

introducing these drugs by the digestive tract in much larger doses than was possible by hypodermic injection.—Dr. E. MARKHAM SKERKITT had always held that the administration of remedies by the mouth in cases of phthisis was preferable to their injection either subcutaneously or into the substance of the lung. Subcutaneous injections were inconvenient and troublesome to the patient, and were open to certain other practical objections. Further, the amount of a drug introduced by their means was comparatively limited. Intrapulmonary injections had been adopted with the view of bringing the remedy into direct contact with the diseased tissue of the lung; but all clinical experience went to show the impossibility of mapping out by physical signs the exact condition of the lung with any certainty, as it was common knowledge that areas of disease might exist which gave rise to no localising signs; hence the impossibility of placing any reliance upon the action of injections into the substance of the organ. He had found no difficulty in administering creasote and guaiacol by the mouth in doses of as much as 25 to 30 minims in twenty-hours.—Dr. SINCLAIR COGHILL could bear testimony to the favourable results of the treatment described by Dr. Robertson. He was inclined to refer the good effects to the action of guaiacol. It was a remedy largely used now in the treatment of phthisis, especially on the Continent, where it was given in large doses by the mouth in combinations which tried the stomach greatly even to read of. He could not understand why it was not administered in capsules, as he had long been in the habit of doing where he could not give it hypodermically. Used subcutaneously it was by far the most potent and safest of all the antipyretics. It had a property which made it superior to them all. Not only was the temperature lowered as certainly, but it remained so for a longer time, and the temperature very rarely fell much below normal, so there never was any danger of the collapse which so often threatened to supervene with the various antipyretics of the coal-tar series. Dr. Sinclair Coghill had first been induced to use guaiacol hypodermically in consequence of a communication from Dr. Shetelig, of Nervi. In a case which had also come under his friend, Dr. Robertson's, notice, nothing could have been more remarkable than its effects, for the patient, who was almost moribund, was now alive and well. It was a case of double septic pneumonia undergoing retrograde change.—Dr. ROBERTSON, in reply, said he was glad to have an opportunity of bringing to an issue the point of distinction between the method of treatment contemplated by the introduction of large amounts of a drug such as that practised by Dr. Shingleton Smith and that of Professor Picot. If $\frac{1}{2}$ -grain of iodoform accomplished as much as 30 grains, why give 30 grains? The question involved was no doubt whether the remedy acted upon the host or upon the parasite. The teaching of these cases was that the drugs acted upon the host, and all benefit in the treatment of phthisis appeared to result from this action upon the host, not from action upon the parasite.

On the Use of Dog's Serum in the Treatment of Tuberculosis.—Dr. C. BERETTA read a paper which is published at page 1041. —Dr. BRUNTON mentioned that he had received from Professor Richet some tubes of dog's serum. These had been tried on two patients. In one case the patient—under the care of Dr. Christopherson, of Hastings—showed decided improvement during the injections, and when the supply of serum failed the patient did not feel so well. There was difficulty in getting dog's serum in this country, so he had tried to get goat's serum. This did not become readily clear like dog's serum, for the corpuscles did not separate well, and the serum afterwards frequently appeared to become cloudy, but whether this was due to a kind of coagulation or not he was unable to say. The serum of dog's blood, although not a cure, seemed to be useful as an aid in the treatment of tubercle. He had also seen in Paris a case of syphilitic cachexia in which Professor Fournier found it succeed when everything else failed.

THE late Professor C. Wedl, the well-known histologist of Vienna, whose death was recently announced in the BRITISH MEDICAL JOURNAL, has left the whole of his estate, amounting to 100,000 florins, to the Mathematico-Physical Section of the Vienna Academy of Science, of which he had been a corresponding member since 1849.

MEMORANDA:

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

BLACK TONGUE.

A CASE of black tongue similar to that described in the BRITISH MEDICAL JOURNAL of October 31st, by Mr. Lake, came under my notice recently. The patient was an elderly lady subject to dyspepsia, very abstemious in her habits, leading a sedentary life.

The patch had existed for two or three days before I saw it. It was situated nearly in the centre of the tongue, just in front of the circumvallate papillae, and was about the size of a shilling piece, of deep umber-brown colour, no part actually black, its surface moist and raised above the general surface of the tongue, with edges sharply defined, suggesting the idea that it could easily be stripped off, but on attempting to do this I found that it was firmly adherent, and I could not detach even a fragment for microscopical examination. The rest of the surface of the tongue was coated with a thin white fur. I put the patient on a mixture containing nitric acid and nux vomica, and told her to rinse her mouth frequently with a little lemon juice and water. Under this treatment the patch entirely disappeared in a couple of days, the patient stating that "a small part of it came away like a scab." I found no clue to the cause of the formation of the patch either in the food or liquids taken by the patient, or in the state of her general health. There was no complaint of dryness or of bad taste in the mouth.

This is the second case of "black tongue" that I have seen within the last twelve months. The first case was in an elderly man, a great pipe smoker, and in his case I rather inclined to the idea that the tobacco had something to do with the colour of the patch, which was quite black in the centre, shading off to a dark brown, but the patient said that he had smoked nearly all his life, and had never had such a patch before. Nitric acid and nux vomica were administered in this case also, and the result was equally speedy and satisfactory.

By the valuable aid of Neale's *Digest*, I find that similar cases are recorded in the BRITISH MEDICAL JOURNAL of 1884, vol. i of 1886, vol. ii, and of 1887, vol. i, but in none of these reports is there any satisfactory explanation of the causation of such a condition.

J. ALFRED MASTERS, M.D.Durh., M.R.C.P.Lond.

Brook Green, W.

IN the BRITISH MEDICAL JOURNAL for October 31st I see Mr. Lake has reported a case of black tongue. It may be of interest to note that an exactly similar case came under my care about 18 months ago. The patient was an Anglo-Japanese, and presented a black patch, about the size of a florin, situated on the left side of the dorsum of the tongue and in the middle third.

On drying the scraped fragments they presented a brown fibrous appearance. No special treatment was adopted, and the patch passed away in about three weeks. The patient said he had had a similar patch once before, but on the other side of the tongue.

At the time of observation he was being treated for persistent vomiting with slight signs of phthisis, and some six months afterwards he died of phthisis in South Africa.

Brondesbury, N.W.

J. ANDERSON SMITH, M.D.LOND.

EXTEMPORE UREA ESTIMATION IN URINE.

A NUMERICAL estimate of the quantity of urea in urine is sufficiently important to justify mention of a ready approximate method, without any further apparatus or reagent than those usually found in ward and surgery.

A one ounce "male" glass syringe, graduated with a file in half drachms, and liquor sodæ chlor. B.P., are the only essentials, besides an ordinary measure graduated to half drachms, and a shallow test glass. The urine is diluted with an equal quantity of water, and of this half a drachm is drawn into the syringe. Then about three drachms of liq. sodæ chlor.,

separately measured out, are drawn in to mix with the diluted urine in the syringe. Gas is at once given off, but if the syringe be immediately inverted and a bubble in the nozzle be watched, all the gas can be retained in the syringe without loss by gradually withdrawing the piston, just fast enough to arrest the string of bubbles tending to escape through the nozzle.

The process, hastened if needful towards the end by shaking or inverting the syringe once or twice, is practically complete in two minutes, and the amount of gas (all nitrogen) is read off in the syringe. The whole estimation can be completed in three minutes. The froth, if needful to save time, can be expelled into the measure by itself and "reduced" by a drop of ether or alcohol and its fluid part measured. Even this is needless if the sod. chlor. be exactly measured.

A quarter drachm of normal urine, of specific gravity 1025, thus treated yields some $2\frac{3}{4}$ drachms of gas, corresponding to $\frac{7}{8}$ grain urea, or 2.75 per cent. (within 0.1 per cent.). Errors in measurement do not exceed normal variations in the quantity of urea, and the common range of differences in disease—from $\frac{1}{2}$ to 8 drachms of gas instead of $2\frac{3}{4}$ —may be briefly noted for comparison, thus: $\frac{1}{4}$ $\frac{3}{4}$ ur. yields — $\frac{3}{4}$ gas. Roughly, the number of *drachm* measures of gas is the *percentage of urea* in the urine tested.

With the quantities named of course the one ounce syringe will only accommodate $\frac{1}{2}$ drachms of gas, but urines with excess of urea, foreseen by high specific gravity or behaviour with nitric acid, may be dealt with in double or treble dilution.

A small india-rubber "squeaker" bag, holding 3 or 4 drachms, compressed and fitted over the nozzle on inversion, will do away with even the small need of attention and chance of soiling the fingers. Laid aside in the inverted position, nozzle upwards, the bag will receive the gas evolved, and it may then be drawn into the syringe and measured afterwards at leisure.

The efficient decomposition with liq. sodæ chlor. (U.S. $\frac{1}{4}$ strength B.P.) is made use of in Squibb's apparatus; and Neale's *Digest* refers to estimations with Squibb's apparatus by Messrs. Green and Fox.

The liq. sodæ chlor., if kept in a dark bottle, is fairly constant in strength, but of course an excess will not impair the accuracy of the result.

The foregoing method does not pretend to be accurate, though even without pressure or temperature corrections it is so within 0.5 per cent. of the urea percentage. But the apparatus can be prepared in five minutes, and the percentage is read off directly—a facility which may tempt even the most energetic of us in general practice.

Dr. Fox's tables (vol. ii, f. 86, p. 1,016) show the very useful fact that the night urine is a fair specimen of the whole day's urine, and that for the night-secreted urine also the specific gravity is a qualitative index of the quantity of urea. Still there is room and need for the quantitative estimation when some $\frac{1}{2}$ -ths of the nitrogenous ashes of the bodily furnace fail to make their appearance for days together.

Shaftesbury.

C. S. EVANS, M.B.

CHLOROFORM POISONING: STRYCHNINE AS A PROPHYLACTIC.

A FEW days ago I was called on to administer an anæsthetic to a woman who had lost a large amount of blood from placenta previa. Not having ether at hand, and dreading the effect of chloroform, it occurred to me that by giving a dose of strychnine a few minutes before commencing the inhalation I should lessen the risk of cardiac or respiratory paralysis. This I did with satisfactory result. In an exhaustive paper by an American surgeon, which I read a year or two ago, but on which, unfortunately, I cannot lay my hands at present, it was proved that strychnine was the most reliable antidote in cases of chloroform poisoning. That being so, I should like to make the suggestion that as a possible means of reducing the number of deaths from chloroform inhalation a dose of strychnine should be given either by the mouth or hypodermically before using the anæsthetic.

Sheffield.

ALEX. MILNE.

REPORTS

ON

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

SWANSEA HOSPITAL.

UNUSUAL CASE OF RUPTURED BLADDER.

(Under the care of JABEZ THOMAS, F.R.C.S.Ed.)

[Reported by T. CAMPBELL GREY, M.R.C.S., House Surgeon.]

A. S., aged 58, commercial traveller, was brought to the hospital on June 16th by the "boots" of the hotel where he had been staying, who gave the following history. The patient had been drinking heavily during June 12th and 13th, and while intoxicated had fallen about a great deal; on one occasion downstairs, and on several out of bed. On June 14th and 15th he had been quieter, and had remained in bed, not feeling well. Before bringing him to the hospital the "boots" had taken him to the railway station, where the officials had refused to book him, alleging he was too drunk.

Subsequently, at the inquest, it appeared that he had been rather restless on June 14th, but had been lying down all day, and had had very little to eat or drink; that on June 15th, as the landlady refused to supply him with any drink, he went out for a few hours, and came back more intoxicated than when he left. The greater part of the day he was lying about, feeling ill. On the morning of June 16th he was found on a landing in the hotel, some distance from his bedroom, bleeding freely from his nose and mouth, and unable to give an account of himself; the "boots" then put him to bed again, and washed his face.

On admission he seemed to be recovering from a drunken fit. His face was much bruised, and there were bruises on his sides, right hip, knees, and one on his abdomen, a little to the left, and above the umbilicus; this, he alleged, resulted from a severe blow or a kick inflicted by the "boots" on June 13th. It had acquired a yellow colour, and was apparently a day or two old. He was able to walk upstairs to the ward. His pulse was small and feeble, his tongue dry, and covered with a brown fur; he was bleeding slightly from the nose, and also from the upper gums, from which a tooth had been recently knocked out. He was very restless, continually attempting to get out of bed, and complaining of pain on breathing in his side in the situation of the bruises. The abdomen was moderately distended, tender on palpation, and contained free fluid.

Three or four hours later, as he was complaining of pain in his abdomen and had not passed water since admission, although there was no distension of the bladder to be made out, a catheter was passed without any difficulty but no urine could be withdrawn. He said that he had passed water freely before admission, and never had any difficulty. During the night he was restless, slept little, and in the morning vomited several times; temperature 99.8°. He had not passed any urine. The abdomen was more distended, and dullness on percussion had extended from the flanks so as to reach above the pubes for 2 or 3 inches. A large-sized catheter was passed, and as nothing flowed through a glass funnel with rubber tubing was attached to its end, and about 4 or 5 ounces of dilute boracic lotion introduced; this passed through the catheter without difficulty but could not be withdrawn.

On examination by the rectum the prostate was found to be normal in size, but there was great tenderness on pressure above its upper border.

At a consultation with regard to the advisability of performing laparotomy and suturing the rent in the bladder it was determined, in view of the extremely weak state of the patient and the probable length of time which had elapsed since that rupture, that it would be inexpedient to adopt any operative procedures. As he appeared to be dying his depositions were taken. In the evening his temperature was 97.6°: his pulse at the wrist could not be felt; he was extremely restless; a catheter was passed but without any result.

June 18th. He had slept very little all night, and had been

reach. To others who, like myself, seek recuperation after influenza, or only wish for a delightful holiday, Ceresole cannot be too highly recommended.

ASSOCIATION INTELLIGENCE.

NOTICE.

THE President of Council, who is abroad 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: SOUTH LONDON DISTRICT.—The next meeting will be held (by kind permission of the Treasurer) in the Court Room of Guy's Hospital, at 8.30 P.M., on Wednesday, November 25th, Dr. Cleveland, President of the Branch, in the chair. An address on Some of the more Unusual Phenomena of Epilepsy will be given by Dr. Wilks, LL.D., F.R.S. Cases of clinical interest from the wards of the hospital will be shown, commencing at 8 P.M. All practitioners, whether members of the Association or not, will be heartily welcomed.—HECTOR W. G. MACKENZIE, M.D., Honorary Secretary, 77, Lambeth Palace Road, S.E.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting will take place at the North-East Children's Hospital, Hackney Road, N.E., on Thursday, November 19th, at 8.30 P.M. Dr. Charleswood Turner will give a demonstration of Interesting Cases in the Hospital. Visitors will be welcomed.—H. E. POWELL, Honorary Secretary, Glenam House, Upper Clapton.

LANCASHIRE AND CHESHIRE BRANCH.—The intermediate meeting of this Branch will be held at Southport on Wednesday, December 9th, 1891. Gentlemen wishing to read papers or show cases will please communicate at once with Dr. GLASCOTT, 23, Saint John Street, Manchester, Honorary Secretary.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.—A meeting of the above District will be held at the Calverly Hotel, Tunbridge Wells, on Thursday, November 19th. Dr. Pardington will preside. Meeting at 3.30 P.M.; dinner at 5.30 P.M.; charge, 6s., exclusive of wine. The following papers will be read: Dr. Ranking: Ulcerative Endocarditis, with notes of two cases and specimens. Dr. Richardson: The Family History of Chlorosis. Mr. Footness: Notes of Two Cases: (a) Nephrolithotomy, (b) Suprapubic Lithotomy.—T. JENNER VERRALL, Honorary Secretary, 97, Montpellier Road, Brighton.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting will be held at the Kent and Canterbury Hospital on Thursday, November 26th, at 2.45 P.M., Dr. Gogarty in the chair. Agenda:—Mr. Whitehead Reid, Mr. Bertram Thornton, and Dr. Percy Lewis: Anaesthetics: their Comparative Value and Danger. Mr. Brian Rigden: A Case of Hydrocephalus. Dr. Styau: Notes on a Case of Perforation of the Appendix.—THOMAS F. RAVEN, Honorary Secretary, Barfield House, Broadstairs.

STAFFORDSHIRE BRANCH.—The first general meeting of the present session will be held at the North Stafford Hotel, Stoke-on-Trent, on Thursday, November 26th. The President, Dr. Clark, will take the chair at 3.30 P.M.—GEORGE REID, Honorary Secretary, Stafford.

GLOUCESTERSHIRE BRANCH.—The first ordinary meeting, under the presidency of Dr. Wilson, will be held at the Queen's Hotel, Cheltenham, on Tuesday, November 17th, at 6 P.M. The annual supper will take place at 7.30 P.M.; tickets 3s. 6d. each. Agenda: 1. Minutes of last meeting. 2. President's address. The Secretary will be glad to receive promises of papers, communications, or specimens for the future meetings, which will be held on the third Tuesday of December, 1891, and January, February, March, April, and May, 1892.—G. ARTHUR CARDEW, Honorary Secretary, Cheltenham.

YORKSHIRE BRANCH.—The next meeting of the Branch will be held at the Wells House, Ilkley, on Wednesday, November 25th, at 4 P.M. Members intending to read papers are requested to communicate at once with the Honorary Secretary, ARTHUR JACKSON, Wilkinson Street, Sheffield.

SHROPSHIRE AND MID-WALES BRANCH.—The annual general meeting (postponed from June) will be held at the Salop Infirmary on Friday, November 20th, at 2.15 P.M. Dinner at the Music Hall at 5.30 P.M. Dr. Withers will preside. Dr. Burney Yeo: On some subject in Practical Medicine. Mr. T. Law Webb: The Pathology of Carcinoma. Dr. W. N. Thursfield: On some of the Sanitary Aspects of Diphtheria. Dr. Alfred Eddowes: On the Diagnosis and Treatment of Eczema. The following gentlemen will show some interesting clinical cases: Mr. W. Eddowes, Mr. H. J. Rope, and Dr. Charnley.—J. GRAY, Honorary Secretary and Treasurer, 2, Belmont, Shrewsbury.

SOUTH-EASTERN BRANCH: EAST AND WEST SURREY DISTRICTS.

A CONJOINT meeting of these districts was held at the White Hart Hotel, Reigate, on October 29th, Mr. C. J. SELLS, of Guildford, Ex-President of the South-Eastern Branch, in the chair.

Communications.—After the usual preliminary business had been disposed of, Dr. GOODHART read a paper on Gall Stones and the use of olive oil in their treatment, in which he expressed his opinion that spare neurotic women were more often affected than those usually described, namely, obese high livers of sedentary habits. Fatty food was probably never deposited as fat, but acted as an assimilator of nitrogenous food; large amounts of oil could be taken daily without any being passed in the faeces. Without being able to explain the precise action of oil chemically or physiologically, he had found it apparently beneficial in the treatment of gall stones. Pyrexia and emaciation did not make the prognosis in gall stones necessarily unfavourable. Dr. Goodhart alluded to the frequent difficulty in the diagnosis from renal colic. His experience of surgical treatment had not hitherto made him greatly in favour of it. The paper was discussed by Dr. J. H. GALTON, Mr. FULLER, Dr. BERRIDGE, Mr. HODGSON, Mr. SELLS, Mr. TYSON, Mr. NAPPER, Dr. PARSONS SMITH, and Dr. HODGES.—Mr. A. MAUDE read a paper on Graves's Disease, drawing special attention to the nervous disorders and the disturbances of the digestion. He pointed out the frequency of the disease in a certain type of neurotic females, that the invariable symptom was a rapid pulse, and that tremor was much more important as a distinguishing symptom than exophthalmos. He described the tremor as a fine rapid vibration caused by flexion and extension of the forearm muscles, not with the lateral movement caused by contraction of the interossei, or pronation and supination. Unlike what occurred in alcoholic tremor, the tongue was rarely affected. There were 8 to 10 vibrations in a second. Various paralyses affecting the cranial or spinal nerves might occur. There was marked diminution in electrical resistance. The digestive disturbances were diarrhoea of a paroxysmal type, like the gastric crises of locomotor ataxy, and perverted appetite. Dr. JOHN GALTON, Dr. DUNCAN, Mr. HODGSON, and Mr. FULLER made remarks on the paper.—Dr. BERRIDGE exhibited a patient treated for fracture of the skull.—Mr. Hodgson showed a Midwifery Forceps he had used for 13 years, which had a screw clamp for fastening the handles, similar to one described recently as new.

Dinner.—After the meeting 17 members and visitors dined together.

CAPE OF GOOD HOPE BRANCH.

A NUMEROUSLY attended meeting of this Branch was held on September 23rd, at Cape Town, Dr. C. L. HERMAN, President, in the chair. The meeting was summoned to select four candidates to be nominated for election to the Colonial Medical Council, and at the same time to record a protest against Clause 28 of the new Medical Act, which deals specially with the practice of midwifery.

The New Medical Act and the Practice of Midwifery.—Dr. ANDERSON proposed:—"That this meeting desires to place on record its strong feeling of dissatisfaction with Clause 28 of the Medical Act, which states:

"The Council may from time to time frame rules and directions regulating the steps to be taken by medical practitioners and certificated midwives, for preventing the spread of puerperal fever or any other similar disease. A copy of such rules shall from time to time be supplied by the Council to all medical practitioners, certificated midwives, and to all persons applying for same. And if it be proved that the holder of any certificate issued in terms of the last section has wilfully disobeyed or disregarded the said rules and directions, or is grossly incompetent, or has been guilty of such improper conduct as, in the opinion of the Council, renders it inadvisable that she should continue to practise as a certificated midwife, then it shall be lawful for the Council to withdraw and

cancel such certificate. Any medical practitioner or certificated midwife who shall contravene any of such rules and directions as aforesaid, shall be liable on conviction to pay a fine not exceeding thirty pounds, or, failing payment of such fine, to imprisonment with or without hard labour for a period not exceeding three months.

This meeting urges that the penal portion of this clause be speedily amended:—Because the effect of the clause will be to prevent midwives from registering under this Bill. Because it will tend to discourage the practice of midwifery by medical practitioners and certified midwives, and, on the other hand, force it into the hands of ignorant and unqualified persons. Because it will lead to the concealment of infectious and other diseases, as had followed similar legislation in other countries, and will defeat the intention of this clause.” Dr. Anderson pointed out that the Medical Council, under other clauses, had the power of punishing the medical practitioner, but the clause would put the ignorant midwife in a more secure position than the skilled and specially trained medical practitioner. The clause was likely to lead to gross abuse, and would prevent medical men from attending lying-in cases.—The CHAIRMAN, in putting the motion before the meeting, said that the effect of the clause was already being felt, and, under certain circumstances, it would be impossible to get any medical man or midwife to attend any lying-in case. The clause, instead of preventing infectious and other diseases in childbed, would increase them, and the mortality from childbirth would immediately be seen to increase.—The motion was carried unanimously, and the Chairman was instructed to forward a copy to the Government and the local members of Parliament.

The Colonial Medical Council.—The CHAIRMAN said he was instructed by the Council of the local Branch of the British Medical Association to lay before the meeting the following resolution:—“That this Association should select four candidates for nomination for the Colonial Medical Council, and should pledge itself to use its influence to secure their election.”—Dr. MURRAY seconded the resolution.—The following gentlemen were selected as candidates to be nominated: Dr. C. L. Herman, Dr. G. E. C. Anderson, Dr. J. H. M. Beck, and Dr. Alexander Abercromby.

OXFORD AND DISTRICT BRANCH.

A GENERAL meeting of this Branch was held at the Radcliffe Infirmary on October 30th. There were present: the President (Dr. BATT), and 33 members.

New Members.—After the minutes of the last meeting had been confirmed, Mr. E. L. Brockliss, of Banbury, Mr. Derby Hyde, of Witney, and Mr. H. Edwards, of Banbury, were elected members of the Branch.

Medical Benevolent Fund.—Ten guineas were voted to the Medical Benevolent Fund.

President's Address.—The PRESIDENT delivered an address on Vaccination.

Cases and Papers.—Mr. H. P. SYMONDS: 1. Trephining the Lateral Sinus. 2. Hysterectomy. 3. Removal of Vermiform Appendix.—Dr. BROOKS: A Case of Pityriasis Rubra.—Mr. DENING: A Case of Obstruction of Labour by a Foreign Body.

Notice of Motion.—Notice of the following motion was given: “That the President be requested to deliver his address at the annual meeting in July.”

A CONSUMPTION HOSPITAL FOR PHILADELPHIA.—A movement which has the support of many wealthy and philanthropic persons is on foot in Philadelphia for the erection and endowment of a hospital for patients suffering from consumption. The average annual mortality from phthisis in Philadelphia is not less than 3,000, and the number of cases of the disease at present known to exist in the city is about 10,000.

RESECTION OF THE LIVER.—On October 9th, Professor W. W. Keen, of Philadelphia, removed a considerable portion of the right lobe of a woman's liver in excising a cystic tumour. The whole mass taken away was about two-thirds of the size of a man's fist. According to the *Philadelphia Medical News*, the operation was followed by hardly any febrile disturbance, the temperature having only once risen to 100° F. during the first eight days. At the date of report the woman was doing well, and there seemed to be every hope of her making a good recovery.

SPECIAL CORRESPONDENCE.

EGYPT.

General Health.—A Census Urgently Required.—Freedom from Infectious Diseases.—Decorations for Sanitary Officials.—Inspection of Pharmacies.

THE general health in Egypt has improved very much during the past few weeks, after having been abnormally bad throughout the low-Nile season. The following table, compiled from the returns issued by the Sanitary Department, shows the death-rate compared with the average for the corresponding periods of the preceding five years:—

Death-rate—Natives only.

| | Cairo. | | 20 Towns in Lower Egypt. | |
|-------------------|--------|------------------|--------------------------|------------------|
| | 1891. | Average 1886-90. | 1891. | Average 1886-90. |
| June... .. | 79.7 | 56.3 | 70.4 | 52.5 |
| July... .. | 69.8 | 60.6 | 65.6 | 55.0 |
| August... .. | 60.4 | 55.4 | 53.1 | 51.9 |
| September... .. | 47.7 | 48.9 | 44.8 | 47.1 |
| October (2 weeks) | 41.1 | 41.9 | 42.6 | 43.1 |

The above rates are really much too high, being based on the census of 1882, which was taken during the rebellion, and is admitted to be very inaccurate. The population of Cairo, for instance, is put down at 353,188 only, whereas it probably exceeds half a million. It is inconceivable why the Government does not cause a proper census to be taken, an accurate knowledge of the number of the inhabitants of a country being one of the first necessities of civilisation. The finances of Egypt are now so flourishing that it cannot surely be the expenditure of £15,000 or £20,000 that restrains the authorities from giving the required orders; it is to be hoped, therefore, that 1892 may be marked by a census on which it will be possible to found trustworthy vital statistics.

The whole country is wonderfully free from infectious diseases at present, small-pox being entirely absent, and *fièvres typhiques* only existing in one village, where there are two or three cases of relapsing fever. This refers to the native population only, as foreigners, protected by the capitulations, assert their right to have and conceal as many contagious disorders as they think proper, without permitting any interference whatever on the part of the Egyptian authorities.

His Highness the Khedive has recently decorated several officials of the Sanitary Department. Amongst others Ibrahim Pacha Hassan, who was delegate at the International Congress of Hygiene in London, and Surgeon-Captain R. C. K. Laffan have received the Third Class of the Osmanieh; while Mr. Littlewood, M.R.C.V.S., has received the Third Class of the Medjidieh.

The great pharmacy question is still causing considerable excitement among the foreign colonies, and the local papers contain little else besides violent diatribes more or less applicable to the subject. The Egyptian Government very reasonably claims the right to control all drug shops in the interests of public security, but certain foreign druggists object to be controlled, and curiously enough have contrived to gain the active support of their respective consuls. If they gain the day we must make up our minds to see an end of all sanitary reform in Egypt, for if foreigners can live as they like and laugh to scorn all salutary regulations, the Government will naturally hesitate to enforce sanitary measures on their own subjects only. The *Phare d'Alexandrie* in a recent issue has a long article pointing out the iniquity of insisting on the inspection of pharmacies; but it is amusing to find a little further on a paragraph as follows:—“The attention of the Sanitary Department is called to the exposition for sale

warrant or other document for the burial of any body shall be given by the coroner." This law is broken in spirit, if not in the letter, by coroners all over the country when they certify the registrar of deaths under their hand on a form provided by the Registrar-General, that no inquest is necessary, and presumably therefore that the death may be registered and the body buried.

When the medical attendant cannot satisfy himself as to the cause of death the registrar of deaths reports the matter to the coroner, and he deposes possibly a sergeant of police to go and inquire into what is too abstruse for the medical man. The learned gentleman in blue goes to the spot. Of course he knows all about the symptoms of disease and the toxicological properties of every herb that grows, and, as a rule, has no difficulty in deciding as to whether the deceased died of disease or otherwise. Generally, indeed, he is able to fix upon the particular disease without seeing the body.

How long will civilised England put up with such a screaming farce whilst Scotland employs professional men to do its professional work? Medical men are required to supply to the Crown gratuitously, for the protection of its subjects, their opinion as to the causes of death of their patients; but it is no part of a medical man's duty, either legal or moral, to defraud himself and his children by giving to the coroner or his officer information, the result of his professional knowledge, for which in the coroner's court he would be entitled to a guinea or more. Why will our profession persist in casting their professional knowledge, their daily bread, at a thankless coroner and a more thankless public without fee or reward?

It is this kind of thing—deaths not properly inquired into—which causes our death registers to abound in such lax, uncertified causes of death as "probably heart disease," "probably apoplexy," or "convulsions," without any intimation as to the cause of the convulsion—whether due to the toxic effect of rat poison or otherwise. I am well aware the coroner's officer does not give information to the registrar as to the cause of death nor sign the register, but he and his master are nevertheless virtually responsible for the fact that a considerable number of deaths are registered the causes of which are not ascertained in the true sense of the term.

It may be well to remember that many coroners are paid by salary and not by fees otherwise than for mileage. When a coroner travels by railway and pays a fare of 1½d. per mile for riding in a second class carriage he charges 1s. per mile as his expenses, in accordance with the Act of Parliament regulating the same, and passed many years before there were any railways. What a pity it is that when a medical man has to travel fifty miles to the assize court he cannot have 1s. a mile each way instead of only a second class fare and half-a-crown for his night's lodgings. It is almost a wonder he is not put off with a "fourpenny doss," so highly does his professional position seem to place him!

CO-OPERATIVE CLUBS.

A GENERAL PRACTITIONER writes to us to ask the position that should be taken towards the medical officer of an amalgamation of clubs by the medical practitioners of the town. The council of this association, he says, take any members they can obtain, whatever their social position or means, and carry on a "system of underselling of the grossest form."

*** This question is a somewhat difficult one. While as a rule the medical practitioners of the town should have no dealings with any members of the association mentioned without the fullest remuneration for their services, they would be scarcely justified in ostracising their professional brother, who has, perhaps, quite innocently accepted the post of medical officer to it, or in refusing him their assistance in cases of emergency. They should insist on principle that the patient who has benefited by their services should pay the full value for the same.

ASSISTANTS AND LEGAL FEES.

W. writes: I hold an ordinary post of indoor assistant at £80 per annum. I was yesterday ordered by the Coroner for this district to make a *post-mortem* examination on the body of a man. I did so, and attended the inquest to-day to give evidence. I received £2 2s. as a fee. Is the fee legally mine or does it belong to my principals? neither of whom saw the case from beginning to end or had any hand in the *post-mortem* examination, which I conducted alone. My principals claim the fee.

*** Similar questions have frequently been answered in the BRITISH MEDICAL JOURNAL. The right to the fee depends on the terms of the agreement between principal and assistant; as a rule the former appears to have a legal claim to it. We do not undertake to answer questions, privately, by post.

CONSULTANTS AND AFTER TREATMENT.

A. writes: I observed in the BRITISH MEDICAL JOURNAL of October 24th B.'s defence in the alleged breach of professional conduct towards A., the regular attendant. The perusal of B.'s letter showed it to be as ingenious as it was amusing. I am prepared on oath to deny every one of his statements in that letter excepting that referring to chloroform. I diagnosed phlebitis two days before the consultation with B., and did suggest at that time an exploratory puncture with the needle under chloroform; but on seeing the case in the early morning of and previous to the consultation, I was able to exclude the probability of abscess in the calf from the extension of inflammation into the groin. As B. is likely to adhere to his plausible view of the case, and as I can certainly and conscientiously do so to my own, I cannot see, Sir, how arbitration can be of any avail. In the meanwhile I will wait until X. is able to leave his bed, and may then find in him a reliable witness. I do not intend to prolong further this controversy.

*** In giving insertion to A.'s emphatic denial (which, so far as it affects the BRITISH MEDICAL JOURNAL, must close the correspondence)

to the alleged misleading statement made by B. in the "Medico-Ethical" column of October 17th, p. 874, under the heading of "Consultation and After-Treatment," we would again advise a reference to the therein suggested court of arbitration as the most effective means of eliciting the true facts of the case.

TENURE OF OFFICE BY HOSPITAL STAFFS.

ENQUIRER writes: The Committee of a provincial hospital have lately framed a rule limiting the term of office for each honorary physician and surgeon to seven years, but eligible for reelection. In order to bring the present physicians and surgeons under its operation, they have given them notice that they must retire by a certain date in the early part of next year, "but may be eligible for re-election." As the present staff have never received any remuneration for their services, and were all elected without any condition as to their length of service, will you kindly favour me with your opinion as to the legality of the Committee's notice, and if the staff would not be acting within their rights in declining to accept such notice.

*** We cannot give any reliable opinion on the point here raised without having full particulars of the regulations of the hospital in question, and the powers of the governing bodies. *Prima facie*, there would seem no reason why the Committee should not be in a position to take the course pointed out, the election of the physicians having been made without defining any period for which they were to retain that position.

EMPLOYERS AND PATIENTS.

G. B. B.—Our justly aggrieved correspondent will see from the following extract from the *Code of Medical Ethics*, chap. ii, sec. v, rule 15, 3rd edit., that, however much some practitioners may have "changed for the worse," the same principle constitutes the rule for their guidance as that which existed in his younger days in such cases as the one in question: "When, moreover (an oft-recurring incident), an employer or other person becomes anxious and apprehensive in regard to the illness of an *employee*, or in the case of an impending action for damages, and the like, and for his personal satisfaction requests his own family or other doctor to visit the patient and report to him thereon, it is the duty of the deputed practitioner to point out to the employer, or other interested party, their respective ethical obligations in the matter; and, prior to making such visit, to solicit and obtain the sanction of the medical attendant in the case; otherwise he will commit a grave breach of professional etiquette, and justly subject himself to severe criticism and reproof."

MEDICAL MEN AND UNQUALIFIED ASSISTANTS.

THE President and Honorary Secretary of the Medical Defence Union write with reference to the evidence given at an inquest recently held upon the child of Mary Jane Mansell, of Marroway Street: "The state of affairs disclosed is an example of a technical offence known as 'covering,' which is viewed with the strongest disapproval by all right-minded members of the medical profession. The body which we represent has been constituted alike for the protection of members of the medical profession when placed in positions of difficulty, and for the repression of professional offences of this kind. Steps will therefore be taken by the council of the Union to bring the evidence concerning Dr. Steele Scott and his unqualified assistants before the General Medical Council, who alone have power to punish, and who already have punished with exemplary severity many such cases which we have brought under their notice."

THE TITLE OF SURGEON.

H. N. T.—The diploma of the Society of Apothecaries, granted since June 30th, 1887, confers a qualification to practise medicine, surgery, and midwifery, and entitles the holder to style himself "Surgeon" on his doorplate or otherwise.

INDIA AND THE COLONIES.

INDIA.

ENTERIC FEVER IN INDIA.—This disease continues, we regret to say, to be a source of grave anxiety to the authorities in India. The last published memorandum of the Army Sanitary Commission that we have seen shows that in 1890 no fewer than 423 fatal cases of this disease were recorded. This fatal fever prevails in all three Presidencies, and, as is invariably the case wherever it is found, it is the young that suffer. Nearly every mail from India brings the notice of the premature death of one or more young officers from this cause. In this JOURNAL we have on several occasions called the attention of the authorities to the milk supply as a probable cause of this disease, and we still think that it is from this source that officers in particular are often infected. They, unlike young soldiers, do not frequent bazaars and drink contaminated water in the beverages prepared for the consumption of the men. It would appear, however, that barrack children, who are the greatest consumers of milk, are little subject to enteric fever, as they certainly would be if the milk supply were as impure as is generally reported. It is too probable that this disease will continue to scourge our young countrymen in India until sanitation is in a more advanced state than this generation is likely to see. We know that something is being done to improve the condition of the bazaars and villages in the immediate neighbourhood of cantonments frequented by young soldiers, and we would impress on the authorities in India that a thorough and radical reform in this direction would almost certainly greatly reduce the shocking mortality from enteric fever. It is not enough to remove sanitary defects in the immediate vicinity of the barracks and to improve the water supply of cantonments, the same care must be bestowed on the places fre-

quented by soldiers off duty, for it is more than probable, as we have always contended, that it is in such places that they are exposed to the cause of the disease which is so fatal to them.

VACCINATION IN ASSAM.—Vaccination appears to be making satisfactory progress in the tea gardens of Assam, but unfortunately the success of the operations does not keep pace with their number. Thus while there was an increase of nearly one-third in the grand total of coolies vaccinated last year, following upon a previous increase of two-fifths in 1889, the percentage of successful vaccinations has, for some unexplained reason, steadily decreased during the last few years. In 1888, for instance, the proportion of successes was 85 per cent., in 1889 it was less than 83, and in 1890 it had fallen to about 80, while in certain districts, notably Sylhet, it was scarcely more than 50.

SOUTH AUSTRALIA.

THE second reading of the Cremation Bill was moved in the Legislative Assembly of South Australia on August 19th.

NEW SOUTH WALES.

TYPHOID FEVER IN SYDNEY.—An official report by the Secretary of the New South Wales Board of Health shows that the mortality from typhoid fever in Sydney and its suburbs has been steadily decreasing in recent years. In 1876 the death-rate per 100,000 was 90.90; in 1887, 58.11; in 1888, 51.42; in 1889, 55.77; and in 1890, 38.66. The number of persons who died of typhoid fever in Sydney and its suburbs during 1890 was 143, being the smallest number in proportion to population recorded in any of the last fifteen years. The abatement of what used to be little short of a local scourge is ascribed to the wet season, to the extension of a new water supply to several of the suburbs, to the new sewerage scheme now in use in the city and some suburban districts, and to the strict administration of the Dairies Supervision Act.

INFUX OF INSANE EMIGRANTS.—Dr. F. N. Manning, Inspector-General of the Insane in New South Wales, has recently called attention to the number of persons admitted to lunatic asylums soon after their arrival in the colony. During 1890, 36 patients were admitted to such institutions who had resided less than six months in the colony, and of these 13 had been sent to the asylum direct from the ship which brought them out. The majority of these persons were without means, and at once became a charge to the State. While Victoria, South Australia, Queensland, Tasmania, and New Zealand have Acts forbidding the importation of lunatics and other helpless and dependent persons, there is no similar statute in New South Wales. The result is that not only the insane persons booked for New South Wales, but those booked for other colonies are landed there so that the captains and agents of emigrant ships may escape responsibility for their maintenance.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

THE following have been appointed examiners in the Natural Science School: Frederick J. Smith, M.A., Trinity College, Mechanics; D. N. Nagel, M.A., Trinity College, Chemistry; J. B. Farmer, M.A., Magdalen College, Botany. For the first M.B. examination, G. D. Thane, M.R.C.S., Human Anatomy.

The examination in Human Anatomy and Physiology for the first M.B. examination will now be held twice a year, and the winter examination has been fixed for Thursday, December 17th, at 9.45 A.M. Names will be received on Tuesday, December 1st.

UNIVERSITY OF CAMBRIDGE.

EXAMINATIONS FOR MEDICAL AND SURGICAL DEGREES.

THE following are the dates at which the examinations in Michaelmas term will begin: First Examination. Part I (Chemistry and Physics), December 8th. Second Examination. Part I (Pharmaceutical Chemistry), December 14th; Part II (Human Anatomy and Physiology), December 8th. Third Examination. Part I, December 8th; Part II, December 8th. For Degree of Bachelor of Surgery. Candidates who passed the Third Examination, Part I, before June, 1887, are examined in Surgical Operations and Application of Surgical Apparatus, and also in Clinical Surgery, unless they have already passed in that subject. For Degree of Master of Surgery, December 11th.

The names of candidates must be sent to the Registry (through the Praelectors of their respective Colleges) on or before Wednesday, November 25th. Forms on which it is requested that the names will be written will be sent to the Praelectors. The certificates of candidates, accompanied by their postal addresses, must be sent to the Registry on or before the fifth day before the beginning of the examination for which they are entered. The fees for each examination must be paid to the Registry when the certificates are sent in. The fee is £2 2s. for each part of the First, Second, and Third Examination; and £3 3s. for the Examination for the Degree of Master in Surgery. Any candidate whose name and certificates have not been sent in and fee paid at the proper time is liable to pay an additional fee of £1 if he be nevertheless admitted to the examination.

MUSEUM OF ZOOLOGY.—The office of Superintendent of the Museum will be vacant on January 1st, 1892. The stipend is £200 a year. Candidates are to send their applications to Professor Newton, F.R.S., before November 19th, 1891.

STATE MEDICINE.—From the seventeenth annual report of the State Medicine Syndicate we learn that sixty-four candidates entered for the Examination in October last, including five for Part I only and two for Part II only. Forty-one passed in both parts, four passed in Part II, and four who had already passed in Part I or Part II singly, having now passed the complementary parts, have been placed in the pass list, making a total of forty-five who have received diplomas in Public Health. On account of the large number of candidates the Syndicate have again had occasion to exercise the power conferred upon them by Grace, February

27th, 1890, and have appointed two additional examiners. The number of candidates has of late years been so large that the Syndicate believe it will be convenient to hold in 1892 an additional examination during the first week in April. The balance now to the credit of the Syndicate is over £450, which in their opinion is more than sufficient to enable them to carry on the functions entrusted to them. In view of the fact that during the period of more than sixteen years over which the examinations have extended the University buildings and appliances at the New Museums have been constantly put at the disposal of the Syndicate, they have resolved to offer for the acceptance of the University a sum of £150 for the present year.

DEGREES.—At the Congregation on November 5th the following were admitted to the degree of Doctor of Medicine: G. Gavin Morrice, M.A., M.B., Trinity; M. H. Spencer, M.A., M.B., B.C., Trinity; H. D. Rolleston, M.A., M.B., B.C., St. John's.

UNIVERSITY OF EDINBURGH.

MEDICAL BURSARIES.—The Neill Arnott Prize in Experimental Physics has been awarded to David Landsborough, M.A.; the Thomson Bursary for subjects of the Preliminary Examination to Angus MacDonald; the Grierson Bursary for subjects of the Preliminary Examination to G. P. Henderson; the Sibbald Scholarship in Chemistry, Botany, and Natural History to James R. Watson; the Grierson Bursary in Chemistry, Botany, and Natural History to Colin McVicar, M.A.; the Grierson Bursary in Anatomy and Physiology to Charles Crerar; and the Grierson Bursary in Materia Medica and Pathology to George W. F. Macnaughton.

VICTORIA UNIVERSITY.

DR. D. J. LEECH, Professor of Materia Medica in Owens College, has been appointed by the Council of Victoria University to represent the University on the General Medical Council for a period of five years. The previous representative was Mr. Banks, of University College, Liverpool.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

THE quarterly examinations for the Triple Qualification in Edinburgh took place in October and November with the following results:

First Examination.—Of 62 candidates, the following 29 passed: J. S. Montgomery, Glasgow; W. F. Stevenson, Strabane; A. G. Jackson, Victoria; H. Knox, Hillsborough; S. I. Williams, Canada; W. T. Wood, co. Cork; D. Fletcher, Argyllshire; J. W. Stoker, Durham; T. M. Adair, Comber, co. Down; A. J. McFarlane, Glencoppagh, co. Tyrone; Florence Ulrick O'Sullivan, Kerry; J. B. Harris-Jones, Flint; A. Lees, Motherwell; C. O'C. Parsons, Liverpool; Jessie Ballard Ferguson, India; Emilia Margaret Guthrie, London; Eleanor Agnes Montgomery, Bangor, co. Down; S. Rees, Carnarvonshire; E. Pearson, Lancashire; J. J. Fuller, co. Cork; J. Crowley, Cork; J. F. O'Meara, Bruff, co. Limerick; G. B. Simpson, New South Wales; C. A. Bois, Jersey; G. F. Taylor, India; T. D. Sullivan, Dublin; J. A. McIlroy, New Zealand; H. W. Fisher, Yorkshire; and J. Elliot, Dalkeith.

The following candidates passed in Chemistry.—T. A. W. Walker, S. C. Mahalanobis, and J. S. D. MacCormac.

Second Examination.—Of 69 candidates the following 38 passed: C. P. Felvus, Yorkshire; K. McElfatrick, co. Derry; A. A. Pim, Belfast (with honours); A. W. Shields, Irvine; J. P. Conway, Cork; E. H. Hackett, Cork; D. J. Murphy, Youghal; H. F. J. Graves, Birmingham; J. I. Twokig, co. Cork; C. C. Piper, Essex; E. B. M. Atkins, co. Cork; J. Ewing, co. Antrim; G. R. Cullin, Dublin; A. G. McKenna, Galway; Susan Campbell, Greenock; R. L. Bolton, Leith; H. E. C. Corkery, India; W. H. T. Vallance, London; J. E. Proud, co. Durham; K. J. Roy, Dundee; Stella Irene Flora Greaves, Sydney; H. R. Irvine, co. Down; W. E. Duckworth, India; J. A. Hislop, Birkenhead; H. T. Hollings, Leeds; J. H. Saunders, Clonakilty, co. Cork; W. S. Harrison, New South Wales; A. G. Jackson, Victoria; W. E. Blakely, Aghnacloy; J. McCaa, Glasgow; W. A. Reidy, Ireland; R. R. Stitt, Cheshire; J. Thorne, Hull; Martha Maud Stewart, Newry; W. Leahy, co. Kerry; W. J. Baird, co. Derry; J. H. G. Howe, co. Down; and H. Knox, Hillsborough.

The following candidates passed in Anatomy and Physiology.—E. A. Rowan and J. Elliot.

In Physiology.—R. P. Snodgrass.

In Materia Medica.—C. E. G. Bateman, D. R. Macfie, G. Moore, A. H. Graham, and O. L. Appleton.

Final Examination.—Of 126 candidates, the following 56 passed and were admitted L.R.C.P. & S.E. and L.F.P. & S.G.: P. Kotawalala, Ceylon; F. Evered, Carry Rivell; J. Baptist de Quadros, Bombay; F. O. Lawrence, Canada; J. Featherstone, Kellah; W. Gilchrist, Ontario; M. J. Mahony, Yorkshire; H. M. Bayer, co. Limerick; F. E. Godfrey, Toronto; J. A. Wilkin, Armagh; T. P. Shearer, Glasgow; Harriet Maude Mary Hosain, London; H. L. Hughes, Llanbadarn-Fawr, Wales; Charlotte Maria Wheeler, Crews; A. C. F. Smith, co. Donegal; Margaret Kate Barclay, London; D. S. Browne, co. Armagh; T. L. Pennington, Liverpool; F. H. Scott, Belfast; H. Whalley, Bradford; J. F. D'Abren, India; R. Reid, co. Antrim; J. J. Edwards, Jamaica; T. W. Clay, Holyhead; R. M. C. Stokes, South Africa; W. I. T. Baker, South Africa; F. W. Barton, Lincolnshire; D. Donnelly, co. Limerick; W. Hirst, Leeds; T. J. Tonkin, London; J. J. S. Pellay, South India; A. S. Jaques, Yorkshire; J. Philp, Glasgow; H. R. Horne, Melbourne; W. T. Rogers, Surrey; H. L'Estrange, India; G. F. Chadwick, Lancashire; W. Armour, Glasgow; F. S. Gotla, Bombay; A. F. Walker, Liverpool; J. C. Smith, New Zealand; J. Richardson, Lancashire; C. H. Andrews, Cape Town; L. Segol, Sydney; H. Connop, Devon; W. J. M. Barry, Cork; A. W. S. Smythe, Drogheda; J. Hamilton, Lanark; E. S. Towert, Cape Town; J. A. Foulis, Edinburgh; W. Hall, Wigan; K. Campbell, Ross-shire; G. Macdonald, Kirkintilloch; P. M. Terry, Cork; A. F. Downey, Cork; and F. E. Gunter, India.

Of seventeen candidates for divisional subjects, the following passed:—
 In *Medicine and Therapeutics*: E. W. F. Kirkman and G. H. S. Hillyar.
 In *Surgery and Surgical Anatomy*: F. P. Bassett.
 In *Midwifery and Medical Jurisprudence*: E. W. Allsom, E. W. F. Kirkman, T. L. Davies, G. H. S. Hillyar, and W. Benson.

THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, IRELAND.

CONJOINT EXAMINATIONS.—The undermentioned candidates have been successful at the October Examination under the Conjoint Scheme:

First Professional Examination.—T. Cairns, A. A. Cooper, T. J. Crean, W. H. Croly, W. P. Darby, J. J. Foley, R. T. Fox, J. M. Lynch, T. M. Mitchell, De C. S. Potterton, S. J. Scott, J. C. Tynan.

Second Professional Examination.—T. E. Dobbs, G. L. Freeman, T. A. Hartigan, C. A. Hayman, H. S. Laird, D. F. Maguire, F. Nolans, M. P. O'Brien, F. F. O'Connor, J. J. O'Donnell, M. K. Quinlan, J. Robinson, N. J. Townsend.

Third Professional Examination.—W. H. G. H. Best, F. C. A. Bushman, C. R. Chichester, J. M. A. Clifford, C. E. Cowan, F. L. Flood, F. M. Golding, W. A. Gordon, F. C. Harte, M. C. d'E. Jordan, W. H. Langley, P. F. Monaghan, A. J. Moran, V. E. J. McDonogh, J. T. B. O'Brien, W. H. Parr, J. M. Redington, C. M. Richards, J. E. Rogers, R. R. Smith, J. A. Smullan, R. Waterfield, Jeany Wynne.

Fourth, or Final, Professional Examination.—The following, having completed this examination, are eligible for admission to the diplomas in Medicine, Surgery, and Midwifery: A. J. Arthur, H. K. Bentley, J. G. Boon, J. P. Calnan, R. P. Connell, V. K. de L. Cooke, J. J. Cullen, M. G. Dobbyn, J. H. Farmer, W. J. Greer, W. Hall, H. P. Jones, G. O. Lennane, J. R. Macnamara, W. M. Meeks, C. A. Molony, R. R. More-Madden, T. K. Mulcahy, T. F. McDonnell, J. O'Donoghue, R. J. Perkins, J. S. Proctor, G. Q. Richardson, R. W. E. Roe, W. Russell, F. P. Smith, G. O'K. Wilson. Passed in Medicine: W. J. Corbett, M. Ferguson, H. B. Hayes, L. A. Jameson, J. M. Mangan, G. H. Russell, J. P. Sexton. Passed in Surgery: E. W. Beaman, M. Ferguson, E. P. Frazer, R. B. Hunt, J. M. Mangan, R. Moynahan. Passed in Midwifery: E. H. Beaman, W. J. Corbett, W. C. Hamilton, H. B. Hayes, E. W. Lynch, R. Moynahan, J. P. Sexton, G. T. Whyte, E. D. Williams.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Diploma in Surgery.—The following registered physicians, having passed the necessary examination, have been granted the diploma in Surgery of the College:

F. P. R. James, Leeds; A. McFarland, Dublin; and N. A. A. Trenow, Hythe.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE DERBYSHIRE COUNTY LUNATIC ASYLUM.

A CURIOUS point arises in connection with the report of this institution. It appears that in spite of the late lunacy legislation which introduced the intervention of the "judicial authority," which was to safeguard the liberty of the subject to such an extent that the admission of a person of sound mind into a lunatic asylum as insane would be rendered impossible, no fewer than four cases were discharged from this asylum during the year 1890 as "not insane, having shown no indication of insanity since admission." We doubt if, during the many years of admissions prior to the establishment of the much-vaunted judicial authority, any institution of a similar size could boast such a record of patients discharged "not insane." Dr. Murray Lindsay draws attention to the increase in the number of general paralytics among the admissions, yet although the cases admitted were unfavourable he is enabled to boast the satisfactory recovery-rate of 44 per cent.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns, including London, 6,044 births and 3,486 deaths were registered during the week ending Saturday, November 7th. The annual rate of mortality in these towns, which had been 18.6 and 18.1 per 1,000 in the preceding two weeks, rose again to 19.3 during the week under notice. The rates in the several towns ranged from 13.2 in Halifax, 14.9 in Norwich, 15.8 in Brighton, and 15.9 in Nottingham to 25.1 in Blackburn, 25.2 in Salford, in Wolverhampton, and in Cardiff, 26.0 in Liverpool, and 28.6 in Sunderland. In the twenty-seven provincial towns the mean death-rate was 20.5 per 1,000, and exceeded by 2.6 the rate recorded in London, which was 17.9 per 1,000. The 3,486 deaths registered during the week under notice in the twenty-eight towns included 366 which were referred to the principal zymotic diseases, against numbers declining from 600 to 332 in the preceding six weeks; of these, 95 resulted from diarrhoea, 68 from "fever" (principally enteric), 66 from measles, 65 from whooping-cough, 38 from scarlet fever, 34 from diphtheria, and not one from small-pox. These 366 deaths were equal to an annual rate of 2.0 per 1,000, while it averaged 2.1 in the twenty-seven provincial towns, and ranged from 0.5 in Brighton and Birkenhead, 0.6 in Plymouth, and 0.8 in Oldham, in Leeds, and in Hull to 3.0 in Manchester, 3.2 in Bolton, 4.4 in Wolverhampton and in Sunderland, and 5.2 in Blackburn. Measles showed the highest proportional fatality in Derby, Newcastle-upon-Tyne, and Sunderland; "fever" in Preston, Nottingham, Portsmouth, and Sunderland; and diarrhoea in Salford, Bolton,

Wolverhampton, and Blackburn. The mortality from scarlet fever and from whooping-cough showed no marked excess in any of the large towns. Of the 34 deaths from diphtheria registered last week in the twenty-eight large towns, 25 occurred in London. No fatal case of small-pox was recorded either in London or in any of the twenty-seven provincial towns; and one small-pox patient was under treatment in the Metropolitan Asylum Hospital Ship at Dartford, on Saturday, November 7th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital on the same date was 1,434, against numbers increasing from 947 to 1,377 at the end of the preceding nine weeks; 154 new cases were admitted during the week under notice, against 179, 159 and 139 in the previous three weeks. The death-rate from diseases of the respiratory organs in London was equal to 4.1 per 1,000, and was considerably below the average.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, November 7th, 751 births and 653 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 18.7 to 22.5 per 1,000 in the preceding three weeks, further rose to 25.2 during the week under notice, and exceeded by 5.9 per 1,000 the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest death-rates were recorded in Leith and Aberdeen, and the highest in Glasgow and Greenock. The 649 deaths in these towns included 59 which were referred to the principal zymotic diseases, equal to an annual rate of 2.3 per 1,000, which was 0.3 above the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Paisley and Greenock. The 303 deaths registered in Glasgow included 14 from measles, 7 from "fever," 6 from scarlet fever, and 5 from diphtheria. The death-rate from diseases of the respiratory organs in these towns was equal to 8.2 per 1,000, against 4.1 in London.

HEALTH OF IRISH TOWNS.

IN sixteen of the principal town districts of Ireland, the deaths registered during the week ending Saturday, October 31st, were equal to an annual rate of 21.0 per 1,000. The lowest rates were recorded in Galway and Dundalk, and the highest in Cork and Armagh. The death-rate from the principal zymotic diseases averaged 1.8 per 1,000. The 161 deaths registered in Dublin were equal to an annual rate of 24.2 per 1,000 (against 21.6 and 23.0 in the preceding two weeks), the rate for the same period being 16.7 in London and 13.1 in Edinburgh. The 161 deaths in Dublin included 27 which were referred to the principal zymotic diseases (equal to an annual rate of 2.6 per 1,000), of which 7 resulted from typhoid fever, 6 from diarrhoea, 3 from whooping-cough, and 1 from diphtheria.

ADULTERATION OF WHITE PEPPER.

AN interesting paper was read last week at the Society of Public Analysts, by Mr. Stock, of Durham, on the Adulteration of White Pepper. The subject has been much inquired into, but the facts made known in the paper have not attracted much attention, or, if known, have not been made public. A firm of retail dealers in the county of Durham were proceeded against for having sold white pepper containing 4 per cent. of added mineral matter, which proved to be a mixture of sulphate and carbonate of lime. A conviction was obtained, a fine of £2 was inflicted, and as the case had been strongly defended the costs amounted to £34. This led to the matter being looked into somewhat fully, both manufacturers and retail dealers deeming it advisable to have their goods examined.

It would seem that the practice of adding carbonate of lime to white pepper has prevailed to some extent, the substance being found in the form of chalk in ground white pepper, and in the form of a chalk "facing" on white peppercorns. Mr. Stock concludes from his investigation that no white pepper can be passed as genuine in which the total mineral matter or ash exceeds 3 per cent. (2.75 per cent. being the highest amount yielded by genuine samples), and in which the proportion of lime in terms of carbonate to total mineral matter exceeds 60 per cent.

SHIP SANITATION.

DR. COLLINGRIDGE, the medical officer of health for the Port of London, points out, in his annual report, that owing to the absence of legislation on the subject, designs of new vessels are not submitted to port sanitary authorities, and that consequently errors in sanitation occur which have to be corrected later on, thereby involving the owners in further expense and delay which might have been avoided.

NOTIFICATION IN SOUTH SHIELDS.

MR. T. EUSTACE HILL, M.B., B.Sc. Public Health (Medical Officer of Health, South Shields), writes; in the BRITISH MEDICAL JOURNAL of October 31st there appeared under the above heading some facts and remarks relative to the removal of two scarlet fever patients to hospital, concerning which I think some little explanation is required.

The facts as reported by you are practically correct, namely, that the patients were confined in a room having a capacity of only 650 cubic feet, in which was no fireplace nor special means of ventilation, the house being a four-roomed one in which lived the mother (father sometimes) and four other children. It should also be stated that the house was a tenemented one, the yard being used by two tenants; that the mother had not only to nurse the patients, but also to attend on the other children; that the mother on hearing that there was a good hospital for the reception of infectious cases, was willing, and even anxious, for the removal of the cases; and that she informed the sanitary inspector that the cases were of a very mild type; in fact, when the inspector entered the room for the purpose of ascertaining its suitability for isolation, the patients were sitting up in bed laughing and talking.

The sanitary inspector did inform me of the cases after visiting them, and acted under my instructions in removing them to hospital, and therefore was in no way to blame. I would point out, also, that the Local Government Board did not intimate that the sanitary inspector had exceeded his duty, but in their letter stated that if he acted on his

Bennett was at once sent for, and these gentlemen remained with him for some time administering remedies. After a couple of hours Dr. Little was sufficiently recovered to be brought home, and then he saw his friend Dr. Nugent. He rallied sufficiently to be left in charge of the nurse for an hour, and it was believed that he would recover. At the next visit, however, it was found that the symptoms had become more urgent than before, he became comatose, and died soon afterwards.

Dr. Little graduated in medicine in the University of Dublin in 1866, and was appointed a Demonstrator of Anatomy in the School of Physic, later on succeeding to the important positions of University Anatomist and Surgeon to Sir Patrick Dun's Hospital.

Dr. Little wrote a few surgical papers of great merit, but for some years past he had not done much hospital work. He was an excellent teacher, accurate and full, and it was a treat to hear him discuss a case at some meeting of the Biological Club, where he was a most regular attendant. His capacity for examining all the points brought out, and of balancing the evidence, was a useful model to young practitioners.

There was no man in the profession who was so modest or whose opinion was regarded more highly. Everyone liked him. When sometimes he was brusque and blunt of speech it only provoked amusement, for "Tom Little" was not believed to mean what he said at such moments. His pupils loved his kindly easy familiarity with them, and to no one will the death of their friend bring keener sorrow. They showed it by their reverent respect on Thursday last, when the remains were removed to the cemetery.

Dr. Little was still a comparatively young man. In some sense he was brilliant, and undoubtedly the School of Physic has lost an attractive and able teacher whose place it will be difficult to fill.

MEDICAL NEWS.

THE German Public Health Association will hold its annual meeting next year at Würzburg.

THE next meeting of the Congress of Analytical Chemists and Microscopists will be held in Vienna in 1893.

DR. WILLIAM RENNER has been appointed a justice of the peace for the Colony of Sierra Leone.

THE death is reported of Dr. Alfred Hubert Kelly at John's Place, Parsonstown, aged 42 years.

THE Emperor of Austria has conferred a patent of nobility on Professor Böhm, the Director of the General Hospital of Vienna.

DR. FRANCISCO BENTO ALEXANDRE DE FIGUEIREDO MAGALHAES, Physician to the King of Portugal, has had the title of Viscount de Gomie conferred upon him.

THE Kaiser Friedrich Hospital, which is intended for the accommodation of German patients, was recently opened at San Remo.

STATISTICS published by the French Ministry of Public Instruction show that there are in France 525 learned societies, of which 57 are medical and pharmaceutical.

AMONG the members of the Council of the Royal Society nominated for election on November 30th are Professors Michael Foster and Schäfer and Dr. Pye-Smith.

SUCCESSFUL VACCINATION.—Dr. Alex. J. Brand, Public Vaccinator to the Driffield District, has received the Government grant for successful vaccination for the second time.

THE opening meeting of the new session of the Epidemiological Society of London will be held on November 18th, when the President will deliver an inaugural address.

THE GERMAN ANATOMICAL SOCIETY.—The German Anatomical Society now numbers 251 members. Professor von Kölliker is the President, Professors His, Waldeyer, and Toldt are the Vice-Presidents, and Professor K. Bardeleben, of Jena, is the secretary.

PRESENTATION.—The members of the Ancient Order of Foresters Court Emerald Isle have presented Dr. Joseph Guisani, their medical officer, with an address on the occasion of his recent marriage.

THE Harveian Lectures will be delivered on the evenings of November 19th, 26th, and December 3rd, by Dr. James. F. Goodhart. The subject will be "Common Neuroses, the Neurotic Element in Disease, and its Natural Treatment."

At a recent meeting of the Funeral Reform Association at Westminster it was resolved to urge the transference from the Home Office to the Local Government Board of the control over burial places.

DR. E. VON ESMARCH, son of the distinguished surgeon of Kiel, has been appointed Professor of Hygiene in the University of Königsberg, in the room of Professor C. Fraenkel, who recently accepted a "call" to Marburg.

THE triennial festival of the governors and friends of Charing Cross Hospital will be held at the Whitehall Rooms of the Hotel Métropole, on November 17th, the Right Hon. the Lord Mayor in the chair.

M. PASTEUR has obtained an annual subsidy from the French Government to enable poor persons living in France but at a distance from his institute to reach it in the event of their needing his treatment.

THE first ordinary meeting for the present session of the Royal Statistical Society will be held on November 17th in the Royal School of Mines. Dr. F. J. Mouat will deliver an inaugural address.

THE memorial to the General Medical Council praying that systematic instruction in preventive medicine may be made obligatory upon all candidates for qualifying examinations has received nearly 400 signatures.

THE next half-yearly dinner of the Aberdeen University Club, London, will take place at the Holborn Restaurant on November 18th, at 7.30, Sir Thomas Sutherland, K.C.M.G., M.P., in the chair. Further particulars will be found in an advertisement.

THE Emperor of Austria has approved of the proposal to create a medical faculty in the University of Lemberg. Immediate steps are to be taken to organise the new faculty, which is expected to be in working order by the beginning of the academic year 1894-95.

SIR WILLIAM SAVORY has resigned his appointment of Surgeon to St. Bartholomew's Hospital. Mr. Thomas Smith is now the senior acting surgeon to that institution, and we understand that Mr. Howard Marsh will shortly be appointed to fill the vacancy caused by Sir W. Savory's retirement.

UNIVERSITY OF COIMBRA.—The entries in the medical faculty of the University of Coimbra for the present academic year amount to 138. Of these students 24 are of the first year, 25 of the second, 28 of the third, 30 of the fourth, and 31 of the fifth. There are 14 of still older standing.

UNIVERSITY OF BUDA PESTH.—The total number of students in the University of Buda Pesth is now 3,513, against 3,502 in 1890-91. Of these 991 belong to the medical faculty, this being a slight falling off from the previous year, when the number of medical students was 1,057.

WE understand that Dr. Alexander Macalister, F.R.S., Professor of Anatomy in the University of Cambridge, has been nominated President of the Section of Anthropology at the meeting of the British Association to be held in Edinburgh next summer.

DR. E. J. MOURE, the well-known laryngologist of Bordeaux, has been appointed by decree of the French Minister of Public Instruction lecturer on diseases of the larynx, ears, and nose in the Medical Faculty of that city. This is the first time that the teaching of these special subjects has received official recognition in France.

THE widow of the late Professor Bamberger has given a sum of 20,000 florins, the interest of which is to be applied for the benefit of poor deserving students of the University of

Vienna, irrespective of nationality or creed. The management of the fund is left in the hands of the College of Professors.

It is proposed to establish a School of the Hygiene of Trades and Occupations at Zürich. The School will be provided with laboratories and all the necessary equipment for efficient teaching. The lectures, which are to be liberally supplemented by practical demonstrations, will be given by Dr. Roth.

EDINBURGH ROYAL MEDICAL SOCIETY.—The following gentlemen have been elected office-bearers for the present session: *Senior President*: Alexander Miles, M.D., F.R.C.S. *Junior Presidents*: R. J. A. Berry, M.B., C.M., L.R.C.S.; Gerald Fitzgerald, M.B., C.M.; E. B. Fuller, M.B., C.M., L.R.C.S. *Secretaries*: A. N. S. Carmichael, R. P. Cockburn, M.B., C.M. *Chairman of Finance Committee*: Mr. D. C. Bremner. *Curator of Library*: Mr. Sim Boon King. *Curator of Museum*: Mr. J. R. Higson. *Editor of Transactions*: A. B. Giles, M.B., C.M.

THE LEPER PRIEST OF SURINAM.—Father John Bakker, who, like Father Damien, had devoted himself to the service of lepers, recently died of leprosy contracted in the course of his ministrations. He was a priest of the Order of Redemptorists, and for twenty years had laboured among the lepers of Dutch Guinea or Surinam, who are said to number about 3,000. For the last six years of his life he resided in the Batavia leper colony, a voluntary outcast from the society of his healthy fellow-men. Father Bakker, who was a native of Amsterdam, was 58 years of age when he died.

THE UNIVERSITY OF VIENNA.—The formal installation of the new Rector of the University of Vienna, Dr. Adolf Exner, Professor of Roman Law, took place on October 22nd. The outgoing Rector, Professor von Hartel, stated that during the past academic year the total number of degrees conferred was 674, of which 395 were in the medical faculty. There were now no fewer than 6,220 students in all, and Dr. von Hartel viewed any further increase in their numbers with some alarm, as the teaching resources and even the space available were at present taxed to the utmost.

PROFESSOR GUSSEROW.—On October 24th, Professor Adolf Gusserow, the distinguished gynaecologist, celebrated the twenty-fifth anniversary of his appointment as Ordinary Professor of Obstetrics in the University of Berlin. Born and educated in Berlin, he began his career as a teacher in the University of Utrecht, from which he was called to Zürich. When the new German University of Strassburg was established he was the first incumbent of the Chair of Midwifery and Diseases of Women. This appointment he held till he accepted a call to Berlin in 1878.

ST. GEORGE'S HOSPITAL GRAPHIC SOCIETY.—The annual exhibition of this Society, which was formed under the presidency of the late Sir Prescott Hewett, for the encouragement of painting, sketching, and photographing among its members, was held in the board room of the hospital last week. Through the kindness of Miss Prescott Hewett, a number of her late father's beautiful landscapes were exhibited. Among the most interesting photographs shown were the splendid bromide enlargements of photographs of Swiss mountain scenery exhibited by Mr. Dent, surgeon to the hospital and president of the Alpine Club.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.—The first meeting of the present session was held on November 4th, when President Dr. A. R. Simpson gave his valedictory address, and the following office-bearers were appointed for the ensuing session: *President*: Dr. Joseph Bell. *Vice-Presidents*: Dr. Brakenridge, Dr. P. H. MacLaren, Dr. C. Muirhead. *Councillors*: Dr. D. Menzies, Dr. J. H. Balfour, Dr. R. M. Johnston, Dr. R. H. Blaikie, Dr. A. R. Simpson, Dr. J. Batty Tuke, Dr. Semple, Dr. George A. Berry. *Treasurer*: Dr. Francis Troup. *Secretaries*: Mr. F. M. Caird, Dr. W. Russell. *Editor of Transactions*: Dr. William Craig.

HACKNEY MARSH.—A matter which affects the health of East London will be brought before the London County Council next week. It is the question of the purchase of 337 acres of marsh land known as Hackney Marsh. If the

space cannot be secured by the London County Council it is very probable that more factories will arise in this part of London. It is situated three miles or more from the Royal Exchange, and separates portions of Homerton and Clapton from Stratford and Leyton. The districts which abut on or are adjacent to the marsh outside the county of London are numerous, and appeals have been made to the several vestries and district boards to assist in the purchase, but all, with the exception of the Hackney District Board, have declined. From the builder's point of view the value of the land is set down at £84,250, but from the agricultural at £40,500. The London County Council will offer £50,000 for it, and should this be refused, then other bodies and private individuals will be asked to help. The Hackney District Board promise to contribute one-fifth of the cost, but they will not go beyond £16,000.

ASSOCIATION OF CERTIFYING FACTORY SURGEONS.—A general meeting of the Association of Certifying Surgeons was recently held in the Queen's Hotel, Manchester. The President congratulated the members on the success of their agitation against Clause 19 of the Home Secretary's Factories and Workshops Bill, and hoped they would hold well together and not allow the Association to fall into a state of lethargy. Rules were afterwards considered and passed, and also a resolution making a call on the Guarantee Fund and to pay the railway fares of those members who had gone to London to oppose Clause 19. The members then dined together, and after the usual loyal toasts the President presented the Honorary Secretary with a silver tray and other articles of plate, subscribed to by over eighty members, as some slight acknowledgment of his energy and devotion in organising opposition to Clause 19, and his very large expenditure of time and trouble on their behalf. The Secretary replied in suitable terms. Thanks were afterwards given to others who had exerted themselves in the same cause, and after a most pleasant evening the members dispersed.

VACCINATION IN COCHIN CHINA.—It was announced in the *BRITISH MEDICAL JOURNAL* a few weeks ago that a Bacteriological Institute had been established at Saigon in Cochin China under the auspices of the French authorities. Further advices state that the Institute is under the direction of Dr. Calmette, of the French navy, who took the initiative in its establishment. Between April 15th and August 1st of the present year three patients from Singapore, four Anamese, a man from Malacca, and a child from Batavia, all of whom had been bitten by rabid dogs, have been under treatment. So far no death has occurred. It appears, however, that anti-rabic inoculation is not the chief function of the new institute. It is first of all a station for the provision of vaccine lymph for public vaccinators, who are introducing vaccination, as far as possible, into every village in the interior. Calf lymph, all of which is prepared at Saigon, is employed, and, of some 30,000 vaccinations performed in various parts of Cochin China since April 15th, 1891, about 90 per cent. were successful. The doctors are well received by the Anamese, who readily bring their children to be vaccinated. They are familiar by painful experience with the ravages wrought by small-pox, and they are already beginning to appreciate the beneficial effects of vaccination. These poor people are wiser in their generation than many persons much higher in the scale of civilisation.

MEDICAL VACANCIES.

The following Vacancies are announced:

ASYLUM FOR IDIOTS, Earlswood, Redhill, Surrey.—Assistant Medical Officer. Salary, £153 per annum, with board and washing. Applications, marked "Assistant Medical Officer," to the Secretary, 36, King William Street, London Bridge, E.C., by November 17th.

BALTINGLASS UNION.—Medical Officer to Baltinglass Dispensary. Salary, £155 per annum, and fees. Applications to Peter Douglas, Honorary Secretary, Saundersville, Baltinglass. Election on November 19th.

BISHOP'S STORTFORD UNION.—Medical Officer and Public Vaccinator for the Sawbridgeworth District. Salary, £69 per annum, with vaccination and other fees. Applications marked "Medical Officer's appointment" to H. Barker, Clerk to the Guardians, Bishop's Stortford, by November 30th.

BOROUGH OF EASTBOURNE.—Medical Officer of Health, to act also as Medical Officer of the Borough Sanatorium and as Police Surgeon. Salary, £300 per annum, increasing during satisfactory service by £25

yearly to £400. Appointment for five years. Must devote his whole time to the duties of the office. Applications to H. West Fovargue, Town Clerk, Town Hall, Eastbourne, by November 14th.

BRIGHTON THROAT AND EAR HOSPITAL, 23, Queen's Road, Brighton. —Non-resident House-Surgeon. Salary, £50 per annum. Applications to the Secretary by November 18th.

CHELTONHAM GENERAL HOSPITAL.—Junior House-Surgeon: unmarried; doubly qualified. Salary, £40 per annum, with board and apartments. Applications to Lieutenant-Colonel Croker-King, Honorary Secretary, by November 18th.

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 November 21st.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—House-Physician. Board, residence, and allowance for washing provided. Appointment for six months. Applications to the Secretary, 21, Finsbury Circus, E.C., by December 10th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Pathologist. Salary, £105 per annum. Applications to the Secretary, 21, Finsbury Circus, by December 7th.

CLAREMORRIS UNION.—Medical Officer to Claremorris Dispensary. Salary, £125 per annum, and fees. Applications to Patrick W. Rafferty, Assistant Honorary Secretary. Election on November 24th.

CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY, Wakefield. Junior House-Surgeon; unmarried. Honorarium, £25 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by November 18th.

DARLINGTON HOSPITAL AND DISPENSARY.—House-Surgeon: doubly qualified; unmarried. Salary, £100 per annum, with board and lodging. Applications to the Honorary Secretary, 88, Northgate, Darlington, by November 30th.

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.

DUDLEY DISPENSARY.—Resident Medical Officer, doubly qualified. Salary, £130 per annum, with house, coals, gas, and water. Applications to H. C. Brettell, Honorary Secretary, before December 1st. Election on December 16th.

DUNDEE ROYAL ASYLUM.—Clinical Assistants. No salary, but board, residence, etc. Applications to Dr. Rorie, Dundee, N.B.

GARLANDS ASYLUM, Carlisle.—Junior Medical Assistant. Salary, £80 per annum, with board. Applications to Dr. Campbell, Medical Superintendent, by November 16th.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—Dental Surgeon: must be F. or M.R.C.S.Eng. Applications to the Secretary by November 24th.

HAVERSTOCK HILL AND MALDEN ROAD PROVIDENT DISPENSARY, 132, Malden Road, N.W.—Medical Officer. Applications to the Honorary Secretary by November 18th.

INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST, 26, Margaret Street, Cavendish Square, W.—Honorary Visiting Physician: must reside within one mile from the Institution. Applications to the Secretary.

INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST, 26, Margaret Street, Cavendish Square, W.—Honorary Surgeon. Applications to the Secretary.

LONDON HOSPITAL, Whitechapel Road, E.—Medical Registrar. Salary, £100 per annum. Applications to the Secretary by November 21st.

METROPOLITAN ASYLUMS BOARD.—Medical Superintendent of the Eastern Fever Hospital, Homerton, N.E.; doubly qualified. Salary, £500 per annum, with unfurnished residence, coals, gas, and washing. Applications on forms to be obtained at the chief offices of the Metropolitan Asylums Board, Norfolk House, Norfolk Street, W.C., to be sent in by December 1st.

METROPOLITAN ASYLUMS BOARD, Western Fever Hospital, Seagrave Road, S.W.—Clinical Assistant for three months; must be registered. Board, furnished apartments, and washing provided. Applications to the Medical Superintendent.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, N.E.—Junior House-Surgeon: doubly qualified. Salary, £60 per annum. Applications to Alfred Nixon, Secretary, 27, Clement's Lane, E.C., by December 5th.

NORTHERN INFIRMARY, Inverness.—House-Surgeon and Apothecary. Salary, £100 per annum, with board, etc. Applications to Duncan Shaw, Honorary Secretary, 42, High Street, Inverness, by December 12th.

NORTH DEVON INFIRMARY, Barnstaple.—House-Surgeon: doubly qualified; unmarried. Salary, £100 per annum, with lodging, washing, firing, lights, and attendance. Applications to the House Committee, under cover to the Secretary, by November 14th.

OWENS COLLEGE, Manchester.—Professor of Pathology. Salary, £650 per annum. Applications to the Registrar by November 30th.

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.

PARTISH OF MARYLEBONE.—Assistant Medical Officer for the Infirmary; unmarried, and not exceeding 30 years of age. Salary, £130 per annum, with furnished apartments, rations, and washing. Applications to Joseph Bedford, Clerk to the Guardians, Marylebone Road, W., by November 19th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—House-Physician. Appointment for six months. Salary at the rate of £10 per annum, with board and lodging. Applications to the Secretary by November 25th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—Assistant Physician; must be F. or M.R.C.P.Lond. Applications addressed to the Council to be sent to the Secretary by November 25th.

ST. HELENS FRIENDLY SOCIETIES' MEDICAL AID ASSOCIATION.—Senior Medical Officer; married. Salary, £160 per annum, and residence. Applications to the President, Mr. T. Cooke, Cowley Hill, St. Helens, Lancashire.

ST. THOMAS'S HOSPITAL.—Assistant Surgeon; must be F.R.C.S.Eng. Applications to Mr. E. M. Hardy by November 14th.

SHEFFIELD GENERAL INFIRMARY.—Assistant House-Surgeon: doubly qualified. Salary, £80 per annum, with board, lodging, and washing. Applications to the Medical Staff, care of the Secretary, by November 14th.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.—Junior Assistant House-Surgeon. Salary, £50 per annum, and board, washing, and lodging. Applications to the Honorary Secretary Medical Staff.

STRATHERICK DISTRICT, Inverness-shire.—Medical Officer: knowledge of Gaelic desirable. Salary, £70 per annum. Applications to Alexander Fraser Gorthlick, Inverness-shire, by November 21st.

TAUNTON AND SOMERSET HOSPITAL, Taunton.—Assistant House-Surgeon. Appointment for six months. Applications endorsed "Assistant House-Surgeon" to the House-Surgeon by November 23rd.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician. Appointment for six months. Board and lodgings provided. Applications to R. J. Gilbert, Secretary-Superintendent, by December 9th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Surgeon. Appointment for six months. Board and lodgings provided. Applications to R. J. Gilbert, Secretary-Superintendent, by December 9th.

MEDICAL APPOINTMENTS.

ACKLAND, Robert Craig, L.R.C.P.Lond., M.R.C.S., L.D.S.Eng., appointed Assistant Dental Surgeon to St. Bartholomew's Hospital.

ADAMSON, H. G., M.B.Lond., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Paddington Green Children's Hospital, *vice* H. L. Lock, M.B., M.R.C.S., L.R.C.P.

BAYLISS, R. A., M.R.C.S., L.R.C.P.Lond., appointed House-Surgeon and Secretary to the Royal Isle of Wight Infirmary and County Hospital, Ryde, *vice* A. O. Hubbard.

BOWDEN, Ernest E., M.R.C.S., L.S.A., appointed Senior House Surgeon to the Warrington Infirmary, *vice* J. Turville Smith, resigned.

CARDEW, H. Boyd, M.R.C.S., L.R.C.P., appointed House-Surgeon to the Cheltenham General Hospital, *vice* G. W. Simpson.

CHALLENGER, H. S., M.R.C.S., appointed Certifying Surgeon under the Factory and Workshops Act for Buntingford and District.

CLARKE, H. Ward, M.B., B.S.Durham, L.R.C.P., M.R.C.S.Lond., appointed Medical Officer and Public Vaccinator to the 5th District of Chipping Sodbury Union, *vice* Mr. Walter, deceased.

CRAGGS, Robert Francis, M.B., B.S.Durh., appointed Resident Assistant Medical Officer to the Newcastle-on-Tyne Union, *vice* Dr. Bowlan, resigned.

CRAN, Robert, M.D., C.M.Aberd., appointed House-Surgeon to the Royal Maternity Hospital, Edinburgh.

DODS, Louis Ferdinand, L.S.A.Lond., of Fenny Stratford, Bucks, appointed District Medical Referee to the Sickness and Accident Association (Edinburgh).

DOUGLAS, C. C., M.B., C.M.Édin., appointed House-Surgeon to the Royal Maternity Hospital, Edinburgh.

DREW, J. B., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the Framlingham Sanitary District of the Plomesgate Union.

DUMBLETON, Charles Eardly, M.D., appointed Health Officer to the town of Singapore.

DURHAM, A. Ellis, M.A., M.B., B.C.Cantab., appointed Resident Clinical Assistant to the Bethlehem Hospital, S.E., *vice* E. Distin, M.R.C.S., L.R.C.P.

EVANS, D. G., M.D., C.M.Édin., appointed Medical Officer of the Empingham Sanitary District of the Oakham Union.

FERRABY, Mr. G. A., appointed Medical Officer to the Workhouse of the Birmingham Union.

FORWARD, Francis Edward, F.R.C.S., appointed Resident Medical Officer to the Holberton Institution, Antigua.

FOULERTON, Allen G. R., L.R.C.P., M.R.C.S., appointed Medical Officer to the Brompton and Knightsbridge Dispensary, *vice* Dr. Leigh Canney, resigned.

FOWLER, J. E., M.D., C.M.Aberd., appointed Parochial Medical Officer for Newhills (new division) and part of Oldmachar, south of the Don, Aberdeenshire.

GARDNER, R. A., M.B., C.M.Glas., appointed House-Surgeon to the Belfast Union Hospital.

GILL, J. M., M.B.Lond., appointed Surgical Registrar to Guy's Hospital.

GORDON, A., L.R.C.P.Irel., L.R.C.S.Édin., appointed Medical Officer to the Jewish Friendly Benefit Society, Dublin.

GRIFFITH, William, M.B., Ch.B.Vict., appointed Resident House-Surgeon to the Manchester Southern and Maternity Hospital, *vice* Mr. J. H. Bailey.

HOWELL, A. Anthony, M.R.C.S., L.R.C.P., appointed Casualty Officer to the Great Northern Central Hospital, Holloway Road, N., *vice* W. A. Malcolm, M.B., C.M.

HUTCHESON, John Watson, M.B., C.M., D.P.H., appointed Medical Officer to the Aberdeen Dispensary and Lying-in Institution, *vice* Dr. McKenzie Booth, resigned.

INGLE, Arnold C., B.A.Camb., M.B., B.C., M.R.C.S.Eng., appointed Medical Officer of the Third District of the Cambridge Union.

KEILLER, William, F.R.C.S. Edin., appointed Professor of Anatomy to the University of Texas, Galveston, Texas, U.S.A.

KIDD, Archibald, M.R.C.S., L.R.C.P., appointed House-Physician to the Middlesex Hospital.

LANGDALE, Henry, L.R.C.P., M.R.C.S., appointed Junior Resident Surgeon to the Warrington Infirmary and Dispensary, *vice* E. E. Bowden.

LAWSON, James, M.B., C.M.Aberd., appointed Medical Officer for Echt and Skene, Aberdeenshire.

LITTLE, J. Fletcher, M.B. Cantab., M.R.C.P. Lond., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of Health to the Harrow Local Board, *vice* D. W. Finlay, M.D., resigned.

LONG, D. S., M.B., B.C.Camb., appointed Assistant House-Physician to Guy's Hospital.

LORTAIN, E. L. B.A., M.B., appointed House-Surgeon to the Royal Alexander Hospital for Sick Children, *vice* J. Richards, M.B., C.M. Edin.

LUND, Herbert, M.A., M.B., B.S. (Cantab.), F.R.C.S., Honorary Assistant Surgeon Salford Royal Hospital, appointed Honorary Surgeon, *vice* Mr. A. W. Stocks, resigned.

MCDONOGH, Frank M., L.R.C.S.I., appointed Medical Officer of Health to the Claremorris Union, Ballindine Dispensary, *vice* Dr. R. Kelly.

MACDOUGALD, Mr., reappointed Public Analyst for the county of Perth.

MACFADYEN, Dr. Allen, B.Sc. Edin., appointed Professor of Bacteriology to the College of State Medicine, *vice* Dr. Klein, F.R.S., resigned.

MACKAY, J. D., M.B., C.M. Edin., reappointed Medical Officer of Health for the Lunesdale Rural Sanitary District of the Lunesdale Union.

MACKENZIE, Thomas, M.A., M.D. Edin., appointed Medical Officer to the Post Office at Douglas, Isle of Man.

MARTIN, Theodore, M.R.C.S. Eng., L.S.A., appointed Medical Officer to the Workhouse of the Clutton Union, *vice* Ernest Blacker, L.R.C.P. Edin., M.R.C.S. Eng.

MASSON, G. Blake, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Convalescent Home at Ramsgate, *vice* — Masters, resigned.

MAVER, D., M.B., C.M.Aberd., appointed Parochial Medical Officer for Newhills (north division) and Dyce, Aberdeenshire.

MILNER, Edmund T., M.B.Oxon., M.R.C.S., appointed Honorary Assistant Surgeon to the Royal Hospital, Salford, *vice* Herbert Lund, M.B.

MOORE, A. J., M.R.C.S., reappointed Medical Officer for the St. Lawrence Sanitary District of the Reading Union.

MORRIS, Wm. Jones, L.R.C.P., L.M. Edin., M.R.C.S. Eng., appointed Public Vaccinator for Tremadoc and Workhouse Districts of the Festiniog Union.

MURPHY, D. J., M.D., L.P.S.E., L.A.H.I., appointed Resident Medical Officer to the Parish of Eday, Orkney, *vice* James Milne.

MURRAY, R. M., M.B., C.M. Edin., appointed Assistant Physician to the Royal Maternity Hospital, Edinburgh.

NOWELL, Jacob Arthur, L.R.C.P., L.R.C.S., appointed Honorary Medical Officer to see Out-patients at the Richmond Hospital, *vice* Dr. Fenn, resigned.

OUSTEN, T. G., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Ida Hospital, Leeds, *vice* A. E. L. Wear, M.B., B.S. Durh.

PARKIN, Alfred, M.S., M.D. Lond., appointed Senior Assistant Surgeon to the Children's Hospital, Hull.

PARTRIDGE, Samuel, M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health for Darlaston.

PASSMORE, W. E., L.S.A., appointed Assistant Medical Officer at the Wandsworth and Clapham Union Infirmary.

PIERCE, Bedford, M.D., M.R.C.P. Lond., appointed Resident Clinical Assistant to the Bethlem Hospital, S.E., *vice* J. M. Gill, M.B. Lond.

POOLE, W., M.R.C.S., appointed House-Surgeon to the Walsall Cottage Hospital.

PRITCHARD, Trevor J., M.B. and C.M. Edin., L.R.C.P. Lond., appointed Surgeon to the Retford District of the Great Northern Railway Company, *vice* Wm. Pritchard, M.D., resigned.

RANKE, R., M.B., C.M., D.P.H.Aberd., appointed Parochial Medical Officer for Drumoak, Aberdeenshire.

SADLER, Ernest A., M.B. Lond., M.R.C.S., appointed House Physician to the Queen's Hospital, Birmingham.

SEVIER, A. H., M.B., C.M. Edin., appointed Medical Officer for the Barnard Castle Sanitary District of the Teesdale Union.

SHARMAN, Henry, M.B. Lond., M.R.C.S. Eng., L.R.C.P., appointed Resident Medical Officer to the Hospital for Diseases of the Throat, Golden Square, *vice* J. M. Rees.

SILK, J. W. F., M.D. Lond., appointed Assistant Anaesthetist to Guy's Hospital.

SOUTER, David Wright Luther, M.R.C.S. Eng., L.R.C.P. Lond., appointed Ophthalmic Assistant to King's College Hospital.

SOUTER, Mansfield Knox, M.R.C.S. Eng., L.R.C.P. Lond., appointed House-Surgeon to King's College Hospital.

TAYLOR, George, M.B., C.M.Aberd., appointed Medical Officer for the First (A) Sanitary District of the New Winchester Union.

VIDLER, Albert Edward, L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer to the Workhouse and to the No. 1 District of the Rye Union, *vice* J. A. Woodhams, M.R.C.S. Eng., deceased.

WEAR, Algernon E. L., M.B., B.S. Durh., appointed Resident Obstetric Officer to the General Infirmary at Leeds, *vice* W. A. Stott.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: On Corneal Affections. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Sturges: Physical Signs, Thoracic and Abdominal. Great Northern Central Hospital, 8 P.M.—Dr. Galloway: Nervous System.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. Lockwood and Dr. Galloway: Two cases of Perforating Ulcer of the Duodenum in which Laparotomy was performed. Mr. Richard Davy: Amputation of the Hip joint with record of Ten Cases.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Hospital, 2 P.M.—Dr. Percy Smith: Puerperal and Lactational Insanity. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Dr. J. F. Payne: On Eczema in relation to Internal and General Diseases.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, Examination Hall, the Savoy, W.C., 5 P.M.—Dr. J. Burdon Sanderson: The Croonian Lectures on the Progress of Discovery relating to the Origin and Nature of Infectious Diseases. Lecture III.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Jas. Adams: Ileocaecal Intussusception from Inverted Meckel's Diverticulum. Mr. J. Bland Sutton: Mandibular Tubercle and Receptacles, with Illustrations on Screen. Dr. W. B. Hadden: Carcinoma of Oesophagus extending towards Stomach. Dr. H. Mackenzie: Intestinal Concretion. Dr. J. J. Clarke: Lymphadenoma of Spine and Cord. Mr. W. K. Sibley: Inoculated Tuberculosis in Snakes. Dr. N. Tirard: Tuberculous Growth in Ureter with consecutive changes in Kidney. Card Specimens:—Dr. P. S. Abraham: Feet of Supposed Leprous Ducks from South Africa, with Microscopic Sections. Dr. J. J. Clarke: (1) Charcot's Disease of Hip; (2) Spondylolisthesis.

ROYAL STATISTICAL SOCIETY, Museum of Practical Geology, 28, Jermyn Street, S.W., 7.45 P.M.—The President, Dr. F. J. Mouat, LL.D., will deliver his Inaugural Address.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. Percy Kidd: On Haemoptysis. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. J. B. Lawford: On Toxic Amblyopia.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, W., 8 P.M.

EPIDEMIOLOGICAL SOCIETY OF LONDON, 8 P.M.—The President will deliver the Inaugural Address.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and the Epileptic, Queen Square, 2 P.M.—Mr. Victor Horsley, F.R.S.: On the Surgery of the Nervous System. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Sturges: On the Association of Chorea. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Woakes: On Tinnitus Aurium.

NEUROLOGICAL SOCIETY OF LONDON, Examination Hall, Victoria Embankment, 8.30 P.M.—Dr. Dupuy, of Paris: The Localisation of the Functions of the Brain.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND, 25, Manchester Square, W., 4 P.M.—Dr. B. W. Richardson will lecture on the Cerebro-spinal Axis as a Water Power: a new Theory, bearing on some forms of Mental Disease. If there be time, Dr. Ewart will read a paper on Epileptic Colonies.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank, Lecture: Leprosy, Glanders and Swine Fever. Practical Work: Sections of Leprosy. Hospital for Consumption, Brompton, 4 P.M.—Dr. Percy Kidd: On Pleurisy.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Hospital, 11 A.M.—Dr. Percy Smith: On Delusional Insanity.

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.

BIRTH.

LINE.—On November 8th, at 144, Hockley Hill, Birmingham, the wife of William H. Line, M.D., D.P.H., of a daughter.

DEATHS.

LAKE.—On November 4th, at Banbury, Charles Leonard Lake, L.R.C.P. Lond., M.R.C.S. Eng., of acute phthisis following pneumonia, in the 23rd year of his age; late House-Surgeon to Noble's Hospital, Douglas, Isle of Man.

STANDEN.—On November 8th, at Sutton-in-Ashfield, Notts, Peter Standen, M.B., C.M. Edin., aged 36 years. No cards.

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

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

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

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

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

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

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

QUERIES.

S. M. asks for advice in the treatment of a case of phlegmasia alba dolens of the arm.

RED CAP asks to be recommended a comparatively dry and mild locality in a Midland county suitable for a disabled practitioner, and where house rent and living are moderate.

W. H. C. would be glad to know what is the composition of celluloid; how it can be moulded from the sheets into splints, etc., and how two surfaces can be joined together; and also if there are any preparations of celluloid which are not very combustible.

ANSWERS.

A. B.—A useful and practical book on bacteriology is Dr. Sims Woodhead's *Bacteria and their Products*.

A SUBSCRIBER (Athenaeum, Liverpool).—The precise legal position of the College to which the gentleman in the case stated belongs is probably best ascertained by reference to the Registrar of that College.

F. C. B. will find in the Students' Number of the BRITISH MEDICAL JOURNAL, published on September 5th (pp. 507 and 508), full particulars as to the regulations for professional study.

ENQUIRER.—The printed form of application for registration as a medical student may be signed by any teacher or official in the medical school or hospital to which the student is attached, or by any registered practitioner whose pupil he may be at the time of registration.

DR. HENRY TOMKINS.—*Louis Pasteur; his Life and Labours by his Son-in-Law*, translated from the French by Lady Claud Hamilton (London: Longmans, 1885) contains an account of Pasteur's early life and researches. The untranslatable title of the original French volume is *M. Pasteur; Histoire d'un Savant par un Ignorant*.

SINGLE LUNATIC PATIENTS IN SCOTLAND.

FERGAN, who proposes to take into his house in Scotland a certified lunatic as a patient, should address his inquiries to the Board of Lunacy for Scotland, at Edinburgh, from which he will receive full information.

NOTES, LETTERS, Etc.

ERRATUM.—In the BRITISH MEDICAL JOURNAL of November 7th, p. 1005, in the Note on "The Question of Quarantine," the words "human experience," in line 12, should be "European experience."

DR. W. E. THOMSON.—Great care is taken by the Manager to avoid the acceptance and insertion of advertisements which can be objected to on professional grounds. The advertisement to which attention is drawn was permitted to appear in a single issue by an oversight.

DR. RICHARD PURDON, on behalf of the Committee and medical staff of the Belfast Hospital for Consumption and Diseases of the Chest, begs to return sincere thanks to the members of the medical profession who so kindly and promptly answered his circular letter of November 3rd, and for the valuable information afforded.

THE GRAMMAR OF REPRESENTATION.

ELECTOR writes: On reading the letters on the coming election in the BRITISH MEDICAL JOURNAL of November 7th, it occurred to me that in Wheelhouse, Glover, and Foster we had candidates who could at least write grammar and sense "in contra and better distinction."

still adhere to my statement. Dr. Barr could easily tell us what did hold up Conway's body. I am under the impression that it was his spine, for certainly the muscles, blood vessels, and most of the skin were destroyed. As to Berry and his method of calculating drop, I think it is the best and most ingenious part of his proceedings, and he can certainly calculate to within a fourth of an inch when he likes, but on this subject he very seldom does like to impart accurate information, so that I used to take my measurements after the drop.

With regard to the merits of this controversy between Dr. Barr and myself, I am quite content, especially after his last contribution, to leave the verdict to your readers. My sole object has been the humane one of trying to improve the system of executing wretched human beings, and I am as confident now as ever that my system is perfectly sound and only requires a trial to prove it.

LETTERS, COMMUNICATIONS, Etc., received:

(A) Mr. A. M. Alcock, Innishannon; Lieutenant-Colonel W. H. Allsopp, London; Dr. Alderson, London; Dr. J. Adderley, Glengarriff; Dr. J. H. Aveling, London; Dr. Arlidge, Stoke-on-Trent; Mr. R. C. Ackland, London. (B) Mr. J. Bush, Bristol; Mr. G. M. Bluett, Paris; Mr. G. Brown, London; Dr. R. Barrett, Macroom; Miss Beal, London; Mr. H. Buxton, Douglas; Dr. Bridgwater, Harrow; Dr. J. W. Blaquiére, Fermoy; Mr. J. J. Bateman, Birmingham; Dr. R. Bell, Pomeroy; Dr. A. T. Brand, Driffield; Dr. J. Boyd, Wexford; Dr. K. Bahadurji, Port Said; Mr. W. Bannister, Havant; Mr. Lennox Browne, London; Dr. G. S. Burnside, Clondalkin; Dr. Berdoe, London; Messrs. Burroughs, Wellcome and Co., London; Mr. J. J. Behan, Castlegregory; Dr. F. L. Benham, London; Dr. Butterfield, Sevenoaks; Mr. W. Bradley, Drogheda; Mr. G. Barling, Birmingham; Dr. D. Buxton, London; Dr. Fletcher Beach, Dartford; Dr. R. Bolton, Bangor; Dr. R. W. Burnet, London; Messrs. Bryce and Rumpff, Manchester; Mr. J. E. Barker, Kilkullen. (C) Dr. T. H. Croly, Dugort; Dr. Cranstoun Charles, London; Mr. W. Carleton, Delvin; Mr. E. Cosgrave, Killeck; Mr. F. Craig, London; Mr. J. Clough, Leeds; Dr. J. Cotter, Kilbrittain; Dr. H. M. Clarke, Philipstown; Dr. J. R. Cardiff, Wexford; Mr. E. J. Cowen, London; Dr. P. F. Coghlan, Waterford; Mr. E. Carter, Preston; Mr. R. B. Carey, Borris; Mr. J. Conry, Kilkelly; Dr. Corbett, Bullevent; City of London Hospital for Diseases of the Chest, Secretary of; Dr. T. Crowley, Cork; Dr. C. W. Covernton, Jersey; Dr. J. P. Carmody, Kiltormer; Mr. E. T. Copeman, London; Dr. James Craig, Derry; Constant Reader; Mr. W. H. Cander, Hove; Mr. G. R. Corscadden, Ballintra; Dr. J. V. Collins, Laghey. (D) Mr. E. Donaldson, Londonderry; Mr. J. C. Daly, Borrisokane; Mr. Alban Doran, London; Mr. S. A. D'Arcy, Clones; Mr. M. Darby, Monasterevan; Dr. T. De Renzy, Fethard; Dr. A. E. Douglas, Warrenpoint; Dr. C. E. Dumbleton, London; Dr. J. F. Davidson, Tomintoul; Mr. F. Dixon, Leeds; H. Davy, M.B., Terenure; Dr. Dumont, Berne; Dr. H. A. Davis, Newport. (E) Elector; Etiquette; Enquirer. (F) Dr. D. B. Flynn, Cork; Mr. H. A. Fotherby, London; Mr. E. Frazer, Riverstown; Dr. F. E. Forward, London; Dr. G. Foy, Dublin; Mr. Adams Frost, London. (G) Dr. D. P. Gaussen, Dunmurry; Dr. J. S. Greer, Crossdoney; Mr. E. W. Greenwood, London; Dr. J. Geraghty, Loughrea; Dr. J. G. Glover, London; Miss Giles, Harborne; Mr. P. R. Griffiths, Cardiff; Mr. Godlee, London; Dr. T. G. Garry, Liverpool. (H) Messrs. Hertz and Collingwood, London; H. J. B.; Dr. H. C. Herbert, Clifton; Dr. J. Hamilton, Enniskerry; Mr. H. N. Hardy, London; Dr. R. T. Hearn, Rathmines; R. W. Hare, M.B., King's Lynn; Mr. T. Higgins, Stradbally; Dr. E. O. Hopwood, London; Mr. J. B. Hillard, Glasgow; Dr. H. Handford, Nottingham; Mr. Auberon Herbert, Ringwood; Dr. J. Harker, Carnforth; Surgeon-Captain C. J. Healey, Portsmouth; Dr. J. Hill, Miltown Malby; Dr. J. Hope, Swanlinbar; Dr. W. P. Herringham, London; Sir G. Humphry, Cambridge; Mr. J. Hutchinson, London; Mr. A. Hulme, Birmingham; Mr. L. Humphry, Cambridge; Mr. J. D. Hutcheson, London. (I) Dr. J. Irvine, Belfast; Dr. W. W. Ireland, Prestonpans. (J) Dr. H. M. Johnson, Stranorlar; Mr. F. B. Jessett, London; Mr. J. John, Ammanford; Mr. Arthur Jackson, Sheffield; Dr. G. Johnson, London; Dr. L. Joyce, Falcarragh. (K) Mr. A. Kidd, London; Mr. W. Keiller, Galveston, Texas; Dr. J. Keating, Ballinhassig; Dr. W. J. Kisby, Carrickmacross; Mr. W. E. Knollys, London; Mr. W. Keyes, Murroe; Kops Brewery, The Manager of, London; Dr. R. J. Kinkead, Galway; Dr. M. J. Kenny, Tallow; Surgeon-Major J. F. Keith, Hyderabad; Mr. P. P. Keene, Bealadangan; Dr. Hugh R. Ker, Balham. (L) Mr. H. Lund, Manchester; Dr. J. W. Levis, Bantry; Mr. J. Lithgow, Hull; Mr. W. Loper, London; Mr. M. M. London, Arundel; Dr. T. Laffan, Cashel; Dr. Langston, Grantham; Rev. F. Lawrance, York; Dr. W. C. Lancaster, Ballyboggan; Mr. H. C. Libbey, Leeds; Mr. W. Lake, Banbury; Dr. H. F. Lawrenson, Dunlavin. (M) Dr. Mapother, London; Dr. J. J. MacDonnell, Letterfrack; Dr. T. T. Macklin, Seilly; Dr. W. L. Morgan, Oxford; Miss Mott, Cheltenham; J. Macpherson, M.B., Derby; G. R. Murray, M.B., Newcastle-on-Tyne; M.B. Lond., F.R.C.S. Eng.; Dr. H. G. Molony, Castletown; Dr. J. McIlroy, Ballycastle; Dr. Mickle, London; Messrs. Merryweather and Son, London; Mr. R. Morgan, Ballyfeard; Dr. R. Mowbray, Castlederg; Mr. S. Mills, Newry; Mr. D. W. Morris, Mar-

gate; Mr. A. McCall, Conisborough; Mr. G. Masson, London; Dr. H. G. Myles, Abbeyshrule; Dr. N. Macleod, Shanghai; Dr. P. Manson, London; Mr. R. F. Maguire, Castleknock; Dr. W. McGowan, Maghera; Mr. G. A. Moorhead, Tullamore; Dr. H. Mackenzie, Edinburgh; Dr. H. C. Manley, Belfast; Dr. F. W. Mann, Edinburgh; Dr. C. J. O'N. Maguire, Cong; Dr. W. Malcolmson, Cavan; Dr. Mickle, London. (N) Dr. R. H. Newett, Ligoniel; Mr. F. B. Nowlan, Balbriggan; Nottingham Medico-Chirurgical Society, The Secretary of the; Dr. W. Neale, Mountmellick; Dr. W. J. Nally, Gort. (O) Dr. D. B. O'Flynn, Glamire; Dr. J. J. O'Riordan, Boherbay; Dr. J. A. Osborne, Milford; Dr. C. F. O'Rourke, Crossakiel; Dr. J. O'Connell, Castlemartyr; Dr. A. O'Keefe, Cork; Dr. P. J. O'Hagan, Castle Bellingham. (P) Dr. H. R. Peyton, Monaghan; Dr. G. E. Piercez, Antigua; Mr. H. A. Phillips, York; Dr. F. M. Pollard, Dunkineely; Mr. H. E. Powell, Upper Clapton; Dr. J. R. Phillips, Aughnacloy; Dr. G. Peirce, Newcastle, co. Limerick; Dr. F. T. Paul, Liverpool; Dr. J. I. Parsons, London; Dr. T. Fierse, Wexford; Dr. R. Purdon, Belfast; Dr. F. C. H. Piggott, Teignmouth; Mr. J. H. B. Pinchard, Taunton; Mr. F. R. H. Poits, Beaconsfield; Perplexed; Our Paris Correspondent. (Q) Dr. J. Quirke, Piltown; Quassia. (R) Dr. T. Ryan, Millstreet; Mr. J. Robertson, Edinburgh; Dr. P. M. Rice, Galway; Dr. A. Roche, Dublin; Mr. R. A. Rutherford, Manorhamilton; Dr. S. Roberts, Beckenham; Mr. T. F. Raven, Broadstairs; Dr. W. B. Ransom, Nottingham; Dr. Rentoul, Liverpool; Royal Aquarium, The Manager of the, London; Dr. J. J. Ridge, Enfield; Mr. G. C. Rowland, London; Royal Microscopical Society, The Secretaries of the, London; Royal Statistical Society, The Secretary of the, London. (S) Dr. T. H. Sandiford, Mallow; Dr. Soutter, London; Dr. Wm. Smyth, Glenties; Mr. J. Smith, London; Professor J. B. Sanderson, Oxford; Dr. J. Anderson Smith, Brondesbury; Dr. J. C. Sugars, Dungannon; Dr. Steele, London; Sheffield Medico-Chirurgical Society, The Secretary of; Mr. H. C. Stover, Sandy; Mr. W. R. Spowart, Norwich; Dr. M. T. Sadler, Barnsley; Mr. H. B. Sleeman, London; Dr. F. Semon, London; Dr. H. Smith, Bakloh, Punjab; Dr. S. Sloan, Glasgow; Dr. L. Shore, Cambridge; Mr. F. Shapley, Sidecup; Mr. Morton Smaale, London; Dr. W. J. Sinclair, Manchester; B. Sweeten, M.B., Penrith; A Subscriber; Messrs. Speechly and Co., London. (T) Dr. G. W. Thompson, Doochary; Dr. Thresh, Chelmsford; Dr. J. R. Thomson, Bournemouth; Mr. J. P. Topping, Forest Gate; Dr. Trevelyan, Leeds; Dr. R. B. Travers, Rostellan; Dr. Thorne Thorne, London; Dr. J. W. Tate, Cliffoey; Mr. W. Thomson, Dublin; Dr. H. R. Torrens, Belfast; Dr. W. J. Taggart, Antrim; Deputy Surgeon-General J. H. Thornton, Horsham; Mr. H. H. Tooth, London; Mr. J. Tulloch, Edy; Mr. B. Thornton, Margate; Dr. Thin, London; Dr. G. M. Thompson, Belaghry, co. Derry. (U) Undergraduate, Aberdeen. (V) Dr. Vesey, Rostrevor; Mr. H. Voules, London. (W) Dr. Forbes Winslow, London; Dr. A. F. G. Walker, Glenbeigh; Dr. Hugh Woods, London; Mr. W. W. Wagstaffe, Sevenoaks; Dr. G. R. Williams, Ahoghill; Mr. J. Wilson, Lucan; Mr. E. P. Walsh, Whitechurch; Mr. R. Wilkinson, Leeds; Dr. T. M. Watt, Hovingham; Dr. J. A. Wilson, Glasgow; Mr. E. Lloyd Williams, London; Dr. W. G. Walford, London; Mr. A. H. Watson, St. Helens; Dr. Outterson Wood, London; Mr. C. J. Weller, Stonehouse; Mr. A. Wear, Leeds; Dr. T. J. Walker, Peterborough; Dr. A. Whitelegge, Wakefield; etc.

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