F. L. P., M.R.C.S.Eng., L.S.A., appointed Resident Assistant Medical Officer to the parish of St. Leonard, Shoreditch, *vice* Dr. Wynne.

SHAPLAND, J. D., M.R.C.S., appointed Medical Officer for the Exmouth Sanitary District of the St. Thomas Union, *vice* Dr. Cock, resigned.

SKINNER, D. S., M.D.Brussels, M.R.C.S., L.R.C.P.Lond., reappointed Medical Officer of Health for Willesden.

SMART, William Pechey, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health for the Rural Sanitary District of the Hoxne Union.

STADDON, John R., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer for the parish of Bramford.

SYMINGTON, W., M.B., C.M. Edin., appointed Medical Officer for the Workhouse and Brampton Sanitary District of the Brampton Union, *vice* Dr. Armstrong, deceased.

WARD, J. Alfred, M.R.C.S.Eng., L.S.A., appointed Assistant Medical Officer to St. Luke's Infirmary, Chelsea, *vice* Dr. S. L. Clift, resigned.

WARD, Thos. Hamilton, M.B. & C.M. Edin., appointed Junior Medical Officer of the Devon County Asylum, Exminster, *vice* C. F. Bailey, M.D., resigned.

WILLIAMS, Ernest G. H., M.R.C.S., L.R.C.P., appointed Senior House-Surgeon to the Poplar Hospital for Accidents, E.

WILSON, J. Lockhart, M.B. & C.M.Glasg., appointed Medical Officer of Health to the parishes of Duns, Langton, Edrom, Fogo, Polworth, Cranlaws, and Longformacus, in Middle District, Berwickshire County Council.

DIARY FOR NEXT WEEK.

TUESDAY.

SOCIETY FOR THE STUDY OF INEBRIETY, 11, Chandos Street, Cavendish Square, W.—Dr. Wynn Westcott: Alcoholic Poisoning in London, and Heart Disease as its Fatal Result. Mr. F. A. A. Rowland: The Principle of Compulsion as relating to Inebriety.

WEDNESDAY.

OBSTETRICAL SOCIETY OF LONDON, 8 P.M.—Specimens will be shown by Dr. Playfair, Dr. Carter, Dr. Hayes, Dr. Leith Napier, and others. Dr. John Phillips: The Influence of Purpura Haemorrhagica upon Menstruation and Pregnancy. Dr. F. J. McCann: Chorea Gravidarum.

THURSDAY.

BRITISH GYNECOLOGICAL SOCIETY, 8.30 P.M.—Mr. Howard Barrett and Dr. Mendes de Leon: Specimen of, and two papers on, Ectopic Gestation.

FRIDAY.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. MacLagan: Cases of Neuritis and Spurious Arthritis. Dr. Parkin: Two Cases of Disease of the Seminal Vesicles. Mr. Bruce Clarke: Two Cases of Compressed Fracture of the Skull in which the Pieces of Bone were removed, washed, and replaced: recovery with Complete Reunion with the Surrounding Bone.

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.

BIRTHS.

ENSOR.—On August 2nd, at 34, Charles Street, Cardiff, the wife of Henry Collen Ensor, M.R.C.S., L.S.A., of a son.

SHAPLEY.—On September 26th, at Earlswood, Leamington, the wife of H. T. Shapley, M.B., M.R.C.S., of a son.

MARRIAGES.

DUTT—BOOTY.—On September 26th, at the Parish Church, Scarborough, by the Right Rev. the Lord Bishop of Hull, assisted by the Rev. C. Booty, M.A., Aroon Chunder Dutt, B.A., M.B.Cantab., A.K.C.Lond., of Whitby, son of H. C. Dutt, of Calcutta, and grandson of Sir Rajah R. K. Deb, K.C.S.I., to Constance Ethel, only daughter of Fred. W. Booty, Pavilion Square, Scarborough. Indian papers please copy.

SANDOE—JACKMAN.—On September 23rd, at Tamerton Foliot Church, by the Rev. E. Roberts, John Worden Sandoe, M.B., B.S.Durham, M.R.C.S., L.R.C.P.Lond., of Broad Clyst, Devon, to Mary Elizabeth, eldest daughter of W. Jackman, Esq., of Plymouth and Berry.

THOMAS—BAKER.—On September 23rd, at the Church of St. Michael and All Angels, Heavitree, by the Rev. Sackville H. Berkeley, Vicar, assisted by the Rev. Thomas McClelland, John Raglan Thomas, M.D., Exeter, eldest son of the late Benjamin Thomas, F.R.C.S., of Llanelly, South Wales, to Mabel Catherine Elizabeth, eldest daughter of Robert N. G. Baker, Esq., Heavitree, Devon.

DEATHS.

HUMPHREYS.—On September 21th, at Swan Hill Court House, Shrewsbury, John Robert Humphreys, F.R.C.S., J.P., aged 66.

WILLIAMS.—On September 23rd, at Bryndu, Morriston, Roger David Delahaye Williams, M.R.C.S.Eng., etc., in his 31st year.

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, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. Th., 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 ORTHOPÆDIC.** *Hours of Attendance.*—M. Tu. Th. F., 2. *Operation Day.*—W., 10.
- NORTH-WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F., 9. *Operation Day.*—Th., 2.30.
- ROYAL FREE.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operation Days.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
- ROYAL LONDON OPHTHALMIC.** *Hours of Attendance.*—Daily, 9. *Operation Days.*—Daily, 10.
- ROYAL ORTHOPÆDIC.** *Hours of Attendance.*—Daily, 1. *Operation Day.*—M., 2.
- ROYAL WESTMINSTER OPHTHALMIC.** *Hours of Attendance.*—Daily, 1. *Operation Days.*—Daily.
- ST. BARTHOLOMEW'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operation Days.*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
- ST. GEORGE'S.** *Hours of Attendance.*—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th., 2; o.p., Eye, W. S., 2; Ear, Th., 2; Skin, W., 2; Throat, Th., 2; Orthopædic, W., 2; Dental, Tu. S., 9. *Operation Days.*—Th., 1; (Ophthalmic), F., 1.15.
- ST. MARK'S.** *Hours of Attendance.*—Fistula and Diseases of the Rectum, males, W., 8.45; females, Th., 8.45. *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; Orthopædic, W., 10; 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; (Orthopædic), W., 11; (Ophthalmic), F., 9.
- ST. PETER'S.** *Hours of Attendance.*—M., 2 and 5, Tu., 2, W., 2.30 and 5, Th., 2, F. (Women and Children), 2, S., 3.30. *Operation Day.*—W., 2.
- ST. THOMAS'S.** *Hours of Attendance.*—Medical and Surgical, daily, exc. W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operation Days.*—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2; (Gynaecological), Th., 2.
- SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Hours of Attendance.*—Daily, 1.30. *Operation Day.*—W., 2.30.
- THROAT, Golden Square.** *Hours of Attendance.*—Daily, 1.30; Tu. and F., 6.30; *Operation Day.*—Th., 2.
- UNIVERSITY COLLEGE.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30; *Operation Days.*—W. Th., 1.30; S., 2.
- WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days.*—Tu. F., 2.30.
- WESTMINSTER.** *Hours of Attendance.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days.*—Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 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.

STAINS AND PLASTERS.

PUZZLED would be glad to know of a remedy, and its method of application, for the removal of nitrate of silver stains from the fingers (nails and skin); also a method for the removal of (a) a belladonna plaster from the skin, and (b) the composition itself, where the plaster has worn off gradually and left some of the ingredients behind.

DRY NASAL CATARRH.

R. M. will be very glad of suggestions for the treatment of the following case: A waggoner, aged 22, has been troubled for four months with stuffiness of the nose: there is no thin discharge nor ozæna; no syphilis, inherited or acquired. He has given iodide of potassium, also Weber's douche, with borax and salt, and painted with glycerin. acid carbol., but there has been no improvement.

M.D. ALBERT UNIVERSITY.

A JUNIOR MEMBER B.M.A. writes: I hold the following diplomas: M.R.C.S. Eng., L.R.C.P., and L.M. Irel. I write to ask whether you think it will be necessary to take the L.R.C.P. Lond. before one would be eligible for the new M.D. Lond., when obtainable. I should be very much obliged for any information you can give me.

* * The draft charter contains no retrospective clause. Whether such a clause will be inserted is at present doubtful; whether, if inserted, it would meet our correspondent's case, we cannot say.

FLOCK BEDS IN HOSPITALS.

A CORRESPONDENT writes: I am informed by a friend who has been a lady probationer in Guy's Hospital that many of the patients sleep on flock beds, and that the said beds are made only twice a week. I understand her information to date up to within the last six months. Such a condition should not, I think, exist. Can you do anything to remedy it, first of all making certain my information is correct?

* * Flock beds are we believe in use at Guy's and some other hospitals, and are made (shaken up) morning and evening, provided the patient is able to sit up while it is being done. If unable to do so, the bed is only shaken up once or twice a week, and the patient is placed on a stretcher at the foot or side of the bed during the process. Stretcher cases consist mainly of enteric, pneumonia, fractures, and severe injuries and operations, but nearly all such are provided with horsehair, wool, or flock mattresses, and although they cannot be shaken up, they are seen to twice a day with the others.

ENGLISH MEDICAL PRACTITIONERS IN GERMANY.

MEMBER writes: I shall be obliged if you can tell me if it is necessary for an English medical man to have a German qualification to practise amongst his own countrymen in Germany. If it is, what subjects are required for examination? Is it obligatory to study at one of their medical schools?

* * We are unable to give an authoritative answer to "Member's" query, and we should recommend him to apply directly to the Ministerium der geistlichen Unterrichts und medizinischen Angelegenheiten, Unter den Linden, Berlin, giving full particulars of the case, and asking under what conditions he would be permitted to practise among his own countrymen in Germany. The right to practise in that country is only obtained by passing the *Staats-examen*, and it is very doubtful whether any special facilities would be granted to the holder of an English diploma, inasmuch as even M.D.'s of German universities do not enjoy the slightest privilege with regard to the State examination.

Edinburgh Infirmary the administrators pay most attention to the respiration, removing the chloroform when the breathing becomes irregular or shallow, and the value of this caution is seen when I say that death from chloroform poisoning is almost unknown in this hospital.

Miller, in his *System of Surgery*, says: "The administrator, when the patient is 'over' and the stertorous condition of breathing has been induced, has a constant eye to the countenance and chest, an attentive ear to the coming and going of the laryngeal breathing, and a frequent hand upon the pulse, the state of the breathing being ever uppermost in his mind. [The italics are his.] It is time for him to withdraw the agent when the pulse becomes very rapid and small, or very slow, and the breathing obviously imperfect." This gives in a nutshell the directions for its successful administration. Of course, after the first stimulating effect is over the heart's action tends to be weakened, and in rare cases may be stopped suddenly before respiration, especially if the patient has been brought under its influence quickly. Brown-Séquard thus explains this in his *Lecture on the Physiology of the Nervous System*: "It is by reflex influence due to sudden irritation of branches of the vagus in the lungs that chloroform has killed in the rare cases in which the heart's action has been stopped before the respiration."

A most essential point to attend to is that the vehicle for its administration must be held at some little distance from the face so as to allow of the free entrance of atmospheric air, otherwise we have the struggling greatly intensified and the danger of producing asphyxia greatly increased. When syncope has occurred and the tongue been pulled forward, we may still fall in getting a free supply of air to the lungs, as the forcible pulling on the tongue causes the aryteno-epiglottidean folds to be made tense and approximated, thereby diminishing the diameter of the canal and interfering with the free entrance of air. Dr. Fouli's recommends for this the passing behind the tongue the handle of a table-spoon, and pushing the tongue forward by its means, thereby obviating this danger. What will answer equally well is a copper wire bent to the proper curve.

In conclusion, I wish to point out a possible danger from the bending backward of the head over the edge of the table that is often adopted when asphyxia is threatening, causing pressure to be applied on the vessels in the neck supplying the brain, particularly the vertebrals; indeed, in the Polynesian Islands the natives induce death by forcibly bending the head back and at the same time depressing the lower jaw, causing a complete obstruction of the cerebral circulation and death in a very few moments.

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BOOKS, Etc., RECEIVED.

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