

gland and the articulation of the jaw are not interfered with; (5) that the exposure of the nerves is all that can be desired; (6) that the wound heals readily in a few days, and that the patient, as a rule, may be said to be practically convalescent from the time he recovers from the anæsthetic.

There are some points, however, to which it is important to attend in performing this simple little operation. 1. A clean and free incision should be made through the mucous membrane to facilitate rapid healing. 2. The internal pterygoid should be separated from the bone without unnecessary bruising; and (3) care should be taken not to detach the periosteum from the jaw. As an example of the simplicity and safety of the operation, I may mention the case of a patient on whom I have operated some five or six times through the mouth. I first stretched his inferior dental nerve ten or twelve years ago. He has perfect immunity from pain after each operation: on the last occasion but one, for about eighteen months. On each recurrence of the neuralgia he comes into the hospital, has his nerve stretched, leaves on the second or third day after the operation, and is thus only incapacitated for business for a few days.

I have read over the steps of Mr. Horsley's operation very carefully, and am acquainted with the operations to which he refers; but I confess that after reconsideration of the subject it still seems to me that the incision through the mouth is by far the best operation. I make this communication since it seems to me a pity that so simple, so safe, and so efficacious a procedure should fall into disrepute.

I have a word or two to say on the method of stretching or excising the superior maxillary nerve and removal of Meckel's ganglion. In the few instances in which I have operated, I have reached the nerve and ganglion by working through the antrum, chipping away the lower wall of the infra-orbital canal, and trephining the posterior antral wall. I have had no difficulty with regard to the healing of the antral wound. It seems to me that when the periosteum is separated from the orbital floor, and the upper wall of the infra-orbital canal is attacked, there must be some slight risk of injury to the contents of the orbit; whilst, moreover, the antrum may still be opened, but in such a position that it would there be impracticable to obtain a dependent drain.

MEMORANDA:

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

APOMORPHINE IN ARDENT FEVER.

D. Z., Royal Artillery, aged 31, had served in the West Indies 5½ years, and during that time he suffered from enteric fever once, from bronchitis twice, and from ague once. He embarked for England in H.M.S. *Orontes*, at the end of March, 1891, and on April 12th he was brought to the military hospital on board at 8.30 A.M. in a semi-conscious state. His face was flushed, his eyes congested, pupils semi-dilated, and skin hot and dry; the temperature was found to be 106° F. He was given 20 grains of quinine and was put into a wet pack. The temperature was taken at intervals, but there was no marked change. At 11 A.M. it was 105.8°, and at noon it was the same. I then injected apomorphine gr. ⅙ into the right arm. At 1 P.M. the temperature had fallen to 102.8°. He vomited during the interval about 2 ounces of yellowish undigested matter. The wet pack was then discontinued. At 2 P.M. the temperature was 102.2°, and at 3 P.M. 100.6°. He was given milk freely. At 2 P.M. he was given half a pint of strong beef-tea, and at 3 P.M. 1½ ounce of brandy with 2 ounces of water. During the day he had ice to suck.

The cause of the fever was somewhat obscure, as he said that he had not been exposed to the sun, but had been working as usual near to the galley on the main troop deck. It was a case of ardent fever, and the effect of the apomorphine was very marked.

He slept from 3 P.M. till 6 P.M. At 6 P.M. the temperature was 99.2°. At 8 P.M. the pulse was found to be weak. The heart sounds were carefully listened to, but there was nothing specially requiring note about them.

On April 13th, after a good night's rest, his temperature was normal and he was generally better. Simple nourishment was taken during the day. The subsequent progress of the patient—who was treated with quinine, to which was added after a short time antimonium tartarate gr. ⅓, as he had a slight cough and complained of a tightness over the chest, although on examination the sounds were normal—was satisfactory.

On April 22nd the man was in a good state of health, and he was discharged from hospital fit for duty.

W. B. MILLER,
Portsmouth. Surgeon-Major Medical Staff.

PLACENTA FOLLOWING HEAD.

On October 16th I was called to a confinement eight miles away. The woman had been in labour five hours. The os was fully dilated, the membranes were unruptured, and the head presented in the left occipito-cotyloid position. I ruptured the membranes, and in two hours the head was born. The shoulders seemed rather slow in coming forward, and I found that the cause of the delay was the placenta, which was expelled in front of them. The child was born dead, and there was no hæmorrhage at any time. The pains seemed to me quite normal, but the woman complained of its length, as her former ones had been unusually quick. In studying the mechanism of this condition, I should suppose that the placenta had grown from the lower segment of the uterus, and that the point of the shoulder had caught it in descent and expelled it in front of it.

North Collingham, Notts. FRANK BROADBENT, M.R.C.S.

NOTES ON A CASE OF CANCER OF THE PANCREAS. The following case presents some points of interest, and is worth recording from the manner of death.

E. R., aged 51, a vagrant, was admitted into the casual ward of the workhouse. She had tramped several miles during the day, and appeared to be well in health. During the evening she complained of pain in one leg, which was swollen. In the night a woman sleeping in the same room was awakened by hearing her companion breathing heavily, but as this soon ceased she went to sleep again. In the morning E. R. was found to be dead.

I made a *post-mortem* examination a few hours after death. The body was well nourished; there was some œdema of the left leg. On opening the chest the heart was found to be healthy, but the pulmonary artery was blocked by a large clot, which was evidently the cause of the sudden death. Remembering Trousseau's statement that "spontaneous coagulation of the blood is common in cancerous patients," I examined all the abdominal organs, and found the pancreas affected by cancer. The pancreas was much enlarged, weighed 7½ ounces, was hard on section, and presented all the appearances of scirrhus. The liver and spleen were enlarged and congested. Kidneys and suprarenal capsules, stomach, uterus, and all other abdominal organs healthy. On microscopical examination the tumour of the pancreas was found to be ordinary scirrhus.

The case is, I think, especially interesting as showing the connection between abdominal cancer and the tendency of the blood to spontaneous coagulation in the veins. Had no *post-mortem* examination been made, the cause of death would probably have been returned as one of "heart disease" or "syncope," for, as far as I could ascertain, there were no symptoms during life specially to direct attention to disease in the pancreas. In Trousseau's well-known article on "Phlegmasia Alba Dolens" (*Clinical Medicine*) he states that "so great is the semeiotic value of phlegmasia in the cancerous cachexia, that I regard this phlegmasia as a sign of the cancerous diathesis as certain as sanguinolent effusion into the serous cavities."

LEONARD CANE, M.D.Lond., B.S.,
Senior Consulting Surgeon to Peterborough Infirmary.

EXTRAUTERINE GESTATION.

H. M., aged 33, married nine years, had had five children and one miscarriage. The last child was born on May 2nd, 1888, and was suckled for two years. The patient menstruated for the first time after the confinement when the child was 15 months old, in July, 1889. Menstruation, which usually

lasted six days, recurred regularly every month thereafter until three months after weaning the baby. From August, 1890, till April, 1891, there was complete amenorrhœa and the patient thought she was pregnant. A hæmorrhagic discharge, fairly profuse and accompanied by clots, made its appearance during the first week of April, 1891, and continued for eight weeks. From May till October 1st, the date on which I first saw the patient, she had menstruated regularly every month, and the amount and character of the discharge was normal.

About the middle of December, 1890, when she considered herself four and a-half months pregnant, she felt, for the first time, the movements of the child, and she continued to feel these movements until she noticed the discharge of blood from the vagina in April, 1891, and thereafter she never again felt the movements. Coetaneously with the appearance of the hæmorrhagic discharge in April she complained of feeble "labour-like" pains, but they were of short duration. She had had practically no pain and had been able to attend to household duties.

I found that the abdomen was occupied by a central swelling which reached 3½ inches above the umbilicus (13 inches from the pubes). It projected markedly forwards. All over the tumour fluctuation could be elicited, but not very distinctly. The cervix, which was somewhat soft, was located towards the right side of the pelvis and moving the abdominal tumour conveyed no impression to the cervix. The body of the uterus could not be detected. Both breasts were quite flaccid.

The temperature ranged from 99° F. in the morning to 102° F. in the evening. The tongue was dry.

By abdominal section I removed the foetus from its sac. The latter, which was adherent to the anterior abdominal wall, contained sixty-four ounces of pus. The foetus, which was a full time female child, was plump and in a perfect state of preservation. It had probably been dead six months, although it was difficult to credit this from its appearance. It had actually been carried by the mother fourteen months. The sac was drained by the abdominal wound and the patient recovered without a bad symptom.

Gordon Square, W.C.

JAMES OLIVER, M.D., F.R.S.E.I.

REPORTS

ON

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

EDINBURGH ROYAL INFIRMARY.

CASE OF EPITHELIOMA CONFINED TO THE NASO-PHARYNX.

(Under the care of Dr. McBride.)

[Reported by R. ROBERTSON, M.B.]

M., aged 56, was admitted on October 18th. Her father died of inflammation of bowel, aged 41; her mother died aged 78; she had six brothers, one died of obstruction of the bowel, aged 48; a sister died of tumour of the abdomen (causing vomiting, obstruction of bowel, and pain). The patient had had eleven children, of whom only one was dead of some liver affection, aged 27 years. There was no specific history. She had had the ordinary diseases of childhood; ten years ago she had an attack of tonsillitis.

Her present illness commenced a year ago with pain in the left ear and loss of smell in the left nostril; this was gradually followed by deafness, and difficulty in breathing through the left side of the nose, which had gradually increased until there was complete blocking of the left nostril; the pain had extended to the eye and lower jaw so as to interfere with swallowing. She had got thinner since the difficulty in swallowing came on. A discharge of pus from the ear had existed for two months after the pain commenced in the ear; while in the hospital there was a second attack of discharge, due to catarrhal inflammation of the middle ear, but under appropriate treatment the drum membrane, which had become perforated, healed. The heart and lungs were normal.

On inspection of the posterior nares, it was seen that on the

left side there was a warty mass attached to the roof, and a small warty mass, practically part of the larger mass, was attached to the posterior pharynx. On the right side there was a good deal of putrid matter, indicating breaking down of the right side of the neoplasm. Examination of the anterior nares showed that the left nostril far back contained mucopurulent secretion; right anterior nasal view was quite normal. There was a glandular enlargement behind the left sterno-mastoid.

Dr. Barrett, on examining microscopically a portion of the neoplasm removed by Dr. McBride from the posterior nares, stated the tumour to be an epithelioma.

REMARKS BY DR. MCBRIDE.—There can be no doubt that the case so well described by Dr. Robertson deserves to be put on record. An investigation into the literature of malignant tumours of the nose and pharynx, as also my own experience, have shown me how rare it is to meet with epithelioma confined to the naso-pharyngeal cavity. In one other instance I had an opportunity of seeing epithelioma which affected both the posterior pillar of the fauces on the right side and the naso-pharyngeal vault, but which from the history had probably begun in the last-named situation. A digital examination in the case above recorded gave the characteristic hard and warty feel so distinctive of this form of cancer. After a consultation with my colleague, Mr. Duncan, it was decided that no good result could be anticipated from operative measures.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, DECEMBER 15TH, 1891.

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

Xanthoma Diabeticorum.—Mr. MALCOLM MORRIS and Mr. J. J. CLARKE showed a case of xanthoma diabeticorum, which was the eleventh case that had been recorded. The patient was a man, aged 27, whose mother had suffered from functional glycosuria. He had always been stout, and had not suffered from jaundice or headache. It was ascertained that a year ago there was no sugar in his urine. In July some rough spots appeared on the backs of his elbows, and later on the extensor surfaces of the limbs; under arsenic they gradually disappeared. By the middle of September the rash had returned more extensively, and in November it was very severe, affecting especially the elbows and the gluteal region, and a few papules appeared on the trunk. The rash consisted of papules and tubercles of various sizes, which were for the most part discrete; they gradually became red and ultimately yellow in the centre, with a red periphery. The urine was found to contain nearly 7 per cent. of sugar. Antidiabetic treatment caused a gradual disappearance of the eruption, though the patient suffered much from irritation of the skin as the rash was fading. Dr. Robinson of New York had described a precisely similar condition. Mr. Clarke described the macroscopic and microscopic appearances of the lesions in a small piece of skin excised from the outer border of the forearm. The yellow nodules were situated in the deeper part of the corium; the majority were in close relation with one or more hair follicles, but this did not apply to all. Fresh sections showed the nodules to be occupied chiefly by drops of fat. Around the smaller vessels there was a good deal of small-celled infiltration, and at some distance from the capillaries the extravasated cells were large and of yellow colour, being difficult to stain; they were chiefly occupied by fat. There was evidence that some of this fat passed out of the body by way of the epidermis; the lymphatics around the nodules were also full of fat. The hair follicles and the sweat glands were only affected by fatty degeneration where they were involved in the older nodules. The nerves in the neighbourhood of the nodules were normal. The connective tissue, and even the elastic fibres, in the neighbourhood of the large cells could be seen undergoing fatty degeneration and disintegration. A search for micro-organisms resulted negatively. The authors reviewed the literature of the subject, and concluded that the disease was essentially of the same nature as

vember 18th, it was unanimously resolved to affiliate the newly-formed local association to the British and Irish Medical Associations and to render these bodies all possible aid in their endeavour to ameliorate the condition of Irish dispensary doctors. It was, however, considered premature to approach members of Parliament on the subject at present. Meetings of Poor-law medical officers were also held at Nenagh, North Tipperary, on December 9th, and at Ennis-killen on December 10th. At all these meetings cordial votes of thanks were passed to Mr. Ernest Hart, as representing the *BRITISH MEDICAL JOURNAL*, and to Dr. Jacob, as representing the *Medical Press and Circular*, for their energetic advocacy of the claims of the Irish dispensary doctors.

CLINICAL EVIDENCE CONCERNING THE ACTION OF ANÆSTHETICS.

WE published in a recent issue a report of an interesting discussion on anæsthetics considered from the clinical rather than the experimental side, which took place at the annual general meeting at Bournemouth. So much attention was attracted in the Section by the discussion, that it was determined to endeavour to push the inquiry further by means of a committee, and a provisional scheme was then drawn up. Subsequently at a meeting of the Council of the Association, the idea was warmly supported, and the following persons were elected to act upon the general committee representing the United Kingdom, namely, Mr. Jonathan Hutchinson, F.R.S., President: Messrs. Annandale, Joseph Bell, George Buchanan, H. T. Butlin, Drs. Dudley Buxton, Hector Cameron, Messrs. Chiene, Croft, Croly (President of the Royal College of Surgeons of Ireland), Duncan, Durham, Eastes, Dr. Hewitt, Sir Joseph Lister, Bart., F.R.S.; Dr. Macewen, Sir George Macleod, Dr. Rawdon Macnamara, W. V. Snow, Mr. Pridgin Teale, and Dr. Christopher Childs, Honorary Secretary.

It was, however, felt that so large a committee should be supplemented by a small executive committee, and such a one was formed with Mr. Pridgin Teale as Chairman, Dr. Childs as Secretary, and Dr. Dudley Buxton, Mr. George Eastes, and Dr. Frederick Hewitt as members. Similar committees are appointed in Scotland and Ireland.

The work undertaken will commence on January 1st, 1892, and will consist in obtaining statistics from the metropolitan and provincial hospitals of all cases of anæsthetics administered during the year, for which purpose special books will be supplied. It is hoped that other names of medical men well known in connection with the subject may be added to the general committee, and it is further proposed to appoint corresponding members from among eminent surgeons, general practitioners, and anæsthetists throughout the United Kingdom, with the hope of obtaining their assistance and co-operation. It is evident that a work of this kind must succeed or fail largely in proportion as the profession at large contribute or withhold their assistance; it is therefore hoped that no effort will be spared by everyone to contribute some help in so important an investigation.

We understand that the Honorary Secretary has, at the instance of the Committee, sent a circular to the senior acting surgeon of each hospital containing fifty beds or upwards throughout the United Kingdom, and has already received hearty promises of help and co-operation. Anyone applying to the Honorary Secretary, at 2, Royal Terrace, Weymouth, will receive a record book, which contains full instructions. We would repeat that as the investigation is to commence on January 1st all applications should be sent in at once.

HOSPITALS AT ALDERSHOT.

WE have reason to believe that the publication of the details given in the *BRITISH MEDICAL JOURNAL* of December 12th as to the utter want of hospital accommodation for cases of infectious disease at Aldershot has considerably fluttered the official doves. The responsible authorities have over and over again had their attention called to the scandalous state of things existing in the camp, but so long as the remonstrances of the medical staff could be disposed of by the ordinary methods of the "Circumlocution Office" nothing was likely to be done to remedy the evil. As long ago as August, 1889, a committee of officers was appointed to consider how

provision could best be made for infectious cases in the camp. This committee recommended that instead of spending money to no purpose in tinkering up the huts now in use, a new brick building should be erected on a suitable site to serve as an isolation hospital. The way in which the military authorities proposed to carry this recommendation into effect by choosing a site close to a sewage farm, with nothing but a thin belt of trees to keep the stench out of the hospital, has already been referred to. One is almost tempted to suppose that the offer of such a site was made for the express purpose of having it vetoed by the medical officers; it is difficult to believe that persons of ordinary education, to say nothing of men of high scientific attainments like the officers of the Royal Engineers, could have made a proposal so monstrous from the hygienic point of view altogether in good faith. The thing would be inexplicable were it not that the military mind seems to feel some mysterious satisfaction in snubbing the doctors.

The outbreak of scarlet fever which has been smouldering on for two or three months past is now, we are pleased to learn, beginning to subside, but this result can certainly not be attributed to any intelligent action on the part of those in command; the credit is entirely due to the self-sacrificing efforts of subordinate officers, who have done their duty by the men entrusted to their charge in the face of the indifference and obstructiveness of their official superiors. Owing no doubt to the defective accommodation and consequent overcrowding, inadequate ventilation, and other sanitary evils many of the cases of scarlet fever were complicated to an unusual degree with large abscesses, etc., and the task of the medical officers has been made doubly difficult by having to treat their patients under the most disadvantageous conditions.

Nor is the want of hospital accommodation the only evil in respect of the treatment of infectious disease under which Aldershot labours; the provision for disinfection is also quite inadequate. The only available disinfecting apparatus is in a little shed where the patients' clothes, bed linen, etc., are exposed to heated dry air. The apparatus is of a pre-Adamite pattern, and it is with the greatest difficulty that the temperature can be raised beyond 180° F.

A good deal might also be said as to the general sanitary condition of the camp, but this must be reserved for a future occasion. We call once more on the authorities to take immediate steps for the removal of the evils to which we have called attention, and which constitute a source of danger not only to the army, but to the community at large.

ASSOCIATION INTELLIGENCE.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at No. 429, Strand (corner of Agar Street), London, on Wednesday, the 13th day of January next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

December 17th, 1891.

NOTICE OF QUARTERLY MEETINGS FOR 1892. ELECTION OF MEMBERS.

MEETINGS of the Council will be held on January 13th, April 13th, July 6th, and October 26th, 1892. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, December 24th, 1891, March 24th, June 16th, and October 5th, 1892.

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

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

FRANCIS FOWKE, *General Secretary*.

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.

PERTHSHIRE BRANCH.

THE annual general meeting of this Branch was held at Perth on December 4th, 1891. There were present—Drs. A. Thom, McCallum, Dickson, Paton, Robertson, Wilson, Morrison, A. J. A. Campbell, Ferguson, J. Simpson, and Urquhart (Secretary). In the absence of Dr. R. W. Irvine, Dr. FERGUSON was called to the chair.

Officers and Council.—The minutes of last meeting having been read, approved, and signed by the Chairman, the following office-bearers were elected for the ensuing year: *President*: Dr. Ferguson. *Vice-President*: Dr. A. Thom. *Secretary*: Dr. Urquhart (re-elected). *Treasurer*: Dr. A. J. A. Campbell (re-elected). *Council*: Drs. C. M. Campbell, McNaughtan, R. W. Irvine, Morrison, and Robertson.

Alteration of Rule.—The SECRETARY drew attention to the working of Rule III as it affected members of the Association desirous of joining the Branch.—On the motion of Dr. MORRISON, seconded by Dr. WILSON, it was unanimously resolved to add these words after "ballot": "Any member of the British Medical Association, proposed and seconded by any two members of the Branch, is eligible for election as a member of the Branch; provided that his name appears on the billet calling the meeting. The election may take place by ballot or by acclamation; but if balloted for the candidate will only be elected by an absolute majority of the members present."

New Members.—In accordance with the rule as altered, the following new members were elected to the Branch: Dr. Maxton Thom, Crieff; Dr. Simpson, Glenalmond; Dr. Peddie, Stanley; Dr. Paton, Perth.

President's Address.—The PRESIDENT delivered an address on Our Responsibility in Relation to the Use of Opium. He referred to the widely-extended abuse of narcotics and the treatment of those who had become victims to the opium habit. He preferred treatment in an asylum as a voluntary patient; but failing that course, treatment under Weir-Mitchell conditions. Prevention was as important as treatment, and caution should be exercised in prescribing such drugs. He referred to the lax conditions of sale, and concluded by stating his opinion that further legislation was required to modify present evils. Narcotics should not be sold except on medical prescription, and any repetition of the sale should only be after the prescription had been reindorsed. In conclusion, he moved that it be remitted to the Council to consider a recommendation on this subject, and that the Council be granted powers to instruct their representative on the Parliamentary Bills Committee to bring the matter under the notice of the Chairman of that Committee. This motion was unanimously agreed to, and a discussion, in which Drs. MORRISON, ROBERTSON, and SIMPSON took part, showed that the members of the Branch were fully alive to the necessity for more effectual protection of the public in respect of this evil.

Balance Sheet.—The TREASURER (Dr. A. J. A. Campbell) submitted his balance sheet, which showed an increase of money in hand over last year, the sum at the credit of the Branch, exclusive of arrears, being £3.

General Medical Council, etc.—Dr. URQUHART referred to matters at present under review in the BRITISH MEDICAL JOURNAL—the increase of direct representatives on the General Medical Council and the recommendations as to the sale of poisons.—The Branch approved of the increase of direct representatives and the recommendations as to the sale of poisons.

Presentation to the Library of the Association.—Dr. URQUHART further reported that Miss Bower had presented such medical works belonging to her late brother, Dr. Bower, R.N.,

as were not already in the library, to the British Medical Association.

Proposed Discussion on Influenza.—The SECRETARY reported that ordinary meetings might now be held in the museum of the Literary and Antiquarian Society, by special permission granted at the last annual meeting of that society. He was instructed to call a meeting there in January, on a convenient Friday, for the discussion of the present influenza epidemic, the discussion to be opened by Brigade-Surgeon F. R. Wilson.

Dinner.—The members dined in the Station Hotel after the meeting.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE third ordinary meeting of this Branch was held on December 10th, 1891. Dr. THOMAS SAVAGE, President, in the chair.

Therapeutic Committee.—A request from the Therapeutic Committee of the Association that the Branches should appoint Local Therapeutic Committees for the purpose of accurate therapeutic research was considered, and after some explanatory remarks from Dr. SAUNDY, its further consideration was postponed to the next meeting.

New Members.—The following members of the Association were elected members of the Branch:—Arthur Hawley, M.R.C.S.; C. G. Hutchinson, M.R.C.S.; G. A. Ferraby, M.R.C.S.; and W. Farncombe, M.R.C.S.

Notice of Motion.—Mr. JORDAN LLOYD gave notice that he should propose that papers and speeches at ordinary meetings should be regulated by time limits.

The scientific proceedings will be published.

SPECIAL CORRESPONDENCE.

PARIS.

Payment for Medical Inspection during the Cholera Scare.—*Importation of American Ham.*—*A New Lunacy Law.*—*New Public Health Law.*—*General News.*

THE question who is to pay for visits of sanitary inspection in times of epidemic is not yet settled. Last year when cholera appeared in different parts of Spain, and it was necessary to protect the towns on the French frontier, the Mayor and municipality of Perpignan called the doctors together, and it was agreed on both sides that the fee for medical visits in the town should be 3 francs, and 6 francs in the country round about. The fees for the work amount in all to £497. The doctors have applied for payment to the Mayor and municipality; but these authorities maintain that Government should pay, as the visits were made in obedience to its decree, and were made for the safety of the whole of France. Government has consented to pay £120 as a gift; this sum was distributed among the medical men by the Municipal Council of Perpignan, which now refuses to give a penny more. *L'Association des Médecins des Pyrénées-Orientales* has proceeded against the Prefect of the department as the representative of Government and the Mayor of Perpignan for the balance still due.

According to the new Custom House Law, American ham and bacon can be imported into France through the ports of Dunkirk, Havre, Bordeaux, and Marseilles, where consignments will be examined by experts whose services will be paid for by the importer. These experts are to be appointed by the Minister of Agriculture. No American meat will be allowed to pass the Custom House unless it has been examined and certified as sound by the inspectors in question.

The Committee of the Chamber of Deputies appointed to consider the reforms which are necessary in the present Lunacy Law have decided that no one shall be confined in a lunatic asylum without a warrant from the legal authorities.

M. Constans, Minister of the Interior, has laid before the Chamber of Deputies the draft of a new law relating to public health, drawn up by the Superior Council of Public Health. It contains the following clauses: When the sanitary condition of a commune renders necessary sanitary improvements, the said commune shall be called upon to have them

the 2nd Bombay Infantry, *vice* Surgeon-Major P. J. Damania, proceeding on furlough.

Surgeon T. W. IRVINE, Bombay Establishment, just arrived from England, is posted to Bombay district for general duty.

ARMY MEDICAL RESERVE.

SURGEON A. O. WILEY, 1st Volunteer Battalion West Yorkshire Regiment (late the 1st West Riding of Yorkshire) is appointed Surgeon-Major, ranking as Major, December 16th.

THE MILITIA.

THE alterations of designation in rank of medical officers serving in the Militia, etc., as given in our last issue, have, by an order issued by the Lieutenant-Governor, been extended to the officers serving in the Royal Jersey Militia.

THE VOLUNTEERS.

SURGEON-MAJOR T. H. MOXON, 1st Norfolk Artillery (Eastern Division Royal Artillery), is promoted to be Surgeon-Lieutenant-Colonel, December 12th.

Surgeon-Lieutenant J. A. RIGGE, 2nd Volunteer Battalion Oxford Light Infantry (late the 2nd Oxfordshire), is promoted to be Surgeon-Captain, December 12th.

Surgeon-Captain C. A. PATTEN, 2nd Volunteer Brigade Middlesex Regiment (late the 8th Middlesex), is promoted to be Surgeon-Major, December 12th.

DR. JOHN MINTER, Inspector-General of Hospitals, and Honorary Physician to the Queen, died at Plympton on December 15th, in his 76th year. The deceased officer, who retired in 1875, entered the navy in 1837, and as assistant surgeon of the *Implacable*, served on the coast of Syria in the operations of 1840. He was honourably mentioned in published despatches, and received the public thanks of the Governor-General of India for services in the field during the Burmese war of 1851. He was appointed to travel with the Prince of Wales in Egypt, the Holy Land, etc., in 1861-2, and subsequently with the Prince and Princess on the Continent. Dr. Minter was promoted Deputy Inspector-General in 1859, and Inspector-General in 1872.

THE MAGAZINE RIFLE FROM A SURGICAL POINT OF VIEW.

THE November number of the *Journal of the Royal United Service Institution* contains an interesting paper from Surgeon-Captain Perry Marsh, of the Army Medical Staff, on Magazine Rifles in War. This claims the close attention of all military surgeons, as it deals with the effects of a weapon of novel character, which in all probability will play a very important part in the wars of the future. In the recent rearmament of almost every European Power selection has been made of a rifle allowing the rapid discharge of a number of bullets, which differs from those previously employed in being smaller, lighter, and harder. The Lee-Metford ball, which has been adopted by our own military authorities, strikes one as being a very minute missile, but it differs very slightly from those adopted by other great nations, being a little smaller than those used in the armies of Germany and Austria, and a little larger than that selected in France. Sir Thomas Longmore, in his work on *Gunshot Wounds*, published fifteen years ago, doubted whether there would ever be such difference in weight among rifle projectiles in military use as to render the variations of any great practical importance as far as the wounds inflicted by them are concerned. Since, however, the weight of the small-arm projectile has now been reduced by more than one-half, so material a difference, as Surgeon-Captain Perry Marsh points out, can no longer be disregarded; and it ought now to be considered as a very serious question what modifications in destructive effect are likely to be brought about in battle by the use of so light a bullet. It is held in this paper that in adopting a lighter and smaller ball we have sacrificed to a great extent the stopping power and shock possessed by the larger missiles.

Although the theoretical object in civilised warfare is not to kill but to disable our antagonists, it is desirable that the injuries inflicted should be at least grave enough to prevent the injured from taking any further part in the campaign. There is certainly increased velocity in the new weapon, but this, it is contended, does not make up for decreased weight, as the size of the ball also is so much diminished. Such a missile, we are told, might pass through a large joint without touching the bones, or between the two bones of the forearm or leg without injuring these structures in the slightest degree. Another disadvantage of the Lee-Metford bullet, regarded as an offensive weapon, is the fact that as it is covered by a hard inelastic and coherent shell of copper and nickel it will traverse the soft tissues of the body without splintering, flattening, or breaking up. Consequently so long as the bullet meets with nothing of a hard resisting nature the wound it produces will be a very simple one. Hard compact bone would probably be much damaged, but the cancellous structure of the expanded extremity of a long bone would be easily perforated and not sustain much further injury. In addition to diminished shock and stopping power on the individual wound the almost universally adopted use of a lighter, smaller, and harder bullet will result in the prevalence after an engagement of wounds that are clean cut, small, influencing very slightly, if at all, the surrounding soft parts, and uncomplicated by lodgment of the ball or by splinters of lead or any other foreign body. These are not merely speculative views, but are based on the records of two cases, one of which came under the author's observation. In each of these cases a man was shot by the new bullet through the upper portion of the thigh, yet in neither instance was the wounded man knocked down nor did any shock result. In both instances also the wounds healed rapidly. In this able and instructive paper Surgeon-Captain Perry Marsh disclaims any idea of criticising adversely the Lee-Metford rifle. Quick-firing guns carrying smaller and lighter projectiles have now, after very careful consideration, been adopted in almost every army of Europe, and, it is pointed out, "military considerations, such as facility for supply of ammunition in the field and the great increase in effective range, will far outweigh any minor deficiencies in the new weapon as wound producers."

MEDICO-LEGAL AND MEDICO-ETHICAL.

CONSULTATIONS WITH JUNIORS.

T. F. P.—Inasmuch as the principle of the rules to which our correspondent takes exception has not only borne the test of experience for nearly a century—having been introduced by Dr. Percival, the father of medical ethics—but has been definitively approved by several of the most eminent and representative practitioners of a later period, including such men as the late Sir Thomas Watson and Sir Robert Christison and other like experienced authorities, we must decline to enter upon a discussion on the point. The rule, we may note, refers more especially to cases in which a marked disparity of age exists between the practitioner in attendance and the desired junior consultant. If, however, "T. F. P." will formulate and transmit a more effective and desirable rule than that which is quoted in the *BRITISH MEDICAL JOURNAL* of December 5th, page 1237, it shall receive a thoughtful and conscientious consideration. Possibly the insertion of the word "youthful" before "junior" on the sixth line of the printed rule will obviate any objection thereto.

A CORONER ON UNCERTIFICATED MIDWIVES.

AN inquest was held last week, at Leicester, on the body of a woman named Fisher, who, as clearly shown by the evidence, had died of puerperal peritonitis while under the care of an uncertificated midwife. Although the woman's symptoms had been very severe for some days before her death, no medical man was called in till she was actually moribund. Dr. Winton Dickson stated that he found the woman in a dying state, with a scarcely perceptible pulse, and all the symptoms of peritonitis. She died a few minutes after his arrival. The borough coroner (Mr. R. Harvey) said this was one of those cases which showed how desirable it was that there should be some alteration in the law with regard to the qualification and registration of midwives. They ought, in the interests of those poor people, to have some law which would ensure for people in that condition that the person who had undertaken those cases should at any rate be qualified to say when their functions and ability ended, and when it was necessary that some further skilled advice should be brought in. Dr. Dickson had stated very emphatically that in a case of that kind it was extremely desirable in the interests of other persons that a midwife should desist from attending another case of that sort for some time afterwards. They had no power, of course, to control the midwife's movements, and he thought it was a matter which should be put to her—that she should desist from following her employment until the risk of infection should have ceased.—The jury returned a verdict in accordance with the medical evidence, adding a rider that it was desirable the midwife should carry out what the coroner had said with regard to preventing the communication of infection.—In reply to a juror, who asked whether if she continued her duties, she would be liable to punishment, the coroner said he thought there was very little doubt that she would, after having been cautioned as she had been.

H. R. (Darlington) will find that the question as to the circumstances under which it is customary to show special consideration in fees to unbeneficed clergymen has been frequently answered in the *BRITISH MEDICAL JOURNAL*.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

SCIENCE DEGREES.—A memorial signed by 107 members of the Senate has been sent to the Vice-Chancellor, expressing the opinion that the question of establishing degrees in science should be considered by the University. The signatories include graduates who opposed the inquiry into "compulsory Greek," as well as some who supported it, in the late controversy.

CAVENDISH COLLEGE.—Owing to financial difficulties this hostel is to be closed at the end of the present term. Arrangements have been made to admit past and present graduates to the books of the non-collegiate body.

DUBLIN TRICENTENARY.—The Vice-Chancellor, Dr. Butler, Sir George Stokes, and Professor Macalister are named as delegates of the University to the Dublin Tricentenary Festival in July next.

FIRST M.B. EXAMINATION.—Part I (*Chemistry and Physics*): Arkle, Trin.; Boulton, Clare; G. F. Briggs, Joh.; T. H. Brown, Pemb.; Burrell, Trin.; Butler, Joh.; Dove, Christ's; Eardley, M.A.; Joh.; Edmondson, Clare; A. E. Elliott, B.A.; Joh.; Gardiner, Trin. H.; A. E. Harrison, Magd.; Hawkins, Trin.; Holmes, Joh.; R. J. Horton-Smith, Joh.; Howlett, Emman.; L. T. R. Hutchinson, Trin.; Jeaffreson, Christ's; Jephcott, Cai.; Johnston, Trin.; Jordan, Sid.; Kirk, B.A.; Christ's; Lillie, Joh.; Lord, Joh.; McAllum, Christ's; Moritz, Cai.; Muir, Emman.; Nicholls, Joh.; Orton, Joh.; Pentreath, Queen's; Philpots, Trin.; Porter, Emman.; Rae, Joh.; Rawling, Cai.; R. J. Rowland, Corpus; Salt, Emman.; Sapwell, Cai.; P. W. G. Sargent, Joh.; M. H. Smith, B.A., Pet.; Snowden, Christ's; Stead, King's; Talbot, King's; Thorp, Emman.; F. F. Ward, H. Selw.; Watson, Pet.; Wingate, Jesus; Wooley, Cai.; Worthington, B.A., Pemb.

FIRST M.B. EXAMINATION.—Part II (*Elementary Biology*): Asplen, Emman.; V. S. A. Bell, Trin.; R. L. Bell, Pet.; Boulton, Clare; Brooke, Joh.; Chapman, Corpus; Clemens, Emman.; Evans, Emman.; Farrington, Pet.; Fawcett, B.A., Pet.; Gladstone, Joh.; Glasier, Emman.; Hardie, Trin.; Harild, Trin.; Hingston, Trin.; Hughes, Cai.; Jeaffreson, Christ's; Kirk, B.A.; Christ's; McAllum, Christ's; E. B. Marriott, B.A.; Clare; Miller, Cai.; Molesworth, Cai.; Muir, Emman.; Orton, Joh.; W. G. Palmer, Jesus; Philpots, Trin.; Robinson, Cai.; Rowland, H. Selw.; Sandilands, Trin.; Scowcroft, Cai.; Sharples, Cai.; J. B. Simpson, Trin.; Snowden, Christ's; Spens, Trin.; Thorp, Emman.; Webster, Cai.

SECOND M.B. EXAMINATION.—Part II (*Anatomy and Physiology*): W. J.

Anderson, B.A., Pemb.; Barber, B.A., Cai.; Barraclough, B.A., Joh.; Bates, B.A., Queen's; Beedham, B.A., Christ's; Bond, B.A., Borchards, B.A., Cai.; Cameron, B.A., Joh.; F. P. Cayley, B.A., Trin.; A. V. Clarke, B.A., Cooper, Emman.; Cornwall, B.A., Trin.; A. Cortes, M.A., Trin. H.; Cundy, M.A., Trin.; E. G. C. Daniel, B.A., Emman.; N. Devereux, B.A., H. Selw.; Garner, B.A., Emman.; Garrad, B.A., Clare; Gordon, King's; W. J. Harris, B.A., Cai.; Howard, B.A., Sid.; Hedges, B.A., Sid.; Higginson, B.A., Cai.; Hobart, B.A., Cai.; F. A. S. Hutchinson, B.A., Trin.; Irving, B.A., Cai.; Jackson, B.A., Clare; Jerrard, B.A., Cai.; T. P. King, B.A., Joh.; G. J. K. Martyn, B.A., Cai.; G. P. Mathew, B.A., Trin. H.; Maxwell, B.A., Joh.; Nowell, B.A., Cath.; Pead, B.A., Down; L. L. Powell, B.A., Trin.; Reece, B.A., Down; Saw, B.A., Trin.; Sparks, B.A., Cai.; Stewart, M.A., Christ's; C. S. Storrs, B.A., Emman.; Swainson, B.A., Christ's; Thurnell, B.A., Emman.; C. H. S. Vinter, B.A., Cai.; C. C. Webb, B.A., Clare.

THIRD M.B. EXAMINATION.—*Part I (Surgery and Midwifery)*: Barrett, B.A., Cai.; Brooksbank, B.A., Trin. H.; Carr, B.A., Trin.; Chappel, B.A., Cai.; Connop, B.A., Cai.; Coulby, B.A., Trin.; Crofton-Atkins, B.A., Clare; Doman, B.A., Cai.; Durham, M.A., King's; Evans, B.A., Joh.; Floyd, B.A., Clare; Heppell, B.A., Cai.; Hollis, B.A., Sid.; Joyce, B.A., Queen's; P. Langdon-Down, B.A., Trin.; W. T. Lister, B.A., Trin.; G. A. Mason, B.A., Joh.; Master, B.A., H. Cav.; Melsome, M.A., Queen's; Pa'erison, B.A., Trin.; Pinder, Queen's; C. N. Thomas, B.A., Trin.; Thomas, B.A., H. Cav.; W. W. Walker, B.A., Trin.; A. H. Wilson, B.A., Christ's; Windsor, B.A., Emman.; Young, B.A., Joh.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At the ordinary Council held on December 12th, the recommendation of the Board of Examiners in Dental Surgery, that the certificates of attendance on the practice of the dental department of the Royal Infirmary of Bristol should be recognised, was adopted.

OBITUARY.

SIR JAMES RISDON BENNETT, M.D., F.R.S.,

Ex-President of the Royal College of Physicians.

THE death of Sir Risdon Bennett, at the ripe age of 82 removes from the ranks of the profession one of its veterans who has filled with ability and credit some of the highest places in the profession, and had greatly interested himself in the administrative affairs of his College and of the profession, as well as in questions of scientific progress. As President of the College of Physicians during five years, as Chairman of the Executive of the International Medical Congress in London in 1881, as Senior and Consulting Physician and Governor of St. Thomas's Hospital, as a leading member of the General Medical Council, and actively interested in the Metropolitan Hospital Sunday Fund, Sir Risdon Bennett worked hard, thought clearly, expressed himself with vigorous logic, and exercised a distinct influence in the control and guidance of the affairs of these important public bodies.

Sir James Risdon Bennett was the eldest son of the well-known Nonconformist minister, Dr. James Bennett. Evincing a taste for a medical career, he proceeded to Edinburgh University, where he graduated M.D. in 1833. After travelling for a time on the Continent he took up his abode in the metropolis. As a lecturer at Charing Cross Hospital he had as pupils more than one man who has since risen to occupy a foremost position in the medical and scientific world. In 1846 he was elected a Fellow of the Royal College of Physicians, and held the office of Censor in 1857-8 and 1871. He gave the Croonian lectures in 1863, and the Lumsleian in 1870, taking as his subject "Cancerous and other Intrathoracic Growths," published in the BRITISH MEDICAL JOURNAL, and subsequently as a volume. He was elected to the staff of St. Thomas's Hospital, and afterwards became consulting physician and one of the governing body. Sir Risdon Bennett also held the position of physician to the City of London Hospital for Diseases of the Chest, and to the Orphan Work School, Haverstock Hill, and practised for many years in Finsbury Square, City. In 1876 he was called to fill the distinguished office of President of the Royal College of Physicians, to which he was re-elected for five years in succession. He was knighted in 1881. Those who saw him at the annual meeting of the British Medical Association at Bournemouth last August will remember that he then appeared to have before him many years of a hale old age.

Sir Risdon Bennett was a man of strong religious convictions, and had contributed to the literature of the Religious Tract Society, taking an active part in the work of this and the London Missionary Society. In this, as in other things, his convictions ruled his life, and set a stamp upon his character and work. This enabled him to fulfil a consistent part, and to carry himself throughout a long life so as to win respect and consideration even from those who differed from

his policy, and were not attracted by his somewhat reserved manner. He was not gifted with any great original power, initiative imagination, or sympathetic statesmanship; but calm and conscientious in mind, and resolved to adhere to a high standard of conduct, he rose to high places and filled them blamelessly.

GEORGE PARKER MAY, M.D. EDIN., J.P.

DR. GEORGE PARKER MAY, whose death recently occurred at his residence, Maldon, had reached the advanced age of 77. After graduating at the Edinburgh University he practised at Maldon successfully with his father, and later in partnership with Dr. Gutteridge, until about two years ago, when he retired from general and confined himself solely to consulting practice. In 1853 his name was placed on the commission of the peace, and his services in this capacity recommended him to the Lord-Lieutenant, who appointed him a justice of the peace for the county, and for many years he was an active member of the Latchington bench. In 1874 he was unanimously elected Mayor, and again occupied the chair in 1880.

Dr. May filled a number of public offices, and was one of the original members of the 23rd Essex Rifle Volunteers, to whom he acted as assistant-surgeon for several years. Dr. May was an occasional contributor to our columns, and was the author of a volume of poems of more than average merit. The deceased was attended in his last illness by Dr. Gutteridge, who called into consultation Sir Edward Sieveking. The funeral, which was of a semi-public character, testified to the warm esteem in which he was held.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HOUSING OF RURAL LABOURERS.

THE Chelmsford rural sanitary authority have recently had under consideration the miserable condition of a number of cottages in the village of Good Easter. Dr. Thresh, the medical officer of health, described many as unfit for habitation, but condemned only three in the first instance owing to lack of house accommodation elsewhere. It was stated that several of the principal landowners in the parish do not own a single cottage. It is most satisfactory to find that Dr. Thresh has the warm support of the authority in dealing with this matter, one of the most difficult problems in rural sanitation. Where houses are clearly unwholesome they ought to be condemned for the same reason that unsound food is condemned, and if private enterprise and philanthropy fail to supply a sufficient number of decent dwellings for those whose work compels them to live in a particular locality, then the sanitary authority have powers under the third part of the Housing of the Working Classes Act. In another matter the rural sanitary authority are in advance of the urban district of Chelmsford—namely, in the provision of means of hospital isolation. Neither district has any accommodation of this kind at present, but the rural authority have decided to proceed at once, while the urban authority still show no sign.

COMPULSORY NOTIFICATION: NEW FORM OF CERTIFICATE.

THE Local Government Board have issued an order prescribing a new form of certificate for the notification of infectious disease in the metropolis after January 1st next. This new form has become necessary in consequence of Section 55 of the new Public Health (London) Act, which comes into force in the new year, and requires fuller information to be given in the certificate in the future than hitherto. The new certificate must state the name, in full, of the patient, the age and sex of the patient, the full postal address of the house of which the patient is an inmate, if an inmate of a hospital the place from which the patient was brought to the hospital must be stated, together with the date at which the patient was so brought, the name of the infectious disease from which the patient is suffering. It must also state whether the case has occurred in the private practice of the practitioner certifying or in his practice as medical officer of a public body or institution. The certifier will also have to know or ascertain the sanitary district in which his patient is resident, and as this is often a matter of no small difficulty it would be well if the plan adopted in some districts of distributing a map, or diagram, or description of the sanitary district were generally adopted throughout the metropolis.

POST-MORTEM EXAMINATIONS IN WORKHOUSES.

OUR attention has been directed to a recently published account of a meeting of a provincial board of guardians, at which the question of the medical officer of the workhouse making *post-mortem* examinations on the bodies of the inmates without some special authority was discussed and unfavourably commented on by several of the guardians present. We may point out that though, from a professional point of view, such examinations may often be desirable, yet that the regulations under which a workhouse medical officer holds his appointment do not sanction the practice; and that if in any particular case a *post-mortem* examination is made, there should be a special reason for it, and some general or special permission should be obtained. The practice of indiscriminately

making such examinations, not being sanctioned by any authority, may at any time entail on a workhouse medical officer a very grave responsibility.

INFECTIOUS WARDS AT THE BRADFORD FEVER HOSPITAL.
DR. BARRY, of the Local Government Board, has made an examination of the new infectious wards erected by the Bradford Corporation in extension of the borough Fever Hospital. There are two wards, each 72 feet by 15 feet, back to back, having a space of 3 feet between them. By the provision of an undressing room for convalescents and other precautions, the risk of carrying away infection is greatly minimised. Fresh air is let in by three shafts from the outside, and warm air admitted through gratings at the foot of each bed, all the vitiated air passing through a furnace heated up to at least 800 degrees. The special arrangements for the destruction of disease germs are of the most approved kind. The anemometer shows that at least 10,000 cubic feet per hour per patient can be passed through the wards and out through the furnace, and in cold weather a temperature of 60° maintained.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.
At a meeting of the Council of this Association on December 15th, 1891, the Council having had under consideration the case of Mr. A. L. Haynes, of Evesham, and the verdict returned by the coroner's jury empanelled to inquire as to the cause of death of Mrs. Allen - which verdict reflected on Mr. Haynes's professional conduct - the following resolutions were unanimously passed:

I. That Mr. Haynes gave all necessary attention to the case of Mrs. Allen.

II. That the evidence given at the inquest by Mr. J. F. Campbell, who described himself as assistant overseer of the parish, and professed to have acted as such, had a misleading effect, as Mrs. Allen, the patient in question, was not a pauper.

III. That the verdict, as returned by the jury, which stated that Mr. Haynes had been guilty of neglect, without any expression of opinion that his action had in any way whatever contributed towards the death of the deceased, is totally unsupported by evidence, and not in accordance with recognised law.

SANITATION IN AMERICA.
The fifth annual report of the State Board of Health, Ohio, for the year ending October 31st, 1890, contains much information which is of value to readers in this country, although the conditions under which sanitary work is carried on are so different. In the absence of any official registration of births and deaths, an annual house-to-house visitation is made by assessors, who record the information obtained by direct inquiry. The vital statistics are, therefore, of necessity incomplete, and conclusions based upon them must be subject to reservation. Some of the epidemiological sketches are very interesting, and so are the reports of the debates at the several conferences during the year. A considerable number of instances of poisoning by cheese are reported in detail, and Dr. Probst seems to have the support of his colleagues in regarding them as due to some other poison than tyrotoxin. The meteorological records are given very fully.

HEALTH OF ENGLISH TOWNS.
In twenty-eight of the largest English towns, including London, 5,114 births and 3,580 deaths were registered during the week ending Saturday, December 12th. The annual rate of mortality in these towns, which had been 20.5 and 22.6 per 1,000 in the preceding two weeks, declined again to 19.5 during the week under notice. The rates in the several towns ranged from 12.4 in Norwich, 12.8 in Leicester, 13.2 in Halifax, and 13.5 in Hull to 33.2 in Cardiff, 36.4 in Newcastle-upon-Tyne, 40.9 in Wolverhampton, and 45.1 in Plymouth. In the twenty-seven provincial towns the mean death-rate was 21.3 per 1,000, and exceeded by 3.2 the rate recorded in London, which was 18.1 per 1,000. The 3,580 deaths registered during the week under notice in the twenty-eight towns included 402 which were referred to the principal zymotic diseases, against 391 and 476 in the preceding two weeks; of these, 116 resulted from whooping-cough, 92 from measles, 55 from "fever" (principally enteric), 49 from diphtheria, 48 from diarrhoea, 42 from scarlet fever, and not one from small-pox. These 402 deaths were equal to an annual rate of 2.2 per 1,000; in London the zymotic death-rate was 2.3, while it averaged 2.2 per 1,000 in the twenty-seven provincial towns, and ranged from 0.6 in Halifax, 0.4 in Leicester, and 0.5 in Bolton and in Huddersfield to 3.9 in Blackburn, 4.0 in Sunderland and in Cardiff, 4.7 in Birkenhead, and 7.5 in Newcastle-upon-Tyne. Measles caused the highest proportional fatality in Cardiff, Wolverhampton, Sunderland, Birkenhead, and Newcastle-upon-Tyne; scarlet fever in Plymouth; and whooping-cough in Bradford, Wolverhampton, Nottingham, Newcastle-upon-Tyne, and Blackburn. The 49 deaths from diphtheria registered during the week under notice in the twenty-eight towns included 33 in London, and 2 each in Portsmouth, Derby, Manchester, Sunderland, and Newcastle-upon-Tyne. No fatal case of small-pox was recorded either in London or in any of the twenty-seven provincial towns; one small-pox patient was under treatment in the Metropolitan Asylums Hospital at Dartford on Saturday last, December 12th. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on the same date was 1,555, against numbers increasing from 947 to 1,554 at the end of the preceding fourteen weeks; 137 new cases were admitted during the week under notice, against 152 and 166 in the previous two weeks. The death-rate from diseases of the respiratory organs in London was equal to 4.3 per 1,000, and was considerably below the average.

HEALTH OF SCOTCH TOWNS.
DURING the week ending Saturday, December 12th, 773 births and 787 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 32.2 per 1,000 in the preceding eight weeks, declined again to 30.6 during the week under notice, but exceeded by as much as 10.8 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 Perth and Aberdeen, and the highest in Leith and Edinburgh. The 787 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 slightly exceeded 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 286 deaths registered in Glasgow included 7 from whooping-cough, 5 from measles, 4 from scarlet fever, and 3 from diphtheria. Three fatal cases of diphtheria were recorded in Dundee, and 3 of scarlet fever in Greenock. The death-rate from diseases of the respiratory organs in these towns was equal to 11.6 per 1,000, against 4.3 in London.

HEALTH OF IRISH TOWNS.
IN sixteen of the principal town districts of Ireland the deaths registered during the week ending Saturday, December 5th, were equal to an annual rate of 34.6 per 1,000. The lowest rates were recorded in Dundalk and Drogheda, and the highest in Cork and Belfast. The death-rate from the principal zymotic diseases averaged 1.7 per 1,000. The 231 deaths registered in Dublin were equal to an annual rate of 34.7 per 1,000 (against 33.9 and 30.3 in the preceding two weeks), the rate for the same period being 21.2 in London and 38.2 in Edinburgh. The 231 deaths in Dublin included 13 which were referred to the principal zymotic diseases (equal to an annual rate of 2.0 per 1,000), of which 7 resulted from enteric fever, 4 from diarrhoea, and 2 from whooping-cough.

D.P.H. EXAMINATION.
A MEMBER asks what books would be suitable to read for the first examination for the D.P.H. Cambridge.

** Ganot's *Physics* and Roscoe's *Elementary Chemistry*, if the candidate has forgotten those subjects; otherwise the following would probably suffice: Parkes's *Manual of Practical Hygiene* (ninth edition), Wynter Blyth's *Manual of Public Health*, Whitelegge's, or Louis Parkes's, *Hygiene and Public Health*.

THE DUTIES OF MEDICAL OFFICERS OF HEALTH UNDER THE NOTIFICATION ACT.

A. W. R. asks once more the old question whether the medical officer of health has any right or authority to see a case of infectious disease notified to him by a practitioner. No such power is given by the Notification Act, and the Local Government Board has rightly intimated that it is no part of the health officer's ordinary duty to verify the diagnosis officially notified to him. Under exceptional circumstances it may occasionally become necessary for him to do so, but certainly not as a general practice.

HOSPITAL AND DISPENSARY MANAGEMENT.

GLASGOW VICTORIA INFIRMARY.
THE fourth annual report of this youngest of the Glasgow hospitals is an encouraging document. During the year, 926 patients were treated in the house, and in the dispensary the consultations numbered 4,741. The death-rate of indoor patients, not including cases admitted *in articulo mortis*, was 6 per cent. The cost of each fully occupied bed was £96 13s. 10d., and the average cost per patient £5 5s. 4d. The deficit on the ordinary income was £138. But after deducting this and extraordinary expenditure from the extraordinary income, a credit balance of £2,067 remained. An extension of the infirmary by the addition of an additional pavilion capable of accommodating seventy patients, and of a nurses' home, is in progress. When this is completed the infirmary will accommodate 150 patients. The money for this extension is all guaranteed. Close on one-fourth of the ordinary income was contributed by workmen.

ARMAGH COUNTY INFIRMARY.
SINCE the railway disaster at Armagh by which so many lives were sacrificed, it had been decided to carry out important improvements and also to provide additional accommodation, and the hospital is now in debt to the amount of nearly £700. A collection has been made in the Roman Catholic churches in every parish in the county and it is hoped that a considerable sum may thus be obtained for an institution which has been the means of relieving a large amount of suffering.

MEDICAL NEWS.

DR. HERCULES McDONNELL has been appointed a justice of the peace for the county of Louth.

THE salaries of medical officers of the Rathdown Union have been increased by £30 per annum.

THE death is reported of Dr. William Starkey, J.P., which occurred on December 10th at his residence, Woodville Ballyhooley, co. Cork, aged 76.

A NEW clinical society has been formed at Kasan, in Russia, which, it may be mentioned, is the seat of a flourishing university founded in 1804.

THE Duke of Westminster has accepted the office of President of the National Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury.

DR. DANFORD THOMAS, at a recent inquest, said he held 200 inquests annually on children suffocated in bed, and 600 died every year in London.

DR. COATES of Streatham has been presented with a handsome revolving brass bookstand by the members of a ladies' class he instructed during the spring of this year.

ROYAL INSTITUTION.—Among the lecture arrangements before Easter are the following: Professor John G. McKendrick, Six Christmas Lectures to Juveniles on Life in Motion, or the Animal Machine; Professor Victor Horsley, Twelve Lectures on the Structure and Functions of the Nervous System (The Brain); Professor E. Ray Lankester, Three Lectures on Some Recent Biological Discoveries; Dr. Arthur Whitelegge, Three Lectures on Epidemic Waves.

KIEFF MEDICAL SOCIETY.—On November 10th the Kieff Medical Society celebrated the fiftieth anniversary of its foundation. In the absence of the president owing to illness, the jubilee address was delivered by the vice-president, Professor P. Morosow. The Society at present numbers 21 honorary members (among whom are M. Pasteur, Professor R. Virchow, and Professor Ludwig, of Leipzig), 157 ordinary, and 50 corresponding, members.

THE International Congress of Hygiene is to hold its next meeting at Buda-Pesth, which does not seem to be a very good type of a sanitary locality, and will therefore perhaps benefit all the more for holding the Congress. It is announced this week that all the schools are to remain closed till January 6th on account of the prevalence of infectious diseases. In three weeks no fewer than 319 school children fell ill of scarlet fever, and 31 died; 203 had diphtheria, 74 died.

SECRET REMEDIES IN GERMANY.—It is announced that the German Federal Council have under consideration the details of a proposed new law by which severe restrictions are to be placed on the puffing and sale, and especially the importation, of secret remedies. In view of recent events it may seem to many that it would be better for those who have not the privilege of being the subjects of the Kaiser if the German Government would forbid the exportation of such questionable merchandise.

"TOSSING" FOR A DISPENSARY DOCTOR.—In connection with the communications appearing in the BRITISH MEDICAL JOURNAL on the dispensary system in Ireland it is interesting to read of a new method of appointing a dispensary doctor. It is reported that the dispensary committee of Kiltormer, co. Galway, being equally divided as to the merits of Dr. Macnamara and Dr. Quinlan, who are described as of the same politics, it was suggested that they should "toss." The services of a halfpenny were at once called in, the coin was tossed, and Dr. Quinlan won the appointment.

NATIONAL LEPROSY FUND.—At the last meeting of the Executive Committee, at which the three Commissioners lately returned from India were present, a draft report drawn up by the Commissioners, together with the officers deputed by the Government of India to be associated with them, was submitted, and after discussion referred to a special subcommittee; £1,000 was voted towards leprosy homes and retreats in India; and votes of thanks were passed to the three Commissioners and to Dr. Abraham for the manner in which they had discharged their duty.

A CENTENARIAN DOCTOR.—The *Progrès Médical* announces the death, at Bordeaux, of Dr. Stanislas Zalewski, a medical man of Polish origin, at the patriarchal age of nearly 111. Dr. Zalewski, who was born at Warsaw on December 25th, 1780, was, like most of his countrymen who seek their fortune abroad, a scion of an illustrious but impoverished family, whose name once figured prominently in the annals of Poland. Till quite recently Dr. Zalewski enjoyed excellent health, and retained all his faculties unimpaired. He was for a long time in active practice in Bordeaux, but for the last thirty years he had given up professional work, and led a very retired life, subsisting on a slender pension allowed him by the French Government. The old man was somewhat cold and reserved in manner to strangers, but with his intimates he was always genial and willing to fight all the battles of his long life over again. He used to speak of the first Napoleon,

whom he had seen reviewing his troops at Moscow, as of someone whom he had met a few days before. In his childhood Zalewski had spent the three years from 1790 to 1793 in Paris with his family, and that terrible time had left an indelible impression on his mind. He had witnessed the execution of Louis XVI from behind a window, where he stood holding tight to his mother's dress. Unfortunately, although it is stated that he used to give interesting details of this memorable event, they appear to be lost to history for want of a Boswell.

GENERAL PRACTITIONERS' ALLIANCE.—A meeting of the Council of the above Society was held at the offices, 29, Threadneedle Street, E.C., on Friday, December 11th. Five new members were elected. It was resolved: "That the membership of all members admitted to the Alliance since November 1st date as from January 1st, 1892. The President stated that the result of the election of direct representatives to the General Medical Council, although not altogether as they could have wished, it was, he considered, one on which the Alliance could be congratulated. The voting showed that the profession strongly desired to be represented by general practitioners, and by a large majority had placed a general practitioner at the head of the poll. It was not the desire of the Alliance to displace Dr. Glover, or a third candidate might have been put forward—it might have been a tactical mistake not to have done so—as in that case a larger number of general practitioners would probably have returned their voting papers, and the supporters of Dr. Alderson and himself would probably not have given their third vote to one of the retiring candidates, as in a large majority of cases they had done. Dr. Alderson made some remarks expressing his satisfaction with the favour with which his candidature had been received.—At a meeting of Messrs. Alderson and Brown's Election Committee, held on Friday, December 11th, it was proposed by Dr. Mead (Newmarket), seconded by Dr. H. C. Shaw (Hampstead), and carried unanimously: "That in consideration of their services in coming forward as candidates in the recent contest for the seats of direct representatives in the General Medical Council, Messrs. Brown and Alderson be invited to a dinner to take place about the middle of January next." A committee was appointed, with Dr. Campbell Boyd as Honorary Secretary.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are—Dr. Franz Christoph von Rothmund, Professor of Surgery in the University of Munich from 1843 to 1871, and the "Nestor of German Surgeons," within a few weeks of the completion of his 90th year; Professor Edmondo Coen, one of the leading spirits of the Medico-Chirurgical Society of Bologna; Professor F. A. L. Palasciano, of Naples, for many years one of the leading surgeons of Italy; Dr. Léon Tripier, Professor of Clinical Surgery in the Lyons Faculty of Medicine, aged 49; Dr. G. Spantigati, Lecturer on Surgery in the University of Turin; Dr. Barthez, a member of the Academy of Medicine, and well known throughout the medical world as joint author with Rilliet of the classical treatise on diseases of children, in the last editions of which he had the co-operation of his son-in-law, Dr. Sanné; Dr. Fréol, physician to the Charité Hospital in Paris, and secretary to the Academy of Medicine, aged 66; Dr. Adolph Holmer, of St. Petersburg, formerly physician to the Russian Ministry of War, aged 75; Dr. James Schmidt, of St. Petersburg, formerly physician-accoucheur to the Imperial family of Russia, aged 83; Dr. I. St. Krassnopewzew, aged 65, for twenty-seven years the chief medical officer of a children's hospital at Moscow, where, besides numerous other operations, he had operated some 900 times for stone; Dr. Justus Schmidt, of Cassel, physician in ordinary to the last Elector of Hesse, aged 75; Dr. Fischel, Emeritus Professor of Psychological Medicine in the University of Prague, where he had taught for forty years, aged 78; and Dr. N. C. Husted, one of the founders of the New York State Medical Association, and a surgeon of note in the United States, aged 66.

LITERARY INTELLIGENCE.—The *St. Petersburger medicinische Wochenschrift* announces that a life of the late distinguished Russian physician, S. Botkin, will shortly see the light. The author is Dr. N. Bjelogolowy, who was an intimate friend of Botkin for many years.—A new monthly medical journal,

entitled *La Chirurgie Moderne des Organes Génito-urinaires*, has lately begun to appear in Paris under the editorship of Dr. J. Lavaux.—The Odessa Medical Society has decided to issue a periodical under the title of *Südrussische medicinische Zeitschrift* (South Russian Medical Gazette). The journal, which is to appear fortnightly, will have six editors, assisted by two "editorial secretaries." It is curious to read in the prospectus that the periodical is to be allowed to appear without being subject to the censorship which weighs so heavily on the press in Russia, except as far as the minor paragraphs are concerned.—An English and German Medical Dictionary, giving the German equivalents of all English medical terms, has just been published by Deuticke of Vienna. The author is Dr. M. Kaatz, who expresses the hope that the book may be useful to German readers of English medical literature: it would probably also be of considerable assistance to English students of German works on medicine.—We have received the first number of the *Texas Sanitarian*, which is to be published monthly at Austin (Texas), under the editorship of Dr. T. J. Bennett. The present number contains, among other original articles, one on Contagion and Immunity, by Dr. J. W. McLaughlin; and one on the Responsibility of the Medical Profession on the Use of Alcoholic Stimulants, by Dr. W. A. Morris. There is besides a good supply of editorial matter, abstracts, etc., relating to hygiene.—An early number of the *Climatologist*, another new medical journal, is also before us; it is published at Philadelphia, and edited by Drs. J. M. Keating, F. A. Pickard, and C. F. Gardiner, with the co-operation of Drs. J. M. Da Costa, William Osler, W. Pepper, and many other leaders of the profession in the United States. Among the contents of the present number are articles on the Climate of Florida, by Dr. J. P. Wall; on Tuberculosis as a Local and Contagious Disease, by Dr. L. S. De Forest, etc.

MEDICAL VACANCIES.

The following Vacancies are announced:

- BELGRAVE HOSPITAL FOR CHILDREN, 79, Gloucester Street, S.W.—Ophthalmic Surgeon, must be F.R.C.S. Applications to the Honorary Secretary by January 6th, 1892.
- BELGRAVE HOSPITAL FOR CHILDREN, 79, Gloucester Street, S.W.—Aural Surgeon, must be F.R.C.S. Applications to the Honorary Secretary by January 6th, 1892.
- COPPICE ASYLUM, Nottingham.—Assistant Medical Officer, unmarried, and age not to exceed 28 years. Salary, £120 per annum, with furnished apartments, board, washing, and attendance. Application to Dr. Tate, at the Asylum, by December 31st.
- COUNTY ASYLUM, Prestwich, Manchester.—Assistant Medical Officer, unmarried. Salary, £100 per annum, with prospect of £25 increase at end of first and second years, and furnished apartments, board, washing, and attendance. Applications to the Superintendent.
- COUNTY CLARE INFIRMARY, Ennis.—Apothecary and Registrar. Salary, £75 per annum, apartments, fire, and light. Applications to the Chairman, Managing Committee, by December 19th.
- GENERAL HOSPITAL, Birmingham.—Honorary Surgeon; must be F.R.C.S. Applications to J. D. M. Coghill, M.D., House-Governor, by December 22nd.
- GENERAL HOSPITAL, Birmingham.—House-Surgeon. Appointment for six months. Residence, board, and washing provided. Applications to J. D. M. Coghill, M.D., House-Governor, by January 2nd, 1892.
- GENERAL INFIRMARY at Gloucester and the GLOUCESTER EYE INSTITUTION.—Surgeon. Applications to the Secretary by January 6th, 1892.
- HALIFAX INFIRMARY AND DISPENSARY.—House-Surgeon; unmarried, doubly qualified. Salary, £50 per annum, with residence, board, and washing. Applications to Oates Webster, Secretary, by December 23rd.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—House-Physicians. Applications to the Secretary, by December 31st.
- HULME DISPENSARY, Manchester.—Honorary Surgeon. Applications to F. H. Collins, M.D., Honorary Secretary of the Medical Committee by December 22nd.
- LIVERPOOL NORTHERN HOSPITAL.—Assistant House-Surgeon; doubly qualified. Salary, £70 per annum, with residence and maintenance. Applications to the Chairman of the Committee by December 29th.
- LIVERPOOL STANLEY HOSPITAL.—Honorary Assistant Ophthalmic Surgeon. Applications to J. E. Bennett, Honorary Secretary, by January 11th, 1892.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (Albany Memorial), Queen Square, Bloomsbury.—Anæsthetist. Applications to B. Burford Rawlings, Secretary-Director, by December 19th.
- NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Harts Hill, Stoke-upon-Trent.—House-Physician; doubly qualified. Salary, £100 per annum, increasing £10 yearly, with furnished apartments, board, and washing. Applications to the Secretary by December 28th.

- OLDHAM INFIRMARY.—Medical Officer for the Eye Department, doubly qualified. Honorarium, £30 per annum. Applications to Alex. Ure, Honorary Secretary, by December 29th.
- OLDHAM INFIRMARY.—Junior House-Surgeon, doubly qualified. Salary, £50 per annum, with board, lodging, and washing. Application to Alex. Ure, Honorary Secretary, by December 29th.
- OWENS COLLEGE, Manchester.—Professor of Botany. Applications, addressed to the Council of the College under cover to the Registrar, by January 25th, 1892.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, West Strand.—Clinical Assistants. Appointments for six months. Applications to T. Beattie-Campbell, Secretary, by December 31st.
- ROYAL FREE HOSPITAL, Gray's Inn Road.—Junior Resident Medical Officer. Appointment for six months. Board, residence, and washing provided. Applications to the Secretary before December 28th.
- SHILLELAGH UNION.—Medical Officer for Hacketstown and Coolkenno Dispensary. Salary, £135 per annum, and fees. Applications to William E. Jones, J.P., Woodside, Hacketstown, Honorary Secretary. Election on December 21st.
- STAFFORDSHIRE GENERAL INFIRMARY, Stafford.—Assistant House-Surgeon. Board, residence, and washing provided. Applications to the House-Surgeon by December 28th.
- SUNDERLAND INFIRMARY.—House-Surgeon, doubly qualified. Salary £80 per annum, rising £10 annually to £100, with board and residence. Applications to the Chairman of the Medical Board by December 31st.
- UNIVERSITY COLLEGE, Dundee.—Demonstrator of Anatomy. Salary, £120 per annum. Applications to G. W. Alexander, M.A., Secretary, by December 26th.
- UNIVERSITY OF EDINBURGH.—An Additional Examiner in each of the following departments of Medicine, namely, Materia Medica, Physiology, Pathology, Surgery, and Clinical Medicine. The salary in each case is £75 a year, with an allowance of £10 a year for travelling for those not resident in Edinburgh or neighbourhood. Applications to M. C. Taylor, Int. Secretary, by January 6th, 1892.
- VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea.—House-Surgeon to the In-patients. Honorarium, £50 per annum, with board and lodging. Applications to the Secretary before January 2nd, 1892.
- VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea.—House-Physician to the In-patients. Honorarium, £50 per annum, with board and lodging. Applications to the Secretary before January 2nd, 1892.
- WESTERN GENERAL DISPENSARY, Marylebone, N.W.—Honorary Surgeon. Applications to the Honorary Secretary by January 2nd, 1892.
- WESTMINSTER AND GENERAL LIFE ASSURANCE ASSOCIATION, 28, King Street, Covent Garden, W.C.—Two Medical Officers. Salary, 100 guineas per annum. Applications to the Actuary by December 28th.
- YORK COUNTY HOSPITAL.—Junior House-Surgeon, doubly qualified. Salary, £40 per annum, with board and residence. Applications to C. E. Pinfold, Secretary, by December 29th.

MEDICAL APPOINTMENTS.

- ABBOTT, Charles Edward, L.R.C.P.I., M.R.C.S.Eng., reappointed Medical Officer of Health for Braintree.
- BOOTH, Frederick, M.B., C.M.Aberd., reappointed Medical Officer of Health for St. Anne's-on-the-Sea.
- BOSWELL, J. I., M.D.Lond., L.R.C.P., M.R.C.S., reappointed Medical Officer of Health for the Portland Borough of Faversham.
- BROWN, R., M.B.Durh., B.S., L.S.A., appointed Medical Officer for the Winton Sanitary District of the Gateshead Union.
- CHALLINOR, Cedric, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Rural Districts of the Leigh Union, *vice* Dr. John Hall.
- DELÉPINE, A. Sheridan, M.B., C.M., appointed Professor of Pathology at Owens College, Manchester.
- DICKSON, Robert Harper, L.R.C.S.I., L.R.C.P.I., appointed Medical Officer of the Newcastle-under-Lyme Union Workhouse and District; Public Vaccinator for the Newcastle District; and Medical Officer of Health for the Newcastle-under-Lyme Rural Sanitary District, *vice* James Yates, resigned.
- EVANS, Robert William J., L.R.C.P., L.R.C.S.Eng., reappointed Medical Officer of Health for Wrexham.
- FENNER, Robert, L.R.C.P.Lond., M.R.C.S.Eng., reappointed for the Northrepps District of the Erpingham Union.
- GARSON, W. R. J., M.B., C.M.Eng., appointed Medical Officer for the Bebington Sanitary District of the Wirral Union, *vice* William Main, M.D., L.R.C.S.Eng.
- GREEN, Dr., reappointed Medical Officer of Health to the Edmonton Local Board.
- HADLEY, Wilfred J., M.B., M.R.C.P., F.R.C.S.Eng., L.S.A.Lond., appointed Medical Registrar to the London Hospital, *vice* F. J. Smith, B.A.Oxon., M.B.Lond.
- HAWTHORNE, William Thomas, M.R.C.S., L.S.A., reappointed Medical Officer of Health by the Wellington Board of Guardians.
- HILL, T., M.D.St. And., M.R.C.S., appointed Medical Officer for the Bromsborrow Sanitary District of the Newent Union, *vice* Mr. Wood.
- HITCHINS, T. J., L.R.C.P., M.R.C.S., appointed Surgeon to St. John's Hospital for Diseases of the Skin, Leicester Square, W.C.
- HOGARTH, R. G., M.R.C.S., L.R.C.P., appointed Resident Assistant to the Wolverhampton and Staffordshire General Hospital, *vice* F. T. Anderson.

HOPE, Henry, L.R.C.P. Edin., M.R.C.S., reappointed Medical Officer of Health for the Port of Southampton.

HOPKINS, G. Herbert, L.R.C.P. Lond., M.R.C.S., appointed Honorary Medical Officer to the Out-patient Department of the Swansea General Hospital.

HOYLE, J. M.B., C.M. Edin., reappointed Medical Officer of Health to the Greetland Local Board.

HUTCHINSON, W. M.D., appointed Medical Officer for the Finchingsfield District of the Braintree Union, *vice* J. G. S. Forrest, L.R.C.P. Lond., resigned.

JOHNSTON, John Somerville, L.K.Q.C.P.I., L.R.C.S.I., appointed by the Postmaster-General, Medical Officer to the Bletchley Station Post Office and District.

JONES, F. Felix, M.R.C.S. Eng., L.S.A., appointed Medical Officer of Health for the Llaniyllin Union.

JORDAN, B. F., M.B., C.M. Irel., appointed Assistant Medical Officer for the Workhouse of the Parish of Birmingham.

JOYNES, Francis J., M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health for the Dursley Rural District.

MARTYN, E. M.B., C.M. Aberd., M.R.C.S., appointed Medical Officer for the Workhouse and the No. 1 Sanitary District of the Mansfield Union.

MOYLAN, M. J., L.K.Q.C.P.I., L.R.C.S. Edin., appointed Medical Officer for the Ince-in-Makerfield Sanitary District of the Wigan Union.

MURRAY, George R., B.A., M.B. Cantab., M.R.C.P. Lond., appointed Lecturer on Bacteriology and Comparative Pathology in the University of Durham College of Medicine, Newcastle-on-Tyne.

NEWINGTON, R. S., M.R.C.S., L.S.A., reappointed Medical Officer for the Goudhurst Sanitary District of the Cranbrook Union.

NEWMAN, E. A. R., M.R.Cantab., M.R.C.S. Eng., appointed House-Surgeon to the West London Hospital, *vice* F. H. Alderson, M.B. Durh., L.R.C.P., M.R.C.S.

OLIPHANT, E. H. Lawrence, M.D. Edin., appointed Visiting Physician to the Glasgow Maternity Hospital, *vice* W. L. Reid, M.D., whose term of office expires.

PAGET, T. Lakin, M.R.C.S. Eng., L.R.C.P. Lond., appointed House-Physician to the West London Hospital.

PATTERSON, Arthur Edward, M.B., C.M., appointed Assistant Medical Officer to the City of London Lunatic Asylum, Stone, near Dartford, *vice* Algernon W. Lyons, M.B., M.R.C.S., L.R.C.P.

REVINGTON, G. T., M.D. Dub., appointed Resident Medical Superintendent of Dundrum Asylum, *vice* Dr. Ashe, deceased.

RICHARDSON, R. J., M.B., C.M. Edin., appointed Medical Officer to the West Derby Local Board.

RODERICK, Sydney James, M.B. Edin., appointed Medical Officer of Health for Llanelli, *vice* Dr. Buckley, resigned.

RUSSELL, William, M.B., C.M. Aberd., appointed Junior Resident Medical Officer to the Toxteth Workhouse Infirmary, Smethdown Road, Liverpool.

SAYRES, A. W. F., M.R.C.S., L.R.C.P. Lond., appointed House-Surgeon to the North Infirmary, Barnstaple, *vice* Mr. Penny.

SWAYNE, Joseph Griffiths, M.D. Lond., M.R.C.S. Eng., appointed Honorary Obstetric Physician to the Bristol Royal Infirmary, *vice* Ernest Wedmore, M.B., M.R.C.S., resigned.

TAYLOR, W. K., L.R.C.S.I., appointed Medical Officer and Public Vaccinator for the Lifford District of the Tavistock Union and the Lipton District of the Launceston Union, *vice* M. I. Doidge, M.R.C.S., resigned.

THOMSON, G. Ritchie, M.B., C.M. Edin., appointed Extra Honorary Surgeon to the Royal Hospital for Sick Children, Glasgow.

WILLIAMS, Dr. E., appointed Medical Officer of Health for Mold.

DIARY FOR NEXT WEEK.

TUESDAY.

LABORATORIES OF THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, Victoria Embankment, 5 P.M.—Dr. A. E. Wright: On some Points in Connection with the Pathology of the Blood.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

BAREFOOT.—On November 23rd, at Halifax, Nova Scotia, the wife of Surgeon-Captain J. R. Barefoot, Army Medical Staff, of a daughter.

FOX.—On December 8th, 1891, at Ambatovory, Strathpeffer-Spa, Scotland, the wife of J. Tregelles Fox, M.R.C.S., etc., of a daughter.

LEWIS.—On December 12th, at 87, Hamilton Terrace, S.W., the wife of Edward J. Lewis, M.B. Cantab., F.R.C.S. Eng., of a daughter.

MOIR.—On December 10th, at Ballybarrack, Dundalk, the wife of Surgeon-Captain J. Drew Moir, Army Medical Staff, of a son.

DEATHS.

MINTER.—At Mount Priory, Plympton, December 15th, John Moolenburg Minter, M.D., Inspector-General Royal Navy, aged 76, Honorary Physician to the Queen and Surgeon Extraordinary to H.R.H. the Prince of Wales.

PURVES.—At Lothian Bank, Eskbank, Midlothian, on December 4th, 1891, Robert Purves, L.R.C.S. Edin., in his 80th year.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Hours of Attendance.*—Daily, 2. *Operation Days.*—Tu. S., 2.

CENTRAL LONDON OPHTHALMIC. *Operation Days.*—Daily, 2.

CHARING CROSS. *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operation Days.*—W. Th. F., 3.

CHELSEA HOSPITAL FOR WOMEN. *Hours of Attendance.*—Daily, 1.30. *Operation Days.*—M. Th., 2.30.

EAST LONDON HOSPITAL FOR CHILDREN. *Operation Day.*—F., 2.

GREAT NORTHERN CENTRAL. *Hours of Attendance.*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day.*—W., 2.

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 ORTHOPÆDIC. *Hours of Attendance.*—M. Tu. Th. F., 2. *Operation Day.*—W., 10.

NORTH-WEST LONDON. *Hours of Attendance.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F., 9. *Operation Day.*—Th., 2.30.

ROYAL FREE. *Hours of Attendance.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operation Days.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.

ROYAL LONDON OPHTHALMIC. *Hours of Attendance.*—Daily, 9. *Operation Days.*—Daily, 10.

ROYAL ORTHOPÆDIC. *Hours of Attendance.*—Daily, 1. *Operation Day.*—M., 2.

ROYAL WESTMINSTER OPHTHALMIC. *Hours of Attendance.*—Daily, 1. *Operation Days.*—Daily.

ST. BARTHOLOMEW'S. *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2, Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operation Days.*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.

ST. GEORGE'S. *Hours of Attendance.*—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopædic, W., 2; Dental, Tu. S., 9. *Operation Days.*—Th., 1; (Ophthalmic), F., 1.15.

ST. MARK'S. *Hours of Attendance.*—Fistula and Diseases of the Rectum, males, W., 8.45; females, Th., 8.45. *Operation Day.*—Tu., 2.

ST. MARY'S. *Hours of Attendance.*—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days.*—Tu., 1.30; (Orthopædic), W., 11; (Ophthalmic), F., 9.

ST. PETER'S. *Hours of Attendance.*—M., 2 and 5, Tu., 2, W., 2.30 and 5, Th., 2, F. (Women and Children), 2, S., 3.30. *Operation Day.*—W., 2.

ST. THOMAS'S. *Hours of Attendance.*—Medical and Surgical, daily, exc. W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operation Days.*—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2; (Gynaecological), Th., 2.

SAMARITAN FREE FOR WOMEN AND CHILDREN. *Hours of Attendance.*—Daily, 1.30. *Operation Day.*—W., 2.30.

THROAT, Golden Square. *Hours of Attendance.*—Daily, 1.30; Tu. and F., 6.30. *Operation Day.*—Th., 2.

UNIVERSITY COLLEGE. *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30; *Operation Days.*—W. Th., 1.30; S., 2.

WEST LONDON. *Hours of Attendance.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days.*—Tu. F., 2.30.

WESTMINSTER. *Hours of Attendance.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days.*—Tu. W., 2.

