

2. *Religion*.—Compared with Mahomedans, more Hindus belong to the upper classes; so, as we should expect, leprosy is rare amongst them. Moreover, very few Hindus dwell in the districts where leprosy is common.

3. *Age*.—The age of lepers is worthy of notice. In Kashmir youthful lepers are very rare. I have never seen a leprosy baby. The type of leprosy seen in the young is usually tubercular, or at any rate with raised lesions of the skin. As far as our experience goes, leprosy is, however, essentially a disease of middle age. It is most common by far between the ages of 30 and 50. In this respect it forms a contrast to tuberculosis. The appearance of leprosy in adult life might be due to a slow incubation and development, the earlier stages of which may escape observation if unattended by tubercles. Undoubtedly a large number of those seen for the first time present what we may call advanced lesions—anæsthesia depending on nerve sclerosis and ulcerations secondary to the anæsthesia. In these phases the manifestations of leprosy are somewhat analogous to those of tertiary syphilis. And defective nutrition plays, no doubt, an important part in both. The element of trophic disturbance is, however, much more marked in leprosy.

4. *Occupation*.—With but few exceptions, the lepers of Kashmir are either herdsmen from mountainous districts or agriculturists who have mixed freely with such herdsmen, and who either live in such districts or on their fringe. The two most distinctive features of the herdsman's occupation are contact with cattle, sheep, and goats, and small, crowded, badly-ventilated huts. No leprosy boatman or fisherman is on my list.

5. *Diet*.—A great article of diet, especially with herdsmen, is milk. Sour milk, curds, and buttermilk are largely consumed; 104 out of 107 were milk feeders. Most of the lepers were rice eaters; a good many were in the habit of eating bread, and often this bread was made of Indian corn. The question of fish diet was gone into. Of the 79 fish eaters, 57 had eaten fish frequently, 12 seldom, 9 occasionally, and 1 once only; 64 had never eaten fish.

6. *Heredity*.—Twenty-eight patients out of 143 gave a history suggestive of inheritance. Of these, 7 had leprosy fathers, 4 leprosy mothers, 1 a leprosy grandmother, 7 uncles (2 maternal, 1 paternal, 4 unstated), 1 paternal aunt, 7 brothers, 1 sister, 4 cousins (2 paternal), 1 niece. In one of the cases three other members of the family were affected, namely, father and two brothers. Another had a leprosy father and paternal uncle. In a third case the mother and grandmother were affected. When, however, on the other hand, we find 115 with no hereditary history, we feel that heredity cannot be an important factor.

7. *Endemicity and Contagion*.—Two lepers had leprosy wives; 1 had a leprosy husband; two had leprosy brothers-in-law; another had a leprosy husband's father. Of 143 lepers, 47 gave a history of other cases in their village or district. One patient said that there were 9 or 10 in nearly every village in his district. Two said that there were 12 other lepers in their respective villages; another had 9 or 10 in his village, another 7. Seventeen stated that there was one other leper in their respective villages. Only one admitted having eaten with a leper. The villagers are quick to diagnose the disease, and the rule is for the leper to take his food apart, so that an incomplete segregation is undoubtedly carried out.

I have noted the names of twenty-six districts in which leprosy is endemic; several of these I have visited. Almost without exception they are in the mountains, and are often more or less isolated valleys. Leprosy, occurs, however, also on the elevated plateaux and slopes under the shadow of the great mountain chains which enclose Kashmir. In the flat alluvial plain which constitutes the vale, leprosy is far from common. From the city of Srinagar, with a population of 120,000, which lies in the centre of the valley, only one case came out of the 152 on my list.

The cause of leprosy must be sought for in those districts where it is endemic. In travelling about Kashmir I have been struck with the constant relation between the presence of limestone and gaitre in a district. There appears to be no such relation between any special geological formation and leprosy. I have however observed that the water in leprosy districts is often heavily charged with organic matter derived from decaying leaves and wood. The evidence already given

supports the view that one leper may act as a focus of disease in any given district, especially if mountainous. It must not however be forgotten that of 143 lepers, 96 were isolated cases and stated that there were no others in their vicinity.

I have discussed possible sources of contagion elsewhere.¹ It seems probable that leprosy may find many media of communication—food, water, and perhaps in crowded huts the air. That fish, *per se*, is a cause, may be regarded as opposed to the evidence before us. There is however no proof that it might not occasionally be a medium of contagion.

When the leprosy bacillus has been discovered in articles of diet, whether in milk, water, or solid food stuffs, we shall still have to study the question of predisposition. A healthy physician may expose himself to daily contact with tuberculous patients without danger, because presumably he has no predisposition to the disease, no hereditary tendency, no inherited delicacy of epithelium or endothelium, or liability to recurrent catarrhal pneumonia. On the other hand, a patient with a strong consumptive family history, even if apparently of sound health and placed far from likely sources of contagion, appears to have a selective affinity for the tubercle bacillus.

Similarly there is apparently an immunity enjoyed by the vast majority of those in charge of leper institutions. But is there in some a similar predisposition to the disease? I understand Sir W. Moore to think that syphilis may confer such a predisposition. On inquiry I could however get a history of previous syphilis, acquired or hereditary, from only 16 out of 87 patients. And it must be noted that syphilis is most common in the city where leprosy is most rare.

It is, I think, to the early stages of leprosy that our attention should be specially directed, with a view to obtaining a complete clinical picture of the disease and elucidating such problems as the predisposition to leprosy and the initial lesions.

MEMORANDA:

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

THE TREATMENT OF SPLENIC LEUCOCYTHEMIA BY ARSENIC.

MRS. M.E.B., primipara, aged 30, was confined of twins in February, 1890. She continued in good health till June following, when she began to suffer from frequent attacks of diarrhoea, each attack lasting about two days, and ceasing spontaneously. This continued till March, 1891, when the appetite failed and attacks of vomiting took the place of the diarrhoea. She first consulted me in August, when she complained of constant vomiting, all food being rejected, palpitation, much difficulty of breathing, and abdominal swelling. Her face and upper extremities were much emaciated, her legs swollen, and the skin, especially over the face and abdomen, was bronzed. The temperature was 103° F., the pulse 120. Heart sounds were normal, but there was a loud *bruit* over aorta and jugular veins. The spleen and liver were enormously enlarged, the former extended downwards to within 1 inch of the anterior superior spine of the ilium and transversely to within 1 inch of the umbilicus, its margin standing boldly out, the measurements over convex abdomen were: length, 12 inches; transverse, 8 inches. The liver extended as far downward, and, above the umbilicus, the line of dullness extended across the stomach, becoming continuous with that of the spleen.

She was at once confined to bed, placed on a diet of meat juice and peptonised food, whilst for medicine I prescribed liq. arsen. \mathfrak{m} v, and quininæ sulph., grs. v, three times a day, the dose of arsenic to be increased by 1 \mathfrak{m} . every two days.

The gastric irritability was relieved, but attacks of diarrhoea recurred frequently and were found to be best controlled by opium. I tried cod liver oil, and it may be of interest to note that it passed through the bowels undigested. Not so pancreatic emulsion, which agreed well with the patient.

After a little while tinct. ferri. (*Lond. Phar.*) was substituted

¹ Leprosy in Kashmir, *Lancet*, November 2nd and 16th, 1889; Propagation of Leprosy, *BRITISH MEDICAL JOURNAL*, February 8th, 1890.

for the quinine, the patient continuing to improve. Occasionally it was necessary to reduce the increasing dose of arsenic, but by Christmas she was taking 40-drop doses (well diluted) three times a day without difficulty. Meanwhile spleen and liver had decreased in size in a phenomenal manner. I marked the size each fortnight with nitrate of silver, and it not uncommonly receded $\frac{1}{2}$ of an inch all round in that time. The liver receded much more slowly. As she was doing so well I now began to reduce the dose of arsenic in the same ratio that it had been increased.

In March the spleen extended no further than the lowest rib, the liver 2 inches below, and the patient was to all appearances quite well. The bronzing had disappeared, she was plump and strong, and early in April she returned to her home and her household work. At the present date (June 30th, 1892) she considers herself in robust health.

As a supplement to Dr. Drew's case, published in the BRITISH MEDICAL JOURNAL of June 14th, I think this case will be of interest.

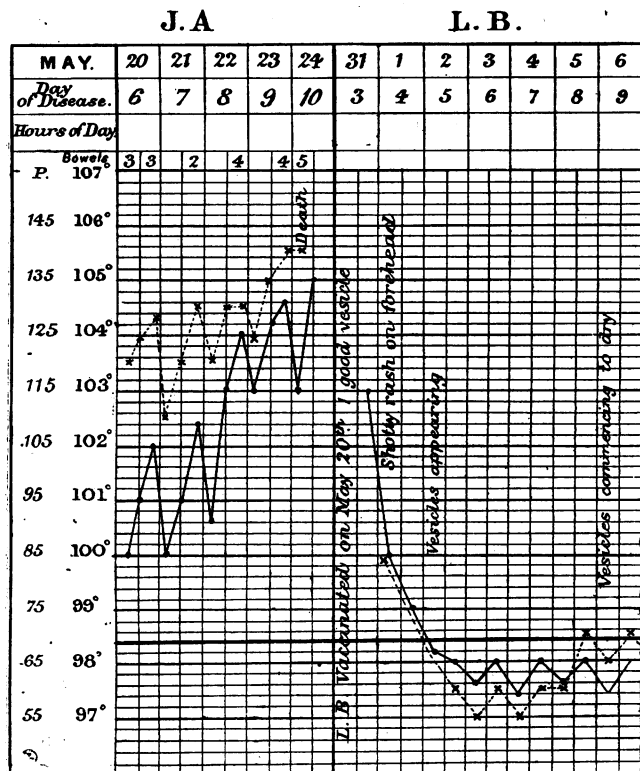
Saddleworth.

COLIN CAMPBELL, M.R.C.S.

UNMODIFIED AND MODIFIED SMALL-POX: A CONTRAST.

In view of the present session of the Vaccination Commission I thought the accompanying pair of charts might be of value. I append a few remarks in explanation.

J. A. and L. B., living together in a travelling house-cart, about May 2nd to 5th were at Gravesend, rag picking. On May 16th they arrived at S., and J. A., aged 34, noticed a pimply rash on his face on May 17th; this was very distinct,



The pulse-rate is shown by the dotted line, the temperature by the solid line.

and on May 19th, at midnight, they were brought to an infirmary. I saw the man on May 20th; he was covered from head to foot with confluent small-pox. I could not find a sufficiently large piece of healthy integument to vaccinate him on; the vesicles were full of pearly lymph. A few becoming pustular; on May 21st nearly all were pustular. On May 23rd scabs were forming and his strength failing rapidly; he sank and died on May 24th.

L. B., aged 24, on her admission with the man was sepa-

rated from him, except the small amount of nursing she did, and was vaccinated; one place took well. After two days *malaise*, she developed small-pox on May 31st, and by June 1st was very thickly covered over the face, neck, arms, and legs, less so on chest and abdomen, and had a few, thirty or so, on the back. These became vesicular on June 2nd, without becoming distinctly pustular; they dried on June 6th, and the scabs commenced to fall off on June 10th; by June 13th they had nearly all fallen off, leaving a delicate fringe where the edges were attached and no scar; some died away without scabbing.

I think these two cases are most instructive as bearing on the value of vaccination. The woman evidently contracted the disease on May 19th, the day before admission, and was vaccinated successfully on May 20th, with the distinct result of preventing pustulation and subsequent scarring, to say nothing of the extremely mild effect the disease has had on her general health.

Westerham.

C. H. WHITCOMBE, F.R.C.S.Ed.

EPITHELIOMA OF THE LIP IN WOMEN.

In the BRITISH MEDICAL JOURNAL for March 26th there was a report of a case of epithelioma in upper lip of a woman, and in the subsequent issue of April 2nd other cases were reported. As such cases must be rare, perhaps the report of the following may be of interest:

On November 20th, 1891, I operated on an epithelioma of the lower lip, in the typical clay-pipe site, in a woman, aged 86, who had never smoked in her life. Although we made no microscopic examination, Dr. Whitehead (who was with me at the operation) and myself were quite satisfied it was an epithelioma, the history and appearances being all typical. The operation was the usual V-shaped one, done without an anæsthetic, the patient bearing the pain bravely; the wound healed by first intention in four days.

Lower Hutt, New Zealand.

J. R. PURDY, M.B., C.M.

CYSTS OF THE TONSIL.

DRS. MCBRIDE and Batho and Mr. E. Stewart have recently¹ drawn attention to these cysts, of which I have records of three cases, and think with Mr. Stewart that they are really fairly common; but from the frequent absence of symptoms they are not so often seen. Briefly summarised, the symptoms, etc., in my cases, were:—

CASE I.—Male, aged 22, 1886. Tonsils removed two years ago. A small pedunculated cyst was situated in the centre of the remains of the left tonsil; it caused a slight cough.

CASE II.—Female, aged 24, 1892. Large red-walled cyst of right tonsil, orifice of dilated crypt distinctly seen filled with mucoid plug; no symptoms.

CASE III.—Female, aged 64, 1892. Cyst of left tonsil yellow in colour, also another and smaller cyst at the base of the uvula on the same side; no symptoms.

The first was removed, the second evacuated through the orifice, the third left alone; the third alone showed the ramifying vessels.²

Barnes, S.W.

RICHARD LAKE, F.R.C.S.

ON THE ACTION OF ETHER ON THE RESPIRATORY MECHANISM IN WOMEN.

I HAVE frequently observed, both while giving ether myself and seeing it given to women who were undergoing abdominal section, that, after complete anæsthesia was established, the type of breathing changed from thoracic to an exaggerated diaphragmatic type. I have seen this repeatedly, and called the attention of others to it. In many cases the undue abdominal movement thus produced has been a source of considerable annoyance to the operators, on account of the consequent difficulty in making the abdominal incision. I have never observed such a state of matters in chloroform anæsthesia.

I thought at first that ether must produce a very powerfully stimulating effect upon the origins of the phrenic nerves in the upper part of the spinal cord, causing the diaphragm to act so vigorously that the action of the spinal nerves upon the intercostal muscles would be, so to speak, a work of super-

¹ BRITISH MEDICAL JOURNAL, Nos. 1637, 1639, 1640.

² Loc. cit., No. 1637.

erogation, thus accounting for the complete, or almost complete, cessation of the thoracic breathing for the time.

That explanation, however, is untenable, and cannot be accepted in the face of physiological experiments. It seems most likely that the action of the ether is to paralyse temporarily the nerves concerned in the mechanism of thoracic breathing, which is thus put in abeyance. The medulla, as is well known, is the last part of the nervous system to be influenced by ether, and it would also seem that the upper part of the cord, along with the phrenic nerves, are likewise unaffected in ordinary anæsthesia from ether. This would account for the phenomena observed, as the impulse from the respiratory centre would pass down the phrenic nerves, while the various medullary centres would be still further stimulated to increased action by the imperfectly aerated condition of the blood, which is usually present when ether is given.

I had hoped ere this to have made some further observations on this subject, but I have been unable to do so as yet from want of time. I merely give a note of the observation as forming an interesting contrast to the cases of diaphragmatic paralysis recently discussed in the BRITISH MEDICAL JOURNAL.

JAMES HAIG FERGUSON, M.D. Edin., F.R.C.P.E.,
Physician-Accoucheur, New Town Dispensary;
Clinical Medical Tutor, Royal Infirmary,
Edinburgh, etc.

NOTE ON THE USE OF NITROUS OXIDE AND ETHER AS AN ANÆSTHETIC IN GYNÆCOLOGICAL PRACTICE.

AN account of the after-effects of nitrous oxide and ether on the patients operated on at the Chelsea Hospital for Women during this year may not be uninteresting at the present time. The results in 89 cases show no deaths attributable to anæsthetics. Apart from abdominal sections there have been 68 operations averaging 23 minutes each (on patients averaging 35 years), gas and ether or ether alone being the anæsthetic used; 21 had no retching or vomiting, and the remaining 47 had each on the average not more than 3 attacks of vomiting with a little retching. There were 21 abdominal sections averaging 45 minutes each, and the average age of patients was 31 years. In 18 of these the exact number of times they vomited has been noted, being 44, or $2\frac{1}{2}$ times for each patient, the remaining 3 were described as "a little," "very slight," "not violent at intervals for three hours;" 11 had no retching, and dividing the remainder into slight and severe only, 2 were noted as having severe retching. About 20 cases had ether alone, all becoming insensible without coughing, struggling, feeling suffocated, or showing distressing symptoms, the majority being unconscious in three or four minutes.

Clover's inhaler with Hooper's anæsthetic ether is used, and as little gas and ether given as possible, the relaxation being satisfactory; the operation can be commenced in two minutes, but I find it better to let them get more slowly under and take five minutes for abdominal sections. Bronchitis was not set up by ether *de novo*, and a few patients who had coughs before operation were not much worse afterwards. All complained much of the smell and taste of ether for twelve to twenty-four hours after, but not often of headache.

Belgrave Road, S.W.

ANDREW FAUSSET.

PORRO'S OPERATION: MOTHER AND CHILD SAVED.
OPERATIONS for removal of the foetus by abdominal section are, I take for granted, still sufficiently rare to make it worth while reporting them. I therefore send a few brief notes of a case of "Porro's operation" performed by me.

The patient, a primipara, aged 37, had had multiple fibroids of uterus for about nine years. The abdomen before pregnancy was as large as that of a woman at the ninth month.

Consultation having decided that the foetus could not be delivered naturally, the patient was sent to a private hospital, and a date about a week before the expected time of confinement was fixed for the operation.

Ether was well borne, adhesions were not of any moment, and no special difficulties were experienced. After removal of the child an elastic ligature was used to control hæmorrhage temporarily, this being replaced by a *serre-nœud* before re-

moval of the uterus. The blood lost was not greater in amount than during an ordinary confinement. Complete preliminary antiseptic precautions were taken, but hot water only was used during the operation. The mass removed weighed $19\frac{1}{2}$ pounds. The child, a well-developed female, weighed $8\frac{1}{2}$ pounds and is doing well. The mother made an uninterrupted recovery and is now, eight weeks after operation, able to go out, having walked about the building for two weeks past.

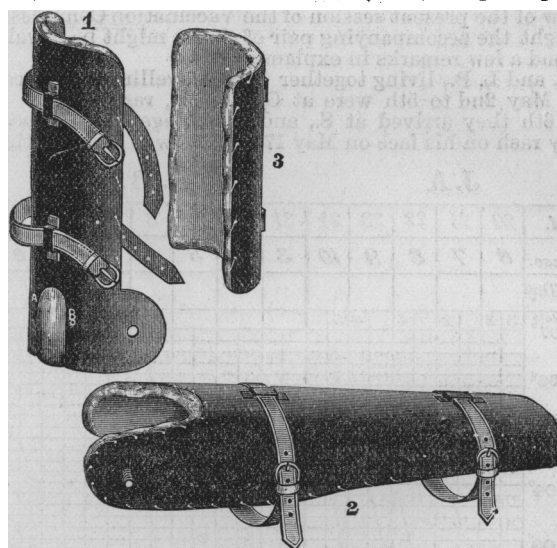
From experience of this case I am impressed with the feeling that abdominal section, for a surgeon with some previous experience, either to remove the foetus only or for the more radical operation can never again be considered in the light of an experiment, and that craniotomy should in the future be very rarely resorted to.

Halifax, Nova Scotia.

J. F. BLACK, M.D.

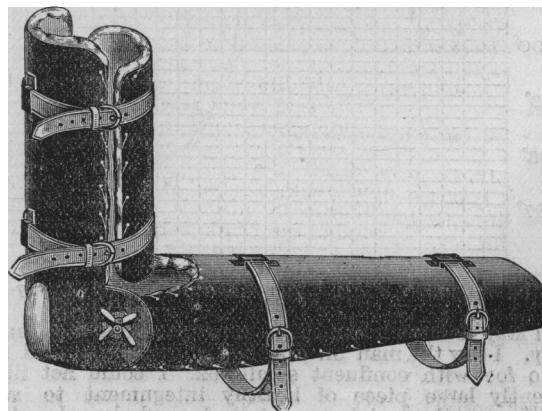
TREATMENT OF FRACTURES OF THE ELBOW-JOINT BY A NEW SPLINT.

THE only fractures of the elbow which require special consideration are those within the joint. The splint here depicted, and which I have used for ten years, has given perfect



results; and, with its use, treatment of these fractures need no longer be an opprobrium to surgery.

The following is the mode of application: The forearm is extended; the fracture reduced. Part 1 of the splint is applied to the back of the arm; part 3 is applied to the front. The



straps applied and tightened. The lower extremity of part 1 extends to the lowest point of the condyles, the sides A and B support them, and the space between A and B gives room for the olecranon. Part 2 is then applied to front of the forearm,

the two screw pivots spring into the holes in the wings of part 1, and secured by the nuts. It is then strapped to the forearm.

The chief features of this splint are (1) the extension of part 1 to the lowest point of the joint, thereby supporting the condyles in position. (2) The space at the back between a and b for the projection of the olecranon. (3) The application of part 2 to the front of the forearm, keeping the whole splint constantly in the same position on the limb, and allowing flexion and extension without the slightest disturbance of the fragments. (4) No extra padding or bandaging required. (5) Ease and rapidity of application.

Flexion and extension are to be commenced within a week, and practised fearlessly once or twice a day at first, then oftener, so as to prevent encroachment on the olecranon fossa by new bone.

The splint has been well made in three sizes by Messrs. Down Brothers, St. Thomas's Street, Borough, who have the models. It is inexpensive, and will well repay in results for the small outlay. Should it not be at hand when the accident is seen, a straight temporary splint should be applied till it can be obtained.

Dover.

JOHN ORMSBY, M.D.

REPORTS

ON

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

ADELAIDE HOSPITAL, DUBLIN.

A CASE OF CHRONIC TUBERCULOUS SPINAL PACHYMENINGITIS.
(By HENRY T. BEWLEY, M.D., F.R.C.P.I., Assistant Physician
to the Adelaide Hospital, and Lecturer on Medical Jurisprudence in Trinity College, Dublin.)

R. S., a draper's assistant, aged 41 years, had always been perfectly healthy. He had never had syphilis, nor taken alcohol to excess. In April, 1887, he began to suffer from pain, worst at night, which he referred to the region of the third and fourth lumbar vertebrae. This pain did not prevent him attending to business as usual. Early in July, 1887, the pain having continued unchanged, he began to find he had not proper feeling in his feet, a hard floor feeling like a soft carpet, and to experience difficulty in walking.

On July 12th he was admitted under my care. I found that he could walk pretty well with the help of a stick. His legs appeared to be as strong as they ever had been, so that when he resisted I could not flex or extend his joints by any force I could use. There was, however, great inco-ordination of the legs. He could stand well with his eyes open, but when they were shut swayed about and would fall if not held. With his eyes shut he could not take more than one or two steps without falling. When he lay on his back with his eyes shut and tried to put his feet in any given position—for instance, to touch with the left heel the right toes, he would raise the limb about a foot too high, and bring it down beside the other, always making four or five attempts before he gradually attained the desired position. Sensation was diminished, but not lost, from the waist down. The deep reflexes in the legs were much increased, the knee-jerks being excessive, and ankle clonus present. There was no wasting of muscles. The spinal column was carefully examined, and appeared perfectly normal. From the waist upwards his nervous system was perfectly healthy; the abdominal, thoracic, and cephalic viscera were healthy. He was spare and thin, but looked healthy.

He grew rapidly worse. At first, after admission to hospital, the inco-ordination increased somewhat, but soon the excessive reflexes merged into a condition of permanent rigidity, so that in September, 1887, his legs were so stiff he could not walk.

In December, 1887, the legs were extremely rigid, so that he could not move them at all; they were extended at all the joints, and strongly adducted, and pressed one against the other. The reflexes continued excessive; there was no mus-

cular wasting. Sensation had grown worse, so that a slight touch could not be felt. The pain in his back had ceased, but at times he complained of a feeling of tightness round his waist. He often suffered from sudden violent pains darting down his legs. Occasionally he had to have a catheter passed, but generally he had no trouble with either bladder or rectum. In the summer of 1888 the legs, from being extended, became acutely bent at all the joints. With this exception he remained in just the same state till May, 1890, when he found his back was becoming bent, a prominence forming in the lower dorsal region.

He had left hospital in June, 1888, but returned to it in November, 1891. I then found that the legs had become perfectly stiff in the flexed position, passive motion being quite impossible. Adhesions had evidently occurred in the joints. His back presented a well-marked angular curvature, the ninth, tenth, and eleventh dorsal spines being very prominent. Sensation was very much impaired below the level of the twelfth dorsal nerve, but was nowhere quite lost. There was a chronic abscess below the left clavicle, otherwise his health was good. Mr. Heuston opened and drained the abscess, which gradually healed. He remained in hospital without any change till February, 1891, when he grew weaker and duller, and developed some pyrexia for the first time. He gradually became comatose and died.

On *post-mortem* examination, we found the spinal canal of normal size throughout. Around the theca in the dorsal and lumbar regions was some soft, white, putty-like material. The body of the tenth dorsal vertebra was soft and carious, and there were masses of white tuberculous tissue in the ninth and eleventh vertebrae. The cheesy matter was in no way adherent to the dura mater; the outer surface of this membrane was smooth, and normal in every respect. Its inner surface, however, was much diseased. At the level of the third cervical vertebra, the dura began to be covered with a thin, soft membrane; passing downwards this membrane became gradually thicker, until in the lower dorsal region there was a quarter of an inch of firm white tissue attached to the inner surface of the dura mater on the front and sides of the cord. Posteriorly, this tissue or false membrane was not so thick. In the lumbar region it gradually thinned off, so that the lowest part of the dura was quite healthy. This tissue in the lower dorsal region was firmly adherent to the arachnoid and pia mater; elsewhere there were only some loose adhesions to the arachnoid. On microscopic examination of the thickened dura mater, I found the outer surface and most of the tissue of the dura to be perfectly healthy; the tissue on its inner surface was composed of granulation tissue containing many giant cells; a good deal of it had become caseous. In the giant cells I found a few tubercle bacilli.

This tissue, when it was thickest—that is, at the level of eighth and ninth dorsal vertebrae, had compressed the cord to about half its normal size, but its cylindrical shape was preserved. Above and below this compressed region the cord, on microscopic examination, showed the ordinary ascending and descending degenerations. As well as this, the pia and arachnoid are much thickened, and unusually adherent to the cord; from the pia a quantity of fibrous tissue extends inwards into the white matter of the cord, forming a zone of peripheral sclerosis. The anterior longitudinal fissure is closed up with dense fibrous tissue adherent to the cord on each side. The nerve roots are surrounded by a quantity of fibrous tissue. As well as this there is a slight diffuse sclerosis throughout the whole of the cord, which affects all the white matter of the cord equally. The grey matter is normal. In the peripheral parts of the cord the blood vessels are extremely enlarged, especially in the lower dorsal region. The brain showed an acute tuberculous meningitis of the ordinary type. This was the immediate cause of his death. With this exception, the cephalic, thoracic, and abdominal viscera were perfectly normal.

REMARKS.—The paraplegia, therefore, from which this patient suffered was caused by a growth of tissue, tuberculous in nature, on the inner surface of the dura mater. The question then rises, Where—in what tissue—did this tuberculous process primarily start? Caries of the spine, with secondary involvement of the dura mater, is infinitely the most common course for tuberculous disease to take. But there is

mode of seeking practice might, perhaps, engage the attention of that honourable corporation.

UNSATISFACTORY INQUESTS.

We have received a letter from Dr. T. S. Allan with reference to our comments on an inquest held with regard to the death of a child supposed to have died of chloral poisoning. Dr. Allan states that he was incorrectly reported to have said that one grain of chloral would kill a child of 22 months. He believes it probable that the child in question took ten grains, but the quantity actually taken is unknown. The points, however, which chiefly concern us remain unaffected, namely, that the cause of death was not ascertained, and that this case ought not to be recorded without some hint of a doubt, as an instance of fatal chloral poisoning. It is, of course, perfectly true that in narcotic poisoning remissions often occur, but the evidence as reported showed a much more complete remission than our existing knowledge would have led us to expect.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

ERRATUM.—In the list of gentlemen published last week who have passed various parts of the M.B. Examination, Mr. H. Sanguinetti should have been described as of Wadham College.

ROYAL UNIVERSITY OF IRELAND.

FACULTY OF MEDICINE.—The Examiners have recommended that the undermentioned candidates shall be adjudged to have passed the First Examination in Medicine:—

Dora E. Allman, Queen's College, Cork; Emma F. A. Bailey, Royal College of Science, Dublin; S. F. Beggs, Queen's College, Belfast; H. J. Bell, B.A., Trinity College, Dublin; E. O. B. Carbery, Queen's College, Galway; S. Conner, Queen's College, Cork; P. Convery, University College, Dublin; J. Crean, University College, Dublin; H. Currell, Queen's College, Belfast; T. F. Dillon, Queen's College, Cork; R. V. Donnellan, Queen's College, Galway; R. P. Farnan, University College, Dublin; G. K. Finlay, University College, Dublin; T. Finucane, Queen's College, Cork; S. F. Floyd, Queen's College, Belfast; H. J. Fryer, Queen's College, Belfast; F. Fulton, Queen's College, Belfast; T. K. Greenfield, Queen's College, Belfast; P. J. Hamilton, University College, Dublin; J. Harvey, Queen's College, Belfast; J. C. B. Hayes, Queen's College, Cork; J. Johnston, Queen's College, Belfast; W. G. Jordan, Queen's College, Belfast; J. Lennon, Queen's College, Belfast; J. F. Little, Queen's College, Belfast; A. A. F. McArdle, Queen's College, Cork; J. McArdle, University College, Dublin; W. A. McBroom, Queen's College, Belfast; C. C. McCarthy, University College, Dublin; A. L. McCully, Queen's College, Belfast; J. McElroy, Queen's College, Belfast; R. R. McLean, Queen's College, Belfast; J. J. A. G. McMurtry, Queen's College, Belfast; H. J. McNabb, University College, Dublin; L. T. Moore, Queen's College, Cork; W. W. Moore, B.A., Queen's College, Belfast; M. R. Morrissey, University College, Dublin; R. Morrow, Queen's College, Belfast; J. P. J. Murphy, Queen's College, Cork; T. Murphy, Queen's College, Cork; R. J. Murray, University College, Dublin; J. C. Nixon, Queen's College, Galway; M. J. O'Kane, University College, Dublin; J. O'Neill, University College, Dublin; W. A. Osborne, Queen's College, Belfast; H. Paterson, Queen's College, Cork; R. S. Ryce, Queen's College, Cork; B. H. Shaw, Queen's College, Cork; W. S. Smyth, Queen's College, Belfast; W. M. H. Spiller, Queen's College, Belfast; R. C. Stuart, Queen's College, Belfast; A. G. Sutton, Queen's College, Cork; J. V. G. Tighe, University College, Dublin; J. F. Whelan, University College, Dublin.

The following may present themselves for the Honour Examinations as below:

S. T. Beggs, in Zoology, Physics, and Chemistry; E. O. B. Carbery, in Botany; J. Crean, in Botany and Chemistry; R. V. Donnellan, in Botany; R. P. Farnan, in Zoology, Botany, Chemistry, and Physics; G. K. Finlay, in Botany, Chemistry, and Physics; T. Finucane, in Botany, Zoology, and Physics; S. F. Floyd, in Zoology and Physics; H. J. Fryer, in Zoology and Chemistry; P. J. Hamilton, in Botany and Zoology; J. Harvey, in Chemistry; J. Lennon, in Chemistry; J. F. Little, in Botany; A. A. F. McArdle, in Zoology, Chemistry, and Physics; J. McArdle, in Botany, Chemistry, and Physics; A. L. McCully, in Chemistry and Physics; H. J. McNabb, in Botany; L. T. Moore, in Botany and Zoology; W. W. Moore, B.A., in Zoology and Chemistry; M. R. Morrissey, in Physics; J. P. J. Murphy, in Zoology; T. Murphy, in Physics; R. J. Murray, in Botany, Zoology, Chemistry, and Physics; M. J. O'Kane, in Botany and Zoology; J. O'Neill, in Chemistry; W. A. Osborne, in Botany, Zoology, Chemistry, and Physics; H. Paterson, in Botany and Physics; R. S. Ryce, in Physics and Chemistry; B. H. Shaw, in Botany; W. M. H. Spiller, in Chemistry.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

The following gentlemen passed the Second Examination of the Board in Anatomy and Physiology at a meeting of the Examiners on Monday, July 4th:

T. S. Hartley, W. F. Rawson, E. G. Storrs, and P. V. Fry, students of Yorkshire College, Leeds; W. R. Walton, of University College, Liverpool; T. F. Woolley, W. Allport, W. S. Willmore, G. H. E. Bekenn, E. B. Bostock, G. E. Atkins, and H. W. Pepper, of Queen's College, Birmingham; Subhan Ali, of Lahore Medical School, Punjab; E. W. Battle, of Owens College, Manchester; F. H. Humphris, of Edinburgh University and Mr. Cooke's School of Anatomy and Physiology; F. F. Noonan, of Melbourne and Edinburgh Universities; A. Lockhart and Isaac Wood, of Queen's College, Kingston, Canada.

Passed in Anatomy only: C. A. Phillips, E. H. Phillips, and G. Y. Myrtle, of Yorkshire College, Leeds; H. W. Lloyd, of University College, Liverpool; E. W. Ormerod, of Bristol Medical School; and H. A. L. Banham, of Sheffield Medical School.

Passed in Physiology only: G. R. Sparrow, of University College, Liverpool.

Twelve candidates were referred in both subjects, one in Anatomy, and six in Physiology only.

Passed in Anatomy and Physiology on Tuesday, July 5th: P. Macaulay, of Yorkshire College, Leeds; K. Hewlett-Hayes, of Dublin and Guy's Hospital; L. N. Pentreath, of St. Thomas's Hospital; D. L. Clay and J. Hepworth, of Owens College, Manchester; A. K. White, of Dublin; W. H. Brown, D. Horwich, W. G. Thomas, and W. H. G. Wilkes, of Queen's College, Birmingham; T. J. Chidley, of Dublin and Mr. Cooke's School of Anatomy and Physiology.

Passed in Anatomy only: W. Cooper, J. L. Elliott, and A. T. Lachmore, of Yorkshire College, Leeds; J. T. Barritt and E. Marshall, of Owens College, Manchester; F. A. W. Quay, of Trinity College, Toronto; B. P. O'Neill, of Guy's Hospital; H. P. Kennard, of St. Thomas's Hospital; J. A. K. Griffiths, of University College; E. A. McAnally, of St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology; and A. C. Greenwood, of Middlesex Hospital.

Passed in Physiology only: W. Archer and W. G. Parkinson, of Yorkshire College, Leeds; T. W. W. Bovey, of Bristol Medical School; F. A. L'E. Burges and J. W. Farndale, of Queen's College, Birmingham; T. H. Agnew, of University College, Liverpool; H. J. Heglinbotham, J. Worthington, and S. Crossley, of Owens College, Manchester.

Nine candidates were referred in both subjects, four in Anatomy only, and ten in Physiology only.

Passed in Anatomy and Physiology on Wednesday, July 6th: J. Hora, T. H. B. Yorath, and H. D. Packer, of Guy's Hospital; J. C. Padwick, G. Miller, and S. C. Hounsfield, of St. Bartholomew's Hospital; L. W. Burrow, of St. Thomas's Hospital; and F. A. J. R. Brooke, of London Hospital.

Passed in Anatomy only: J. L. F. de Gannes and C. W. Smith, of University College; P. R. Wallis, of University College and Mr. Cooke's School of Anatomy and Physiology; C. A. A. Coulthard, of St. George's Hospital; C. F. Stilleman, of St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology; T. H. Parker and H. P. Cox, of King's College; E. H. Tipper, of Guy's Hospital; P. L. Blaber, of St. Thomas's Hospital; and A. P. Birch, of Middlesex Hospital and Mr. Cooke's School of Anatomy and Physiology.

Passed in Physiology only: E. E. Crowther, of Yorkshire College, Leeds; G. V. Miller and F. P. Duncan, of University College; W. K. Hopkins, of St. Bartholomew's Hospital; H. A. Burridge, of King's College; and C. C. Jenkins, of Guy's Hospital.

Fifteen candidates were referred in both subjects, three in Anatomy only, and ten in Physiology only.

Passed in Anatomy and Physiology on Thursday, July 7th: A. Armer, of St. Bartholomew's and Guy's Hospitals; C. F. Gordon, of St. Bartholomew's Hospital; F. J. Hughtre Cann, of Guy's Hospital; P. G. Mould, of Owens College, Manchester, and St. Mary's Hospital; G. B. C. Blount, of St. Thomas's Hospital; T. Lampe, of University College; and A. G. L. Smith, of Middlesex Hospital.

Passed in Anatomy only: J. W. Ensor and M. E. Tresidder, of Guy's Hospital; G. W. Brown and W. Herbert, of St. Thomas's Hospital; A. S. McSorley, of King's College; T. S. Pigg, A. R. H. Skey, of St. Bartholomew's Hospital; F. A. Phillips, of St. George's Hospital; M. D. Blake, of St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology; R. L. Grosvenor, of Cambridge University and St. Mary's Hospital; W. G. Noble, of London Hospital.

Passed in Physiology only: J. R. Benson, of King's College; J. S. Hosford, E. G. L. Goffe, and J. W. Stokes, of University College; E. J. C. Kennedy, of Victoria University, Ontario; W. A. Sharpin, of St. George's Hospital; W. A. Carden, of Guy's Hospital; D. L. Jones and G. G. Oakley, of St. Bartholomew's Hospital; A. Stanley Matthews, of St. Thomas's Hospital; and A. Carruthers, of St. Thomas's Hospital and Mr. Cooke's School of Anatomy and Physiology.

Nine candidates were referred in both subjects, seven in Anatomy only and nine in Physiology only.

Passed in Anatomy and Physiology on Friday, July 8th: F. Lond, of Guy's Hospital; A. E. Lovitt, W. G. Mortimer, J. H. Power, of London Hospital; R. T. Caesar, of London Hospital and Mr. Cooke's School of Anatomy and Physiology; M. Wheeler, of Edinburgh University and St. Thomas's Hospital; G. C. Barker, of King's College; W. F. Cross, of St. Bartholomew's Hospital; L. H. Callender and R. W. Dodgson, of St. Mary's Hospital; A. H. Waring, of University College.

Passed in Anatomy only: E. Folliott, W. M. Coghlan, and B. W. Holmes, of St. Bartholomew's Hospital; P. H. Collingwood, J. H. de Villiers, G. Candler, and F. E. Saunders, of St. Thomas's Hospital; N. MacDonald, of St. Mary's Hospital; T. Herbert, of Middlesex Hospital; A. S. Turner, of Guy's Hospital; and A. W. Hayles, of King's College.

Passed in Physiology only: G. H. Goddard and C. F. Wanhill, of University College; and F. E. H. Keogh, of St. Mary's Hospital.

Eleven candidates were referred in both subjects, three in Anatomy only, and eleven in Physiology only.

Passed in Anatomy and Physiology on Saturday, July 9th: C. H. Hunter, H. F. Spon, and E. T. Shorland, of Guy's Hospital; S. H. White, J. B. Brash, and S. Bridger, of University College; F. Copeland, of Westminster Hospital; G. W. Connor and T. H. Wells, of Middlesex Hospital; W. W. Woollicroft, of Charing Cross Hospital; F. R. S. Cosens and G. A. Leon, of London Hospital.

Passed in Anatomy only: W. P. Brooks and M. M. Lowley, of Charing Cross Hospital; and A. B. R. Sworn, of University College.

Passed in Physiology only: R. L. Roberts, of Guy's Hospital; T. J. McCulla, of London Hospital and Mr. Cooke's School of Anatomy and Physiology; and J. Blackwood, of University College.

Eighteen candidates were referred in both subjects, three in Anatomy only, and three in Physiology.

Passed in Anatomy and Physiology on Monday, July 11th: C. J. Kearney and W. L. B. Davies, Guy's Hospital; R. D. Fisher, E. C. Smith, and T. P. Littlejohn, London Hospital; J. W. Leake, R. W. S. Christmas, Charing Cross Hospital; S. E. A. Zichy-Wornarski, Melbourne University; M. B. Johnson, Cambridge University and St. Mary's Hospital; J. Hayes, McGill College, Montreal, and Mr. Cooke's School of Anatomy and Physiology; and E. F. Clay, Westminster Hospital.

Passed in Anatomy only: D. N. MacLennan, Queen's University, Kingston, Canada, and Mr. Cooke's School of Anatomy and Physiology; H. E. Dixon and T. W. Turner, London Hospital; L. Savin, Middlesex Hospital; and W. N. Barron, St. Bartholomew's Hospital.

Passed in Physiology only: H. C. Lambart, Queen's College, Birmingham, and Bristol School of Medicine; A. B. Wright and A. S. Grant, London Hospital; J. A. MacPhail, McGill College, Montreal; D. C. Kemp, University College; A. E. Peake and F. Morton, Westminster Hospital; A. R. Hitchfield, Guy's Hospital; A. A. Rogers, St. Bartholomew's Hospital; and W. Ashford, St. Thomas's Hospital.

Nine candidates were referred in both subjects, five in Anatomy only, and four in Physiology only.

Passed in Physiology only, on Tuesday, July 12th: H. Harvey, W. P. Thomas, J. J. Spears, and W. F. Adams, London Hospital; M. H. C. Palmer, Cambridge University and London Hospital; J. R. Webb, Melbourne University and London Hospital; R. D. Stacy, W. H. Pope, M. A. Cooke, P. W. G. Shelley, B. M. Hughes, A. N. Wilde, St. Bartholomew's Hospital; W. J. O. Ray and E. Haines, St. Thomas's Hospital; W. Gilbertson, Cambridge University and St. Thomas's Hospital; E. Fisk, W. F. Byford, S. Rivers, T. S. Biggs, and P. E. Tresidder, Guy's Hospital; A. T. Davey and J. Gardiner, Middlesex Hospital; C. Mathews, St. Mary's Hospital; and D. Fogarty, Ledwich School of Medicine, Dublin, and Mr. Cook's School of Anatomy and Physiology.

Eleven candidates were referred in Physiology only.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentleman, having previously passed the necessary examinations, and having now attained the legal age of twenty-five years, was at the quarterly meeting of the Council on July 14th admitted a Fellow of the College:

A. W. W. Lea, M.B.Lond., L.R.C.P.Lond., Owens College and Royal Infirmary, Manchester. Diploma of Member dated August 1st, 1889.

GLASGOW FACULTY OF PHYSICIANS AND SURGEONS.

At the monthly meeting of the Faculty of Physicians and Surgeons of Glasgow, Dr. J. McGregor Robertson, Lecturer on Physiology at Queen Margaret College, Glasgow, was appointed Examiner in Physiology for the licence. The Faculty had also under consideration the arrangements necessary to bring the regulations into line with the new developments in the curriculum. These included the appointment of examiners in Physics and Elementary Biology; and it was decided that the appointment should be open to others besides Fellows of Faculty or medical men, that the Examiners in Chemistry should not be disqualified from being at the same time Examiners in Physics, and *vice versa*, and that the Examiners in Anatomy and Physiology should not be held disqualified to be also Examiners in Elementary Biology, and *vice versa*. Nominations for the offices may be made in August, and the election takes place in September. At the same meeting, it was decided to remove from the roll of Licentiates the name of Charles Augustus Bynoe, whose name has been removed from the *Register* because of conviction for felony.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, PART I. July, 1892.—The following candidates passed in:

Chemistry, Materia Medica, Botany, and Pharmacy.—E. M. Aikin, Royal Free Hospital; H. A. Billett, Royal Free Hospital; E. C. Bond, Royal Free Hospital; F. Butcher, Royal Free Hospital; E. L. Colebrook, Royal Free Hospital; J. G. Horwood, Royal Free Hospital; C. E. Long, Royal Free Hospital; E. G. Smith, Westminster Hospital; J. K. H. Smyth, St. Mary's Hospital; E. M. Wells, Royal Free Hospital; A. Wheeler, Edinburgh.

Chemistry.—J. Ash, Charing Cross Hospital; S. A. Clarke, Middlesex Hospital; M. Orange, Royal Free Hospital.

Materia Medica, Botany, and Pharmacy.—E. G. Adams, Royal Free Hospital; C. Basan, Middlesex Hospital; C. Bayley, Charing Cross Hospital; L. M. Blake, Royal Free Hospital; K. Briggs, Royal Free Hospital; A. P. B. Ellis, City School of Chemistry; E. M. Gough, Royal Free Hospital; M. H. Harris, Royal Free Hospital; F. T. Knott, Guy's Hospital; E. J. Macgowan, Royal Free Hospital; L. Macrae, King's College; H. M. Maitland, Royal Free Hospital; S. Smith, Middlesex Hospital; M. Thorne, Royal Free Hospital, C. S. Vines, Royal Free Hospital.

Anatomy and Physiology.—R. B. Allen, St. Mary's Hospital; A. T. Anderson, Owens College, Manchester; E. Bentham, Royal Free Hospital; H. Clough, Yorks College, Leeds; R. Crawford, Belfast; W. J. Gething, Queen's College, Birmingham; C. T. Green, Royal Free Hospital; W. A. Higgins, Cambridge; W. D. Jones, Charing Cross Hospital; A. E. Mellersh, St. Mary's Hospital; H. S. Oliver, Charing Cross Hospital; T. H. P. Pears, Charing Cross Hospital; R. K. Mahabai, Royal Free Hospital; L. E. V. Saville, Royal Free Hospital; A. M. Thornett, Royal Free Hospital.

Anatomy.—J. Abrines, St. Bartholomew's Hospital; J. T. Brickwell, Guy's Hospital; A. H. Bugott, Queen's College, Birmingham; R. N. de Beauvais, Aberdeen; E. T. Fitzpatrick, Dublin; F. B. Hargreaves, Owens College, Manchester; E. J. Macgowan, Royal Free Hospital; A. H. Wade, St. Bartholomew's Hospital; A. Wheeler, Edinburgh.

Physiology.—C. Basan, Middlesex Hospital; W. E. V. Gould, Queen's College, Edinburgh; T. E. Johnson, London Hospital; T. J. McCulla, London Hospital.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,362 births and 3,347 deaths were registered during the week ending Saturday, July 9th. The annual rate of mortality in these towns, which had deflected from 17.8 to 17.1 per 1,000 in the preceding three weeks, was again 17.1 during the week under notice. The rates in the several towns ranged from 10.2 in Norwich, 10.3 in Croydon, 11.1 in Cardiff, and 13.0 in Brighton to 20.6 in Wolverhampton, 21.1 in Manchester, 22.1 in Liverpool, and 23.2 in Sunderland. In the thirty-two provincial towns the mean death-rate was 17.1 per 1,000, and was slightly below the rate recorded in London, which was 17.2 per 1,000. The 3,347 deaths registered during the week under notice in the thirty-three towns included 503 which were referred to the principal zymotic diseases, against 477 and 486 in the preceding two weeks; of these, 141 resulted from diarrhoea, 134 from measles, 83 from whooping-cough, 49 from scarlet fever, 47 from diphtheria, 28 from "fever" (principally enteric), and 1 from small-pox. These 503 deaths were equal to an annual rate of 2.6 per 1,000; in London the zymotic death-rate was 3.4, while it averaged 2.0 per 1,000 in the thirty-two provincial towns, among which these diseases caused the lowest death rates in Brighton, Norwich, Huddersfield, and Bolton, and the highest rates in Preston, London, Leicester, and West Ham. Measles caused the highest proportional fatality in Leicester, Gateshead, and Halifax; scarlet fever in West Ham, Preston, Swansea, and Plymouth; whooping-cough in Manchester, Burnley, and Blackburn; "fever" in Preston and Hull; and diarrhoea in Liverpool, London, and Leicester. The 47 deaths from diphtheria recorded during the week under notice in the thirty-three towns included 30 in London, 4 in Birmingham, and 2 each in West Ham, Nottingham, and Newcastle-upon-Tyne. One fatal case of small-pox was registered in London, but not one in any of the thirty-two provincial towns; 27 small-pox patients were under treatment in the Metropolitan Asylums Hospitals, and 5 in the Highgate Small-pox Hospital, on Saturday last, July 9th. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on the same date was 2,372, against numbers increasing from 1,226 to 2,211 on the preceding fifteen Saturdays; 301 new cases were admitted during the week, against 234 and 331 in the previous two weeks. The death-rate from diseases of the respiratory organs in London was equal to 2.1 per 1,000, and was below the average.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, July 9th, 903 births and 489 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.3 and 18.0 per 1,000 in the preceding two weeks, further declined to 17.6 during the week under notice, but was 0.5 per 1,000 above the mean rate during the same period in the large English towns. Among these Scotch towns the lowest rates were 12.0 in Perth and 12.6 in Leith, and the highest rates 19.1 in Paisley and 20.6 in Glasgow. The 489 deaths in these towns included 62 which were referred to the principal zymotic diseases, equal to an annual rate of 2.2 per 1,000, which was 0.4 below the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Paisley and Glasgow. The 265 deaths in Glasgow included 20 from measles, 19 from whooping-cough, 4 from "fever," and 2 from diphtheria. The death-rate from diseases of the respiratory organs in these towns was equal to 2.6 per 1,000, against 2.1 in London.

HEALTH OF IRISH TOWNS.

In sixteen of the principal town-districts of Ireland the deaths registered during the week ending Saturday, July 2nd, were equal to an annual rate of 24.0 per 1,000. The lowest rates were recorded in Sligo and Wexford, and the highest rates in Armagh and Drogheda. The death-rate from the principal zymotic diseases averaged 3.4 per 1,000. The 165 deaths registered in Dublin were equal to an annual rate of 24.6 per 1,000 (against 31.6 and 27.4 in the preceding two weeks), the rate during the same period being 16.8 in London and 14.8 in Edinburgh. The 165 deaths registered in Dublin included 23 which were referred to the principal zymotic diseases (equal to an annual rate of 3.4 per 1,000), of which 20 resulted from measles, 1 from whooping-cough, 1 from enteric fever, and 1 from diarrhoea.

DEATH OF DR. WALTERS, OF CHELTENHAM.

At a meeting of the Council of the Poor Law Medical Officers' Association on July 12th, the case of the late Dr. Walters, of Cheltenham, who died on July 8th, and whose death there is reason to believe was the result of his recent treatment by the guardians and the Local Government Board, was further considered, and the following resolutions were unanimously passed:—

1. That the suspension of Dr. Walters by the guardians of Cheltenham for declining to attend the child of Drusilla Cook without a medical order, which was no dereliction of duty whatever, was not only uncalled for, but also seriously unjust.

2. That the severe censure passed on Dr. Walters by the Local Government Board for no serious fault, and which appears to have accelerated his death, was unwarranted, and even cruel, and especially so to a medical officer who had held his appointment as such for thirty-eight years.

3. That, in the opinion of this Council, the Guardians of the Cheltenham Union were themselves guilty of a grave error in having sanctioned any form of relief being given to Drusilla Cook, who had received over £100 since the death of her husband, and this within the past twelve months, and who had £30 deposited in the Savings Bank at the time her weekly allowance was granted by the Board.

4. That a copy of these resolutions be sent to the Guardians of the Cheltenham Union, to the medical journals, and to the Cheltenham local press.

THE SOCIETY OF MEDICAL OFFICERS OF HEALTH.

THE following notice appears in the financial journals :—
INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH.
Registered by H. C. Jones, 27, Bloomsbury Square, W.C. Object sufficiently indicated by the title. For the purposes of registration the company is declared to consist of 1,000 members, with an individual liability, in the event of the winding up of the company, of £1. The management is vested in a council consisting of a president, vice-presidents, treasurer, editor of the journal known as *Public Health*, secretaries, solicitor, and 24 "fellows." No qualification or remuneration specified.

MEDICAL NEWS.

MR. LENNOX BROWNE has been elected a Corresponding Fellow of the American Laryngological Association.

THE annual distribution of prizes at Epsom College will take place in the schoolroom of the College on July 25th, at 3 o'clock.

THE Swiss Government intend to propose a partial revision of the Constitution, in order to obtain power to pass a law against adulteration.

THE Queen has given directions for the appointment of Mr. Francis Volcy Pougnet, M.D., to be a member of the Council of Government of the Colony of Mauritius.

It is stated that two lady students have commenced the study of medicine in the Otago (New Zealand) Medical School. They attend the same classes and use the same dissecting room as the male students.

A CASE is reported from Russia in which a child of 3 months presented marked symptoms of carbolic acid poisoning after spending half an hour in a room which had just previously been disinfected with a carbolic acid spray (2 per cent.).

INTELLIGENCE has reached England by telegraph of the sudden death of Dr. Gavin Russell, medical missionary, who four years ago went out to labour in Formosa in connection with the English Presbyterian Missionary Society.

THE British Institute of Public Health, which seems to be running a sort of opposition to the Sanitary Institute, announces that it proposes to hold examinations, twice in each year, in April and October, at which certificates of competency will be granted to sanitary inspectors. The regulations and syllabus are before us, and seem to be in every respect adequate. Particulars can be obtained of Mr. C. A. James, Honorary Secretary of the Institute, at King's College, W.C.

A CURIOUS case is reported from America (*New York Medical Journal*). A negro child swallowed a hard piece of beef, with cartilage adherent. It stuck in the oesophagus, and attempts to remove it only resulted in fixing it more firmly a few inches above the cardiac orifice. For six days neither food nor water could enter the stomach. The child was then given a dose of artificial gastric juice, and in a few hours the piece of beef was partly rejected by vomiting and partly passed on into the stomach.

AMERICAN JOTTINGS.—At a recent meeting of the Missouri State Medical Association resolutions were unanimously passed calling attention to the constantly increasing evil of prescribing and recommending proprietary medicines, condemning the practice of some physicians giving certificates as to the efficacy or special uses and advantages of such remedies, and urging on all members of the profession the discontinuance of such medicines if now used by them.—A negro woman now living in New York recently gave birth to her twenty-fifth living child. She is about 42 years of age, and was married at 16. Among the twenty-five childbirths there have been no cases of twins or triplets.—Dr. Moreau Morris, of the New York Health Department, who has for some time past been engaged in inspecting the public school buildings of New York, has presented a report which shows that the sanitary condition of these schools is deplorable, particularly in respect of provision for ventilation. Dr. Edson, the Sanitary Superintendent, in laying Dr. Morris's report before the Board of Health, points out that in other cities and States,

more especially in Massachusetts, excellent work has been done by the authorities in effecting proper ventilation of school buildings. "The outcome of this work," he says, "has demonstrated that the only means of ventilating school buildings is by fans so arranged and operated as to force into the rooms a supply of fresh air equal per minute to about 30 cubic feet *per capita*, and by outlet ducts so constructed as to permit egress of partially respired air." He concludes by calling on the authorities to carry out Dr. Morris's recommendations regardless of cost.—It is proposed to form an Association to be composed of visiting physicians and surgeons of the various hospitals of Philadelphia. The Association will publish a roster of the terms of service and visiting hours of its members, and other data for the information of strangers who may wish to see what is being done in any department of medical or surgical practice in which he may be interested.—Newly-fledged medical genius on the outlook for a "sphere of influence" will do well to avoid the town of Denver in Colorado, which has one medical practitioner to every 235 of its population, and numerous hospitals, dispensaries and free clinics. The death-rate is not stated.—The Women's Pharmaceutical Association of Illinois has been duly chartered. Its chief object is to establish an organisation of female pharmacists, but it will also undertake the arrangement of a woman's pharmaceutical exhibit at the World's Fair.

MEDICAL VACANCIES.

The following vacancies are announced :

- BOROUGH HOSPITAL, Birkenhead.—Junior House-Surgeon, doubly qualified. Salary, £80 per annum, with board and lodging. A further sum of from £20 to £25 per annum is usually obtained in fees. Applications to the Chairman of the Weekly Board by July 18th.
- BURY DISPENSARY HOSPITAL, Bury, Lancashire.—Senior House-Surgeon, doubly qualified. Salary, £100 per annum, with board, residence, and attendance. Applications to the Secretary, Mr. Henry Webb, Brentwood, Bury.
- EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road, S.E.—Junior Resident Medical Officer. Salary, £50 per annum. Applications to the Committee of Management by July 19th.
- FULHAM UNION.—Assistant Medical Superintendent of the Union infirmary; doubly qualified; unmarried. Salary, £100 per annum, increasing £10 yearly to £130, with board, furnished apartments, attendance and washing. Applications, on forms to be obtained at the Clerk's Office, to T. Apin Marsh, Clerk to the Guardians, Fulham Palace Road, Hammersmith, by July 23rd.
- GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—House-Physician. Salary, £80 per annum, with board and lodging. Applications to William T. Grant, Secretary, by July 23rd.
- GREAT NORTHERN HOSPITAL, Holloway Road, N.—House-Surgeon. Salary, £50 per annum, with board and lodging. Applications to the Secretary by July 25th.
- JOINT COUNTIES' ASYLUM, Abergavenny.—Junior Assistant Medical Officer, unmarried. Salary to commence, £100 per annum, with furnished apartments, board, and attendance. Applications to the Medical Superintendent by July 20th.
- LIVERPOOL NORTHERN HOSPITAL.—Assistant House-Surgeon, doubly qualified. Salary, £70 per annum, with residence and maintenance. Applications to the Chairman of the Committee by July 22nd.
- MCGILL UNIVERSITY, Montreal, Canada.—Professor of Pathology for the Faculties of Medicine and Comparative Medicine. Salary, £400 per annum. Applications to Dr. Robert Craik, Dean, by July 20th.
- NOTTINGHAM BOROUGH ASYLUM, Mapperley Hill, Nottingham.—Resident Clinical Assistant. Appointment for six months. Board and residence provided. Applications to the Medical Superintendent.
- PAROCHIAL BOARD OF PENNYGOWN AND TOROSAY.—Medical Officer. Salary, £100 per annum. Applications to Alex. Macdougall, Inspector of Poor of Torosay, Auchnacraig, by Oban, N.B., by July 20th.
- QUEEN'S HOSPITAL, Birmingham.—Physician for Out-patients and Pathologist. Appointment for three years. Honorarium, £75 per annum. Applications to the Secretary, Arthur Hulme, by July 20th.
- ROYAL PORTSMOUTH, PORTSEA, AND GOSPORT HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Board, residence and washing, and honorarium of £15 15s. at expiration of term of office. Applications to J. A. Byerley, Secretary, 137, Queen Street, Portsea.
- ROYAL SEA-BATHING INFIRMARY FOR SCROFULA, Margate.—Resident Surgeon, doubly qualified. Salary, £100 per annum, with board and residence. Applications to the Secretary, Arthur Peirce, at the Offices, 30, Charing Cross, S.W., by July 27th.
- ST. LUKE'S HOSPITAL.—Resident Clinical Assistant. Appointment for six months. Board and residence provided. Applications to the Secretary by July 28th.
- ST. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, Cavendish Square, W.—Resident Medical Officer, doubly qualified. Salary, £105 per annum, with furnished apartments, coal and gas. Applications to the Secretary by July 19th.

SHEFFIELD GENERAL INFIRMARY.—Assistant House-Surgeon, doubly qualified. Salary, £80 per annum, with board, lodging, and washing. Applications to the Medical Staff, care of the Secretary, by July 23rd.

STAFFORDSHIRE GENERAL INFIRMARY, Stafford.—Assistant House-Surgeon. Board, residence, and washing provided. Applications to the House-Surgeon by July 20th.

UNIVERSITY COLLEGE HOSPITAL.—Assistant Ophthalmic Surgeon. Applications to J. M. Horsburgh, Secretary, by July 18th.

VICTORIA INFIRMARY OF GLASGOW, 22, Carlton Place, Glasgow.—Superintendent and Resident Medical Officer. Salary, £150 per annum, with apartments and board. Applications to the Secretary by July 23rd.

WONFORD HOUSE HOSPITAL FOR THE INSANE, near Exeter.—Assistant Medical Officer, doubly qualified, and not more than 23 years of age. Salary, £150 per annum, with board, furnished apartments, and washing. Applications to Dr. Deas, Medical Superintendent, by July 22nd.

WORCESTER AMALGAMATED FRIENDLY SOCIETIES MEDICAL ASSOCIATION.—Assistant Medical Officer. Salary, £140 per annum, with a portion of midwifery fees, and £20 per annum for cab hire. Applications to Mr. G. B. Gibson, Easy Row, Worcester, by July 19th.

MEDICAL APPOINTMENTS.

ALCOCK, Reginald, appointed Assistant House Surgeon to the North Staffordshire Infirmary and Eye Infirmary, Stoke-on-Trent, *vice* J. Frank Crombie, M.B., C.M. Edin.

ALLDEN, J. H., M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health for Shirley.

ANDREW, Albert, L.R.C.P.I., L.M., appointed Medical Officer for the Glossop District of the Glossop Union.

BLAMEY, James, M.R.C.S.Eng., L.S.A., reappointed Medical Officer for the Perran-ar-Worthing District of the Falmouth Union.

CARROLL, Joseph, M.B., C.M.Glas., D.P.H.Camb., reappointed Medical Officer of Health to the Ilkeston Town Council.

COLLINSON, Henry A., appointed House Surgeon to the Royal Infirmary, Newcastle-on-Tyne.

COUNSELLOR, Charles Eyre, M.D., L.S.A.Lond., appointed Physician to the Esmeralda County Hospital, State of Nevada, U.S.A.

COWAN, Dr., appointed *pro tem.* Medical Officer for the No. 3 District of the Bromyard Union, *vice* Richard N. Tovey, L.R.C.P. Edin., resigned.

CRAIG, Wm. Wallace, L.R.C.P.Lond., M.R.C.S.Eng., appointed House Surgeon to the Salop Infirmary, Shrewsbury.

CROMBIE, J. Frank, M.B., C.M. Edin., appointed House Surgeon to the Great Yarmouth Hospital.

DE RENZI, Henry Castriot, M.R.C.S.Eng., L.R.C.P.Lond., appointed House Surgeon to the Westminster Hospital.

EATON, James, M.R.C.S.Eng., L.M., L.S.A., appointed Medical Officer and Public Vaccinator of the Spittlegate District of the Grantham Union, and Medical Officer of the Grantham Union.

EVERS, Charles John, M.B.Durh., M.R.C.S.Eng., L.S.A., appointed Medical Officer to the Port and Borough of Faversham.

FAGAN, Joseph P., L.R.C.S.I., L.R.C.P. & L.M., appointed Assistant Surgeon to the South Dispensary, Liverpool, *vice* Dr. J. G. Moyles, resigned.

FARQUHARSON, William F., M.B. Edin., Medical Assistant Borough Asylum, Exeter, late House Surgeon Dundee Infirmary, formerly Junior Medical Assistant Counties Asylum, Carlisle, appointed Assistant Medical Superintendent Counties Asylum, Carlisle, *vice* D. M. M. Ross, M.B.

FLOWER, Frederick J., M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health for Warminster.

FOLKER, Henry Herbert, M.R.C.S.Eng., L.R.C.P.Lond., appointed Honorary Assistant Ophthalmic Surgeon to the North Staffordshire Infirmary and Eye Hospital, Stoke-on-Trent.

GARRETT, John Henry, M.D., L.S.Sc.Durh., D.P.H.Camb., appointed Medical Officer of Health for the Borough of Cheltenham, *vice* Dr. Sampson Roach, resigned.

GAYLOR, Edward, L.R.C.P. Edin., L.F.P.S.Glas., reappointed Medical Officer of Health to the Ripley Local Board.

HARWOOD, Charles, M.D., L.R.C.S. Edin., reappointed Medical Officer of Health for the Shardlow Rural Sanitary District.

HAWORTH, Stephen R., M.D., appointed House Surgeon to the Bridgnorth Infirmary, *vice* Wm. W. Craig, L.R.C.P.Lond., resigned.

HAYES, Hy, Wm., M.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Third District of the Highworth and Swindon Union.

HEMMING, Claude Philip, M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Bishop's Waltham District of the Droxford Union, *vice* Henry Greaves, M.R.C.S.Eng., deceased.

HOGG, Wm. Bruce Gordon, M.D., M.B., C.M. Edin., appointed Coroner for West Middlesex, *vice* T. Bramah Diplock, M.D. St. And., deceased.

HOLFORD, Walter S., L.R.C.P., M.R.C.S., L.D.S.Eng., appointed Dental Surgeon to the Belgrave Hospital for Children.

HOUGHTON, Murtaugh J., L.S.A., appointed Assistant to the House Surgeon and Physician Wolverhampton General Hospital, *vice* R. S. Hogarth.

JACKSON, Mark, M.D.R.U.I., M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Barnstable Rural Sanitary District.

JAMES, Walter Evelyn, M.R.C.S.Eng., L.R.C.P.Lond., appointed *pro tem.* Medical Officer of Health for the Abercarn Local Board.

JOHNSON, T. C., M.B., C.M. Edin., appointed Medical Officer of the Middleham Western District of the Leyburn Union.

JONES, G. M., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer for the No. 2 District of the Alton Union, *vice* F. J. Wright, resigned.

LOWNDS, Hy, Arthur, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer to the Doncaster Board of Guardians, *vice* F. K. Fairbank, M.D.

MCCULLOCH, Allen, M.B., C.M.Glas., appointed Medical Officer for the Tarporley District of the Tarvin Union.

MACKINTOSH, Donald, Jas., M.B., C.M.Glas., appointed Medical Superintendent of the Western Infirmary, Glasgow, *vice* Alex. W. Russell, M.A., M.B. Aberd., resigned.

McNICOLL, Robert, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health of the St. Helen's Borough.

MOORE, Edward Head, L.R.C.S. Edin., L.S.A., reappointed Medical Officer for the Mylor District of the Falmouth Union.

MURRAY, R. W., F.R.C.S.Eng., appointed Surgeon to the Liverpool Infirmary for Children, *vice* Rhinallt N. Pugh, M.B., B.S.Lond., F.R.C.S.Eng., resigned.

PALMER, Harold Lewis, M.R.C.S.Eng., L.S.A., appointed Medical Officer of Health for the Kerry Sanitary District of the Newtown Rural Sanitary Authority.

PEARSE, Robert Edward Franklyn, L.R.C.P.Lond., M.R.C.S.Eng., reappointed House Surgeon to the Jagersfontein Hospital, Orange Free State, South Africa.

PEARSON, Joseph, M.B., C.M. Aberd., appointed Honorary Assistant Medical Officer to the Children's Hospital, Sheffield, *vice* C. H. Willey, M.D., promoted to be Honorary Medical Officer.

PEGG, C. R., appointed Medical Officer for the Caldecott District of the Chepstow Union.

ROBERTS, John Lloyd, M.B., appointed Medical Officer of Health for the Abergyle and Pearsan Urban Sanitary District of the St. Asaph Union.

ROSS, Donald M. M., M.B., C.M. Ed., Senior Assistant Medical Officer Cumberland and Westmorland Asylum, Carlisle, appointed District Medical Officer in the Government Medical Service, Jamaica.

SLEVIN, Patrick Joseph, L.R.C.P., L.R.C.S. Irel., appointed Medical Officer for the West Drayton District of the Uxbridge Union.

TURNBULL, William Henry, M.B., B.S.Durh., appointed Medical Officer for the Borough of South Shields, *vice* T. Eustace Hill, M.B. Edin.

WAIT, John Alfred, B.A., M.B., B.C.Camb., appointed House Surgeon to the Clayton Hospital, Wakefield.

WARD, George Smith, L.R.C.P., L.R.C.S. Edin., L.S.A., reappointed Medical Officer of Health for the Fifth Sanitary District of the Hertford Union.

WILDING, Walter Frederick Wm., L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health for Hindley.

WILLIAMS, Edward H., M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Carnarvon Town Council.

DIARY FOR NEXT WEEK.

MONDAY.

NATIONAL ORTHOPÆDIC HOSPITAL, Great Portland Street, 5 P.M.—Mr. A. H. Tubby: On Imperfect Developments, including Congenital Dislocation, Webbed Fingers and Toes; also Ankylosis and Cicatrices. Lecture II.

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 orders or stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.

BIRTHS.

DODS.—On Monday, July 4th, at Fenny Stratford, Bucks, the wife of Louis F. Dodds, surgeon, of a daughter.

CLAYTON.—On July 8th, at Aberford, near Leeds, the wife of W. Kitson Clayton, M.D. Brux., L.R.C.P. Ed., L.R.C.S. Ed., of a daughter.

MARTIN.—On July 12th, at Arnheim, Blackburn, the wife of John M. H. Martin, M.D. Vict., F.R.C.S.Eng., J.P., of a son.

MARRIAGES.

LUKE-RUSSELL.—At The Lodge, Elle, N.B., on July 12th, by the Rev. P. Hay Hunter, Minister of Yester, assisted by the Rev. K. H. Dunlop, Minister of Elle, and the Rev. Duncan MacGregor, Minister of the Free Church, Elle, James Luke, M.B., C.M., to Elizabeth, daughter of the late George Russell, J.P., of The Lodge, Elle.

WIGAN-HOPKINS.—On July 6th, at Easton Church, near Winchester, by the Rev. H. Baimbrigge, uncle of the bride, assisted by the Rev. J. Stuart, Charles Arthur Wigan, M.D., of Portishead, Somerset, to Emily, daughter of Major Powell Hopkins, late 15th Regiment, and granddaughter of the late General Sir Philip Baimbrigge, K.C.B.

DEATHS.

BALKWILL.—On July 11th, very suddenly, at 14, Old Cavendish Street, Cavendish Square, London, William Edward Balkwill, aged 43.

BURCHELL.—On the 5th instant, at Delamers, Bradwell-on-Sea, Southminster, Essex, Peter Lodwick Burchell, M.B.Lond., F.R.C.S.Eng., aged 74 years and 10 months.

SYLVESTER.—Harold Augustus, M.R.C.S., L.R.C.P., at Tonbridge, Kent, on July 10th, in his 26th year, fifth son of Samuel Augustus Sylvester.

WALLACE.—At 59, Grange Mount, Cloughton, Cheshire, on the 5th instant, Quintin Macadam Wallace, M.A., M.D. Edin., aged 30 years.

HOURS OF ATTENDANCE AND OPERATION DAYS
AT THE LONDON HOSPITALS.

- CANCER**, Brompton (Free). *Hours of Attendance*.—Daily, 2. *Operation Days*.—Tu. S., 2.
- CENTRAL LONDON OPHTHALMIC**. *Operation Days*.—Daily, 2.
- CHARING CROSS**. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operation Days*.—W. Th. F., 3.
- CHELSEA HOSPITAL FOR WOMEN**. *Hours of Attendance*.—Daily, 1.30. *Operation Days*.—M. Th., 2.30.
- EAST LONDON HOSPITAL FOR CHILDREN**. *Operation Day*.—F., 2.
- GREAT NORTHERN CENTRAL**. *Hours of Attendance*.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day*.—W., 2.
- 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., 1.30, S., 2; (Obstetric), Th., 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.

LETTERS, NOTES, AND ANSWERS TO
CORRESPONDENTS.

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

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

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

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

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

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

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

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

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

QUERIES.

MRS. J. TRAVIS (Ruxwell Rectory, Wickford) asks where she would be able to buy a good second-hand bath chair, strong, and in good order, suitable to lend to invalids in the parish.

TREATMENT OF THE OPIUM HABIT.

M.B. asks what method of treatment would be most likely to prove successful in the case of a patient who has contracted the habit of opium eating? The patient has taken morphine by the mouth for about two years and now takes from 6 to 12 grains a day without any apparent bad result, with the exception of constipation and poor appetite. Nevertheless, he is anxious to give up the habit.

FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.

ONE OF THEM writes: In our old town of St. D.—s, we have a so-called "Friendly Societies' Medical Association," a combination originally of various clubs, with a medical officer to take charge of them, and who is debarred from private practice. But here is where the shoe pinches. The association admits to its medical benefits not only those who are *bona fide* members of the respective clubs, but everyone else who will join them—old and young, rich and poor, men, women, and children, and irrespective of the station in life to which they may belong. These, by paying about 2d. per week, become entitled to visits, advice, and medicines from the medical officer of the association. The association thus becomes neither more nor less than a twopenny cheap dispensary, with a qualified man at the head. I ought to tell you also that people are canvassed—even the patients of other medical men—and pressed to join the association; and leaflets have been distributed broadcast amongst the people with the same object in view. I wish to ask, therefore:

1. Ought the medical officer of such an association to be recognised by his medical neighbours? 2. Should he be met in consultation, except in the case of a *bona fide* working-man member? (The well-to-do—some even rich—join the association out of a spirit of right-down meanness, arguing that when anything particular goes wrong with them they can have a consultation, and thus, in the long run, save money.) And if so, (3) Should the usual consultation fee of a guinea be raised except to *bona fide* working-men members of the respective clubs and to what figure? It strikes some members of the profession very forcibly that no medical man who respects either himself or the profession of which he is a member, can honourably hold such an appointment. 4. What is your opinion on this point?

ANSWERS.

Y. Z.—In such a case Dr. X. should offer half the fee.

NEMO.—There is nothing at all alarming in the symptoms. Our correspondent should consult any respectable consulting ophthalmic surgeon.

DEPUTY-SURGEON-GENERAL MORICE (West Kensington) asks for information about the climate, temperature, and educational facilities at Bagnères de Bigorre, Bagnères de Luchon, Barèges, Arcachon, Biarritz, St. Jean de Luz, Anlès les Bains, and Vernet les Bains. He would find much information about these places in Dr. Burney Yeo's work on *Climate and Health Resorts* (new edition, Cassell and Co.), also in the volume "Les Pyrénées" in Adolphe Johann's *Itinéraire Général de la France*, published by Hachette and Co. As to educational facilities, he would have to inquire of some local authority, such as the Rev. G. Radcliffe, English Chaplain at Arcachon; Dr. Malpas, at Biarritz; Dr. Bagnell, at Pau, for