

titled Adenoma of the Choroid; the description of the tumour is that of a glandular carcinoma, but, as far as I can judge from the notes, the growth did not involve the ciliary region. There is room for doubt, moreover, whether the intraocular growth in this case was primary or secondary.

Although it is not difficult to offer a plausible explanation of the pathogenesis of an epithelial tumour of the ciliary region, it is less easy, though not, I think, impossible, to account for the development of neoplasms, with the histological characters of carcinoma in other parts of the choroid. Certain it is that we now and then meet with such cases.

In one instance of tumour of the choroid, which grew in the upper outer part of that tunic near the optic disc, and did not involve the ciliary region, histological characters closely resembled those of the ciliary tumour already referred to. The patient was a woman, aged 44.

It is often very difficult to distinguish microscopically between adenoma and carcinoma, or, to put it differently, to decide when an adenoma takes on malignant characters. This is a question of greater clinical than pathological interest, for all adenomata and carcinoma belong to the same large group of epithelial tumours, and arise in tissues derived from epiblast or hypoblast.

The intraocular carcinomata, if I may use the term, belong generally, though apparently not invariably, to a very small group, namely, the melano-carcinomata, and it seems not unlikely that the known rarity of melanotic cancer may have increased the tendency to consider all primary choroidal tumours as sarcomata. In addition to this, the presence of pigment in a new growth, especially if abundant, adds greatly to the difficulty of making a correct histological diagnosis. In many of the choroidal sarcomata, for example, it is almost impossible to see anything but pigment in a microscopic section.

We are, I believe, as yet in ignorance of any clinical differences between sarcomata and carcinomata of intraocular origin, although it is not improbable that such differences exist and have been overlooked hitherto, perhaps mainly owing to our incomplete pathological knowledge. The mechanical symptoms, if I may so say, are not likely to vary much, in the different kinds of intraocular tumours, and it is probably to other symptoms that we should look for aid in diagnosis. As to prognosis, I can give no reliable information. Are the chances of permanent recovery greater or smaller in cases of carcinoma than in sarcoma? The prognosis in sarcoma of the uveal tract has been worked out in figures by several observers, and we have more or less definite information thereupon; it is, I think, possible that some of the cases in the tables furnishing figures were unrecognised cases of carcinoma; the prognosis in intraocular carcinoma has yet to be determined.

Mr. DOYNE drew attention to the fact that intraocular pigmented sarcomata did not seem to be so malignant as was the case with pigmented sarcoma of other parts.

Mr. ADAMS FROST suggested that pigmented sarcoma of the choroid was really of a different nature from melanotic sarcoma of other parts, the pigmentation being as it were accidental and due to the proximity of the pigment cells in the choroid. Clinically choroidal sarcoma was certainly not so malignant as the true melanotic sarcoma. His experience of gliomata of the retina led him to think that recurrence was not common if the growth had not extended along the optic nerve.

Mr. SIMEON SNELL said that he had removed an eyeball for undoubted glioma several years ago without recurrence. The case had been recorded. He mentioned a case also in which the optic nerve at the point of division was infiltrated with glioma cells; recurrence had been confidently anticipated, but down to the time of speaking, nearly a year after the operation, it had not taken place.

Mr. H. BENDELACK HEWETSON showed a painting of small-celled sarcoma of the iris which was removed by an iridectomy; at the end of four months he could see no evidence of its return. In the cases of gliomata which had come under his observation he had found that there was a considerable preponderance occurring in infants in a district half way between Leeds and Bradford. It would be interesting to have a map made of the districts in which these cases occurred. It might

possibly bring out something as to the origin of the people living in such spots. The inhabitants of the district alluded to were, probably, largely composed of Flemings, who had originally come to Yorkshire to follow the trade of weavers.

Mr. LAWFORD, in reply, said that the great clinical differences between "glioma" of retina and sarcoma of choroid was one of the strongest arguments against the inclusion of both classes among the sarcomata. He had never met with nor did he know of any records of tumours of the lens. He thought the glandular epithelium of the ciliary body offered a very favourable site for the development of a tumour with epithelial characters.

MEMORANDA:

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

AN ALLEGED CASE OF CHOLERA IN CAMBRIDGE-SHIRE.

J. H., aged 44, potato and fruit merchant, living at March, was seized on Friday night, September 16th, with purging and sickness, followed by severe cramps, affecting principally the fingers, calves of the legs, and thighs; the stools were profuse, but without colour and but little smell; the vomit was of the character of rice water; there was an entire absence of bile in both stool and vomit, and but little pain except from the cramps. Thirst soon became a very troublesome symptom, and the patient seemed unable to assuage it. In a short time the patient appeared cyanotic, especially the extremities. The features were shrunk, the eyes half closed, and the skin bathed in cold sweat; the hands and fingers appeared as though they had been in a washtub for hours; on pinching up the skin the folds were slow to disappear. The surface of the body was very cold, the temperature under the tongue 98°; the pulse was feeble and thready. There was great restlessness, and the urine was entirely suppressed for the first two days; on the third he made a small quantity, but not after. The purging and vomiting continued during the whole course, but the character of the discharge from the bowels became altered in colour the last two days of life. The coldness of the surface of the body continued to the end, with a feeble, small pulse. The mind was clear. At first there was great anxiety and fear about himself, but afterwards an indifference as the end approached. The patient lived nearly five days from the commencement of the attack.

March.

ALFRED J. G. WATERS, M.O.H.

CASE OF STRANGULATED HERNIA WITH SYMPTOMS OF INTERNAL STRANGULATION A WEEK AFTER REDUCTION.

On the afternoon of July 6th, I was called to a man who was said to have met with an accident at a coal pit. I found my patient—a man about 40 years of age—in a semi-conscious state, with pale, pinched countenance, pulse very weak and rapid, cold extremities, and prostrate. On examining him I found an inguinal hernia on the left side easily reducible, and on the right side an inguino-scrotal hernia, very tense and painful, as he cried out when touched there. I tried to reduce it in the usual way by taxis, but was unsuccessful. I ordered opium pills every four hours with hot fomentations to the tumour and hot bottles all around him.

His friends would not hear of any operative procedure till he became conscious and gave his consent. Next day I found him suffering extreme pain, the abdomen fully distended, pulse wiry and quick, and quite conscious. He would not allow operation as his wife had died in hospital from a similar complaint after operation, and he said he would rather die. I again tried taxis but without avail, but on turning him upside down and again attempting it I felt it move a little, and it went up about an inch. I gave him an injection of olive oil without any good result, then ordered brandy and large linseed poultices over the abdomen, to assist in reducing the distension, also assafetida internally. Other injections were given him, and next day I was told that he had passed wind.

The tumour was now almost reduced, and by gentle taxis I easily got all the bowel inside. After that he passed a great deal of wind *per rectum*. On the day following he had two good motions, and his tympanites had disappeared; his pulse was good and his urine normal. Everything went on well for a week after, and he seemed to be recovering, when all at once symptoms of internal strangulation set in. He had again great pain and tenderness in the right iliac region, severe tympanites, quick wiry pulse, hiccough, vomiting, first of ingesta mixed with bile, then stercoraceous, and latterly brown frothy with faecal odour. His visage, lips and hands, were shrivelled and bluish, and he was almost in a state of collapse.

I immediately gave him a large injection of olive oil, and went through the same treatment as before, and ordering another injection in two hours I left him. Next day I was surprised to hear he was alive and much better. He had felt something give way internally after his second injection, and a great deal of wind was passed with a small, pale, tape-like motion which was shown me. After that he went on recovering daily, and by August 26th I left him quite well. He is now at work and wears a double truss. The peculiarity of the case lies in the symptoms of internal strangulation setting in after complete reduction and recovery. In my opinion his secondary symptoms were due to invagination.

J. S. WILLIAMSON, M.B., C.M. Aberd.

Hucknall-Torkard, Notts.

A CASE OF OPIUM POISONING.

THE following case of laudanum poisoning may be interesting in connection with the case described in the BRITISH MEDICAL JOURNAL of August 27th. The patient was a frail man, 65 years of age, who was suffering from mitral regurgitation, and had been in the infirmary in 1884 suffering from paralysis of the right arm "due to cortical embolism." His intelligence was greatly impaired. On August 21st he had gone to sleep in a common lodging-house. Something in his appearance attracted the suspicion of the lodging-house keepers, and an attempt was made to rouse him. As this proved futile they summoned the police, who brought the man to the infirmary shortly before midnight. An empty 4-ounce bottle, which had evidently contained laudanum, was found in his possession.

When admitted he was found to be in a condition of complete coma; the pupils were contracted to pin points, and the breath smelt strongly of laudanum. His stomach was at once washed out by Dr. Cuthbert Thomson, and then filled with strong coffee through the tube. The fluid which came away first was discoloured, and smelt strongly of laudanum. As the patient seemed to be roused a little by this treatment, an attempt was made to make him walk about, but this was at once found to be hopeless. He became more and more deeply comatose; his respiration became slower, and his pulse very weak.

A hypodermic of $\frac{1}{2}$ gr. of atropine sulph. and two of 30 min. of ether were given at short intervals, and a strong faradic current applied to his extremities. This also failed to rouse him, and a little before 1 A.M. his respiration stopped altogether, and artificial respiration had to be resorted to. This had to be continued steadily till 5 A.M. before the patient showed the slightest sign of returning vitality, and it was nearly 7 before it could be done without altogether. During this time occasional injections of ether and strophanthus were administered when judged necessary.

At 7 the patient's stomach was again filled with strong coffee through the stomach tube, and by 9 he was able to tell his name. All day he continued very drowsy, but there was little difficulty in keeping him awake. At night he was rather sleepless, and talked a good deal of nonsense. He did not suffer much from exhaustion, and was dismissed from the infirmary on August 27th.

W. B. DRUMMOND, M.B., C.M.,
Resident Physician Edinburgh Royal Infirmary.

THE German Baths Association held its first public annual meeting at Kösen on October 6th, 7th, and 8th. A large number of questions concerning watering places, their relation to the Government and the medical profession, etc., were discussed, and papers on hydrotherapeutical subjects were read by Drs. E. Pfeiffer, of Wiesbaden, Fr. C. Müller, of Alexandersbad, C. Nagl, of Carlsbad, and others.

TWO CASES OF CONSERVATIVE SURGERY.

THE two following cases of "conservative surgery," exemplifying the antiseptic powers of boric acid when employed as a dressing, were shown at a meeting of the Jamaica Branch of the British Medical Association on February 24th. The first was a young man, M. W., who had with a sharp knife accidentally cut off the tip of his left thumb; the end of the index finger—top of phalanx cut through—leaving bridge of skin; and the end of the middle finger—the cut passing obliquely through the middle of the phalanx—also leaving a bridge of skin. The severed portions of the index and middle fingers were carefully cleansed with boric acid lotion, sutured, and kept in position with splints. There was complete and immediate union, not only of the soft tissues but of the bone, and now no deformity of the fingers exists beyond the faint line of cicatrix across each phalanx.

The second case was that of a young man, H. L., a carpenter, who accidentally, by a blow of his chisel, completely laid open the metacarpo-phalangeal joint of his left index finger, across the dorsal aspect, a small bit of the cartilage on the proximal end of the phalanx being also cut through but kept in position by fibres of the joint ligaments. The extensor tendons were not completely severed. The joint was well irrigated with boric acid lotion, the joint closed with catgut sutures and the skin wound with silk, and dressed with boric acid. The result is complete recovery with perfect joint.

W. H. W. STRACHAN, L.R.C.P., M.R.C.S.

Kingston, Jamaica.

CASE OF RECOVERY AFTER SWALLOWING 4 FLUID OUNCES (=320 GRAINS) OF SYRUP. CHLORAL.

HYD. (B.P.)

On the morning of September 7th, about 2 o'clock, I was called to see Mrs. E. On my arrival I found her in a state of most extreme torpor, with cold and livid extremities, livid and moist face, stertorous breathing; pulse very small and very irregular; heart's action very slow and very irregular and hardly audible; pupils contracted and fixed. She was sitting in an armchair with her head thrown back. Her brother, the sole occupant of the house, assisted me to loosen the garments round the neck and chest and to carry her to bed. On searching her pockets I found a $\frac{3}{4}$ iv bottle labelled "Syrup. chloral. hyd. P.B.," quite empty, and a second smaller bottle containing $\frac{3}{4}$ ij of the same substance. The brother gave me to understand that she only arrived at his place from the Midland Counties on the evening of September 5th, and that she had been the subject of very serious domestic troubles, and on the day following her arrival had walked about in a very "dazed" condition. He left her after his supper at 10.15 to smoke a pipe in the open air, and she opened the door to him at 11 P.M. and walked in front of him into the parlour and sat herself down in the chair and immediately fell fast asleep. He watched her for two hours or so, and then, as she could not be roused, he came to me. This fixes the time of taking the chloral at about five minutes, at the most, before 11.

I went home to fetch a stomach pump, etc., and on my return I found her respiration much slower and her pulse almost imperceptible. Anæsthesia was complete. Neither vapour of liq. ammon. fort. under the nostrils, nor pricking the skin with needles, nor cold affusion to the face, nor slapping the chest and cheeks violently with a wet towel elicited the slightest responsive movement. A nurse was fetched, and in the meantime I continued my efforts to restore sensibility by affusion and slapping the face and chest.

At 2.30 A.M. I gave a subcutaneous injection of liq. strychninæ $\frac{1}{4}$ iv, and repeated this at 2.50, again at 3, and at 3.15. By this time the nurse had arrived and had made a quart of very strong coffee. One pint was thrown up the rectum and retained. The pulse became more regular and was certainly fuller, and the heart's action began to be more regular but could not be counted; respiration at 3.15 was 20 per minute. The stomach pump was used at 3 A.M. and the stomach thoroughly well washed out, several quarts of warm water being used during the operation, which lasted on and off for about half an hour. Hot water bottles were packed round her extremities.

At 3.40 I gave her the fifth dose of liq. strychninæ, and after a short time there was a slight spasmodic action of facial muscles on repeating the beating of the cheeks with the hand. This action on my part was varied occasionally by using the wet towel, and still with occasional twitchings of the facial muscles. The pupils were certainly less contracted, but showed no action to light. A second injection of Oj strong coffee was thrown up at 5 A.M.

My neighbour, Dr. Douglas Ross, saw her with me at 5.30, and we gave her, through a flexible feeding tube, about 5 ounces of strong coffee. The passage of the tube through the nostril and down the throat caused no muscular contractions or reflex actions, and failed to rouse her in the slightest degree. A sixth dose (same quantity) of liq. strychninæ was given at 6 A.M., and at 6.30 a pint of strong coffee, this time mixed with 2 ounces of milk, was thrown up. From this time sensibility gradually returned. Liq. ammon. fort. held under the nostrils caused violent facial contractions and gasps, and this, together with slapping the face and chest with wet towels was continued till 9 A.M., when another pint of coffee and milk was administered, and another subcutaneous injection of liq. strychninæ was given. The temperature in the axilla now was 98.3°, the pulse 86.

The nurse continued using liq. ammon. fort. occasionally, and the patient was seen twice during the morning by my friend Dr. Ross owing to my unavoidable absence. At 12 noon she gradually took a teacupful of strong coffee and milk, the first she had swallowed. She gradually recovered, but was semicomatose for the remainder of the day and most of the night. On the morning of the 8th she was able to answer questions in a sensible manner, and informed me that she swallowed the whole of the contents of the 4-ounce bottle of syrup. chloral. hyd. immediately before she opened the door to admit her brother, and the last thing she recollected was walking into the sitting-room as soon as she had opened the door. She admits taking the drug with the intention of destroying her life. She is now fairly well, and perfectly recovered from the effects of the dose, and free from any of its ill-effects. She never took chloral hydrate before. As far as I know this is the largest dose of chloral hydrate taken at one time which has not proved fatal.

I am inclined to think that the prolonged use of the stomach pump—over half an hour—with water constantly passing in and out of the stomach of about 105° temperature, must have exercised some very powerful influence in restoring the heat of the body, besides its effect of thoroughly washing out the stomach. Electricity was not used, the sole remedial agents being liq. strychninæ, constant beating of the face and chest, and prolonged use of the stomach pump, copious injections *per rectum* of strong hot coffee, and coffee poured into the stomach.

Brighton.

EBENEZER SNELL, M.R.C.S., L.S.A.

REPORTS

ON

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

SAND RIVER RAILWAY HOSPITAL,
Cape Government Railway Northern Extension,
Bloemfontein, Orange Free State.

CEREBRAL ABSCESS: OPERATION OF TREPHINING: DEATH.

(Under the care of H. MUIR EVANS, M.B.Lond., M.R.C.S.,
L.R.C.P., Resident Medical Officer.)

On June 4th, 1892, H. P., aged 40, a ganger on the works, was seen by some Kaffirs staggering out of his tent about 5 P.M. with blood streaming from his forehead. At 7.30 P.M. temporary dressings were applied, and he was at once removed to the hospital hut. His condition on arrival was as follows:—He was fully conscious, though giving somewhat contradictory accounts of the attempted suicide or accident; he could walk with slight assistance; the breath was foul and alcoholic (for several days he had been morose and despondent, and had been drinking heavily); over the left eye, half

an inch above and external to the inner angle of the orbit, was a charred wound, with grains of powder driven into the skin around. This was evidently the aperture of entry of a revolver bullet, weighing 125 grains; to the left of this, in a direction upwards and outwards for an inch and a quarter, was a jagged, slit-like aperture of exit. The probe, when introduced into the lower opening, showed that the upper margin of the orbit was bare and rough, and no foreign body or fracture could be detected. The left eyelid was greatly swollen, as was also the left cheek, with extravasated blood. The eyeball was not ecchymosed and the vision was unimpaired; the pupils were dilated but equal; the pulse was 120. The wound was thoroughly cleaned and syringed out with 1 in 1,000 perchloride of mercury solution, and a drainage tube was passed along the track of the bullet from one wound to the other. Iodoform was dusted over the wounds, and a carbolic wool dressing applied. A hypodermic injection of morphine (one third of a grain) was given.

June 5th. After a wild, restless night, the patient became quiet in the morning. Milk was retained. Pulse 88. Temperature in mouth 99°, in right axilla 97.6°, in left 98.8°. Urine was passed in the evening, and the patient slept well after morphine gr. $\frac{1}{4}$.

On June 6th, forty-six hours after the accident, the wound was dressed; the swelling was found to have subsided; the lower wound was somewhat red, but there was no tension or discharge. Vision was unimpaired. The dressings were re-applied, and to avoid repetition, I may say that rigid antiseptic precautions were observed throughout. The diet consisted each day of milk, beef-tea, and two raw eggs beaten up.

June 7th. The wound was redressed and the tube removed, as there was no discharge. The redness had disappeared, and there was only slight pain at the seat of the wound. The patient read and smoked, and had a good appetite.

On June 13th the temperature was equal on the two sides of the body; up to this date, although the temperature was never above normal, there had been from 5° to 1° F. difference, the right axilla registering the lower temperature. Between June 18th and 20th the temperature reached 99.5° F. on two occasions, and headache had been complained of. The wound was dressed, and as the examination with a probe caused great pain, chloroform was given, and underneath an inflamed spot to the left and below the upper wound, a small piece of lead weighing 25 grs. was discovered and removed. The wound in a few days became quiet and the temperature normal, though headache shooting from behind the left ear across the face was complained of occasionally, and there was some chemosis of the left conjunctiva.

From June 24th to July 6th the temperature reached 100° F. on one occasion, but was normal with this exception. The patient walked about the ward and verandah, was on full diet, and with the exception of a few drops of purulent discharge from the lower wound and occasionally frontal headache, was apparently convalescent. The danger of the bone necrosing where the bullet had glanced off the skull was borne in mind.

On July 7th the headache became severer in the left frontal region; sleep was not affected, but on three or four occasions vomiting occurred without any relation to food. There was no fever, but he was listless, and preferred to keep his bed.

On the morning of July 9th he gradually became unconscious. When the change was first noticed, he answered questions sluggishly and without fully appreciating their meaning; there was no paralysis of the limbs; he could sit up in bed; the grasp of the two hands was equal on the two sides, but weak. There was complete left ptosis; the left pupil was dilated and larger than the right, and did not react to light. The pulse was 52; there was no rise of temperature. Unfortunately, the eyes were not examined with the ophthalmoscope. At 5 P.M. the coma became complete; the pulse was 54, and the respirations 10 to the minute. It was decided to trephine, and, with the assistance of Dr. Heberden, who also gave chloroform, the operation was commenced. A semilunar incision, as recommended by Professor Horsley, was made, and, the flap being laid down, the periosteum was raised over a small area above and external to the spot laid bare by the bullet. On raising the disc of bone cut by the trephine, the dura mater was of a bluish tinge, and bulged markedly; it was incised, and the scalpel was passed for

logists if all this does not seem to them a little too complete and somewhat over lucid, or, if I may be pardoned the use of the expression, a little too clever. Allow me to write quite frankly on what is a very momentous question. I can quite understand, and many of us will sympathise with the triumph and satisfaction with which Mr. Ernest Hart, as the discoverer of the *vera causa* of the memorable East London epidemic of 1866 (in the broken pump and disused filter bed of the East London Waterworks, and the historic cholera patient who simultaneously fouled the River Lee) regards the history of the present Hamburg epidemic as an addition to the crowning of the edifice of cholera causation which he claims then to have accomplished.

But is the ridicule which he pours on the "telluric influences" and "the atmospheric waves" of Sir Joseph Fayrer, the moonsoon theories of Bryden, and the philosophic doubts of Klein and of Cunningham, as to the identity and causal value of the cholera bacillus, really scientific? So far the case, as I am rather sorry and surprised to see, has gone by default. The edifice reared in the JOURNAL during the last two months is abundant in detail and shapely, but are its foundations secure? Many of us were brought up in the school of Bryden and Lawson; and Klein and Cunningham and Fayrer and Macpherson are still our prophets. How do these distinguished epidemiologists regard the shattering of all other idols other than that of Aquarius? Are they only *idola specus*? The Editor of the BRITISH MEDICAL JOURNAL seems to me, when dealing with the etiology, biology, and bacteriology of cholera, to be telling a story which is so distinctly in the key of Coleridge's "Ancient Mariner," "Water, water everywhere," and "not a drop to drink." It is enthralling, dramatic, but a trifle exclusive. If Mr. Ernest Hart is right in his *Nineteenth Century* article of this month, and if the BRITISH MEDICAL JOURNAL for the last six weeks is right in its life-history of the "*Vibrio Cholerae Asiaticæ*," and in its details of the Hamburg epidemic, in its facts and references to the causation of the Paris, Naples, Marseilles, Spanish, and Genoa epidemics, then Indian experience and teaching have been simply misleading, and Indian bacteriology a will-o'-the-wisp. We may put by our Blue Books and maps, and set to work on waterworks and drainage. But old Indian officers will not be content altogether to believe this until "the other side" is heard. You will pardon what are, I hope, my not unphilosophic doubts; they may, perhaps, elicit evidence of value.

I write with respectful scepticism, for I am one of the admirers of the JOURNAL and of the editorial qualities of sledge-hammer vigour and of the fulness and fertility of resource and initiative which have acquired for it a position unique in periodical medical literature, while they have made the British Medical Association the most ubiquitous, sleepless, and powerful organisation yet seen in professional history. But I doubt whether the same methods are applicable to scientific research; and I am a little jealous of the *tour de force* which seeks to level the walls of the great citadel of Indian medical science—its cholera literature—by a few blasts of the editorial trumpet. I am not yet prepared to abandon the teaching of my Indian library of treatises and Blue Books on cholera, even though they be all of a sudden stigmatised as "effete," "mysterious," and "superannuated," and "things to be brushed aside."

I see that Dr. Hime, the translator and apostle of Pettenkofer, is writing to you from Hamburg. Pettenkofer, unlike Virchow and Koch, is not a convert to the water cholera theory; he apparently believes that Mr. Hart's explanation of the East London 1866 epidemic is inadequate without resort to the ground-water theory. What does Pettenkofer, who is announced to have been in Hamburg, say on this occasion? The whole question might now with advantage be discussed at one of the medical societies. I hope it may be put on the programme.—I am, etc.,

Oct. 10th.

ASIATICUS.

SCHOOLBOYS' MEALS.

SIR,—I am glad to see this subject is attracting attention, and agree with "Paterfamilias" in much of what he says.

I know Epsom College well, and am much satisfied with the general tone and educational results so far as my sons are concerned. The one complaint I have heard has been in regard

to the dietary, not that it is insufficient in quantity, but that there is a want of variety—vegetables are said to be practically absent, except potatoes, and they are not of the best quality, from all accounts. Beer for youths at school I decidedly object to, as it is not necessary to health, and only tends to habits better to be avoided.

My suggestions are: stop beer, and give a liberal supply of milk and vegetables of the best quality. I do not consider it necessary, except under special circumstances, that boys should have meat to breakfast; but those who like it should certainly have the chance of properly made porridge, with good milk, in addition to the ordinary tea-bread-and-butter breakfast. There is porridge, I am informed, but rarely good, and badly prepared porridge is very unpalatable. The above remarks are solely made in the best interests of the College, with the conviction that the able administrators of the institution will speedily remove all such causes of complaint.—I am, etc.,

Oct. 10th.

WELL WISHER.

* * We feel assured that the authorities at Epsom are only desirous of consulting the real interests of the boys in the matter of diet as of other things, and will readily consider any proposals, and adopt such as are in their final judgment advisable. We may mention that the Treasurer, Dr. Holman, has already taken steps to put himself in friendly communication with "Paterfamilias," the author of the letter on this subject in the BRITISH MEDICAL JOURNAL of October 8th, to whom we have, at Dr. Holman's request, forwarded a communication.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

ASSESSOR FOR M.D. DEGREE.—Dr. Donald MacAlister has been reappointed Assessor to the Regius Professor of Physic for the current academic year.

FELLOWSHIPS.—Mr. T. F. Dufton, B.A., First Class Natural Sciences Tripos, Part I, 1887, and Part II, 1889, has been elected to a Fellowship at Trinity College; and Mr. A. Hutchinson, M.A., of Christ's College, First Class Natural Sciences Tripos, Part I, 1886, Part II, 1888, has been elected to a Fellowship in Pembroke College; in each case for distinction in Chemistry. Mr. Hutchinson is a recognised teacher of chemistry in the Medical School. Mr. W. B. Hardy, M.A., Junior Demonstrator of Physiology, has also been elected to a Fellowship at Gonville and Caius College.

EXAMINATION IN SANITARY SCIENCE FOR D.P.H.—The following candidates have satisfied the examiners in both parts of the examination:

J. Barr, M.B., C.M.Glas.; M. M. Bowlan, M.B., B.S. Durh.; London; W. H. Brazil, M.D., M.R.C.S., Bolton-le-Moor; C. H. H. Cameron, L.R.C.P., M.R.C.S., Eastbourne; W. C. Downs, M.B., C.M.Glas., Udington; J. Elias, M.R.C.S., Glamorgan; A. G. R. Foulerton, L.R.C.P., M.R.C.S., London; J. K. Frost, M.R.C.S., Longtown; H. R. Jones, M.A., M.D. Cantab., Liverpool; M. A. Khan, L.R.C.P., M.R.C.S., London; J. Mason, L.R.C.P.E., Blyth; L. P. Mumby, M.B., M.R.C.S., London; W. Permewan, M.D., F.R.C.S., Liverpool; E. Scott, M.R.C.S., London; G. Severs, L.R.C.P., M.R.C.S., Bingley; J. Watson, M.B. Durh., F.R.C.S.E., L.R.C.P., Newbury; E. M. Wilson, L.R.C.P., M.R.C.S., London; M. G. Yunge-Bateman, M.R.C.S., Hampstead.

CONGRESS AT ROME.—The Regius Professor of Physic, Dr. D. MacAlister and Professor A. Macalister have been nominated by the Special Board for Medicine as delegates to represent the Medical Faculty at the International Medical Congress to be held at Rome in September next.

UNIVERSITY OF EDINBURGH.

The following gentlemen have passed the Second Professional Examination for the degrees of M.B. and C.M.:

W. H. Bryce, W. Catto, M.A., J. Cookson, A. Cowper, R. P. Dawson, T. Dewar, W. G. Donald, W. J. Garbutt, T. Gibson, J. D. Gregorson, C. W. Holme, G. Hudson, J. W. Hyslop, C. W. A. Jones, R. E. Legat, T. P. Monteath, B.A., J. L. Owen, A. P. Percival, W. Ridd, W. H. Robertson, S. Saliba, A. Selkirk, H. Steven, J. M. Sutter, R. K. Tarden, T. J. Thomson.

Mr. J. McIver has passed the first part (that is, Anatomy and Physiology) of the same examination.

The following gentlemen have passed the First Professional Examination for the Degrees of M.B. and C.M.—

W. C. Anderson, A. R. Bankart, F. M. Black, N. T. Bond, W. J. W. W. Borthwick, J. W. P. Boyd, A. Cameron, N. N. S. Carmichael, J. O. Coker, J. Cowie, V. M. Daly, R. H. Drennan, A. M. Elliot, J. R. Forster, D. Fraser, M. Gillespie, P. Grant, F. T. Griffin, F. E. Gunter, J. F. Hall, A. A. Hudson, J. E. Knox, H. Latham, A. T. Law, W. Lawton, A. W. B. Livesey, G. F. Longbotham, D. W. K. Lyall, A. M. Macdonald, J. Macfarlane, A. V. Macgregor, M. Mackay, M.A., W. C. Macknight, W. M'Lean, T. M. Martin, C. E. Maude, B.A., R. F. Michell, J. O. Morrison, A. Newell, B.A., A. A. O'Hara, J. Owen, M. Parkinson, H. J. Pechell, J. D. Pollock, W. M. Robertshaw, A. C. Stanberg, C. E. Stephens, F. W. Sydenham, J. B. Thomson, F. R. van Langenberg, A. Ward, A. J. Wheatley, C. W. Williams, G. J. Williams, J. G. Williamson.

UNIVERSITY OF GLASGOW.

For the first time in the history of the University the names of women have been posted up in the lists of candidates for professional examinations. The first women applicants for the medical degrees numbered thirteen—candidates for the first professional examination. Of these, eight have passed, all students of Queen Margaret College. At the same examination the male candidates numbered 204, of whom 104 passed, 15 passed in some subjects but not in all, and the remainder failed or withdrew. There were besides 25 candidates under the new ordinances, of whom 13 passed in two subjects, 4 in one subject, and the remainder failed or withdrew. For the second examination the entrants numbered 105, of whom 64 passed, 6 passed in some subjects, and the remainder failed or withdrew.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen having previously passed the necessary examinations, and conformed to the by-laws and regulations, and having now attained the legal age of 25 years, were at the quarterly meeting of the Council on Thursday, October 13th, admitted Fellows of the College: W. McA. Eccles, M.B.Lond., L.R.C.P.Lond., St. Bartholomew's Hospital, diploma of Member dated February 13th, 1890; T. L. Pennell, M.B.Lond., L.R.C.P.Lond., University College Hospital, diploma of Member dated November 13th, 1890; E. T. E. Hamilton, B.Sc.Lond., L.R.C.P.Lond., Guy's Hospital, diploma of Member dated November 12th, 1891.

The following gentlemen having passed the necessary examinations, and having conformed to the by-laws and regulations, were at the same meeting admitted Members of the College: E. H. Cartwright, L.R.C.P.Lond., Oxford University and Guy's Hospital; D. N. Cooper, L.R.C.P.Lond., Madras and St. Bartholomew's Hospital; E. E. Francis, L.S.A., St. Bartholomew's Hospital.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

FELLOWSHIP EXAMINATION.—Mr. Stanislaus Emil Antony Zichy-Woinarski, M.B., Bac.Surg.Univ.Melbourne, having passed the necessary examination, has been admitted a Fellow of the College.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, October, 1892. Final Examination, Part II.—The following Candidates passed in:

Anatomy and Physiology.—G. J. Branson, Queen's College, Birmingham; G. Broadbent, Yorkshire College, Leeds; C. E. R. Bucknill, Edinburgh; F. Chown, St. Mary's Hospital; U. M. Fowler, Royal Free Hospital; R. S. H. Fuhr, Belfast; A. W. Haines, Queen's College, Birmingham; T. H. Hunt, Owens College, Manchester; W. MacLellan, Edinburgh; E. L. Mitcheson, Royal Free Hospital; A. P. Murtz, King's College; H. J. Richards, St. Bartholomew's Hospital; A. T. Savage, Cambridge University; E. E. Willis, Charing Cross Hospital; L. F. F. Winslow, Charing Cross Hospital.

Anatomy.—C. Basan, Middlesex Hospital; E. C. W. Beasley, St. Mary's Hospital; H. A. Burridge, King's College; P. R. Grange, University College; W. J. Henson, Guy's Hospital; A. Hilton, Owens College, Manchester; A. R. McCullagh, Charing Cross Hospital; N. S. Monnier, St. Mary's Hospital; W. A. Montgomery, St. Thomas's Hospital; A. C. Thornton, St. Thomas's Hospital.

Physiology.—F. V. Elkington, St. Bartholomew's Hospital; A. H. Wade, St. Bartholomew's Hospital; W. H. Tomlinson, Owen's College, Manchester.

Chemistry, Materia Medica, Botany, and Pharmacy.—E. E. Evans, Royal Free Hospital; F. von Himpe, Royal Free Hospital.

Chemistry.—E. G. Adams, Royal Free Hospital; M. H. Harris, Royal Free Hospital; M. Thorne, Royal Free Hospital; C. S. Vines, Royal Free Hospital.

Materia Medica, Botany, and Pharmacy.—C. Adams, Royal Free Hospital; W. Alder, Guy's Hospital; G. T. Branson, Birmingham; A. M. Browne, Royal Free Hospital; F. Chown, St. Mary's Hospital; R. S. H. Fuhr, Belfast; A. W. Haines, Birmingham; M. K. S. Holst, Royal Free Hospital; T. H. Hunt, Manchester; E. F. Lampert, Royal Free Hospital; W. Latham, Liverpool; N. S. Monnier, St. Mary's Hospital; M. Sharp, Royal Free Hospital; W. H. Tomlinson, Owens College, Manchester; H. E. Wise, Middlesex Hospital.

MEDICO-LEGAL AND MEDICO-ETHICAL.

MEDICAL DEFENCE UNION.

A COUNCIL meeting was, by kind permission of the Council of the British Medical Association, held at 429, Strand, on September 28th, Mr. Lawson Tait in the chair. In consideration of the business arising out of the minutes, after discussion it was moved by Dr. Bridgewater, seconded by Dr. Pope, and unanimously resolved: "That after having heard the report of the solicitors of the Union, and the statement of Mr. Lawson Tait, entered upon the minutes of the last Council meeting, the following Minute (No. 339) be and is hereby confirmed: 'That after having heard the report of the solicitors to the Union and the statement of Mr. Lawson Tait, this Council believes that Mr. Tait was justified in accepting the terms of settlement (in re Denholme versus Tait) recommended by the counsel employed by the Union.' The Secretaries reported that since the last meeting they had received seventy-four fresh applications for membership, which were accepted. One application for membership was refused.

In the case of a member who was maligned by a co-official of a workhouse, the secretaries were instructed to forward to the clerk of the guardians a copy of the letter of the traducer, which this Council was of opinion was a sufficient vindication of the character of the member.

An unqualified practitioner at Cardiff, having signed a death certificate as "L.R.C.P. and S., Edinburgh," the matter was reported to the Registrar of the Boards, who replied that the Colleges had no power to prosecute. The matter was then laid before the Registrar-General, who

replied that the offence took place too long ago to allow him to undertake a prosecution. The date of the offence was December 28th, 1891. The action of the secretaries in taking these steps was approved. The secretaries reported that the Emergency Committee had taken preliminary steps to defend a member who was threatened with an action for malpraxis by a patient for having laid open some sinuses in the hand.

In a case in which a patient had repudiated the professional charges of a member on the ground of incompetency, the action of the Emergency Committee was approved, in the recommendation that it had tendered to the member to recover the fees by the usual process, and if the defence set up constituted a libel, or made reflection upon the member, application could be made to the Union to consider steps to obtain a redress.

To counteract current systematic misrepresentation, the secretaries were instructed to make it more generally known that the London office of the Union was 64, Longridge Road, S.W. It was resolved to report to the General Medical Council, and also to his licensing College the conduct of a medical man in covering a notorious unqualified practitioner. A resolution of condolence with the widow of Mr. Alfred Leach was unanimously adopted. A Subcommittee was appointed consisting of the officers of the Union, together with Dr. Campbell Pope and Dr. Danford Thomas, with power to deal with a dispute involving a question of covering which had arisen between two medical men who were both members of the Union. The following appointments to Local Committees were made:

Daventry, Mr. Thompson Forster, Honorary Secretary.	
Hertfordshire, A. T. Brett, M.D., Watford, Chairman.	
" R. S. Batterbury, M.D., B. D., Beshkampstead, Hon. Sec.	
" Russell Steele, M.D., Hemel Hempstead.	} Committee.
" S. A. Bontor, M.D., Berkhamstead.	
" C. W. Christmas, L.R.C.P., Watford.	
" A. J. Hubbard, M.D., Hemel Hempstead.	
Wellington, W. W. Clark, M.D., Honorary Secretary.	
Kettering, J. W. Dryland, M.D., Honorary Secretary.	
Towcester, A. P. Kingcombe, M.D., Honorary Secretary.	
Northampton, A. H. Jones, M.D., Chairman; A. Milligan, M.D., Honorary Secretary; Mr. R. Green, Mr. W. Moxon, Committee.	
Stamford, W. Newman, M.D., Honorary Secretary.	

THE NATIONAL MEDICAL AID COMPANY, LIMITED.

"ANOTHER MEDICUS" writes dissenting from our views of the character of the National Medical Aid Company, Limited. We cordially agree with many of his remarks, but fail to see in them any reasons for altering our opinion. Doubtless it is often better for young and struggling practitioners to receive small and certain weekly payments, rather than run up "bad debts," and that there are people "quite unable to pay large doctor's bills;" but it does not necessarily follow that the National Medical Aid Company is the only remedy for this state of affairs; there are many other useful institutions, founded on a much better basis, that would be equally applicable and would not be open to nearly so many objections.

Our correspondent says he is as well paid as the club doctors of the locality; if this is so, we regret to hear that the club-rate has fallen so low, as hitherto we had not known of any where the payments were less than a penny per week per member, and we cannot help thinking that it is due to the National Medical Aid Company, and such like societies, that there has been this depreciation of the wretched pittances hitherto paid by friendly societies; if the poverty of any class of the community is such as to forbid the payments of more than one halfpenny per week for their medical attendance, this class might reasonably claim the benefit of our Poor-law institutions, and it is simply disgraceful that well-to-do people should be able to obtain qualified medical advice at such a rate, for it must not be forgotten that the above company has no wage limit, but invites all classes, whatever their social condition may be, to become members, and actually claims to give its medical officers fair remuneration for their services.

With regard to "touting," that is, house-to-house visitation by paid agents of the company to canvass for members, this is the very backbone of its existence, and we can only presume, if there is very little of this carried on in our correspondent's neighbourhood, that the organisation of the company is at present incomplete there.

In conclusion, we should like to point out to our correspondent that because he has, as yet, had no complaints from brother practitioners he must not assume that they regard this company with very friendly eyes, for we may state that we are constantly receiving letters from those parts of the country where this company is carrying on its operations, bitterly complaining of its procedure, and showing very clearly the numerous evils that it causes.

CONSULTANTS OR GENERAL PRACTITIONERS.

M.D.LOND. writes: Recently, whilst attending a lady patient, I was surprised to hear that her husband (also an old patient of mine) was being visited and treated unknown to me by a very eminent F.R.C.P.Lond., whose fee for such attendance was one guinea, being just double my own. Now I should like to know, Sir, whether this is or is not a breach of professional etiquette. I may say that the patient in question was an entire stranger to the consultant, so the excuse of acquaintanceship could not be urged in defence of what seems to me most irregular conduct. Hitherto my relation with consultants have been most cordial, and this is the first time any such event has occurred in my practice; but I am credibly informed that there are certain Fellows of the College of Physicians who will visit a patient at their own homes for half a guinea.

It must have been within the experience of most general practitioners to find themselves at some time or other in open competition with Members of the College; but surely, Sir, the time has come for some stand to be made against the house-to-house visitation of so-called consultants in the absence of the usual medical attendant.

*.*In view of the honourable traditions of the Royal College of Physicians, we fain would hope that our correspondent may be in error with regard to the alleged irregular professional attendance

MEDICAL NEWS.

A SUM of £141 8s. 8d. has been handed to the Committee of the Victoria Hospital for Children as the result of the recent trades, friendly, and temperance societies' demonstration.

THE Emperor of Austria has conferred on Professor Billroth the decoration for Art and Science, in recognition of his labours as Professor of Surgery in the University of Vienna for the last twenty-five years.

PROFESSOR ANTONIO AUGUSTO DA COSTA SIMOES has been appointed by the King of Portugal, Rector of the University of Coimbra for a period of three years. This is the first time that a professor in the medical faculty has been appointed to the post.

BEQUESTS.—The late Mr. William Henry Rawson, of Sowerby, Halifax, has by his will bequeathed £500 to the Halifax Infirmary, and £100 each to the Royal Albert Asylum, the Earlswood Idiot Asylum, and the Hospital for Incurables, Putney.

THE following gentlemen have been placed on the Commission of the Peace:—For Galway City—Professor Pye, of Queen's College, Galway, and Dr. Nicholas Grealy. For the City of Londonderry—Dr. M. O'Kane, and Dr. F. McLaughlin.

AN HONOURABLE TESTIMONIAL.—At a reception at Belle Vue, Halifax, held by the Mayor and Mayoress, Dr. Solomon Charles Smith was presented with a solid silver afternoon tea service, with spoons and tongs to match. A replica of a portrait of Dr. Smith, which has been hung in the Public Library, was presented to Mrs. Smith.

DR. FOLTANEK, who was recently appointed Professor of Children's Diseases in the University of Innsbruck, has resigned his chair on the ground that there is no clinic and no lecture room for him in the seat of learning of which it was hoped he would be an ornament. A clinical teacher without patients and a professor without a lecture room must be as near to a pure abstraction as is possible.

PROFESSOR VON BERGMANN.—The Czar has conferred on Professor Ernst von Bergmann, of Berlin, the Order of St. Anne, First Class. The insignia of the Order were handed by Count Murafjeff to the distinguished surgeon on the occasion of a family festivity in honour of the nuptials of his eldest daughter with an officer of the Prussian Guard. This is not the first decoration that Professor von Bergmann has received from the Russian Emperor, who fourteen years ago, when he was leaving Dorpat for Würzburg, conferred on him the Order of St. Stanislaus, First Class, in recognition of his services as surgeon-in-chief during the Russo-Turkish war.

LITERARY INTELLIGENCE.—An *American Textbook of Surgery* which has just been published in Philadelphia (W. B. Saunders) presents some novel features. The articles are written by well-known American surgeons, and the entire book has been submitted in proof sheets to all of the authors for mutual criticism and revision, and the final form has been given by the editors, Drs. William W. Keen and J. William White. This plan was adopted in order that the book might express the consensus of opinion of the thirteen surgeons who have joined in its preparation. The volume is copiously illustrated, and its success will, we hope, help to diminish the belief in the ominous nature of the number 13.

THE WEST LONDON HOSPITAL.—The annual dinner of the staff of the West London Hospital was held on October 11th, at the Criterion Restaurant. Mr. C. B. Keetley, the senior surgeon, occupied the chair. With three exceptions, all the members of the staff were present. After the usual loyal toasts had been duly honoured, Dr. Drewitt proposed the toast of the evening, "The West London Hospital," which was responded to by the Chairman. Other toasts followed, which were of a personal and friendly character, and matters of policy were discussed in regard to the well-being of the institution and its management, which will form the subject of further inquiry at the official meetings of the Medical Council. A vote of thanks, proposed by Mr. Bruce Clarke, to the Honorary Secretary of the dinner, Mr. Percy Dunn, brought a very pleasant evening to a conclusion.

CONTINENTAL ANGLO-AMERICAN MEDICAL SOCIETY.—The annual dinner of the Anglo-American Continental Medical Society was held at the Grand Hotel, in Paris, on October 6th, Professor Peter occupying the chair. About forty gentlemen were present, among whom were Drs. Alan Herbert, Faure-Miller, Brandt, of Royat; St. Clair Thomson, of Florence; Gilchrist, of Nice; Cormack, of Hyères; and other well-known British "practitioners resident abroad." The dinner was a great success, and the flow of postprandial oratory was not excessive. Mr. Malcolm Morris responded to the toast of "The Guests." At the business meeting, which was held in the afternoon of the same day, several new members were elected, and the report of the Secretary showed that the Society was in a flourishing condition. Dr. Bull resigned the post of secretary, and was elected treasurer, Dr. Barnard succeeding him in the secretaryship.

DRUGS IN THE MARKETS.—Within the last few days there has been considerable activity in the wholesale market for drugs and fine chemicals. Quinine and ipecacuanha, in particular, have been in greatly increased demand, and the latter in its crude and impure form has risen to 9s. per lb., a price exceeding the highest obtained for several years past. The influenza and cholera alarms are stated to be chiefly the causes of the advance. It is said, however, that apart from these exceptional influences, ipecacuanha is much more frequently prescribed as a medicinal ingredient than it used to be. This fact has directed attention to the question of supply. Formerly Brazil was the sole source, but since 1887 India and Columbia have sent small though increasing quantities. In the latter country and in Brazil the shrub from which this drug is derived grows wild in abundance, and its cultivation is exceedingly profitable.

MEDICAL DINNER IN LEEDS.—The annual dinner of the medical profession in Leeds was held at the Queen's Hotel last week, after the opening of the new session of the Medical School. Mr. Mitchell Banks was the guest of the evening, and the chair was occupied by Mr. Mayo Robson. After the toast of "The Queen," the chairman, in proposing the guest of the evening, referred to Mr. Banks's well-known contributions to surgical literature, to his services as a member of the General Medical Council and of the Council of the Royal College of Surgeons, and to the position he holds in the Victoria University. Mr. Banks, in responding, spoke of his old friendships with many of the Leeds profession. Mr. Richardson proposed "The Leeds School of Medicine," which was responded to by Dr. Eddison, Mr. Teale, and Mr. Jessop, after which a number of songs, violin solos, etc., brought a very pleasant evening to a close.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Steinthal, the Nestor of the practitioners of Berlin and a former President of the Hufeland Society, aged 94; Professor Pietro Pellizzari, of Florence, the well-known authority on syphilis; Professor Eduard Ipsen, of Copenhagen, Physician in Ordinary to the Crown Prince of Denmark, aged 48; Dr. Alfred Kruse, *Privat-Dozent* of Pathology and Assistant in the Pathological Institute of the University of Greifswald, aged 29; Dr. G. Adolfo Olivero, Physician to the Ospedale Civile of Genoa and Assistant in the Medical Clinic of the University of that city, aged 27; Dr. Eduard Schubert, of Frankfort-on-the-Maine, an authority on Paracelsus and the history of alchemy generally, aged 70; and Dr. K. I. Leonow, formerly Surgeon in the Russian Army (8th Uhlans, Prince of Hesse's Regiment), who was distinguished even in Russia for the extent and variety of his linguistic equipment, which included Latin, Greek, Hebrew, Arabic, Persian, and Sanscrit, besides nearly all the modern European languages, aged 63. To these names may be added that of Dr. August Müller, Professor of Oriental languages in the University of Halle, who, though not, we believe a member of the medical profession threw a good deal of light on the history of Arabian and Indian medicine. He published the following works among others: *Arabische Quellen zur Geschichte der indischen Medicin* (Arabic sources for the history of Indian medicine), *Ibn Abu Useibias's Geschichte der Aerzte* (Ibn Abu Useibias's *History of the Physicians*) text and critical excursus. Müller's edition of Useibias's *History of the Arabian Physicians* is the first that was ever printed.

MEDICAL VACANCIES.

The following vacancies are announced:

- BAWNBOY UNION.**—Medical Officer for Workhouse. Salary, £85 per annum, and £15 yearly as Consulting Medical Officer. Election on October 17th.
- BIRMINGHAM GENERAL HOSPITAL.**—Pathologist. Salary, £120 per annum. Applications to Howard J. Collins, House-Governor, by November 4th.
- BIRMINGHAM GENERAL HOSPITAL.**—Resident Surgeon; doubly qualified. Applications to the Secretary by November 16th.
- BOROUGH OF KINGSTON-UPON-THAMES.**—Medical Officer of Health. Salary, £150 per annum. Applications, endorsed "Medical Officer of Health," to Harold A. Winsor, Town Clerk, Clatten House, Kingston-on-Thames, by October 22nd.
- CASHEL UNION, KILPATRICK DISPENSARY.**—Medical Officer. Salary, £140 per annum and fees. Applications to Mr. John Byrne, Honorary Secretary, Carrigeen, Clonoulty, Cashel. Election on October 19th.
- CHARING CROSS MEDICAL SCHOOL.**—Lecturer on Organic Chemistry. Remuneration a guaranteed minimum of £100 per annum. Applications to Stanley Boyd, Dean, 62 to 65, Chandos Street, Strand, by October 18th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.** Victoria Park, E.—Pathologist. Salary, 100 guineas per annum. Applications to the Secretary, 24, Finsbury Circus, E.C., by October 19th.
- COUNTY BOROUGH OF STOCKPORT.**—Medical Officer of Health for the District of the Borough, and to the Infectious Diseases Hospital, and Surgeon to the Police. Salary, £400 per annum. Applications, endorsed "Application for Appointment of Medical Officer of Health," to Walter Hyde, Town Clerk, 2, Lord Street, Stockport, by October 15th.
- DEVON COUNTY LUNATIC ASYLUM.**—Assistant Medical Officer; unmarried. Salary, £100 per annum, rising to £120, with board, lodging, and washing. Applications to A. E. Ward, Clerk to the Visitors, 9, Bedford Circus, Exeter, by October 28th.
- HUDDERSFIELD INFIRMARY.**—Honorary Physician. Applications to Mr. F. Eastwood, Honorary Secretary, by November 1st.
- INVERNESS DISTRICT ASYLUM.**—Medical Superintendent. Applications to Robert Davidson, Clerk to the Inverness Board of Lunacy, Queensgate Chambers, Inverness, by October 15th.
- LEEDS FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.**—Assistant Medical Officer. Salary to commence, £120 per annum and midwifery fees. Applications to C. H. Wilson, 8, South Parade, Leeds, by October 25th.
- MANCHESTER CLINICAL HOSPITAL FOR WOMEN AND CHILDREN.** Park Place, Cheetham Hill Road, Manchester.—House-Surgeon. Salary, £80 per annum, with apartments and board. Applications to Mr. Hubert Teague, 38, Barton Arcade, Manchester, by October 29th.
- NORTH DUBLIN UNION, FINGLAS AND GLASNEVIN DISPENSARY.**—Medical Officer. Salary, £170 per annum and fees. Applications to Mr. Thos. Conolly, Honorary Secretary, Fernville, Glasnevin. Election on October 31st.
- ROTHERHAM HOSPITAL AND DISPENSARY.**—Assistant House-Surgeon. Rooms, commons, and washing provided. Appointment for six months. Applications to the House-Governor by October 26th.
- ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.**—Junior Resident Medical Officer, doubly qualified. Board and residence provided. Applications to the Secretary, C. W. Thies, by October 24th.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.**—Resident Medical Officer. Appointment for six months. Salary at the rate of £100 per annum, with furnished apartments and board. Applications to the Secretary by October 20th.
- SHEFFIELD SCHOOL OF MEDICINE.**—Tutor, to take charge of dissecting rooms and hold classes in anatomy and physiology. Salary, commencing at £100 per annum. Applications to the Secretary by October 25th.
- WESTON-SUPER-MARE HOSPITAL AND DISPENSARY.**—Medical Officer to the Provident Dispensary attached to the Hospital; doubly qualified. Salary, £80 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by October 26th.
- FRIER, Charles, M.B., C.M. Edin.,** appointed House-Surgeon to the Royal Surrey County Hospital, Guildford, *vice* H. P. O. Manning, L.R.C.P. Lond., M.R.C.S. Eng., resigned.
- GREEN, Reginald, M.B., B.S. Durham,** appointed Assistant Medical to the Gateshead Dispensary.
- GULLAND, G. Lovell, M.A., M.D., F.R.C.P. Edin.,** appointed Assistant-Physician to the Edinburgh Royal Infirmary.
- HEELAS, Walter W., M.R.C.S., L.R.C.P. Lond.,** appointed House-Physician to the General Lying-in Hospital, York Road, Lambeth, S.E.
- HOOPER, Alfred, M.R.C.S. Eng., L.S.A.,** reappointed Medical Officer of Health to the Burton-on-Trent Rural Sanitary Authority.
- HYATT, J. T., L.R.C.P. Edin., M.R.C.S. Eng.,** appointed District Medical Officer of the Shepton Mallet Union.
- IRWIN, Mr. S.,** appointed Medical Officer for the Almondsbury District of the Thornbury Union, *vice* N. H. Lower, M.R.C.S. Eng., L.S.A., deceased.
- JAMES, Alexander, M.D., F.R.C.P. Edin.,** appointed Ordinary Physician to the Edinburgh Royal Infirmary, *vice* D. J. Brakenridge.
- JAMES, W. E., M.R.C.S., L.R.C.P. Lond.,** appointed Medical Officer of Health for the Abercarn Urban Sanitary District of the Newport (Mon.) Union.
- KEMPE, Arthur Wightman, M.D., M.R.C.S. Eng.,** reappointed Medical Officer of Health to the Exmouth Local Board.
- LANCASTER, Ernest Le Cronier, B.A., M.B., B.Ch. Oxon, M.R.C.S. Eng.,** appointed Chloroformist and Pathologist to the Swansea Hospital.
- LARKING, A. E., M.D. Durh., M.R.C.S. Eng.,** appointed Medical Officer for the Eighth District of the Aylesbury Union.
- MACGILLIVRAY, C. Watson, M.D., F.R.C.S. Edin.,** appointed Ordinary Surgeon to the Edinburgh Royal Infirmary, *vice* John Duncan.
- MACNAUGHTON, G. W. F., M.S. Edin., M.B. Edin.,** appointed Third Assistant Medical Officer at the Worcester County and City Lunatic Asylum.
- MARRIOTT, Hyde, M.B., B.Sc. Lond.,** appointed Honorary Surgeon to the Stockport Infirmary.
- NAPIER, James,** appointed Public Analyst for the County of West Suffolk.
- NICOLL, Jas. H., M.B., C.M. Glas.,** Dispensary Surgeon, Glasgow Western Infirmary, appointed Surgeon to the Department for Diseases of the Urinary and Genito-urinary Organs in the Glasgow Central (late Anderson's College) Dispensary.
- PAINE, W. H., L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Medical Officer for the West Green District of the Edmonton Union.
- PARKINSON, C. H. W., M.R.C.S., D.P.H. R.C.P. Edin.,** appointed Medical Officer of Health to the Wimborne Local Board.
- PEARCE, J. P., M.R.C.S.,** appointed Medical Officer of Health for the Lewes Urban Sanitary District of the Lewes Union.
- STANFIELD, Wm., M.D. St. And., L.R.C.P. Edin., M.R.C.S.,** reappointed Medical Officer of Health for Lees, Manchester.
- STEPHENS, William John, L.R.C.P. Edin., L.S.A.,** appointed Surgeon to the Brighton Borough Police Force, *vice* R. J. Rogers, deceased.
- STOCKMAN, Ralph, M.D., F.R.C.P. Edin., F.R.S.E.,** appointed Assistant Physician to the Edinburgh Royal Infirmary.
- STOCKWELL, F. B., M.D., M.R.C.S. Eng.,** appointed District Medical Officer of the Shepton Mallet Union.
- THOMSON, Alexis, M.D., F.R.C.S. Edin.,** appointed Assistant-Surgeon to the Edinburgh Royal Infirmary.
- TWEEDY, R. C., M.R.C.S., L.R.C.P.,** appointed Assistant House-Surgeon at Birmingham General Hospital.
- VINRACE, Felix, M.D., F.R.C.S.,** appointed Surgical Casualty Officer at Birmingham General Hospital.
- WALLACE, David, M.D. Edin., M.R.C.S. Eng.,** appointed Assistant-Surgeon to the Edinburgh Royal Infirmary.
- WARE, H. S., B.A., M.B., B.C. Camb., L.S.A.,** appointed House-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, E.
- YARROW, Geo. Eugene, M.D., L.R.C.P. Lond.,** reappointed Surgeon to the G (or Old Street) Division of the Metropolitan Police.

MEDICAL APPOINTMENTS.

- BROCKBANK, E. M., M.B.,** appointed House-Physician at Birmingham General Hospital.
- BRUSH, G. C., M.B., C.M. Edin.,** appointed Clinical Assistant to the Shore ditch Infirmary.
- BRYCE, Thomas H., M.A., M.B., F.F.P.S.G.,** appointed Extra-Dispensary Surgeon to the Western Infirmary, Glasgow.
- CAMPBELL, W. S., M.B., C.M. Glas.,** appointed Medical Officer for the Crediton District and Workhouse of the Crediton Union, *vice* J. A. Edwards, M.R.C.S. Eng., resigned.
- CLUCKIE, N. G., M.B., L.F.P.S. Glas.,** appointed Oculist to the New Public Eye Dispensary, Dumbarton.
- CROSS, A. J., M.B., C.M. Edin.,** appointed Medical Officer for the Dalton District of the Ulverston Union, *vice* Edward Hall, F.R.C.S. Eng., deceased.
- DICKSON, T. H., M.B., B.C., L.R.C.P.,** appointed Medical Inspector of Her Majesty's Customs, *vice* Walter Dickson, M.D., L.R.C.S. Edin., resigned.
- EVERS, Charles John, M.B. Durh., M.R.C.S. Eng.,** appointed Medical Officer for the Faversham Port District.
- FOOT, Ernest G., M.R.C.S. Eng., L.S.A.,** appointed Medical Officer for the No. 4 District of the Petworth Union, *vice* Samuel Rutherford, M.D., M.R.C.S. Eng., deceased.
- FOX-CROFT, F. W., M.B., C.M.,** appointed House-Physician at Birmingham General Hospital.

DIARY FOR NEXT WEEK.

MONDAY.

- LONDON POST GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.**—Mr. W. Lang: Lachrymal Affections. Parkes Museum, 74A, Margaret Street, W., 4 P.M.—Dr. L. C. Parkes: House Drainage. 101, Great Russell Street, W.C., 8 P.M.—Dr. Galloway: Heart—Valvular Lesions.
- MEDICAL SOCIETY OF LONDON, 8.30 P.M.**—Mr. Jonathan Hutchinson, F.R.S.: Presidential address—On Names and Definitions in Disease.

TUESDAY.

- ROYAL COLLEGE OF PHYSICIANS OF LONDON, 4 P.M.**—Dr. J. H. Bridges: The Harveian Oration.
- LONDON POST GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.**—Dr. H. Corner: Hypochondriasis. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Mr. Jonathan Hutchinson: Hybrid Forms of Skin Diseases. 101, Great Russell Street, W.C., 8 P.M.—Dr. Potter: Eclampsia.
- PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.**—Mr. E. Hurry Fenwick: Two Cases of Myxoedema treated by Injections of Fresh Thyroid Juice. Dr. H. D. Rolleston: Specimens of "Fat Necrosis," associated with Disease of the Pancreas. Mr. Edgar Willett: Two Specimens of Congenital Cystic Disease of the Scrotum. Dr. Percy Kidd: Cirrhosis of the Liver from Valvular Disease of the Heart. Mr. Sydney

Jones: Unstriped Myoma from Penis. Card Specimens: Dr. Percy Kidd: Embolic Aneurysm of the Pulmonary Artery. Dr. E. C. Perry: (1) Perforating Ulcer of the Duodenum; (2) Fatal Intra-pleural Hæmorrhage in Pneumonia.

WEDNESDAY.

LONDON POST GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. Percy Kidd: Examination of the Sputum. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Various Ophthalmoscopic Cases.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, 8 P.M.—Dr. C. E. Beevor: On Methods for Staining Medullated Nerve Fibres. Mr. G. Massee: Heterosporium Asperatum—a Parasitic Fungus. Dr. H. G. Piffard: Notes on the Use of Monochromatic Yellow Light for Photomicrography.

THURSDAY.

LONDON POST GRADUATE COURSE, National Hospital for the Paralyzed and Epileptic, Queen Square, 2 P.M.—Dr. Beevor: Paralysis Agitans and Tremors. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Mr. J. H. Morgan: Vesical Calculus and its Treatment. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Mr. Thomas Bryant: Surgical Cases in the Wards. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. E. Law: Examination of the Throat and Nose.

HARVEIAN SOCIETY, Stafford Rooms, Edgware Road, 8.30 P.M.—Mr. Lawson Tait: On Peritonitis.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY, Great Northern Central Hospital, 8.30 P.M.—Sir William Savory: Symptoms in Perspective.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 8.30 P.M.—Patients and card specimens at 8 P.M.—Mr. Henry Juler: Melanotic Tumour growing from the Ciliary Region. Mr. W. M. Beaumont: Neoplasm (Sarcoma) of the Iris. Mr. Hart-ridge: A Case of Double Neuro-retinitis following Influenza. Mr. E. Treacher Collins: On Congenital Defects of the Iris and Glaucoma. Mr. H. Work Dodd: On the Optical Conditions of Fifty persons who were free from any Ocular Disturbance, and other papers.

FRIDAY.

LONDON POST GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture—Cultivation of Bacteria. Practical Work—Cultivations. Hospital for Consumption, Brompton, 4 P.M.—Dr. Percy Kidd: Examination of the Sputum.

SATURDAY.

LONDON POST GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Percy Smith: Melancholia.

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.

BIRTH.

KEEGAN.—On September 20th, at Indore, Central India, the wife of Brigade-Surgeon-Lieutenant-Colonel Keegan, F.R.C.S., Residency Surgeon, of a daughter.

MARRIAGES.

BEARDSLEY—WADDINGTON.—On October 6th, at St. Paul's Church, Grange-over-Sands, by the Rev. Canon Cooper, Richard Henry Beardsley, L.R.C.P., L.R.C.S.E., etc., to Margaret (Mrs. W. E.) Waddington.

CHAMBERS—GIBAUT.—On October 6th, at St. Mark's Church, Jersey, by the Rev. A. H. Ashwell, M.A., curate-in-charge, Henry Francis Townshend Chambers, L.R.C.S., L.R.C.P., etc., of Wareham, Dorset, to Margaret Elizabeth, only child of W. M. Gibaut, M.R.C.S., late Army Medical Department, of Oaklands Lodge, Trinity, Jersey.

ELAM—MORRISH.—On October 6th, at Christ Church, Streatham Hill, by the Rev. W. Page Roberts, M.A., minister of St. Peter's, Vere Street, assisted by the Rev. H. E. Robinson, B.A., George Elam, M.B., B.S., of 3, Upper Montague Street, Russell Square, elder son of the late Charles Elam, M.D., F.R.C.P., and of Mrs. Elam, of 75, Harley Street, to Ethel Marion, youngest daughter of the late James Morrish, of Clapham Park, and of Mrs. Morrish, of Highfield, Christ Church Road, Streatham Hill.

ORD—BILLINGS.—On October 5th, at St. John's Church, Georgetown, D.C., William Wallis Ord, M.D., M.A. Oxon, of 2, Queen Street, Mayfair, W., to Mary Clare, eldest daughter of John S. Billings, M.D., D.C.L. Oxon, of Washington, D.C., U.S.A.

VICKERY—COOK.—On October 5th, at St. Luke's, West Norwood, by the Rev. H. W. Cooper, M.A., vicar, assisted by the Rev. H. Stansfeld Prior, M.A., William Henry Vickery, F.R.C.S. Eng., of Elswick Road, Newcastle-on-Tyne, to Ada Maud, only daughter of Henry T. Cook, Millbrook, West Dulwich, S.E.

DEATHS.

FITCH.—On September 26th, at Chaddeley Corbett, near Kidderminster, Worcestershire, Eliza Esther, the wife of Frederick Fitch, M.D., in her 65th year.

HALL.—On October 1st, at St. Mark's House, Leeds, Frances Blake, wife of Frederick Hall, M.D.

LONGSTAFF.—On September 23rd, at his residence, Butterknowle, Wandsworth, George Dixon Longstaff, M.D., in his 94th year.

**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.

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.

A CANDIDATE asks where test solutions, test papers, and microscopic specimens, such as are used for analysis of air and water in D.P.H. examination can be got.

M.R.C.S., L.R.C.P. asks if there is any institute where a blind boy, aged 12, who is becoming liable to epileptic fits, may be admitted? He is at present in a blind asylum, and his removal therefrom will be necessary if the fits continue. The relatives could pay £20 a year for his maintenance.

SCHOOL FOR MICROCEPHALIC BOY.

ENQUIRER wishes to know of an establishment where a boy, aged 8, the subject of microcephalus, delicate and liable to fits, could be received at a moderate rate of payment, to procure such education as he is capable of acquiring. He is unmanageable at home, and not fit for ordinary school training.

ELECTRIC BATTERIES.

J.M.M. asks to be recommended a cheap and efficient battery (interrupted current) for lending to patients.

*** Our correspondent can obtain such a battery as he wants from (among others) Mr. Schott, of Great Portland Street, or from Mr. Schall, of Wigmore Street, at a price from £2 or so upwards.

ANSWERS.

A.M.—The case is undoubtedly a flagrant one, and the attention of the College might well be called to it. There is, we imagine, little doubt that they will take serious notice of the matter.

J. BAILLIE (Whitworth).—(1) The most available little book on the benefits of vaccination is *Vaccination Vindicated*, by Dr. J. C. McVail (Cassell and Co., London, 1887). (2) Mr. Ernest Hart's *Truth about Vaccination* has been for some time out of print. Our correspondent may be able to borrow a copy. A revised edition will probably be printed—in view of the frequent demands for it—after the Vaccination Commission have reported, but that is apparently a very uncertain date.

M.B. OXON., F.R.C.P.—The attention of the police authorities at Scotland Yard might be called to the handbills. If they are thought to be indecent or obscene in the meaning of the recent Act they might be stopped; or if there is any evidence of their being used for the purpose of procuring premature birth (abortion) or for any other illegal purpose, as is often the case with "uterine" and "female pills." We will bring the subject under the notice of the criminal department of Scotland Yard.

ANTISEPTIC MOUTH WASH.

DR. S. J. BAKER (Abingdon) writes: I would recommend "A Member" to try sp. rect. 3ss in a tumbler of water, either hot or cold, according to preference. It was suggested by Mr. Jonathan Hutchinson as being the most convenient and the pleasantest wash that could be used.

HOME-MADE BEERS.

H. R.—We believe that the beverage referred to is practically non-alcoholic, containing not more than $\frac{1}{2}$ per cent. of alcohol. We understand that drinks with a proportion of proof spirit not exceeding 3 per cent. ($=\frac{1}{2}$ per cent. of alcohol) are not charged as intoxicating by the Inland Revenue. We should prefer not to enter upon the subject of home made beers, or to give an opinion on the recipe forwarded. The amount of alcohol developed will depend on the quantities of sugar and yeast.

INFANTILE PARALYSIS.

DR. SEPTIMUS SUNDERLAND, Physician to the Royal Hospital for Children and Women (London) writes: In answer to Mr. Legge Paulley's query as to a suitable home for a child with infantile paralysis, I can very strongly recommend "Ormeside," Llandudno, a house which Mr. Luke Freer has fitted up with every appliance for the cure of infantile paralysis, weak spine, etc., by systematic exercises, postural education, and massage. I know of no convalescent institution so homelike and comfortable, and the wonderfully recuperative powers of the dry bracing air of Llandudno has hastened the recovery of several chronic cases which I sent there last year and this.