

young parasite. Not infrequently, however, one of the parasites increases at the expense of its fellows and becomes much larger than the others.

The parasite, or parasites, now gradually approach the periphery of the nucleus, and make their escape into the surrounding protoplasm. Every stage may be seen, sometimes even in the same section, from the time when the parasitic organisms are in the interior of the nucleus, passing through the stage when they are partly in and partly out of the latter, to the stage when they escape into the protoplasm of the cancer cell. At the same time the parasite gradually increases in size.

When the nucleus is absolutely crammed with parasites one side of it gives way; it bursts like any other parasitic cyst filled with spores, and its contents are discharged into the protoplasm of the cancer cell. Such a nucleus generally perishes, though this is not the case with the nuclei containing one or two parasites only. These generally appear to heal up perfectly, and present a good field for the study of a subject absolutely unexplored hitherto—namely, the process of repair of an injured cell.

I have now, therefore, seen every stage in the life-history of the protozoa of cancer, from the time when the parasite appears as a spore in the nucleus to the time when it leaves the latter as a young, fully-formed parasite. The other stages in the life-history of the parasite are still obscure, but I have hopes that this problem will now soon be solved.

MEMORANDA:

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

“STRANGULATED INGUINAL HERNIA: OPERATION: “RECOVERY IN SPITE OF HIMSELF.”

THE following case is, I think, worth recording owing to the patient's recovery after twice attempting self-destruction:—

On July 11th, 1892, a Hindu servant was admitted into the Civil Hospital suffering from left inguinal hernia. The history of the case could not be clearly made out, but it appeared that the hernia had descended three or four days previously, that the man was unable to return it, and that his bowels had not been moved since the mass descended. He complained of pain when admitted, but had not vomited.

It was proved that a large hard mass of, I thought, omentum occupied the scrotum, and there was a large amount of inflammation present. A gentle attempt was made to reduce, but without effect. He was put to bed (the foot of the bed being raised), the scrotum raised and opium given, but all attempts at reduction proved useless.

He vomited at 4 P.M. on July 13th for the first time, and I decided to operate at once. On opening the sac, a very large mass of omentum in an almost gangrenous condition was found. This I removed in five separate pieces, each being separately ligatured; there was no bleeding. A small loop of gut was found protruding through the neck of the sac, which was in an inflamed condition, and, having been freed, was reduced. The neck of the sac was ligatured with stout silk, and the wound sewn up with silver wire.

Diarrhoea supervened, but otherwise all went well until the morning of July 18th (the fifth day after operation), when the man got out of bed, removed the dressings and all the silver sutures, and left the hospital at 2 A.M. (there being no night servant available). He was found thirty-six hours afterwards, and brought back to hospital in a deplorable condition, the gut having ruptured, and faecal matter oozing from the wound. I ordered him to bed, a special night-guard was told off, and large doses of opium were given frequently, with 2 oz. of brandy owing to extreme weakness. No bad symptoms followed, the faecal oozing gradually grew less, and ceased on the sixth day after his return. The temperature never went beyond 100.2°, and the man said he felt better, and was greatly amused and delighted at having been out and had a good feed of “chapattis.” The wound had almost healed by August 8th, when, owing to a craving for solid food, he again escaped the vigilance of the hospital

attendants, and spent twelve hours in the bazaar with his previous friends, the “chapattis.” No ill effects followed, and he was discharged cured on August 30th, simply wearing a pad and bandage. A week later he returned as requested for inspection, and said he had not worn the pad and bandage after the first day, that he had returned to work, felt no inconvenience, and that he was quite well in spite of the Doctor Sahib.

J. B. JAMESON,
Fort Sandeman, Beloochistan. Surgeon-Captain I.M.S.

PARTIAL DISLOCATION UPWARDS OF CUBOID.

THE patient, a young man in good health, aged 24, was running hastily downstairs with tennis-shoes on when he met with the accident. At the foot of the staircase was an unusually thick mat, and as he swung himself round to the left by grasping the banisters with his left hand he placed his right foot on the edge of this thick mat. The sole of the foot being thus only partially supported and the weight of the body being largely thrown upon it, it “turned over,” and the patient, making a sudden effort to right himself, felt a sharp pain on the outside of the foot and heard a distinct “snap.”

He, nevertheless, went out and walked some 30 yards, the pain at first being but slight, but as it increased at every step he returned home.

On examination shortly afterwards I found a bony prominence, about half an inch long, on the outer side of the dorsum of the foot just over the position of the cuboid, raised about a quarter of an inch above the general level to the outside but sloping inwards. On pressing just behind the fifth metatarsal bone great pain was experienced.

The patient could bear a good deal of his weight on the inner side of his foot, but could not bear the outer side to be placed firmly on the ground, and whilst voluntary inversion caused but little pain voluntary eversion was very painful; on the other hand passive eversion gave great relief, while passive inversion considerably augmented his suffering.

In view of these conditions and of the history of the case, I concluded that in the sudden violent effort which the patient had made to prevent extreme inversion, the peroneus longus, acting at an advantage from its necessarily tense condition, had pulled the outer edge of the cuboid up, rupturing or stretching the external ligamentous attachments of that bone, while the inner attachment formed a fulcrum about which it turned.

Reduction was effected without difficulty by grasping the ankle firmly with the left hand, and the metatarsus with the right, and drawing the latter forwards and inwards, the ankle being held firm, so as to enlarge the space between the os calcis and the base of the fifth metatarsal bone, pressure downwards being exerted at the same time with both thumbs placed on the bony prominence. Hot fomentations with the foot in an elevated position were persevered with for some hours to reduce pain, and then the foot was placed, by strapping and bandage, in a position of forced eversion—the only position in which the patient was easy. Curiously enough, the skin was not much discoloured over the seat of injury, but there was much ecchymosis, though no tenderness, between the first and second metatarsal bones.

The patient was able to walk without artificial aid in a month after the accident, but at the end of three months voluntary eversion still caused pain, and there was considerable thickening over the cuboid.

S. WOLFEERSTAN MORGAN, M.R.C.S.ENG., L.R.C.P.LOND.
Upper Norwood.

INTESTINAL OBSTRUCTION: LAPAROTOMY: CURE.

In connection with the case recorded by Drs. Hingston Fox and Barber as having been cured by manipulation, I may mention that of a patient under my care in the Tottenham Hospital, whose condition, as disclosed at the operation, would lend one to suppose that a cure might have resulted from manipulation, but at a risk to the patient quite out of proportion to that of abdominal section. A boy, aged 16 years, working at a rubber factory, who had suffered from attacks of diarrhoea alternating with constipation, was on September 5th seized suddenly with severe pain in the abdomen, sickness, and collapse. Dr. O. Wunderlich was called in, and diagnosed intestinal obstruction, and advised removal to hospital for operation. He was admitted on September 6th

still complaining of pain referred to the upper part of the abdomen, vomiting of watery fluid and curdled milk, and inability to pass urine. There was no fever, and no distension of the abdomen. A small quantity of faeces could be felt in the rectum. As the symptoms had somewhat abated, he was kept in bed on fluid diet, with an occasional dose of morphine to relieve pain. He continued in a variable state for ten days, some days feeling better, with little pain and no vomiting, while at others all the symptoms recurred.

On the tenth day after admission he could not retain nutrient enemata, and the vomit had become brownish though not faecal. He had vomited one *ascaris lumbricoides*; emaciation was increasing, and the abdomen was slightly but evenly distended. Under chloroform I opened the abdomen in the middle line to admit two fingers. The large intestine was found empty and collapsed, and was traced upwards until a large coil was found held down by a fine whipcord-like band of tissue, one end attached to the ascending colon, the other to some part of the small intestine, a large coil of which was bound down underneath it, like a rubber tube bent on itself several times. There was no strangulation, only a compression and an acute bending of the bowel sufficient to cause obstruction. After division and removal of the band, the wound in the abdominal wall was closed with deep and superficial catgut sutures, and dressed with perchloride gauze. The operation lasted about twenty minutes, and the patient had one slight attack of vomiting.

On the day following the left parotid became swollen and painful, and the right on the next day, but there was no rise of temperature nor other unfavourable symptom. Ten days after the operation the patient was on full diet, and on October 11th he was up, eating well. There was only a small granulation at the site of the wound, and he was ready to be discharged.

LLOYD G. SMITH, M.D., etc.,
Surgeon to the Tottenham Hospital.

GANGRENE OF THE FOOT FOLLOWING ERYSIPELAS OF THE HEAD AND FACE.

J. K., aged 64, an old soldier, was first seen by me on September 8th. He was then suffering from erysipelas, affecting the ear and head on the left side. On the next day the whole of the face and scalp became affected. The morning temperature was 103°; the pulse small and compressible; the tongue dry and furred; there was low muttering delirium, and he could not answer questions intelligently.

On the following day the left cheek was much swollen, and an abscess formed in the angle of the mouth. The patient had a rigor, there was great constitutional disturbance, and the high temperature continued. The treatment was stimulating from the first: Ammonia and bark, sulphate of quinine in milk, and small doses of brandy. A dressing of oxide of zinc on egg albumen was applied.

He appeared to be making a rapid recovery until the ninth day, when there was a return of the delirium, and he complained of pain in his left foot, which he said had kept him awake all night. There was a small red blush on the inner aspect of the instep, the whole of the foot was markedly cold, and there was no pulsation at the ankle.

The foot and limb were enveloped in cotton wool, small doses of opium were given frequently, and the brandy continued. The patient passed a very restless night, the delirium increased, and the pulse was small and intermittent; the foot was swollen and discoloured, and there was a large black bulla covering the sole, and another on the instep. The whole foot was soon in a state of putrefaction; the patient became unconscious, and died on the morning of the fifth day after the first appearance of the small red blush on the instep. The gangrene did not extend above the ankle, but there was no line of demarcation. He was a very temperate man, and there was no history of syphilis.

REMARKS.—I believe that cases of gangrene of remote parts following erysipelas are rare. At first I thought the gangrene in this case was due to embolism, but this is generally one would think always—of the dry variety, and much less rapid in its progress. I formed the opinion that the gangrene was caused by the weakness of the heart's action producing a slowing of the blood flow, thereby leading to the formation

of thrombi, which became impregnated by the septic products from the erysipelatous inflammation in the cheek and produced death from pyæmia.

Leicester.

JOHN T. H. DAVIES.

REPORTS

ON

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

GENERAL HOSPITAL, BIRMINGHAM.

TWO CASES OF ABDOMINAL SECTION.

(Under the care of GILBERT BARLING, F.R.C.S., Surgeon to the Hospital.)

Intra- and Subperitoneal Hæmorrhage following Injury at Football: Abdominal Section: Recovery.—G. D., aged 20, was admitted into the hospital on April 16th, 1892, with a history of having been "kneed" in the abdomen about 5 o'clock on that day when playing football. He continued playing until the game was ended, then became faint, and was brought to the hospital at 7.45 p.m. He was then very collapsed and cold, and was irritable on examination. Stimulants were administered by the mouth and by the rectum, with scarcely any improvement. There was occasional vomiting. At 10.30 p.m. the collapse was more profound. On examining him at this time I found no evidence of external bruising; the abdominal walls were not at all resisting. The abdomen was generally dull to percussion, and this was especially marked on the right side, where there was also distinct fulness. Urine passed about an hour after the injury was said to be free from blood. The nature of the injury, the physical signs, and the profound and persistent collapse led me to make a diagnosis of intraperitoneal hæmorrhage, with probably rupture of some viscus, and, risky as it seemed in the face of the lad's feeble condition, I decided upon an exploratory incision, as death seemed impending unless something could be done to relieve him.

He was therefore taken to the theatre, and on arriving there was pulseless at the wrist; so bad was he that I almost determined to leave him alone. However, I quickly did abdominal section in the middle line, at the usual situation; and on opening the peritoneum, several ounces of blood, not more than 10 ounces in all, ran out. Bruised omentum and intestine were seen, and a bleeding epiploic appendage was ligatured off. In addition a large retroperitoneal hæmorrhage was found surrounding the right kidney, and pushing forward the cæcum and ascending colon, until it presented in the middle line. The abdominal cavity was flushed with hot water, a glass drain inserted, and the patient put back to bed, the whole procedure occupying only about twelve minutes.

During the night several ounces of almost pure blood were removed or escaped from the tube, vomiting occurred occasionally, but the patient's condition improved from the time he left the table, and he had snatches of sleep. Feeding was practically all by the rectum for the first three days, as there was occasional vomiting, but in other respects the lad made satisfactory progress. On April 19th the blood-stained discharge was so slight that the drainage tube was removed. After that the history was one of steady progress towards recovery, but for three months after the injury there was some thickening to be felt over the region of the right kidney.

REMARKS.—It is difficult to understand why the operative procedure in this case should have had such an excellent immediate effect. The quantity of blood evacuated was less than I had expected to find, and there was no ruptured viscus. In all probability the relief given was due to the irrigation with hot fluid, which stopped further bleeding both inside and outside the peritoneal cavity, whilst absorption of some of the fluid revived the patient just as a transfusion of a saline solution would have done.

Localised Suppurative Peritonitis: Drainage: Recovery.—M. H., a girl, aged 7 years, was admitted on May 3rd, 1892, under the care of Dr. Simon, by whom I was asked to see the patient. She was admitted for pain and distension of the abdomen of about a month's duration. The child had

ASSOCIATION OF MEDICAL OFFICERS OF THE MILITIA OF CANADA.

We are glad to learn that a most encouraging beginning has been made in the formation of this Association, which promises to promote, through the medical service, the general efficiency of the Canadian Militia. It was started by a circular letter, issued from Toronto in April last, which found a ready response in all parts of the Dominion, including Nova Scotia and British Columbia, so that a most successful first annual meeting was held in the Canadian Military Institute, Toronto, in June. After the adoption of a constitution and by-laws several important military medical papers were read and discussed at the meeting.

It will interest many in this country to learn that the constitution of the Association is wide and varied and aims, very properly we think, at an Imperial connection; it will undoubtedly find hearty sympathy and support in its laudable aspirations from the medical services in all parts of the empire.

The office-bearers are an honorary president, a president, vice-presidents for each province, with executive committees, treasurer, and secretaries. With head-quarters at Toronto branches may be established in each military district of the Dominion. The ordinary membership consists of active members holding commissions in the active militia of Canada, associates, medical officers of the navy, army, or auxiliary forces in any part of Her Majesty's dominions; honorary-gentlemen distinguished in civil or military hospital practice or who may signally assist the objects of the Association; and lastly members by invitation, consisting of officers of Her Majesty's forces throughout the empire or officers of foreign powers.

The objects are no less comprehensive than the constitution of the Association; first, naturally, for the development of a departmental *esprit de corps*, and the discussion of medical matters concerning the militia; secondly, for the discussion of military matters generally from a medical point of view; lastly, for the reading of papers on military medicine and surgery, hygiene, organisation, and equipment.

The Association has not come into existence without very good reasons nor before it was wanted, for the Canadian militia medical service is still in a crude regimental form without departmental unity, cohesion, or weight, and altogether may be said to be in a highly unsatisfactory state.

We gather that the medical officers suffer from ill-regulated conditions of service and want of due army status, while the field ambulance and hospital services are defective in organisation and equipment. We shall watch with interest the efforts of the Association to effect reforms in these directions, but fear it will meet with the same kind of passive resistance and active opposition as we have faced under similar circumstances at home, for we learn it is pretty certain to encounter the shallow self-sufficient Junkerspirit which affects to be above medical advice, or, as they say in America, thinks it "knows it all."

If we can render any service or support in furthering the laudable endeavours of the Association we shall be most pleased to do so.

THE NEW TITLES.

A CORRESPONDENT draws our attention to an advertisement by Baillière, Tindall and Cox, of veterinary books, by Captain —, Major —, and Colonel —, A.V.D. From this it is evident our friends of the army veterinary department have no scruple in using the military portions of their title only.

ARMY MEDICAL CORPS writes: Is not the fact of the new titles being colloquially ignored largely the fault of medical officers themselves and their wives not using them? How can they blame outsiders if they themselves acquiesce in the use by military medical officers of the purely civil designation of "Dr."?

SURGEON-LIEUTENANT-COLONEL writes: In your admirable leader you truly say that "the wish most near the heart of the great body of army medical officers is that the Army Medical Staff be organised as a separate corps upon the model of the Royal Engineers, and with a distinct recognised title, as a Royal Army Medical Staff." The granting of proper military titles is the most important question before us. The non-commissioned officers and men of the Medical Staff Corps feel the present state of affairs very deeply; they say they are a corps without officers. The compound titles are never employed unless in official correspondence, and none but the purely military can ever be understood or used by the public. I hope you will press these matters on the authorities.

THE DEFICIENT MEDICAL ESTABLISHMENTS IN INDIA.

SYNTAX writes: I can fully endorse the points you propose to submit to the Secretary of State for War in a Memorandum, particularly that relating to extended Indian tours. In this connection reference to the Quarterly Indian Army List for July, 1892, shows twenty-eight officers of the Medical Staff incapacitated through sickness—namely, twenty-one absent on sick certificate in England, five in India, one at sea, one in Kashmir. Now, these unfortunate men are simply prematurely broken down through prolonged tours and overwork, the latter from undermanned establishments, which is the true cause of ill health, rampant discontent, and increasing inefficiency which at present characterises the service. Men can get no leave or any relief from prolonged strain, and are thereby forced on the sick list.

"* From all we have heard we do not think out correspondent is guilty of exaggeration. The medical officers are overworked, because the establishment is undermanned. But yet, in the face of undeniable facts of the kind, it is rumoured that a certain administrative medical officer actually proposes still further to cut down the establishment in India. We can scarcely credit it; but should it unfortunately prove true, it will be our business and duty strenuously to oppose and expose the absolute insanity and cruelty of any such proposition, however it may find favour in high official quarters.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

FIRST M.B. EXAMINATION.—The examination in Human Anatomy and Human Physiology will take place on Wednesday, December 7th, at 10 A.M. Candidates must send in their names to the Secretary of the Board of Faculties on or before November 19th, together with the fee (£1 10s.).

An examination for four Scholarships and one Exhibition in Natural Science at Balliol and Trinity Colleges, and at Christ Church, will be held on November 15th. Candidates must communicate by letter with the Master of Balliol College on or before November 8th.

UNIVERSITY OF CAMBRIDGE.

EXAMINATIONS FOR M.B., ETC.—The Registry publishes the following scheme, giving the dates of the Medical Examinations:

Names Sent in.	Certificates Sent in.	Examination Begins.
First M.B.—		
Part I	November 23	December 1
Part II	November 23	December 3
Second M.B.—		
Part I	November 23	December 7
Part II	November 23	December 12
Third M.B.—		
Part I	November 30	December 8
Part II	November 30	December 10
M.C.	November 30	December 10

DEGREES.—At the Congregation on October 27th, the following Degrees were conferred:—*M.B. and B.C.*—A. M. Daniel, Trinity; E. Baines, Caius; S. E. Barrett, Caius.

UNIVERSITY OF EDINBURGH.

GRADUATION CEREMONIAL.—On October 27th, a special Graduation Ceremonial was held at the University of Edinburgh, when the Vice-Chancellor, Sir William Muir, presided, and conferred the degrees of M.B. and C.M. on the following fifty-five gentlemen:—W. C. Anderson, Scotland; A. R. Bankhart, Wales; F. M. Black, Scotland; N. T. Bond, England; W. J. W. Borthwick, Scotland; J. W. P. Boyd, Scotland; A. Cameron, Scotland; A. N. S. Carmichael, Scotland; J. O. Coker, Africa; J. Cowie, Scotland; V. M. Daly, India; E. H. Drennan, Ireland; A. M'B. Elliot, Scotland; J. R. Foster, England; D. Fraser, Wales; M. Gillespie, Scotland; T. A. Granger, Scotland; P. F. Grant, Scotland; F. T. Griffin, England; J. F. Hall, England; A. A. Hudson, England; J. E. Knox, England; H. Latham, England; A. T. Law, Scotland; W. Lawton, England; A. W. B. Livesay, England; G. F. Longbotham, England; D. W. K. Lyall, India; A. M. McDonald, Scotland; J. MacFarlane, Scotland; A. V. McGregor, Scotland; M. Mackay, M.A., Scotland; W. C. Macknight, Australia; W. McLean, Scotland; T. M. Martin, Scotland; C. E. Maude, B.A., New Zealand; R. T. Mitchell, India; J. O. Morrison, Scotland; D. G. M. Munro, Scotland; A. Newall, B.A., Scotland; A. O'Hara, Australia; J. Owen, Wales; M. Parkinson, England; H. P. Pechell, England; J. D. Pollock, Scotland; W. M. Robertson, England; A. C. Stamborg, India; C. E. Stephens, England; J. B. Thomson, New Zealand; F. R. Van Eangenberg, Ceylon; A. Ward, England; A. J. Wheatley, England; C. W. Williams, Wales; G. J. Williams, Wales; J. G. Williamson, India. At the same time the degree of B.Sc. in Public Health was conferred on R. M. Beattie, M.B., C.M., New Zealand; and on J. D. Williams, M.B., C.M., Wales.

SECOND PROFESSIONAL EXAMINATION FOR THE DEGREES OF M.B. AND C.M.—Mr. George R. Livingston has passed in the department of anatomy of this examination.

UNIVERSITY COURT.

At the last meeting of the University Court on October 26th, there were present Principal Sir William Muir, in the Chair; the Lord Justice Clerk, Lord Stormonth Darling, Sheriff Eneas Mackay, Dr. Patrick Heron Watson, Mr. McKie, and Professors Sir William Turner, Crum Brown, and Butcher.

UNIVERSITY COMMISSION.—It was reported that a copy of an order of Her Majesty in Council, continuing the powers of the Universities Commissioners till January 1st, 1894, had been received.

SPECIAL FINANCIAL ARRANGEMENTS.—Letters from the Universities Commissioners were read, intimating that they will be prepared to provide the additional sum desired of them by the Court for carrying out the provisions of Ordinance No. 11 during session 1892-93 (under deduction of the sum applicable to the expenses of the joint board), namely, £2974 6s., and that they will also be prepared to provide for the necessary expenses of the preliminary examination, which will fall to be held in the course of the current academical year, after the institution of the joint board.

APPOINTMENT OF SECRETARY.—It was agreed to appoint Professor Taylor to the office of secretary of the University Court in room of Mr. John Christison, W.S., resigned.

UNIVERSITY ASSISTANTS.—On the recommendation of the various professors, the university assistants in the several departments were appointed for the year from November 1st.

RECOGNITION OF TEACHERS.—On the recommendation of the Senatus Academicus the Court granted recognition, for purposes of graduation in medicine in the University, to the following gentlemen:—J. S. McLaren, M.B., C.M., in surgery; Dr. Peter H. McLaren, in conjunction with Dr. C. W. McGillivray, in clinical surgery; Dr. J. Hodson, for continuation of recognition in surgery on change of teaching rooms; Mr. C. F. Henry, in practical materia medica; Professor A. Gray, in physics; Mr. A. Johnstone, in botany; and Dr. R. F. Leith, for continuation of recognition in practical pathology on change of teaching rooms.

FINANCE REPORT.—The Reports of the Finance Committee on awards of scholarships, etc., fees to examiners, and accounts, were submitted and approved.

MEETING OF GENERAL COUNCIL.

The statutory half-yearly meeting of the General Council of the University of Edinburgh was held in the Examination Hall of the University on October 26th; the Vice-Chancellor, Sir William Muir, presided. There was a small attendance. After some formal business, Mr. A. Taylor Innes submitted the Report of the Ordinances Committee. He specially reported the steps taken by the Committee, in accordance with the instructions of the last meeting of the Council, to promote a motion in the House of Commons for an address to Her Majesty to delay some of the ordinances relating to medical education. Dr. Scott Dalgleish, in seconding the adoption of this report, maintained that the speech of Professor Jebb, upon which the Government based their adverse decision to the Council's representation, did not touch the main contention of the deputation that a necessity existed for increased teaching power, that his speech was almost entirely partisan and *ex parte*, and that in reality the vote in the House of Commons was taken on a false issue. The Secretary read a communication from the University Court, declining to pay, saving to the extent of twenty guineas, the expenses of £39 15s. 2d. incurred by the Council's Committee in its deputation to London, as above noted. This was remitted to the Business Committee.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

The following gentlemen, having conformed to the by-laws and regulations, and passed the required examinations, were, at the quarterly meeting of the College, admitted Licentiates:

Alston, H., University College
Anderson, C. M., Edinburgh and
Guy's
Atchley, E. G. C. F., Bristol
Atkinson, H. N. C., St. Bartholomew's
Auty, C. H., St. Bartholomew's
Badham, R. C., Sydney and London
Bailey, T. W., Westminster
*Baldwin, H. C., Leeds
Barnard, H. L., London
Beckitt, J. C., Glasgow
Bensusan, A. D., St. Thomas's
Bernard, C., Bristol
Brabant, R. H. W. H., Guy's
Bradshaw-Isherwood, P. A., St. Bartholomew's
Brasher, C. W. J., Bristol
Brisley, C. W., St. Thomas's
Bryant, A., Guy's
Buck, A. H., St. Bartholomew's
*Bury, R. F., St. George's
Campbell, J. A. L., Westminster
Carter, H. R., St. Mary's
Cartwright, E. H., Oxford and Guy's
Clarke, H. C. W., Manchester
Colmer, P. A., London
Cook, F. E., Liverpool
Cooper, D. N., Madras and St. Bartholomew's
Covey, W. J., University College
Cresswell, F. P. S., Guy's
Crofts, G. H., Liverpool
Crosland, G. W. K., Leeds
Dixon, T., Birmingham and St. Mary's
Duka, A. T., Camb. Univ. and St. George's
Dutton, A. S., St. Thomas's
Edwards, G. M., Cambridge and Middlesex
Elliott, H. S., St. George's
Evans, J. A., Liverpool
Fawcett, R., St. Thomas's
Fleury, C. M., Guy's
Floyd, S. G., Guy's
Foulkes, T. H., St. Bartholomew's
Fraser-Luckie, H. O'N., St. Bartholomew's
Furnivall, P., St. Bartholomew's
Gains, J. E., Leeds
Gardner, H., Charing Cross
Gilbert, C. W., London
Gillbard, R., Guy's
Goldsmith, G. H., St. George's
Goodwin, E. K., King's College
*Gover, L. D., St. Thomas's
Grace, G., Bristol
Green, S. F. St. D., St. Bartholomew's
Gregar, C. G., Guy's
Harding, H. W. L., St. Bartholomew's
Hawkins, E. J., St. Bartholomew's
Hayes, G. C., King's College and Melbourne
Henry, E., St. Bartholomew's
Hepton, J. C., Manchester & Glasgow
Heywood, T., St. Mary's
Hicks, T. W., St. Thomas's
Hine, A. E., Charing Cross
Hodgins, W. W., University College
Hollings, E. T., Leeds

* Candidates who have not presented themselves under the Regulations of the Examining Board.

Hooper, G. H. J., Charing Cross
Huntley, E., Guy's
Jago, A. F., Guy's
Jeffreson, G. C., University College
Johnson, L. A., Leeds
Jones, G. D. E., Middlesex
Jones, G. R., Liverpool
Keele, D., University College
Kendall, N. F., St. Bartholomew's
Kendrick, H. H., London
Kingsford, B. H., St. Thomas's
Knightley, W. R., St. Bartholomew's
*Kobla, D. H., Bombay & Middlesex
Leumann, B. H. F., St. Bartholomew's
Levy, A. G., University College
Lewis, F. H., St. Bartholomew's
Lister, T. D., Guy's
Lucas, W., Middlesex
MacPhail, J. A., McGill College and London
Marson, F. H., Durham and Birmingham
Maw, H. T., St. Bartholomew's
Meade-King, R. L., St. Bartholomew's
Merewether, A. E., Durham and London
Minton, A. H., King's College
Nankivell, B. W., Middlesex
Newton, I., Charing Cross
*Newton, R. F. H., St. George's
*O'Ferrall, E. F., Charing Cross
Palmer, C. S., St. Bartholomew's
Paterson, H. G., Leeds
Paterson, H. J., St. Bartholomew's
Parry, T. W., Cambridge and St. George's
Perram, E. A., St. Bartholomew's
Planck, C., St. Thomas's
Quennell, A., St. Bartholomew's
Redpath, W., St. Thomas's
Roberts, H. W., St. George's
Roberts, S. J., Guy's
Robinson, F. A., Guy's
Robinson, G. B., London
Robinson, W., Middlesex
Romer, R. L., St. George's
Rooke, E. M., Guy's
Rubra, H. H., Birmingham
Scott, F. G., London
Shillitoe, A. A., St. Bartholomew's
Smith, R., Manchester
Smith, T. R. H., St. Bartholomew's
Stanton, J. W. W., London
Stokes, W., St. Thomas's
Thomas, J. M. M., Bristol
Thorne, A., St. Mary's
Tootal, J. H., St. Bartholomew's
*Turnor, P. W., St. George's
Vincent, T. S., Birmingham
*Walker, E. G. A., St. Bartholomew's
*Walker, H. E., London
Webb, C., St. George's
White, H. G., St. George's
White, W., Middlesex
Wilkes, G. A., Birmingham
Wilkinson, S., Liverpool
Williams, E. M., St. Bartholomew's
Williams, R. H., University College
Wilson, N. O., St. Bartholomew's
Woodcock, A. H., St. Thomas's
*Worrall, C. L., Middlesex.

UNIVERSITY OF DURHAM.

M.D. GOLD MEDAL.—The gold medal for the best essay at the University of Durham examinations during 1891-92 for the M.D. degree has been awarded to Dr. J. F. Johns, of the London Hospital and Durham University College of Medicine.

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 was held on October 26th at 36, Grosvenor Street, W., Mr. George Pollock, President, in the chair.

The minutes of the last meeting having been read and confirmed, the Honorary Secretary reported that the "reply," which had been revised and passed at the last meeting of the Committee, had been forwarded to the official of the College concerned. It was then unanimously agreed that this "reply" should be entered on the minutes.

A letter was read from the Honorary Secretary of the Members' Association inquiring as to the action, if any, the Association of Fellows intended to take with reference to the meeting on November 3rd, and intimating a desire that the Members' Association should follow the lead of the Fellows' Association instead of taking independent action as heretofore. A prolonged discussion ensued, and it was ultimately agreed to invite the support of the Members' Association to the following resolutions: 1. "That this meeting of Fellows and Members desires to thank the Council of the College for acceding to their wishes in the matters of (a) the separate meetings of Fellows and Members, (b) the provision of a common room in the College." 2. "That this meeting of the Fellows and Members wishes again to impress upon the Council that it is absolutely essential for the welfare of the College that the Fellows and Members should be consulted before any change is made in the constitution and external relations of the College, and before the College is committed to any extraordinary expenditure on buildings or otherwise." The Honorary Secretary was instructed to forward a copy of these resolutions to the Association of Members. This concluded the business of the meeting, and the Committee adjourned.

INDIA AND THE COLONIES.

JAMAICA.

LEPROSY.—Dr. Donovan, the medical superintendent of the Leper's Home at Spanish Town, Jamaica, in his annual report just published, makes a strong plea for the isolation of lepers in that colony. He recommends the adoption of the Norwegian system, under which any leper not properly isolated at home can be compelled to enter a hospital. The new law suggested would forbid lepers to engage in the occupation of a baker, barber, butcher, fisherman, teacher, seamstress, tailor, washerwoman, or water carrier, or to have anything to do with the preparation of food or clothing; it would also debar them from travelling in public conveyances and from attending schools, churches, theatres, or markets. Dr. Donovan's researches strongly uphold the theory that leprosy is propagated by contagion. In the course of his report he describes a series of experiments on three patients in advanced stages of the disease (carried out with their consent), with the object of testing Dr. Koch's tuberculin treatment. The result of nine months' experience is negative. During the year Dr. Donovan has had in the home under his care 116 lepers and 24 other patients.

HOSPITAL AND DISPENSARY MANAGEMENT.

METROPOLITAN LUNATIC ASYLUMS.

THE third annual report of the Asylums Committee of the London Council and of the Subcommittees of Banstead, Cane Hill, Colney Hatch, Claybury, and Hanwell Asylums appears on the whole to be satisfactory. The total number of deaths from general paralysis was 217. The three most potent causes of insanity—heredity, drink, and previous attacks—had last year the following percentages respectively in the two sexes at Hanwell Asylum: 27 per cent. men and 17 women, 25 and 10, 13 and 18; as against 16 and 11, 31 and 28, 17 and 18 in 1890. As regards the general health in the asylums, the record seems fairly satisfactory. All the asylums were visited by the prevailing epidemic of influenza in the early part of the year.

The total number of lunatics for which the London Council is responsible is 10,508. In view of the facts that as London grows so further provision must be made for its insane poor, and that so many patients have to be drafted into the provinces at the present time because of dearth of accommodation, a fresh asylum is to be built to house 1,000 patients. When Claybury Asylum is completed there will only be a margin of 107 beds, which is not sufficient when the rate of increase of patients is taken into account. There has been an increase of 404 patients since the issue of the Council's report in 1890. At one or two of the asylums there are still too few assistant medical officers for the proper treatment of patients and because scientific inquiry is now expected in a county asylum.

The Lunacy Commissioners desire to see clinical clerks employed in the wards, particularly at Colney Hatch; they also wish that a pathologist of experience should be appointed, who should not reside at the asylum and consequently would not be withdrawn from his fellow scientists. The conduct of the staff of attendants and nurses in all the asylums is spoken well of. At Hanwell the members of the medical staff give instruction to the attendants by means of lectures, and it is hoped in course of time to provide a pathological laboratory and museum for the medical officers. Photography is now employed at the asylums to register the appearance of patients on admission. Employment and recreation receive careful attention in all the asylums. In some there is

in existence; there to have an efficient staff of resident medical officers, a vastly increased nursing staff, and means provided to give every remedy at all calculated to benefit the unfortunate sufferer a thorough trial.

One cannot say at the present juncture whether more patients would be cured or cured more quickly by these means, but surely better methods to carry out more thorough medical, hygienic, dietetic, and nursing treatment cannot be a retrograde step. On a very limited scale—limited because the means at hand are limited—certain asylums have separated their curable patients in a special ward or wards from the incurable, provided a larger staff of attendants, and, from personal experience, the writer is very far from regretting this advance.

Let "care" never be lost sight of, but let us exert every possible effort to effect a "cure."—I am, etc.,
Oct. 31st.

ASYLUM PHYSICIAN.

MINERS' DISEASE (NYSTAGMUS).

SIR,—In reply to Dr. Jeaffreson's letter in the *BRITISH MEDICAL JOURNAL* of October 22nd, allow me to say that his perimeter was exhibited in one of the rooms of King's College, London, on August 6th, 1873, during the annual meeting of the British Medical Association. It appears that I mistook the gentleman who explained the instrument to me, and to whom I spoke about miners' nystagmus and the Durham coal fields, for Dr. Jeaffreson.

I may add that in January, 1874, I wrote to Dr. Jeaffreson respecting miners' nystagmus, expecting that it would be found among the patients of the Newcastle Eye Infirmary, if looked for; but, as I received no reply to my letter, I conclude that Dr. Jeaffreson did not first hear of the disease from me.—I am, etc.,

Bradford, Oct. 30th.

J. H. BELL.

MEDICAL NEWS.

FRAU E. A. KUHN, who died recently, has bequeathed 143,040 roubles (£14,304) to the city of Moscow for the building of an annexe to the Municipal Lunatic Asylum of that city.

An outbreak of diphtheria, which in proportion to population is said to be as severe as the cholera epidemic at Hamburg, is reported at Sagan, in Silesia. The mortality is very high.

THE Royal Medical Benevolent College has received a donation of £1,000 from a friend who does not wish his name to be known.

THE late General Doria, who was up to the time of his death a member of the Board of Management of the Chelsea Hospital for Women, has bequeathed £1,000 to its funds.

MESSES. LONGMANS, GREEN AND CO. have in the press a new book on abdominal hernia, with numerous illustrations, by Mr. John Langton, of St. Bartholomew's Hospital.

DR. W. J. COLLINS has been nominated as a candidate for the seat on the Senate of the University of London, rendered vacant by the death of Lord Sherbrooke.

HOSPITAL SATURDAY FUND.—According to the Secretary's report, the total amount now received on behalf of this fund for the present year reaches nearly £15,000.

A SPECIAL general meeting of the Pathological Society of London will be held on November 15th, to consider certain alterations in the by-laws as to the qualifications of non-resident members, and as to composition fees.

PRESENTATION.—Dr. S. A. Clarke was, on his leaving Chard, presented with a travelling clock in leather case, bearing the inscription, "Presented to Dr. S. A. Clarke by the poor of Chard Borough, 1892."

UNIVERSITY OF BUDA-PESTH.—The number of students who have matriculated in the University of Buda-Pesth for the present winter semester is 2,772, of whom 687 belong to the medical faculty, 1,646 to that of law, 87 to that of theology, and 215 to that of philosophy, besides 137 students of pharmacy.

PROFESSOR W. VON ANREP, who was commissioned by the Russian Government to investigate the sanitary conditions

at Nishni-Novgorod and elsewhere, is stated by the *St. Petersburg medicinsche Wochenschrift* to have contracted cholera in the Jekaterinoslaw Government. He is now recovering.

BEQUESTS.—The late Mr. George Fowler, of Rock Ferry, Cheshire, has, among other charitable bequests, bequeathed £1,000 to the Hospital for Incurables, Manchester, and £20,000 for the establishment in the city of Liverpool of a hospital for incurables.

UNIVERSITY OF DORPAT.—One hundred new students have matriculated in the University of Dorpat, of whom 60 belong to the medical faculty. The total number of students is now 1,558, of whom 952 are students of medicine.

THE French Senate now numbers another medical practitioner among its members in the person of Dr. Le Play, who has just been elected a senator for the department of Haute Vienne.

A VERY large number of University Extension lectures will be given this winter under the auspices of Victoria University. All three colleges of the University—at Manchester, Liverpool, and Leeds—offer a great variety of subjects, literary and scientific.

AMONG the Congresses to be held in connection with the World's Fair at Chicago in 1893 there is to be one on Medicine and the Ancillary Sciences. An organising committee has been formed, with Dr. Nathan S. Davis as President, to arrange the details.

NEW INFIRMARY FOR SOUTHPORT.—The foundation stone of a new infirmary was laid at Southport on October 27th by the Mayor. The building, which will cost about £16,000, stands on five acres of ground given by the trustees of the Scarisbrick Estate.

EDINBURGH ROYAL MEDICAL SOCIETY.—At the usual weekly meeting held on October 28th, the following gentlemen were elected presidents for the ensuing year:—A. N. S. Carmichael, M.B., C.M.; J. W. Orerar, M.B., C.M.; Sim Boom King, M.B., C.M.; Harry Rainy, M.A., M.B., C.M.

THE fourth Congress of the Italian Medical Association of Hydrology and Climatology will be held at Florence on November 20th. Papers will be read by Dr. Vinaj ("A New Carbonic Acid Bath"), Dr. Canova ("Hydrotherapy in Tabes Dorsalis"), and others.

ST. GEORGE'S HOSPITAL.—The following scholarships have been awarded for the year 1892-3:—One of £145 to Mr. Henry N. Coltart; one of £50 to Mr. Frederick G. Peck; one of £50 to Mr. John B. Christian; and one of £65 (open to university men) to Mr. Edmund T. Fison and to Mr. Arthur Trethervy.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.—A quarterly meeting of this Association will be held in the hall of the Royal College of Physicians of Edinburgh on Thursday next, November 10th, at 2 p.m. A paper will be read by Dr. G. M. Robertson, on the Treatment of Acute Mania; and Dr. Turnbull will open a discussion on Asylum Dietaries. A dinner will be held afterwards in the Edinburgh Hotel.

A M. LEVY has bequeathed to the French Academy of Medicine a sum of 50,000 francs (£2,000), the interest of which is to be handed over every year to the Pasteur Institute, to be applied in the furtherance of researches on diphtheria. The capital sum will be given as a prize to the discoverer of a genuine cure for that disease.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—The tenth general annual meeting of the Royal Academy of Medicine in Ireland was held on October 28th in the College of Surgeons. The officers for the ensuing session are as follows:—President: G. H. Kidd. General Secretary: William Thomson. Secretary for Foreign Correspondence: J. W. Moore. Medical Section—President: Walter G. Smith. Surgical Section—President: Edward Hamilton. Section of Obstetrics—President: A. J. Horne. Section of Pathology—President: C. J. Nixon. Section of Anatomy and Physiology—President: H. J. Broomfield. Section of State Medicine—President: E. M'D. Cosgrave. The report showed a balance in hand of £76 16s. 6d., after payment of all expenses for the year.

STRAMONIUM STUFFING.—The proprietor of a temperance hotel who suffered from asthma, for relief used to smoke a mixture of stramonium and belladonna, which was kept in a jar in the pantry. Recently the cook, who was preparing a goose for dinner, by mistake went to the jar and took out a large handful of the mixture and stuffed the goose with it, believing it to be sage. All who ate of it had the characteristic symptoms of stramonium poisoning—burning and dryness in the throat, dilatation of the pupils, etc. They were relieved by emetics.

UNIVERSITY OF VIENNA.—Professor Ernst Ludwig was installed as Rector of the University of Vienna on October 24th. The outgoing Rector, Professor Adolf Exner, in giving the customary account of his academic stewardship, said the number of students showed a slight decrease as compared with the previous year—6,029 as against 6,220 in the winter, and 4,919 as against 5,121 in the summer semester. The number of degrees conferred was 621 as against 674 in the previous year. After receiving the insignia of his office from the hands of his predecessor, Professor Ludwig delivered an inaugural address on "Chemistry and the Administration of Justice."

ANATOMY IN BERLIN.—The Second Anatomical Institute of the University of Berlin, the building of which was begun three years ago, is now completed, and will be opened in about six weeks. The institute, which is under the direction of Professor O. Hertwig, is situated in immediate proximity to the First Anatomical Institute, in the grounds of the Veterinary School in the Luisenstrasse. The new institute contains a lecture room with seats for 200 students, lighted by lofty side windows and fitted with the electric light. The microscope room, which can accommodate 200 workers, is a model of its kind in point of lighting, natural and artificial, and fulness of equipments. The institute also contains a library, a room for meetings and demonstrations, besides workrooms for the director and his assistants, prosectors, etc.

DISSOLUTION OF A PARIS MEDICAL SOCIETY.—The Society of Practical Medicine, which till recently figured on the roll of learned societies in Paris, has ceased to exist, having been dissolved by decree of the Prefect of Police, dated September 30th, 1892. The members of the Society, in general meeting assembled, had previously resolved to commit *hara-kiri*. Another decree of the Prefect of Police, bearing the same date, authorises the Society to rise Phoenix-like from its own ashes, under the style and title of "Société de Médecine et de Chirurgie Pratiques de Paris," which includes most of the members of the defunct Society. To the English mind the idea of a medical society existing as it were by grace of Scotland Yard would be somewhat startling; but then things with us are not ordered so logically as they are in France.

THE ANGLO-AMERICAN VIENNA MEDICAL ASSOCIATION.—The Anglo-American Vienna Medical Association fulfils a useful function towards English-speaking students who visit Vienna for purposes of study. It is difficult for a stranger to arrange his work to the best advantage without the advice of those who have already studied in Vienna for some time. The Association keeps a list of the best lodgings, and thus smooths the entry into the Viennese school, and at the fortnightly meetings the new arrival is able to make acquaintances and obtain information. The second meeting of the Association this winter was held on October 14th, when about forty members were present. Dr. Blake, the President, occupied the chair. The Rev. Francis Gordon read a most satisfactory financial report for the past year, and was able to announce that forty-three new members had joined the society. Dr. Meirowitz then read notes of a most interesting case of hysteria in Vienna, illustrating many peculiar phases of the disease at present under treatment. In the discussion which followed many of those present related personal experiences in connection with the treatment of hysteria, some of which caused considerable amusement. Several papers have been promised for the ensuing meetings, many of them of great interest. The next meeting will be occupied in discussing the merits of Berlin as a medical centre. Further information may be obtained from the Secretary of the Society, No. 12, Landesgerichtsstrasse, Vienna.

A METHOD OF HEATING AND VENTILATING RAILWAY CARRIAGES.—The usual method of warming a railway carriage in winter in this country is primitive and capable of much improvement. We are therefore glad to direct attention to the method patented by Dr. Robert Bell, and now being tried on the North British Railway. An air shaft runs under each carriage; the shaft is closed at the distal and open at the proximal end. The motion of the train forces the air down this tube; a steam pipe connected with the engine and coupled to the various carriages runs through the centre of the shaft and heats the air. This hot air is supplied to each compartment. For hot climates or for summer the same system is applicable, but, instead of steam circulating through the central pipe, brine reduced to a low temperature will be used, or the temperature of the shaft reduced by jacketing it with felt and keeping the felt moist. The evaporation will then render the air in the shaft much cooler than the outer atmosphere.

MEDICAL VACANCIES.

The following vacancies are announced:

- BALLINASLOE UNION, Lawrencetown 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 18th.
- 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.
- CANCER HOSPITAL (FREE), Fulham Road, S.W.**—House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by November 18th.
- 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.
- DENTAL HOSPITAL OF LONDON, AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square.**—Lecturer on Dental Metallurgy. Applications to Morton Smale, Dean, by November 21st.
- DOWNPATRICK UNION, Portaferry Dispensary.**—Medical Officer. Salary, £115 per annum and fees. Applications to Mr. James Shanks, Honorary Secretary, Ballyfounder. Election on November 8th.
- EAST LONDON HOSPITAL FOR CHILDREN, Glamis Road, Shadwell, E.**—House-Physician. Board and lodging provided. Applications to the Secretary by November 18th.
- 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.
- 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.
- METROPOLITAN ASYLUMS BOARD.**—Assistant Medical Officer for the North-Eastern Hospital for Fever Patients, St. Ann's Road, Stamford Hill, N. doubly qualified. Salary, £15 per month, with board, lodging, and washing. Applications to the Medical Superintendent at the Hospital.
- METROPOLITAN HOSPITAL, Kingsland Road, N.E.**—Assistant Physician. Application to Charles H. Byers, Secretary, by November 21st.
- METROPOLITAN HOSPITAL, Kingsland Road, N.E.**—Assistant Surgeon, must be F.R.C.S. Eng. Applications to Charles H. Byers, Secretary, by November 14th.
- MOULSFORD LUNATIC ASYLUM, near Wallingford, Berks.**—Assistant Medical Officer. Salary, £140 per annum to commence, rising £10 yearly to £160. Applications to Dr. Murdoch, Medical Superintendent, by November 10th.
- NEW LONDON COUNTY ASYLUM, Claybury, Woodford, Essex.**—Medical Superintendent; doubly qualified. Salary, £1,000 per annum, with house, coals, lighting, milk, and vegetables. Applications on form to be obtained of Mr. R. W. Partridge, Clerk to the Asylum Committee, 21, Whitehall Place, S.W., by November 25th.
- PADDINGTON INFIRMARY.**—Assistant to the Medical Superintendent and Assistant Medical Officer of the Workhouse; unmarried; age between 23 and 30. Salary, £100 per annum, rising £10 annually to £120, with board, lodging, and washing. Applications to H. F. Aveling, Clerk to the Guardians, 289, Harrow Road, by November 12th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Examiner in Anatomy for the Second Professional Examination. Applications to the Secretary by November 24th.

ROYAL HOSPITAL FOR INCURABLES, Dublin.—Resident Medical Officer, qualified in Medicine, Surgery, and to compound medicines. Salary, £70 per annum, with board and furnished apartments. Appointment tenable for two years. Applications to Mr. Thomas Grey, Registrar. Election on November 14th.

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.

ST. MUNGO'S COLLEGE, Glasgow.—Chair of Anatomy. Applications to Henry Lamond, Secretary, by December 1st.

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.

STAFFORD COUNTY ASYLUM, Stafford.—Junior Assistant Medical Officer; unmarried. Salary commencing at £100 per annum, with furnished apartments, board, and attendance. Applications to the Medical Superintendent.

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.

ALDOUS, G. F., L.R.C.P.Lond., M.R.C.S., reappointed Medical Officer to the Plymouth Public Dispensary.

ASHE, E. Oliver, M.D.Lond., F.R.C.S.Eng., appointed Senior House-Surgeon to the Kimberley Hospital, South Africa.

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

BUCHAN, W. A., M.B., C.M.Edin., reappointed Medical Officer to the Plymouth Public Dispensary.

CLARK, H. E., M.R.C.S., appointed Professor of Systematic Surgery, *vice* Professor David N. Knox.

DUKE, Allen Forrester, L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Officer for the Second District of the Cheltenham Union.

ELLISON, J., M.D., M.Ch.Irel., appointed Health Officer for the Shire of Numurkah, Victoria, Australia.

FORDYCE, B. E., M.B., C.M.Edin., appointed Medical Officer of the Sixth Sanitary District; also to the Workhouse; and Vaccination Officer of the Chesterton Union.

FOX, E. L., M.D., B.Ch.Camb., M.R.C.P.Lond., M.R.C.S., appointed Second Physician to the Plymouth Public Dispensary.

FROST, John Kingdon, M.R.C.S.Eng., appointed Medical Officer for the Madley District of the Abbeyside Union, *vice* E. A. G. Dowling, L.R.C.P.Lond., M.R.C.S.Eng., resigned.

GEMMELL, Samson, M.D., C.M., F.F.P.S.Glas., appointed Visiting Physician to the Western Infirmary, Glasgow.

GIBBS, S. A., M.B., C.M.Edin., appointed Honorary Surgeon to the H Battery New Zealand Regiment Artillery Volunteers.

GORNALL, J. G., M.A., M.B.Cantab., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer of Health for the Borough of Warrington, and Medical Superintendent of the Hope Hospital for Small-Pox.

HARRIS, A. W., M.R.C.S., D.P.H.Eng., appointed Port Sanitary Medical Officer for Southampton.

HILLIER, T. Ernest, M.A., M.B.Cantab., M.R.C.S., L.S.A., appointed Medical Superintendent to the Infirmary and Medical Officer of the Workhouse of the parish of Paddington, *vice* T. Savill, M.D.Lond., resigned.

HODSON, Frederick, M.R.C.S.Eng., L.S.A., appointed Medical Officer of the Hornsea-with-Hornsea Burton Urban Sanitary District of the Skirlaugh Union.

HOGG, G. H., M.B., C.M.Edin., appointed Assistant House-Surgeon to Clayton Hospital, Wakefield.

HOOPER, Alfred, M.R.C.S., reappointed Medical Officer of Health for the Second Sanitary District of the Burton-on-Trent Union.

JAMIE, R. W., M.B., C.M.Edin., D.P.H.Camb., appointed Medical Officer of Health for the Coalville Urban Sanitary District of the Ashby-de-la-Zouch Union.

JOHNSTON, J., M.R.C.S.Eng., appointed Surgeon to the Maidstone Police, *vice* G. H. Furber, M.R.C.S.Eng., deceased.

JOHNSTON, T. L., L.R.C.P., L.R.C.S., L.F.P.S.G. and L.M., appointed Second Assistant Medical Officer Berkshire County Asylum.

KNOX, David N., M.A., M.B., appointed Professor of Clinical Surgery to St. Mungo's College, Glasgow, *vice* Professor William Macewen, resigned.

LEMPRIERE, C. L., M.B., C.M.Edin., appointed Honorary Medical Officer of the Melbourne Hospital for Sick Children, Victoria, Australia.

MARSDEN, Richard Walter, M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant Medical Officer of the Workhouse and Receiving Wards of the Township of Manchester.

MAY, William Page, M.D., B.Sc.Lond., M.R.C.S., M.R.C.P., appointed Pathologist to the City of London Hospital for Diseases of the Chest, Victoria Park, *vice* Dr. Chaplin, promoted Assistant-Physician.

MONCKTON, William, L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Officer to the Portishead Local Board.

OSBURN, H. B., M.R.C.S., L.R.C.P., D.P.H.Camb., appointed Medical Officer to the Parish of Bagshot, Surrey.

PAINE, William Henry, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer of the West Green District of the Edmonton Union.

PORTER, C. M.D., B.Ch., B.A.O.Roy.Univ.Irel., D.P.H.Camb., M.R.C.S.Eng., appointed Medical Officer of Health, Physician to Fever Hospital, and Police Surgeon for County Borough of Stockport, *vice* Edwin Rayner, M.D.Lond., F.R.C.S., J.P., resigned.

READMAN, Thomas, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glas., appointed Medical Officer for the Oldbury Sanitary District of the Shirlaugh Union.

REED, H. A., L.R.C.P.Lond., M.R.C.S., appointed Public Vaccinator for North Carlton, Victoria, Australia.

REES, A. H., L.R.C.P.Edin., M.R.C.S., reappointed Assistant-Physician to the Plymouth Public Dispensary.

ROBERTS, Richard Pritchard, M.R.C.S.Eng., L.S.A., appointed Medical Officer for the No. 2 Carnarvonshire District of the Bangor Union.

RYAN, C. S., M.B., C.M.Edin., appointed Honorary Medical Officer of the Melbourne Hospital for Sick Children, Victoria, Australia.

SEARMAN, Edward, L.R.C.S., L.R.C.P.Edin., appointed an additional Vaccinator for the districts of Auckland and Onehunga, New Zealand.

SMYTH, Lewis, M.D.Glas., L.R.C.P.Lond., appointed Deputy Medical Officer for the outlying portion of St. John's Parish of the Lewes Union.

SNELL, Sidney Herbert, M.B., L.R.C.P., M.R.C.S., appointed Medical Officer of the Grays Thurrow Urban Sanitary District of the Orset-Union, *vice* A. W. Stirling, M.D.Edin., resigned.

SNOWBALL, William, L.R.C.S.Edin., appointed Honorary Medical Officer of the Melbourne Hospital for Sick Children, Victoria, Australia.

STEVENSON, R. D., M.B., C.M.Glas., appointed Health Officer for the Shire of Glenlyon, Victoria, Australia.

STOCKWELL, F., M.D.Lond., M.R.C.S., appointed Medical Officer for the Seventh Sanitary District of the Shepton Mallet Union.

TILLEY, Herbert, M.D., B.S.Lond., M.R.C.S., L.R.C.P., appointed House-Surgeon to the London Throat Hospital.

WILSON, W. C., M.B., C.M.Edin., reappointed Assistant-Physician to the Plymouth Public Dispensary.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Diseases of Cornea. Parkes Museum, 74A, Margaret Street, W., 4 P.M.—Dr. L. C. Parkes: Dwelling Houses. 101, Great Russell Street, W.C., 8 P.M.—Dr. Galloway: Gastro-intestinal Tract.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 8 P.M.—Papers by Mr. Storer Bennett and Mr. F. Newland-Pedley.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. Bland Sutton: Tubal moles and Tubal-abortion. Mr. Marmaduke Shield: A Second Communication on Arterial Hemorrhage from Ulcerating Bubo of the Groin.

TUESDAY.

LONDON POST GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. H. Corner: Puerperal and Lactational Insanity. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Dr. Payne: Eczema, its Varieties. 101, Great Russell Street, W.C., 8 P.M.—Dr. Herman: Painful Micturition in the Female.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 4 P.M.—Dr. S. J. Gee: The Bradshaw Lecture, On the Signs of Acute Peritoneal Disease.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. H. G. Howse: On the Advantages of an Amputation through the Thigh, either as a Preliminary Operation to, or in some cases instead of Amputation through the Hip, where the Hip-joint is itself Diseased, and the Patient in very Bad Condition. Mr. Lawford Knags: Two Cases illustrating the Treatment of Advanced Hip-joint Disease by Mr. Howse's Method of Preliminary Amputation near the Knee. (Communicated by Mr. Howse.)

WEDNESDAY.

LONDON POST GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. Pollock: Some Varieties of Phthisis. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Glaucoma.

HUNTERIAN SOCIETY, 8.30 P.M.—Clinical evening. Dr. Patrick Manson will exhibit some Cases of Beri-beri (?). Dr. G. E. Herman will exhibit "Champetier de Ribes" Bag for Inducing Labour. Dr. Ettles (for Dr. Cotman) will show a man with Superficial Ulceration of the Popliteal Space. Mr. F. R. Humphreys will read Notes of Two Cases of Cheyne-Stokes Respiration, with Recovery. Mr. J. Poland: Cured Congenital Cyst of Neck. Dr. Thos. Marshall: A Case of Local Sweating of the Face. Dr. A. T. Davies: A Case of Graves's Disease. Dr. Hington Fox: A Case of Incomplete Graves's Disease, with Stellwag's and Von Graefe's Symptoms. Dr. Arnold Chaplin: Two Cases of Fibroid Disease of the Lungs.

THURSDAY.

LONDON POST GRADUATE COURSE, National Hospital for the Paralyzed and Epileptic, Queen Square, 2 P.M.—Dr. Tooth: The Diagnosis between Functional and Organic Disease of the Ner-

vous System. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. D. B. Lees: Demonstration of Medical Cases in the Wards. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Dr. Ord: Medical Cases in the Wards. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Edward Law: Demonstration of Cases.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 8.30 P.M.—Patients and Card Specimens at 8 P.M. Mr. H. Work Dodd: A Case of Aniridia. Mr. Hartridge: (1) Rupture of the Choroid; (2) Patient with Aniridia. Dr. Berry: Short Notes on: (1) Conjunctivitis Set up by Flies; (2) Hyperplastic Subconjunctivitis; (3) Intraocular Therapeutics; (4) Intraocular Absorption of Iodoform. And other papers.

BRITISH GYNÆCOLOGICAL SOCIETY, 20, Hanover Square, 8.30 P.M.—Dr. Granville Bantock: Specimens: Mollusum Fibrosum; Fibroma of the Ovary; Uterine Fibromyoma. Mr. G. Burford: Specimens: Extra uterine Gestation; Large Ovarian Tumour. Dr. Inglis Parsons: Total Absorption of a Large Fibromyoma Uteri by Apostoli's Treatment.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY, Great Northern Central Hospital, 8.30 P.M.—Clinical evening. Cases shown by Dr. Lewis Jones, Dr. Gordon Brodie, Dr. F. Spicer, Dr. Malcolm, Dr. Case, and others.

FRIDAY.

LONDON POST GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture—Actinomycosis—Practical Work Sections. Hospital for Consumption, Brompton, 4 P.M.—Dr. Symes Thompson: Catarrhal Phthisis.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. Lawford Knaggs: The Conditions seen at an Operation for Ventral Hernia 5½ Years after Laparotomy for Tuberculous Peritonitis. Dr. Handford: A Case of Hyperplastic (Obliterating) Phlebitis Affecting the Larger Veins. Mr. Donald Day (introduced by Mr. Howard Marsh): Case of Nephrothotomy; Large Calculus. Dr. Walter Carr: A Case of Double Empyema; Simultaneous Drainage of the Pleural Cavities; Recovery.

SATURDAY.

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

BIRTHS, MARRIAGES, AND DEATHS.

BIRTH.

GODFREY.—On October 28th, at Bridlington Quay, Yorkshire, the wife of H. J. Clarendon Godfrey, of a daughter.

MARRIAGES.

ASHWORTH—MACKECHNIE.—On 25th October, at Christ Church, West Hartlepool, by the Rev. W. F. Cosgrove, M.A., John Jackson Ashworth, eldest son of the late Thomas Ashworth, of Pendleton, to Adela Mary, second daughter of D. Mackechnie, Esq., L.R.C.P., L.F.P. and S.G., of "Bute Cottage," West Hartlepool.

COLLYNS—ABBOT.—On October 19th, at the Parish Church of Abbot's Leigh, Robert John Collyns, L.R.C.P.Lond. and M.R.C.S. Eng., of Pulverton, to Eleanor Maud, youngest daughter of the late Henry Abbot, Esq., of "The Priory," Abbot's Leigh, Bristol.

CULHANE—DANN.—October 19th, at Lenton Parish Church, Nottingham, by the Rev. R. M. Weale, late vicar of Priors Marston, assisted by the Rev. Percy Smith, vicar, Frederick William Slater Culhane, of Hastings, to Mary Lucy (Minnie), younger daughter of Michael Dann, of Nottingham.

HEATE—WILSON.—On the 19th October, at St. John's Church, Kidbrook, by the Rev. the Master of Trinity Hall, Cambridge, uncle of the bride, and the Rev. J. C. Luke, rector and rural dean, Charles Heate, F.R.C.S., of 1, Eastcombe Villas, Blackheath, to Agnes Fridzwede, daughter of Colonel Wilson, Royal Engineers (Ret.), of 100, Shooter's Hill Road, Kidbrook.

LINDSAY—DAVIS.—At Christ Church, Mhow, on the 20th September, 1892, by the Rev. G. A. Ford, chaplain, Captain Edward Lindsay, North Lancashire Regiment, son of the late Rev. Thomas Lindsay, Alla Rectory, Co. Derry, to Clara Alice Evelyn (Eva), eldest daughter of Surgeon-Colonel Davis, Army Medical Staff, P.M.O. Mhow District.

MATHESON—DAWSON.—At St. George's, Charlotte Square, Edinburgh, on Saturday, October 23th, by the Rev. Archibald Scott, D.D., Angus Matheson, M.D., North Berwick, to Helen Ramage, younger daughter of the late William Dawson, Esq., distiller, Linlithgow.

MORRICE—ELLEMENT.—On October 2th, at Wyke Regis Church, Dorset, George Gavin Morrice, M.A., M.D. Cantab, M.R.C.P., youngest son of Rev. William David Morrice, to Alice Amelia, youngest daughter of the late John Josiah Ellement.

WILLIAMS—OSBORNE.—On the 20th September, at the Cantonment Church, Rangoon, by the Rev. C. P. Cory, M.A., chaplain, Surgeon-Captain C. L. Williams, M.D., Indian Medical Service, to Charlotte A. (Lottie), third daughter of the late Richard Osborne, of Liverpool.

DEATHS.

GEORGE.—On October 27th, at Port Isaac, Cornwall, Katherine Wylie, the beloved wife of R. Julian George, M.B., C.M. Edin., aged 28 years.

GORDON.—On October 4th, William Gordon, M.B., C.M., of Pollok Street, Glasgow, eldest son of the late Paul Gordon, Helmsdale, Sutherland.

LOWE.—On October 30th, at Burton-on-Trent, George Lowe, F.R.C.S., aged 79.

ROBERTSON.—October 23rd, at Port Said, Egypt, in his 37th year, William Smith Robertson, M.D., C.M.

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 any of your readers kindly say what disinfectant they would advise for a workhouse of over 600, and with more than 200 on the medical relief list. Also where the same may be obtained, together with the cost?

JUNIOR MEMBER will be grateful for suggestions for the treatment of cramp in the abdominal muscles during the later months of pregnancy. The patient, aged 37, has suffered much from the same cause during three previous pregnancies.

THE REGISTRATION STATISTICS FOR ALL ENGLAND.

DR. THOMAS PARTRIDGE (Stroud) writes: You have been good enough to give us, in the BRITISH MEDICAL JOURNAL, generally the month after quarter day or beginning of the next month, the All England birth and death rates, that proves of use to us medical officers of health. The returns for last quarter have not yet appeared as above, that for 33 towns has. These returns are very useful, if known early as possible.

* * The Registrar-General's Quarterly Return is published just one month after the expiration of each quarter. It was issued on October 31st. Our quarterly article on the 33 large English towns, to which our correspondent refers, being deduced from a summary of returns, can be published earlier, as it is not dependent upon the prior publication of the Quarterly Return of the Registrar-General, which deals with the whole country.

CREMATION.

H. J. (North Wales) would be glad to know if he can obtain a full report of the annual meeting held at the Manchester Crematorium on October 21st, and whether a full report has appeared of the speeches of the Chairman, Sir H. Thompson, and Mr. Ernest Hart. He would also be glad to know of any books or papers on cremation which would assist him in preparing a paper on the subject for a lay literary society.

* * A very good report will be found in the Manchester Guardian of October 22nd. The speeches of the Duke of Westminster, the Archdeacon of Manchester, and Mr. Ernest Hart are very fully and accurately reported. The important and weighty address of Sir H. Thompson is less accurately reproduced. Materials such as H. J. requires may be obtained from Mr. Swinburne Haslam, Honorary Secretary of the Cremation Society of England, 8, New Cavendish Street, London; or Mr. Simon, Chairman of the Manchester Crematorium.

SALINE SOLUTION FOR TRANSFUSION.

DR. W. B. HOLDERNESS (Windsor) asks for a good saline solution for transfusion, the correct quantities, etc.

* * We are indebted to Mr. Alfred Theodore Rake, House Surgeon, Guy's Hospital, who in reply to an inquiry has forwarded the following particulars: The saline solution which we always use at Guy's Hospital for intravenous injection is a solution of common table salt (sodium chloride, Na Cl), one drachm of the salt dissolved in one pint of water. The water should be boiled for aseptical reasons. The solution should be at a temperature of about 100° F. when it is injected. When it is necessary to cool the boiled water rapidly we add a small piece of ice. We always now keep in the wards drachm packets of common salt for cases of emergency. I may say that in our first successful case, in the middle of the night, the child being almost dead from hæmorrhage from an operation on the cleft palate, we had no convenience for weighing at