

be usefully written on such a subject: so, too, on the detection of feigned diseases, but I will conclude with the mention of one of the latter kind which has found a place in the standard literature of surgery.

In the third volume of Brodie's miscellaneous works is a description of what he calls "dry or white gangrene of the skin." A portion of skin of the size of a shilling, or larger, dies, and turns white, or dries into an amber-coloured, horny slough, and is separated by ulceration: the wound heals, but a succession of these mortified patches follow one another, and seem interminable. He gives three cases, and showed in lecture a wax model of one of them; all the patients were young women with anaemia and irregular menstruation; little is said of the treatment pursued except that it was not very effectual, and the patients left the hospital and were lost sight of.

How many of us have ever seen a case of white gangrene of the skin? One such came under my notice long ago, when I was house-surgeon at University College Hospital. It tallied exactly with Brodie's description; piece after piece of skin about the size of a shilling or half-a-crown turned white, necrosed, and was separated and the wound healed. The patient was a young woman, and she was the object of great attention by the surgeons and the students because of this rare and peculiar disease, and because, too, she was very good-looking. She stayed in the hospital many months, then she left, and was lost sight of for a time. At length the history of the case was completed; she became an in-patient of the Brighton Hospital; there suspicion arose, a watch was set on her, and the cause of the disease—which in London was explained by some ingenious hypothesis in more than one clinical lecture—was found to be a pennyworth of strong sulphuric acid and a glass rod! She was ignominiously expelled from the hospital, and I believe she committed suicide soon after.

I have always thought that Brodie's white gangrene of the skin had no better foundation as to its etiology than, and probably the same as, existed in this case. I may, however, be mistaken, and I give this opinion with diffidence; but if I am right—if so astute, so careful, and so experienced an observer as Sir B. Brodie was mistaken—we may all take comfort in the reflection that neither age, learning, nor experience can prevent occasional error. The older we grow the more wary do we become; we know the pitfalls into which we may fall and probably often have fallen; whereas the young practitioner, who has not yet been much confronted with his own blunders, with the enthusiasm of youth and the complete teaching of the schools, is apt to be more sure of his opinion, more free in expressing it, and therefore more frequently in error. This, however, I may say, quoting the witty words of the late Master of Trinity College, "We are none of us infallible, not even the youngest."

MEMORANDA:

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

SLoughing of the Prepuce.

ISREE, a native mule driver, was admitted into hospital on August 7th. He stated he had contracted a sore on the penis about two months previously. He had no regular medicine, but had some sort of treatment from a native "hakim." About a month before admission the prepuce had sloughed.

On examination it was found that the prepuce had sloughed extensively, the glans protruding, and the remainder of the prepuce hanging down. From the root of the penis to the margin of the wound was about $1\frac{1}{2}$ inch, and from the opposite margin to the end of the prepuce a good inch. The wound was almost completely healed, and it was evident he had only applied for treatment as he recognised his inability for sexual intercourse.

On August 11th, chloroform having been administered, the whole of the lower portion of the prepuce was cut away, and the margins trimmed as well as could be done round the glans. Several silk sutures were passed through from the mucous surface to the skin. There was a little bleeding,

which was easily stopped by compression. The lower part of the wound was hard and indurated, apparently the remains of the chancre. The wound was dusted over with iodoform, and dressed with perchloride of mercury lotion (1 in 2,000) lint. It did very well, but healed rather slowly. After about ten days black wash was substituted for the perchloride lotion. The wound has now completely healed, and the induration gone. There have been no secondary symptoms.

REMARKS.—This case is, I think, interesting as illustrative of the extreme amount of inconvenience and suffering a native will endure rather than apply for treatment and expose himself for examination. This man evidently had a very acute phimosis, and must have suffered extreme pain. Notwithstanding this, he continued doing his work as best he could, and only came to hospital when he found himself debarred from sexual intercourse.

GEO. T. MOULD,
Saugor, Central Provinces, Bengal. Surgeon 1st Bengal Cavalry.

POISONING BY THE BERRIES OF ATROPA BELLADONNA.

I WAS called out on September 27th to attend a boy who was said to be "fifty." On seeing him I found him highly delirious, and with a temperature a little above the normal, 99°. He had intense thirst, and appeared to have a choking feeling about the throat. The pupils were widely dilated and insensible to light. Skin very hot and dry. The face, at one time pale, would, after a short interval, become intensely flushed. The urine was scanty and passed in the bed. The bowels were unopened, even after free doses of castor-oil, which, however, almost immediately brought on vomiting. Delirium had come on at 1 A.M., and had continued almost without interruption up to the first visit I paid—12 P.M. There were jerking movements of the arms and legs, and frequent contractions of the muscles of the face. The arms occasionally moved, as if plucking something from a tree, after which the hands were carried to the mouth and the act of swallowing followed.

These symptoms combined led me to inquire as to whether he had eaten anything unusual, and a berry was at once produced, of which he was said to have eaten eight or nine. The berry corresponded exactly to the description of the fruit of the atropa belladonna plant—"globose, juicy, half to three-quarters of an inch in diameter, smooth, very dark purple, and containing numerous small seeds imbedded in the pulp." He had partaken of these the previous afternoon. In the evening of the following day he was still delirious and going through the same movements, but next day he was much better, though the pupils were still widely dilated. After a few days he was quite well, with the exception of slight headache.

The boy's father, who ate three of the berries, complained of intense dryness of the throat and inability to read on account of the letters "all running together." His pupils were dilated. Two other men who had taken one or two of the berries also complained of dryness of the throat and skin afterwards, but I had not an opportunity of seeing them.

Littlehampton. FRED. HALL, L.R.C.S., L.R.C.P.

DEATH FROM CHLOROFORM.

THE case was that of a boy, aged 11, who had suffered from a decayed tooth in the left inferior maxilla. This tooth set up an alveolar abscess. His mother took him on two separate occasions to a dentist, who tried to remove the roots of the tooth without any anaesthetic, but without success. The mother then took the boy to another dentist (Mr. Brooke, of Nottingham), and he consented to extract the roots if chloroform were administered.

The boy was prepared by diet, etc., for 11 A.M. on October 8th, and I administered chloroform on an ordinary towel. The roots of the tooth in question were successfully extracted and the boy began to struggle, and a little more chloroform was administered to enable the dentist to extract two other decayed teeth. This was done and the boy still seemed all right.

The anaesthetic was given in an ordinary easy arm-chair, and whilst contemplating the removal of the patient to the bed he suddenly turned palid. The breathing continued, but the pulse was lost. The boy was at once lifted into bed and

every endeavour possible was made to restore him, but though the breathing continued for quite a minute from the onset of the ghastly appearance, the heart, which was evidently the organ that first failed, never acted again.

Nottingham.

DONALD STEWART.

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

MILITARY HOSPITAL, ALDERNEY.

LESION OF CERVICAL ENLARGEMENT.

(By F. P. NICHOLS, B.A., M.B.Cantab., Surgeon-Captain
Army Medical Staff.)

PRIVATE W. S. was brought to hospital on May 7th, conscious, partially paralysed in arms and legs, with extreme hyperaesthesia of arms, diaphragmatic breathing, contracted pupils, and abolished reflexes. He had dived into shallow water and hit his head on sand.

Next day he had recovered movement in his legs. There was tenderness on pressure over the seventh and eighth cervical and first dorsal vertebrae. His arms lay alongside his body, elbows half flexed, forearms pronated, wrists extended, fingers and thumbs flexed and adducted. He could shrug his shoulders and raise his arms tolerably well; he could flex his elbows after extension, but only extended them again with difficulty; he could supinate fairly but pronate only weakly; he could not flex his wrists, but could extend them feebly after flexion; grasp was quite gone, and he could neither flex nor extend his fingers or thumbs, but after extension these of themselves again assumed the flexed position; he could neither adduct nor abduct the fingers. The brunt of the injury had evidently fallen on the flexors and extensors of the fingers and thumbs, the intrinsic muscles of the hands, the flexors of the wrists, and the extensors and pronators of the forearms. There was also some paralysis of the intercostals, hyperaesthesia of the hands and forearms, abolition of reflexes, retention of urine, and priapism.

His symptoms gradually improved, the intercostal paralysis disappearing first, and his arm muscles recovering from above downwards. On May 26th the muscles were regaining strength in inverse order of loss of function, acting also more or less feebly to faradic current. The arm muscles acted well, and he could perform all the movements of the shoulder-joint fairly well. In the forearms extension and pronation were much weaker than flexion and supination; in the wrist, also, extension was weaker than flexion (although at an earlier stage extension was present when flexion was abolished), and in the fingers, while all the movements were very weak, those of extension and abduction were the weakest.

There was a slight difference in the two sides, the left being the stronger. Sensation of heat and cold was replaced by "tingling" on the inner sides of both arms and in the trunk downwards from the third rib on the right and the sixth on the left. He remains in much the same state up to now, but there is latterly a slight tendency to contraction of the most affected muscles.

REMARKS.—This was evidently a lesion, probably haemorrhagic, of the cord at the lower part of the cervical enlargement of a less serious nature than that recorded by Dr. MacEwen in the BRITISH MEDICAL JOURNAL of April 5th, 1890. The main injury appears to have been sustained by the nuclei of nerves supplying the flexors and extensors of the fingers, the intrinsic hand muscles, and the flexors of the wrist (seventh and eighth cervical and first dorsal?), and in a less degree by those supplying the extensors of the wrists and elbows and the pronators of the forearms (sixth and seventh cervical?). The more transient involvement of the intercostals is notable. The fifth cervical, which is involved in Erb's palsy, was here untouched, while the characteristic position assumed in total lesion of the sixth was absent. That the extensors and pronators on the one hand, and the

flexors and supinators on the other, were respectively affected to the same extent, perhaps hints that association of function has some analogue in propinquity of origin.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, OCTOBER 20TH, 1891.

SIR GEORGE MURRAY HUMPHRY, F.R.S., President, in the Chair.

President's Address.—THE first ordinary meeting of the Society was opened by an address from the President, which is published at p. 887.—The late President, Dr. W. H. DICKINSON, proposed a vote of thanks to the President. The vote was carried by acclamation.

Median Harelip.—Mr. CLUTTON exhibited a living specimen of median harelip. The girl, aged 15, who had never been submitted to any operation, had a small notch exactly in the middle line of the upper lip. The alveolus of the upper jaw immediately beneath and exactly in the middle line was also cleft. The palate was ununited from one end to the other. There were no central incisors, but there was a lateral incisor and a canine on each side; fifteen months before three teeth had been extracted from the front of the jaw, the nature of which could not be ascertained. Mr. SUTTON's lectures on Evolution in Pathology were referred to, where a specimen of this condition had been ascribed to an absence of the premaxilla. Mr. PITTS was also stated to have shown a case at the Medical Society in 1889, in which there was a median harelip and a central groove in the bone beneath. Mr. Clutton was inclined to think that in his case the premaxilla was present, but ununited.—The PRESIDENT remarked on the curious way in which the skin passed from the surface into the depth of the cleft. It was wonderful how often there appeared to be difficulties in the way of the proper formation of this part of the body in both man and animals, especially in pigs. He added that the mode of development of the superior maxilla was a matter extremely difficult to follow.—Mr. SUTTON agreed that the malformation in this case was like that normally found in the hare and kangaroo. It was a rare instance of want of fusion of the globular processes in the middle line. ALBRECHT's view was that there were two centres of ossification for each premaxilla, and that in a case like the present the two inner centres were absent. He believed that the case stood by itself.

Tuberculous Disease of the Tunica Vaginalis after Tuberculosis of the Testes.—Mr. B. PITTS showed a specimen which was taken from a boy, aged 5, who was admitted into St. Thomas's Hospital on April 21st, 1891, with a large right inguinal hernia. An operation for radical cure was undertaken, and when the testicle was exposed it was found to be enlarged, and had several tuberculous nodules on the surface. It was accordingly removed with its sac. Whilst the child was under the anaesthetic several hard nodules could be felt in the abdomen above and to the left of the umbilicus.—General peritonitis followed the operation, but the wound healed without suppuration, and the child left the hospital convalescent on June 7th, and had continued in good health up to the present time. A section for microscopical examination through the testicle and epididymis showed tuberculous nodules on the visceral layer of the tunica vaginalis and on the lower part of the sac. At one spot on the testicle these nodules were confluent, and gave an appearance very similar to that of hernia testis. The spermatic cord and epididymis were normal; the nodules were tuberculous in nature. The author had at first considered the testicle to be the primary seat of the disease, but after the microscopical examination it seemed more probable that the testicle was invaded from the surface, and was secondary to some tuberculous disease within the abdomen. In the second case, there was no doubt that the disease had extended from the abdomen to the hernia. The history of this case was as follows: A lad, aged 18, was admitted into St. Thomas's Hospital on December 19th, 1889, with a large irreducible inguinal hernia on the left side, and a small inguinal irreducible hernia on the right side. The abdomen was swollen and tender, and the hernial swellings very painful. On exploring

ASSOCIATION INTELLIGENCE.

NOTICE.

THE President of Council, who is going abroad immediately and will not be back again before the second week in December, requests all communications should be addressed to the Office, 429, Strand, W.C.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

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

BRANCH MEETINGS TO BE HELD.

METROPOLITAN COUNTIES BRANCH: HERTFORDSHIRE DISTRICT.—The next meeting of the above District will be held at the Red Lion Hotel, Hatfield, on Friday, October 30th, at 6.30 P.M. Dr. Cleveland, President of the Branch, in the chair. Members desirous of reading papers or exhibiting specimens, are requested to inform Mr. H. LESLIE BATES, Honorary Secretary of the District.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—A meeting of the above District will be held at St. Bartholomew's Hospital, Rochester, on Thursday, October 29th, at 4 P.M. Mr. F. W. Penfold, of Rainham, in the chair. Communications: Dr. Newton Pitt: Perityphilitis and its Treatment. Mr. F. W. Penfold: Notes on a Case of Syphilis. Dr. A. Packman: Notes of a Case of Diphtheria, Tracheotomy: Recovery. Mr. L. A. Dunn: Some Points in Diagnosis and Treatment of Tuberculous Joints, especially Hip and Knee. The dinner will take place at the Bull Hotel, Rochester, at 6.15 P.M. Charge 6s. 6d., exclusive of wine. To facilitate the arrangements, gentlemen who intend to dine are particularly requested to signify their intention to the chairman, Mr. F. W. Penfold, Rainham, Sittingbourne, not later than Tuesday, October 27th. All members of the South-Eastern Branch are entitled to attend this meeting and to introduce professional friends.—A. W. NANKIVELL, Honorary Secretary of the District, St. Bartholomew's Hospital, Rochester.

SOUTH-EASTERN BRANCH: EAST AND WEST SURREY DISTRICTS.—A joint meeting of these Districts will be held at the White Hart Hotel, Reigate, on Thursday, October 29th, at 4 P.M. Mr. Sells, of Guildford, in the chair. Dinner at 6 P.M.; charge, 7s., exclusive of wine. Papers will be read by Dr. Goodhart (on Gallstones), Mr. Pollard (Mastoid Suppuration), and Mr. Maude (on Exophthalmic Goitre).—Honorary Secretaries: P. T. DUNCAN, M.D., Croydon (East Surrey); J. P. A. GABB, M.D., Guildford (West Surrey).

STAFFORDSHIRE BRANCH.—The eighteenth annual general meeting of this Branch will be held at the Swan Hotel, Stafford, on Thursday, October 29th, at 3.45 P.M. An address will be delivered by the President, Dr. Clarke.—GEORGE REID, Honorary Secretary, Stafford.

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.—A. SHEEN, M.D., Cardiff; D. ARTHUR DAVIES, M.B., Swansea.

MIDLAND BRANCH: LINCOLNSHIRE DISTRICT.—A meeting will be held at Gainsborough, on Thursday, November 12th. Members desirous of reading papers, etc., are requested to communicate on or before Monday, October 26th, with W. A. CARLINE, M.D., Honorary Secretary, Lincoln.

STIRLING, KINROSS, AND CLACKMANNAN BRANCH.—The autumn meeting of this Branch will be held at Kilsyth, on Thursday, October 29th. Particulars by circular next week. Members desirous of showing specimens, cases, etc., are requested to communicate with the Honorary Secretaries, C. J. LEWIS, J. PEAKE.

ABERDEEN, BANFF, AND KINCARDINE BRANCH.—The annual meeting of this Branch will be held at 198, Union Street, Aberdeen, on Saturday, October 24th, at 1 P.M. The president, Dr. Garden, Aberdeen, in the chair. Business: (1) Minutes, nomination of new members, etc. (2) Ballot for the admission of Dr. George Dean, George Street; Dr. R. M. MacLennan, Royal Infirmary, and Dr. Sutherland, 77, Chapel Street. (3) Council's report and treasurer's balance sheet. (4) Election of President-elect for the ensuing year. (5) Election of two honorary secretaries.

(6) Election of honorary treasurer. (7) Election of members of Council (see Rule 8). (8) Selection of place of next June meeting. The annual dinner will be held in the Imperial Hotel, Stirling Street, Aberdeen, at 3 o'clock P.M. Price (including attendance, but exclusive of wine) 5s. dinner head.—J. MACKENZIE BOOTH, C. THISELTON URQUHART, Honorary Secretaries.

BORDER COUNTIES BRANCH.—The autumn meeting of this Branch will be held at the County Hotel, Carlisle, on Thursday, November 13th, at 3.15 P.M. Dinner at 5.45 P.M., 5s. Members desirous of reading papers, etc., will please communicate with Dr. ALTHAM, Penrith.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.—A meeting will be held at the Calverley Hotel, Tunbridge Wells, on Thursday, November 19th. Dr. Pardington will preside. Notice of communications should be sent to T. JENNER VERRALL, Honorary Secretary, 97, Montpellier Road, Brighton.

BATH AND BRISTOL BRANCH.—The first ordinary meeting of the session will be held at the Grand Pump Room Hotel, Bath, on Wednesday evening, October 28th, at 7.30. Mr. F. P. Lansdown, President, in the chair. The following communications are expected:—W. McD. Ellis, M.D.: The Causes and Treatment of frequent Abortion. Mr. T. Pagan Lowe: Two Cases of Anthrax successfully treated by Excising the Pestule. Mr. Hugh Lane: Differential Diagnosis in Rheumatic Diseases. Mr. P. Watson Williams: On some Cases of Tuberculous Laryngitis.—W. M. BEAUMONT and E. MARKHAM SKERRITT, Honorary Secretaries.

SOUTHERN BRANCH: SOUTH-EAST HANTS DISTRICT.—The next ordinary meeting will be held on Thursday, October 29th, at Grosvenor Hotel, Queen's Gate, Southsea. Gentlemen desirous of reading papers or making other communications are requested to communicate at once with J. WARD COUSINS, Honorary Secretary.

DORSET AND WEST HANTS BRANCH.—The autumn meeting of this Branch was held at Wimborne, on October 14th, Dr. WILLIAM VAWDREY LUSH, President, in the chair. Forty-one members and visitors were present.

The late Dr. W. H. Williams.—A resolution was passed expressing the sorrow of the Branch at the loss it had sustained by the death of its first President, Dr. William Henry Williams, and sympathy with Mrs. Williams and the other members of the family in their sad bereavement.

Election of Officers.—The following gentlemen were elected office-bearers for the ensuing year: President: Dr. Peter William MacDonald, of the Dorset County Asylum. Vice-Presidents: Dr. Henry Geary Dyer, of Ringwood, and Dr. Herbert Alfred Lawton, of Poole. Honorary Secretaries and Treasurers: Dr. Lush, of Weymouth, and Mr. Parkinson, of Wimborne.

New Members.: Mr. Thomas Reuel Atkinson, of Sherborne; Mr. William Arthur Rudd, M.B., of the Dorset County Asylum; and Mr. William Scott Tebb, M.B., of Bournemouth, were elected members of the Branch.

Next Meeting.—It was resolved that the May meeting should be held at the Dorset County Asylum on the invitation of the President-elect.

British Medical Benevolent Fund.—A donation of five guineas was granted to the British Medical Benevolent Fund.

Discussion.—A discussion on Common Affections of the Cornea was opened by Dr. CARTER, and taken part in by Dr. LAWRIE, Dr. MOORHEAD, Dr. CHILDS, Dr. SNOW, and Mr. GRAHAM.

Communications.—The following communications were presented: Mr. WYKE-SMITH: Case of Excision of the Knee-joint. Patient shown.—Dr. LUSH: Case of Infective Endocarditis. Post-mortem specimens exhibited.—Dr. LAWRIE: Case of Polypus of the Uterus. Case of Ovariotomy with Complications.

Votes of Thanks.—A vote of thanks was accorded to the Bournemouth Medical Society for their hospitality in entertaining the members of the Branch at luncheon at the last meeting, and was acknowledged by Dr. W. V. SNOW and Mr. T. W. BLAKE. A vote of thanks was accorded to the guardians of the Wimborne Union for the use of their Board room.

Dinner.—The members and visitors dined together at the King's Head Hotel.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.—The first ordinary meeting for the session was held in the Library of the Medical Institute, Birmingham, on October 8th, Dr. THOMAS SAVAGE, President, in the chair. There were thirty-seven members present.

New Members.—The minutes of the previous ordinary meeting having been read, confirmed, and signed, Mr. John Grant, L.R.C.P., L.R.C.S.Ed., Wolverhampton, and Mr. Jno. T. West, L.S.A.Lond., Coventry, were elected members of the Branch.

Case.—Mr. EALES showed a young man suffering from a Chronic Affection of the Eyebrows, which had existed for many years, and had proved obstinate to treatment. The disease was chiefly characterised by the presence of large, thick, scabby masses strictly limited to the eyebrows. Another member of the family had had a somewhat similar affection.

Specimens.—Mr. JORDAN LLOYD showed a Multinodular Myoma removed from a woman, 41 years of age, by abdominal hysterectomy. It weighed between 7 and 8 pounds, had been noticed for seven months only, was growing very rapidly, and had given rise to moderate menorrhagia. The patient was making a satisfactory recovery. Mr. Lloyd also showed Two Ovarian Cystomata successfully removed from a patient, aged 67. The tumour of the right side was as large as an adult head, was covered with omental adhesions, and was buried in the layers of the broad ligament. Its removal was extremely difficult, but was accomplished partly by enucleation and partly by ligature of an artificially formed pedicle. The left cystoma was removed without difficulty.

Papers.—Dr. SUCKLING read a paper on Giddiness, in which he dealt with the causation, diagnosis, and treatment of the various forms of the malady. Dr. STACEY-WILSON, Dr. B. F. JORDAN, Mr. MARSH, and the PRESIDENT took part in the discussion; and Dr. SUCKLING replied.—Mr. F. F. WHITE (Coventry) read a paper on Bone Formation in the Skin. He related a case which had come under his care, and exhibited several specimens of bony plates removed by operation. In the discussion which followed, the PRESIDENT, Mr. JORDAN LLOYD, Dr. STACEY-WILSON took part; and Mr. WHITE replied.

WEST SOMERSET BRANCH.

THE autumnal meeting of this Branch was held at the Railway Hotel, Taunton, on October 15th; Mr. CHARLES RANDOLPH, President, in the chair. Ten members attended.

New Member.—Mr. A. W. C. Peskett, Burnham (already a member of the Association), was elected a member of the Branch.

Communications.—The following communications were made: Mr. FLOWER (Yeovil): Notes of a case of Hæmoglobinuria.—Mr. HUNT (Yeovil): A case of Abnormal High and Low Temperature.

Antipyretics.—A discussion on antipyretics was opened by Dr. MEAD (Bishop's Lydeard). After referring in some detail to the various modern theories on the production, regulation, and loss of heat, he proceeded to deal directly with antipyretic measures, classifying them under two heads—those which checked heat production, and those which favoured heat discharge—remarking that some possessed both properties in different proportions. The antipyrin group of compounds was then dealt with at some length, their indications and contraindications being discussed under different conditions of pyrexia and hyperpyrexia. From these he passed to the salicylic compounds, remarking on their great value in some conditions as specifics as well as antipyretics, and mentioning their occasional failure in the hyperpyrexia of acute rheumatism. He next reviewed the cinchona group, with especial reference to the large doses given in Continental practice. He then discussed at length the great thermolytic agent—the application of cold. The various modes of application, indications for and dangers of its use, were then dealt with at length: and Kibbee's fever cot was fully described. The antipyretic treatment of acute pneumonia was then discussed, with remarks on the usually unsatisfactory action of antipyretic drugs in this disease, and on the great value of cold applications, to the condemnation of the once universal poultice treatment. In conclusion he dwelt on the point that pyrexia did not consist of simply heightened temperature, but of that *plus* increased metabolism. He added that, in considering the tissue destruction produced, the destruction produced by the specific virus of the fever must also be considered. He said there was no specific and at the same time antipyretic of universal application, but there were some very valuable specifics and antipyretics, and some means—antipyretic simply—of fairly universal application.

SPECIAL CORRESPONDENCE.

BERLIN.

Virchow's Seventieth Birthday.—*The University of Berlin.*—*Honours for Professor von Helmholtz.*—*Workmen's Dwellings.*

AMONG the most valuable literary gifts to Professor Virchow on his 70th birthday were two collections of hitherto unpublished scientific researches and essays. The first collection was the work of Virchow's former and present assistants. Professor O. Liebreich presented the volume—a handsome quarto containing contributions by Hoppe-Seyler, v. Recklinghausen, Klebs, O. Liebreich, M. Roth, Salkowski, J. Orth, Jürgens, Grawitz, O. Israel, Langhans, and David Hausemann. The other collection is in the shape of three goodly volumes. Amongst the authors of the fifty-four papers are: Sir Joseph Lister, Sir James Paget, Horsley, Semon, Pio Foà, Bizzozero, Sangalli, Marchisava, Celli, Popoff, Ivanowsky, Wood, Jacoby, Bouchard, Metschnikoff, Miura, Stockvis, Retzius, Ackermann, Gerhardt, Leyden, Nothnagel, Rindfleisch, Senator, v. Ziemsen, Ziegler, and Hans Virchow.

Professor Foerster, the astronomer, has entered upon his duties as Rector of the University of Berlin. There was the usual ceremonial, followed by an address by the new Rector on the Position of Astronomy in University Studies. Geheimrath Schultz has left the University a legacy for the foundation of a natural science scholarship; and a legacy has been left the Medical School by Medizinalrath Lippert, of Nice, for an annual prize essay on the etiology and therapeutics of a special disease, belonging either to brain diseases, spinal affections, affections of the sympathetic nerve, epilepsy, diabetes, constitutional syphilis, diseases of the bladder or prostate, or kindred diseases.

The Emperor has conferred on Professor von Helmholtz the title of "Wirklicher Geheimer Rath" and "Excellency." The distinction was announced to Helmholtz by a telegram from the Emperor, in which he says: "Your whole life has been given to the service of humanity, for whose benefit you have made a great number of glorious discoveries. Your mind, always directed to the purest and highest ideals, in its high flight left politics and party strife far behind. I and my people are proud to call so distinguished a man ours. I have chosen the birthday of my dearly-beloved and never-forgotten father for this mark of appreciation, knowing well how highly he valued you, and how devoted a friend and subject you were to him. May God long preserve your life for the good of Germany and the entire world." The sentence in which the Emperor praises Helmholtz for having kept aloof from politics is being much commented on, and is certainly not without a meaning of its own, coming as it does just after the Virchow festivities.

A model workman's dwelling—sanitary, cheap, and less hideous than workmen's dwellings usually are—has been erected in one of the principal Berlin thoroughfares by a building society. On October 19th the Emperor visited the model dwelling, examined each detail with the greatest care and attention, and ordered two houses on exactly the same plan to be built for him for *protégés* of his own.

LIVERPOOL.

Medical Institution: Opening of the Session.—Death under Chloroform.

THE opening meeting of the session of the Medical Institution took place on October 8th, when the President, Mr. W. Mitchell Banks, delivered an inaugural address, setting forth the duty of cultivating a taste for sound literature and the pleasure to be derived from good books. After this Mr. Newton explained his extensive collection of caricatures, extending back 150 years, which was exhibited in the rooms of the institution. There was a large attendance of members, and an agreeable social evening was spent.

A death lately took place during the administration of chloroform at the Royal Infirmary. The patient, a stout woman, aged 42, was brought to the institution with a dislocation of the shoulder, which she stated was of only a week's standing, but which it was afterwards ascertained had been

that rags may retain infection for a long period. The microbes of the disease seemed in this instance to have remained dormant for a long period, and then, under some favourable conditions to which they were exposed, awakened into new life and activity.

DRAINAGE OF SOUTHEND-ON-SEA.

MR. WILLIAM GREGSON (Clerk to the Southend Local Board) writes: My attention has only to-day been called to a paragraph in the BRITISH MEDICAL JOURNAL of October 10th, under the above heading, which is so incorrect as to lead me to suspect some malice.

It was not proposed to discharge the sewage about 200 yards from the shore. The distance of the proposed outfall from the shore was upwards of 1,500 yards. It was not proposed to place it on the eastern side of the town; the outfall was proposed west of the pier. Dr. Thresh has never investigated or reported on this matter. The only matter he has investigated is an outbreak of typhoid fever in 1890. His report thereon was not suppressed, but was printed and 100 copies supplied to all comers, including yourself. (See your remarks thereon in the BRITISH MEDICAL JOURNAL of January 24th, 1891.) The omission to call the medical officer of health at the recent inquiry was solely due to his serious illness and consequent absence from Southend.

I will not discuss the question whether the spot proposed for the outfall was or was not ill-chosen, but I should remark that your paragraph omits all reference to the fact, stated at the inquiry, that it was so chosen on the advice of Mr. Mansergh, C.E.

DISINFECTION.

MR. W. H. WHITEWAY WILKINSON, F.R.C.S.E., writes: I would draw attention to a point in disinfection which I fancy has been overlooked. In a chamber where the patient has been suffering from an acutely infectious disease, say scarlet fever or diphtheria, as soon as the case has terminated it is customary to fumigate—strip off old paper, if any, and whitewash, wash the paint and floor with carbolised water and soap—but between the floor, the bottom side of which is often unplaned and rough, and the ceiling of the room below, is a large space at least of the depth of the joists; and it has occurred to me that to take up a piece of flooring at each end of the room and fumigate under the floor, would be the best way to annihilate any lurking atmospheric poison.

THE SANITARY INSTITUTE.

At a meeting of Council, held on Wednesday, October 10th, Sir Douglas Galton, K.C.B., F.R.S., in the chair, Dr. George Reid, Medical Officer of Health Stafford County Council, was duly elected Fellow; nine Members and seven associates were also elected. Forty-two applications for membership and associateship were read.

INCREASE OF SALARY.

THE salary of Mr. H. G. Ashwell, L.R.C.P., M.R.C.S., Medical Officer of the Nottingham Workhouse and Union School, has been increased to £250 per annum.

BACK-TO-BACK HOUSES.

THE Keighley Corporation have, we understand, in a recent local Act, obtained the insertion of a clause prohibiting the erection of back-to-back houses in the borough.

SANITATION OF ST. BARTHOLOMEW'S HOSPITAL.

DR. SEDGWICK SAUNDERS, Medical Officer of Health for the City, in reporting at a meeting of the City Commission of Sewers upon the plans submitted for the improvement of the drainage at St. Bartholomew's Hospital, spoke with satisfaction of the proposal to divide the drainage system into three sections, as suggested by him. It was proposed to remove all the old brick sewers and to fill in and make good the cavities, and this was a matter which should be especially insisted upon. Colonel Haywood, the engineer, also reported on the plans, and stated that with the modifications which the hospital authorities were prepared to carry out at his suggestion a perfectly satisfactory system of drainage of the hospital would be provided. The Commission approved the plans and requested the engineer to see that the modifications he proposed were carried out.

A VIGOROUS HEALTH OFFICER.

DR. J. FOURNESS-BRICE (Oxton, Cheshire) writes: The enclosed extract from a letter which I have just received from a well-known medical officer of health in a northern city may prove interesting to some of your readers who have to tread the thorny path beset by "health committees" and the like:—

"The small-pox is extinct. Did I tell you that I took all the people out of the house where it had appeared? After ten days' interval from my taking the first case up to hospital, another inmate of the house complained one morning of headache. I sent him up to a corrugated iron appendix to the hospital which I had put up during the epidemic three years ago. Next day he had numerous papules with umbilication in the centre. I moved him into the hospital proper, and then sent all the people who lived in the infected house into the iron appendix in quarantine. Two days elapsed, and then another of the suspects showed symptoms. No more cases. I kept them all in until yesterday, which made sixteen days from the last case, when I told them to depart in peace. I did not call my committee together, although they said that I ought to have done so. Acting on my own responsibility, I told the people that they should have their wages paid, and yesterday I sent them to the city accountant with a written request to pay them their wages for the time that they had been in my fostering care. I saw that the house was thoroughly disinfected, lime-washed, etc., and kept the key myself, seeing that all the windows were left open. I gave an order on the accountant to pay the bill—over £2 10s.—for the cleaning of the house, and then faced my committee at the regular meeting. Not a word was said in any way!"

Had Dr. Vacher taken Mr. Bumble by the beard in a similar fashion we should not be bewailing the loss of his most valuable services.

ENTERIC FEVER AND TEES WATER.

APROPOS of the recent epidemic of enteric fever in districts supplied with water from the Tees, a memorandum has been issued by Mr. Wilson, engineer to the Stockton and Middlesbrough Water Board, in which he gives an analysis of the incidence of mortality from this disease in the various portions of the Guisborough Registration District during the last ten years. His figures, which are no doubt correct, indicate that Coatham and Warrenby, the only places in the district supplied by the Board, have had an annual average mortality from enteric fever of only 0.17 per 1,000, that of the whole district being 0.29. If Mr. Wilson's object was to show that this essentially preventable disease has been unduly prevalent, quite apart from the use of Tees water, he has certainly succeeded, but his figures do not touch the more immediate question whether the outbreak which occurred at Coatham and Warrenby at a certain specified time was due to the use of Tees water. Indirectly they lend support to the view that some new and special cause (such as water infection) must have been at work, since the locality selected for attack on this occasion is shown to be so singularly free from the conditions which led to high enteric mortality in the rest of the district. But Mr. Wilson points out that the Coatham and Warrenby cases were of mild and non-fatal type, of which mortality returns can give only slight indication, and it may be that the apparent exemption of these villages from enteric fever is due merely to the fact that his statistics deal only with fatal cases. That the Tees water was the actual cause of a widespread and explosive outbreak of enteric fever has been conclusively established by Dr. Barry's investigations.

DIPHTHERIA AT STAPLETON.

In the village of Stapleton, near Bristol, five cases of diphtheria occurred almost simultaneously last month, and three of them proved fatal. The outbreak was reported to the medical officer of health, Dr. Brown, who upon investigation found that the sufferers had a common point in the village school, the drainage and latrines of which were far from satisfactory. The school was at once closed until such time as the defects could be remedied, and this prompt action, coupled with isolation of the sick, has apparently sufficed to arrest the further spread of the disease, a result which is most satisfactory after such an ominous beginning. It illustrates one of the great advantages of the notification system. The medical officer is at once put in possession of the facts, and enabled speedily to detect and deal with common causes, such as schools or milk supplies.

SANITARY NOTES ON THE SHIP CANAL.

At a recent meeting of the North-Western Branch of the Association of Medical Officers of Health, Dr. Kenyon, of Chester, read some "Sanitary Notes on the Manchester Ship Canal." The conclusion at which he arrived, from observations made on the housing of the navvies and their families, was that with reasonable care, on practically new ground in the open country, it was practicable to house a large and well-fed industrious population and keep them free from infectious disease. The condition both of the navvies and of those who made a living by accessory industries, he said, offered a marked contrast to what is to be found in the slums. In the latter case it was not so much questions of drainage as the degraded character of the occupants of the houses which caused a high death-rate.

PARTNERS AND MAGISTRATES.

DR. A. P.—1. If the objection to the validity of the medical certificate given in the case mentioned was solely on the ground that Mr. P. was one of the justices specially appointed to act under the Lunacy Act, 1890, we do not find anything in that Act to invalidate the certificate given.

2. There does not appear to be anything to prevent Mr. G. signing the reception order where his partner certifies in the case of a pauper lunatic in the usual medical certificate.

MENTAL CASES IN PRIVATE CHARGE.

A MEMBER cannot legally keep mental cases under care and control unless they are under certificate, etc. Nor can he legally, to begin with, keep more than such case without also having a licence for his house. Nor can he, if his house is not already licensed, now obtain a licence for it under the new Act. If he is illegally detaining in his house any person of unsound mind, it is open to anyone to report the matter to the Commissioners with a view to prosecution; but we do not find in the Lunacy Acts any special provision for enabling the medical officer of health to obtain particulars.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

EXAMINERS FOR MEDICAL AND SURGICAL DEGREES.—The following examiners for medical and surgical degrees were appointed on Thursday, October 22nd: *Physic*: Professor J. J. Thomson, F.R.S.; Mr. Wilberforce, Trinity. *Chemistry*: Professor Liveing, F.R.S.; Mr. Pattison Muir, Caius. *Biology*: Mr. Sedgwick, F.R.S.; Mr. Shipley, Christ's. *Pharmaceutical Chemistry*: Mr. Neville, Sidney, Mr. Acton, St. John's. *Human Anatomy*: Professor Macalister, F.R.S.; and Dr. Arthur Thomson, Oxford. *Physiology*: Dr. Shore, St. John's. *Assessor to the Regius Professor of Physic*: Dr. D. Mac Alister, St. John's.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE annual Calendar has just been published; it contains the names of 1,111 Fellows of the College, of whom 798 obtained the Fellowship by examination, 15 were elected as Members of twenty years' standing, and 2 ad-

cundem. It also contains the names of 16,622 Members and 737 Licentiates in Midwifery. The Licentiates in Dental Surgery are stated to number 745. Holders of the diploma in Public Health (granted by the Royal Colleges of Physicians and Surgeons) number 86.

The receipts from all sources during the collegiate year amounted to £36,953 4s. 3d., the largest receipt being from fees for the diplomas of the College—namely, £19,393 17s. 6d. Receipts from house property and investments, £6,807 7s. 3d.; from trust funds, £252 2s.

The expenditure for the year amounted to £36,855 5s. 9d., leaving a balance of £97 18s. 6d., the largest item being for extension to College premises, £9,428 11s. 1d.; the next largest item being for fees to examiners, £8,576 1s. £709 10s. 11d. has been expended on the purchase of books, etc., for library.

UNIVERSITY OF EDINBURGH.

Second Professional Examination.—A special sederunt of the Examiners for the second professional examination for the Degrees of M.B. and C.M. was held recently, and the following gentlemen have passed: G. J. Auburn, A. H. Buchan, R. B. Campbell, N. C. Das, J. C. Dunn, S. Evans, G. F. Hume, J. L. I. Moore, S. Glanville-Morris, D. G. Newton, J. Phyn, J. D. Pollock, W. H. Pritchard, L. N. Robinson, W. R. Smith, B.Sc., and J. G. Williamson. Mr. H. Grey has passed in the subjects of Anatomy and Institutes of Medicine.

Graduation Ceremonial.—A graduation ceremonial for those who passed the recent special examinations for the degrees of M.B. and C.M., was held on October 11th, in the Natural History Class-room, in the presence of a large number of the friends of the graduates. The following forty-eight gentlemen were presented to the Vice-Chancellor by the Dean of the Faculty of Medicine, and had the degree formally conferred upon them: F. T. Auden, England; F. R. K. Ball, England; T. W. Banks, Scotland; E. A. Braithwaite, England; S. B. J. Bulteel, England; P. G. Van der Byl, Cape Colony; G. C. Cathcart, M.A., Scotland; J. A. H. Duncan, Scotland; H. C. Evison, England; R. S. Ferguson, B.A., England; S. B. Figgis, England; F. D. Fisher, England; G. Fleming, Scotland; J. W. Forbes, Scotland; F. W. Foxcroft, England; D. C. Gardiner, Australia; H. C. Garth, England; W. F. Godber, India; C. J. Gomes, Demerara; G. T. Gould, Scotland; E. B. Gwynn, England; H. P. Hannay, England; W. B. Harry, Wales; M. K. Khan, India; H. B. Knox, Port au Prince; W. L. Legg, England; A. M. McLeod, Scotland; D. McNeil, Scotland; A. K. Melville, Scotland; C. A. Morgan, Wales; H. B. T. Morgan, Wales; D. S. Morrison, M.A., Scotland; E. R. Parry, India; S. P. Peart, India; J. L. Reed, Australia; S. Riseley, England; A. F. Rosa, Scotland; J. Sharp, Scotland; W. J. J. Stewart, Scotland; F. A. Synons, Canada; F. M. Thomas, Wales; A. G. Thompson, England; J. M. Thompson, Scotland; J. T. Thyne, Scotland; H. Tibbits, England; F. R. Turbon, England; J. C. Whyte, Scotland; E. S. Yonge, England. The same degrees were also conferred on D. Campbell, Scotland, and on A. O. Schorn, Germany, *in absentia*.

Meeting of General Council.—Important business will come up for transaction at the statutory meeting of the General Council of the University, which falls to be held on Friday, October 30th, at 3 p.m. First assessors in the University Court have to be elected. The regulations for this election have just been issued by the Commissioners under the Universities (Scotland) Act, 1889. Secondly, the council has to proceed to the election of a Chancellor to the University in place of the late Lord President Inglis. The Right Hon. A. J. Balfour, the newly-appointed First Lord of the Treasury, is to be proposed. Several other names have been mentioned, and the feeling in favour of the appointment on absolutely non-political lines is growing. In the event of more than one candidate being proposed a poll may be demanded, and this is taken by voting papers issued to all the members of council by the Registrar.

UNIVERSITY OF GLASGOW.

REGULATIONS FOR DEGREES IN MEDICINE.

THE Business Committee of the Glasgow University General Council have drawn up a most careful and elaborate report on the Draft Ordinance of the Universities Commission relating to degrees in Medicine. This report will come up for consideration at the statutory meeting of the General Council on October 28th. The following are the chief amendments on the ordinance proposed by the Committee:—

The Number and Names of Degrees.

I. As to degrees and diplomas, they agree that four degrees in Medicine should be conferred: Bachelor and Doctor of Medicine (M.B. and M.D.), Bachelor and Master of Surgery; but suggest that instead of the initials for surgery being Ch.B. and Ch.M., they should be B.S. and M.S., which are better understood by the public. They also agree with the Commissioners that the University should have power to confer diplomas in special branches of Medicine and Surgery, but on any one holding a medical and surgical qualification, that is, not restricting them, as the draft ordinance proposes, to graduates of the University.

Preliminary Examination.

II. On the question of preliminary examination, the Committee propose that there should not be a special preliminary examination for medical students, but that medical students should be required to pass the same entrance or preliminary examination, namely, that prescribed by the Regulations for Degrees in Arts. This would undoubtedly have the effect of raising the standard of general education of the medical student.

The Proposed Curriculum.

III. Clause VII, dealing with professional education, contains thirteen subclauses. It indicates the general curriculum of the student of medicine, the classes he must take, the amount of hospital attendance, and the time to be devoted to the work of the dispensary, to practical midwifery, and to other practical subjects. He is also to be encouraged to

attend courses of instruction on certain subjects that are regarded as additional to the ordinary medical curriculum. The curriculum before a student of medicine according to this scheme is thus summed up by the Committee:—

1. Courses of instruction in sixteen subjects specified in Subclause 3. These are Anatomy, Practical Anatomy, Chemistry, Materia Medica, Physiology, Practice of Medicine, Surgery, Midwifery, General Pathology (in five or six months' courses), Practical Chemistry, Physics, Botany, Zoology, Practical Physiology and Pathology, Medical Jurisprudence and Public Health (during three months' courses), but as four of these are classes of a practical character following one course in each case of systematic lectures, the course of instruction on distinct subjects may be taken as twelve in number.

2. In addition to these twelve subjects, the following courses must be taken: Three years' attendance in a hospital; nine months of clinical surgery; nine months of clinical medicine; one course of mental diseases; one course of practical pharmacy; six months of dispensary work; three months' attendance at a lying-in hospital; one course of instruction in vaccination; one course of instruction in fever diseases; one course of instruction in diseases of children; one course of instruction in ophthalmology.

The student will thus have to attend, as a minimum, seventeen courses of lectures, and, in addition, to take out at least six courses of practical instruction, not to speak of attendance at hospital, dispensary, and lying-in hospital. Of the seventeen courses of lectures, at least eight will be of five months' duration, or, say, 100 lectures each. The remaining nine courses and the six practical courses will be of three months' duration, or, say, 50 lectures each. The total lectures (or meetings of the class), therefore will be, on this computation:—

Systematic lectures, eight winter courses of 100 each	...	...	800
", nine summer courses of 50 each	...	...	450
Practical courses, six of 50 meetings	...	...	300
Clinical lectures, eighteen months, including about	...	...	150

1,700

As certain of the shorter courses, such as those on vaccination, mental diseases, ophthalmology, etc., may not consist of as many as 50 lectures, we may deduct

100

Leaving ... 1,600

This amount of work represents the minimum required of a student of medicine. As a matter of fact, he will find it necessary to take out extra classes, either practical classes or additional courses of systematic lectures, as experience has shown the student that attendance on the minimum number of subjects specified in the Calendar will not prepare him sufficiently for the degree examinations. We may safely put it, then, that a medical student will be obliged to attend during his curriculum something like 2,200 lectures or demonstrations. But this attendance, it may be urged, is spread over five years, according to the provisions of this ordinance. Practically, however, all the classes must be taken in four years, as the fifth year is to be devoted to clinical work. This gives, then, 550 lectures or demonstrations per annum, or something like four courses of 100 in each winter session and four courses of 50 in each summer session.

In framing this ordinance the Commissioners had an opportunity of making a new departure, but they have substantially adhered to the old lines and added considerably to the labour of the already overworked medical student.

Alternative Schemes. I. Individual Option.

It has been suggested by one of the Committee that the difficulty might be met by giving the student a certain amount of option in the selection of subjects, so far as attendance on lectures is concerned. But a student may not be the best judge of the requirements of a medical education. It is evident, the report continues, that attendance on courses of instruction on certain subjects is absolutely necessary, while no doubt attendance on lectures on other subjects might be dispensed with: but, on the whole, it must also be admitted that the more thoroughly a man is trained for his profession the greater will be his chance of success in after-life, and no one would say that any of the subjects in the list supplied by the Commissioners is quite unnecessary. On the contrary, it may be pointed out that certain subjects are absent from this list which are as necessary for the efficient training of a medical man as some of those that find a place in it. Such subjects, for example, are public health, otology, laryngology, and bacteriology.

II. Amalgamation of Systematic and Practical Classes.

Another method suggested is to abolish the distinction between so-called systematic and practical classes, and to define the length of time allotted to each subject, leaving it to the teacher (with the sanction of University authorities) to apportion the time at his disposal to systematic lectures and practical instruction as he thinks desirable. As already explained, matters have reached their present state by an evolutionary process. Practical instruction, from small beginnings, has come to be all-important, but the old plan of long systematic courses still holds its ground. Admitting that a certain amount of time should be given to a systematic treatment of a subject, more especially as regards its historical aspect and its relation to other subjects, there can be no doubt that much time is lost and much energy unnecessarily expended in going over details that the student finds in every textbook. This remark applies to nearly all the subjects in the medical curriculum. Such a change would necessarily alter the plan of teaching of many of the present incumbents of medical chairs, but after a period of transition it would, the Committee believe, make the work lighter and more congenial than it is at present when time is so fully occupied with teaching as to leave little leisure for research. Applying this principle, the time allotted to various subjects might be as follows:—

	Meetings.	Meetings.
Anatomy, systematic	...	100
Anatomy, demonstrations and	...	100
dissections	18 months	Physiology, systematic and practical
Chemistry in its medical aspects	...	100
systematic and practical	100	Practice of medicine

Surgery	...	...	100	Medical jurisprudence	...	50
Operative surgery	...	...	20	Mental diseases	...	30
Midwifery	...	...	50	Public health	...	20
Gynaecology	...	...	30	Fever	...	20
Diseases of children	...	...	20	Ophthalmology	...	30
Pathology, systematic and practical	...	100	Otology	...	...	20
Physics	...	...	50	Bacteriology	...	10
Botany, systematic and practical	...	75	Laryngology and Rhinology	...	15	
Zoology, systematic and practical	75	Vaccination	...	...	5	

1 Or such reasonable time as shall have enabled the student to dissect the human body at least once.

This would give about 1,200 meetings, to which we may add 50 clinical lectures on medicine and 50 clinical lectures on surgery (although the Committee think that clinical lectures should be given as seldom as possible), or about 1,300 meetings during the medical curriculum as against over 2,000 by the method contemplated in this ordinance. Such a scheme would secure that all the subjects receive a fair amount of attention, and much more time would be allowed to the student for work in the dissecting room, or in any of the laboratories in addition to ordinary class work, or in the hospital wards. At present a student only gives a minimum of attendance anywhere except when it is compulsory.

If the Commissioners see their way, in reconsidering the ordinances, to develop the scheme above indicated, the Committee are of opinion that it should be carried out on the understanding that a higher fee should be fixed, say £5 5s., for all classes in which part of the instruction consisted of such an amount of laboratory work as would be determined by the Professor, subject to the approval of the Faculty of Medicine and University Court. Practical instruction is more difficult to carry out effectively than a course of systematic lectures. It requires much more time, appliances, and energy on the teacher's part. On the other hand, it is more valuable to the student, and it should be rated at a higher figure in fixing the fees.

Proposed Amendments of Draft Ordinances.

In the event, however, of the Commissioners declining to entertain the alternative scheme above suggested, the Committee propose a number of amendments on the draft ordinances, the chief of which are (1) the limitation of the larger courses to five, instead of six months; (2) the provision that the professors, lecturers and recognised teachers shall submit a scheme at the beginning of each alternate winter session to the University Court, specifying what proportion of the courses shall be devoted to lectures, practical demonstrations, examinations and tutorial work respectively; (3) cutting out the provisions that makes it compulsory for a clinical teacher to give, besides bedside instruction, two clinical lectures a week; (4) reduction of the period of practical dispensing, required in place of the fifty hours' instruction in a class of practical *materia medica*, from two years to three months; (5) the addition to the list of special subjects to be studied of diseases of the ear, throat, and nose, bacteriology and public health.

Extramural Teaching.

IV. Under consideration of Clause VIII., referring to the places and institutions at which the studies of candidates may be prosecuted, the Committee give their views on the vexed question of extramural teaching. Their observations are as follows:

This clause regulates the recognition, for graduation purposes, of courses of lectures at other universities or schools of medicine and of lectures delivered by teachers who have usually been described as extramural teachers. The principle of extramural teaching, as applied to graduation in medicine, has for many years been carried into practice. The regulations presently in force, with a curriculum of four years, are as follows:

"One year's attendance on the lecturers or teachers of medicine in the hospital schools of London, or in the school of the College of Surgeons in Dublin, may be reckoned as one of such four years; and to that extent shall be held as attendance on courses of lectures as above prescribed. Attendance on the lectures of any private teacher or teachers of medicine whose lectures have, by regulation of the University Court, with consent of the Chancellor of the University, been recognised for the purpose of graduation in the University, may be reckoned in place of the year's attendance last above mentioned, or as part thereof, as the case may be. Candidates may, to the extent of four of the departments of medical study enumerated in 'required courses of instruction,' attend in such year or years of their medical and surgical studies as may be most convenient to them, the lectures of the teachers of medicine specified in the two immediately preceding paragraphs."

According to the list of "required courses of instruction," we find there are twelve such courses, and thus a candidate can at present take four courses, or one-third of the curriculum, with recognised teachers. At present, also, with a curriculum of four years, one must be taken in the University of Glasgow; another of such four years must be taken either "in the University of Glasgow, or in some other University entitled to give the degree of Doctor of Medicine;" one may be made up, along with a six months' course of practical anatomy, "by attendance during at least six winter months in the medical or surgical practice of a general hospital which accommodates at least eighty patients;" and a fourth may be taken in London or Dublin schools of medicine, or with private teachers as above defined.

It is now proposed that two years of the five be spent in the University of Glasgow and that the other three be taken at other universities and medical schools, or under teachers recognised by the University Court. Another proviso is that not less than one-half of the sixteen subjects specified in Clause VII., sub-clause 3., shall be taken in the University of Glasgow, or in another university, or in a college incorporated with or affiliated to a university entitled to confer the degree of Doctor of Medicine. As a year of medical study, an *annus medici* (as defined in Sect. VII., subsect. 2), consists of two courses of one hundred lectures each or one course of one hundred lectures and two courses of fifty lectures each, it follows that to make up two *annis medici* at the University of Glasgow, a student would require to take, say, four courses of one

hundred lectures each. This would leave twelve courses which he might take in other universities or in schools affiliated to universities. If, however, the student chose to remain in Glasgow, then he must take eight classes under professors in the University, and only eight classes would remain to the extramural teachers. These teachers in Glasgow are thus manifestly at a disadvantage compared with the teachers in other universities or medical schools, although they are presumably more under the control of the University than those at a distance.

The Committee would also point out that, if a candidate had taken a degree in Arts or Science at another university, after a course of study and an examination in Physics, Chemistry (including Practical Chemistry), Botany, and Zoology, and thus, in accordance with Clause VII., subsection 2 (p. 9), was "held to have completed the first of the five years of medical study," thus escaping attendance on five of the sixteen courses enumerated in Clause VII., subsection 3 (p. 9), these five classes would count as having been taken in another university. Eleven would remain: from this deduct four required to constitute two *annis medici* under professors at the University of Glasgow, and thus only seven out of the total sixteen would remain for the extramural teachers.

After considering the whole question fully, the Committee are of opinion that it would be a simpler method to allow a student to select his classes subject only to the restrictions imposed by subclauses 1 and 2. These latter clauses state that a candidate must take two of the five years at the University of Glasgow, while he may take the other three years elsewhere. As Section VII., subsection 2, defines what is meant by a year, a candidate, as a minimum, might take four courses of 100 lectures, or two courses of 100 lectures, and four courses of 50 lectures, at the University of Glasgow, spreading these courses over a period of two years. He should then be at liberty to complete his curriculum in accordance with Clause VIII., subsection 2. As a matter of fact, it is very unlikely that any student would take so few as four courses in the University of Glasgow, as he would find it impossible to get the other twelve courses into three years. This arrangement has the merit of being simple and easily understood, while that of the Commissioners is complicated and perpetuates the irritating discussion of how many courses may be taken with professorial and how many with non-professorial teachers.

The Committee also propose that extramural teachers be brought more directly under the authority of the University Court by granting to the Court similar powers over recognised teachers to those it has over professors in the University.

The Number of Examinations.

V. As regards examinations, the Commissioners propose five professional examinations, of which the second is in Pharmacognosy and Pharmacy, while *Materia Medica*, Pharmacology, and Therapeutics come into the fourth. The Committee suggest omitting altogether the second, and so reducing the number to four. They also propose to give the Senate power, with the consent of the University Court, to admit to a special examination in one subject a candidate who had failed to pass in that subject alone at the preceding final examination, provided such special examination does not take place sooner than three months after the date of failure to pass in the one subject. Further to aid the student the Committee desire that, in the case of a group of unrelated subjects, as those of the first division (Botany, Zoology, Physics, and Chemistry), candidates shall be allowed to present themselves for examination in all or any of the subjects after attendance on the full course of instruction required. They also wish candidates for M.D. to pass an extra examination in Medical Anatomy, Physiology, and Pathology in relation to Medicine, as well as in Clinical Medicine.

PASS LISTS.

The following gentlemen have passed the first professional examination for the degrees of Bachelor of Medicine (M.B.) and Master of Surgery (C.M.):—R. Aitkenhead, T. Angus, T. W. Bayne, T. Black, P. S. Buchanan, T. Campbell, J. Clark, A. Cochran, J. A. Cook, A. W. Cunningham, H. B. Currie, R. K. Currie, M. Dunning, D. Erskine, W. Faulds, D. Ferguson, T. J. Forbes, J. L. Forrest, J. Forrester, A. F. Galloway, J. F. Gemmill, M.A.; A. Girvan, D. Glen, W. Grove, A. F. W. Gunn, J. Guy, T. H. Hay, F. R. Hill, G. Hodge, R. Howie, J. Hunter, W. K. Hutton, M.A.; W. H. Lang, A. Lawton, D. Ligat, J. D. Louttit, C. H. Lumsden, J. Mair, J. H. Martin, M.A.; J. C. Matheson, J. Menzies, W. D. Miller, R. Morton, G. Mowat, J. Murray, J. M'Cash, W. M'Cormick, A. M'P. M'Intosh, F. M'Kenna, D. Maclean, A. N. M'Lellan, A. MacLennan, M. N. Macleod, A. Macphail, C. Nairn, H. S. B. Nisbet, J. Orr, H. A. Pattullo, W. A. Pride, J. Rankin, J. Reid, H. Riddell, J. C. Robertson, M.A.; J. Stewart, H. W. Thomson, E. F. D. Walker, H. K. Wallace, M. Watson, W. Watson, H. Whitchouse, and R. H. Winter.

The following gentlemen have passed the second professional examination:—J. E. Adam, W. T. Ainsworth, R. Y. Aitken, T. Armstrong, W. Blair, R. Boyd, J. P. Brown, M.A.; A. J. Brownlee, R. Bruce, A. Cameron, H. B. Causley, V. E. Chang, J. Clark, F. Dittmar, M.A.; A. Donald, J. Donald (Mount Vernon), J. Donald (Paisley), J. E. Downs, W. M. Duff, J. W. Findlay, A. Forrest, R. S. Frew, W. Fyfe, J. F. R. Gairdner, T. B. Gilchrist, R. Grieve, M.A., C. B. Harrison, A. G. Hay, M.A.; A. T. Hill, J. Hunter, M.A., B.Sc.; G. S. Illingworth, G. Innes, M.A.; W. Irwin, J. R. Jeffrey, E. M. Jenkins, W. L. Jones, T. Kay, J. Kennedy, A. J. Laird, J. F. Lees, R. R. Manners, C. S. Marshall, P. Marshall, A. Muir, P. M'Bryde, G. M'Callum, A. W. M'Clelland, D. MacDonald, J. M'Feat, W. A. Mackay, J. M'Kenna, J. M'Kie, T. M'Nay, B. S. Nicholson, A. C. Park, J. Patrick, M.A.; A. F. S. Pearcey, P. P. Petrie, M.A.; W. P. Porter, A. Rachman, A. Ramsay, A. Revie, A. S. Robertson, A. M. Robertson, J. B. Robertson, J. C. Robertson, S. K. Roy, J. Selkirk, M.A.; A. N. Sinclair, E. P. Sinclair, M. A. M. Sinclair, H. B. Smith, J. M. Smith, E. Sudgen, J. Thomas, P. Thomson, J. J. Urwin, F. H. Waddy, A. A. Warden, M.A.; J. L. Watson, T. B. Whitelaw, J. Y. Whyte, H. W. Williams, J. D. O. Wilson, H. R. Wolfe, T. M'K. Wotherspoon, A. G. Young.

The following gentlemen have passed the third professional examination:—(a) Including Pathology: W. H. M. Alexander, J. E. Bow, W. B.

Brodie, W. M. Brown, A. P. Campbell, D. B. Campbell, R. J. Carroll, J. Carslaw, M.A., J. S. Davies, M.A., W. W. Don, A. R. Ferguson, R. Guy, J. B. Hartley, E. Henderson, C. Hight, H. E. Jones, T. Kirkwood, M.A., T. D. Laird, H. Lawrie, H. C. Marr, J. Moffatt, J. D. R. Monroe, M.A., J. Morton, J. H. MacArthur, A. H. McCracken, J. McDonald, M.A., G. McFeat, M. Macniol, M.A., A. S. McPherson, W. M'Walter, R. E. Newton, J. Paterson, M.A., W. J. Richard, M.A., J. J. Robb, A. Robertson, M.A., J. A. Robertson, R. Taylor, J. H. Teacher, M.A., A. Wauchope, A. White, C. Wilson, W. S. Young. (b) Not including Pathology: P. Aitken, J. Anderson, C. J. Babes, J. J. Boyd, F. Brown, G. B. Buchanan, B.A. (Cantab.), J. W. M. Buick, W. Campbell, J. J. Carruthers, D. Charters, R. R. Coyle, J. Crawford, J. Cross, D. A. Dewar, A. S. Dick, W. Duncan, W. Fulton, H. N. Gardiner, F. Gracie, P. N. Grant, T. Hamilton, J. L. Howie, N. S. Jeffrey, G. L. Kerr, W. A. Kirkwood, R. A. E. Lowry, D. R. Miller, E. J. Morris, W. M'N. Muat, J. M'Kay, G. M'Lauchlan, P. C. Mackintosh, E. L. Pollonaise, R. Ramsey, L. A. Rowden, T. L. Shields, A. R. Smith, J. Smyth, C. Stewart, G. N. Turner, J. Whitehouse, T. Wright, A. A. Young, M.A., J. C. Young.

UNIVERSITY OF ABERDEEN.

APPOINTMENT OF EXAMINERS.—The University Court has appointed the following gentlemen to be examiners for the degrees of Surgery and Medicine: J. Galloway, M.B. London; R. J. Garden, M.D. Aberdeen; A. Hill, M.D., Birmingham; P. B. Smith, M.D. Aberdeen; G. N. Stewart, M.D. Cambridge; Professor Windle, M.D., Birmingham.

ROYAL UNIVERSITY OF IRELAND.

AUTUMN EXAMINATIONS IN THE FACULTY OF MEDICINE, 1891.
First Examination in Medicine.—The examiners have recommended that the following be adjudged to have passed this examination: J. P. Barry, Queen's College, Cork; A. Burns, Queen's College, Belfast; J. A. Clarke, Queen's College, Cork; J. Cowan, Queen's College, Belfast; J. Cremen, Queen's College, Cork; J. H. C. Daly, Queen's College, Galway; P. C. Geraghty, Queen's College, Galway; T. Hallissy, Queen's College, Cork; D. W. Hewett, Queen's College, Galway; T. Houston, Queen's College, Belfast; J. Huston, Queen's College, Belfast; T. Kelleher, Queen's College, Cork; F. J. P. McKeown, Queen's College, Cork; W. J. MacKeown, Queen's College, Cork; J. McLaughlin, University College, Dublin; J. McMahon, Queen's College, Belfast; R. Nevin, Queen's College, Belfast; H. J. F. Nugent, University College, Dublin; F. E. Shawe, Queen's College, Belfast; M. Sheehy, Queen's College, Cork; R. J. Smith, Queen's College, Cork; H. Turkeston, Queen's College, Galway; G. C. Welby, Queen's College, Cork; R. Wilbord, Queen's College, Belfast; R. J. Wood, Queen's College, Cork.

The following may present themselves for honours in the subjects opposite their names: A. Burns, Zoology and Chemistry; J. A. Clarke, Chemistry and Physics; J. Cremen, Zoology and Physics; P. C. Geraghty, Physics; T. Hallissy, Physics; D. W. Hewett, Physics; T. Houston, Botany, Zoology, and Physics; J. Huston, Chemistry; W. J. MacKeown, Physics; J. McLaughlin, Zoology; J. MacMahon, Physics; H. J. F. Nugent, Zoology; M. Sheehy, Chemistry; H. Turkeston, Physics.

Second Examination in Medicine.—The examiners have recommended that the undermentioned candidates should be adjudged to have passed this examination. Upper Pass Division: W. Canning, Queen's College, Belfast; *Jane S. Galletly, London School of Medicine for Women; *W. Hunter, Queen's College, Belfast; *P. K. Joyce, B.A., Queen's College, Galway; P. N. O'G. Lalor, Catholic University School of Medicine; *R. J. MacKeown, Queen's College, Belfast; *A. W. G. Spence, Queen's College, Belfast; *R. Watt, Queen's College, Belfast. (Those marked with an asterisk may present themselves for the further examination for honours.) Pass: J. C. Adams, Queen's College, Belfast; J. Alerne, Queen's College, Cork; D. E. Cantillon, Queen's College, Cork; W. J. Dargan, Catholic University School of Medicine; J. H. De Blaquiére, Carmichael College of Medicine and School of Physic, Trinity College, Dublin; Frances Gallagher, Catholic University School of Medicine; G. W. Griffiths, M.A., Royal College of Surgeons, Royal College of Science, and School of Physic, Trinity College, Dublin; Amelia G. Grogan, B.A., Royal College of Surgeons and Royal College of Science, Dublin; D. U. Hanly, Queen's College, Cork; W. Herron, Queen's College, Belfast; Edith B. Jocil, Royal College of Surgeons and Carmichael College, Dublin; T. J. W. A. Johnston, Queen's College, Belfast; F. McSwiney, B.A., Queen's College, Cork; S. M. Magowan, Queen's College, Belfast; J. Martin, Queen's College, Galway; J. Monaghan, Catholic University School of Medicine; H. C. Mooney, Carmichael College of Medicine; D. C. Moore, Queen's College, Belfast; W. J. Niblock, Queen's College, Belfast; W. B. Norcott, Queen's College, Cork; W. V. A. Raleigh, Carmichael College of Medicine; H. Reid, Queen's College, Belfast; J. Reid, Queen's College, Cork.

Third Examination in Medicine.—The examiners have recommended that the following be adjudged to have passed this examination: Upper Pass Division: W. Chancellor, B.A., Queen's College, Belfast; A. Fulton, B.A., Queen's College, Belfast; T. S. Kirk, B.A., Queen's College, Belfast; W. Lee, Queen's College, Belfast; R. A. Parkhill, Queen's College, Belfast; W. B. Robertson, Queen's College, Belfast; W. J. Woods, Queen's College, Belfast. All the above may present themselves for the further examination for honours. Pass Division: M. H. Aicken, Queen's College, Belfast; J. Ambrose, Queen's College, Cork; W. J. Arnold, B.A., Queen's College, Belfast; Catherine Arnott, London School of Medicine for Women and Royal Free Hospital; T. W. Atkinson, B.A., Queen's College, Belfast; J. Colville, B.A., Queen's College, Belfast; P. Dee, Queen's College, Cork; J. S. Dick, Queen's College, Belfast; W. D. Donnan, Queen's College, Belfast; I. J. Flynn, Catholic University School of Medicine; R. Irving, Queen's College, Belfast; J. B. Johnston, Queen's College, Belfast; H. M. Jones, King's College, London;

W. McMath, Queen's College, Cork; J. N. Macmullan, Queen's College, Belfast; J. McMullen, Queen's College, Belfast; Harriette R. Neill, Royal College of Surgeons, Dublin, and Queen's College, Belfast; J. E. O'Connor, School of Physic, Trinity College, Dublin, and Queen's College, Cork; M. V. O'Reilly, Catholic University School of Medicine; J. Patrick, Queen's College, Belfast; A. A. Peel, Queen's College, Belfast; W. A. Rountree, Queen's College, Cork; W. T. A. Scanlan, Queen's College, Cork; A. A. Stewart, Queen's College, Belfast; F. Whitaker, Catholic University School of Medicine.

Medical Degrees Examination.—The Examiners have recommended that the following be adjudged to have passed the qualifying examination. Upper Pass Division: *R. K. Brown, B.A., Queen's College, Belfast; G. S. Hart, Queen's College, Belfast; M. McCann, Queen's College, Belfast; *Katherine M. N. Maguire, Royal College of Surgeons, Dublin; *H. Morton, M.A., Queen's College, Belfast; *P. T. O'Sullivan, Queen's College, Cork; J. Priestley, B.A., Queen's College, Belfast; *W. C. Sullivan, Queen's College, Cork. Those marked with an asterisk may present themselves for the further examination for honours. Pass Division: J. Ambrose, Queen's College, Cork; P. Bennett, B.A., Catholic University School of Medicine; J. J. Bourke, M.A., Catholic University School of Medicine; D. J. Collins, Queen's College, Cork; M. J. B. Costello, Queen's College, Galway, and Catholic University School of Medicine; T. H. Donovan, Catholic University School of Medicine; R. Dudgeon, Queen's College, Belfast; F. J. Dunne, B.A., Catholic University School of Medicine and School of Physic, Trinity College, Dublin; G. W. Farley, Queen's College, Belfast; R. J. Gordon, M.A., Queen's College, Belfast; S. R. Haworth, Queen's College, Belfast; E. Hegan, Queen's College, Galway, and University of Edinburgh; H. T. Heron, B.A., Queen's College, Belfast; W. J. Hughes, Carmichael College of Medicine; J. Jamison, Queen's College, Belfast; D. A. Leahy, Queen's College, Cork; E. Montgomery, Queen's College, Belfast; T. J. Murphy, Queen's College, Cork; R. H. S. Torney, Royal College of Surgeons, Dublin; M. Twomey, Queen's College, Cork; L. Wheeler, Queen's College, Belfast, and Royal College of Surgeons, Dublin.

ROYAL COLLEGE OF PHYSICIANS IN IRELAND.

At the annual stated meeting of the College, held on October 19th, 1891, the following officers were elected for the ensuing year: President: J. Magee Finny, M.D.; Vice-President: A. W. Foot, M.D.; Censors: A. W. Foot, M.D., A. V. Macan, M.B., John Malony, F.R.C.P.I.; G. P. L'E. Nugent, M.D.; Additional Examiners to take the place of absent Censor: Medicine, Henry C. Tweedy, M.D.; Medical Jurisprudence and Hygiene, Joseph M. Redmond, M.D.; Midwifery, Andrew J. Horne, F.R.C.P.I.; Examiners for the Licence to Practise Midwifery: William Josiah Smyly, M.D., Andrew J. Horne, F.R.C.P.I.; College of Physicians' Examiners, under the Conjoint Scheme with the R.C.S.I. (not including Censors who also examine at the 4th Prof.); Chemistry and Physics, Henry T. Bewley, M.D., and Edwin Lappé, F.R.C.P.I.; Materia Medica and Pharmacy, George F. Duftey, M.D., and F. J. B. Quinlan, M.D.; Physiology, John M. Purser, M.D.; Medicine (2nd and 3rd Prof.), E. MacD. Cosgrave, M.D., and Wallace Beatty, M.D.; Hygiene and Forensic Medicine, Joseph M. Redmond, M.D.; Membership Examiners: (a) Clinical Medicine, A. W. Foot, M.D., and G. P. L'E. Nugent, M.D.; (b) Pathology, John M. Purser, M.D., and H. T. Bewley, M.D.; (c) Practice of Medicine and Principles of Public Health, Joseph M. Redmond, M.D., and John Molony, F.R.C.P.I.; College of Physicians' Examiners for the Conjoint Diploma in State Medicine: State Medicine and Hygiene, F. J. B. Quinlan, M.D.; Chemistry, Edwin Lappé, F.R.C.P.I.; Meteorology, John Wm. Moore, M.D.; Engineering, A. E. Murray, C.E.; College of Physicians' Examiners in Preliminary Education: Languages, H. T. Bewley, M.D.; Science, E. MacD. Cosgrave, M.D.; College of Physicians' Representatives on the Committee of Management: T. W. Grimshaw, M.D., John William Moore, M.D., and Walter G. Smith, M.D.; Representative on General Medical Council: Lombe Athill, M.D.; Treasurer: Lombe Athill, M.D.; Registrar: John Wm. Moore, M.D., Librarian: S. W. Wilson. The following Members were elected to the Fellowship: Ninian M'Intire Falkiner, M.B., Medical Officer, Grand Canal Street Dispensary; James Craig, M.D., Assistant Physician, Meath Hospital.

OBITUARY.

HENRY THURSTAN BASSETT, M.B.LOND.

PARTICULARS have recently arrived respecting the death of Dr. Henry Thurstan Bassett, which occurred on September 8th at Reylerville, co. Uitenhage, Cape Colony. Dr. Bassett was the only son of Dr. John Bassett, of Birmingham. He commenced his medical studies at the Queen's College in that town, whence he passed to Guy's Hospital, where he went through the usual curriculum and occupied the various offices assigned to students, ending by being house-physician to Dr. Moxon. During this time he graduated at the University of London in the honours division. After spending a winter in Vienna he returned to his native town, and joined his father in practice. He was elected honorary surgeon to the Skin and Lock Hospital, and when fairly established he married, and had a bright prospect before him; but in the spring of 1888, after an arduous winter's work, his health failed. It was then thought that the best chance of saving his life was for him to live in an elevated part of South Africa. He accordingly settled at a rising village on the Karoo; here his health for a time greatly improved, and he soon acquired a large practice, but his pulmonary symptoms never became

quite quiescent; some months since they showed signs of progress, and after a period of increasing weakness he passed away.

The *Uitenhage Chronicle* says of him "that he was gifted with a pleasing exterior, he also possessed a quiet and impressive manner, with a well-stored mind, and those among whom his lot was cast and among whom he has died became not only his patients, but his friends. Urbane and sympathetic, he will long live in the memories of those who have known him, and who sincerely regret the loss of a brilliant physician and faithful friend."

MEDICAL NEWS.

SUCCESSFUL VACCINATION.—Mr. C. W. Thorp, L.R.C.P., F.R.C.S.Irel., Public Vaccinator to the Todmorden district, has received for the second time the Government grant for successful vaccination.

OWING to the uncertain results of the tuberculin treatment in the military hospitals of Russia the authorities have issued instructions that in the meantime, at any rate, it must be discontinued.

THE French Association for the Advancement of the Sciences will hold its next meeting at Besançon, in 1893. Professor Bouchard has been elected Vice-president for the ensuing year.

KING'S COLLEGE, LONDON.—The entrance scholarships and exhibitions have been awarded as follows: Warneford Scholarship, Class I: Cowie, £75; Ross, £50. Sambrooke Exhibitions: Clifford, £60; Lansdown, Schaub, £20 each. Science Exhibitions: Jacob, £60; R. T. Williams, £40.

At a recent meeting of the Wrexham Town Council a vote of sympathy with Dr. Eyton Jones in his late serious illness, coupled with an expression of gratification that he was now convalescent, was unanimously adopted, on the motion of the Mayor.

A NEW pavilion, with accommodation for 70 or 80 patients, has recently been added to the Emperor and Empress Frederick Children's Hospital at Berlin. It was formally opened on Sunday, October 18th, the birthday of the late Emperor Frederick.

CONGRESS OF ALIENISTS IN ITALY.—The seventh congress of the Società Freniatrica Italiana, which first met at Rome in 1873, was held at Milan in September 9th. About 100 members took part in the proceedings. The inaugural address was delivered by Professor Verga, Senator of the Kingdom of Italy.

IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.—The autumn general meeting of the Association will be held at the Holborn Restaurant at 6.30 p.m. on October 28th. On the same evening the Association will dine at the Holborn Restaurant at 7.30 p.m., Dr. Gilbart Smith, President, in the chair.

ROYAL COLLEGE OF SURGEONS.—At the last meeting of the Council of the Royal College of Surgeons it was resolved that a Member of the College who had been convicted and sentenced to five years' imprisonment for a criminal offence should be removed from being a Member, and that the General Medical Council should be informed of his removal.

We are informed that Dr. Arthur Gamgee, F.R.S., lately of St. George's Hospital, and Emeritus Professor of Physiology in the Owens College, Victoria University, has obtained the Swiss State licence to practise medicine, and has taken up his abode in Davos, where he intends in future to practise during the winter.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—The Royal College of Surgeons' Amalgamated School will be opened by the President of the College, Mr. H. G. Croly, on November 2nd, when the students at present dissecting in the rooms temporarily set apart for them will be transferred to the new room. On the same date the President will present the medals and prizes awarded to the successful students of last session.

EPIDEMICS IN PORTUGAL.—According to a Portuguese contemporary, Coimbra is at present in a bad way as far as public health is concerned. Influenza is raging "with extraordinary intensity," small-pox has been prevalent for some time, and now typhoid fever has appeared on the scene. Meanwhile the authorities "sit apart," like the gods of Lucretius, contemplating the situation with Olympian indifference.

THE BACILLUS OF LEPROSY.—A Dalziel telegram in the *Times*, dated Paris, October 18th, gives Pasteur's views on the bacillus lepra, as expressed to a newspaper correspondent. They contain nothing that is new to the medical profession, but it is interesting to note that the illustrious Frenchman is reported to have said that he considers that a leprous vaccine will soon be discovered.

BIRMINGHAM HOSPITAL SATURDAY CONVALESCENT HOME.—The Misses Stokes, of Edgbaston, Birmingham, have, as a memorial to their late brother, Mr. Alfred Stokes, offered to provide the whole of the purchase money (£7,500) for the acquisition of the building near Llandudno, which it has been resolved to acquire as a Hospital Saturday Convalescent Home.

ADULTERATION IN DENMARK.—A new law as to the adulteration of food came into force in Denmark on October 1st. Every act of adulteration, and the employment of chemical processes with the view of preventing the detection of adulteration, is henceforth to be punishable by fine and imprisonment (from five days to two years). In the case of first offences or where extenuating circumstances can be pleaded only a fine will be inflicted.

PRESENTATIONS.—Dr. Gettings, of Walsall, has been presented by the members of his St. John Ambulance classes with a handsome marble timepiece and a case of instruments in recognition of his valuable services.—Dr. Gross, who has been associated with the medical superintendentship of St. Saviour's Union, Southwark, for more than fourteen years, has been presented by some of his late colleagues, on his retirement from his official position, with a brass-bound walnut operating case, a pocket dressing case, a laryngoscope, laryngoscopic lamp, and other surgical appliances.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS.—At a quarterly court of the directors of the Society, held on October 14th, the president, Sir James Paget, in the chair, it was resolved to distribute £1,420 at the next court to the sixty-four widows and twenty orphans applying for assistance. Fresh applications were read from two widows and six orphans, and relief was given them. The expenses of the quarter were £63 1s. 6d. A legacy of £20 from a deceased member was announced. One new member was elected, and the deaths of six reported by the secretary, as well as the death of a widow who had been receiving £50 per annum since June, 1873.

MEDICAL VACANCIES.

The following Vacancies are announced:

BERKS ASYLUM, Moulsworth.—Second Assistant Medical Officer; doubly qualified; unmarried and under 30 years of age. Salary, £100 per annum, rising £10 annually to £120, with furnished apartments, board, etc., and washing. Applications to J. Harrington Douty, Medical Superintendent, by November 13th.

BROMPTON AND KNIGHTSBRIDGE PROVIDENT DISPENSARY, 28, Fulham Road, S.W.—Medical Officer. Applications to the Committee under cover to the Senior Medical Officer by October 24th.

CAHERCIVEEN UNION.—Medical Officer for the Valencia Dispensary District; doubly qualified; must reside in the Island of Valencia. Salary, £80 per annum as Medical Officer, and £15 per annum as Sanitary Officer, together with usual vaccination fees. Applications to A. O'Driscoll, Hon. Sec., by November 9th.

CANCER HOSPITAL (FREE), Fulham Road, S.W.—House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by November 7th.

CHARING CROSS HOSPITAL, Strand, W.C.—Medical Registrar. Salary, £40 per annum. Applications to the Medical Committee, by October 26th.

CHESTER GENERAL INFIRMARY.—Visiting Surgeon, doubly qualified. Salary, £80 per annum, with residence and maintenance in the house. Applications to the Chairman of the Board, by October 26th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Assistant Physician; must be F. or M.R.C.P.Lond. Applications to the Secretary, 27, Finsbury Circus, E.C., by October 27th.

DENTAL HOSPITAL OF LONDON, Leicester Square.—Dental Surgeon: must be Licentiate in Dental Surgery. Applications to J. Francis Pink, Secretary, by December 14th.

DENTAL HOSPITAL OF LONDON, Leicester Square.—Assistant Dental Surgeon: must be Licentiate in Dental Surgery. Applications to J. Francis Pink, Secretary, by December 14th.

EASTERN COUNTIES ASYLUM FOR IDIOTS, Colchester.—Resident Medical Attendant: doubly qualified, unmarried. Salary, £100 per annum, with furnished apartments, board, and washing. Applications to J. J. C. Turner, Secretary, by October 27th.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell E.—House Physician. Board and lodging provided. Applications to the Secretary, by October 29th.

GENERAL INFIRMARY, Leeds.—One Resident Obstetric Officer, one House Physician, two House Surgeons. Appointments for twelve months. Board, lodging and washing provided. Applications to Mr. E. Ward, Secretary to the Faculty, by October 21st.

GENERAL INFIRMARY, Leeds.—Resident Medical Officer at the Ida Hospital. Appointment for six months. Board, lodging and washing provided, and honorarium of £25. Applications to Mr. E. Ward, Secretary to the Faculty, by October 24th.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—Casualty Officer, who will be required to act as Registrar and Assistant Anaesthetist; must reside in the neighbourhood. Honorarium of 50 guineas per annum. Applications to Wm. T. Grant, Secretary, by October 26th.

GUY'S HOSPITAL.—Assistant Anaesthetist. Applications to the Treasurer, by October 31st.

HASTINGS, ST. LEONARDS, AND EAST SUSSEX HOSPITAL.—Honorary Assistant Physician. Applications to the Secretary by October 21st.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Resident Medical Officer. Salary, £50 per annum with board, and rooms. Applications to the Secretary, by October 26th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury, W.C.—Medical Registrar and Pathologist. Appointment for one year. Honorarium of fifty guineas. Applications to the Secretary by November 10th.

INVERNESS DISTRICT ASYLUM.—Assistant Medical Officer. Salary, £100 per annum, with bed, board and washing. Applications to Dr. Aitken, Medical Superintendent, by October 28th.

KENT COUNTY ASYLUM, Chatham, near Canterbury.—Junior Assistant Medical Officer: unmarried. Salary, £125 per annum with furnished apartments, board, and attendance. Applications to Allen Fielding, Solicitor, Canterbury, by October 24th.

LONDON FEVER HOSPITAL, Liverpool Road, N.—Assistant Resident Medical Officer. Applications to the Secretary, by November 4th.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, Bloomsbury.—House-Physician; doubly qualified. Salary, £50 per annum, with board and apartments. Applications to R. Burford Rawlings, Secretary-Director, by November 14th.

NORTH LONDON CONSUMPTION HOSPITAL, Hampstead and London.—Two Honorary Physicians. Applications to the Secretary at the offices, 216, Tottenham Court Road, W., by October 30th.

NORTH LONDON CONSUMPTION HOSPITAL.—Resident Medical Officer: doubly qualified. Honorarium, £10 annually, with rooms board, etc. Applications to the Secretary, 216, Tottenham Court Road, by October 31st.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road.—Resident Medical Officer. Salary, £50. Appointment for six months. Candidates must attend meeting of the Medical Committee on November 3rd.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road.—Assistant Resident Medical Officer. Appointment for six months. Candidates must attend meeting of the Medical Committee on November 3rd.

OWENS COLLEGE, Manchester.—Junior Demonstrator of Anatomy. Annual stipend, £100. Applications to H. W. Holder, M.A., Registrar, by October 27th.

PADDINGTON INFIRMARY.—Resident Clinical Assistant: must be qualified. Board and residence provided, and honorarium of 12 guineas on the completion of six months' satisfactory service. Applications to the Medical Superintendent, 285, Harrow Road, W.

RIPON DISPENSARY AND COTTAGE HOSPITAL.—Resident House-Surgeon and Dispenser; unmarried. Salary, £70 per annum, with board and lodging. Duties to commence December 1st. Applications to F. D. Wise, Honorary Secretary.

ROYAL ALEXANDER HOSPITAL FOR SICK CHILDREN, Brighton.—House Surgeon, doubly qualified. Salary, £80 per annum, with board, lodging, and washing. Applications to the Chairman of the Medical Committee, by October 31st.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road.—Physician: must be F. or M.R.C.P.Lond. Applications, addressed to the Council, to be sent to the Secretary by November 7th.

SEAMEN'S HOSPITAL SOCIETY, Greenwich.—House-Surgeon: doubly qualified. Appointment for one year. Salary, £50 per annum, with board, furnished rooms, and attendance. Applications to P. Michelli, Secretary, by November 3rd.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.—Assistant House-Surgeon. Salary, £35 per annum, board, lodging, and washing. Applications to the Honorary Secretary of the Medical Staff by November 12th.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.—House Surgeon. Salary, £100 per annum, board, lodging, and washing. Applications to the Honorary Secretary of the Medical Staff by November 12th.

WESTON-SUPER-MARE HOSPITAL.—Medical Officer to the Provident Dispensary; doubly qualified. Salary, £60 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by November 4th.

MEDICAL APPOINTMENTS.

BOOTH, J. Mackenzie, M.A., M.D.Aberd., appointed Surgeon and Lecturer on Clinical Surgery to the Aberdeen Royal Infirmary, *vice* Dr. Hall, deceased.

BOTT, Henry, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health to the Brentford Local Board.

BOWLAN, Marcus Marwood, M.B., B.S.Dunelm., L.R.C.S.Eng., M.P.C., appointed Assistant Medical Officer to the Union Infirmary, St. George-in-the-East, London, *vice* Dr. Ward.

BRAYNE, C. Carter, F.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant Anaesthetist to the Dental Hospital of London, Leicester Square, *vice* Dudley Buxton, M.D.

BUXTON, Dudley, M.D., B.S., M.R.C.P.Lond., appointed Anaesthetist to the Dental Hospital of London, Leicester Square, *vice* T. Bird.

CARPENTER, George, M.D.Lond., appointed Medical Officer of Health to the Beckenham Local Board, *vice* Mr. Butterfield.

COLLUM, Archie J., L.R.C.P., M.R.C.S., appointed Junior Demonstrator of Anatomy at the Medical School of Charing Cross Hospital.

COOKE, J. W., M.D., appointed Medical Officer of Health to the Great Clacton Local Board.

CROSS, George Frederick, M.B., Bac.Surg.Dunelm., appointed Medical and Vaccination Officer to the 5th District of the Downham Union, *vice* William Carter, resigned.

DAVIES, D. S., M.B.Lond., L.R.C.P., M.R.C.S., reappointed Medical Officer of Health for the Port of Bristol.

DAVIS, Henry, M.R.C.S., appointed Assistant Anaesthetist to the Dental Hospital of London, Leicester Square, *vice* Frederick Hewitt, B.A., M.D.

DOUGALL, John McPhail, M.D., M.B., C.M.Glas., appointed Medical Officer and Public Vaccinator to the Bulmer District of the Malton Union, *vice* Dr. P. A. Smith, deceased.

DREAPER, J. B., L.R.C.P.Engin., M.R.C.S., appointed Medical Officer for Hartington Sanitary District of the Ashbourne Union, *vice* Dr. Twigg, deceased.

DRESCHEFELD, Julius, M.D.Wurzburg, F.R.C.P.Lond., B.Sc.Vict., appointed Professor of Medicine to Owens College, Manchester, *vice* Dr. Morgan.

FARMER, Septimus, L.R.C.P.Engin., M.R.C.S.Eng., appointed Medical Officer to the Poor of the West Ward Union, *vice* R. W. Long, L.R.C.P., L.R.C.S.Eng., resigned.

GRIGOR, Macadam, L.R.C.S., L.R.C.P.Engin., appointed Medical Officer to the East Battersea First Ward District of the Wandsworth Union.

HALEWOOD, W., 2nd Assistant Medical Officer to Banstead Asylum, appointed Senior Assistant Medical Officer at the Kent County Asylum, Barming Heath, Maidstone.

HARVEY, C. A., M.D., M.Ch.Dub., appointed Extern Physician to the South Infirmary and County Hospital, Cork.

HEAVEN, John C., L.R.C.P.Lond., M.R.C.S., reappointed Assistant Medical Officer of Health for the Port of Bristol.

HEWITT, Frederic, B.A., M.D.Cantab., appointed Anaesthetist to the Dental Hospital of London, Leicester Square, *vice* J. Mills.

HOYLE, John, M.B., C.M.Engin., reappointed Medical Officer of Health to the Greystead Local Board.

JOLLYE, A. Dixon, M.R.C.S., appointed Surgeon to the St. Stephen's Club, Westminster, *vice* E. O. Day, deceased.

LEAHY-LYNCH, T., L.R.C.S., L.M., L.R.C.P.Engin., L.F.P.S.Glas., L.M.Dub., appointed Senior Medical Officer to the Eccles and District Medical Association, *vice* Dr. Thomas Wilson, resigned.

LOWSON, D., M.D., C.M., appointed Surgeon to the Hull Orthopaedic Hospital.

MALLUM, Stuart Gerald, M.B., C.M.Engin., appointed Junior Assistant Medical Officer to the Cheshire County Asylum.

MCCOMISKEY, Arthur W. S., M.B., B.Ch., B.A.O.R.U.I., appointed Registrar, Compounder, and Assistant to Surgeon to the County Down Infirmary, *vice* Dr. Thomas Marshall Tate.

MCILRAITH, Charles H., M.A., M.B., C.M.Glas., appointed House-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, E.

MCKELLAR, T. G., M.B., C.M., appointed Assistant House-Surgeon to the Rotherham Hospital, *vice* Mr. Smith, resigned.

MACKENZIE, John, L.R.C.P., L.R.C.S.Irel., appointed Junior Medical Officer to the Medical Association, Burton-on-Trent.

MACLAGAN-WEDDERBURN, A. S., M.D., C.M.Aberd., appointed Consulting Physician to the Forfar Infirmary.

MARTIN, C. R., L.R.C.S., appointed House-Surgeon to the Belgrave Hospital for Children, *vice* G. Mansfield.

MOYLE, Walter H., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer for the Rogate District of the Midhurst Union.

MUMBY, B. H., M.D.Aberd., M.R.C.S., reappointed Medical Officer of Health for the Borough of Portsmouth.

PETRICK, C. Stuart, M.A.Cantab., M.R.C.S.Eng., L.R.C.P.Lond., appointed Junior Resident Medical Officer to the Royal Free Hospital, Gray's Inn Road, *vice* Mr. E. B. Waggett, resigned.

POOLE, Kenneth W., M.B., B.S.Durh., M.R.C.S.Eng., L.R.C.P.Lond., appointed Resident House-Surgeon to the Walsall Cottage Hospital.

RAYNER, Edwin, M.D.Lond., F.R.C.S., reappointed Medical Officer of Health for Stockport.

ROBB, A. Gardner, M.B., B.Ch., appointed House-Surgeon to the Belfast Union Hospital.

STIRLING, Stewart, M.D., F.R.C.S. Edin., appointed Lecturer on 'Diseases of the Skin to Surgeons' Hall Medical School, Edinburgh.

WILLIAMS, William Henry, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., appointed Medical Officer for the Sherborne Workhouse, *vice* Wm. H. Williams, M.D., deceased.

WOOD, Herbert M., M.R.C.S. Eng., L.R.C.P. Lond., appointed Resident Medical Officer to the Royal National Hospital for Consumption, Ventnor, Isle of Wight, *vice* Lewis A. Hawkes, M.D. Edin.

WRAY, Charles, F.R.C.S. Eng., appointed Assistant Surgeon to the Western Ophthalmic Hospital, Marylebone Road.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. A. S. Morton: On Affections of Eyelids. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Mr. J. H. Morgan: Surgery of the Urinary System in Children. Great Northern Central Hospital, 8 P.M.—Dr. Galloway: Liver and Spleen.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. Harrison Cripps: Two Cases of Fibrous Stricture of the Colon Diagnosed by Laparotomy and Treated by Colotomy. Mr. Herbert W. Allingham: On Fifty Cases of Left Inguinal Colotomy, with Remarks on their Points of Special Interest.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Hospital, 2 P.M.—Dr. Theo. B. Hyslop: On Mental Stupor. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Mr. J. Hutchinson, F.R.S.: On the Varieties of Psoriasis.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Messrs. Raymond Johnson and George Murray: A Case of Limited Lesion of certain Spinal Nerve Roots by Secondary Carcinoma of the Vertebrae and Dura Mater. Dr. A. Haig: Uric Acid as a Cause of High Arterial Tension and its Consequences.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. C. Y. Biss: On Pain in the Chest. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. S. Morton: On Retinal Affections.

HUNTERIAN SOCIETY, 8.30 P.M.—Dr. James Galloway: On Cancerous Affections of the Peritoneum and other Serous Membranes, with demonstration of specimens, drawings, microphotographs, etc. Mr. Jonathan Hutchinson, junr.: On Fatty Tumours in the Groin. Dr. E. Gilbert: Some Remarks on Colds. Mr. F. R. Humphreys: Notes of a Case of Severe Renal Haemorrhage after Parturition, with Phlegmasia Dolens later on. Dr. Thomas Marshall: Note on the Infective Period of Scarletina.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and the Epileptic, Queen Square, 2 P.M.—Dr. Charlton Bastian, F.R.S.: On Cases of Brain Disease. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Abercrombie: On Infant Feeding. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. G. Stoker: Glandular Diseases of the Nose and Nasopharynx.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.: Lecture: Anthrax and Malignant Edema. Practical work: Sections of Anthrax (Gram's Method). Hospital for Consumption, Brompton, 4 P.M.—Dr. C. Y. Biss: On Some Points in the Therapeutics of Chest Disease.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Hospital, 11 A.M.—Dr. Theo. B. Hyslop: On Dementia.

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.

GAINER.—At Thrapstone, Northants., on the 18th inst., the wife of Joseph W. Gainer, M.B. Ed., of a son.

HIRON.—On the 10th inst., at 10, Newbold Terrace, East Leamington, the widow of John Hickman Hiron, M.R.C.S., L.S.A., late of Studley, Warwickshire, of a daughter.

MARRIAGES.

COUTTS—SUTCLIFFE.—On the 14th inst., at St. George's, Hanover Square, by the Rector, the Rev. W. Anderson, James Knight Coutts, Surgeon, Church View, Blackley, Manchester, to Sarah Grace, only daughter of William Sutcliffe, Surgeon, Stalybridge. No cards. At home from November 11th to November 20th.

CRESSY—WHITE.—October 14th, at All Saints' Church, Kenley, Surrey, by the Rev. Professor Skeat, cousin of the bridegroom, assisted by the Rev. L. Harding Squire, M.A., Vicar, Arthur Zell Clayton Cressy, M.R.C.S., L.S.A., of Wallington, Surrey, to Ethel Maud, fourth daughter of George T. White, Esq., of Malvern House, Kenley, Surrey.

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.

GUY'S. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operation Days*.—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.

HOSPITAL FOR WOMEN, Soho. *Hours of Attendance*.—Daily, 10. *Operation Days*.—M. Th., 2.

KING'S COLLEGE. *Hours of Attendance*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days*.—Tu. F. S., 2.

LONDON. *Hours of Attendance*.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days*.—M. Tu. W. Th. S., 2.

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; 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., 8.45; 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; Orthopaedic, 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; (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'. *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; 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.

THE TREATMENT OF PNEUMONIA.

C. M. J. writes: Your correspondent "M.B., C.M." may be interested in knowing that, at the close of the discussion on Dr. Coupland's paper, I inquired if he had used a combination of liq. ammon. acet. and iron in the treatment of pneumonia. I understood him to say he had not. For many years I have treated pneumonia with iron, and have had no occasion to regret the practice.

GELSEIUM SEMPERVIRENS.

DR. THOMAS M. WATT (Hovingham, Yorks.) writes: A young girl is a frequent victim to neuralgia. On one occasion she was given, through careless reading of the directions, eight 20-minim doses of this drug in eight consecutive hours, she being then aged 20. She described her sensations as numbness with a sense of general oppression as of "a weight all over her." This numbness she further described as a feeling of deadness, so that it was a conscious effort either to think or to breathe. I did not return home until some time afterwards, when she was recovering from the effects. Neither she nor those about her had been alarmed by her condition. The preparation was thoroughly active, as I knew from its use among my other patients and in this girl's case previously. It had relieved her then, but, as has been the case with every other remedy, except morphine hypodermically, after a few trials it proved useless.

I employ it very frequently with varying success, and have never known a dangerous symptom, though I invariably prescribe the dose of 20 minimis, generally allowing in severe cases a repetition after one hour, if no relief has resulted from the first. Exactly the same mistake was made in the case of another young woman under my care. She felt the toxic effects, but she was not sufficiently alarmed to send for me. That was some years ago, and, as she has removed from the district, I can only say that her account of her sensations closely resembled those above given, with the addition of giddiness when she attempted to move about. The patient whose case I have narrated was confined to bed, and did not test herself in that way. Of course in both instances the occurrence arose from failure to note that the interval of one hour referred only to the second dose, subsequent doses being ordered to be taken, if required, at intervals of three or four hours, according to urgency.

LETTERS, COMMUNICATIONS, ETC., RECEIVED:

(A) Mr. J. Anderson, Upton Park; The Esculap Bitter Water Company, London; Messrs. Allen and Hanburys, London; Messrs. Arnold and Co., London; A. D.; Another Public Vaccinator; D. M. Aitken, M.B., Edinburgh. (B) Mr. C. Boyd, London; Dr. E. H. Brien, Rock Ferry; Mr. H. L. Bates, St. Albans; Mr. A. H. Benson, Dublin; Mr. Blackett, London; W. T. Blakeley, M.B., Glasgow; Dr. Robert Barnes, London; Mr. Bullen, Wakefield; Dr. P. Boobyer, Nottingham; Mr. A. H. Butcher, Birkenhead; Dr. J. M. Booth, Aberdeen; Dr. F. C. Berry, Lynton; Mr. J. Wickham Barnes, London; G. Birt, M.B., Stourbridge; Mr. T. J. Bokenham, London; Mr. J. Bassett, Birmingham; Dr. R. M. G. Binnie, Brandon; Breach of Faith; Dr. Bruce, Dingwall; Dr. Byers, Belfast; Dr. Biddle, Kingston-on-Thames; Dr. K. N. Bahadurji, London. (C) Mr. P. Cresswell, Dowla; Mr. F. Le Gros Clark, Sevenoaks; Dr. Ward Cousins, Southsea; Dr. S. M. Copeman, London; Mr. Charles Cressy, Wallington; Mr. J. R. Crease, South Shields; Mr. Anderson Critchett, London; Dr. William Carter, Liverpool; Miss M. A. Claxton, New Brighton; Mr. A. Cooper, London; Dr. Crawford, London; Dr. H. W. D. Cardew, London. (D) Mr. Alban Doran, London; Mr. J. H. Douty, Wallingford; Dr. V. Dickinson, London; Mr. David Drummond, Newcastle-on-Tyne; Mr. J. F. Dell, London. (E) Dr. Joseph Ewart, Brighton; Mr. C. Elliott, Clifton. (F) Surgeon-Captain D. Franklin, Brighton; Forty Years' Subscriber; Miss A. Frohnestein, M.D., London; Mr. W. Folliott, Brondesbury; Mr. G. Foy, Dublin; Dr. Felce, London; Dr. J. Fourness-Brice, Oxton; Dr. R. H. Fox, London. (G) Dr. J. S. Gettings, Walsall; Dr. Glover, London; Dr. H. Goude, London; Mr. L. Godfrey, Hanover; J. W. Gainer, M.B., Thrapston; Glasgow Royal Infirmary, Secretary of the; Professor Gairdner, Glasgow; Mr. W. Gregson, Southend; Dr. E. Goodall, Manchester. (H) Mr. A. T. Hall, Sheffield; Mr. G. A. Hawkins-Ambler, Clifton; Dr. M. Handfield-Jones, London; Dr. J. B. Hellier, Leeds; Dr. Peter Horrocks, London; Dr. William Hunter, London; Messrs. Herbert and Co., London. (J) The Income Tax Repayment Agency, London; Dr. C. R. Illingworth, Accrington; Mr. R. S. Jaynes, York; P. P. Jennings, M.B., Hull; Dr. Arthur Jamison, London; Mr. C. M. Jessop, London; V. Jones, M.B., London; Dr. W. M. Jones, Rotherham. (K) P. H. Kidd, M.B., Bassingbourn; Dr. Norman Kerr, London; Dr. Kelly, Taunton. (L) Mr. T. L. Lynch, Patricroft; Dr. Lindsay, Belfast; Mr. Jordan Lloyd, Birmingham; Mr. T. Laffan, Cashel; Lex; Dr. W. V. Lush, Weymouth; Mr. Thomas Leeds, London; Mr. H. Littlewood, Leeds; Dr. D. Lowson, Hull; Mr. A. E. Lesson, Monte Video; Mr. M. M. London, Arundel; Dr. W. Lattey, Southampton. (M) Mr. J. Mackenzie, Tiverton; Mr. A. N. Montgomery, Dublin; Mr. Theodore Martin, Bristol; Dr. M. McLean, Stewarton; Mr. T. McHardy, Huntly, N.B.; Mr. T. G. Macormack, Edinburgh; Dr. T. W. McDowall, Morpeth; C. H. McIlraith, M.B., London; Dr. Mickle, London; A Medical Staff Officer; Mr. A. W. S. McComiskey, Killough; Dr. J. J. de Z. Marshall, Hastings; D. C. A. McAllum, M.B., Edinburgh. (N) Mr. R. H. Newell, Belfast. (O) O. H. D.; Owens College,

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BOOKS, ETC., RECEIVED.

An Introduction to Human Physiology. By Augustus D. Waller, M.D. Price, 18s. London: Longmans, Green, and Co. 1891.

The Leeward Islands Medical Journal. Edited by H. A. Alford Nicholls, M.D., F.L.S. London: J. and A. Churchill. 1891.

The Fire Protection of Hospitals of the Insane. By L. H. Prince, M.D. Chicago: C. H. Blakely and Co. 1891.

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On the Medical and Surgical Uses of Electricity. By George M. Beard, A.M., M.D., and A. D. Rockwell, A.M., M.D. Eighth Edition. New York: William Wood and Co. 1891.

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Descriptive Catalogue of the Pathological Museum of St. Mary's Hospital. By J. Jackson Clarke, M.B., Lond., F.R.C.S. London: Morton and Burt. 1891.

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