

bility of the subject, and replacing morbid suggestion by moral ones, and by developing controlling or inhibitory impulses which were either undeveloped or had been allowed to fall into abeyance. 3. Though, as a general rule, the deeper the hypnosis the greater the effect of suggestion, some of the best cures could be effected when the patient was but slightly hypnotisable, and *vice versa*, extreme susceptibility did not necessarily imply certain cure. 4. The patient should be under strict supervision during the first part of the treatment, to guard against the deception so commonly practised by these subjects. 5. Though relapse was serious, it should by no means always lead to the abandonment of the treatment, as perseverance was the first element of success in these cases. 6. In capable and conscientious hands the use of hypnotism in these cases was never attended with risk, but with the cure of the drink habit there invariably occurred an improved and higher moral tone generally.

THE USE OF HYPNOTISM AMONG THE INSANE.

Dr. GEORGE M. ROBERTSON, M.B., M.R.C.P.E. (Senior Assistant Physician Royal Asylum, Morningside, Edinburgh), said that apart from its use in physical disorders, hypnotism might be used among the insane as a direct therapeutic agent for the following purposes:

1. *In Insomnia*.—It might succeed in intractable cases, where drugs had not succeeded well. Hypnotic sleep, being more closely allied to healthy sleep than drugged sleep, must be of great service where the brain nutrition was already bad, without the additional depression of sedative drugs. In a case of recurrent mania, with insomnia lasting a fortnight, sleep lasting from four to six hours was produced by hypnotic means; whereas a combined dose of chloral 40 grs. and bromide of potassium 60 grs. only produced four hours' sleep, and lesser doses gave no benefit. On the very first trial hypnotic sleep was induced within two minutes.

2. *As a Sedative in Excitement*.—It might here be of direct therapeutic value in preventing an outbreak of excitement from passing into mania in a brain in a highly unstable condition. An impulsive outbreak in an epileptic, an hysterical emotional attack, or a fit of excitement in a recurrent or adolescent case, might all pass into mania, but if the patient was quieted and sent to sleep for a few hours this danger might be averted.

3. *To Dispel Fleeting Delusional States and the Minor Psychoses*.—By means of verbal suggestion in the hypnotic state these lesser degrees of mental derangement had been removed. A case of hypochondriacal melancholia, and the temporary confusion and dulness produced by a series of epileptic fits, were instances of this use.

In addition to its direct therapeutic uses, hypnotism might be used for purposes of management:

1. *To Overcome the Morbid Resistance of Patients for their own Benefit*.—Patients often refused to do what was necessary for their welfare, but by hypnotising them they could be made to do what was desired. Sulphonial was given very frequently in one case by this means, and recently a patient was induced to take food when hypnotised, after having been artificially fed for a week.

2. *As a Substitute for Restraint*.—In cases of excitement and violence, instead of mechanical, physical, or chemical restraint, hypnotism might be used as a form of mental restraint, either alone or in combination with the last. It was, however, uncertain, and not always possible. The insane were much more difficult to hypnotise than the sane, and the effect of verbal suggestion during hypnosis was much feebler and less permanent. Melancholics became hypnotised with difficulty, but cases of simple mania with great facility, and very fair success could be obtained among the more sensible and reasonable patients if their consent and confidence were gained. Results were, however, always uncertain. The introduction of hypnotism would not overturn the established modes of treatment or work miracles, but it would be found a useful minor therapeutic agent. Every physician should have a scientific understanding of the effects of mental suggestion, which throughout all ages had been used and was used, empirically and unconsciously.

Mr. DRAPER advocated the use of hypnotism in cases of alcoholism. He would try it in suitable cases of any disease.

He had used it successfully in a great variety of cases, including epilepsy, hystero-epilepsy, and post-epileptic mania. He had never seen any ill-effect following its use during two years' experience of its employment in a large number of cases.

Dr. HACK TUCKEY said that it was eminently a subject which ought to be approached with an open mind. The results obtained by Dr. Robertson, taken with cases he had seen in foreign asylums, made him think that a good deal depended upon the tact of the operator, and he thought that the comparative want of success in some experiments made upon the insane, which had been published in England, might be due to lack of skill. As to starting ideas of "influence" in asylums by using hypnotism, if on this ground it was thought that it should not be introduced, then the battery must be excluded also. If the possible evils of hypnotism were urged, morphine must not be employed by reason of its fearful abuse.

Dr. BEDFORD PIERCE asked Dr. Tuckey if he considered that the results obtained in chronic alcoholism by post-hypnotic suggestion were greater than those obtained after a series of Salvation Army meetings. He did not doubt that striking results had been so obtained. Had not the care and attention and advice given by Dr. Tuckey more to do with the cure than the hypnotic suggestion?

Dr. STEWART (Clifton) said that several cases of inebriety had come lately under his care after hypnotism had been tried and failed. Inebriety was a disease of the brain which had gone so far as to affect the will-power. Till the injured brain tissue, which was the centre of will-power, had been rebuilt, that power could not be exercised. Unless the protective influence were kept up continuously for a long period it was useless. The inebriate who had been once restrained by hypnotic influence fancied he could go for another dose of the potent spell when he felt a relapse imminent. He discovered his mistake often when it was too late, and, valuable time having been lost, he had to resort to more effective treatment in order to be permanently cured of his disease. No case could be considered one of permanent cure till three years of absolute total abstinence had been completed after the conclusion of the treatment.

MEMORANDA:

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

OPIUM POISONING.

CASES of opium poisoning are not of infrequent occurrence, and the following case, which has come under my observation, may perhaps be of some interest as illustrative of the general rule in such cases, that a satisfactory prognosis cannot be made till some time after the severe effects of the poison have passed off.

G. N., aged 40, when alone in his own house, took, about 4 P.M., a draught of laudanum, supposed to have been $1\frac{1}{2}$ oz. in quantity. I saw him first at 6.30 P.M., when his face was very livid, pupils pin-pointed, skin moist, cold, and clammy, gasping respirations at long intervals, muscles relaxed, pulse flickering, heart weak and slow, and quite unconscious. Apomorphine was injected without producing emesis, so the stomach was washed out well by the siphon tube, and the smell of the opium noticed. Mustard leaves were applied over the precordia, back and calves of the legs, hot bottles packed round him, energetic friction over the chest and extremities, and the skin whipped with a wet towel to rouse him. Artificial respiration was regularly kept up, and the continuous electrical current of 40 cells employed over various points. The friction, etc., was continued steadily until respiration became regularly established, which it did after five hours' work. Hot strong coffee was given per rectum. Urine was drawn off by a catheter, and found quite healthy. By 11.30 P.M. he was given coffee and digitalis by the mouth, and at 12.30 A.M. beef juice and capsicum. He slept comfortably for short intervals, and by 8 A.M. was a good deal better, and able to talk and take nourishment; and although his pulse continued very weak, the other symptoms had passed off. He

was a poorly developed man, and had recently had his foot amputated on account of a railway accident. Although apparently having recovered from the direct effects of the poison, later on in the day his heart became depressed, and, in spite of all stimulants, he died from exhaustion owing to the shock the system had received.

Bedford.

ARTHUR CONNING HARTLEY, M.D., C.M.

INGUINAL COLOTOMY: A SUGGESTION.
THAT there are advantages as well as dangers in dividing the bowel in inguinal colotomy, and invaginating and sewing up the lower end after washing the faeces out, is, I believe, admitted even by those who never do it. Their objection to completing the operation in this way is based upon a case having occurred in which, the gut being twisted, the wrong end was sewn up and dropped back, with of course a fatal result; and Mr. Christopher Heath admits this to be a formidable argument against the practice in question.

But a method has occurred to me of obviating such a danger, though yet I have had no opportunity of practising it upon the living body.

In lumbar colotomy, when the gut is not much distended and cannot easily be found, it is usual to distend it with air or water pumped in *per anum*. Why should not the same proceeding be adopted in inguinal colotomy to enable the operator to decide which is the lower end of the bowel? With the gut held between his finger and thumb the distension on one or the other side would soon prove it. A bougie might even be passed up in cases in which ulceration, etc., did not bar its use. The faeces would usually of course have to be washed out from the divided end, though as the danger of doing this with an open peritoneum is not inconsiderable, it should be done *per anum* if possible. The objection that mucus may accumulate of course remains, but will it not accumulate nearly as much if a really good spur is provided? And considering that short mesenteries, and therefore deficient spurs, are of not infrequent occurrence, I think the suggestion deserves a trial, as tending to remove a great danger in the more radical operation.

Burdwan, Bengal.

F. P. MAYNARD, M.B.

A CASE OF SO-CALLED "CEREBRAL PNEUMONIA."
DR. STURGES, in his work on *Pneumonia*, speaks of "cerebral pneumonia" as a term "of doubtful propriety." And it is only because brain symptoms were so extraordinarily prominent in the following case that I have ventured to apply the term, even with the qualifying "so-called" before it.

J. L., male, aged 7½ years, was seized with rigors, and pain in the right leg and the head on the evening of March 10th. The following day he was noticed to be feverish, and he twice vomited some bilious fluid. He remained in the same state until I saw him on March 13th, about midday. He was delirious and restless. He said he had pain in the right axilla. There was a short cough, and the breathing was quick and "catchy." The pulse was 140, and the temperature 105° F. There were no definite physical signs. On the next day—the fifth from the occurrence of rigors—I detected a bronchopneumonic whiff at the right apex. It was apparently a sharp attack of pneumonia without any unusual symptoms. Twelve hours later he was convulsed. He became insensible, with widely dilated pupils. The convulsions were frequently repeated, and each lasted from two to three minutes. Twelve occurred during the day. Squinting of the left eye now appeared, and the sphincter of the bladder, I feared, was paralysed, as the bed was saturated with urine.

Excepting that the involuntary micturition was not repeated—a fact which gave me much encouragement—the same state of things went on until the evening of the eighth day of the disease. He was then greatly exhausted. He had been insensible for sixty hours, during which time convulsions had been frequently recurring. He was alternately flushed and pale. He lay in a stupor, screaming at intervals. Yet there was no retraction of the abdominal wall, nor could I produce a *tâche cérébrale*. The pupils were equal, and there was no paralysis. The temperature had come down to 101.4°, but the pulse had run up to 156, and was very poor and thready.

When I saw him on the following morning the crisis of

pneumonia had evidently occurred. The pulse had dropped to 116, and the temperature was subnormal. He was, however, greatly exhausted, and was bathed in sweat. I did not venture to make an examination of the lung until the next day, when I found satisfactory redux crepitation at the right apex. The lung resolved rapidly, and he made a good recovery in the end, but it was slow and very unlike the rapid convalescence from pneumonia in children, which is generally carried out *cito, tuto, et jucunde*. He was unable to stand by himself in a fortnight.

Broadstairs.

THOS. F. RAVEN, L.R.C.P., etc.

PNEUMONIA, PARALYSIS AGITANS, TACHYCADDIA.
DURING the past winter a large number of cases of pneumonia came under observation. The two following presented interesting features:

J. R., aged 62, had suffered from paralysis agitans for two years. He had experienced much trouble for years. "Accumulation of depressing influences" (Sutton), aggravated by shock from exposure to a cold north-east wind, brought on a right lobular pneumonia. With the onset of the illness the movements in the hand and arm ceased, and did not return. The disease ran a very asthenic course, and the patient died on the eighth day.

F. R., son of the above, eleven days after his father's death, was attacked in a similar manner. A small patch of pneumonia was found just below the inferior angle of the right scapula.

	MORNING.			EVENING.		
	Temp.	Pulse.		Temp.	Pulse.	
March 29th ...	100.2°	... 20, 22	.....	100.8°	... 24, 32, 36.	
" 30th ...	98.6°	... 32	.....	100°	... 32	
" 31st ...	100°	... 26, 32	.....	100.8°	... 32, 40	
April 1st ...	99.5°	... 56	.....	100°	... 68	
" 2nd ...	98.4°	... 76	—	—	—	
" 3rd ...	99.4°	... 68	—	—	—	
" 4th ...	98.6°	... 56	—	—	—	

The pulse till April 2nd, was very irregular and intermittent. On April 2nd it became quite regular.

The patient refused to take stimulants till the morning of March 31st. After this he took a teaspoonful of brandy every four hours, 20 minims of liquor ferri perchloridi, and made a good recovery. His normal pulse is about 76. Inhalations of oxygen in the first case were followed by only temporary relief to respiratory and cardiac distress.

P. RHYNS GRIFFITHS, M.B., B.S.Lond.,
Medical Officer to Out-patients, Infirmary, Cardiff.

A CASE OF POISONING BY CARBOLIC ACID, WITH RECOVERY.

C. W., a rickety child, aged 4 years, swallowed at the Birmingham Workhouse Infirmary a quantity of carbolic lotion containing 180 grs. of carbolic acid. The child, when discovered, was lying unconscious on the floor. It was at once given some salt and water; this was swallowed, and shortly afterwards some of the contents of the stomach were vomited, and the child showed signs of returning consciousness. It soon relapsed, however, and a quarter of an hour later was completely comatose, with dilated pupils, insensitive cornea, and a barely-perceptible pulse at the wrist. The circulation was kept up with hypodermic and rectal injections of brandy, while the stomach was washed out with three pints of tepid water, 3 j of olive oil being subsequently injected. The pulse, which was 166 when the child had recovered sufficiently for it to be counted, gradually increased in force and diminished in frequency, so that, at the end of two hours, it was 124 and regular. The pupils were now contracted, the face flushed, the skin perspiring very freely, and the limbs were occasionally moved. Next morning the temperature was 102°, and the child had vomited several times. It was kept on milk and beef-tea for several days, and made an uninterrupted recovery. The first portions of the urine were passed into the bed. A specimen obtained eighteen hours later was light yellow, free from albumen, did not darken when allowed to stand, and did not yield more than the normal quantity of indigo.

The interest of this case lies in the completeness of the coma and collapse, and the speedy response to treatment.

Birmingham. J. O. WAKELIN BARRATT, M.D., F.R.C.S.

the majority of stable attendants is a great dread of "fresh air." In order to provide the best conditions of health, it is essential that for each horse in large towns about 1,000 cubic feet should exist. The value of space will thus be a potent factor in producing the cramped condition of many of our London stables, and it may be safely calculated that few of our hardest-worked animals, the property of poor, and sometimes unscrupulous, owners get half this quantity.

Many of the large studs in London are supervised by veterinary surgeons exclusively employed for the purpose. There is reason to believe that the economy of providing the best hygienic conditions is recognised, and that these are to a great extent adopted. Even here there is sometimes much to be desired. The very large stables often have but little daylight, and the consumption of oxygen for artificial light and imperfect ventilation render some of them far from healthy. When horses occupy the first and second story, any defect of ventilation can but be extremely injurious. Some of our railway arches provide stabling for over 1,000 horses. These have usually a poor allowance of space. The majority of animals employed by large cab owners, carriers, and shopkeepers are provided with good healthy stables, though these are marked exceptions to the rule. It is the hardworked, often very old or very young, horse of the small tradesman, carrier, cab owner, greengrocer, coster, etc., whose habitation is most unsatisfactory, often disgraceful. To this rule, too, we are glad to note most remarkable exceptions. Down a "mews" crammed with human inhabitants whose surroundings have not tended to advance ideas of personal cleanliness, we find in dark, unsavoury stables poor overwrought animals with scarcely room to lie down, and with but impure air to breathe, ventilation being totally disregarded. In depressed conditions of atmosphere these places seem scarcely endurable to the ordinary individual, yet in these stables it is not uncommon to find the opening of a stairs of a human habitation above. We hear of stables in which horses are so closely packed that there is no possibility of one lot lying down until others are moved out to their work. It is from places of this character that suspicious cases are sheltered by day, and dragged out to work at night to disseminate such diseases as glanders. The darkness and consequent uncleanliness existing in the lower class stable afford the best opportunities for the development of disease, and suppression of the knowledge of its existence.

There can be no doubt that the hardest worked and most deserving horses are often most wretchedly stabled; that space, ventilation, and drainage are defective, and that these defects have a most unfavourable influence on human beings closely associated with the animals. Common humanity demands provision of healthy abodes for the attendants, and human feelings should provide comfort for our dumb servants. With regard to stables, ignorance and false economy in many cases deny both, and it appears to us that some department of State should actively interfere. The systematic inspection of stables by skilled officers would undoubtedly have the effect of preventing disease and adding to comfort of man and horse. An order similar to that which refers to milk shops, dairies, etc., could, we venture to think, be easily worked, and we hope soon to know that some effective measures will be adopted to improve the condition of our London stables, which in many cases reflect disgrace rather than credit on our sanitary administration. If our view of the necessity for inspection of stables by proper officers required support, nothing could be more forcible than that supplied in a letter to the *Times* of the 20th, by Mr. A. G. Church, late Managing Director of the London General Omnibus Company.

Referring to a recent prosecution of another London omnibus company, owning 3,000 horses, it is stated as transpiring in evidence that the defendant company had in one stable in Regency Street 50 horses declared (by their veterinary surgeon) "suspicious" and presumably unfit to be with the company's other horses; and yet these horses are being daily sent into our streets. This is scarcely credible. Our argument receives further support from the statement that the company's veterinary surgeon certified on July 20th that "the health and working condition of the stud is good."

In many of our studs the country has a special interest, for in preparation for the event of war our Government pays to some of our larger horse owners annually a sum of 10s. per horse, on the agreement that if required for army purposes they may be purchased at a given price. The damage likely to accrue to the introduction into our army service of suspicious animals is incalculable, and we hope the military authorities will lend their aid in forcing the hand of the responsible.

THE REFUSE OF MANCHESTER.

At a meeting of the Manchester City Council on August 20th, the Cleansing Committee presented a report in which they recommended the purchase of the Rampton Manor estate, covering 1,800 acres in Nottinghamshire, for the purpose of dealing with a large portion of the refuse of the city. The cost was stated at £49,000. Sir John Harwood, Mr. George Clay, and other members of the council opposed the purchase as an undesirable method of meeting existing difficulties. Eventually the Committee were authorised to proceed with the scheme.

LANDLORDS AND BAD DRAINAGE.

MR. J. P. WILLS (Bexhill) writes: May I crave space for a suggestion which, if approved and taken up by the Association, might have very far-reaching results? My suggestion is that the sanitary authority should be liable instead of the landlord for damages resulting from faulty sanitation. I think the effect of this alteration would be that, stirred up by the fear of the penalty, the authorities would put into action their very ample powers; and that compliance in the carrying out of necessary works would be enforced by the pressure of public opinion, which would be heavily against any individual who by neglect subjected his fellow ratepayers to the risk of having to pay damages.

THE Russian Public Health Society is about to establish a few model bakeshops in St. Petersburg, where all kinds of bread will be procurable free from adulteration and at reasonable prices.

OBITUARY.

W. VINCENT BARRE, L.R.C.P., L.S.A.

We regret to announce the death, in his 37th year, of Dr. W. Vincent Barré, of Brentwood, Seacombe, Cheshire, a highly respected member of the medical profession. He was a skilful, trustworthy, and reliable practitioner, painstaking, attentive, and highly qualified in every branch of his profession. He was at all times found fully capable of meeting every emergency that arose in his practice. He was a courteous and upright gentleman, an excellent colleague and companion, and a sincere friend. Dr. Barré was a native of Dublin, and received his medical education at the Ledwich School and Rotunda Hospital and Cork Street Fever Hospital in that city.

MEDICAL NEWS.

THE Senate of the city of Hamburg has decided to erect a refuse destructor on the model of those used in many English towns. A sum of 60,000 marks (£3,000) has been voted for the purpose. Systematic experiments on the combustion of town refuse are also being made in Berlin.

CREMATION IN TIME OF WAR.—The Paris Cremation Society recently addressed a petition to the French Minister of War, praying him to issue a decree making the cremation of the dead bodies of soldiers killed in battle compulsory as soon as possible after the action. The petitioners express the belief that such a measure would prevent, or at least largely mitigate, the epidemics which under present conditions are so apt to break out in countries which are the seat of war. The suggestion is excellent, but there might possibly be some difficulty in carrying it into effect. Is an army, already hampered with tinned meats, ice machines, patent cooking stoves, and the innumerable other *impedimenta* without which modern warriors seem to be unable to take the field, to be still further burdened with cremating ovens sufficient for the incineration of forty or fifty thousand corpses, at a pinch? From the standpoint of pure hygiene, no doubt *c'est magnifique—mais ce n'est pas la guerre*.

THE statistical report of the Clinical Institute of the Berlin University for the year 1891-92 states that v. Bergmann's surgical clinic received 1,717 patients, of whom 156 died, and 1,532 were dismissed after treatment. In the out-patient department 20,818 persons were treated. Professor Senator's polyclinic treated 12,379 persons, and Professor Schweigger's eye polyclinic 11,688 persons, and 1,095 persons were received as in-patients. In Olshausen's Gynaecological Institute there were 1,083 births, and 876 further patients were received. In the polyclinic attached to the institute 2,501 obstetrical cases and 1,078 other cases were treated; 381 gynaecological operations were undertaken, and there were 150 *post-mortem* examinations, of which 60 were newborn infants. The ear hospital received 248 in-patients; and 25,618 were treated in the polyclinic attached to it; 2,953 cases were treated in the polyclinic for throat and nose diseases, conducted by Professor B. Fraenkel.

SANITARY ADMINISTRATION IN PARIS.—Dr. Léon Colin has presented a report to the Council of Public Hygiene of the Seine Department urging the establishment of an information office in connection with the Paris Prefecture of Police. To this office all notifications of cases of infectious disease and of deaths therefrom would be sent, and from it orders relating to prophylactic measures would be issued. The law as it stands at present not making the notification of infectious diseases compulsory, the required information would have to be obtained from private medical practitioners and from those in charge of schools, *crèches*, dispensaries, etc., from hospitals, from the members of the sanitary committees of arrondissements, from the police, etc. The information office would be in telephonic communication with the ambulance and disinfecting stations, etc. Dr. L. Colin further suggests that the direction of all the services for the transport of infectious cases should be centralised in the Prefecture of Police, and that the disinfection service should be placed directly under the control of the Council of Hygiene.

THE third International Congress of Criminal Anthropology was opened in Brussels on August 7th. Much surprise and disappointment was expressed at the marked abstention of the representatives of the Italian school, of which Professor Lombroso is the most prominent representative, from participation in the debates.

MEDICAL VACANCIES.

The following vacancies are announced:

ABERCARN LOCAL BOARD.—Medical Officer for the District. Salary, £40 per annum. Applications marked "Medical Officer" to T. S. Edwards, Clerk, 29, High Street, Newport, Mon., by August 31st.

BEDFORD GENERAL INFIRMARY.—Matron. Salary £70 per annum, with apartments, board, and washing. Applications, with testimonials, to the Secretary by September 1st.

BERKS ASYLUM, Moulford, near Wallingford.—Assistant Medical Officer, doubly qualified, unmarried, and under 30 years of age. Salary, £100 per annum, rising £10 annually to £120, with furnished apartments, board, etc., and washing. Applications to the Medical Superintendent by September 9th.

BOROUGH AND PORT OF SUNDERLAND.—Medical Officer of Health and Public Analyst; doubly qualified. Salary in all £525 per annum. Applications endorsed "Application for appointment of Medical Officer of Health and Public Analyst" to F. M. Bowey, Town Clerk, Town Hall, Sunderland, by August 29th.

BUNTINGFORD UNION.—Medical Officer and Public Vaccinator. Salary, £80 per annum, exclusive of medical and vaccination fees. Must reside within the district. Applications endorsed "Medical Officer," to the Clerk to the Guardians, Board Room, Union House, Buntingford, Herts, by September 7th.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—House-Surgeon. Applications to the Secretary by September 3rd.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—House-Physician for six months commencing October 1st. Applications with testimonials to be sent to the Secretary at the Office, 24, Finsbury Circus, E.C., by September 8th.

DERBY AMALGAMATED SOCIETIES' MEDICAL ASSOCIATION.—Assistant Surgeon. Salary, £160 per annum, with an allowance of £44 for cab hire and additional fees for midwifery cases. Salary to be advanced £10 in six months after appointment, and £10 per annum afterwards until it reaches £250 per annum. Applications to the Secretary, Mr. Thomas M. Cooper, 68, Abbey Street, Derby, by September 7th.

DUNSTABLE URBAN SANITARY AUTHORITY.—Medical Officer. Appointment for one year. Salary, 20 guineas. Applications to Mr. C. Crichton S. Benning, Town Clerk, by September 10th.

GENERAL HOSPITAL, Birmingham.—Assistant House-Surgeon. Appointment for six months. Residence, board, and washing provided. Applications to the House-Governor by August 27th.

KENT AND CANTERBURY HOSPITAL.—House-Surgeon. Must be registered medical practitioner and unmarried. Salary, £90 first year, with board, rising to £100 second year. Applications, accompanied by testimonials, to be sent to the Secretary, by August 27th.

LONDON COUNTY COUNCIL.—Assistant Medical Officer of Health, not less than 26 or more than 40 years of age. Salary, £300 per annum, rising by annual increments of £50 until it reaches £800 a year. Applications on forms to be had at the office of the Council to H. De La Hooke, Clerk to the Council, Spring Gardens, S.W., by September 10th.

LONDON FEVER HOSPITAL.—Assistant Resident Medical Officer. Applications, with testimonials, to the Secretary by September 1st.

METROPOLITAN HOSPITAL.—Dispenser. Applications, with testimonials, to Charles H. Byers, by August 29th.

MOVILLE DISPENSARY, District Inishowen, Ireland.—Medical Officer. Salary, £120 per annum, exclusive of registration and vaccination fees. Applications to Mr. John Bradley, Honorary Secretary, Moville Dispensary Committee, by 11 A.M. on August 30th.

NOTTINGHAM BOROUGH ASYLUM.—Second Assistant Medical Officer; unmarried. Salary, £100 per annum, with apartments, board, and washing. Applications with testimonials to Medical Superintendent by August 30th.

ROYAL SURREY COUNTY HOSPITAL.—Resident House-Surgeon. Salary, £80 per annum. Applications, with testimonials, to the Honorary Secretary by September 3rd.

ST. MARY'S HOSPITAL, Paddington, W.—Physician, Accoucheur. Applications, with testimonials, to Thomas Ryan, Secretary, by September 8th.

SUNDERLAND CORPORATION.—Medical Officer of Health for the District of the Borough and Port. Salary, £500 per annum as Medical Officer of the borough, £20 for the like office of the Port, and £5 as Public Analyst. Applications endorsed "Medical Officer of Health and Public Analyst," to Mr. Francis M. Bowey, Town Clerk, Town Hall, Sunderland, by October 29th.

SUSSEX COUNTY HOSPITAL, Brighton.—House-Surgeon, doubly qualified, unmarried and under 30 years of age. Salary, £120, rising to £140 per annum, with residence, board, and washing. Applications to the Secretary, by September 21st.

UNIVERSITY OF ABERDEEN.—Six Examiners for Graduation in Medicine. Grant of £30 per annum each. Applications to Robert Walker, Secretary of the University Court, by October 1st.

UNIVERSITY OF GLASGOW.—Assistant Examiner in Medicine. Annual fee for Examinership is £30. Applications with testimonials to Mr. Alan E. Clapperton, 91, West Regent, Glasgow, by September 3rd.

MEDICAL APPOINTMENTS.

BOWER, Augustus E., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Eastry District, and for the Workhouse of the Eastry Union.

BROMHALL, Ernest, M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant House-Surgeon to the General Hospital, Birmingham.

BYASS, Edgar Spry, M.B., C.M., L.R.C.S.Eng., reappointed Medical Officer for the No. 2 District of the Cuckfield Union.

CARPENTER, Percy Tranter, M.R.C.S.Eng., L.R.C.P.Lond., appointed District Medical Officer (under the Colonial Government) of Stanor Creek, British Honduras.

CHAMBERS, Henry F. T., L.R.C.P., L.R.C.S.Eng., L.F.P.S.Glas., appointed Medical Officer for the Wareham No. 2 District, and for the Workhouse of the Wareham and Purbeck Union.

COLEMAN, M. O., M.B.Aberd., M.R.C.S., reappointed Medical Officer of Health for the Surbiton Urban Sanitary District of the Kingston Union.

EDIE, Robert, M.B., C.M., appointed House-Surgeon to the Manchester Royal Eye Hospital, vice Charles Ramage, M.D.

HARCOURT, C. Harold, M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant House-Surgeon to the General Hospital, Birmingham.

HARING, Nathan C., M.B.Lond., M.R.C.S., appointed Honorary Assistant Physician to the Manchester Hospital for Consumption and Diseases of the Throat.

HARMAN, Albert B., M.R.C.S., L.S.A., appointed Assistant House-Surgeon to the Royal South Hants Infirmary, Southampton.

HILL, Frederick A., M.D.Brussels, M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer for the Thorncombe District of the Axminster Union.

JAMES, John, L.R.C.P.Lond., M.R.C.S., appointed Medical Officer of Health for the Rural Sanitary District of the Aberystwith Union, vice —Turner, resigned.

JONES, Hugh R., M.A., M.D., B.C.Cantab., B.Sc.Lond., appointed Honorary Assistant Surgeon to the Liverpool Infirmary for Children.

KIRBY, Samuel J. J., M.D.Bruix., L.R.C.P.Eng., M.R.C.S.Eng., appointed Medical Officer for the No. 4 District of the Stow Union.

LAING, G. Mackay, L.R.C.S.Irel., L.R.C.P., L.M., appointed Medical Officer and Medical Officer of Health to Ballina Dispensary District and Medical Attendant R.I.C.

PALING, Albert, M.R.C.S., L.R.C.P., L.S.A., appointed Assistant Resident Medical Officer to the Whitechapel Infirmary.

PHILPOT, John Richard, L.R.C.P., L.R.C.S.Eng., reappointed Medical Officer of Health to the Poole Rural Sanitary Authority.

RENNET, David, M.B., C.M., D.P.H.Aberd., appointed Extra Assistant Medical Officer to the Aberdon Town Council.

RENTON, George, M.D.Eng., reappointed Medical Officer of Health to the Leadgate Local Board.

SANDFORD, H. O., L.R.C.P.Lond., L.F.P.S.Glas., reappointed Medical Officer of Health for the Rural Sanitary Districts of Bromyard, Hereford, Ledbury, Leominster, and Woobly Unions.

SCATTERTY, William, M.A., M.B., C.M.Aberd., appointed Medical Officer of Health for the Borough of Keighley, vice Arthur Roberts, M.D.St. And., resigned.

SMITH, Thomas Hanson, L.R.C.P., L.R.C.S.Eng., appointed Medical Officer of Health to the Reddish Local Board.

THOMPSON, P. W., M.B.Toronto, L.R.C.P., L.R.C.S.Eng., L.F.P.S.Glas., appointed Assistant Medical Officer at the Infirmary of the Woolwich Union.

THORNE, Thorne Berthold B., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the Royal Portsmouth Hospital.

WILLIAMS, Egerton H., M.R.C.S., L.R.C.P., appointed Clinical Assistant to the Whitechapel Infirmary.

WILLS, Chas., M.R.C.S., reappointed Medical Officer of Health for the Southwell and Worksop Rural Sanitary Districts.

WOOD, William, B.A.Camb., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer for the Cartmel District of the Ulverstone Union.

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.

HOLMES.—On the 20th inst., at 14, Old Burlington Street, W., the wife of Dr. W. Reid Holmes, of a son.

SNELL.—On July 27th, at Fort Canje, Berbice, British Guiana, the wife of George Snell, M.B., of a son.

MARRIAGE.

FITCH—WILLIS.—On the 16th inst., at St. Cassyon's Church, Chaddesley Corbett, Worcestershire, by the Rev. E. Lewis, rector of Hampton Lovett, brother-in-law of the bridegroom, assisted by the Rev. D. H. Francis, vicar, Charles Dennis Fitch, M.R.C.S., third son of F. Fitch, Esq., M.D., of Chaddesley Corbett, to Beatrice Mary, elder daughter of H. R. Willis, Esq., of Brockencote Hall, Chaddesley Corbett, and of Kidderminster.

DEATH.

ALLBUTT.—August 19th, at Acorn Villas, Ilkley, in her 74th year, Anna Maria, relict of the late George Allbutt, M.R.C.S.Eng., L.S.A., of Grove House, Batley, and mother of Arthur Allbutt, M.R.C.P.E., of 24, Park Square, Leeds. No cards.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

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

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

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

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

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

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

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

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

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

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

LONDON TEMPERANCE HOSPITAL. *Hours of Attendance*.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operation Days*.—M. Th., 4.30.

METROPOLITAN. *Hours of Attendance*.—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day*.—F., 9.

MIDDLESEX. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9; W. S., 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, 1.

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

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

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

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

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

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

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

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

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

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

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

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

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

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

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

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

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

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

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

QUERIES.

M.R.C.S. asks to be referred to any work treating, as fully as possible, of paralysis of the palate or a discussion on the subject.

C. PINKERTON (Southport) writes: I shall esteem it a favour if you can inform me if there is any home near London where a male epileptic can be received on payment of a moderate sum.

DR. F. W. BENNETT (Leicester) asks gentlemen familiar with the climate of Shanghai whether it predisposes to anaemia or to rheumatism. He would be greatly obliged for any information on this subject.

M.D. writes: Will any of your readers kindly advise me as to the best carriage for use in a suburban practice with level country, no hills, and no great distances to travel? I also ask the favour of the experience of those who have used Botwood's "Queen," Brougham, Maythorn's "Desideratum" and "Convertible Victoria," and Fuge's "Jubilee" and "Doctor's Friend."

PROFESSOR MCKENDRICK'S LECTURES AT THE ROYAL INSTITUTION.

MEMBER, M.D., asks where he can find a report of the popular lectures on Physiology delivered a few years ago by Professor McKendrick at one of the London Institutions.

* * The lectures have, we believe, been published under the title of *The Animal Machine*.

ANSWERS.

ERRORS OF REFRACTION.

LEX.—It is impossible to explain adequately the methods of estimating and correcting errors of refraction without reference to elementary optics. In the following books the subject is treated from a practical standpoint, only sufficient optics being introduced to elucidate the subject—*Refraction* (Morton), *Ophthalmic Surgery* (Carter and Frost). The latter also contains an account of the manner of using the ophthalmoscope. If a separate treatise on this subject is required, we would suggest *Use of the Ophthalmoscope* (Hartridge).

NOTES, LETTERS, ETC.

We regret that the paper on Insanity as a Plea for Divorce, which was published in the BRITISH MEDICAL JOURNAL of August 20th, was by an oversight attributed to Mr. F. Weatherly, M.R.C.S., instead of L. A. Weatherly, M.D. Aberd.

In the list of members present at the annual meeting, published in the BRITISH MEDICAL JOURNAL of August 13th, the name of Surgeon-Major John Raby was incorrectly printed as "Raley."—Dr. Frederick Taylor's paper on Malignant Endocarditis, an abstract of which appeared in the EPITOME on August 13th, par. 126, was published in the *Guy's Hospital Reports* for 1891, not in the *Guy's Hospital Gazette*, as there stated.

MEDICAL AID ASSOCIATION.

J. W. writes: "Fair Play" misses the point when he writes in favour of medical aid associations, as no one objects to the various clubs amalgamating, and being attended by their own medical man. Indeed, there is much to be said in its favour, if they stopped there; but when they admit for medical advice and medicine shopkeepers who do not and would not belong to a club, with their wives and children, etc., or indeed any person who presents himself and pays the small pittance demanded, this I am sure "Fairplay" will see no medical man would tolerate in connection with a club attended by him, and not run by a form of syndicate.