

eat. Next day her pulse had increased to 72. On July 28th she was given 2 drachms of a glycerine extract which had been prepared from fresh thyroids by Mr. White, the pharmacist to St. Thomas's Hospital. It was given at 11 P.M. At 12 her temperature was 99°; at 3 A.M., 99.4°; and at 6 A.M., 98°. She perspired profusely at 6 A.M. Next morning (the 29th) she complained of nausea, and was slightly sick. Her face was flushed, and she complained of aching pains all over. The temperature fell to 98°, but the pulse increased to 80. Two more thyroids were given on the 29th and 30th, and the temperature again rose on the 30th to 99.4°. Between July 30th and August 3rd no thyroids were given; they were then given again, and between August 3rd and August 17th twenty thyroids altogether were given, but on five occasions these were rejected by vomiting, so that it may be considered she had only ten.

The temperature from August 9th to 16th varied between 98° and 98.6°, but on the 9th the pulse rose to 116, and kept between that and 112 for the next few days. On the 17th the temperature rose to 100°; I then discontinued the thyroids. The pulse gradually diminished in frequency until, on the 26th, it was 76. The temperature hovered between 98° and 98.6°. While these changes took place in the pulse and temperature, a striking alteration was noticed in the appearance of the patient. Since I have seen her I have never known her to look as she does now. The face seems about half the size; the features have become defined and expression has returned. Her hands have become normal in size, without a trace of swelling. The skin of her hands and feet has desquamated. She has perspired freely, and has had a comfortable sensation of warmth. Altogether a very marked change for the better has taken place. The improvement is, in fact, unmistakable, and such as can only be attributed to the remedy. I may add that no diuretic action has been observed.

To sum up the effects observed in this case: (1) A marked acceleration of the pulse and rise of temperature proportional to the quantity of thyroid given, these persisting for some time after the administration is discontinued. (2) A general diminution of the swelling and amelioration of all the symptoms accompanying myxœdema.

In the administration it has been found that it is less nauseating when given with a little brandy. In another case, as I have already mentioned, I should be inclined to commence the treatment with either one thyroid every other day or half a thyroid every day. If it is found that this is well tolerated and does not produce any marked effect, the dose can be easily increased. The method is one which experience will no doubt much improve on; but it will be a great advance if further observation confirms what has been observed in this case—that a remedy, easily obtained, taken by the mouth should produce marked improvement in a disease hitherto intractable except by hypodermic and somewhat risky injections.

A CASE OF MYXŒDEMA TREATED BY TAKING EXTRACT OF THYROID BY THE MOUTH.

By E. L. FOX, M.D., M.R.C.P.,
Plymouth.

E. M., aged 49, came under my care at the Plymouth Dispensary in March last. She at that time exhibited all the typical symptoms of a well-marked case of myxœdema. I showed her at a meeting of the Plymouth Medical Society, and consent was unanimous in favour of myxœdema.

The disadvantages of having to treat cases of myxœdema by continued hypodermic injections are many and obvious. I was therefore induced to try the effect of thyroid extract when taken by the mouth. I directed the patient how to prepare a glycerine extract of half a sheep's thyroid, on much the same lines as laid down by Dr. Murray. Of the extract thus prepared she was to take half one hour before breakfast and the remainder one hour before supper, and to continue doing so twice a week.

She commenced the treatment on June 2nd. On July 11th she showed very visible signs of improvement; her facial expression was decidedly brighter, her speech was better, and she felt generally much stronger.

On September 12th the improvement had continued. The skin was soft and perspired freely: the œdema was much less. She was ordered to take half a thyroid, lightly fried and minced, to be taken with currant jelly once a week, and to continue taking the extract once a week. By mistake she took the minced gland twice a week for a fortnight; she then noticed she was getting rapidly weaker, profuse perspirations breaking out on the least exertion; she was unable to walk or stand steadily. She left off taking the gland on September 22nd and began rapidly to recover her strength.

On October 17th she considered herself well, and better than she was two years ago when the symptoms of myxœdema first began. Her condition now is in every way satisfactory. Her face has assumed its ordinary proportions, her speech is normal, the œdema has gone, and menstruation has returned.

I have reported this case, as the method of administering the remedy is simple in the extreme, and in my case, at all events, the result has been satisfactory. If I had another case to treat I should begin with small doses of the minced gland, as that seems to be more potent, gives less trouble in preparation, and is preferred by the patient.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERA- PEUTICAL, PATHOLOGICAL, ETC.

NOTE OF A CASE OF PROLONGED HÆMORRHAGE CAUSED BY CYSTIC OVARITIS.

THERE are some points about the following case which make it, I believe, of sufficient interest to record briefly; though, of course, since Mr. Lawson Tait drew attention to the subject, small cystic ovaries have been recognised as a frequent cause of metrorrhagia. In this case the patient was in about six weeks reduced to such a degree of exhaustion that operation was rendered particularly risky; she was blanched with loss of blood, which scarcely intermitted a day, and the pain she suffered was of an exhausting nature.

Mrs. E. consulted me in April, 1891. She was a pale, thin blonde, 52 years of age, whom I had treated occasionally for gall stones, perhaps three times in six years, but who had otherwise been quite healthy. She had never been pregnant, and had menstruated normally up to some eight months previously, when she became irregular, missing occasionally, till January, 1891. After that period was over she saw nothing for three months, until early in April she commenced to be unwell, and when the flow had continued some ten days sent for me to check it. The quantity was not very large, usually three or four driers a day, but sometimes with, and at times without, exertion the discharge came much more profusely. She complained, too, of lancinating pain in the hypogastrium, not affected by pressure; but she had much pain on defecating and on coitus. On examination I found the uterus of normal size, but retroverted. Behind it, in Douglas's pouch, was a nodular, elastic body, as large as a bantam's egg, which was exquisitely tender to pressure, and which remained *in situ* when the uterus was gently raised. Examination did not increase the hæmorrhage. I put the patient on ergot and bromide of potassium, and confined her strictly to bed.

Some weeks of this treatment had no effect on the pain or bleeding, and the patient was getting very exhausted. I feared from the great pain, the persistent hæmorrhage, the bad condition of the patient, and, more, from the rapid onset and development of these symptoms in a woman who was under the impression she had passed the climacteric that there was malignant disease of the ovary; and Dr. Braithwaite, who saw the case with me, concurred.

We agreed, however, that at least an exploratory operation was desirable at once, in the hope of finding appendages which could be removed with a prospect of relieving the patient. I therefore proceeded to operate on May 21st, at Kirkburton, assisted by Dr. J. A. Smith. I made the usual incision in the middle line $1\frac{1}{2}$ inch in length, but had to enlarge it subsequently 1 inch downwards, as it was impossible to bring either ovary to the surface of the wound.

The left ovary was enlarged to the size of a small egg, and firmly adherent to the *cul-de-sac*, from which it was separated and pulled up with its tube. The Staffordshire knot was applied too low in the pelvis for the pedicle to be seen, as the parts could not be brought up without risk of tearing. I was materially helped by my assistant elevating the pelvic floor with his fingers in the vagina. This ovary contained three cysts, one of which, as large as a filbert, was filled with blood clot. The right ovary was smaller than normal, hard and leathery, and was also removed with its tube. No drainage tube was inserted. The patient made an uninterrupted recovery. The temperature never reached 38° C.; there was no vomiting, no flatulence which the rectum tube did not relieve, and since May 27th there has been no hæmorrhage whatever. The patient remains perfectly well, and much stronger than before the illness which brought her to me.

It is as impossible to explain the cause of these hæmorrhages which accompany cystic ovaries as it is to explain menstruation. Something that is removed in Tait's operation—for *pace* Mr. Bland Sutton, I have removed and seen removed ovaries which were completely removed without checking menstruation—is concerned in each case. Whether it is a nerve centre that exists somewhere in the parts removed, or whose influence is transmitted along these structures, either through Johnson's nerve or by the sympathetic distributed along the vessels or by some other route, we are no nearer knowing than ever. But once completely remove ovaries and tubes close up to the uterus, menstua-

tion and hæmorrhage cease, and the flow that immediately follows the operation is, perhaps, the last manifestation of the irritability of the governing nerve (?) before it commences to atrophy.

Liverpool.

GEORGE A. HAWKINS-AMBLEY, F.R.C.S.E.

CASE OF CARDIAC FAILURE AND BRIGHT'S DISEASE TREATED BY OXYGEN.

THE success of the above treatment (suggested by the report of a case in the *BRITISH MEDICAL JOURNAL* of March 6th, 1892) in a case of cardiac failure leads me to hope that this may be worthy of record.

On September 3rd, 1892, at 7.30 P.M., I was called to Mrs. B., aged 64, who, according to the statement of the messenger, was "sinking fast." On arrival I found the patient propped up in bed, the respiration rapid and shallow, with very marked "rattle" in the throat. The facial expression was very anxious, the countenance pasty and of leaden hue, and the skin bathed in a cold and clammy sweat. The extremities were cold, the pulse too rapid to count, very small, and extremely irregular. The arteries were rigid.

Hot brandy and water was at once injected *per rectum*, but was only retained a very few minutes. Subsequent treatment consisted in the administration of brandy by the mouth, hypodermic injections of ozonic ether, and inhalation of amyl nitrite. At 7 A.M., when the patient was in a very exhausted condition, some Brin's oxygen arrived. Before commencing its inhalation respirations were 60 a minute; the pulse could not be counted, and was very irregular. In thirty minutes from beginning the inhalation of oxygen respirations had fallen to 45, the pulse was 120 and stronger, but still very irregular; the leaden hue had been exchanged for a pale, rosy tint. At this point food was administered and digitalis. In four hours another inhalation of oxygen for twenty minutes was given. This gave the patient a fresh start, the countenance becoming distinctly rosy. After a third inhalation at the end of another four hours the respirations were 40 a minute and calm; the patient slept, which she had not done for several days previously, and immediate danger was over. Examination of the urine showed one-fourth albumen and numerous granular casts. A double murmur was heard at the cardiac apex. Inhalations were continued at increasing intervals for a week, each being accompanied by a distinct advance in strength. The patient is now steadily improving, and able to leave her room.

I am glad to mention that a supply of oxygen may now be obtained at any hour of the night and on Sundays at the Works, 69, Horseferry Road, Westminster.

Highgate.

AUSTIN E. REYNOLDS, M.R.C.S. etc.

REPORTS

ON

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

MANCHESTER ROYAL INFIRMARY.

TWO CASES OF TUMOUR OF THE BLADDER.

(Under the care of Mr. SOUTHAM.)

CASE I. *Papilloma in a Male: Suprapubic Cystotomy: Removal: Recovery.*—W. S., aged 56, was admitted on February 29th, 1892, with the following history: About twelve months previously he first noticed the presence of blood in his urine, and since that date he had suffered from frequent attacks of profuse hæmaturia, unaccompanied by any pain or difficulty in micturition. In the intervals between the attacks, which usually lasted for several days, the urine always became quite clear. Micturition had latterly become somewhat more frequent than usual, otherwise he was quite free from any evidences of irritation of the bladder, his only symptom being a painless hæmaturia.

On admission he was somewhat anæmic, but in other respects in fair health. The urine, specific gravity 1022, was

alkaline, and of a brick-red colour, containing, in addition to blood, a small quantity of pus.

A few days after admission he was examined under chloroform. Nothing could be felt on rectal examination or on sounding the bladder, but, on washing out the latter with Bigelow's evacuator, a number of soft particles came away, some of which were twice the size of a pea, and to the naked eye easily recognisable as portions of a villous tumour. Microscopical examination showed them to be of the nature of papillomata.

The presence of a growth having been verified, it was resolved to remove it by suprapubic cystotomy, but as a preliminary measure, in order to correct the alkaline condition of the urine, salol was given internally (10 grains three times a day), and the bladder was washed out daily with boric lotion. The result of this treatment, combined with rest in bed, was that on the tenth day the urine had become acid, and the amount of blood had greatly diminished.

March 21st. Suprapubic cystotomy was performed in the usual way, and, on exploring the interior of the bladder with the finger, a soft pedunculated growth, the size of a pigeon's egg, was felt springing from the left side of the trigone. This was removed through the suprapubic opening by scraping through its point of attachment with the finger nail and a Volkmann's spoon. The bladder was then washed out with hot boric lotion until the bleeding, which was very slight, had quite ceased, and a tube was left in the suprapubic wound. As regards the after-course of the case, all went on very satisfactorily, the temperature never rising above 99.8°. The bladder was washed out daily with boric lotion, and the tube was removed on the third day. For the first few days the urine contained a little blood, but at the end of a week it was quite clear, and afterwards remained so. After the twenty-first day all the urine was passed by the urethra. The patient left the hospital at the end of the fifth week, the suprapubic wound being quite closed. He came afterwards on several occasions as an out-patient, and, when last seen in August, his general health was much improved, and there had been no recurrence of the hæmorrhage since the operation.

CASE II. *Multiple Papillomata in a Female: Dilatation of Urethra: Removal: Recovery.*—M. M., aged 51 years, was admitted on January 4th, 1892, with a history of hæmaturia of two years' duration. Until about six months previously the bleeding had recurred at irregular intervals, the urine between the attacks being quite clear, and micturition being unattended by pain and not increased in frequency. Latterly the bleeding had become more continuous and more profuse, blood being almost always present in the urine; she had also begun to suffer from constant acute pain in the region of the bladder, over which she had lost control, the urine continually dribbling away.

On admission the patient was very anæmic and in an extremely feeble condition. The urine contained a large quantity of blood and pus, and was ammoniacal, with a very offensive odour. To correct this condition the same treatment was adopted as in the preceding case.

January 11th. The urine having become much sweeter and almost free from blood, the urethra was rapidly dilated under chloroform until it would allow of the introduction of the finger into the bladder. On exploring its interior the base was found studded over with numerous sessile growths, the largest being about the size of a walnut, of such soft consistency that they were readily removed, as in the last case, with the finger and a Volkmann's spoon. The hæmorrhage, which was somewhat free, was arrested by washing out the bladder with hot boric lotion. Microscopical examination of the growths showed them to be papillomata.

Recovery took place without a single unfavourable symptom. On the sixth day the patient was sitting up in the ward, the urine, though still alkaline, being free from blood. At the end of three weeks she was sent to the convalescent home, being able to hold her water, which had become faintly acid, for two hours at a time.

September. She enjoys excellent health, and has regained complete control over the bladder. There has been no return of the bleeding since the operation, and she is quite free from any bladder symptoms.

REMARKS.—In the above cases there was little difficulty in diagnosing the presence of a tumour of the bladder, for in

officers, we deem it only fair to give insertion at an inconvenient sacrifice of valuable space to the more salient points of the Secretary's statement.

POISONING BY NARCOTIC PROPRIETARY MEDICINES.

DR. G. DANFORD THOMAS, coroner for Central Middlesex, held an inquest on October 17th concerning the death of Rose Gertrude Gurney, aged 1 year and 11 months, daughter of a solicitor's clerk. The evidence showed that the child died from pleuro-pneumonia, and a medical man said that harm had been done by the mother in giving it a proprietary medicine known as "balsam of horehound," which contained opium. The coroner said that proprietary medicines ought certainly not to be taken except under medical advice. In some diseases, especially kidney disease, a very ordinary dose had been known to cause death. The jury, in returning a verdict of "Death from Natural Causes," suggested that the attention of the Pharmaceutical Society should be called to the fact that the bottle containing the medicine had not been labelled in accordance with the Poisons Act to indicate that it was a narcotic.

At Hunslet, on October 19th, Mr. J. C. Malcolm, Borough Coroner held an inquest on an infant, aged 6 days, who died from an overdose of a certain medicine. Mr. Hawkyard, surgeon, said that he was called in to see the child about 11.30 A.M. on October 15th. From its appearance it was evident that it was suffering from narcotic poisoning. It was in a state of collapse, and very blue. Witness asked the mother if she had given it anything, and she frankly admitted that she had given it some "Godfrey's cordial." That was a compound containing opium, and, in his opinion, not fit to be administered to a child of such a tender age. There was no doubt the child had died from poisoning. A Jurymen: "When this medicine is sold by chemists do they give directions for its use?" Mr. Hawkyard: "I don't think they do. The cordial is not scheduled as a poison." A verdict was returned of "Death by Misadventure."

ATTENDANCE AS SUBSTITUTE.

IN relation to the case which, under the above heading, appeared in the BRITISH MEDICAL JOURNAL of August 20th, p. 420, we have received from Dr. X., the practitioner impugned, an explanatory letter, with reference to which we would simply note that instead of requesting the father of the child in question to communicate with Dr. K. P. the facts of the case, and the alleged express wish of both parents that he should continue his attendance thereon, he (Dr. X.) himself should have done so in person or by letter, and thereby have avoided the imputation referred to. The "etiquette of the case" is as previously recorded.

PRIVATE PATIENTS AND PRIVATE HOSPITALS.

MR. S. C. W. AND DR. F. (Sydney, N. S. W.).—We regret to be unable, from the great pressure on our space, to accede to Mr. S. C. W.'s urgent request that the lengthy correspondence which has passed between him and Dr. F., in relation to the case of Mrs. C., may be published in the BRITISH MEDICAL JOURNAL *in extenso*. Moreover, our correspondent informs us that the documents are to appear in the *Australian Medical Gazette*.

An impartial and critical examination of the ethical points, as presented in the correspondence, leaves little or no doubt upon our mind that Dr. F., in arranging (even under the circumstances referred to in his letter of August 8th) for the admission of Mrs. C. into the private hospital without the knowledge of Mr. W., her medical attendant, committed an error of judgment and also, however unwittingly, a breach of the well-known and essential medico-ethical rule.

It may be opportune to add, as a moral incentive to others, that we have noted with much satisfaction the reciprocally courteous and friendly tone which characterises the correspondence throughout.

A LOCUM TENENS AND SUBSEQUENT PRACTICE.

A. J. writes to inquire whether he is justified in starting practice on his own account in the village of —, when the following facts have been duly considered: 1. For three months during spring of the present year he had charge of a practice in —. This practice was too small to sell, and too small to clear the expenses incurred in continuing it, so it was closed. 2. During these three months he acted as *locum tenens* for a fortnight for Dr. A., and for a week in place of Dr. B. of the same village. 3. He then left this village, but returned after an interval of two months, and acted for three weeks as *locum tenens* for Dr. C., and for a week at the same time for Dr. A. He then left — a second time, and two months have elapsed since then. Drs. A., B., and C. object to his coming to start practice amongst them.

. Assuming, as we do, that "A. J.'s" desire to commence practice in the village in question was engendered by the local impressions and information acquired during his residence, as a *locum tenens*, we feel constrained to remark that, although in the absence of any restrictive bond he would legally be entitled to do so, we are distinctly of opinion that under such circumstances he would contravene the moral rule of doing unto others as he would wish to be done by. We would, therefore, counsel him to act in accordance with the principle enunciated in the following quotation from his explanatory note: "I hope I shall be the last to disregard the golden rule of our glorious code of ethics." Need we add that to settle in a village under the exceptional circumstances above referred to, in which the three resident practitioners, feeling aggrieved at "A. J.'s" apparent breach of the confidence reposed in him as *locum tenens*, may not unnaturally be disposed to resent it by proscribing the unwelcome interloper, would, in our opinion, be very inadvisable, and tend to render his village life and work the reverse of pleasant. In his own interest, therefore, we would advise him to seek some other field for the exercise of his professional skill.

FEES FOR ASSISTANCE AT OPERATIONS.

JUNIUS writes: I wish to know, where a medical man calls in two neighbouring practitioners to assist at an operation on a man who is very poor and unable to pay, if the medical man who summons the neighbouring practitioners should pay them out of his own pocket?

. To enable us to form a fairly just opinion on the exceptional question submitted by "Junius," he should have furnished us with a brief statement of the attendant circumstances, as to whether the needed operation was the result of an accident to a comparative stranger admitting of no delay; or whether it occurred in the person of an old patient of whose pecuniary position and inability to pay he was more or less cognisant. In the latter event, if "Junius," in soliciting professional assistance, neglected to intimate the fact of impecuniosity to the assistant practitioners, he might, we think, not unfairly be expected to "pay them out of his own pocket" a moderate fee; in the former case, on the other hand, the charitable principle which is well known to more or less influence the medical faculty, and the ever-ready willingness of its members to render assistance in cases of suffering humanity, should prompt them under such circumstances to decline remuneration from a brother practitioner.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

EXAMINERS FOR THE M.B. DEGREE:—*Physics*: Mr. Glazebrook, F.R.S., Trinity, and Mr. Fitzpatrick, Christ's. *Chemistry*: Professor Liveing, F.R.S., St. John's, and Mr. A. Hutchinson, Pembroke. *Biology*: Mr. Frank Darwin, M.B., F.R.S., Christ's, and Mr. Shipley, Christ's. *Anatomy*: Dr. Hill, Master of Downing, and Mr. A. Thomson, M.B., Oxford. *Physiology*: Dr. Lea, F.R.S., Caius, and Professor Kendrick, F.R.S., Glasgow. *Pharmaceutical Chemistry*: Mr. Acton, St. John's and Mr. Easterfield, Clare.

ALTERATIONS AT ADDENBROOKE'S HOSPITAL.

THE use of the medical school-building has been granted for the accommodation of patients during the time that the hospital is closed for the reconstruction of its drainage, under the direction of Mr. Rogers Field. It is expected that the weeks during which the hospital is closed will fall in the Christmas Vacation. Meanwhile progress is already being made with the exterior drainage works.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the annual stated meeting of the Royal College of Physicians of Ireland, held on St. Luke's Day, October 18th, 1892, the following officers were elected for the ensuing year: *President*: W. G. Smith, M.D. *Vice-President*: J. W. Moore, M.D. *Censors*: J. W. Moore, M.D., C. Norman, F.R.C.P.I., J. O'Carroll, M.D., W. J. Smyly, M.D. *Additional Examiners to take the place of an Absent Censor*: *Medicine*—H. C. Tweedy, M.D.; *Medical Jurisprudence and Hygiene*—J. M. Redmond, M.D.; *Midwifery*—A. J. Horne, F.R.C.P.I. *Examiners for the Licence to Practise Midwifery*—A. J. Horne, F.R.C.P.I., A. V. Macan, M.B. *Examiners under the Conjoint Scheme with the R.C.S.I. (not including the above Censors who examine at the fourth professional examination)*: *Chemistry and Physics*—H. T. Bewley, M.D., and E. Lapper, F.R.C.P.I.; *Materia Medica and Pharmacy*—N. M'I. Falkner, M.B., and F. J. B. Quinlan, M.D.; *Physiology*—J. M. Purser, M.D.; *Medicine (second and third professional examinations)*—W. Beatty, M.D. and E. MacD. Cosgrave, M.D.; *Hygiene and Forensic Medicine*—J. Molony, F.R.C.P.I. *Membership Examiners*: *Clinical Medicine*—J. W. Moore, M.D., and J. O'Carroll, M.D. *Pathology*—H. T. Bewley and C. Norman, F.R.C.P.I.; *Practice of Medicine and Principles of Public Health*—J. M. Redmond, M.D., and H. C. Tweedy, M.D. *Examiners for the Conjoint Diploma in State Medicine: State Medicine and Hygiene*—F. J. B. Quinlan, M.D.; *Meteorology*—J. W. Moore, M.D., F.R.Met.Soc.; *Chemistry*—E. Lapper, F.R.C.P.I.; *Engineering*—A. E. Murray, C.E. *Examiners in Preliminary Education: Science*—E. MacD. Cosgrave, M.D.; *Languages*—H. T. Bewley, M.D. *Representatives on the Committee of Management*: J. M. Finny, M.D., T. W. Grimshaw, M.D., and C. J. Nixon, M.D. *Representative on the General Medical Council*: L. Atthill, M.D. *Registrar*: G. P. L'E. Nugent, M.D. *Librarian*: S. W. Wilson. The following member was elected to the Fellowship—M. F. Cox, Senior Physician St. Vincent's Hospital, Dublin.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, October, 1892. The following candidates passed in:—*Surgery*:—J. B. Bate, Bristol; J. C. Bawden, Liverpool; C. H. Broadhurst, St. Mary's Hospital; R. D. Cox, St. Mary's Hospital; A. D. Davies, London Hospital; H. T. Dufton, Cambridge University and St. Bartholomew's Hospital; J. L. Iredale, Leeds, Yorkshire College; H. E. Mortis, Charing Cross Hospital; S. Wilkinson, Liverpool. *Medicine, Forensic Medicine, and Midwifery*:—C. D. Cardinell, St. Bartholomew's Hospital; N. Elvington, St. George's Hospital; W. S. Mercer, Charing Cross Hospital; H. W. Oborn, St. Thomas's Hospital. *Medicine and Forensic Medicine*:—C. J. Bawden, Liverpool. *Medicine and Midwifery*:—H. E. Cooper, St. Bartholomew's Hospital; C. W. H. Newington, St. Bartholomew's Hospital; J. F. Stockwell, St. Mary's Hospital; E. Williams, London Hospital. *Forensic Medicine*:—W. R. Clarke, Belfast. *Midwifery*:—W. A. Jones, Bristol; F. Melandri, University Bologna; B. Saul, Charing Cross Hospital. To Messrs. Bate, Broadhurst, Clarke, Iredale, Melandri, Mercer, Oborn, and Wilkinson was granted the diploma of the Society entitling them to practise Medicine, Surgery, and Midwifery.

deenshire parish. He graduated in medicine in the University of Aberdeen in 1876. Shortly afterwards he went to Assam, where he held the appointment of civil medical officer. His health suffered somewhat by the climate, and after a few years' service he returned to his native country invalided. At the residence of his brother, Dr. Cran, Banchor, he recovered very considerably; and four years ago he went to Ballater, where his genial, cordial manner, and his high professional skill soon won for him troops of friends and a considerable practice. He was exceedingly popular in the district. His keen temperament showed itself in his intense love of sport, and his enthusiasm in Volunteer movements. He was Captain of the local Deeside Highlanders. He was about 40 years of age.

INDIA AND THE COLONIES.

INDIA.

HOSPITALS IN MADRAS.—The Madras Government, in its review of the Annual Report for 1891 on Civil Hospitals, worked under dispensary rules, states that the increase in the number of institutions (53) and of sick treated (529,200) is satisfactory, and is evidence of a steady increasing appreciation of the benefit of a medical treatment on European methods. Of the 414 hospitals and dispensaries at work during 1891, 242 were located in buildings specially designed for them, or obtained free of rent, and 172 were in houses rented for the purpose. From a table showing the rates of dispensaries per 1,000 of population, it is seen that the provision of medical relief in the districts of North Arcot, South Arcot, Coimbatra, Godavari, Gaujam, and Malabar, is hardly in adequate proportion to the population. This subject will be considered in the Local and Municipal Department.

BRISBANE.

The Municipal Council has lately had under consideration a proposal to appoint a public analyst. The question was referred to a Committee, with the result that it has been decided to take no further steps in the matter at present.

HOSPITAL AND DISPENSARY MANAGEMENT.

GREENOCK EYE INFIRMARY.

SUCH is the success of the eye department of the Greenock Infirmary, that its present accommodation is not adequate to the demands made upon it, and it is proposed to erect a special hospital. During the past year 134 indoor patients were treated and 3,023 outdoor, and the financial condition is so satisfactory that a surplus of £150 was handed over to the building fund.

GLASGOW HOSPITAL SATURDAY.

AN endeavour is being made (on the recommendation of the committee charged with making the arrangements for entertaining the recent Trades Union Congress) to initiate in Glasgow a hospital Saturday. This committee happily found themselves in possession of a surplus of £275, for which they had no use, and suggest the money should be applied in initiating the scheme.

GRANTS TO DUBLIN HOSPITALS.

THE Dublin Corporation has voted the following sums to City Hospitals:—Jervis Street Hospital, £150; Mercers Hospital, £300; City of Dublin Hospital, Baggot Street, £300; St. Vincent's Hospital, £400; Meath Hospital, £300; Mater Misericordiae Hospital, £500; Sir F. Dun's Hospital, £350; Dr. Steevens's Hospital, £150; Cork Street Hospital, £300; Coombe Lying-in Hospital, £500; Hospital for Incurables, £350; Hospice for the Dying, Harold's Cross, £450; St. Mark's Ophthalmic Hospital, £150; National Eye and Ear Infirmary, Molesworth Street, £100; Children's Hospital, Temple Street, £200; Dublin Orthopaedic Hospital, £100; National Orthopaedic Hospital, Harcourt Street, £100.

MEDICAL AID SOCIETIES.

A MEMBER (Cardiff) writes: We have no knowledge in this town of friendly societies' medical associations, but we know something about the "National Medical Aid Company" and the "London and Manchester Industrial Assurance Company." Both these societies "tout" for clients—a highly reprehensible practice, and one which ought not for one moment to be countenanced by any respectable practitioner. The National Society, I believe, pay their doctors the munificent sum of 2s. a year for each patient. The London and Manchester are more liberal, paying nearly 4s. a year. But, Sir, the amount paid to the doctors does not matter very much *per se* as long as the objectionable practice of canvassing which exists. Let medical men combine together, and we shall soon see these objectionable tactics disappear.

A MEMORIAL to the great Swedish chemist, Scheele, will be unveiled at Stockholm on December 9th, the 150th anniversary of his birth. Professor Nordenskjöld has collected a number of Scheele's letters and manuscripts, which will shortly be published.

MEDICAL NEWS.

THE Empress Frederick has intimated her intention to contribute 50 guineas to the Morell Mackenzie Memorial Fund, which will take the form of an extension of the Throat Hospital, Golden Square, to be called "The Morell Mackenzie Wing."

THE first meeting of the Ulster Medical Society will be held on November 2nd, when the President will deliver his inaugural address. Dr. Whittaker, Medical Superintendent Officer of Health for Belfast, is the incoming President in succession to Dr. O'Neill. Dr. Calwell has been associated with Dr. McCaw in the work of the secretaryship.

KING'S COLLEGE, LONDON.—The following entrance scholarships have been awarded: Warneford Scholarships of £75 to E. C. Plummer, C. E. Fenn, and of £50 to J. C. Briscoe; Sambrooke Exhibitions of £60 and £40 to R. W. Williams; and P. C. Coles. Clothworkers' Science Exhibitions of £60 and £40 to T. A. Watson and R. E. Shawcross; Rabbeth Scholarship of £20 to P. C. Coles.

TORQUAY MEDICAL SOCIETY.—A meeting was held at the Torbay Hospital on October 12th, Mr. Karkeek, the President, in the chair. The President gave an address on Recent Experiences in Sanitary Matters, in which he showed the advantages of early notification and isolation of infectious diseases, and the risk daily run by urban communities who obtain their milk supplies from rural districts where no practical control is exercised over such diseases. He cited cases where an ignorant and wilful peasant woman caused great mischief in a town by polluting the milk she supplied with typhoid germs. Mr. G. Young Eales, Honorary Secretary, read notes of a case of Ptyalism of Neurotic Origin, associated with bilateral deafness and dyspepsia.

PRIZE ESSAY ON RICKETS.—Dr. John Strahan, Belfast, has been awarded the Triennial Warren Prize, value 500 dollars, given by the General Hospital, Massachusetts, U.S.A., for a treatise on "Rickets." The prize was open to general competition, and the subject left to the candidate. The treatise will be published shortly. In 1886 Dr. Strahan gained the Fothergill Gold Medal of the Medical Society of London for an essay on "Typhoid Fever," and in 1889 the Jenks Memorial Prize of 250 dollars, given by the College of Physicians, Philadelphia, for an essay on "The Diagnosis and Treatment of Extra-uterine Pregnancy," for which he was also elected Corresponding Member of the College.

MANCHESTER PATHOLOGICAL SOCIETY.—At the annual meeting of this Society, held at Owens College, Dr. T. C. Rallton, retiring President, in the chair, the following gentlemen were elected for the session 1892-93:—President: J. S. Bury, M.D. Vice-Presidents: F. A. Southam, M.B., and W. Coates. Treasurer: W. Thorburn, B.S. Secretary: T. Harris, M.D. Committee: H. R. Hutton, M.B., T. W. Kelynack, M.B., W. Milligan, M.D., R. Patrick, M.D., C. E. Richmond, E. Roberts, R. B. Wild, M.D., J. B. Wolstenholme. Auditors: H. Lund, M.B., A. T. Wilkinson, M.D. After receiving the report of the Treasurer and Committee, a considerable portion of the evening was taken up by a discussion on certain recommendations of the committee. A number of card specimens were shown by Dr. Bury, Professor Delépine, Dr. Thomas Harris, Dr. Hutton, Dr. Martin, Mr. Roberts, and Mr. G. Wright.

THE ASSOCIATION OF FELLOWS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.—A meeting of the Committee of the Association of Fellows of the Royal College of Surgeons of England was held on October 20th, at 36, Grosvenor Street, W., Mr. George Pollock, President, in the chair. There was a very full attendance. The minutes of the previous meeting—which had been held over for confirmation in order to allow of the entry of important letters referring to certain matters at issue between the Association and an official of the College—were read and confirmed. The Subcommittee appointed at the previous meeting to draw up a reply to the allegations made against the association presented its report. This report was carefully considered, clause by clause, by the Committee, and, subject to a few verbal alterations and additions, was unanimously agreed to. The Honorary Secretary was directed to have the amended report type-written, and to forward a copy as soon as possible to the official of the College concerned.

NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY.—The inaugural meeting of the session was held on Oct. 21st, Mr. R. C. Chicken, F.R.C.S., President, in the chair. Dr. P. H. Pye-Smith, F.R.S., of Guy's Hospital, delivered an address on "The Prognosis of Certain Diseases." The influences of age and sex on prognosis were considered in connection with a large number of diseases. Chronic constitutional states often had an unfavourable influence on acute disease, this being marked in the case of chronic Bright's disease and diabetes; the importance of the gouty diathesis, however, was apt to be over-rated. In conclusion, the lecturer carefully examined the prognostic import of some of the symptoms met with in the course of phthisis and typhoid fever respectively. The retarding influence of mitral stenosis or insufficiency on phthisis was fully considered. A cordial vote of thanks to Dr. Pye-Smith was passed, on the motion of Mr. Joseph White, seconded by Dr. Brookhouse.

MEDICAL VACANCIES.

The following vacancies are announced:

- BALLINASLOE UNION, Lawrencestown Dispensary.** Medical Officer. Salary, £127 per annum, with fees. Applications to Mr. Thomas Connolly, Honorary Secretary. Election on November 8th.
- 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 BOOTLE HOSPITAL FOR INFECTIOUS DISEASES.**—Resident Medical Officer, unmarried. Salary, £100 per annum, with board, washing, and apartments. Applications to the Chairman of the Health Committee, Town Hall, Bootle, by November 8th.
- BRISTOL EYE HOSPITAL.**—House-Surgeon. Salary, £120 per annum, without board or residence. Applications to F. Richardson Cross by October 30th.
- DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square.**—Demonstrator. Honorarium £50 per annum. Applications to Morton Smale, Dean, by November 21st.
- 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.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.**—House-Surgeon unmarried. Appointment for six months. Salary, £25, with board and residence. Applications to the Secretary by November 15th.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.**—Assistant Physician. Applications to the Secretary by November 15th.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.**—Ophthalmic Surgeon. Applications to the Secretary by November 15th.
- HUDDESFIELD INFIRMARY.**—Honorary Physician. Applications to Mr. F. Eastwood, Honorary Secretary, by November 1st.
- LIVERPOOL NORTHERN HOSPITAL.**—Resident House-Surgeon's Assistant. Board and lodging provided. Applications to the Chairman, by November 2nd.
- 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.**—Assistant Surgeon, must be F.R.C.S. Eng. Applications to Charles H. Byers, Secretary, by November 14th.
- NATIONAL DENTAL HOSPITAL, Great Portland Street, W.**—Anaesthetist. Applications to the Secretary by November 2nd.
- NATIONAL HOSPITAL FOR DISEASES OF THE HEART AND PARALYSIS, 32, Soho Square, W.**—Physician. Applications to the Secretary.
- 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.
- ROYAL INFIRMARY OF EDINBURGH.**—Superintendent, must be member of medical profession. Salary, £500 per annum, with free house and gas. Applications to Mr. James S. Trainer, Treasurer and Clerk, by December 5th.
- 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.
- 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.
- TAUNTON AND SOMERSET HOSPITAL.**—Honorary Surgeon. Applications to J. H. Biddulph Pinchard, Secretary, 13, Hammet Street, Taunton, by November 21st.
- WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.**—Second Dental Surgeon. Applications to S. M. Quennell, Secretary, by November 15th.

MEDICAL APPOINTMENTS.

- BROWN, John, M.D., Dip. San. Science Vic. Univ.,** reappointed Medical Officer of Health for the Borough of Bacup.
- CARRUTHERS, Alan E., M.A., M.R.C.S., L.R.C.P.,** appointed Assistant House-Surgeon to the Sussex County Hospital.
- DAVIES, Richard, M.B., C.M. Edin., M.R.C.S., L.R.C.P. Lond.,** appointed House-Surgeon to the Royal United Hospital, Bath.
- DAUNT, E., L.R.C.P. Lond., M.R.C.S.,** appointed Medical Officer for the West Brigg Sanitary District of the Lincoln Union.
- FOOT, E. G., M.R.C.S.,** appointed Medical Officer for the First Sanitary Districts of the Takeham Union.
- FRASER, P., M.D., B.Sc.,** reappointed Medical Officer of Health for the Llangeini Urban Sanitary District.
- GOODMAN, F. G., M.D., M.Ch. Dub.,** appointed Medical Officer for the East Brigg Sanitary District, Public Vaccinator for the Barnetby Sanitary District, and Medical Officer for the Workhouse of the Lincoln Union.
- GOW, William J., M.D. Lond., M.R.C.P.,** appointed Physician-Accoucheur to Out-patients at St. Mary's Hospital, London.
- HOLMES, Mr. Thomas,** appointed Resident House-Surgeon to the Suffolk General Hospital, *vice* M. C. Moxham, L.R.C.P. Lond., resigned.
- INNES, John, L.R.C.S. Edin., L.M.,** appointed Medical Officer for the Matlock, Bath, and Cranford Districts of the Bakewell Union.
- LYNDON, Arnold, M.D. Lond., M.R.C.S.,** appointed Surgeon to the Welling-ton and District Cottage Hospital (Somerset).
- MALLAMS, W. A., M.R.C.S., L.R.C.P.,** appointed House-Physician to the Sussex County Hospital.
- MAYNARD, Edward F., M.D., C.M.,** appointed House-Surgeon to the Sussex County Hospital.
- MORTON, E. E., L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Medical Officer of the City Road Workhouse of the Holborn Union.
- READER, J., M.R.C.S. Eng., L.S.A.,** appointed Medical Officer for the Alverthorpe District of the Wakefield Union.
- RENNELL, T. L., M.D., B.Sc., F.R.C.S.,** appointed to the care of the Medical Mission (Church Missionary Society) at Dera Ismael Khan, North India.
- ROE, Montague Walter, M.R.C.S. Eng., L.S.A.,** appointed Medical Officer for the Constantine District of the Falmouth Union.
- ROGERS, J. F., L.R.C.P. Edin., M.R.C.S.,** appointed Public Vaccinator to St. Luke's, Holborn Union, *vice* G. E. Yarrow, M.D.
- ROUSE, Eusebius Rouse, M.R.C.S. Eng., L.R.C.P. Lond., L.S.A. Lond.,** appointed 3rd Assistant Medical Officer of the London County Asylum, Colney Hatch, *vice* C. J. Ewart, M.D., appointed Senior Assistant to the Female Department.
- SHAW, Hugh Grosvenor, M.R.C.S., L.R.C.P., L.M.,** reappointed Assistant Medical Officer to the Female Department of the London County Asylum, Colney Hatch, *vice* C. F. Beadles, appointed to the Male Department.
- SLOUGH, Albert James, M.R.C.S. Eng., L.S.A.,** reappointed Medical Officer of Health to the Slough Local Board.
- SMITH, John A., M.R.C.S.,** appointed Medical Officer for the Shitlington Sanitary of the Wakefield Union.
- STEVENS, Dr.,** appointed Chief Sanitary Inspector to the Camberwe Vestry.
- WAWN, Edward Russell, M.R.C.S., L.R.C.P. L.,** appointed Certifying Factory Surgeon for the Bramley District.
- WEBSTER, A., L.R.C.P. Lond., M.R.C.S.,** appointed Medical Officer for the First Sanitary District of the Middlesbrough Union.
- WINTER, Laurence Amos, M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Assistant House-Surgeon to the Kent and Canterbury Hospital, Canterbury.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang. Conjunctival Affections. Parkes Museum, 74A, Margaret Street, W., 4 P.M.—Dr. L. C. Parkes. Disposal of Refuse and Sewage. 101, Great Russell Street, W.C., 8 P.M.—Dr. Galloway. Liver and Spleen.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Benjamin Ward Richardson, F.R.S.: On Intraorganic and Thoracic Auscultation; A New Department in Physical Diagnosis. Mr. Alban Doran: On the Surgical Treatment of Cysts of the Vulvo-Vaginal Glands.

TUESDAY.

LONDON POST GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Percy Smith: Stupor and Dementia. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Mr. Jonathan Hutchinson: The Nature of Yaws. 101, Great Russell Street, W.C., 8 P.M.—Dr. Braxton Hicks: Pelvimetry.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. Raymond Johnson: Traumatic Dermoid Cyst of Hand. Mr. Chas. Morton: 1. Adenoma of Soft Palate; 2. Tumours resembling in Structure an ordinary Parotid Tumour, without Gland Tissue, growing in the Cheek in Front of the Masseter. Mr. H. Betham Robinson: Psorospermial Cysts from a Rabbit. Dr. F. C. Turner: Acute Emphysema of Lung, (a) Traumatic, (b) Respiratory. Card specimens.—Mr. D'Arcy Power (for Mr. G. N. Stephen): 1. Specimen of Leprosy Mutilans; 2. Calculus encysted in a Child's Bladder. Dr. E. C. Perry: Secondary Sarcoma of the Small Intestine.

ZOOLOGICAL SOCIETY OF LONDON, 3, Hanover Square, W., 8.30 P.M.

WEDNESDAY.

LONDON POST GRADUATE COURSE, Hospital for Consumption, Brompton, 5 P.M.—Dr. Sidney Martin: Cases of Apical and Basal Systolic Murmurs. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. J. B. Lawford: Intraocular Tumours.

OBSTETRICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8 P.M.—Specimens will be shown by Dr. Cullingworth, Dr. Galabin, Dr. Horrocks, and others. Adjourned debate on Dr. Cullingworth's paper on the Value of Abdominal Section in Certain Cases of Pelvic Peritonitis. Dr. F. J. McCann and Dr. W. A. Turner: On the Occurrence of Sugar in the Urine during the Puerperal State.

THURSDAY.

LONDON POST GRADUATE COURSE, National Hospital for the Paralyzed and Epileptic, Queen Square, 2 P.M.—Dr. Buzzard: Cases in the Hospital. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Mr. W. Arbuthnot Lane: The Treatment of Chronic Purulent Otitis and its Complications. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Mr. Jonathan Hutchinson: Surgical Cases in the Wards. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. C. G. Wilkin: Nasal Polyp.

HABYEIAN SOCIETY, Stafford Rooms, Edgware Road, 8.30 P.M.—Dr. Stephen Mackenzie: Dermatitis Herpetiformis. Dr. Rayner Batten will exhibit and explain a Clinical Pulse Manometer.

FRIDAY.

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

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, 8.30 P.M.—Specimens, etc., at 8. Mr. R. F. Benham: Large Ovarian Cyst with Adherent Vermiform Appendix. Dr. J. Crombie: Specimen and Notes of a Case of Ulcerative Endocarditis. Dr. Thudichum: The Origin and Treatment of Gallstones. Dr. Henry Sutherland: The Prevention of Suicide in the Insane.

SATURDAY.

LONDON POST GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Theo. Hyslop: Climacteric and Senile Insanity.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 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.

BICKERTON.—October 26th, at 88, Rodney Street, Liverpool, the wife of T. H. Bickerton, ophthalmic surgeon, of a son.

EVANS.—On October 20th, at Castle Hill House, Shaftesbury, the wife of C. Silvester Evans, M.A., M.B., of a daughter.

GARDNER.—On October 24th, at the Moyne, Boscombe, Bournemouth, the wife of T. Fred Gardner, L.R.C.P.Lond., M.R.C.S.Eng., of a son.

MARRIAGES.

SIMPSON-SOUTAR.—At the Waterloo Hotel, Edinburgh, on the 19th inst., by the Rev. H. L. Mackenzie, M.A., Swatow, uncle of the bridegroom, James Bertie Simpson, M.A., M.D., Golspie, to Alice Peacock, youngest daughter of the late R. K. Soutar, M.D., Golspie. No cards.

THOMSON-THORPE.—On October 20th, at Holy Trinity Church, Lenton, Nottingham, by the Rev. Canon Ebsworth, vicar of East Retford, assisted by the Rev. Percy E. Smith, M.A., vicar of Lenton, Dr. Thomson, of East Retford, to Ada, eldest daughter of William Blankley Thorpe, Esq., of Lenton House, Lenton.

DEATHS.

CRAN.—At Wemyss Bay Hotel, on the 23rd inst., after a few hours' illness, Robert Cran, M.D., Ballater, Aberdeenshire.

GUNN.—On October 11th, at Flotta, Orkney, James William Mackenzie Gunn, A.M., M.B.

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.

ENQUIRER asks where he can find a good coloured representation of a gouty toe.

MR. PERCIVAL SMITH, M.R.C.S. (Tredegar, Mon.), asks for a formula for stimulating the growth of the hair of the scalp of a young lady after an attack of scarlet fever.

DR. C. would be very much obliged for information of any suitable institution where a young man suffering from paralysis could be received. His friends are not in a position to contribute much to his support.

MR. EDWIN HEGAN, M.B., B.A. (Eastleigh, Southampton) asks what is a scientific division of the body, and would like to know if there is any work on physiology which discusses the subject.

A MEMBER wishes to hear of a home where a female patient would be received on payment of 10s. a week. She is a widow, partially an invalid, but able to wait on herself.

CLUB DOCTOR asks how emplastum belladonnæ fluidum is made; and also for a recipe for an alkaline stock mixture containing sodæ bicarb., ammon., and carminative sufficiently concentrated so that 3j added to 3viij water will form 3viij mixture.

TREATMENT OF HYDROCELE.

COUNTRY MEMBER writes: Would any member kindly let me know the best injection to use after tapping hydrocele? Is tr. iodi or carbolic acid preferable, and which causes least pain? Please give formula.

HOME FOR BLIND IMBECILE BOY.

DR. FRANCIS BATEMAN (Whitechurch, Oxon) asks: Can any of your correspondents inform me of a home where a blind and imbecile child of 4 years old could be admitted for care and training? The affection followed convulsions during dentition. The child is unable to walk.

PRACTICE IN AUSTRIA.

PHYSICIAN desires information as to the conditions which will enable a registered English practitioner to practise in Austria. 1. Will he have to attend a German or Austrian university, and if so, for how long? 2. What examinations, if any, will he have to pass? 3. Must he become a naturalised Austrian citizen?

THE DISPOSAL OF SEWAGE.

D.P.H.CAMB.—The following books on the disposal of sewage will probably best meet our correspondent's want of advanced works: Baldwin Latham's *Sanitary Engineering* (Spon); Bailey Denton's *Sanitary Engineering* (Spon); Reports of Royal Commission on Pollution of Rivers (especially the Sixth Report) (Eyre and Spottiswoode); Report of Committee appointed by President of Local Government Board on Modes of Treating Town Sewage (Eyre and Spottiswoode); and Corfield's *Treatment and Utilisation of Sewage*, 3rd edition, 1887 (Macmillan).

TEMPERATURE REGULATOR.

A MEMBER wants to know where he can get a gas regulator for an incubator. He has seen a year or two back a good one obtained from Birmingham, but has mislaid the address. It cost four or five shillings, and admitted more or less gas into the burner according to the temperature of the incubator.

. Reichert's Regulator, price 5s. 6d., is probably the best. See that the by-pass hole is small enough. May be obtained from Messrs. Baird and Tatlock, Cross Street, Hatton Garden, Messrs. F. E. Becker, Hatton Wall, Hatton Garden, or any other of the good chemical apparatus dealers.