

direct results paralysis of the arm and leg on the opposite side of the body.

On the assumption that this was the course actually taken by the bullet—an assumption sustained by the direction and extent of the sinus discovered by the probe—the explanation of the symptoms is not a very difficult matter. To the laceration and loss of brain substance, with the attendant hæmorrhage and subsequent inflammatory conditions, is to be ascribed the hemiplegia which was such a marked feature in the case. The very slight facial paralysis and its brief duration was a manifest indication that the centre for the face had not been injured, and it must, therefore, be regarded as a distant or indirect result of the lesion to the adjacent cerebral substance. The complete paralysis of the arm and its gradual and absolute recovery, commencing before the leg showed any signs of improvement, indicated that the arm centre itself had not been involved, and that probably the loss of power resulted from injury to the arm fibres on their way down to the internal capsule, while the equally complete and more prolonged paralysis of the leg with the still present excessive knee-jerk would seem to point to the existence of a lesion, either more cortical in its situation or more destructive in its results than that which had brought about the affection of the arm. In all probability the bullet has become arrested either in the leg centre or in its immediate vicinity. The exact situation is open to doubt; possibly the future may determine its position with greater accuracy than can be done at present. The occurrence of the herpetic eruption affecting the paralysed side of the face is an interesting symptom for which I can offer no very satisfactory explanation.

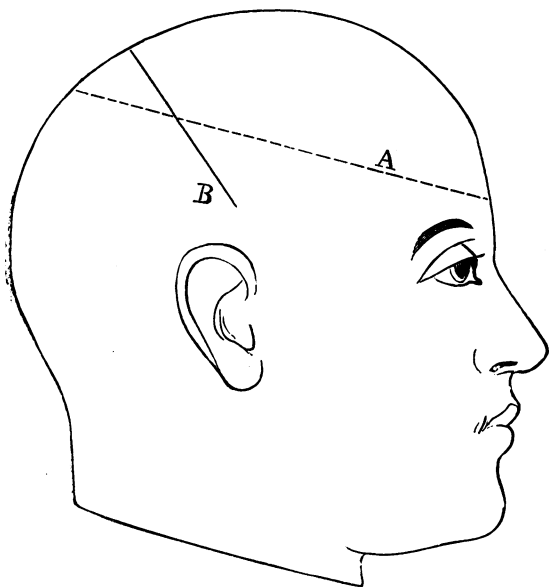


Diagram of supposed track of bullet. A, bullet track; B, fissure of Rolando. Weight of bullet, 80 grains.

Another point of interest in connection with this case is the fact that the accident was not fatal. Not only did the patient survive the injury, but he recovered with retention of the bullet in his brain, and without presenting any of those signs which are so apt to supervene when foreign bodies become lodged within the cranium. In the *Medical and Surgical History of the War of the Rebellion, 1861-65*, edited by Surgeon-General Barnes, United States Army, there are recorded nineteen cases of recovery from gunshot wounds of the cranium, with lodgment of the bullet in the brain. In four of these cases, just as in the present instance, the bullet penetrated immediately above the right eyebrow, travelling backwards and producing various symptoms. Of these four cases, one developed epilepsy two years after the wound in the head had healed, the second had to be discharged the service, owing to persistent headache, and "hallucinations," the third was

pensioned four years after the reception of the wound, on account of vertigo upon exertion, while the fourth (the report of this case is very meagre) returned to his regiment after a stay in hospital of almost two months. Out of the whole nineteen cases, I observe that vertigo is mentioned as a sequela in seven instances, and that epilepsy is noted only twice, while headache, impaired vision, and various paralytic symptoms, such as paresis of limbs, deafness, etc., complete the remaining causes of disability. The whole of the patients, however, did not develop sequelæ, for some were apparently in the enjoyment of perfect health at the date of the publication of the *History* from which I have quoted (1870).

Another case of bullet wound of the brain, wonderfully like that of my patient, has recently been reported in an American lay paper. The patient, a boy of 15 years, accidentally shot himself with a small rifle when he was on a hunting expedition early in June, 1891. The bullet entered the skull immediately above the right supra-orbital foramen, and a little to its outer side. Subsequent examination indicated that it had split in two against the hard bone, one fragment passing horizontally backward, and the other taking an upward and backward course for about six inches. The two fragments could be detected by a probe, but it was not deemed advisable to attempt their removal, as the case was considered hopeless. Towards the end of the month he came under the care of Dr. Fr. Heuel, jun., of New York. He was then rapidly losing strength. He ate little or nothing, and there were severe pains in his head. The wound had almost healed. Recognising the serious condition of the patient, Dr. Heuel trephined on both sides of the bullet opening, removed a number of bony spicula and pieces of lead, and also opened a circumscribed abscess beneath the dura mater, containing about a thimbleful of pus. Under appropriate treatment, all alarming symptoms gradually disappeared, and the patient steadily progressed towards recovery. In a letter to me, dated May 4th, 1892, Dr. Heuel gives the following additional particulars of his interesting case:—

"Since then (recovery from operation) he has been in the best of mental and physical conditions, with the exception of a partial paralysis—which promises to be permanent—of the extensors of the toes of the left foot. This does not interfere with locomotion, and cannot be noticed except by an expert eye. Sensation is perfect. He uses neither crutch nor cane, and is very fond and expert in riding his bicycle. He is brighter and more cheerful than before the accident, has gained in weight, and is growing rapidly." I am glad to learn from Dr. Heuel that he is to publish the case in the near future, and it will be both interesting and instructive to follow the career of the two patients whose cases are so much akin.

MEMORANDA:

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

A CASE OF MILKY ASCITIC FLUID.

IN the BRITISH MEDICAL JOURNAL of July 16th, an interesting case of the above is reported by Drs. Nieuwondt and Rozenzweig, of Cape Town, and having had a similar case quite recently, I think the following notes may be of some interest.

N. G., aged 10 years, a pale, strumous looking child, was first seen by me in consultation on May 24th, 1892. She was suffering from increasing abdominal fluid distension, with rapid wasting and persistently high temperature, 103° to 104° each night. She had been gradually getting worse for two months past. I had no difficulty in confirming the diagnosis of her medical attendant, that it was a case of tuberculous peritonitis, and it was decided to treat it by abdominal section, which was accordingly done. Fully a gallon of fluid of the colour and consistency of rich creamy milk came away. This fluid coagulated spontaneously, was rendered almost transparent by the addition of ether, and otherwise agreed physically with chyle. The mesenteric glands were found enlarged to the size of a cricket ball, and firmly fixed to the lumbar spine; the iliac and lumbar glands were also greatly enlarged, and resembled a number of walnuts strung on a

string. Miliary tubercles were sparsely scattered over the intestinal surface, which was greatly congested. The abdominal cavity was irrigated with hot water, dried, and a drainage tube inserted.

The patient made an uninterrupted recovery, was placed on iodide of iron and cod-liver oil, and was sent to the seaside. On returning a month later it was found that she had got quite fat and was otherwise in excellent health; the iliac and mesenteric glands could still be felt on deep pressure, but were greatly diminished in size. Microscopically the fluid contained numerous nucleated corpuscles and a molecular basis, and in other respects was identical with chyle. The cause of the chylous fluid in this case seemed to have been simple obstruction to the onward flow of the chyle either in the mesenteric glands, or owing to pressure by those glands on the receptaculum chyli.

Derby.

T. HENDERSON POUNDS, F.R.C.S.ENG.

A CASE OF POLYDACTYLOUS HAND.

THE following case may be interesting to the medical profession, as it is one of the greatest curiosity. I attended M. S. during her confinement. She was a strong and healthy woman, and had a perfectly normal labour. She was delivered of a large and healthy male child. On examination, however, it was found that there were six digits on the left hand, there being two little fingers. The adventitious finger was well formed, and similar with its fellow, with the exception of its attachment, which consisted of fibrous tissue and skin. The finger could be moved in any direction; it was attached to the ulnar side of the little finger. The other hand was perfectly normal, and showed no vestige of any abnormality. The great interest of the case, however, is this—that of the six children she has had, four had more than the usual number of fingers; all the adventitious fingers being to the ulnar side of the little finger. The first two of her children had perfectly normal hands, but the third had four little fingers, two on each hand. The fourth child had two little fingers on the left hand; the fifth had four little fingers; and the sixth was as I have described above. Another curious fact is this, that her brother's wife had a child with the condition of webbed fingers. Now, what are we to believe is the cause of this peculiar condition? I can hardly think it could be caused by "maternal impression." My own opinion is that it occurs in embryo by a process of dichotomy, there being a tendency in the cells of the ova of this particular woman to subdivide and form two, instead of one, fingers. Now, it will be observed that the first two children had perfectly normal hands, and that it was only on the birth of the third child that anything was found wrong with the hands, and that afterwards all her other children had more than the usual number of fingers.

Arbroath.

G. SYMERS MILL, M.B. and C.M. Edin.

A CASE OF PULMONARY FISTULA.

M. A., aged 32, came to me in November, 1891, with a small abscess over the junction of the first rib with the sternum on the left side. I opened the abscess and a small amount of pus escaped. The patient came up for no further treatment till August 15th, 1892. She then complained of phthisical symptoms, and said that when she coughed she heard a peculiar noise where the abscess had been and which had not properly healed, there always being a slight discharge.

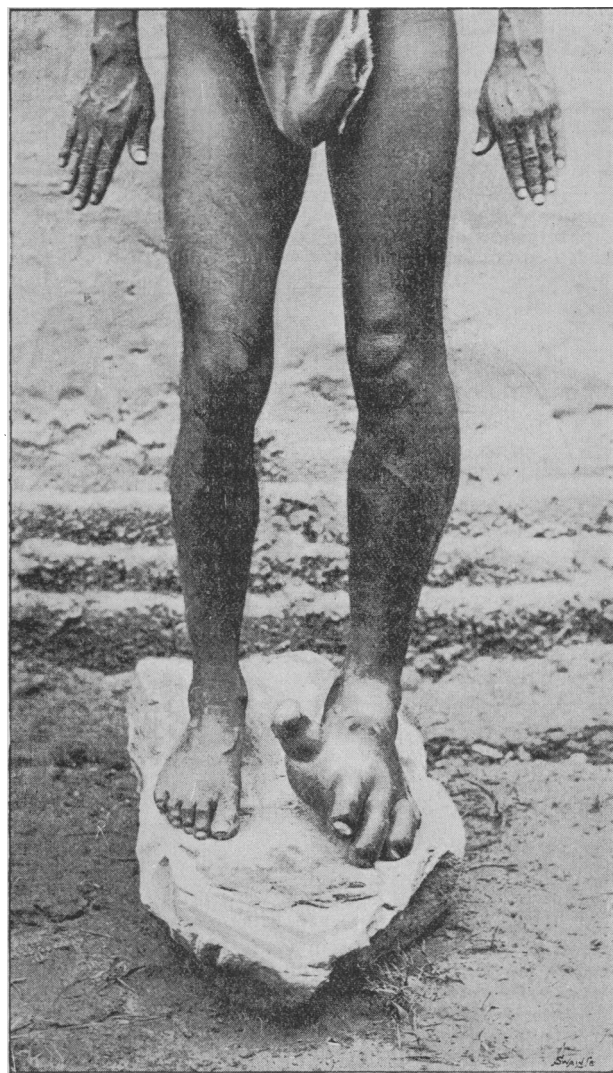
On examination, I found distinct signs of consolidation, etc., at both apices of the lungs. On asking her to cough, a small amount of pus escaped from a minute orifice at the seat of the former abscess. On her holding her nose and mouth and trying to inspire, air could be heard to whistle through this minute orifice. I therefore concluded that there must be a communication through the chest wall between the lung and the external atmosphere caused by a tuberculous focus at the end of the rib, extending outwards and inwards. The treatment I have adopted is simply for the relief of symptoms. If any gentleman reading this has met with a similar case in which any distinct line of treatment has met with success, I should be very glad to know it.

FREDERICK CHARLTON, M.R.C.S.Eng., L.R.C.P.Lond.
Salisbury.

HYPERTROPHY OF THE LEFT LOWER EXTREMITY:

PES GIGAS.

BHAWANI, aged about 35, Hindu by caste, a convict in the Allahabad Central Prison, has an enlargement of the left lower extremity, but chiefly involving the foot and leg. The foot is considerably enlarged, especially at its anterior part; the outer side, including the little toe, is involved to a much lesser extent than the four inner toes and corresponding part of the foot. The four inner toes are bent down and stiff, so that the increase in length of the foot cannot be accurately determined: the third toe is the longest, and the great toe projects upwards and inwards at an obtuse angle with the dorsum of the foot. The leg is enlarged both in length and circumference, the thigh slightly in circumference, and there is probably a very slight increase in length also. The left crest of the ilium is slightly raised, and there is also a very slight deviation of the lumbar spine.



The enlargement affects all structures; the bones are increased in length and thickness, the latter being well marked in all the bony prominences. There is a considerable increase of all the subcutaneous tissues, this being well marked in the calf and in the anterior part of the foot. Small diffused masses of fatty tissue exist here and there in the subcutaneous tissues of the leg. The right foot is normal.

The following measurements show the difference between the two lower extremities:—

	Right.	Left.
	Ft. In.	Ft. In.
From anterior superior spine to heel ...	3 0 $\frac{1}{2}$	3 1 $\frac{1}{4}$
" styloid process of fibula to tip of external malleolus ...	1 2 $\frac{1}{4}$	1 4
Circumference of thigh at upper part ...	1 7 $\frac{1}{2}$	1 8 $\frac{1}{2}$
" knee over mid patella ...	1 1	1 2
Greatest circumference of calf ...	0 11 $\frac{1}{2}$	1 2 $\frac{1}{4}$
" length of foot to end of third toe ...	0 9	1 0 $\frac{1}{4}$
Great toe: Length ...	0 1 $\frac{3}{4}$	0 2 $\frac{1}{2}$
" Circumference ...	0 3 $\frac{1}{2}$	0 6 $\frac{1}{4}$
Second toe: Length ...	0 1 $\frac{3}{4}$	0 2 $\frac{1}{2}$
" Circumference ...	0 2 $\frac{1}{4}$	0 5
Third toe: Length ...	0 1 $\frac{3}{4}$	0 3 $\frac{1}{4}$
" Circumference ...	0 2 $\frac{1}{4}$	0 4 $\frac{1}{2}$
Fourth toe: Length ...	0 1	0 2 $\frac{1}{2}$
" Circumference ...	0 1 $\frac{1}{4}$	0 4 $\frac{1}{4}$
Fifth toe: Length ...	0 0 $\frac{1}{2}$	0 1
" Circumference ...	0 2	0 2 $\frac{1}{2}$
From heel to head of fifth metatarsus ...	0 6 $\frac{1}{2}$	0 7 $\frac{1}{2}$
Greatest width of foot ...	0 3 $\frac{1}{2}$	0 6 $\frac{1}{2}$
" Circumference over heads of metatarsus ...	0 9	1 4 $\frac{1}{2}$

The history of this case is unreliable, but it is probably of congenital origin. Bearing in mind a case of acromegaly reported by Mr. Kanthack in the BRITISH MEDICAL JOURNAL of July 25th, 1891, in which a somewhat similar condition of the left foot existed, I have carefully examined both hands. They appear to be quite normal, and on careful measurements being taken, no difference could be detected between them. The man has a small face with a rather prominent lower jaw, especially at its angles, but the relation of the teeth to those of the upper jaw are not in any way altered.

L. J. PISANI,
Surgeon-Captain I.M.S.

Allahabad, N.W.P.

POISONING BY TINNED BEEF.

At 12.45 on Monday, August 15th, a grocer opened a tin of tinned beef in the presence of Mrs. W. The tin was not "blown" (that is, convex on its upper and lower surfaces—if meat in tins decomposes, the gas blows out the tins and causes them to bulge at the ends). He did not notice anything peculiar about the meat when opened. He had opened a very large number of tins in his time, and had sold many tins beforehand of this particular brand.

Mrs. W. bought one half-pound from off the upper surface of the tin, and divided it into eight portions: her husband and herself had a very small portion, mixed with some cold mutton; one younger child, who was not taken ill, had her dinner without any of the beef. Two hours and a half after partaking of the food a little boy, 3 years of age, was taken ill; ten minutes later the mother; half an hour after two children were sent home ill from school. About an hour later her husband came home ill from work. Three other children at home were by this time also attacked. The symptoms were, first, most profuse vomiting, intense abdominal pain, profuse diarrhoea, coldness of extremities, and collapse, the children lying on the kitchen floor vomiting and being purged, and unable to stir at all. The urgent symptoms lasted about six hours, leaving them all in a state of prostration, with some diarrhoea, otherwise none the worse. The mother had remarked to the father that the meat tasted stale. She, in addition to the other symptoms, complained of great pain in her head.

On Thursday, August 18th, the remains in the tin were brought to me by the sanitary inspector. I found that down one side the meat was discoloured on the surface, and there seemed to be a deficiency in the tinning. The meat did not smell, and was perfectly red and good except just at the surface. The soldered parts seemed to be right, and there was no hole in the tin. A small portion was partaken of by Mrs. C. and her husband; they had diarrhoea and crampy pains, but not to anything like the extent that the W. family suffered.

The symptoms were similar to those that I have occasionally seen after eating tinned salmon that has been exposed to the air, due probably to some ptomaine poison. The discoloration was entirely on the surface of the meat, and in the jelly part of the meat, and was not lustrous. I am inclined to think that the symptoms were not due to inorganic absorption, but

to the results of some products of microbial excretion, which affected the jelly material outside the meat. The worst cases were those who had partaken of the first slice. The last two cases were mild; they would only have eaten the jelly on the outside of a thin slice, and not the top piece; the taste was "stale," not "metallic." The collapse was most marked. Although the mother is now quite well, she is weak and done up after exertion. A. S. UNDERHILL, M.D., D.P.H.Camb.,
M.O.H. Tipton Urban District.

CHLOROBROM IN SEA SICKNESS.

IN crossing the North Sea last month I tried chlorobrom in two cases, both with most satisfactory results. The first was a gentleman, a great traveller, who had never suffered from sea sickness before, but fell a victim at last. After we had left land about three hours he commenced retching, which continued for three hours, when my attention was attracted to him. I then gave him two tablespoonfuls of chlorobrom, which gave immediate relief, and was followed by a refreshing sleep of several hours, awaking only once before morning, and then not from any inward disturbance. He partook of breakfast sparingly, but otherwise felt that life was again worth living. The other case was a lady who had suffered in the usual way for hours. She received one tablespoonful, to which she at once succumbed, sleeping for an hour, though afterwards passing a restless night, but she was not troubled again with sea sickness. I attribute the restlessness to not giving her a sufficiently large dose. Knowing how welcome any cure is in sea sickness—especially useful at this time of year, when most people are on the move—I feel anxious to bring under the notice of my fellow practitioners this simple remedy.

Bervie, N.B.

MONTAGUE GUNNING.

AN UNUSUAL NUMBER OF LUMBRICI IN A CHILD.

IN August, 1891, I was sent for to see a little boy, aged 6, whom I found in bed, very poorly, with temperature 104°. History given: The patient has been ailing and out of sorts for some time; losing flesh, with constant hacking cough and, latterly, night perspiration. Physical examination revealed no disease of lungs, although breathing was rough.

On inquiry, pain in abdomen existed, also mucus in the motions, but no blood; appetite capricious, with picking of nose and grinding of teeth; in short, all the usual symptoms of worms. Three powders of pulv. santonin—3 grs. in each—were ordered alternate mornings, to be followed by castor oil at night, with the result that ninety-seven pink ordinary round worms (*lumbricoides*) were evacuated. The child made a speedy recovery and was well in about ten days.

The case is of interest from the astonishingly large number of these ascarides which can exist in the bowel of a child of 6 years with no graver symptom than those enumerated.

F. C. W. HORNSELL, B.A.Cantab., M.R.C.S.Eng., etc.
Chudleigh, South Devon.

MORPHINE HYDROBROMATE.

HAVING repeatedly noticed that some people are debarred from the use of morphine in any of its usual forms owing to its unpleasant consequences, I was induced by analogy of the preparation of quinine hydrobromate to prepare a similar salt of morphine, and to use it with such satisfactory results that I venture to record the details of the process. I proceeded as follows: To the solution of liquor morph. hydrochlor. I added, little by little, a solution of ammonia sufficient to neutralise the morphine solution and to render it distinctly alkaline, and set it aside to allow complete precipitation, which took place slowly. Having caught the precipitate on a filter paper, I redissolved it in hydrobromic acid dil., and added sufficient water to make it up to the same quantity as the liq. morph. hydrochlor. I had used. With this solution I have often, though not invariably, induced quiet sleep and relief from pain, without the unpleasant after-effects of headache and nausea sometimes experienced when other morphine preparations are used. These results were especially noticeable in two cases of phthisis with tuberculous joints.

I have been unable to obtain from the textbooks any account of this preparation, though doubtless it has been previously prepared. My object in obtaining the salt by this method rather than by directly dissolving morphine in hydro-

bromic acid is that I was unable to obtain satisfactory results except when I employed the method I have described.
Kingston Hill. W. E. ST. LAWRENCE FINNY, M.B.

REPORTS

ON

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

GERMAN HOSPITAL, DALSTON.

A FATAL CASE OF GLANDERS.

(Under the joint care of Mr. R. W. PARKER and Dr. ERNST MICHELIS.)

W. S., aged 45, was admitted into the hospital on June 17th, 1892. He was a driver in the employ of one of the London tramway companies, but, according to his own statement, was not otherwise concerned with the horses.

His illness commenced about three weeks before his admission with some indefinite symptoms which were thought to be due to a "cold." After a few days' rest the man resumed work, which he continued until one week before his admission.

On admission he complained of great lassitude and depression; he could scarcely stand, and was quite unable to walk. At this time there was a large fluctuating swelling on the forearm, which had come spontaneously, and was said to be rapidly increasing in size. He was feeling very prostrated, was feverish, and suffered from headache; the temperature was nearly 103° F.; the pulse 140 and very feeble. No internal disease was detected. Finding that he was unable to stand, we examined him and found a number of other abscesses scattered about the body, of which the man appeared ignorant. They were mostly much smaller than that on the front of the forearm, varying in size from a pigeon's egg upwards. There were several in the calves of the legs, one in the right pectoral region, and one in the left triceps. These abscesses were all situated in the muscles.

June 18th. Dr. Michels opened the abscess in the forearm. It was more extensive than we had at first imagined; it contained pus, decomposed blood, and shreds of necrotic muscle; the abscess cavity was carefully scraped out and then irrigated; hæmorrhage was somewhat free; the cavity was subsequently packed with iodoform gauze. This operation had no influence whatever on the general state of the patient. The prostration continued to increase; the temperature remained high. The other abscesses increased in size; in all eight were opened and washed out.

On June 22nd a large fluctuating swelling appeared quite suddenly in the right sterno-mastoid. On the next day it was smaller, and, two days later again it was hardly visible. Query: An extravasation of blood.

On June 23rd fresh abscesses appeared in the left forearm, then oedematous swelling of the left eyelid, which rapidly spread towards the face and over the scalp. Subsequently pustules broke out in this oedematous area.

On June 25th, for the first time, there was a purulent discharge from the nose. Meanwhile, the general condition had been steadily getting worse. The temperature reached 105° F., the pulse 160 per minute. Delirium, interrupted by deep coma, supervened. Death on June 26th.

At the necropsy the heart was found very flabby, lungs were normal, the liver and spleen swollen, cloudy, and friable, the kidneys congested and swollen. There were no internal abscesses or hæmorrhages. In the muscles generally localised sanguinolent infiltration was present.

REMARKS.—Just at a time when so much glanders is occurring among the London horses, a case of the disease in man is not without interest—the more so, as at the date of this patient's admission to hospital, and even subsequently, the existence of the disease in London was denied. Probably the notification of this particular case was the means of directing official attention to the malady. The course of the disease in this man was somewhat unusual. Until the multiplicity of the muscular abscesses was discovered, acute

necrosis of the bones of the forearm was suspected. Even after the man's occupation led to a suspicion of the true nature of the disease, the diagnosis at first seemed uncertain on account of the absence of pustules and of nasal discharge, though he had evidently been suffering for about three weeks. The pus was carefully examined by the house surgeon, Dr. Zum Busch, for the characteristic bacilli, but none were found. Nevertheless, the diagnosis was fully confirmed by the fact that on inspection horses were found to be suffering from glanders in the company's stables, where this man had been working.

LINCOLN COUNTY HOSPITAL.

A CASE OF HYDATIDS AFFECTING THE WHOLE OF THE FEMUR AND THE HEADS OF THE TIBIA AND FIBULA.

(By W. A. CARLINE, M.D.)

J. M., a hawker, aged 52, was admitted on November 28th, 1891. He was a large-framed, obese man, giving the following history of himself: Thirteen years ago, when building, he and four others fell a distance of 135 feet—three men were killed on the spot. He was stunned, and his left femur was fractured. He was in the Middlesborough Hospital for three weeks, and was then transferred to the Leeds Hospital, where he remained ten months; but no union of the fracture was obtained. The limb had been swollen ever since the accident, and had constantly given him pain. In July, 1891, he went into the Peterborough Workhouse Infirmary, and a large abscess which had formed in front and to the outer side of his leg, about four inches below the knee-joint, was opened, a quantity of pus escaping.

On admission to the Lincoln Hospital the right leg was found to be shortened to the extent of at least six inches, and the abscess below the knee was discharging a quantity of evil-smelling pus; the thigh, reduced in length, was very bulky, and was soft and flabby. There appeared to have been a fracture between the middle and lower thirds of the femur, the lower fragment riding in front. Nothing distinct could be made out of the upper fragment, which, moreover, appeared to be fractured in more than one place.

The limb being a useless encumbrance, the discharge from the abscess exhausting, it was decided to amputate at the site of the supposed fracture, and this was accordingly done on December 15th. Esmarch's bandage was applied, but the elastic ligature could not be kept in place. It was therefore replaced by a tourniquet. Skin flaps were made, and in dividing the muscles several small cysts, of a capacity of one or two drachms, were cut into; the fragments of bone not easily separating the saw was brought into requisition, and the sound given out when it was being used was somewhat like that caused by opening a sardine tin.

As soon as the limb was removed, quantities of matter like ground-rice pudding, alternating with numberless hydatid cysts, kept pouring from the femur with every movement of the limb, or when any pressure was put upon it; the bone, reduced to a mere shell, acting as a spout to convey this from the upper part of the thigh. It was suggested by Dr. Carline to at once amputate at the hip-joint, but his colleagues thought that the man's condition would not justify this at present, and therefore as much bone was removed as possible. The finger being passed up the centre of the bone and through an opening in one side, a large piece was removed by means of a few touches of the knife, and two hydatid cysts were exposed on the inner side of the thigh, each of about the capacity of four ounces. One was entirely separate from the bone, and the other only adherent to it at one part. Another piece of bone was then removed in the same way, and throughout at intervals rushes of hydatids and degenerated cysts came down the hollow cavity of the femur. The limb now presented a singular appearance, a huge cavity being left where the bone had been, the tissues around being matted together and the muscles in a state of fatty degeneration. At the top this cavity was traversed by the profunda femoris, which was successfully ligatured; the flaps being now brought together and an opening made in the posterior one, a glass ovariotomy drainage tube was passed through and up the thigh.

On examining the amputated limb it was found that the expanded lower end of the femur was a mere shell with a loose central core of dead bone; the patella was a hollow cavity, and

very harassing and responsible practice. During this time he became surgeon to the Glasgow and South-Western Railway Company, physician to the Kilmarnock Hospital and Infirmary, a Justice of the Peace for the County of Ayr, Examiner in Medicine and Clinical Medicine and in Public Health and Medical Jurisprudence in the University of Glasgow, and Examiner in Medical Legal Cases in North Ayrshire.

Under the strain and anxiety of all this work his health appeared to be in danger of giving way, and in order to be able to make a fresh start, as it were, and to obtain facilities for doing literary and scientific work, and for the sake of his children he determined to remove to London, where he started practice in Manchester Square. Here many of his old Ayrshire and Edinburgh patients still continued to consult him; but for some time he obtained some of that rest so necessary for his health and work, the results of which we have in his contributions on the "Therapeutic Action of Senna Pods" (1887); in his book on *Insomnia and its Therapeutics*, a most valuable treatise, published in 1889; on "Dreaming," which appeared in the *Edinburgh Medical Journal* in 1891; and an article on "Habit in Reference to Sleep and Sleeplessness," which appeared in the *International Clinic* in 1891. Dr. Macfarlane also took a great interest in the work and discussions of the Royal Medical and Chirurgical and Clinical Societies, whilst we learn that shortly before his death he was engaged in carrying on experimental work on the action of various drugs on the cerebral circulation.

Dr. Macfarlane, one of the most genial of men, had great determination of will and force of character; nothing seemed to impress his patients more than his anxiety to get to the bottom of their illness and to arrive at the meaning of the very smallest symptoms. So convinced were they of his ability to do them good that they came to look upon him not only as a medical adviser but also as a personal friend; and this feeling could only be intensified by the admiration for his character and the affection for his personal qualities which were aroused in most of his patients. This became very evident when he left Kilmarnock, when friends, teachers, colleagues, and patients vied with one another in doing honour to and speaking well of him when at a banquet they presented him with a very handsome testimonial.

During the last few years Dr. Macfarlane's practice has been growing very rapidly, and the drafts on his energy necessitated by frequent long journeys and by too constant devotion to experimental and literary work have unfortunately done their worst. He was a good physician, a firm friend, and an honest man, and many will join with his widow and children in mourning his loss.

JOHN EASTON, M.D., M.R.C.S.

WITH much regret we have to record the death—in his 56th year—of Dr. Easton, which occurred somewhat suddenly at Sark, on August 26th. The deceased gentleman had been in failing health for some few years past, so that to his medical friends his decease was not entirely unexpected. He received his medical education at King's College, London, and subsequently studied at Paris and Vienna. He obtained the diplomas of M.R.C.S., and L.M. in 1858, and took the M.B. degree of the University of London in 1860. His academical career was a distinguished one, and in addition to other honours he obtained the exhibition and gold medal for physiology and comparative anatomy, and was first in with another gold medal in midwifery at the M.B. examination. He obtained the M.D. degree in 1861. After serving as House-Surgeon to the Preston Dispensary, he married, and settled, about 1867, in Connaught Square, Paddington, where he joined Mr. Webber in partnership before the latter's retirement. He enjoyed for years a lucrative practice, and about 1886 took into partnership Dr. W. T. Law. Dr. Easton was lately a Vice-President of the Harveian Society, and for several years took an active interest in the British Medical Benevolent Fund. He was a true and trusty friend, a cheery companion, and in all respects an upright, honourable gentleman. He had thus endeared himself to a large circle of friends, by whom his untimely death is deeply deplored. He leaves a widow, three sons, and two daughters; and his second son, Mr. Frank E. Easton, now holds a senior student's post at St. Mary's Hospital.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently gone over to the majority are Dr. Gustav von Düben, some time Professor of Anatomy in the Carolina Institute of Stockholm, and for many years editor of the well-known Scandinavian medical journal, *Hygiea*, aged 70; Dr. Josef Scharff, director of the Brünn Lunatic Asylum, aged 50; Dr. J. S. Evans, formerly a conspicuous figure in the Senate and House of Legislature of Alabama, and a much respected physician, aged 64; Dr. Perron, of Besançon, author of a treatise on Professional Integrity; Dr. Julius von Beregszaszy, of Vienna, a well-known laryngologist, and the German translator of Mr. Butlin's book *The Tongue and Its Diseases*, aged 46; Dr. Carl von Cessner, Emeritus Professor of Surgical Apparatus in the University of Vienna, and first vice-president of the Austrian Red Cross Society, aged 75; Dr. Antoine Ruppauer, of New York, and formerly of Boston, one of the pioneers of laryngology in America, aged 67; Dr. A. Obermüller, of St. Petersburg, body physician to the Czar, aged 45; Dr. Nathan Woodhull Condict, son of Dr. Lewis Condict, who was one of the originators of the United States *Pharmacopœia*, and himself for many years a prominent figure in the medical profession of New York, aged 83; Dr. Josef Standhartner, for many years physician to the Vienna Allgemeine Krankenhaus, and one of the most justly popular physicians of the Imperial city, aged 75; Dr. Philippe de Quental, Emeritus Professor of Clinical Medicine in the University of Coimbra, aged 78; Dr. Edouard Béchet, Professor of Surgery and Operative Surgery in the Medical Faculty of Nancy, aged 82; Dr. Walter Coles, president of the St. Louis Medical Society, who shot himself owing, it is said, to the dread of being attacked by an incurable nerve disease, aged 54; Dr. Theod. Leisering, director of the Veterinary School at Dresden; Dr. Thomas F. Wood, editor of the *Wilmington Medical Journal*, and secretary to the North Carolina State Board of Health; Dr. Ludwig Bandl, Professor of Gynecology in the University of Prague, aged 49; Dr. E. W. Werbizki, a member of the medical administration of the Caucasus, who had been commissioned by the Russian Government to inspect the sanitary conditions of the Persian shore of the Caspian Sea, of cholera, aged 45; Dr. F. L. Thuran, formerly medical inspector and municipal councillor of the city of Odessa, aged 86; Dr. B. W. McCready, some time Professor of Materia Medica and Therapeutics in the Bellevue Hospital Medical College of New York; Dr. Anders Georg Drachmann, of Copenhagen, a well-known orthopædic surgeon, and author of works on scoliosis, physical development, etc., aged 82; Dr. Dahnhardt, *Privat-docent* of neurology in the University of Kiel; Dr. Artigas, Lecturer on Skin Diseases and Syphilis in the Medical Faculty of Toulouse; Dr. C. F. Naumann, some time Professor of Anatomy in the University of Lund (Sweden), of which he was rector in 1860-61, aged 78; Dr. Josef Fischl, *Privat-docent* of Internal Medicine in the German Medical Faculty of Prague; Dr. W. Nick Pindell, of Newark, New Jersey, aged 64. Dr. Pindell had served under Lee, and attended John Brown, the hero of the famous ballad, when wounded at Harper's Ferry. Brown told Pindell who he was, adding, "You'll not get any pay from me, but if you bring my body, dead or alive, into Missouri, you can get 3,500 dollars for it." Pindell informed his commander, who doubted the identity of the captive till the latter confessed. Dr. Pindell was the possessor of several relics of John Brown, including his revolver.—Another man whose career deserves more than a passing mention is Dr. Ludwig Winckel, who died at Mülheim on the Rhine on August 15th, aged 83. He was the father of Dr. Franz von Winckel, Professor of Gynecology and Obstetrics in the University of Munich, and was himself, though a general practitioner all his life, a distinguished obstetrician. When in practice at Gummersbach, where rickets and osteomalacia were then very common, he gave great attention to the causes of these diseases, and succeeded in notably diminishing their prevalence. He performed a larger number of Cæsarean sections than any general practitioner in Germany, one of his operations having been done so recently as in 1889. He was a frequent contributor to the *Monatsschrift für Geburtshilfe*.

PROFESSOR VIRCHOW has had the Russian Order of Stanislas First Class and the Grand Cross of the Swedish Order of the North Star conferred on him.

HEALTH OF IRISH TOWNS.

In sixteen of the principal town-districts of Ireland the deaths registered during the week ending Saturday, September 3rd, were equal to an annual rate of 22.7 per 1,000. The lowest rates were recorded in Newry, Dundalk, and Limerick, and the highest in Wexford and Lurgan. The death-rate from the principal zymotic diseases averaged 4.3 per 1,000. The 176 deaths registered in Dublin were equal to an annual rate of 26.3 per 1,000 (against 19.5 and 24.0 in the preceding two weeks), the rate during the same period being 16.6 in London and 14.4 in Edinburgh. The 176 deaths registered in Dublin included 26 which were referred to the principal zymotic diseases (equal to an annual rate of 3.9 per 1,000), of which 19 resulted from diarrhoea, 2 from scarlet fever, 2 from diphtheria, 2 from "fever," and one from measles.

SANITATION IN BOMBAY.

At a special meeting recently held, the Bombay Municipal Corporation passed a motion declaring that the work of constructing the house connections in the city should be stayed till the Corporation had inquired into the sanitary effect of those already constructed. A large committee was appointed to inquire into, and report on the question, and suggest such remedies as might appear desirable or necessary.

DUTIES OF COUNTY ANALYSTS.

AN ASSOCIATE asks us the following questions with respect to the duties of a county analyst:

1. What are the duties of a county analyst (not a medical man)?
2. Has he to determine the physiological effects of articles of food on the consumer, or has he only to search for adulterants in food?
3. Is water examination one of his prescribed duties, and has he "to trace its effects as a causation of disease, or is he merely to give the ingredients found in samples supplied for examination"?
4. Are not his duties laid down by Act of Parliament?

. The duties of a county analyst, or, to speak more correctly, of a public analyst, are laid down in the Sale of Food and Drugs Act, 1875 (38 and 39 Vict., c. 63). These duties relate to the analysis of samples of "food and drugs" submitted to him by certain specified persons—such as inspectors of nuisances and police officers—or by private purchasers who have complied with the provisions of the Act. The analyses are to be made with the view of detecting adulterations. Under ordinary circumstances a public analyst would not concern himself with the "determination of physiological effects," but the Act gives him considerable latitude, and he is at liberty to make any observations that he may consider proper or advisable in the certificates which he issues. Water is not included in the Act, but public analysts are generally called upon to make analyses of water, and we are of opinion that they are the proper persons to do it, while medical officers of health should be called upon to interpret a public analyst's report in relation to the "causation of disease." The duties of a public analyst are laid down in the Act in so far as the Act is concerned, but in his private professional capacity he is at liberty to undertake any analytical work he thinks fit.

IS MEDICAL ATTENDANCE "RELIEF?"

DR. G. CHARLES WILKIN (Harley Street, W.) writes: Under this heading I see in the BRITISH MEDICAL JOURNAL of September 10th a question raised by "S.B.M.," the answer to which is of great importance to Poor-law medical officers, especially to those in the country. Having received an order from a relieving officer to attend a certain person on behalf of the parish, the medical officer's attendance becomes at once Poor-law relief, and compulsory. If the patient had sufficient money to pay the expenses of the illness, clearly the Poor Law had no right to compel its medical officer to attend the case on its behalf, and, however unavoidable, an error having been committed, the guardians, in justice to their medical officer, must pay him his fair claim out of the money seized by the clerk on their behalf, after all other reasonable Poor-law claims have been met. To thoroughly appreciate the importance of the question raised one must have held a Poor-law post in a sparsely-populated country district.

SUPPRESSION OF CONTAGIOUS DISEASES IN ANIMALS.

MR. JOHNSON MARTIN, L.F.P.S. and L.M. Glasgow, L.S.A. (Bolton), writes: The statement in the BRITISH MEDICAL JOURNAL of August 20th, 1892, page 427, reads as follows: "The power to deal with the suppression of contagious diseases of animals is vested in the Board of Agriculture, and effectual use of this power has recently stamped out foot-and-mouth disease and pleuro-pneumonia in cattle." Foot-and-mouth disease may be stamped out, but pleuro-pneumonia will never be stamped out by the slaughtering of cattle. Moreover, in this country it has increased for the last forty years, and will continue to increase until proper provision is made for the protection of cattle from cold and heat. Our forefathers provided for the care of live stock; for the last forty years proper care of animals has gradually ceased and pleuro-pneumonia increased. In Lancashire recently, five hundred head of cattle have been compulsorily slaughtered, and has cost about £4,500 in compensation alone, and there is no assurance that the end has come. Under the existing law, farmers dare not report the disease; it means ruination to many of them. The diseased animals are sold and eaten; lately 90 per cent. of the scholars in a school at Heywood were suffering from sore throat. Query, Why?

MEDICAL INSPECTION OF SHIPS.

DR. EDWARD WALFORD (Medical Officer of Health, Cardiff) writes: Under the above heading in the BRITISH MEDICAL JOURNAL of August 20th, you give a short notice of a meeting of the Health Committee of the Cardiff Corporation at which the subject of the inspection of shipping was discussed.

Owing to the fact that the discussion was of a somewhat conversational character, it was doubtless difficult for the representatives of the local press to obtain a very clear notion of the matter under consideration, or to frame a report with the accuracy which usually characterises their notices of the proceedings of this Committee. As the notice to which I refer would seem to convey an erroneous impression of the duties and powers of sanitary authorities, with respect to this inspection I would ask you to be kind enough to allow me to make, through your columns, a slight correction. In the report it is stated that the medical officer of health said: "The cholera order recently issued gave powers to inspect a ship from a foreign port, whether she had been inspected by the Customs officers or not, if the medical officer of health had reason to suspect that she was infected with cholera, but that this power did not apply to ships infected with scarlet fever, typhus, diphtheria, or other infectious diseases, as these might come from home ports."

The first part of the paragraph is substantially correct, as at the request of the Committee I submitted to them a statement showing the powers conferred on the local authority and their officers by the Cholera Order of the Local Government Board issued in August, 1890, and explained that these powers were in every way sufficient for dealing with cases of cholera should the disease be imported into this district; that there was no occasion for excitement or alarm, as everything was in perfect readiness for carrying out the provisions of the Order should the occasion arise; and, moreover, that special instructions had been given to the inspectors of the Port Sanitary District to visit by day and night all vessels from infected ports, and that, with the valuable assistance of the Customs officers, dock officials, and pilots, it was, I conceived, practically impossible that any case of cholera could escape detection; but even then, should a case of the kind be introduced into the town, the best and surest means of arresting the progress of the disease was the removal of all local insanitary conditions.

With regard to that portion of the paragraph in question where it refers to the method of dealing with other infectious diseases such as small-pox, scarlet fever, etc. I had to point out that the officers of the sanitary authority had no power to remove any infected person or thing from a vessel from foreign parts until after the clearance by the Customs officers, and that as the Customs boarding station in this port was inside the docks, or rather within the basin leading into the docks, infectious disease was of necessity introduced within these limits before any notice could be received by the local authority. I was, however, able to state that I was not aware that any serious results had occurred in consequence of this inconvenience, and that since a systematic inspection of the shipping in the port had been carried out, and a prompt removal of infectious cases to hospital had been effected, no single instance had occurred in which the spread of disease in the town could be attributed to the introduction of infection by shipping. At the same time, I pointed out that if the Customs boarding station were removed to a suitable place outside the docks, it would be possible for the sanitary officers to inspect foreign vessels, and to remove infected persons and articles from them before their entrance into the dock. With a view of effecting this alteration in the position of the Customs boarding station, the Health Committee decided in the first instance to communicate with the borough member of Parliament, Sir E. J. Reed, as mentioned in your notice already referred to. This apparent defect in the administration of sanitary matters in certain ports similarly situated will not, I believe, be satisfactorily overcome until the obsolete quarantine Acts, under which the Customs regulations are made, are abolished or amended, and until all matters connected with the sanitation of shipping are dealt with by the local sanitary authority alone instead of as at present by three separate bodies, namely, H.M. Customs, the Board of Trade, and the local authority.

MEDICAL NEWS.

PROFESSOR CARL FREIHERR VON ROKITSANSKY, of Vienna, has been appointed ordinary Professor of Obstetrics and Gynaecology in the University of Graz.

MEDICAL MAGISTRATE.—Dr. C. D. Hill Drury has been placed on the Commission of the Peace for the borough of Darlington.

DR. S. KITASATO, the well-known bacteriologist, who till recently was one of Professor R. Koch's assistants, has been appointed a member of the Central Sanitary Board of the Japanese Home Department.

ITALIAN CONGRESS OF INTERNAL MEDICINE.—The fifth congress of the Italian Society of Internal Medicine will be held in Rome from October 25th to 28th, under the presidency of Professor Guido Baccelli.

THE German Anthropological Congress will hold its next (twenty-fourth) annual meeting at Hanover in 1893. Professor Virchow has been chosen President, with Professors Waldeyer and Schaafhausen as Vice-Presidents.

It is announced that on the reassembling of the Italian Parliament the Minister of Public Instruction will introduce a Bill for the reorganisation of the Universities, and the diminution of the number of institutions of higher teaching in Italy.

PROFESSOR PONFICK has been elected Rector of the University of Breslau for the academic year 1892-93.

VACCINATION GRANT.—Mr. Alfred E. Vaughan, Public Vaccinator for the Haslington District of the Nantwich Union (Cheshire), has been awarded a Government grant for efficient vaccination.

A CONGRESS ON CHILDREN'S DISEASES.—The second Italian Congress of Pædiatrics will be held at Naples this year, about the middle of October. The subjects down for discussion are "Scrofula and Tuberculosis," to be introduced by Professors F. Fede and T. De Bonis; and "Hereditary Syphilis in relation to the Sanitary Regulations at present in Force," to be introduced by Drs. L. Concetti and A. Titomanlio.

FOREIGN MEDICAL ABSTAINERS.—Not many years ago, though Continental medical men have been conspicuous in the advocacy of temperance and in the war being so actively waged abroad against alcoholism, no member of the profession on the European Continent was known to be an abstainer. Now, as we have already noted, there are several in Germany, Switzerland, and other countries. The latest intelligence is that the directors of five of the Swiss lunatic asylums are avowed abstainers, in addition to some of the assistant physicians. The marked advance in the Swiss Republic in this direction is mainly due to the energy and influence of Professor Forel, of Zurich.

NEW HOSPITAL AT WIESBADEN.—The St. Josef Hospital, which has recently been opened at Wiesbaden under the auspices of the Sisters of the Red Cross, contains accommodation for 70 patients. The hospital is intended especially for surgical cases, and will be under the medical direction of Dr. Cramer. There is a gynæcological department, of which Dr. Wehmer will take charge. Cases of infectious disease are not admitted. The street in which the Josef Hospital is situated has been rechristened "Langenbeckstrasse," in honour of the famous surgeon, Bernhard von Langenbeck, who, whilst he lived at Wiesbaden, occupied the house which formerly stood on the site of the new hospital.

LITERARY INTELLIGENCE.—The first number of the *Sheffield Medical Journal*, described as "a quarterly review of the medical sciences for Yorkshire and adjoining counties," will appear in October. It will comprise original articles, clinical cases, and hospital records, abstracts and summaries of medical work at home and abroad, reviews and notices of books, and medical news. The new journal is to be edited by Mr. Simeon Snell, with Drs. D. Burgess, W. T. Cocking, W. Dale James, and A. J. Hall as assistant editors, in association with Dr. Mansel Sympson of Lincoln, Dr. B. A. Whitelegge of Wakefield, Dr. P. Boobyer of Nottingham, and Dr. J. A. Southam of Derby. So strong an editorial staff should ensure the production of an excellent journal, and we heartily wish our new contemporary success.—It is announced that the publication of a Hungarian textbook of medicine will be commenced in 1893. The various sections will be written by the leading teachers and clinicians in Hungary, and the work as a whole will be edited by Professors Bókai, Kéti, and Koranyi. The first volume, which deals with infectious diseases, will appear next year, and it is anticipated that the work will be completed in four years.—Dr. Messerer has succeeded Dr. Kerchensteiner in the editorship of *Friedrich's Blätter für gerichtliche Medizin und Sanitätspolizei*, published at Munich.—The Berlin Academy of Science has made a grant of 800 marks (£40) to Professor Wernicke towards the expenses of publication of his *Atlas of the Cerebrum*.—Messrs. Cassell and Co. have in the press a *Manual of Physiology*, by Dr. A. T. Schofield.—The first number of a new medical journal, *The American Therapist*, was published in July. The editor is Dr. John Aulsebrook, of New York.—In the same month, the first number of a new French journal, *La Revue Médicale*, appeared in Paris. The editor is Dr. Paul Archambault, and the journal is apparently intended to be a medical *Review of Reviews*.—The well-known incumbent of the Chair of Church History in the University of Berlin, Professor Harnack, son-in-law of the distinguished surgeon Professor Thiersch, Leipzig, has published a collection of all passages relating to the art of healing in writings on ancient ecclesiastical history. The book, which is dedicated to Professor Thiersch, is entitled *Medizinisches aus der ältesten Kirchengeschichte*.

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; (Gynæcological), 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.

MEDICAL VACANCIES.

The following vacancies are announced:

- BALLINASLOE UNION** (Laurencetown Dispensary).—Medical Officer. Salary, £127 per annum, and fees. Applications to Mr. Thomas Connolly, Honorary Secretary, Laurencetown. Election on September 29th.
- FOREST HILL PROVIDENT DISPENSARY**.—Medical Officer; doubly qualified. Applications to the Honorary Secretary, Frederick J. Marriott, Esq., The Ridge, West Hill, Sydenham.
- GENERAL HOSPITAL, Birmingham**.—House-Physician. Salary, £70 per annum. Applications to be sent to Mr. Howard J. Collins, House-Governor, by October 7th.
- GENERAL HOSPITAL, Birmingham**.—Pathologist (non-resident). Salary, £120 per annum. Applications to be sent to Mr. Howard J. Collins, House-Governor, by October 1st.
- GENERAL HOSPITAL, Birmingham**.—Surgical Casualty Officer (non-resident). Salary, £70 per annum. Applications to Mr. Howard J. Collins, House-Governor, by October 1st.
- GENERAL INFIRMARY, Northampton**.—Assistant House-Surgeon, [unmarried, doubly qualified, and not under 23 years of age. Salary, £80 per annum, with furnished apartments, board, attendance and washing. Applications to the Secretary by September 19th.
- GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.**—House-Physician. Salary, £60 per annum, with board and lodging. Applications to the Secretary by September 26th.
- HUDDERSFIELD INFIRMARY**.—Honorary Physician. Applications to Mr. F. Eastwood, Honorary Secretary, by November 1st.
- HUNTINGDON COUNTY HOSPITAL**.—House-Surgeon. Salary, £60 per annum, with board, etc. Applications to Dr. McRitchie, Huntingdon.
- KENT AND CANTERBURY HOSPITAL**.—Assistant House-Surgeon; unmarried. Salary, £50 per annum, with board and lodging. Applications to the Secretary by October 8th.
- KIMBERLEY HOSPITAL, Kimberley, South Africa**.—Salary, £750, with quarters. Applications to H. A. de Beer, Secretary Kimberley Hospital Board, by October 10th.
- LANCASHIRE COUNTY ASYLUM, Rainhill, near Liverpool**. Pathologist. Salary, £200 per annum, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent.
- LIVERPOOL HOSPITAL FOR CANCER AND SKIN DISEASES**.—Honorary Assistant Surgeon. Applications and testimonials to A. N. Talbot, 3, Rumford Street, Liverpool, by September 21st.
- POPLAR AND STEPNEY SICK ASYLUM DISTRICT, Bromley, E.**—Dispenser. Salary, £2 10s. per week. Applications, on forms to be obtained at the Asylum, to Robert Foskett, Clerk to the Managers, by September 19th.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.**—House-Physician. Appointment for six months. Salary at the rate of £40 per annum, with board and lodging. Applications to the Secretary by September 23rd.
- ROYAL SURREY COUNTY HOSPITAL, Guildford**.—Assistant House-Surgeon. Appointment for six months. Board, washing, and lodging provided. Applications, endorsed "Assistant House-Surgeon," to the Honorary Secretary by September 19th.
- ST. PETER'S HOSPITAL FOR STONE AND URINARY DISEASES, Henrietta Street, Covent Garden, W.C.**—House-Surgeon for six months; must be M.R.C.S. Honorarium, 25 guineas, and board, lodging, and washing. Applications to Walter E. Scott, Secretary, by September 24th.
- SCARBOROUGH HOSPITAL AND DISPENSARY**.—House-Surgeon. Salary, £80 per annum. Applications and testimonials to be sent to the Honorary Secretary, Elders Street, Scarborough, by September 20th.
- 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 £20 per annum each. Applications to Robert Walker, Secretary of the University Court, by October 1st.
- WORCESTER COUNTY AND CITY LUNATIC ASYLUM**.—Third Assistant Medical Officer. Salary, £100 per annum. Applications and testimonials to be sent to Dr. Cooke, The Asylum, Powick, near Worcester, by September 20th.

MEDICAL APPOINTMENTS.

- ANDERSON, John, M.B., C.M.Aberd.**, appointed Parochial Medical Officer for Brechin.
- BAXTER, Wm. W., L.R.C.P., L.M. Edin., M.R.C.S. Eng.**, appointed Medical Officer for the Third and Fourth Districts of the Tendring Union.
- BEDDIE, Wm., M.B., C.M.Aberd.**, appointed Medical Officer to the Fraserburgh Police.
- BIDDLECOMBE, E. H., L.R.C.P. Lond., M.R.C.S.**, appointed Honorary Physician to the Royal United Hospital, Bath, *vice* H. F. A. Goodridge, M.D. Lond., M.R.C.S., resigned.

- BRITTON, Thomas, M.D. St. And., M.R.C.S. Eng., D.P.H. Camb.**, reappointed Medical Officer of Health to the Shelf Local Board.
- CAHILL, Mark Francis, L.R.C.P., L.R.C.S. Irel.**, appointed Assistant Surgeon to the Children's Hospital, Dublin.
- CAUDWELL, Henry, L.R.C.P., L.M., L.R.C.S. Edin.**, appointed Medical Officer for the First District of the Woodstock Union.
- CLARK, Francis W., M.R.C.S., L.R.C.P., D.P.H. Camb.**, appointed Temporary Assistant Medical Officer of Health to the Tyne Ports.
- CRAVEN, R. M., F.R.C.S. Eng., F.R.C.S. Edin.**, reappointed Medical Officer of Health for the Combined Districts of Westmoreland.
- DEAN, Edwin, L.S.A.**, appointed Medical Officer for the Slaithwaite District of the Huddersfield Union.
- ELLIMAN, Arthur C., L.R.C.P. Lond., M.R.C.S. Eng.**, appointed House Surgeon to the Kent and Canterbury Hospital, Canterbury, *vice* Z. Prentice, resigned.
- ELSOM, F. J., L.R.C.P. Edin., M.R.C.S.**, reappointed Medical Officer and Public Vaccinator to the Whitwell and Cuckney Districts of the Workop Union.
- HECTOR, Edward Bateman, M.B., C.M. Edin.**, appointed Medical Officer of the Fourth District of the North Bierley Union.
- HEYGATE, W. H., M.R.C.S., L.S.A.**, appointed Medical Officer for the Southwick District of the Fareham Union, *vice* J. Langford, M.R.C.S. Eng., deceased.
- JAMIE, R. W., M.A. Aberd., M.B., C.M. Edin., D.P.H. Camb.**, appointed Medical Officer of Health to the Coalville Local Board.
- KENNY, J. G., M.B. Glasg.**, reappointed Medical Officer to the Wackato Hospital, Auckland, New Zealand.
- KIRTON, Mr. C. M.**, appointed Medical Officer for the Holywell District of the Parish of St. Leonards, Shoreditch.
- LLOYD-DAVIES, Harold, M.B., C.M.**, appointed House-Surgeon to the Devonshire Hospital and Buxton Bath Charity.
- LOVELL, C. P., M.A., M.B. Oxon., M.R.C.P.**, reappointed Clinical Assistant in the Department for Diseases of the Skin, St. Thomas's Hospital.
- MCKEITH, John, M.B., C.M. Glasg.**, appointed Medical Officer for the Third District of the Exeter Union, *vice* C. E. Bell, M.R.C.S. Eng., resigned.
- OLDMAN, C. E., M.D., M.R.C.S.**, appointed Medical Officer of Health to the Godstone Rural Sanitary District.
- PARTINGTON, W., M.B., C.M. Glasg.**, appointed Medical Officer of Health for the Tunstall Urban Sanitary District, *vice* — Cumine, resigned.
- RALPH, Hugh, M.R.C.S., L.R.C.P.**, appointed Junior Resident Medical Officer to the Evelina Hospital, *vice* A. H. Cheate, L.R.C.P. Lond., resigned.
- SANDFORD, Horace V., L.R.C.P. Lond., L.F.P.S. Glasg.**, reappointed Medical Officer of Health for the Rural Sanitary Districts of Bromyard, Hereford, Ledbury, Leominster, and Weobley Unions.
- TATE, J. J., L.R.C.P., L.R.C.S. Irel.**, appointed Medical Officer for the Eleventh District of the South Molton Union.
- WACHER, Frank, M.R.C.S. Eng., L.S.A.**, reappointed Medical Officer of Health to the Canterbury Local Board.
- WELSH, R. A., M.B., B.S. Durh.**, appointed Medical Officer of the Felton District of the Alnwick Union.
- WILKINSON, John, M.B., C.M. Edin.**, appointed Medical Officer of the Penkridge District of the Cannock Union.
- WINTLE, Colston, M.R.C.S. Eng., L.R.C.P. Lond.**, appointed House-Surgeon to the Hospital for Sick Children and Women, Bristol.
- WOOD, J. C., L.R.C.P., L.R.C.S. Edin., D.P.H.**, appointed Medical Officer of Health for the Borough and Port of Sunderland, *vice* A. E. Harris, L.R.C.P., L.R.C.S. Edin., resigned.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 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.

BIRTH.

- NICHOL**.—On September 8th, at 11, Ethelbert Terrace, Margate, the wife of Frank Edward Nichol, M.A., M.B., of a son.

MARRIAGES.

- BROWN—MATTHEWS**.—On August 31st, at St. Peter's, Wolverhampton, Herbert Henry Brown, M.D. Lond., F.R.C.S., of 22, Museum Street, Ipswich, to Florence M. de Hane, youngest daughter of Charles Matthews, of Wolverhampton.
- LACE—HARRIES**.—At St. Chad's Church, Shrewsbury, on the 6th instant, by the Rev. J. W. Lace, Vicar of Pill, Somerset, father of the bridegroom, assisted by the Rev. Edgar Lace, brother of the bridegroom, and the Rev. E. Stanley Carpenter, Vicar of the Parish, William Francis Lace, Surgeon, of Sutton-at-Hone, to Susannah Frail (Daisy), third daughter of John Davies Harries, Surgeon, of Shrewsbury.

DEATHS.

- BROWN**.—On the 8th instant, at High Street, Rochester, Kent, Ethne Franklin, aged 4 years and 5 months, the dearly loved child of Arthur Franklin and Laurie Brown.
- FURSE**.—September 12th, at 8, Morton Crescent, Exmouth, Edwin Furse, J.P., Surgeon, South Molton, Devon, aged 53.
- TURPIN**.—September 1st, at Youngrove, County Cork, the Rev. Sydney Gerald Turpin, M.D., D.D., aged 41 years.