

and such a lotion is unsuitable for the particular bacillus with which they are infested.

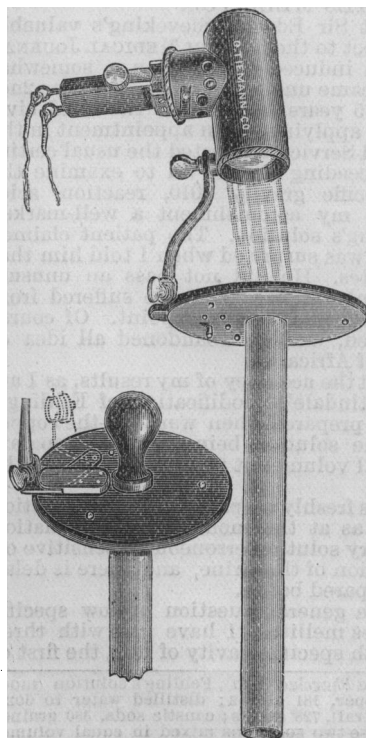
#### EXTENSION OF SUPPURATION OF THE MIDDLE EAR.

The significance of suppuration in the middle ear is at once apparent when we consider that the tympanic cavity has on its inner side the labyrinth, below it the jugular vein, above it cerebral dura mater, and, posteriorly, openings into the mastoid process, and that the only safe outlet for pus, except by perforation of the membrana tympani, is through the Eustachian tube, through which, however, it finds its way with extreme rarity. When, owing to chronic suppurative otitis, caries of the tympanic walls is set up, pus, if it penetrates upwards, causes meningitis or abscess of the brain, if downwards septic thrombosis of the jugular vein, or pyæmic abscess of the lung, and possibly also of the liver. Again, if it proceeds inwards, the facial nerve and carotid artery are jeopardised. Attacking the mastoid process, pus may occasion thrombosis of the lateral sinus, meningitis, or abscess of the cerebellum. Pneumonia, pleurisy, Bright's disease, and amyloid degeneration are among the possible more remote effects of persistent aural suppuration.

### THE "PERFECTED" URETHROSCOPE.

By WILLIAM K. OTIS, M.D.,  
New York.

In spite of the great advances made by the introduction of the incandescent electric lamp as the source of illumination, the modern urethroscope still possesses several decided disadvantages. It is heavy, somewhat complicated in construction, and expensive. To overcome these objections I have devised an instrument on an entirely different principle from that of former urethroscopes, using a lens as a condenser instead of the reflected light from a concave mirror.



the lens. A thumb-screw "switch" in the handle places the lamp under control so that it may be turned on or off at pleasure.

This instrument consists of a metal tube or cylinder one inch and a quarter in length by one half inch in diameter, closed at one end. One quarter of an inch from the open end of this tube is a plano-convex lens, so arranged that it may be easily removed for cleaning. On the interior surface near the closed end of the tube an elbow is let in, one quarter of an inch in length and one half inch in diameter, through which the source of illumination (a small incandescent electric lamp) is introduced, a row of holes being bored at its base to allow of ventilation. The handle of the instrument consists of a piece of hard rubber, one inch long by one half inch wide, the electrical connections running through it to the lamp which is placed on top. This handle fits into the elbow by means of a bayonet joint, bringing the lamp immediately behind the plane side of

The instrument is attached to the urethroscopic tube by means of a stout wire one inch and a half in length, with hinged joints at each end, which swing in opposite directions and are furnished with set screws, thus allowing the instrument to be put in any position, though when once adjusted it will rarely be necessary to change it. If the ordinary urethroscope tube is used, the distal end is provided with a simple ring-sliding joint, but as I greatly favour the use of the tube devised by Dr. Hermann G. Klotz, I have adapted the instrument to this form of tube by placing at the distal end a small flat foot, at the outer extremity of which is a smooth pin. This pin fits into a hole in the tube plate, and on revolving the instrument a quarter circle the foot swings under a shoulder riveted to the plate, and is securely fastened. This joint is firm and easy of manipulation, readily allowing the illuminator to be attached or removed at any time during the examination.

When the instrument is in position and the lamp illuminated, a strong beam of light is thrown directly down the urethroscopic tube, and the urethral mucous membrane more easily and clearly observed than with any other form of urethroscope with which I am familiar.

The advantages of this instrument are: (1) The exclusion of all extraneous light, the presence of which is a most annoying fault both in the urethroscope of Leiter, and in my own improvement on it; (2) a very much more ready access to the urethral field, both to the eye and for instrumental applications; (3) increased illumination; (4) by abandoning the funnel and sliding joint, one inch and a half in distance is gained from the source of illumination to the distal end of the urethroscopic tube, increasing the illumination, and allowing the eye to be placed just so much nearer the mucous membrane to be examined; (5) its extreme compactness and lightness, weighing less than one ounce, even when constructed of brass; (6) its great simplicity of construction, which should insure a moderate cost.

### MEMORANDA:

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

#### CASE OF CYSTIC TUMOUR OF THE LARYNX IN A WOMAN EIGHTY YEARS OF AGE: INTRA-LARYNGEAL REMOVAL: RECOVERY.

THE following case is of interest on account of the extreme age of the patient, the rapid development of the tumour, and the completeness of the recovery which has ensued after intra-laryngeal removal.

Miss M., aged 80 years, was brought to me on August 13th, 1892, by Dr. Robert Stirling, Perth, suffering from great dyspnoea and almost complete suppression of voice. Her voice had been more or less affected for about a year, and the larynx had been repeatedly examined up to April last by Dr. Stirling, who on each occasion found merely the appearance of chronic laryngitis. From April to August 12th the larynx had not been examined, nor had the patient been seen. On the last-mentioned date the patient again consulted Dr. Stirling, who now readily detected a large growth or tumour in the larynx. The tumour had thus undoubtedly developed within a period of from five to six months. The case being now one of great urgency on account of the marked respiratory impediment, Dr. Stirling travelled with the patient to Edinburgh, and placed her in my hands.

On laryngoscopic examination a large tumour was seen in the larynx, growing from the left side, probably from the ventricle, and completely obscuring the left vocal cord. The right vocal cord was partly hidden, and the glottis was almost completely blocked. The tumour was firm, smooth, red, and slightly movable, and was partially concealed by a broad and somewhat pendulous epiglottis (Fig. 1). Respiration was performed with great difficulty, and it was quite apparent that unless the tumour could there and then be removed tracheotomy would, in the first instance, require to be performed.

After the application of a 15 per cent. solution of cocaine, I

introduced Mackenzie's rectangular antero-posterior laryngeal forceps. I succeeded in removing a portion of the firm fibrous capsule, and on reintroducing the forceps I laid hold of the tumour by its seat of attachment, and removed it in its entirety in the presence of Dr. Stirling. Scanty hæmorrhage

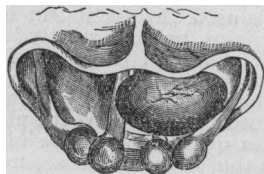


Fig. 1.

followed. The breathing was instantly relieved, and the voice returned. The tumour proved to be a cyst, with a thick fibrous capsule, somewhat pear-shaped, and with a broad pedicle (Fig. 2 is an outline sketch, showing the size of the

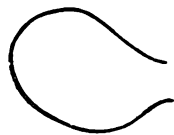


Fig. 2.—Showing outline sketch and size of tumour.

tumour). Owing to crushing by the forceps in the process of removal the contents escaped.

The patient made an uninterrupted recovery; and four days afterwards returned to her home. On October 17th (two months after the operation) Dr. Stirling reports that "her voice is excellent, and breathing perfectly free. The larynx looks remarkably well; no trace of the tumour to be seen; congestion gone, and muscular movements perfect."

G. HUNTER MACKENZIE, M.D.,  
Surgeon for Diseases of the Throat and Nose to the Eye, Ear,  
and Throat Infirmary of Edinburgh.

#### INTRAVENOUS INJECTION OF SALINE SOLUTION FOR HÆMORRHAGE.

THIS case illustrates the extreme simplicity of apparatus requisite for intravenous saline injections, and at the same time the value of this recent addition to our clinical powers. As, like most operations of emergency, it is pre-eminently a "general practitioner's" operation, its simplicity, and the fact that all necessary apparatus may be improvised from the most ordinary practitioner's stock, cannot be too strongly insisted on.

On September 27th, I was asked by my friend, Mr. C. Alford, to see with him a lady, aged 37, a multipara, whose last confinement, a twin, had occurred two years ago. She had miscarried on the evening of September 26th, being, as she reckoned, about three months pregnant. Whether the whole ovum came away is doubtful, as the discharge had not been preserved. There was much hæmorrhage, which continued until Mr. Alford had washed out the uterus with hot water. There had been further bleeding through the night, and when I saw her at 7.30 A.M. she was suffering from acute anæmia resulting therefrom. The pulse was 148, weak and thready, the face very pale, and lips blanched. She lay in a lethargic state with her eyes half closed, languidly moaning; the respirations were deep and sighing; at frequent intervals she vomited, invariably when she took any milk and soda water, Brand's essence, or champagne, all of which had been given her in small quantities. The uterine hæmorrhage had apparently ceased.

After a hypodermic injection of ergotine the same treatment was persisted in until noon, when I saw her again; she was then decidedly worse. There had been only slight uterine flux, but the frequent vomiting had persisted, so that she retained nothing. She was very restless, and the pulse was now quite uncountable.

At 1 P.M., she being then in a condition of imminent danger, five pints of saline solution were injected into a vein at the bend of the elbow. I had no special apparatus at hand, but the following simple armamentarium was sufficient:—a lancet

and a pair of dissecting forceps, a needle threaded with silk, a silver Eustachian catheter, the indiarubber tube from a feeding-bottle, a small glass funnel, and the greenhouse thermometer. The solution was prepared with boiled water, of the approximate strength of one drachm of common salt to the pint. A tape being tied round the middle of the arm, the most prominent vein at the bend of the elbow was selected. This was readily exposed by pinching up the skin and transfixing with the point of the lancet. The vein was then dissected out and isolated for about half an inch of its length. The threaded needle was passed beneath it, and the silk cut at the eye, leaving a double ligature under the vein. These being drawn upon, untied, by an assistant, the vein was opened by a longitudinal slit, and the point of the Eustachian catheter inserted without the loss of a drop of blood. The distal ligature was now tied on the vein, while the proximal was also tied round the point of the catheter, which, on relaxing the tape on the arm, was filled with blood by reflux from the vein above. The funnel and tube were filled with the solution at a temperature of 99° F., the latter slipped over the large end of the catheter, and the solution allowed to flow. The five pints were introduced as quickly as possible, the patient rapidly improving meanwhile. The pulse at the end of the injection was 108, regular, and of fair volume. She shivered a good deal just at the close, but this passed off in about ten minutes.

There is little to add, except that her recovery from this time was uninterrupted. The vomiting continuing, she was for twenty-four hours fed by the rectum only. In the evening she was delirious, but she slept a good deal in the course of the night, and the next day was carefully fed by the stomach. She once unguardedly sat up in bed, and immediately fell back in a swoon. Steadily improving, she was able to go for a drive at the end of three weeks, there being at that time still a little œdema of the legs, which later disappeared with the anæmia.

Crewkerne, Somerset.

EDWARD J. CAVE, M.D. LOND.

#### ON THE SPECIFIC GRAVITY OF THE URINE IN DIABETES MELLITUS.

HAVING read with interest Sir Edward Sieveking's valuable contribution on this subject to the *BRITISH MEDICAL JOURNAL* of September 17th, I am induced to mention a somewhat similar case that recently came under my notice. On June 2nd, 1892, Mr. X., age about 45 years, a clerk in the local civil service, being desirous of applying for an appointment in the West Coast of Africa Civil Service, requested the usual certificate of good health. Proceeding first of all to examine the urine, I found the specific gravity 1010, reaction acid, albumen absent, but to my astonishment a well-marked sugar reaction with Fehling's solution. The patient claimed to enjoy good health, and was surprised when I told him that he had saccharine diabetes. He did not pass an unusual quantity of urine, and only allowed that he suffered from dyspeptic symptoms when pressed on the point. Of course the certificate was refused, and he abandoned all idea of going to the West Coast of Africa.

I had no reason to doubt the accuracy of my results, as I am in the habit of using Martindale's modification of Fehling's solution, which is freshly prepared when wanted—the copper solution and the alkaline solution being kept in separate bottles and mixed in equal volumes at the moment it is to be used.<sup>1</sup>

I have always found this freshly prepared Fehling's solution reliable and time-saving, as at the moment of examination one often finds the ordinary solution erroneously sensitive on boiling it before the addition of the urine, and there is delay in procuring a freshly prepared bottle.

In connection with the general question of low specific gravity of urine in diabetes mellitus, I have met with three cases of diabetic urine with specific gravity of 1020, the first of

<sup>1</sup> Martindale's formulæ (*Extra Pharmacopœia*), Fehling's solution (modified). No. 1: Sulphate of copper, 181 grains; distilled water to 602s. No. 2: Tartrate of potash (neutral), 728 grains; caustic soda, 360 grains; distilled water to 602s. Of these two solutions mixed in equal volumes 10 c.c. will be decolorised by and will reduce 0.05 grammes of glucose or diabetic sugar in solution. No. 2 solution should not be kept in a very cold place, else it will crystallise. By keeping the copper solution separate from the alkaline solution the test is prevented from becoming erroneously sensitive.

which was pointed out to me by a medical colleague in consultation. The importance of the routine practice of testing for sugar without any reference to specific gravity cannot be too strongly insisted on, and Sir Edward Sieveking deserves the thanks of the profession for calling attention to this important detail in daily practice.

Barbados, W.I.

JOHN HUTSON, B.A., M.B. Edin.

## REPORTS

ON

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

#### LEICESTER INFIRMARY.

##### A CASE OF INNOMINATE ANEURYSM TREATED BY SIMULTANEOUS LIGATURE OF THE SUBCLAVIAN AND CAROTID ARTERIES.<sup>1</sup>

(By C. H. MARRIOTT, M.D. Lond., F.R.C.S. Eng., Senior  
Surgeon.)

E. S., aged 49, was admitted on March 28th, 1890. Six months earlier he had had severe pain over the cervical vertebrae, shooting down to the right shoulder and back. Early in February, 1890, he first noticed a slight swelling near the right sterno-clavicular joint; this gradually increased in size. The pain became more severe, and he was very giddy on exertion. On admission, the swelling was as large as a Mandarin orange, dull on percussion, and pulsated equally in all directions with each beat of the heart.

On April 4th, 1890, chloroform was administered. The subclavian was ligatured first. An incision of 3 inches was made on the clavicle, after the skin, fascia, and platysma had been drawn down about half an inch. The position of the external jugular vein was ascertained, and it was drawn outwards; no other veins were met with until the sheath of the artery was exposed, when there were several tortuous veins lying in it. These were carefully avoided, the sheath opened, and a silk ligature passed under the vessel; pressure made on this with the finger instantly stopped the radial, and the ligature was tied and cut off close. The ligature had been previously soaked for forty-eight hours in a solution of carbolic acid (1 in 20). No vessel was wounded requiring to be tied, and there was only the slightest oozing. An incision of 2½ inches was then made down the line of the common carotid artery, from the level of the thyroid cartilage down to within about a quarter of an inch of the upper limit of the aneurysm. There was no difficulty in exposing the artery, pressure upon which at once stopped pulsation in the temporal artery. A silk ligature was passed round it above the omohyoid, in the carotid triangle, tied and cut off close. In this case there was merely the slightest oozing. Both wounds were washed out with a 1 in 2,000 solution of perchloride of mercury, a small drainage tube was inserted in each, and the edges were brought together with silk sutures. They were sprinkled over with iodoform, and a large pad of sublimate wool placed over them. The time occupied from the commencement of the anæsthetic till both wounds were dressed was 1 hour 20 minutes.

In the night his temperature reached 99.4°, the highest point ever touched after the operation. No pain or discomfort in head. The two wounds healed up perfectly in a week, at which time the sutures were removed. The pulsation in the aneurysm seemed quite as great as before, and it was quite as large in size. He was kept in bed till the end of June. At this time the aneurysm pulsated strongly, and was as large as ever, and it was not till October, 1890, that it became much harder and smaller. Since then it has gone on diminishing in size and becoming harder. The pulsation is now transmitted and jerky. His general health has been good, and he has done heavy work at coal wharves, etc., during the last winter. He is in good health now.

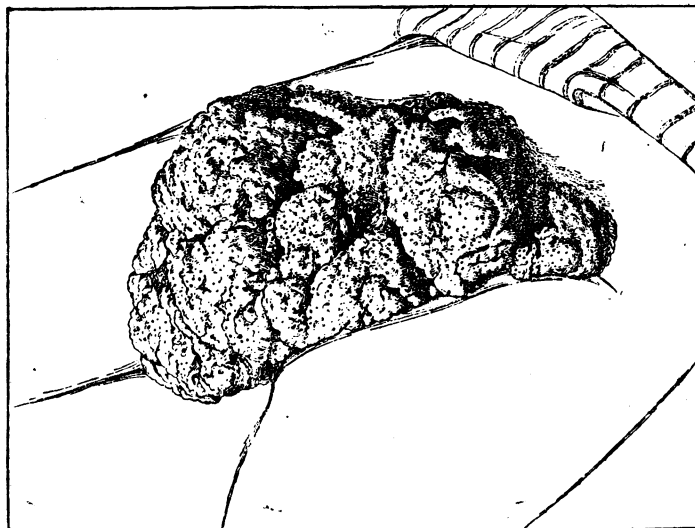
<sup>1</sup> Read in the Section of Surgery at the Annual Meeting of the British Medical Association, held in Nottingham, July, 1892.

#### PENRHYN HOSPITAL.

##### MALIGNANT GROWTH AT THE GROIN.

(By JOHN WILLIAM, M.D., Surgeon to the Hospital.)

R. E., aged 25, a quarryman, called at the Penrhyn Hospital in February, 1889, suffering from a smart attack of orchitis, brought on, no doubt, by the use of strong injections, with which he had been supplied by a chemist to check a gonorrhœal discharge. With proper rest he was in a few days able to resume his ordinary duties, and got married. He, however, gradually grew worse in respect to the state of his left testicle, the disease manifesting itself in the enlargement, hardness, weight, and tenderness of the organ. On June 13th, 1891, he left off work altogether, and was under treatment as an out-patient for a month or so. Various remedies, including antisyphilitic drugs were prescribed to no purpose. Removal of the testicle was advised, but refused. He returned on November 2nd, 1891, and was admitted into the hospital, and



he operation performed with the assistance of Dr. Lloyd, of Bangor. The man was discharged, December 5th, apparently perfectly cured. The testicle was not adherent to the scrotum, it was easily shelled out, smooth, firm, hard, brawny, and remarkably heavy for its size (nearly 3 lbs. in weight). It was examined by a pathologist at a large hospital, who found only fibroplastic material. The patient returned to work, but in the course of a few weeks he complained of shooting pains in the back, and shortly afterwards the firmly-healed incision at the groin became slightly tender, swollen, and irritable; the adhesion soon gave way, and a fungoid growth sprouted out freely. Remedial measures of all kinds proved utterly unavailing. Some of the old authors describe this kind of a growth as fungus medullaris and fungus hæmatodes, which are descriptive of its nature, but the late Sir Everard Home calls it as "noli me tangere," named as such from the virulence of its disposition, and remarks "That it is nearly allied to cancer, differing from it chiefly in not contaminating the neighbouring parts by absorption, but only spreading by immediate contact." This was just the case in the present instance; the surrounding glands were not in the least implicated. I also approve of the term "noli me tangere," inasmuch as it was clearly proved that whatever was done by way of a surgical interference in this case made matters worse. Pure nitric acid was applied two or three times at the first appearance of the growth, but my patient begged of me not to repeat the application. The mass was photographed three days before he died. The immediate cause of death, which took place June 10th, 1892, was sudden failure of the heart. He had an hour previously been sitting up in bed. The tumour having attained its full growth remained stationary for about two months before the patient died, without any specific alteration in its character. It bled at the slightest touch.

"trained." In London there were twelve hospitals where there were training schools attached, four of which supported the granting of the petition, eight opposing it. In the four hospitals there were 1,540 beds, and 2,751 in those against the granting of the charter. If they went to the provincial hospitals, it would be found 7 supported the petition and 11 opposed it. Speaking of it as a profession, there were altogether 30 large training institutions, of which 19 were opposed to the register, as against 11 who were wholly or in part favour of it. Some 6,000 beds were included in the 19, as against 2,822 in the others. The nurses of the Queen's Jubilee Institute, and who were known as the Queen's nurses, and were incorporated by the Royal charter, could not come on the register of the Association. A chartered register would be the means of their holding out directly to the public nurses who were upon the register, but who were not trained nurses in whom the public ought to place reliance. Sir Horace Davey referred to the arguments which had been urged in opposition to the petition, and observed that he was at a loss to see why they should not have the charter asked for by the petition. The Association desired to keep a register in which persons might voluntarily register themselves, but he repeated that there was nothing coercive about it. The three years' qualification was not in the charter, but would be in the by-laws. The three years' qualification was adopted by the Association in consequence of the report of the Select Committee of the House of Lords on the subject of nurses that three years' training was necessary. At the conclusion of the arguments their lordships rose.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF OXFORD.

**EXAMINERS IN MEDICINE.**—The following Examiners in Medicine were appointed at the meeting of Convocation held on November 29th:—For the First Examination for the Degree of B.M.: Thomas Stevenson, M.D. Lond., in Organic Chemistry; Arthur Thomson, M.A., Lecturer in Human Anatomy, in Human Anatomy; William D. Halliburton, M.D. Lond., and William Stirling, M.D. Edin., in Human Physiology; Thomas Lauder Brunton, M.D. Edin., in Materia Medica. For the Second Examination for the Degree of B.M.: John Syer Bristowe, M.D. Lond., in Medicine; Sir William Stokes, M.D. Dub., and George A. Wright, M.B., in Surgery; Francis H. Champneys, M.D., in Midwifery; Seymour J. Sharkey, M.D., in Pathology.

**M.D. DEGREE.**—The following graduates have become entitled to the degree of M.D.: Mr. Bertram Mifford Heron Rogers, B.M., B.Ch. (Dissertation: Influenza), and Mr. George Lindsay Turnbull, M.A., M.B., B.Ch. (Dissertation: Surgical Treatment of Typhlitis).

### UNIVERSITY OF LONDON.

**M.B. EXAMINATION.**—The following is a list of those who passed the recent final M.B. Examination:

**First Division.**—C. Addison, St. Bartholomew's Hospital; Louisa B. Aldrich-Blake, London School of Medicine and Royal Free Hospital; H. A. Ballance, University College; C. Barker, Sheffield Medical Institution and St. Bartholomew's Hospital; A. S. Blackwell, B.Sc., St. Bartholomew's Hospital; W. Bligh, Guy's Hospital; C. R. Box, B.Sc., St. Thomas's Hospital; A. E. Brindley, Owens College, and Manchester Royal Infirmary; T. G. Brodie, King's College; F. J. Coleman, Guy's Hospital; A. M. Daldy, Guy's Hospital; C. C. Elliott, Guy's Hospital; J. Evans, University Colleges Liverpool and London; S. G. Floyd, Guy's Hospital; E. T. E. Hamilton, B.Sc., Guy's Hospital; R. Hamilton, Owens College and Manchester Royal Infirmary; Jesse Flewitt Hatch, London School of Medicine for Women; A. D. Heath, University College; G. S. Johnston, Queen's College, Birmingham; J. Jones, University College; W. B. Jones, St. Bartholomew's Hospital; V. W. Low, St. Mary's Hospital; C. B. T. Musgrave, University College; C. S. Pantin, Guy's Hospital; H. T. Parker, St. Bartholomew's Hospital; S. H. Perry, Queen's College, Birmingham; W. L. Pethybridge, B.Sc., St. Bartholomew's Hospital; W. J. Procter, London Hospital and University College; W. P. Purvis, B.Sc., St. Thomas's Hospital; M. Randall, B.A., University College; F. A. Roberts, Yorkshire College; L. Rogers, St. Mary's Hospital; C. M. Rogerson, Yorkshire College and Leeds General Infirmary; Mary Ellen Rye, London School of Medicine and Royal Free Hospital; H. S. Sandifer, King's College; E. W. Selby, University College; A. J. Sharp, Guy's Hospital; H. R. Smith, University College; C. G. Spencer, University College; G. A. Stephens, B.Sc., University College; T. R. Taylor, B.Sc., Guy's Hospital; T. M. Tibbets, Queen's College, Birmingham; S. G. Toller, St. Thomas's Hospital; F. W. Wesley, University College; C. E. Wheeler, B.Sc., St. Bartholomew's Hospital; A. Whitfield, King's College.

**Second Division.**—H. S. Ballance, King's College; R. H. Cole, St. Mary's Hospital; H. Distin, King's College; H. W. Gibson, Middlesex Hospital; C. J. Harrison, University College; T. D. Lister, Guy's Hospital; J. W. Pugh, London Hospital; H. Ramsden, Owens College; H. E. Tracey, St. Bartholomew's Hospital; S. L. B. Wilks, Yorkshire College.

### UNIVERSITY OF ABERDEEN.

**STUDENTS' REPRESENTATIVE COUNCIL.**—A meeting of this Council was held in Marischal College, when the following students were elected to the various offices: *President*: Mr. A. Brown, M.A., B.Sc. (Medicine). *Vice-Presidents*: Mr. W. D. Esslemont, M.A. (Law); and Mr. J. C. Philip (Arts). *Secretary*: Mr. G. Cowie (Medicine). *Assistant Secretary*: Mr. J. M. Gibbon (Arts).

### ROYAL COLLEGE OF SURGEONS IN IRELAND.

**FELLOWSHIP EXAMINATION.**—The following gentlemen having passed the necessary examination, have been admitted Fellows of the College: D. P. Coady, U.R.C.P. and S. Edin.; C. J. Lyons, L.R.C.P. and S.I.; and F. T. P. Newell, M.B., and L.R.C.S.I.

## NAVAL AND MILITARY MEDICAL SERVICES.

### THE NAVY.

The following appointments have been made at the Admiralty: ARTHUR S. NANCE, Surgeon, to the *Alacrity*, November 23rd; JEREMIAH SUGRUE, M.D., Surgeon, to the *Shannon*, November 25th; HENRY S. ARCHDALL, FRANCIS H. CLAYTON, REGINALD J. FIFE, PERCY LORD, FREDERICK J. A. DALTON, PERCIVAL M. MAE, CHRISTOPHER L. W. BUNTON, FREDERICK D. LUMLEY, HENRY E. TOMLINSON, ARTHUR C. G. BELL, BERNARD B. GILPIN, and EDWARD T. MEAGHER, Surgeons, to the *Victory*, additional, for Haslar Hospital, November 26th; DAVID J. P. MCNABB, Surgeon, to the *St. Vincent*, December 18th; WILLIAM GRAHAM, Fleet-Surgeon, to Pembroke Dockyard, December 10th; JAMES J. SWEETMAN, M.D., to the *Inflectible*, December 10th.

Staff-Surgeon ALEXANDER CUMMINGS AIR died at South Norwood on November 27th, in his 82nd year. He was appointed Surgeon, July 28th, 1830; and Staff-Surgeon, August 6th, 1843; and retired from the service in 1856.

### ARMY MEDICAL STAFF.

SURGEON-CAPTAINS H. M. ADAMSON, M.B., and W. HALLARAN, M.B., who are serving in the Madras Command, have passed the lower standard test in Hindustani.

Surgeon-Captain HARDRESS JAMES WALLER, who was serving in the Madras Command, died at Bernardmyo, Upper Burma, on the 8th ult. Surgeon-Captain Waller was born in December, 1863, and had therefore nearly completed his 29th year. He entered the service February 1st, 1890. He was awarded the bronze medal of the Royal Humane Society for saving from drowning a patient who had hung himself off the hospital flat during an epidemic of cholera at Prome, in June or July, 1891.

Surgeon-Major H. SAUNDERS, now at Malta, has been appointed to the King's Dragoon Guards, now forming part of the Queen's Guard at Windsor.

Surgeon-Major J. F. BRODIE, serving on the Madras Establishment, is granted an extension of leave from October 28th to the date of his re-embarkation for Madras.

Surgeon-Captain H. C. THURSTON, on return from England, is directed to do duty in the Belgaum and Bangalore Districts, Madras Command.

Surgeon-Major E. L. MAUNSELL, serving in the Bombay Command, is transferred from general duty in the Poona District to general duty in the Sind District.

Surgeon-Captain W. B. STOKES, expected from England for duty in India, is posted to the Bombay Command, in succession to Surgeon-Captain R. J. D. Hall, tour expired.

### INDIAN MEDICAL SERVICE.

SURGEON CAPTAIN W. R. EDWARDS, M.D., Bengal Establishment, is appointed Honorary Surgeon to the Beloochistan Rifle Volunteers.

Surgeon-Captain D. H. M. GRAVES, Surgeon-Captain W. MOLESWORTH, and Surgeon-Lieutenant R. H. LIENT, all of the Madras Establishment, have passed the lower standard test in Hindustani.

Surgeon-Captain L. F. CHILDE, Bombay Establishment, received charge of the duty of Professor of Chemistry in Elphinstone College on October 7th.

Surgeon-Captain A. V. ANDERSON, M.B., Bombay Establishment, received charge of the office of Deputy Sanitary Commissioner, Western Registration District, on October 24th.

Surgeon-Captain J. F. BARRY, M.B., Bombay Establishment, Superintendent at Matheran in the District of Kolaba, is appointed Magistrate, third class, in that District, and is invested with additional powers specified in the 4th schedule to the Code of Criminal Procedure, 1882.

The powers of a magistrate of the third class conferred on Surgeon-Major J. S. WILKINS, Bombay Establishment, October 16th, 1889, are withdrawn.

The following Surgeon-Majors of the Bengal Establishment, having completed 20 years' full pay service, are promoted to be Surgeon-Lieutenant-Colonels, from October 1st: M. D. MORIARTY, M.D.; G. PRICE, M.D.; E. BOVILL, M.B.; B. O'BRIEN, M.D.; H. W. HILL, M.B.; W. A. GALLEAN; and W. E. GRIFFITHS.

The following Surgeon-Captains of the Bengal Establishment, having completed 12 years' full pay service, are promoted to be Surgeon-Majors from October 2nd: G. M. J. GILES, M.B.; A. R. W. SEDGEFIELD, M.B.; E. F. H. DOBSON, M.B.; J. SHEARER, M.B.; F. S. PECK; and W. DEANE.

Surgeon-Lieutenant-Colonel G. F. BEVAN and Surgeon-Captain C. F. FEARNSIDE, of the Madras Establishment, have been permitted to return to duty.

Surgeon-Captain W. E. JENNINGS, M.B., Bombay Establishment, is appointed Civil Surgeon of Kutnagherry, vice Surgeon-Captain B. B. Grayfoot, continuing to act as Secretary to the Surgeon-General with the Government of Bombay.

Surgeon-Lieutenants S. H. BURNETT and T. JACKSON are brought on the strength of the Bombay Establishment from November 1st, the date of their arrival at Bombay.

The undermentioned officers have leave of absence as specified: Surgeon-Captain E. R. W. C. CARROLL, Bengal Establishment, medical officer 16th Native Infantry, for one year out of India, on medical certificate; Brigade-Surgeon-Lieutenant-Colonel W. FINDEN, Bengal Establishment, 7th Bengal Cavalry, for six months, on medical certificate; Surgeon-Major H. D. MASANI, Bombay Establishment, in India and to Burma for six months, from date of departure, on private affairs.

Surgeon-Lieutenant-Colonel HENRY WALTER HILL, Bengal Establishment, died at St. Heller's, Jersey, on November 22nd, at the age of 42. He entered the service as Surgeon, October 1st, 1872, and attained the rank of Surgeon-Lieutenant-Colonel so recently as the 1st October last.

Surgeon-Major PETER GOODDALL LAY, Bengal Establishment, died at Cairo on November 21st.

That, with a view to terminate the undesirable practice of antedating, the attention of the authorities of all the medical schools in the United Kingdom be called to the extreme importance of not allowing students to commence a professional course of study before they have passed their preliminary examination—the subjects which, according to the regulations of the Council, must be all taken at one and the same time—and of seeing that their registration is then immediately effected.

This was also agreed to.

#### DENTAL PENAL CASE.

The REGISTRAR stated that a dental penal case had, at the request of counsel and by the consent of the prosecuting body—the British Dental Association—been postponed until next session.

This concluded the business of the session.

## MEDICAL NEWS.

NURSE JANET DICKSON died in Leith Hospital last week from typhus fever contracted while engaged in her duties.

THE late Mr. George Trimmer, of Farnham, a member of the Surrey County Council, by his will leaves £15,000 for the purpose of endowment of a cottage hospital at Farnham, and £500 to the Royal Surrey County Hospital, Guildford.

BEQUESTS.—The late Mr. George Holloway, of Stroud, has by his will bequeathed £500 to the Stroud Hospital; and the late Hon. Ralph Heneage Dutton, of Timsbury Manor, near Romsey, Hants, has bequeathed £200 each to the Southampton Dispensary and the Royal South Hants Dispensary.

PRESENTATION.—Dr. H. M. Wood was on Tuesday, November 22nd, presented with an illuminated address and a handsome clock by the patients and hospital staff of the Royal National Hospital for Consumption, Ventnor, on the occasion of his leaving the hospital to practise in London.

DR. WILKS has printed his address at the Church Congress on the question, "Do the interests of mankind require experiments on living animals, and if so, up to what point are they justifiable?" Copies can be obtained by applying to Mr. J. W. Kolckmann, 2, Langham Place, W., and forwarding 3d. in stamps.

SUCCESSFUL VACCINATION.—Mr. G. F. Sydenham, public vaccinator for the No. 1 District of the Dulverton Union, and Mr. Wyndham Randall, public vaccinator for the Central District of the Bridgend and Cowbridge Union, have received the Government grant for efficient vaccination, the latter for the third time in succession.

THE Bohemian Club for the Emancipation of Women has petitioned the Austrian Minister of the Interior to allow women to study pharmacology and to practise pharmacy, which in Austria is included among the learned professions. The Minister has not yet given his decision. These facilities exist in this country, but have been very little used.

MEDICAL LECTURE ON THE CANARY ISLANDS.—On November 24th, Dr. J. W. Hayward lectured on "The Canary Islands as a Health Resort." Dr. Hayward visited Teneriffe and Canary in the early part of the present year and made a special study of the climate, the water, and the places generally. The various springs were tested and an exhaustive inquiry was made, with the result that Dr. Hayward now recommends "The Fortunate Islands" as the finest climate in the world for phthisical invalids.

"POISONED BY MISTAKE"—ECCE ITERUM.—An inquest was held at Manchester on November 21st, by Mr. S. Smelt, Deputy City Coroner, on the body of Sarah Ann Shore, aged 68, late of 40, Cedar Street, Waterloo Road. A doctor who attended her prescribed some medicine and lotion. The latter was for application to her left side, and was labelled "Poison." She took a dose of medicine, and immediately afterwards said that she had taken the lotion by mistake. An emetic was given to her at once, and a doctor was sent for, but she died from the effects of the poison. A verdict of accidental death was returned.

DEATH OF A DOCTOR BY HIS PATIENT'S BEDSIDE.—The *Occidental Medical Times* states that Dr. F. C. Durant, of Folsom, U.S.A., died of apoplexy on October 15th, under remarkable circumstances. He was visiting a patient, and had just finished making an examination. On attempting to rise from his chair, he found himself unable to do so, and, after several unsuccessful efforts, he fell back, uttering the diagnosis "paralysis." He survived only a few hours. Dr. Durant had completed his 44th year on the very day he died.

MEDICAL AID FOR POOR CLERGYMEN.—Many of the poorer clergy, especially town and country curates, are unable to procure special medical advice or trained nursing, and with the active co-operation of many of the members of the Medical Guild of St. Luke, a nursing home, to be called St. Luke's Hostel, has been opened in Devonshire Street, W., with the object of offering them gratuitously the best surgical and medical attention. Nearly all the great specialists have given their honorary services. The hostel begins with accommodation for ten indoor patients, and it is under high episcopal patronage, and has a strong committee of London clergymen.

HARVEIAN SOCIETY OF LONDON.—At the meeting of the Harveian Society on November 17th, Dr. Rayner D. Batten showed a "Clinical Pulse Manometer," designed to enable practitioners to estimate in ounces the degree of compressibility of the pulse, and thus to give some recordable measure of the pulse lesions. Dr. Walters said he had used the instrument for some months, and found it useful. Mr. Buckton Browne read a paper on the treatment of "impassable" urethral structure, which was published in the *BRITISH MEDICAL JOURNAL* of November 26th. The paper was discussed by Messrs. Solomon Smith, Hurlbutt, T. Robinson, and Maunsell, and the President.

THE BRISTOL MEDICAL MISSION.—A largely attended drawing-room meeting was held at Worcester Lodge, Clifton, by kind permission of Miss Charles, under the presidency of Dr. E. Long. In the absence through illness of Dr. Elder, Dr. Lock, the honorary secretary, gave a very interesting account of the work and of his visits to the homes of the people, stating that over two hundred patients had attended at the dispensary in one day, and thirty visits were paid by Dr. Elder on another. The total number of fresh attendances had been 20,400, with 600 visited at their homes; and this large number could not have been relieved except for the valuable help of the lady dispensers and the lady superintendent and friends. Other gentlemen took part in the meeting, and a collection was made, it being stated that the institution would require £200 before the close of the year.

THE FORTUNATE ISLES.—We understand that the quarantine regulations, which have up to the present moment greatly interfered with the convenience of travellers and seekers for health bound for Teneriffe, have now been removed, and the Union and other steamship companies are now calling at this island, and land passengers. The most rapid passage on record has just been made by the Union Company's steamer on its way home from the Cape of Good Hope. Madeira is now within an easy sea journey of from three to three and a half days, and Teneriffe is reached in another day. The number of ocean steamers, the splendid accommodation of the great mail lines, the shortness of the journey, the perfection of the climate, and the beauty of the scenery are attracting invalids and persons in search of winter sunshine and a restful holiday, with a short sea journey, in increasing numbers to these "Fortunate Islands."

IRRITANT POISONING OR NATURAL CAUSES?—At an inquest held at St. Helens on the body of a married woman the husband testified that his wife had been taken ill soon after partaking of a small quantity of tinned beef. A doctor was called in, but she became worse and died. The daughter gave evidence to the effect that she had also partaken of the meat, and had not suffered any ill effects. Dr. Casey, who had been called to the deceased, deposed that her symptoms were clearly those produced by some irritant poison, and that she must have had something to produce those symptoms. The jury, having heard the evidence and the views



of the coroner, returned a verdict of "Death from natural causes." To anyone who may be collecting statistics of utterly useless inquests we commend this as a typical example. No attempt was made to ascertain the cause of death, but all the evidence went to show that the case was one which required the investigation which it did not receive.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. Carl Friedinger, formerly Director of the Lower Austrian Lying-in and Foundling Asylum, Knight of the Franz Joseph Order, and author of works on vaccination, etc., aged 72; Dr. Johann Belky, Professor of Forensic Medicine in the University of Klausenburg, aged 41; Dr. Elias Martinez Gil, a leading physician of Valencia, Professor of Artistic Anatomy in the School of Fine Arts of that city, a post which he resigned on being elected Alcalde (Mayor), and at one time Custodian of the Anatomical Museum, which he enriched with many valuable specimens; Dr. Paul Farcy, of Vinalmont, in Belgium, a member of the Provincial Council for the canton of Huy, and a prominent politician, aged 50; Dr. A. Reeves Jackson, President of the Faculty of the College of Physicians and Surgeons of Chicago, and President of the American Gynecological Society, aged 65; and Dr. Aurelius Homer Agard, formerly Vice-President of the California State Medical Society and a well-known contributor to different journals on the most varied subjects, aged 70. Dr. Agard died in his office immediately after prescribing for a patient.

**PASTEURISM AT BUDA-PESTH.**—At a recent meeting of the Mathematico-Scientific Section of the Hungarian Academy, Professor Högyes presented a report on the work of the Buda-Pesth Pasteur Institute, of which he is Director, during the first two years of its existence. From April 15th, 1890, to April 14th, 1891, the number of persons subjected to protective inoculations was 701, of whom 8 died of hydrophobia, giving a death-rate of 1.14 per cent. From April 15th, 1891, to April 14th, 1892, the number of persons treated was 540, of whom 3 died of hydrophobia, giving a death-rate of 0.58 per cent. The average mortality for the two years was 0.88 per cent. Among the 1,241 persons treated, 130 had been bitten on the head, face, or neck; of these, 3, or 2.30 per cent., died. Of 486 bitten on the hands, 7, or 1.64 per cent., and 625 bitten on the foot or on the trunk, only 1, or 0.16 per cent., died. Official returns for the first of the two years referred to obtained for Professor Högyes by the Hungarian Government show that the rate of mortality among persons bitten during that period who either did not come to the Pasteur Institute at all or applied too late was 26.8 per cent. When compared with the death-rate among those treated in time (1.14 per cent.), these figures bear striking testimony to the efficacy of the protective inoculations.

**AMERICAN JOTTINGS.**—There are said to be more than 34,000 drug shops in the United States. In the Eastern States there are 10,649, in the Southern 6,239, in the Central 13,073, and in the Western 4,575. And yet Uncle Sam complains (post-nasally) that he is nervous and dyspeptic.—A medical practitioner of Bangor, Maine, had recently to reduce a dislocation of the jaw in a lady, caused by yawning in church.—An American contemporary states that there is, in the Patent Office at Washington, an application, dated some forty years back, for a patent for a trap for the removal of tapeworms from the human stomach and intestine without medicine. The invention consists of a non-corrosive metallic trap, which is baited (it is not stated what with), attached to a string, and swallowed by the patient after a fast sufficiently prolonged to ensure a healthy appetite on the part of the worm. The worm seizes the bait, whereupon its head is caught in the trap, which is then pulled out of the patient's stomach by means of a string which has been left hanging out of his mouth; the whole length of the worm is supposed to follow. Though this proposal is extravagant, there are cases on record in which the *ascaris lumbricoides* has brought its life to an untimely end by strangling itself in foreign bodies with annular apertures, which have been accidentally swallowed, and the deliberate swallowing of such bodies has even been suggested as a method of treatment.

## HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

- CANCER, Brompton (Free).** *Hours of Attendance.*—Daily, 2. *Operation Days.*—Tu. S., 2.
- CENTRAL LONDON OPHTHALMIC.** *Operation Days.*—Daily, 2.
- CHARING CROSS.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operation Days.*—W. Th. F., 3.
- CHELSEA HOSPITAL FOR WOMEN.** *Hours of Attendance.*—Daily, 1.30. *Operation Days.*—M. Th., 2.
- EAST LONDON HOSPITAL FOR CHILDREN.** *Operation Day.*—F., 2.
- GREAT NORTHERN CENTRAL.** *Hours of Attendance.*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day.*—W., 2.
- GUY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operation Days.*—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.
- HOSPITAL FOR WOMEN, Soho.** *Hours of Attendance.*—Daily, 10. *Operation Days.*—M. Th., 2.
- KING'S COLLEGE.** *Hours of Attendance.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days.*—M. F. S., 2.
- LONDON.** *Hours of Attendance.*—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days.*—M. Tu. W. Th. S., 2.
- LONDON TEMPERANCE HOSPITAL.** *Hours of Attendance.*—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operation Days.*—M. Th., 4.30.
- METROPOLITAN.** *Hours of Attendance.*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day.*—F., 9.
- MIDDLESEX.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9 W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4, Th., 9.30; Dental, M. W. F., 9.30. *Operation Days.*—W., 1.30, S., 2; (Obstetrical), Th., 2.
- NATIONAL ORTHOPÆDIC.** *Hours of Attendance.*—M. Tu. Th. F., 2. *Operation Day.*—W., 10.
- NORTH-WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F., 9. *Operation Day.*—Th., 2.30.
- ROYAL FREE.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operation Days.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
- ROYAL LONDON OPHTHALMIC.** *Hours of Attendance.*—Daily, 9. *Operation Days.*—Daily, 10.
- ROYAL ORTHOPÆDIC.** *Hours of Attendance.*—Daily, 1. *Operation Day.*—M., 2.
- ROYAL WESTMINSTER OPHTHALMIC.** *Hours of Attendance.*—Daily, 1. *Operation Days.*—Daily.
- ST. BARTHOLOMEW'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operation Days.*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
- ST. GEORGE'S.** *Hours of Attendance.*—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopædic, W., 2; Dental, Tu. S., 9. *Operation Days.*—Th., 1; (Ophthalmic), F., 1.15.
- ST. MARK'S.** *Hours of Attendance.*—Fistula and Diseases of the Rectum, males, W., 8.45; females, Th., 8.45. *Operation Day.*—Tu., 2.
- ST. MARY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days.*—Tu., 1.30; (Orthopædic), W., 11; (Ophthalmic), F., 9.
- ST. PETER'S.** *Hours of Attendance.*—M., 2 and 5, Tu., 2, W., 5, Th., 2, F. (Women and Children), 2, S., 4. *Operation Days.*—W. and F., 2.
- ST. THOMAS'S.** *Hours of Attendance.*—Medical and Surgical, daily, exc. W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operation Days.*—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2; (Gynecological), Th., 2.
- SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Hours of Attendance.*—Daily, 1.30. *Operation Day.*—W., 2.30.
- THROAT, Golden Square.** *Hours of Attendance.*—Daily, 1.30; Tu. and F., 6.30; *Operation Day.*—Th., 2.
- UNIVERSITY COLLEGE.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30; *Operation Days.*—W. Th., 1.30; S., 2.
- WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days.*—Tu. F., 2.30.
- WESTMINSTER.** *Hours of Attendance.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days.*—Tu. W., 2.

## MEDICAL VACANCIES.

The following vacancies are announced:

- BALLINASLOE UNION, LAWRENCETOWN DISPENSARY.**—Medical Officer. Salary, £127 per annum and fees. Applications (with diplomas) to Mr. T. Connolly, Honorary Secretary. Election on December 7th.
- BELGRAVE HOSPITAL FOR CHILDREN.** 79, Gloucester Street, S.W.—House-Surgeon. Board, lodging, fuel, and light found. Applications, endorsed on envelope "House-Surgeon," to the Honorary Secretary by December 16th.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL,** Church Street, Birmingham.—Assistant House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to the Chairman of the Medical Board by December 8th.
- BOOTLE BOROUGH HOSPITAL.**—Assistant House-Surgeon and Dispenser. Salary, £40 per annum, with board, lodging, washing, etc. Applications to the Clerk by December 6th.
- BRIGHTON, HOVE, AND PRESTON DISPENSARY.**—House-Surgeon to the Western Branch, unmarried, doubly qualified. Salary, £140 per annum (less board at 8s. per week), with furnished apartments, coals, gas, and attendance. Applications to the Assistant Secretary by December 15th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—House-Physician. Board, residence, and allowance for washing provided. Appointment for six months. Applications to the Secretary at the Office, 24, Finsbury Circus, E.C., by December 8th.
- EDMONTON UNION.**—District Medical Officer. Salary, £25 and extra fees; must reside in the district. Applications, on forms to be obtained at the Clerk's office, to Francis Shelton, Solicitor and Clerk, 808, High Street, Tottenham, by December 6th.
- FARRINGDON GENERAL DISPENSARY,** Bartlett's Buildings, Holborn Circus, E.C.—Resident Medical Officer. Salary, £100 per annum, with apartments and attendance. Applications to W. K. Taunton, Honorary Secretary, by December 5th.
- FISHERTON ASYLUM,** Salisbury.—Clinical Assistant for six months. Board, lodging, and washing found. Applications to Dr. Finch at the Asylum.
- HOLBORN UNION.**—Assistant Medical Officer at the Infirmary, Archway Road, N. Salary, £100 per annum, with board, lodging, and washing. Applications, on forms to be obtained at the Clerk's office, to be sent in by December 6th.
- KILLARNEY DISTRICT LUNATIC ASYLUM.**—Assistant Medical Officer. Salary, £100 per annum, with allowances valued at £100 yearly. Candidates must be unmarried, and not over 30. Applications to Dr. L. T. Griffin, Resident Medical Superintendent. Election on January 19th.
- LONDON COUNTY COUNCIL.**—Visiting Medical Officer for the Mayford Industrial School, Woking, Surrey. Applications endorsed on the envelope "Medical, Mayford," to the Clerk of the London County Council, Spring Gardens, London, S.W., by December 7th.
- LONGFORD UNION, LONGFORD DISPENSARY.**—Medical Officer. Salary, £125 per annum and fees. Applications to Mr. Michael Shevlin, Honorary Secretary. Election on December 7th.
- NOBLE'S ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY,** Athol Street, Douglas, Isle of Man.—Resident House-Surgeon; doubly qualified; unmarried. Salary, £100 per annum, with apartments, gas, coal, and laundry free. Applications to F. Browne, Honorary Secretary, by December 3d.
- NORTH-EASTERN HOSPITAL FOR CHILDREN,** Hackney Road, N.E.—Junior House-Surgeon; doubly qualified. Salary, £80 per annum. Applications to Alfred Nixon, Secretary, 27, Clement's Lane, E.C., by December 9th.
- NORTHUMBERLAND COUNTY LUNATIC ASYLUM,** Morpeth.—Assistant Medical Officer; unmarried. Salary, £120 per annum, increasing £10 yearly to £150, with furnished apartments, and board and lodging. Applications to Dr. McDowall at the Asylum by December 15th.
- OWENS COLLEGE,** Manchester.—Junior Demonstrator in Physiology and Histology. Salary, £100 per annum. Applications to the Registrar by December 12th.
- PARISH OF PADDINGTON.**—Medical Officer for the South District; must reside within the district. Salary, £75 per annum, exclusive of medical fees. Applications to Henry F. Aveling, Clerk to the Guardians, 289, Harrow Road, W., by December 6th.
- PAROCHIAL BOARD OF EDINBURGH.**—Resident Medical Officer for the Poorhouse, Craiglockhart. Salary, £80 per annum, with board and lodging. Applications to G. Greig, Inspector, 2, Forrest Road, Edinburgh, by December 10th.
- RATHDRUM UNION, ARKLOW DISPENSARY.**—Medical Officer. Salary, £10 per annum and fees. Applications to Mr. James Hanagan, Honorary Secretary, Currantstown, Arklow. Election on December 12th.
- ROYAL CORNWALL INFIRMARY,** Truro.—House-Surgeon, unmarried, doubly qualified. Salary, £150 per annum, with furnished apartments, fire, light, and attendance. Applications to the Secretary before December 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.
- ROYAL LONDON OPHTHALMIC HOSPITAL,** Moorfields, E.C.—Senior House-Surgeon. Salary, £75 per annum, with board and residence. Applications to Robert Newstead, Secretary, by December 6th.
- ST. ANDREWS UNIVERSITY,** Dundee.—Demonstrator of Anatomy.—Salary, £120 per annum. Applications to the Secretary by December 17th.

**ST. THOMAS'S HOSPITAL MEDICAL SCHOOL, S.E.**—Resident Assistant-Physician, a Resident Assistant-Surgeon, three Demonstrators of Anatomy, Demonstrator of Physiology, two Hospital Registrars, Obstetric Tutor and Registrar, eight House-Physicians, eight House-Surgeons and eight Assistant House-Surgeons, eight Obstetric House-Physicians, four Ophthalmic House-Surgeons, Clinical Assistants in the Special Departments, Clinical Clerks and Dressers in the Wards and in the Out-patient Departments, Obstetric Clerks, Assistants to the Teachers of Practical Surgery and of Materia Medica, Assistants in the Physiological and Pathological Laboratories, Anatomical Registrars and Prosectors. Applications to G. H. Makins, Dean.

**SAMARITAN HOSPITAL FOR DISEASES OF WOMEN,** Lisburn Road, Belfast.—Two Honorary Attending Physicians. Applications to the Secretaries by December 5th.

**VICTORIA HOSPITAL,** Burnley.—Honorary Ophthalmic and Aural Surgeon. Applications, endorsed "Ophthalmic," to the Honorary Secretary, Joshua Rawlinson, J.P., by December 6th.

**WEST LONDON HOSPITAL,** Hammersmith Road, W.—House-Physician; appointment for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary, by December 7th.

**WEST LONDON HOSPITAL,** Hammersmith Road, W.—House-Surgeon; appointment for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary, by December 7th.

**WESTMINSTER GENERAL DISPENSARY,** 9, Gerrard Street, Soho.—Resident Medical Officer. Appointment for one year. Applications to J. J. Johnson, Secretary, by December 15th.

## MEDICAL APPOINTMENTS.

- BAILEY, Samuel Hy., M.D., M.B., C.M.Aberd.,** appointed Medical Officer for the Fifth District of the Nottingham Union.
- BALLANTYNE, J. W., M.D. Edin.,** appointed Obstetric Physician and Gynaecologist to the Western Infirmary, Edinburgh.
- BROWN, Murdoch, M.B., C.M. Edin.,** appointed Consulting Physician to the Western Infirmary, Edinburgh.
- BURY, R. F., M.R.C.S., L.R.C.P.,** appointed House-Surgeon to St. George's Hospital.
- CHARLTON, F. J., L.R.C.P.Lond., M.R.C.S.,** appointed Medical Officer for the Fourth Sanitary District of the Wimborne Union.
- COSENS, W. B., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Honorary Surgeon to the Taunton and Somerset Hospital, *vice* Wm. Liddon, F.R.C.S.
- DALISON, B. E., M.B., C.M. Edin.,** appointed Medical Officer for the Puddletown District of the Dorchester Union.
- DONALD, James, M.R.C.S.,** reappointed Medical Officer of Health for Ham.
- DOUGAN, William, M.D. Glasg.,** appointed Medical Officer to the Glasgow Post Office, *vice* Sir George H. B. Macleod.
- EVANS, J. J., M.B., C.M. Edin.,** appointed Resident Medical Officer to the Carmarthenshire Infirmary.
- FLEMING, R. A., M.A., M.B., C.M. Edin.,** appointed Senior Physician to the Western Infirmary, Edinburgh.
- GARDNER, Mr. Harold,** appointed House-Surgeon to Charing Cross Hospital.
- GARROD, A. E., M.A., M.D.,** appointed Assistant-Physician to the Hospital for Sick Children, Great Ormond Street, W.C.
- GUNN, Donald, F.R.C.S.,** appointed Ophthalmic Surgeon to the Hospital for Sick Children, Great Ormond Street.
- HALL, Alfred, M.R.C.S.,** reappointed Medical Officer for the Butterson and Grindon Sanitary District of the Leek Union.
- HALLOWES, A. H. B., M.R.C.S.Eng., L.S.A.,** appointed Medical Officer for the No. 2 District of the Maidstone Union.
- HAYCOCK, H. E., L.R.C.P. Edin., M.R.C.S.Eng.,** appointed Medical Officer for the Thirteenth District of the Basford Union, *vice* M. Hooper, resigned.
- HOPKINS, G. Herbert, L.R.C.P.Lond., M.R.C.S.,** appointed Senior Surgeon to the Swansea General Hospital, *vice* Jabez Thomas, L.R.C.P., F.R.C.S. Edin., resigned.
- HOSKINGS, Dr. W.,** appointed Medical Officer for the Nazeing District of the Epping Union, *vice* T. Fowler, L.R.C.P., L.R.C.S.I., resigned.
- HUGHES, E. Lucas, M.R.C.S., L.R.C.P.Lond.,** appointed Physician's and Surgeon's Assistant to the Out-patients at University College Hospital.
- KNOWLES, E., M.D., C.M.Aberd.,** appointed Public Vaccinator for the Birkenhead District of the Birkenhead Union.
- LEGGATT, Gerrard S., M.R.C.S.Eng.,** appointed Medical Officer for the Outdoor Poor and the Workhouse of the Hoo Union, *vice* A. E. Swayne, L.R.C.P., L.R.C.S. Edin., resigned.
- LLOYD, T. F., M.R.C.S.Eng., L.S.A.,** reappointed Medical Officer for the No. 4 District of the Reigate Union.
- MARSHALL, Dr.,** appointed Medical Officer to the Bo'ness Parochial Board, *vice* C. M. Wildridge, M.B., C.M. Glasg., resigned.
- MUIR, Robert Douglas, M.R.C.S.Eng., L.R.C.P.Lond.,** appointed House-Physician to Charing Cross Hospital.
- NEVILLE, Thomas, M.D., Ch. Irel.,** appointed Divisional Surgeon to the Police attached to the Gerald Road Police Station in the B Division, S.W.
- PROSSER, Frank, M.B., C.M. Glasg.,** appointed Medical Officer of Health for the Urban Sanitary District of the Prescot Union, *vice* Andrew Murdoch, M.B., C.M. Glasg., resigned.

RANSOME, H. F., L.R.C.P., M.R.C.S., appointed Honorary Medical Officer to the Manchester Hospital for Consumption and Diseases of the Throat.

REECE, James, M.D., D.P.H., appointed Medical Officer of Health to the Kingstown Town Council.

RICHARDSON, R. T., M.R.C.S., appointed Medical Officer for the North Bradley and Southwick Sanitary District of the Westbury Union, *vice* N. V. Wise, L.R.C.P., L.R.C.S.I., resigned.

RYAN, Dr. A. B., appointed Medical Officer of the Silvermines Dispensary District of the Nenagh Union.

### DIARY FOR NEXT WEEK.

#### MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Surgeon-Colonel J. B. Hamilton, M.D.: Cholera; its Epidemic Progression and Causation.

#### TUESDAY.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. C. F. Beadles: Fibroma of Male Breast. Mr. W. Anderson: Fibroma of Male Breast. Mr. Dudley Cooper: Hyaline Fibroma of a Cow's Udder. Mr. H. Hetham Robinson: Rodent Ulcer from Male Breast. Mr. W. Edmunds: Fatty Tumour from the Lip. Dr. Beaven Rake (per Mr. J. Jackson Clarke): Some Observations on Yaws. Mr. J. Jackson Clarke: The Histology of the Yaws Tubercle. Mr. W. Anderson: Sarcoma of the Sterno-mastoid.

#### WEDNESDAY.

OBSTETRICAL SOCIETY OF LONDON, 8 P.M.—Specimens will be shown by Dr. Horrocks, Dr. Rash, Dr. Boxall, Dr. Lewers, Dr. Handfield-Jones, and Dr. Amand Routh. Dr. Frederick J. McCann and Dr. W. A. Turner: On the Occurrence of Sugar in the Urine during the Puerperal State. Dr. W. S. A. Griffith: A case of Galactorrhoea during a First Pregnancy.

#### THURSDAY.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 8.30 P.M.—Patients and Card Specimens at 8 P.M.—Dr. A. Bronner: A Portable Sterilising apparatus for Ophthalmic Instruments and Bandages. Mr. Hartridge: Intracocular Growth (?) Mr. W. T. Holmes Spicer: Kerato-Malacia. Mr. S. Johnson Taylor: Notes of a case of Probable Rupture of the Optic Nerve (patient will be shown). Mr. W. C. Rockliffe: Notes on a case of (1) Panophthalmitis following Lachrymal Sac Affection. (2) Traumatic Ectropion treated by Tweedy's Operation. Mr. Priestley Smith: (1) A case of Toxic Amblyopia from Iodoform. (2) A Double Model Eye for Ophthalmoscopy and the Shadow Test. (3) Improved Model illustrating Conjugate Movements. Mr. Robert W. Doyne: Notes on a Foreign Body in the Eye.

BRITISH GYNÆCOLOGICAL SOCIETY, 20, Hanover Square, 8.30 P.M.—Mr. Bowreman Jessett: Twenty-five cases of Supravaginal Amputation of the Cervix Uteri for Carcinoma.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY, Great Northern Central Hospital, N., 9 P.M.—Papers by Drs. D. Fairweather, M. J. Bulger, and J. McMunn.

#### FRIDAY.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. James Calvert: Case of Subacute Oedema of Lung occurring above a Diminishing Pleural Effusion. Mr. Bland Sutton: Case of Axial Rotation of a Wandering Spleen: Splenectomy: Recovery. Dr. Francis Hawkins: Case of Hemiplegia in Typhoid Fever associated with Aphasia; Hemorrhage from Bowels and Purpura. Mr. Wainwright: Case of Fracture of Lower Jaw with Traumatic Aneurysm, Ligature of Right Common Carotid Artery, followed by Left Hemiplegia.

### 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.

BEAN.—On November 23rd, at Plymouth, the wife of Chas. E. Bean, F.R.C.S.Edin., of a son.

BULLOCK.—On November 16th, at Eastgate House, Warwick, the wife of Roger Bullock, M.R.C.S., L.S.A., of a daughter.

CHAMBERLAIN.—On November 27th, at Nailsworth, Glos., the wife of W. W. Chamberlain, M.B., C.M., of a daughter.

JACKSON.—On November 25th, at Bournemouth, the wife of Basil Jackson, L.R.C.P., M.R.C.S., of a daughter.

#### MARRIAGE.

PUGH—EVANS.—On November 26th, at New Jewin Chapel, London, by the Revs. J. E. Davies, M.A., and D. Morgan, J. W. Pugh, M.B.Lond., M.R.C.S., L.S.A., of 3, Upper Rock Gardens, Brighton, to Margaret Eleanor, daughter of the late Captain Evans, Llanon, Cardiganshire.

#### DEATHS.

SHEPARD.—On November 27th, 1892, at Ty Cornel, Usk, Mon., Alexander John Shepard, M.R.C.S.Eng., L.S.A., aged 77.

TAYLOR.—On November 24th, at 202, Earl's Court Road, South Kensington, Michael Waistell Taylor, M.D., F.S.A., late of Hutton Hall, Penrith, in his 69th year. (Friends are requested to accept this, the only, intimation.)

## 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.

LUX asks what is the best kind of lamp to be used inside a brougham, for reading purposes, etc., its price, and where it can be obtained.

S. W. C. asks where an old gentleman suffering from epileptic insanity, but not very troublesome at present, can be placed at a charge not exceeding £1 is. a week? Neighbourhood of London preferred.

T. E. J., who is ordered abroad owing to phthisis, asks what colony offers the best prospects for a medical man—in particular, whether the Cape should be preferred to Australia.

DR. F. WILLIAM COCK (Porchester Square, W.) asks to be recommended a home for a single lady, aged 68, of somewhat uncertain temper, who could be taken care of for about a pound a week.

M.B. would greatly value any suggestions for the relief of painful tonic and clonic contractures of the lower limbs in a patient, aged 62, with paraplegia from spinal caries. The abdominal muscles contract at the same time as the limbs, and dyspnoea ensues. There is also fatty degeneration of the heart, and chronic infiltration of the left lung. Argent. nitr., physostigmine, the constant current, and weights applied to the limbs have been tried.

A. E. N. writes: I have a lady patient, aged 22 years, who has been twice confined in an asylum for acute mania. Since her return she is content to sit listlessly in a chair with her hands in her lap, and refuses to see anybody beyond her own family, or even go out of doors. Before her first attack she was very high spirited, and an accomplished pianist, speaking German and French as fluently as English. I shall be exceedingly grateful if anyone can advise any measures with regard to this case, or if there is any comfortable home where she could be thoroughly looked after and cared for, at a not exorbitant sum.

#### LEAD WORKERS AND INFANT MORTALITY.

MUNICEPS writes: I shall be very much obliged if some of the members of the British Medical Association will let me have their opinion on the following case: A man employed at lead works for five years, aged 28, had been "leadied" about two years after he started, but now in good health. He married about twelve months ago a young woman also in good health, who is not employed at the lead works herself. About five weeks ago a baby was born, apparently healthy and fairly strong. The mother, about three weeks after, got some sort of a feverish attack, which obliged her to wean the infant. The infant did not thrive on the strange food, and, in spite of one or another kind of treatment, died when just five weeks old. The father is anxious to know if his employment has anything to do with the child's death. He tells me of a case where a man working along with him, who has his wife also in the employ of the same works, has had nine children born to him, but none of them lived.

#### ANSWERS.

INQUIRER has omitted to send his name.

#### OBSTINATE HICCUGH.

F. H. states that in one case after failure of drugs, the symptom was rapidly relieved by leeching the anus.

J. G. writes: R. B. will find conium, if he has not already tried it, in small doses, useful in such a case.

MR. J. GOODWIN should apply to the Secretary of the Royal College of Surgeons, Lincoln's Inn Fields, London, W.C., or to the Secretaries of the Royal College of Surgeons of Edinburgh or Ireland.