

the uterus, the diagnosis between intra- and extrauterine gestation is often one of some difficulty.

In May 1890 I was asked to see a patient, aged 24, married two years; mother of one child, aged 11 months; where the catamenia had ceased for four months, and she was evidently pregnant. The chief symptoms over and above those of ordinary pregnancy were excruciating "corkscrew" pain coming on in paroxysms, periodical losses of blood, and feeling of fulness in the left iliac fossa. On examination the uterus seemed to be pushed back into the hollow of the sacrum by a mass, the size of a large lemon, to the front and left of the uterus, clearly definable on conjoined manipulation. *Per rectum*, the uterus was apparently behind the mass, closely associated with and not separable from it. From the nature of the case it was deemed imprudent to employ the uterine sound. After several days' constipation, and rather free action of the bowels from aperient medicine, the swelling situated in the left of the pelvis became much more central; and on subsequent examination, confirmed by consultation, the case was considered to be one of intrauterine gestation, complicated by some detachment of the membranes and emulsion of blood; an early miscarriage was predicted, and emptying of the uterus advised. The patient, however, declined interference, and left for home.

Five months later she was safely delivered of triplets at full term, one at 9.30 A.M., and the two others between 12.30 P.M. and 1 P.M. They were boys, living. The placenta was single. All did well.

There was a clear history of some inflammatory mischief following her first confinement. It is probable that the uterus became pushed over to the left side, and fixed there by adhesions, which were torn through from distension of the rectum. When first seen the case looked very like one of tubal gestation on the left side. The paroxysms of excruciating pain, together with recurrent hæmorrhages, which persisted for the first five months, all seemed to favour this supposition.

Retroversion of the gravid uterus, with impaction in the pelvis at about the fourth month, occasionally gives rise to the supposition of ectopic gestation.

In these cases the symptoms of pregnancy are generally well marked. There is seldom any history of severe pain until the neck of the bladder becomes compressed and retention of urine occurs. There is generally an absence of any attacks of hæmorrhage, and on examination the enlarged uterus is more central than that of the tumour in cases of ectopic gestation.

There are many other conditions occasionally met with simulating tubal pregnancy, but time and space prevent my entering into these now.

MEMORANDA:

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

POISONING BY COPPER SIMULATING CHOLERA.

At 5 A.M. on October 3rd I was called to a patient suffering from severe diarrhoea, vomiting, and cramp in both legs. There was abdominal tenderness, thirst, rapid weak pulse, thin dirty watery motions, anxious expression of face, but not the bluish pinched face of cholera; the skin was cold and damp. There were two others in the house suffering from pain and vomiting only. On seeking for a cause I found all three had partaken of damson jam the evening before. On testing the jam I found copper in rather large quantity. Its presence was owing to defect in the tin plating of a copper preserving pan. The copper in this case is more easily acted upon than the ordinary copper pans.

I have drawn attention to these cases as a possible cause of diarrhoea, etc., liable to be overlooked.

Torquay.

J. BUNTING, M.R.C.S.

A CASE OF ACUTE ASCENDING PARALYSIS (LANDRY'S DISEASE).

THE following notes on this rare disease may be of interest: H. A., aged 9, female, belonged to a "nervous" family, one child suffering from severe asthma, another from a peculiar impediment in the speech. She had always had good health.

Three weeks before her illness began she went to the seaside for a day, and spent some time "paddling" in the water. Since that time the mother thought the child had not been so well as usual, but nothing definite was noticed till July 13th, when the child was observed to walk badly. She did not complain of pain anywhere. The awkwardness in walking increased, and on July 18th the child "lost the use of her legs," and I was sent for.

I found the child unable to stand, with paralysis of the lower part of both legs. She was able to use the thigh muscles. There was no impairment of sensibility, no pain

anywhere, no tenderness down the spine, and the temperature was normal.

The next day the paralysis had greatly increased, the legs were completely paralysed, the muscles were lax and showed no signs of contraction. The bowels were constipated. The sphincters were not affected. The muscles of the trunk rapidly became affected, and the child could not sit up in bed. The arms then became affected, the child was unable to hold anything in the hands, and the arms lay helpless at her side. On July 20th the child complained of great difficulty in swallowing; the breathing became shallower, and eventually almost entirely diaphragmatic. There was also increasing cyanosis.

On July 21st the temperature at 10 A.M. was 103° F., the pulse 120, and the patient continually asked in a weak voice to be propped up. At 9 P.M. the same day, the temperature had fallen to 101°; the child's voice had become stronger, and she was able to swallow without much difficulty. Power seemed to be returning in the hands and arms, which no longer lay helpless at her side, but could be moved voluntarily.

At 11 P.M. the child died suddenly from stoppage of the respiratory movements. No *post-mortem* examination could be made.

LEONARD CANE, M.D., B.S.LOND.

Senior Consulting Surgeon to Peterborough Infirmary.

DEATH UNDER ANÆSTHESIA.

Mrs. A., widow, aged about 50, who came to Canada only three weeks before, was admitted to the Guelph General Hospital on September 6th suffering from symptoms of acute intestinal obstruction. So far as could be learned from her history, there arose a strong suspicion that there had been partial obstruction for several months. The morning following her admission, her condition being critical, it was decided, after consultation with Dr. Howitt, to examine her under anæsthesia and to operate if found practicable.

A mixture of chloroform 1 part and ether 3 parts was dropped carefully on a towel over the face. During the administration some struggling occurred, but this soon passed off, and a fair degree of anæsthesia was induced. The respiration seemed quite satisfactory. After some minutes had been occupied in making examination externally and by the rectum, it was agreed that a small exploratory incision should be made. On attempting to make the incision it was found that she was partially conscious, and consequently a few drops more of the mixture were given. Suddenly respiration ceased. The pulse up to that moment was regular with fair volume. On elevating the foot of the operating table a large quantity of dark grumous fluid was ejected from the stomach. Artificial respiration was persevered with for half an hour. Brandy was administered hypodermically and all the usual efforts made to re-establish respiration. Two or three gasps at long intervals occurred, and the patient was dead.

The *post-mortem* examination disclosed a malignant growth in the sigmoid flexure of the colon as the cause of the obstruction, the lumen of the bowel being almost completely closed.

In reference to this case I deeply regret that we neglected to wash out the stomach before the anæsthetic was administered. It is true there was no food in the stomach, for none had been given for six or eight hours, and only milk in small quantities for some days. Yet I am satisfied in all cases of great tympanitic distension of the abdomen it is a wise precaution to use the stomach tube, with a view to diminish pressure from below upon the diaphragm from gas and fluids in the distended stomach.

I may say that this was the first death under anæsthesia in the fifteen years since the opening of the hospital.

Guelph, Canada.

ANGUS MACKINNON.

ACUTE INVERSION OF THE UTERUS: POST-PARTUM HÆMORRHAGE: RECOVERY.

Mrs. H., about half an hour previously to my arrival, had been delivered of a living male child born at full term. A woman who had been present during the confinement stated the midwife in attendance pulled on the cord after the birth of the child for a considerable time, using great force, when

something appeared to give way, the patient immediately vomiting, and bleeding profusely from the womb.

On vaginal examination a large globular mass, to which the placenta was attached, could be felt easily, while the hand placed on the abdomen failed to detect the contracted uterus. Evidently the globular mass, which with the placenta filled up the interior of the vagina, was the inverted uterine fundus. The hæmorrhage was alarming, and the patient showed every symptom of profound collapse—a feeble, rapid pulse, nausea and vomiting, fainting, the skin was of a ghastly hue, cold and clammy to the touch. Severe abdominal pains of a dragging nature were complained of.

I immediately administered stimulants, and having taken proper antiseptic precautions, proceeded to remove the placenta, which I found to be very adherent to the fundus. With some difficulty I managed to separate it, but in spite of great care it was considerably torn on removal. The inverted uterus had now to be reduced. I first emptied the vessels by compressing with the hand in the manner recommended by Dr. Lloyd Roberts, and then applied pressure with the closed fist in the axis of the pelvis, directing the pressure rather towards one side to avoid the promontory of the sacrum, at the same time making counterpressure with the left hand on the abdominal walls. Having reinverted the uterus, I kept my right hand inside for some time, and grasped the fundus through the abdominal walls with my left in order to excite tonic contractions.

Hæmorrhage ceased. Fainting and vomiting still continued, but, by placing the feet and legs in an elevated position, these symptoms were greatly relieved. The parts were well cleansed with a solution of permanganate of potassium, and stimulants freely administered. The patient made an uninterrupted recovery, and at the end of three weeks was sufficiently well to leave her bed. The woman was aged 27. She had had four previous confinements and two miscarriages, the first between the birth of the third and the fourth children, and the last between the fourth and the present confinement. On both occasions she miscarried at the third month of pregnancy. In all her previous confinements she had been attended by medical men. When the fourth child was born the placenta was adherent, and there was some difficulty in removing it, otherwise the labours presented no complications.

Acute inversion of the uterus is a very rare occurrence. Ninety per cent. of cases occur in connection with labour, yet only 1 case is reported to have occurred out of 190,000 deliveries at the Rotunda Hospital. It was at one time thought that acute inversion was always due to traction on the cord, but we now know that this is not true, and that cases occur where the management of the third stage of labour has been properly conducted. To explain these cases we can only suppose that a portion of the fundus from some cause or another loses its tonicity and becomes invaginated, possibly assisted by intra-abdominal pressure. The uterus grasps this invaginated portion as if it were a foreign body, and is stimulated to contract; in this way the inversion is increased. On the other hand, Dr. Taylor, of New York, maintains that spontaneous active inversion of the uterus rests upon prolonged natural and energetic action of the body and fundus; the cervix, the lower part, yielding first, is thus rolled out, or everted.

It is difficult to understand how such a process as this can be very rapid. There can be no doubt in this case that traction on the cord, the placenta being adherent, started the inversion. It may be that the uterus was actually pulled inside out, or that a portion of the fundus became invaginated, and the rest of the uterus by its contractions caused the depression to become deeper and deeper, until finally the inverted portion formed a complete inversion. The cause of the adherent placenta could not be made out. There was no definite history of syphilis.

London.

ALEXANDER MITCHELL, M.D.

OCCURRENCE OF A LIPOMA IN A YOUNG CHILD.

In April of this year, whilst attending Miss M., I was asked to examine the two-year-old daughter of Mrs. B., Miss M.'s sister. The child was essentially rickety, and for this condition I prescribed; but from the mother's point of view the matter which required clearing up was the presence of a large

swelling on the child's back. The tumour, which had been gradually increasing in size for upwards of a year, and had latterly taken on rapid growth, was situated a little below the angle of the left scapula, almost in the median line; in fact, slightly overlapping the spine, about the size and shape of half a cocoanut, not definitely circumscribed, soft, and semi-fluctuating. Puncture with a moderate sized aspirating needle gave no result. Operative interference was decided upon and the tumour was removed under chloroform—its removal requiring rather an elaborate dissection from the absolute deficiency of any definite boundary. The large hole left after the operation looked alarming, but healed very kindly in the course of a few days under boric acid dressings. The tumour proved to be a lipoma. I am under the impression that the occurrence of a lipoma in so very young a child is sufficiently rare to merit a report of the case.

Crewe. ALFRED ELLIS VAUGHAN, L.R.C.P.E., L.R.C.S.E.

REPORTS

ON

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

ST. BARTHOLOMEW'S HOSPITAL, ROCHESTER.

A CASE OF BURNS FROM ELECTRICITY.

(Under the care of Mr. NANKIVELL.)

R. R., aged 24, an electric light linesman, was brought to the hospital on March 4th, 1892, suffering from severe burns produced by handling a wire carrying a high potential current. He stated that he was attending to a transformer which was not working satisfactorily. This was done in a damp cellar, and through a badly-insulated overhead conductor on the roof of the same house there was a considerable leak to earth. In trying the primary wires for loose connections without any glove on his left hand, he got a slight shock, although he was standing on a board. This was probably due to surface leakage from the wire which had been for some time in the damp cellar. In the excitement of receiving this shock, he incautiously put his left foot forward off the board on to the damp earth, and he then received through his body the full pressure of 2,400 volts, the force of which appeared to expend itself chiefly on his left hand, which held the wire. He was rendered insensible, and it is stated by some bystanders that his legs were completely drawn up to his trunk, so that all his weight came on to the wire, which then broke. In this way he was released.

On admission, he was found to be suffering from considerable nervous excitement, but was quite sensible, and gave a correct account of the accident.

His left thumb and forefinger were completely black and charred. The eschar extended on the dorsum of the hand to the end of the ulna. On the palmar surface the burn reached to the ball of the thumb and to the metacarpal joint of the forefinger. All these parts were actually burnt to the bones, and were absolutely insensible to touch. He complained of intense pain in the wrist and parts of the hand which had escaped the effects of the shock. On removal to bed, it was discovered that four toes of the left foot were burnt on the plantar surface, each eschar being about the size of a three-penny piece. Ung. boracis and cotton wool were applied to the hand and foot, and he was ordered a dose of opium. On examining the patient's boot, it was found to be without any mark whatsoever.

March 5th. He had a restless night, and complains of great pain in the arm and hand. Ordered to be kept under the influence of opium.

March 10th. There is considerable pain and swelling of the arm as far as the elbow, and the eschars on the hand do not show much tendency to separate. Ordered the warm boracic arm bath and charcoal poultices.

April 1st. The sloughs on the palm and back of the hand have separated, leaving behind them healthy granulating ulcers. The phalanges of the thumb and forefinger are bare of the soft parts, but the ligaments of the metacarpo-phal-

FIAT JUSTITIA, on the other hand, writes: I cannot endorse the assertion that the standard of examination is "too high for practical purposes," or requires special study time. The questions on medicine and surgery at the last examination were neither difficult nor "faddy," although it must be admitted the papers were somewhat lengthy for the time allowed; the questions on hygiene and the regulations were of the most elementary nature. The large proportion of rejections must either be due to injudicious methods of reading or want of application on the part of candidates, for cramming is not required. Can a single instance be adduced of anyone having yet been, or likely to be, passed over as a result of being rejected? Has anyone ever been rejected on a second trial? I know of none. It may be disheartening to be plucked, but not more so than to those who pass, yet still remain junior to and serve under those who fail. The examination must cease to have any *raison d'être* unless some system of promotion by selection be introduced after examination. We have only ourselves to thank for the "two gentlemen appointed by the Secretary of State," having agitated against our own departmental examiners.

. We are always glad to exhibit two sides to a question, but in this instance our second correspondent has all one side to himself, for all our other correspondents on the subject advocate study time and condemn the examinations as absurdly high on professional subjects. If four out of five fail, that to us is proof of something wrong, not, surely, in the capacity and powers of application of 80 per cent. of the officers, but in the standard of the examination itself. Our correspondent practically admits that when he states the questions in medicine and surgery, although neither difficult nor faddy, were too lengthy. Just so; is it to be a race who best can write a short treatise against time? The true object of a promotion examination we take to be to ascertain whether the officer has kept up his knowledge in a reasonably practical manner, such as might be expected of any man who had been practising his profession for ten or twelve years; anything so pitched as to bar promotion to average men after so many years given to the service of the State would be a gross injustice, sure to defeat itself, as no one would take service under such unfair and hazardous conditions. Far less should it be, as our correspondent suggests, of a competitive character for promotion: that thoroughly Chinese method has not yet found favour in Europe, and is not likely to in this country, for in recent years many of our best thinkers have rather discounted the value of paper examinations in the affairs of practical life.

THE NEW TITLES.

SURGEON-LIEUTENANT-COLONEL, writing from India, says: Such is the impossible character of the new title, that medical officers themselves fight shy of them, and outsiders in despair fall back on the conventional "Mr." or "Dr." The prefix "Surgeon" should be dropped first: because, as universally admitted, it renders the title too long for general use either officially or socially; secondly, because it affords convenient excuse for those so minded, to take liberties in addressing medical officers; thirdly, junior medical officers do not like to hear their seniors addressed with a liberty which cannot be taken with combatant, pay, or commissariat officers; fourthly, it is impossible for men of the Medical Staff Corps to respect titles which they know to be universally ignored.

VETERAN OF TWENTY-ONE YEARS' SERVICE writes: I have a son who will shortly receive the title of Surgeon-Major after twelve years' service; to distinguish him from myself I mean to adopt the title of Surgeon-Lieutenant-Colonel. Am I, as a retired officer, wrong in allowing myself to be so addressed?

. We cannot, of course, say that the "Veteran" is officially entitled to the new designation, although we do not see any terrible harm in his adopting it under the circumstances. The old race of so-called Surgeon-Majors are certainly pretty freely handicapped in a titular sense.

A CORRESPONDENT who retired with the honorary rank of Deputy-Surgeon-General says that title, except on his card, is otherwise useless, for in society he is simply dubbed "doctor," as if he never had any army career at all. The colloquial use of the new titles is impossible, and nothing but the recognised purely military titles will avail.

. There is much truth in this.

PRIVATE MEDICAL ATTENDANCE ON SOLDIERS.

"REX" wants to know who is responsible for payment for attendance on a soldier on sick furlough, and to whom he should apply on the matter?

. Under certain circumstances soldiers on sick furlough are entitled to medical attendance at the public expense; our correspondent should place the circumstances before the Principal Medical Officer of the district within whose jurisdiction the case falls.

SUCCESSFUL VACCINATION.—Dr. C. Booth Meller has been awarded grants for successful public vaccination in the Cowbridge District and the Bonvilstone District.—Mr. Charles J. Worts, of Fordham, public vaccinator to the Ninth District of the Lexden and Winstree Union, has received for the fourth time a grant for successful vaccination.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

MR. M. PEMBREY, M.A., Christ Church, Radcliffe Travelling Fellow, has been appointed a Demonstrator of Physiology.

MR. P. ELFORD, B.A., Christ Church, has been elected to a Fellowship in Natural Science at St. John's College.

EXHIBITIONS, ETC.—An Exhibition will be awarded on December 6th at Wadham College to a candidate who will undertake to proceed to Honours in Natural Science. **H. V. SHUTER**, of Bradford Grammar School, has been elected to a Demysip in Natural Science; and **E. ANDERTON**, of Charterhouse, to an Exhibition in Natural Science, both at Magdalen College.

UNIVERSITY OF CAMBRIDGE.

CAPE UNIVERSITY.—The Council of the Senate recommend that the University of the Cape of Good Hope should be adopted as an institution affiliated to the University of Cambridge. If this be carried Cape graduates in arts, law, and medicine will be admitted to certain privileges in proceeding to degrees in Cambridge.

DEGREE.—On October 13th:—**J. CROPPER, M.A., B.C.**, of Trinity, was admitted to the M.B. degree.

LORD WALSLINGHAM, the High Steward of the University, has expressed his wish to give annually for three years a gold medal for the best monograph or essay giving evidence of original research in any subject coming under the cognisance of the Special Board for Biology and Geology. The offer having been accepted and the regulations for the medal having been approved, the Special Board for Biology and Geology give notice that the medal is offered for competition for the second time during the ensuing academical year. The essays are to be sent to the Chairman of the Special Board (Professor Newton, Magdalen College) not later than October 1st, 1893.

UNIVERSITY OF ABERDEEN.

EXAMINERS FOR GRADUATION IN MEDICINE.—The University Court have appointed the following examiners for 1892-3:—*Anatomy*: Bertram C. A. Windle, M.D., Mason College, Birmingham. *Botany and Materia Medica*: James Galloway, M.D., London. *Chemistry and Medical Jurisprudence*: Alfred Hill, M.D., Birmingham. *Natural History and Institutes of Medicine*: George N. Stewart, M.D., Cambridge. *Practice of Medicine and Pathology*: Sidney Coupland, M.D., London. *Surgery and Midwifery*: George M. Edmond, M.D., Aberdeen.

UNIVERSITY OF GLASGOW.

The following gentlemen have passed the undermentioned examinations:

First Professional Examination for the Degrees of Bachelor of Medicine (M.B.) and Master in Surgery (M.C.).—**W. Alexander, W. Allan, A. R. Anderson, J. L. Anderson, S. Anderson, W. S. Baird, R. B. Barr, T. Bell, G. A. Brown, R. Buchanan, J. Butler, H. Calderwood, M. Campbell, S. Capie, J. L. Carstairs, A. Charlton, A. A. Clark, P. S. Clark, S. D. Cowan, M.A., J. H. Douglas, J. Drummond, W. B. Edwards, J. Ferguson, M.A., J. Forster, J. Fculds, R. M. Fraser, M.A., J. Gardner, T. C. Garret, J. Gillan, M.A., J. Good, J. Gordon, J. D. Graham, J. A. Graham, W. Graham, W. M. Griffith, G. H. B. Harvie, R. Hastie, W. Hay, B.D., S. J. Hourston, A. Iredale, J. W. Jackson, J. Jubb, D. C. Kirkhope, J. Knight, W. Lawson, C. Lowson, J. H. Lyell, R. K. Miller, J. M. W. Morrison, F. Mort, A. C. Muir, J. M'Clure, J. C. M'Clure, D. M'Donald, W. F. M'Ewen, W. M. M'Farlane, J. S. M'Kendrick, L. MacLachlan, M. M'Laran, W. Macleod, N. Macnair, R. M'Naught, G. M'Pherson, R. Nelson, A. R. Oliver, W. Paterson, J. A. Paton, H. C. Patrick, J. R. G. Phillips, E. J. Primrose, M.A., S. Prior, J. B. Rae, N. Robson, W. Scobie, B.D., A. Scott, P. M'K. Short, H. C. Smith, T. O. Speirs, J. Sproull, A. Stevenson, H. Stevenson, A. Stewart, A. H. Stewart, J. E. F. Stewart, J. Taylor, A. Vost, E. A. Walker, M.A., E. T. K. Walker, N. C. E. Ward, H. A. Watson, M.A., J. Weir, J. E. Wilson, F. Wolverson, A. S. Worton, W. H. de H. Wytt, J. Young (Glasgow). *Women Candidates*: A. J. Anderson, U. Chaplin, A. L. L. Cumming, A. C. Dewar, M. C. Dewar, M. Gilchrist, M. B. Hannay, E. M. Stuart.**

For the Degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.).—**I. In Botany and Physics**: G. J. Cole, W. G. Liston, K. Lunan, E. W. Milne, W. F. M'Indoe, D. S. Smith, W. J. A. Walker, W. Watson, E. Watt, D. J. Young. **II. In Botany and Zoology**: I. G. P. Alston, G. W. Coats, J. G. Green. **III. In Physics**: A. S. Allan, W. B. Hunter, M. Macdonald. **IV. In Zoology**: W. Wyper.

Second Professional Examination for the Degrees of Bachelor of Medicine (M.B.) and Master in Surgery (M.C.).—**J. Allan, T. W. Bayne, T. Black, H. A. Budeker, J. Brownlee, M.A.; T. Campbell, H. Carmichael, A. Cochran, J. A. Cook, T. Crossan, A. W. Cunningham, H. B. Currie, R. K. Currie, D. Dinwoodie, J. Dunlop, E. Dunsmuir, F. Elliott, D. Erskine, J. Findlay, W. D. Finlay, T. J. Forbes, J. L. Forrest, E. W. Forrest, J. F. Gemmell, M.A.; C. L. S. Gibson, A. Girvan, D. Glen, W. Grove, A. F. W. Gunn, T. H. Hay, R. Howie, E. Kirk, J. Kirkwood, D. Ligat, J. D. Lottitt, C. H. Lumsden, J. M. Cair, J. H. Martin, M.A.; W. D. Miller, R. Morton, G. Mowat, J. M'Cash, F. M'Kenna, D. Maclean, A. N. M'Lellan, A. MacLennan, J. I. Macmillan, M.A.; A. Macphail, D. M'K. M'Krae, C. Nairn, H. S. B. Nisbet, H. A. Patullo, D. E. Powell, J. Reid, H. Riddell, J. C. Robertson, M.A.; D. S. Rodger, J. Sandilands, D. S. Service, W. Shedden, H. W. Thomson, W. C. Thomson, H. K. Wallace, M. Watson.**

Third Professional Examination for the Degrees of Bachelor of Medicine (M.B.) and Master in Surgery (M.C.).—**A. (including Pathology)**: A. Abdurahman, J. E. Adam, R. Y. Aitken, R. H. Allen, D. Blair, M.A.; R. Boyd, J. P. Brown, M.A.; J. Brownie, A. J. Brownlee, W. I. Buchanan, A. Cameron, H. B. Causley, J. Clark, R. Cochrane, F. Dittmar, M.A.; A. Donald, J. E. Downs, J. W. Findlay, J. D. Finlay, A. Forrest, R. S. Frew, J. Fullarton, M.A.; W. W. Fyfe, R. Grieve, M.A.; A. G. Hay, M.A.; J. Hunter, G. A. B.Sc.; G. S. Illingworth, W. L. Jones, A. J. Laird, R. R. Manners, C. S. Marshall, A. Muir, P.

M'Bryde, G. M'Callum, A. W. M'Clelland, W. A. Mackay, J. M'Kie, T. M'Nay, J. A. Naismith, A. C. Park, J. Patrick, M.A.; J. Pettigrew, W. P. Porter, A. Revie, A. S. Robertson, H. M. Robertson, E. P. Sinclair, M. A. M'I. Sinclair, E. Sugden, J. J. Urwin, F. H. Waddy, A. A. Warden, J. L. Watson, J. Y. Whyte, J. D. O. Wilson. B (not including Pathology): K. Adamson, J. G. Anderson, T. Armstrong, J. Bain, D. Beaton, P. S. Buchanan, D. J. MacG. Campbell, A. Crawford, A. Dodds, J. F. R. Gairdner, A. F. C. Gilmour, A. T. Hill, E. M. Jenkins, J. F. Lees, W. Lowe, B. B. Morton, C. C. M'Call, J. M'Kenna, A. G. Newell, J. H. Ormond, J. Robertson, W. S. Sinclair, F. Small, J. Thomas, J. Thomson, M.A.; J. R. Turner, R. N. White, T. B. Whitelaw, T. M'K. Wotherspoon.

ROYAL UNIVERSITY OF IRELAND.

FIRST EXAMINATION IN MEDICINE.—The Examiners have recommended that the following be adjudged to have passed the Examination:

H. Bell, Queen's College, Belfast; H. F. Browne, Queen's College, Belfast; W. Calwell, Queen's College, Belfast; S. D. Clements, B.A., Queen's College, Galway; W. J. Cousins, Queen's College, Belfast; S. L. Cummins, Queen's College, Cork; J. Danaher, Catholic University Medical School; J. Dorgan, Queen's College, Cork; F. E. Dowling, Queen's College, Cork; D. Flask, Queen's College, Belfast; T. H. Gloster, Queen's College, Cork; E. S. Gorman, Queen's College, Belfast; T. F. Heas, Queen's College, Cork; J. F. Hunter, Queen's College, Belfast; R. J. Johnstone, Queen's College, Belfast; T. Kennedy (Belfast), Queen's College, Belfast; E. A. Kirkwood, Queen's College, Belfast; J. St. L. Kirwan, Queen's College, Galway; E. J. Liddle, Queen's College, Belfast; G. Liddle, M.B., Queen's College, Belfast; J. M. Lynch, Queen's College, Cork; J. H. McComb, Queen's College, Belfast; P. W. McHugh, Queen's College, Galway, and Catholic University Medical School; F. C. McKee, Queen's College, Belfast; T. Magner, Queen's College, Cork; W. H. W. Mewhirter, Queen's College, Belfast; A. Montgomery, Queen's College, Belfast; D. H. O'Brien, Queen's College, Cork; T. P. O'Carroll, University College, Dublin; R. Officer, Queen's College, Belfast; P. E. O'Flaherty, Queen's College, Belfast; E. F. O'Sullivan, University College, Dublin; J. Park, Queen's College, Belfast; J. Shinkwin, Queen's College, Cork; J. B. Slaterry, Queen's College, Cork; R. B. Shoefall, Queen's College, Galway; W. White, Queen's College, Cork; W. J. Wilson, Queen's College, Belfast.

The following will be allowed to present themselves for Honours in the undermentioned subjects:—

Botany.—W. J. Cousins, R. J. Johnstone, E. J. Liddle, W. H. W. Mewhirter, E. F. O'Sullivan, J. Park, W. White, W. J. Wilson.

Zoology.—J. Dorgan, E. S. Gorman, R. J. Johnstone, T. Kennedy (Belfast), E. J. Liddle, J. M. Lynch, T. P. O'Carroll, J. B. Slaterry, W. White.

Experimental Physics.—S. D. Clements, B.A.; T. H. Gloster, E. S. Gorman, R. J. Johnstone, T. Kennedy (Belfast), J. St. L. Kirwan, A. Montgomery, D. H. O'Brien, J. Shinkwin, W. White.

Chemistry.—E. S. Gorman, R. J. Johnstone, T. Kennedy (Belfast), D. H. O'Brien, P. E. O'Flaherty, W. White.

SECOND EXAMINATION IN MEDICINE.—The Examiners have recommended that the following be adjudged to have passed the Examination:

Upper Pass Division.—J. Booth, Queen's College, Cork; *J. A. Craig, Queen's College, Belfast; J. Dundon, Queen's College, Cork; *J. P. Frengley, Catholic University School of Medicine; G. M. Irvine, B.A., Queen's College, Belfast; *J. Roantree, Catholic University School of Medicine; *J. A. Roughan, Catholic University School of Medicine; *J. R. Thompson, B.A., Queen's College, Belfast.

Pass Division.—D. Barry, Queen's College, Cork; L. A. J. Crinion, Catholic University School of Medicine; T. Downard, B.A., Queen's College, Galway; Isabel W. Harper, Royal College of Surgeons and Royal College of Science, Dublin; T. Houston, B.A., Queen's College, Belfast; J. Huston, B.A., Queen's College, Belfast; J. H. McBurney, Queen's College, Belfast; C. McCarthy, Queen's College, Cork; W. A. McWilliam, Queen's College, Belfast; S. H. R. Montgomery, Queen's College, Belfast; M. T. Moran, Queen's College, Belfast; M. Moran, Queen's College, Galway; J. C. Nixon, Queen's College, Galway; E. O'Shaughnessy, Queen's College, Cork; J. J. O'Shea, Queen's College, Belfast; Lillian A. Powell, Queen's College, Belfast; D. S. Robinson, Queen's College, Belfast; G. Scott, Queen's College, Belfast; W. J. Stitt, Queen's College, Belfast; T. Thompson, Queen's College, Belfast; A. Trimble, Queen's College, Belfast; R. Watson, Queen's College, Belfast.

Those marked with an asterisk may present themselves for the further examination for Honours.

THIRD EXAMINATION IN MEDICINE.—The Examiners have recommended that the following be adjudged to have passed the Examination:

Upper Pass Division.—Emily E. Eberle, M.A., Royal College of Surgeons, Dublin; W. J. Forbes, Queen's College, Galway and Belfast; R. J. MacKeown, Queen's College, Belfast; R. Watt, Queen's College, Belfast.

Pass Division.—J. C. Adams, Queen's College, Belfast; J. J. Ahern, Queen's College, Cork; W. T. D. Allen, Royal College of Surgeons and Catholic University School of Medicine, Dublin; C. Blue, Queen's College, Belfast; J. G. Clokey, Queen's College, Belfast; W. J. Dargan, Catholic University School of Medicine, Dublin; Mina L. Dobbie, London School of Medicine for Women; W. Farrington, Queen's College, Galway; F. Gallagher, Catholic University School of Medicine, Dublin; Jane S. Galletly, London School of Medicine for Women; G. W. Griffiths, M.A., School of Physic, Trinity College, Dublin; J. Lowry, Queen's College, Belfast; J. M'Grath, Queen's College, Belfast; T. T. M'Kendry, B.A., Queen's College, Belfast; S. M. Magowan, Queen's College, Belfast; D. C. Moore, Queen's College, Belfast; W. J. Niblock, Queen's College, Belfast; M. O'Dea, Queen's College, Galway; D. A. Porter, Queen's College, Belfast; J. H. Thompson, Queen's College, Belfast; W. D. T. Thompson, Queen's College, Belfast.

All the candidates in the Upper Pass Division may present themselves for the further examination for Honours.

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

The following gentlemen passed the Second Examination of the Board in *Anatomy and Physiology*, at a meeting of examiners on Monday, October 10th:

J. D. Amenabar, student of Owens College, Manchester; E. L. Roberts and H. R. Wilson, of University College, Liverpool; J. Boyd, of St. Mungo's College and Glasgow University; W. J. Gray, of Edinburgh University; E. T. Coady, of the Catholic University, Dublin; J. A. Hall and L. K. Thomas, of Mason College, Birmingham; S. Y. Howell, of the College of Physicians and Surgeons, New York.

Passed in Anatomy only.—H. Jackson, of Yorkshire College, Leeds, and St. Mary's Hospital; S. Crompton, W. S. Freer, and W. Sutcliffe, of Mason College, Birmingham; J. B. Chadwick, H. P. Dalley, and W. Chapman, of Owens College, Manchester; G. R. Sparrow, of University College, Liverpool; J. A. MacPhail, of McGill College, Montreal; E. J. Kennedy, of McGill College, Montreal, and Mr. Cooke's School of Anatomy and Physiology.

Passed in Physiology only.—C. H. Flory and H. A. L. Banham, of Sheffield Medical School; P. A. Chilcott, of London Hospital and Mr. Cooke's School of Anatomy and Physiology; D. N. MacLennan, of Kingston, Canada, and Mr. Cooke's School of Anatomy and Physiology; A. J. Thompson, of Mason College, Birmingham; C. A. Phillips, P. Kitchen, and W. S. Dibbs, of Yorkshire College, Leeds; J. H. Wigham, of Yorkshire College, Leeds, and St. Mary's Hospital; and A. Hodge, of Owens College, Manchester.

Eleven candidates were referred in both subjects, 6 in Anatomy only, and 6 in Physiology only.

Passed in Anatomy and Physiology, on Tuesday, October 11th.—C. E. Layton and G. C. Belcher, of Mason College, Birmingham; C. G. Higginson, of Owens College, Manchester; E. Pratt, of St. Bartholomew's Hospital; R. A. Nesham and J. R. Kingdon, of Cambridge University and St. Bartholomew's Hospital; C. R. Bakhla, of Grant Medical College, Bombay; R. P. Smallwood, of Cambridge University; and G. W. Penny, of St. Thomas's Hospital.

Passed in Anatomy only.—A. Cant, of Mason College, Birmingham; M. A. Ghani, of Lahore Medical College, Punjab; F. R. Proctor-Sims and R. L. Roberts, of Guy's Hospital; G. P. U. Prior and J. R. Benson, of King's College; F. White, of St. Thomas's Hospital and Mr. Cooke's School of Anatomy and Physiology; F. E. H. Keogh, of St. Mary's Hospital; J. S. Hosford, G. H. Goddard, and J. Blackwood, of University College; A. B. Wright, of London Hospital; A. W. Wilson, of Melbourne University and London Hospital; A. S. Grant, of London Hospital and Mr. Cooke's School of Anatomy and Physiology; and W. J. Hopkins, of St. Bartholomew's Hospital.

Passed in Physiology only.—E. H. Phillips and G. Y. Myrtle, of Yorkshire College, Leeds; A. T. Jones and H. W. Lloyd, of University College, Liverpool; W. E. Bracey, of Mason College, Birmingham; E. W. Ormerod, of Bristol Medical School and Mr. Cooke's School of Anatomy and Physiology; J. Broadbent and J. T. Barrett, of Owens College, Manchester; W. M. Coghlan, of St. Bartholomew's Hospital; W. H. Morgan, of Charing Cross Hospital and Mr. Cooke's School of Anatomy and Physiology; and T. W. Turner, of London Hospital and Mr. Cooke's School of Anatomy and Physiology.

Eight candidates were referred in both subjects, 4 in Anatomy only and 11 in Physiology only.

Passed in Anatomy and Physiology on Wednesday, October 12th.—H. J. M. Smith and J. W. Bird, of Guy's Hospital; H. S. Oliver, of Charing Cross Hospital; H. E. Gibson, of University College; R. Hughes, of St. Thomas's Hospital; C. H. Hopkins, of St. Bartholomew's Hospital; and G. C. Hancock, of Westminster Hospital and Mr. Cooke's School of Anatomy and Physiology.

Passed in Anatomy only.—W. G. Mitchell, B. F. Pendred, E. R. Thomas, and A. A. Price, of Guy's Hospital; E. T. Inkson, of University College; E. T. Clayton, of Charing Cross Hospital; and R. Armistage, of St. Bartholomew's Hospital.

Passed in Physiology only.—E. T. Lanyon and A. E. Sears, of London Hospital, and Mr. Cooke's School of Anatomy and Physiology; E. Moore, of Guy's Hospital; A. W. Hayles, of King's College; E. G. Moon and B. Pares, of St. Mary's Hospital.

Fifteen candidates were referred in both subjects, 3 in Anatomy only and 9 in Physiology only.

Passed in Physiology only, on Thursday, October 13th.—J. W. Ensor and E. H. Tipper, of Guy's Hospital; L. H. Y. Stephens, of Yorkshire College, Leeds, and Guy's Hospital; C. W. Smith, J. L. F. de Gannes, A. C. Bean, and A. B. R. Sworn, of University College; S. B. Blomfield, of Westminster Hospital, and Mr. Cooke's School of Anatomy and Physiology; J. H. de Villiers, G. W. Brown, F. E. Saunders, and P. L. Blaber, of St. Thomas's Hospital; G. Candler, of Cambridge University and St. Thomas's Hospital; T. Herbert, F. H. Bailey-King, and A. P. Birch, of Middlesex Hospital; A. K. M. Curtis, and L. Savin, of Middlesex Hospital and Mr. Cooke's School of Anatomy and Physiology; W. T. Dempster, T. H. Parker, and A. S. McSorley, of King's College; W. P. Brooks, of Charing Cross Hospital; H. H. Thomas, of Charing Cross Hospital and Mr. Cooke's School of Anatomy and Physiology; T. Hood and A. H. Beades, of St. Bartholomew's Hospital.

Eleven candidates were referred in Physiology.

ERRATUM.—In the Edinburgh University pass list in the BRITISH MEDICAL JOURNAL of October 15th, p. 872, line 15 from bottom, for "First Professional Examination" read "Final Professional Examination."

SURGEON-GENERAL MEHLHAUSEN has resigned his position as Director of the Berlin Charité Hospital, which he has held for twenty years. The Emperor has conferred on him the Star of the Order of the Crown, Second Class, in recognition of his services. Dr. Mehlhausen has been succeeded by Dr. Schafer, of Brunswick, Physician in Ordinary to Prince Albrecht.

OBITUARY.

JULIUS VON BEREKSZASZI, M.D.

MANY English medical men must have learnt with sorrow the death of Dr. Julius von Beregszaszi, of Vienna, which was announced in the *BRITISH MEDICAL JOURNAL* some weeks ago. He was staying at Bad Zandpoort in Holland, where had gone with his wife to spend a well-earned holiday. He was seemingly in the enjoyment of his usual health and good spirits when, shortly after his bath on the morning of August 10th, he suddenly fell down before the door of his hotel, and in a moment he was gone. The cause of death was afterwards found to be an aneurysm of the aorta.

Dr. Beregszaszi was in his 46th year, and until the moment of his death appeared to be a man of notable vitality and strength. He possessed a striking personality. Rather below the middle height, and with a broad yet wiry frame, every feature and every movement indicated life and power. He was possessed of a marvellous fund of ready humour. This quality, combined with his sympathetic nature, rendered him a favourite with students and with patients alike. His classes were greatly sought after, and were attended very largely by English and American students. His dexterity as a laryngoscopist the excellence of his teaching, his social qualities, and his remarkable command of English greatly impressed those who had the pleasure of working under his guidance. His death removed from our ranks a highly-endowed man, a loved colleague, a skilful teacher, and a trusted physician.

HUGH HUGHES, M.R.C.S.ENG., L.S.A., J.P.

WE regret to have to announce the death of a well known and very popular practitioner in the Principality—Mr. Hugh Hughes, J.P., of Bethesda, North Wales.

On October 2nd the sad news that he had died suddenly at Carnarvon caused a widespread feeling of regret, both at that town and Bethesda. It appears that he had not felt quite well of late, and decided to come to Carnarvon for a fortnight's change. He spent the morning of Friday with Dr. Griffith and his family, and appeared quite healthy. On the evening of October 1st, just before retiring to bed, he observed that he felt better than he had done for days. However, on someone going into his bedroom on the next morning, shortly before 9 A.M., he was discovered to be in an unconscious state. Dr. Griffith was immediately sent for, and he arrived promptly, but life was already extinct, death being caused by syncope.

The deceased, who was aged 63, was a son of Mr. Hugh Hughes, Trefriw (quarry proprietor), and a brother of the late Dr. Hughes (Cowlyd), Llanrwst; of Dr. O. E. Hughes (Crafnant), Trefriw; and of Dr. Hughes, of Penmaenmawr (President of the North Wales Branch of the British Medical Association). He distinguished himself as a medical student by winning several prizes. At the age of 22 he went to reside at Bethesda, where he remained for forty years. He won wide spread affection and esteem especially among the poor, who found in him a true friend, always ready to give them a helping hand. His loss will be deeply felt. He was a member of the Bethesda Commissioners for many years, and acted as chairman for a long term. He was also a magistrate for the county of Carnarvon.

CHARLES HAMILTON FASSON, M.D.

WE regret to have to report the death on Saturday, October 15th, of Deputy Surgeon-General Fasson, the Medical Superintendent of the Edinburgh Royal Infirmary. His army service covered a period of twenty-seven years, during which he had considerable experience in the Indian Mutiny while yet attached to the regiment of Light Dragoons. Later he acted as registrar to the Herbert Hospital at Woolwich. In 1871 he was appointed Superintendent of the Edinburgh Royal Infirmary, which office he has held for twenty-one years. For several years he had been in somewhat delicate health, and some weeks ago he had an apoplectic seizure, from which, as was reported in the *BRITISH MEDICAL JOURNAL*, he was making a fairly satisfactory recovery. Unfortunately a relapse occurred, and he died at the age of seventy-one.

Dr. Fasson was a gentleman of the old school, courteous and amiable to the highest degree towards all with whom he was brought in contact. He has done excellent service in the hospital at a most trying transitional time. If he erred, it was on the side of gentleness and amiability. It will be difficult to find a worthy successor, the office requires so many and such complex qualities. The managers, the staff, and the public deplore his loss, and join in sympathy with those members of his family who have survived him.

MEDICAL NEWS.

THE number of female medical students in France, which in 1890 was 150, is now 250.

OUT of 126 consecutive deaths of animals from all causes at the Zoological Gardens, no fewer than 41, or 33½ per cent., were due to tuberculosis.

THE Philadelphia College of Physicians has awarded the Alvarenza Prize, of the value of 180 dollars, to Dr. R. H. L. Bibb, of Saltillo, Mexico, for an essay on Leprosy, the result of ten years of study and observation in Mexico.

THE Kershaw Hospital for Children, in connection with the Ashton and District Infirmary, was opened on October 13th. It is the outcome of an offer by Mr. James Kershaw, of Delamere Place, Ashton-under-Lyne, to give the sum of £4,000 for the erection of a children's hospital. Mr. Kershaw informed the governors, whilst the building was in progress, that he should have pleasure in furnishing it complete.

GLASGOW SOUTHERN MEDICAL SOCIETY.—The following gentlemen have been elected office-bearers for this Society. *President*: Dr. David Couper. *Vice-President*: Dr. J. K. Kelly. *Treasurer*: Dr. J. Brown. *Secretary*: Dr. A. S. Tindal. *Editorial Secretary*: Dr. C. E. Robertson. *Seal Keeper*: Dr. James Erskine. *Court Medical*: Dr. A. Miller (*Convener*), Drs. Duncan, Napier, John Glaister, and C. W. Stewart. *Governor of Victoria Infirmary*: Dr. E. McMillan. *Extra Councillors*: Drs. Munro, Edmiston, and Jenkins.

THE annual dinner of the Liverpool Medical Institution was held at the Adelphi Hotel, Liverpool, on October 13th. Dr. Glynne, F.R.C.S., President, in the chair. Eighty-four members and guests sat down to dinner. After the toast of "The Queen," the Rev. John Watson, M.A., proposed "Victoria University" in a felicitous speech, and Professor Gotch F.R.S., responded. Mr. W. Steward, M.A., stipendiary magistrate of Liverpool, proposed "The Liverpool Medical Institution," the toast of the evening, which was replied to in a humorous speech by the President.

THE Home for the Dying, to be known as Friedenheim, will be opened on November 7th by the Duchess of Teck, who will be accompanied by the Princess May. The origin of the home is to be traced to the action of a Scotch lady who seven years ago opened, and has since maintained with the help of a few private friends, a house containing ten beds. The demands for admission to this private home were so numerous that it was conclusively proved that a home on a larger scale would meet a sad hiatus in our provision for the dying sick. A committee was formed with Sir Robert Phayre, K.C.B., as Chairman of Council, Mr. J. H. Tritton as Treasurer, and Dr. A. T. Schofield as Chairman of the Executive Committee; and sufficient funds have been raised to take a house standing in two acres of ground opposite Swiss Cottage Station. The house will accommodate fifty patients, with a full staff of nurses and servants.

A NEW GERMAN SANATORIUM FOR CHEST DISEASES.—On September 10th a new sanatorium for necessitous patients suffering from diseases of the lungs was opened at Falkenstein, in the presence of a large gathering of officials, hospital physicians, and philanthropists. The institution, the establishment of which is largely due to the efforts of the Frankfurt Convalescents Association will be under the direction of Dr. Dettweiler, with the assistance of Dr. Engelbrecht as resident physicians. The new sanatorium was described by the *Berliner klinische Wochenschrift*, as the first institution of the kind in Germany; but Dr. A. Ladendorf, of St. Andreasberg, in the Hartz Mountains, has written to our contempo-

rary to point out that a sanatorium for sufferers from chest diseases, which is entirely supported by public charity, has been in existence in that place for a considerable time, and has already relieved 136 poor patients.

THE MICROPHONE IN DEAFNESS.—Baron Léon de Lenval of Nice offers a prize of 3,000 francs to the inventor of the best application of the principles of the microphone in the construction of a portable apparatus for the improvement of hearing in deaf patients. Instruments for competition should be sent to Professor Adam Politzer or Professor Victor B. Lang, Vienna, before December 31st, 1892. The prize will be awarded at the Fifth International Otological Congress at Florence in September, 1893. If no instrument is judged worthy of the prize, the jury reserve the right of announcing another competition, unless Baron Lenval decides to otherwise dispose of the prize. The members of the jury are Professor Adam Politzer (President) and Professor Victor v. Lang, of Vienna; Dr. Benni, Warsaw; Dr. Gelli, Paris; Professor Urban Pritchard, London; Professor St. John Roosa, New York; Professor Grazi, Florence.

THE MEDICAL PRESS IN CUBA.—The Editor of the *Progreso Medico* of Havana suggests that the directors of all the medical journals of Cuba (nine in number) form themselves into a committee which should be charged with "the sacred duty of representing and defending the moral and material interests of the medical profession in general." Nothing, he goes on to say, that directly or indirectly concerns the profession should be considered as outside the "sphere of influence" of the committee, which should, as occasion for active interference arises, take such steps as it may judge necessary to ensure the fulfilment of its objects. The committee, *si qua fata aspera rumpat* and it succeeds in emerging into the sphere of the "conditioned," will start in life with a programme hardly less comprehensive than Don Quixote's. The experiment, if it ever comes to be actually tried, will doubtless be watched with interest. There is scarcely anything in the nature of practical reform or redress of grievances that a united press, medical or lay, could not achieve—if it could only be got to unite.

A ROYAL OCULIST.—Dr. Pierre Maurel, who has just presented to the French Government a report on special clinical teaching in Germany, gives an interesting account of the ophthalmic clinic of H.R.H. Duke Charles Theodore of Bavaria at Munich. The Prince, whose skill in the specialty which he has chosen is recognised by his professional brethren, conducts an eye hospital at Meran, where he spends the winter, and another at Tegern-See, where he passes the summer, besides the one at Munich. The hospital at Tegern-See is charmingly situated on a hill looking over the lake opposite the Bavarian Alps, has accommodation for fifty or sixty patients. Each ward contains from four to six beds. The operating room, which is designed in accordance with the most modern principles, is lighted by electricity. The Prince performs operations every morning at 6.30, and afterwards sees the patients who come to him from far and near. The only fee required is a contribution to a poor-box, which stands in the room. What doctors of less exalted rank think of the Duke's indiscriminate professional charity is not stated.

LITERARY INTELLIGENCE.—The first number of the *Sheffield Medical Journal* has just appeared, and Mr. Simeon Snell and his collaborators may be heartily congratulated on the result of their editorial labours. The number contains Mr. Snell's presidential address to the Sheffield Medico-Chirurgical Society, an abstract of which will be found in another column; a report of an unusual case of tuberculosis of the skin, by Mr. Dale James and Dr. Norman Walker; cases of myxœdema, by Dr. Dyson, Mr. Pye-Smith, and Dr. A. J. Hall; and the first of what promises to be a very interesting series of papers on Local Medical History, by Mr. Arthur Jackson. Abstracts of important contributions to periodical medical literature and reviews of books make up the rest of the journal, which altogether affords gratifying evidence of the intellectual activity of the profession in the chief provincial centres.—The *Medical Pioneer* is the title of a new journal which is described on the front page as the "Official Organ of the British Medical Temperance Association." The first number which is now before us is adorned with a portrait and biography of Dr. B. W.

Richardson, the President of the Association, and contains, in addition to reports of the progress of the temperance movement, etc., the record of a case of myxœdema in which the thyroid gland of a live sheep was successfully grafted by Dr. W. J. Collins.—Another new journal of which the first number has reached us is *The Scalpel*, described as "a Monthly Magazine for Medical Students," and edited by Mr. C. W. Kirkpatrick, of the Calcutta Medical College. Our young contemporary is small in size but great in spirit, and the influence of the *genius loci* is plainly perceptible in the Oriental exuberance of the style. We hope its days may be long in the land.—Dr. R. French Stone, one of the leading practitioners of Indianapolis, is engaged in the preparation of a biography of eminent American physicians and surgeons past and present, particularly, as we gather, the latter. The book, which is to be published by the M. H. Kauffmann Medical Publishing House of Chicago, will be illustrated with portraits.—We have received the first number of *The Chicago Clinical Review*, a new monthly "journal of practical medicine and surgery," edited by Dr. G. H. Cleveland and A. I. Bouffleur, with the help of more than thirty editorial collaborators. The *Review* is well printed, and has altogether that best of "letters of introduction"—a prepossessing exterior. The literary contents are of excellent quality.—A second edition of Wundt's *Vorlesungen ueber die Menschen und Thierseele*, a work of special interest to psychologists and physiologists, will shortly be published by Leopold Voss, of Hamburg and Leipzig.—The first part of Paul Börner's *Reichs-Medical-Kalender* for 1893 has just been published by Georg Thieme, of Leipzig. The work, which is edited by Dr. S. Guttman, contains memoranda of all kinds likely to be useful in medical practice, the part relating to drugs, poisons, etc., being from the pen of Professor Oscar Liebreich; that dealing with causes of death, necropsies, etc., from that of Professor Virchow, and the other part being written or compiled by equally competent authorities. Among the enormous amount of miscellaneous information given are lists of watering places and health resorts, with hints as to the special characteristics of each; lists of lunatic asylums, public and private, homes for idiots, epileptics, inebriates, etc.—Dr. C. E. Sajous, late of Philadelphia, has transferred the publishing office of his *Annual of the Medical Sciences* and the *Satellite* to Paris (28, Rue de Madrid).

MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon; doubly qualified. Salary, £150 per annum, and £30 per annum allowance for cab hire. Applications to the Secretary by November 16th.
- BIRMINGHAM GENERAL HOSPITAL.**—Pathologist. Salary, £120 per annum. Applications to Howard J. Collins, House-Governor, by November 4th.
- BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.**—Vacancy in the Medical Staff. Applications to the Medical Board, Children's Hospital, Steelhouse Lane, Birmingham, by November 8th.
- 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.
- BRISTOL EYE HOSPITAL.**—House-Surgeon. Salary, £120 per annum, without board or residence. Applications to F. Richardson Cross by October 30th.
- CRICHTON ROYAL INSTITUTION, Dumfries.**—Assistant Medical Officer; age from 25 to 28. Salary, £200 per annum, with board and residence. Applications to Dr. Rutherford, Medical Superintendent.
- CHURCH OF SCOTLAND JEWISH MISSION.**—Medical Missionary for Mission and Hospital at Smyrna. Salary, £300 per annum, with dwelling house. Applications to Rev. Dr. Alison, 1, South Lander Road, or John A. Trail, W.S., 17, Duke Street, Edinburgh.
- 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.
- DOVER HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with furnished apartments, board, coals, light, and attendance. Applications to the Secretary, Mr. Edward Elwin, 13, Castle Street, Dover.
- EAST LONDON HOSPITAL FOR CHILDREN,** Glamis Road, Shadwell, E.—House-Physician. Board and lodging provided. Applications to the Secretary by November 16th.
- GENERAL HOSPITAL, Barbadoes, West Indies.**—Junior House-Surgeon. Salary, £200 per annum, and quarters. Appointment for three years. Applications to the Secretary by December 1st.
- GLAMORGAN COUNTY COUNCIL.**—County Medical Officer. Salary, £750, of which £150 is intended to cover all travelling, office, and laboratory expenses. Applications to T. Mansel Franklin, Clerk, Glamorgan County Offices, Cardiff, by November 21st.

HENDON LOCAL BOARD.—Medical Officer of Health for the Urban Sanitary District and the temporary Infectious Diseases Hospital. Salary as Medical Officer of Health, £125 per annum, and £35 (including the supply of medicines) for attending to patients at the Hospital. Applications, endorsed "Medical Officer of Health," to Samuel Tilley, Clerk to the Board, Local Board Office, The Burroughs, Hendon, N.W., by October 26th.

HUDDERSFIELD INFIRMARY.—Honorary Physician. Applications to Mr. F. Eastwood, Honorary Secretary, by November 1st.

INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST AND THROAT, 28, Margaret Street, Regent Street, W.—Two Visiting Physicians. Applications to W. H. Johnson, Secretary.

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.

LONDON THROAT HOSPITAL, 204, Great Portland Street, W.—House-Surgeon. Appointment for six months. Honorarium at the rate of £50 per annum. Applications to the Secretary by October 27th.

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 26th.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—Surgeon; must be F.R.C.S. Eng. Applications to C. H. Byers, Secretary, by October 24th.

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.

NORTH WEST LONDON HOSPITAL, Kentish Town Road, N.W.—Assistant Surgeon; must be F.R.C.S. Eng. Applications to A. Craske, Secretary, by October 31st.

NORTH WEST LONDON HOSPITAL, Kentish Town Road, N.W.—Resident Medical Officer. Appointment for six months. Salary, £50. Applications to Alfred Craske, Secretary, by October 28th.

POPLAR HOSPITAL FOR ACCIDENTS, Blackwall, E.—Junior House-Surgeon. Salary, £50 per annum, with board, etc. Applications to the Secretary by October 27th.

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 NATIONAL HOSPITAL FOR CONSUMPTION, Ventnor, Isle of Wight.—Assistant Resident Medical Officer; unmarried. Salary, £70 per annum. Applications to the Board of Management at the London Office, 34, Craven Street, Charing Cross, by November 3rd.

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.

SMEDLEY HYDROPATHIC ESTABLISHMENT, Matlock, Derbyshire.—Resident Physician. Appointment for six months. Honorarium of 20 guineas. Board and residence free. Applications to the Secretary by November 5th.

WALSALL COTTAGE HOSPITAL.—Resident Surgeon; doubly qualified. Salary, £100 per annum, with board, lodging, and washing. Applications to the Chairman of Hospital by October 22nd.

WESTON-SUPER-MARE HOSPITAL AND DISPENSARY.—Medical Officer to the Provident Dispensary attached to the Hospital; doubly qualified. Salary, £60 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by October 26th.

MEDICAL APPOINTMENTS.

ALLAN, Francis J., M.D., D.P.H., appointed Lecturer in Sanitary Science, King's College, London.

BASSANO, T. M., M.B., C.M. Edin., L.R.C.P. & S. Edin., appointed House Surgeon to the Huntingdon County Hospital.

BODY, H. M., M.R.C.S. Eng., reappointed Medical Officer of Health for Crediton Urban Sanitary District.

BURNS, R. J., L.R.C.P. Lond., M.R.C.S., appointed Police Surgeon for the Borough of Sunderland, *vice* J. C. Wood, L.R.C.P. Edin., resigned.

BURTON, Dr., reappointed Medical Officer of Health for the Greenford Rural Sanitary Authority.

CONWAY, A., M.R.C.S., L.R.C.P., appointed Medical Officer for the King, winford No. 2 District of the Stourbridge Union, *vice* J. K. Clarke L.R.C.P., resigned.

COUPLAND, Sidney, M.D., F.R.C.P. Lond., appointed Examiner in the Practice of Medicine and Pathology at the University of Aberdeen.

CRAVEN, R. M., L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health for the Westmoreland Combined Districts.

DERRY, Bartholomew G., L.R.C.P. Lond., M.R.C.S. Eng., reappointed Medical Officer of Health for the Bodmin Urban District.

DRYLAND, Leslie W., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the Northampton General Infirmary.

EDMOND, George M., M.D. Aberd., appointed Examiner in Surgery and midwifery at the University of Aberdeen.

ELLIMAN, Arthur C., L.R.C.P. Lond., M.R.C.S., appointed House-Surgeon to the Kent and Canterbury Hospital, *vice* — Prentice, resigned.

EVANS, William, L.R.C.P. Edin., M.R.C.S., reappointed Medical Officer of Health Anglesey Rural District.

FUSSELL, Edward Francis, M.B. Aberd., M.R.C.P. Lond., reappointed Medical Officer of Health for East Sussex.

GALLOWAY, James, M.D., appointed Examiner in Botany and Materia Medica at the University of Aberdeen.

GILPIN, Frank, M.R.C.S. Eng., reappointed Medical Officer of Health to the Stratford-upon-Avon Town Council.

HILL, Alfred, M.D. Aberd., M.R.C.S., appointed Examiner in Chemistry and Medical Jurisprudence at the University of Aberdeen.

HOSKINS, E., M.R.C.S., reappointed Medical Officer for the Little Eaton Sanitary District of the Shardlow Union.

HOSKINS, William, M.B., C.M. Aberd., appointed Medical Officer for the Nazeing District of the Epping Union.

JONES, Dr., reappointed Medical Officer of Health for the Borough of Ruthin.

MARRIOTT, H., M.B., M.R.C.S., appointed Surgeon to the Stockport Infirmary.

MASON, George A., M.A., M.B., B.C. Cantab., appointed House-Physician to the Great Northern Central Hospital.

MERCER, W. B., B.A., M.B., B.C. Cantab., M.R.C.S., L.R.C.P., appointed House-Physician to the Royal Hospital for Diseases of the Chest, City Road, E.C.

MORSE, E., L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer of Health for Torrington.

MULLALLY, W. T., M.D., Dip. San. Science R.C.P.I., appointed Health Officer to the Council of the Shire of Ballarat, Victoria, *vice* Dr. Ick, resigned.

NORRIS, G. R., M.R.C.S. Eng., reappointed Medical Officer of the No. 2 District of the Dulverton Union.

NORTON, John, M.D., D.P.H., appointed Medical Officer of Health to St. Peter's Close, Westminster.

ORTLEPP, A. J., M.R.C.S., L.R.C.P. Lond., appointed House-Surgeon to the Female Lock Hospital, Harrow, *vice* P. J. Kingston, L.R.C.P. Lond., resigned.

PEARSE, Francis J., M.R.C.S., appointed Divisional Surgeon to the A Division of the Metropolitan Police, and Medical Officer to the United Westminster Almshouses.

FRANKED, Herbert Peter, M.B., C.M. Edin., appointed Medical Officer for the No. 2 District of the Southampton Incorporation, *vice* Edward J. Archer, M.B., deceased.

PULLIN, T. H. S., M.D. St. And., F.R.C.S. Edin., reappointed Medical Officer of Health to the Sidmouth Local Board.

RADFORD, William J., L.R.C.P. Lond., M.R.C.S. Eng., appointed Senior House-Surgeon to the Poplar Hospital for Accidents, *vice* Hawtrey Collins, resigned.

RALPH, Hugh, M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer to the Evelina Hospital for Sick Children, Southwark Bridge Road, *vice* A. H. Cheatle, L.R.C.P. Lond., resigned.

RENNET, David, M.B., C.M., D.P.H., appointed Assistant Professor of Medical Jurisprudence in the University of Aberdeen, *vice* A. Macgregor, M.B., C.M., resigned.

ROBERTSON, J. S., M.R.C.S., appointed Medical Officer for the Bloxham Sanitary District of the Banbury Union.

SNADDEN, James, M.B., C.M. Edin., reappointed Medical Officer for the No. 4 District of the Wortley Union.

STEWART, George N., M.D., appointed Examiner in Natural History and Institutes of Medicine at the University of Aberdeen.

SWALLOW, F. McDonald, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of Health for the Penistone Rural Sanitary District of the Penistone Union.

TROTMAN, Frank, M.B., L.R.C.P., M.R.C.S., appointed Medical Officer of the Bristol Town Council.

WACHER, Frank, M.R.C.S., reappointed Medical Officer of Health for the Canterbury Urban Sanitary District.

WILLCOCKS, Arthur Durant, M.R.C.S. Eng., appointed Medical Officer for the Taunton Union Workhouse, *vice* A. R. Iles, M.R.C.S. Eng., resigned.

WILSON, G., M.D., D.P.H., appointed Medical Officer of Health of the Meriden, Rugby, Solihull, Southam, and Warwick Unions, and the Kenilworth, Rugby, and Warwick Urban Sanitary Districts.

WINDLE, Bertram C. A., M.D., appointed Examiner in Anatomy at the University of Aberdeen.

WOOLLETT, Sidney W., M.R.C.S., appointed Medical Officer of No. 8 District of the Blything Union, *vice* Dr. Blackett, resigned.

WRIGHT, H., L.R.C.P., L.M. Edin., M.R.C.S., reappointed Medical Officer of Health for the Gainsborough Rural Sanitary District.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST GRADUATE COURSE. Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. A. Stanford Morton: Affections of Eyelids. Parkes Museum, 74A, Margaret Street, W., 4 P.M.—Dr. L. C. Parkes: Sanitary Appliances. 101, Great Russell Street, W.C., 8 P.M.—Dr. Galloway: Tubercle and Other Lesions.

SEMMELWEIS INTERNATIONAL MEMORIAL.—Meeting, Royal College of Physicians, 5 P.M.—Address by Sir Spencer Wells.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. G. R. Turner: On Traumatic Volvulus of the Small Intestine Treated by Abdominal Section. Mr. W. A. Meredith: On the Treatment of the Peritoneum in Abdominal Surgery.

TUESDAY.

LONDON POST GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Theo. Hyslop: Insanity of Puberty and Adolescence. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Mr. Jonathan Hutchinson: The Treatment of Syphilis. 101, Great Russell Street, W.C., 8 P.M.—Dr. Braxton Hicks: The Forceps.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. R. J. Godlee: Amputation for Diabetic Gangrene. Mr. J. W. Hulke: A Case of Rupture of Hepatic Abscess into the Peritoneal Cavity.

WEDNESDAY.

LONDON POST GRADUATE COURSE, Hospital for Consumption, Brompton, 5 P.M.—Dr. Sidney Martin: Cases of Aortic Regurgitation. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. J. B. Lawford: Toxic Amblyopia.

HUNTERIAN SOCIETY, 8.30 P.M.—Special discussion on Phthisis in Relation to Life Assurance. A paper will be read by Dr. Glover Lyon; and Dr. Pye-Smith, Dr. Jas. E. Pollock, Dr. E. Symes Thompson, Dr. W. Sedgewick Saunders, Dr. Thos. B. Crosby, Dr. H. Port, Dr. A. T. Davies and others will take part in the discussion.

THURSDAY.

LONDON POST GRADUATE COURSE, National Hospital for the Paralyzed and Epileptic, Queen Square, 2 P.M.—Mr. Brudenell Carter: Ocular Symptoms in Nervous Diseases. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Barlow: Illustrations of Nervous Disease in Children. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Dr. Wilks, F.R.S.: Medical Cases in the Wards. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. George Stoker: Chronic Glandular Diseases of the Nose and Nasopharynx.

BRITISH GYNÆCOLOGICAL SOCIETY, 20, Hanover Square, 8.30 P.M.—Mr. G. A. Hawkins-Ambler: What Makes for Success in Abdominal Surgery?

FRIDAY.

LONDON POST GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture—Anthrax. Practical Work—Gram's Method. Hospital for Consumption, Brompton, 4 P.M.—Dr. Sidney Martin: Cases of Mitral Stenosis.

CLINICAL SOCIETY OF LONDON.—Living Specimens, 8.0 P.M.:—Dr. Hadden: A Case of Rhythmical Rocking Movements in a Child. Mr. W. A. Lane: A Case of Macrochellia Treated Successfully by Electrolysis. Mr. Bland Sutton: Two Cases of Amputation of the Arm for Lymphatic Oedema. Mr. Arthur Barker: Case of Subcutaneous Suture of the Patella. Mr. Hurry Fenwick: Two Cases of Suprapubic Cystotomy illustrating new methods. Papers, 9 P.M.:—Dr. Bristowe: A Case of Sarcoma of the Skin. Mr. Arbuthnot Lane: Two Cases illustrating an operation of Complete Erasion of the Ankle-joint.

SATURDAY.

LONDON POST GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. H. Corner: Delusional Insanity.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

FAULKNER.—On September 30th, at Cavendish Road, Southsea, Hants, the wife of Surgeon-Major Alex. S. Faulkner, F.R.C.S.Ed., Indian Medical Service, of a son.

HEWITSON.—Hetton-le-Hole, co. Durham, Park Villa, 16th inst., the wife of William Andrew Hewitson, M.R.C.S.Eng., L.R.C.P.Ed., of a son.

BRODIE.—On October 18th, at Fakenham, Norfolk, the wife of F. Carden Brodie, M.B., of a daughter.

MARRIAGES.

FOSTER—SHIPLEY.—On October 11th, at the Parish Church, Tavistock, by the Rev. W. H. David, Michael George Foster, M.A., M.B., son of Professor Michael Foster, F.R.S., of Ninewells, Great Shelford, Cambridge, to Charlotte, eldest daughter of the late General Reginald Younge Shipley, C.B., formerly of the 7th Royal Fusiliers.

CRAN—JOHNSTON.—At Post Cliffe, Peterhead, Aberdeenshire, on October 12th, by the Rev. James Aird, M.A., Minister of the Parish, assisted by the Rev. Gavin E. Argo, M.A., Kincardine, O'Neil Robert Cran, M.D., M.C., Ballater, to Elizabeth Bertram, only daughter of John Johnston.

TUCKETT—SOPER.—On October 12th, at Wanstead Church, by the Rev. R. D. Swallow, Head Master of Chigwell School, assisted by the Rev. G. B. Doughty and the Rev. L. S. Staley, Walter Reginald Tuckett, M.R.C.S., etc., of Woodford, late House-Surgeon of Maidstone Hospital, son of Wm. F. Tuckett, Esq., J.P., Bath, to Annie Jane Philpott (Nancy), eldest daughter of the late Henry Lewis Soper, Esq., of Wanstead. (No cards.)

DEATH.

CARTER.—On the 18th inst., at 70, St. Helen's Road, Hastings, Jane, the loved wife of Charles Henry Carter, F.R.C.S., etc. (formerly of Pewsey, Wilts), aged 76.

**LETTERS, NOTES, AND ANSWERS TO
CORRESPONDENTS.**

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

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

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

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

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

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

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

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

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

QUERIES.

MEMBER writes: Will Dr. William McDonald kindly state his mode of giving cream of tartar and lac sulphur in cholera?

MEMBER writes: Will Dr. Alfred Theodore Rake kindly give the formula of the saline solution for intravenous injection used at Guy's Hospital?

SYPHILIS AND DRINKING VESSELS.

W. J. H. W. asks for references to any author who gives instances in which syphilis or other contagious diseases have been contracted from infected drinking vessels, or who indicates the danger in pointed language.

. The danger of unclean drinking vessels as media in spreading syphilis is noticed in most modern works on that subject, among others in Hutchinson's *Syphilis* and Hill and Cooper's *Syphilis and Local Contagious Disorders*.

THE CARRIAGE TAX.

D. S. MACDONALD, M.B., C.M. (Broadford, Skye) writes: Can you kindly inform me whether a medical man in a country district is liable to pay the tax of 15s. for keeping a carriage of less than four wheels?

. No special privileges attach to medical men in country districts. They must take out licences and pay duty on any kind of carriage, as well as on manservant, etc.

MILK DIET.

TYRO writes: I have a patient whom I am anxious to keep for some time upon a purely milk diet. Unfortunately milk, whether raw, boiled, or peptonised and with or without an alkali causes acute purging, even when given in 4-ounce doses every hour, the cause of the purging being apparently gastric catarrh. Can any reader tell me what to do in the above case or refer me to any book that will do so?

NEW UNIVERSITY DEGREES.

F. W. C. asks whether a British university has the power to create new degrees after its establishment by charter independently of further powers from Parliament.

. No general answer can be given to our correspondent's question. Everything depends on the powers given in the charter; for example, the University of London is empowered to grant the degrees of Doctor, Master, and Bachelor in "any department of knowledge whatever."

ANSWERS.**ANTISEPTIC MOUTH WASH.**

MR. L. H. LISTON (Stafford) writes: The following makes an efficient, pleasant, and portable mouth wash: \mathcal{R} Thymol gr. x; sp. vini rect. 3ss; saturated solution of boric acid 3ss. This can be carried in an ounce bottle, and about 2 drachms added to 2 ounces of water when required to be used.

NOTES, LETTERS, Etc.

ERRATUM.—In the report of the St. Bartholomew's Hospital Old Students Dinner (BRITISH MEDICAL JOURNAL, October 8th, p. 802) for Dr. H. Jones read Surgeon-Captain J. Lloyd T. Jones.

A BIOLOGICAL station has recently been established at Bergen, in Norway. It is under the direction of Dr. Brunchorst and has places for ten workers. Foreigners may be admitted on application.