

(exactly like a cat's in the dark); his features worked convulsively; he tried to gulp the milk down, but it all came back; he let the mug drop, and, with a peculiar weird cry, sank back in the chair. He immediately afterwards showed signs of becoming very violent, so I injected half a grain of morphine subcutaneously, and got him put to bed. At midnight (that is, about 8½ hours afterwards) he was sleeping calmly, but about 6 A.M. on September 5th he was seized with convulsions. On my visit at 8 A.M. I again injected half a grain of morphine, which quieted him until he reached the Huddersfield Infirmary. On the journey he seemed quite easy; in fact, on arriving at Huddersfield he said he had had a very pleasant ride. While waiting in the cab at the infirmary gates he said he felt very hungry; but when some beef-tea was offered to him he became violently convulsed. I shall never forget the scene when the poor lad was saying "Goodbye" to his parents, brothers and sisters; it was really most heartrending. He realised fully on Monday morning (September 5th) what was to be his fate; but always previously, his father told me, he had made very light of his dog bite, and said it did not bother him much, so that, in his case at least, morbid glooming was not the exciting cause of the hydrophobia symptoms. The other lad who was bitten by the same mad dog is up to now, I believe, quite well, but, as you may imagine, in a fearful state of mind.

On admission he looked fairly well but rather flushed, and his lips were very dry. He talked rationally, and said that two minutes before the severe attack, on attempting to drink at dinner on the previous day, he had been able to drink quite easily. He was offered some beef-tea, but was seized with convulsions, complained of some oppression in his respiration, and a feeling as if there were a lump in his throat. About half an hour after admission he managed to drink a little milk without much trouble, and to eat a slice of bread and butter, but about four hours afterwards he became restless and nervous, and sat up on the side of his bed. He was still quite rational, but seemed afraid of the spasm coming on. His tongue was dry in the middle, with a little frothy deposit at the edges. Pulse 120, respirations 36. After a hypodermic injection of half a grain of morphine he became quite calm. There was, however, an occasional sudden respiratory spasm, apparently caused by attempting to swallow some saliva. He was ordered to have chloral by the bowel alternately with the hypodermic injections of morphine, and to be fed by enemata of peptonised milk and beef-tea. These were given every four hours. Up till midnight he was fairly quiet but with slight respiratory spasm. At 2 A.M. he became restless, and started up in bed several times, and the spasms became more severe. At 4 A.M. he grew worse, and was shouting, foaming at the mouth, and jumping out of bed. He remained pretty much in this condition until 6 A.M., when he quieted down a little, and an hour and a half later took about a teaspoonful of tea, and liked it, although he drank it with great difficulty. A few minutes later he again became much worse, and shouted, and threw himself about in bed. Spasm became more severe; there was much foaming at the mouth; he was quite unable to drink, and had a severe attack of spasm when the nurse wanted to wash his face. By 9 A.M. the nurse and his two brothers, who were with him during the night, could not control him. He had to be held down in bed, and struggled very violently, at the same time spitting out large quantities of saliva, and rambling and shouting. He was put under the influence of chloroform, and half a grain of morphine was injected, and his hands, shoulders, and feet were secured to the bedstead.

He was kept more or less under the influence of chloroform, and whenever he commenced to come out of it he began struggling and shouting. There were frothing at the mouth, spitting all over the bed and floor, widely dilated pupils, great restlessness, profuse perspiration, violent efforts to get out of bed, vomiting of greenish watery fluid, and some priapism. The saliva was very abundant, and was every now and then sucked into the windpipe, and then violently ejected. At times he would suddenly stiffen the whole body, throw his head backwards and to one side, put his features into a half grin, and scream loudly. His pulse was 136, very feeble, and there were abundant coarse *râles* in the chest. Shortly after 11 A.M., on coming round from the chloroform, he was fairly quiet, but was foaming at the mouth, and vomiting mouthfuls of saliva and mucus continuously, which he spat all round his bed. The respiratory spasm became worse, and caused more sucking in of the saliva into his trachea, and somewhat cyanosed him. The pulse rose to 180. An hour and a-half later he was still very restless. He had intervals of apnoea lasting sometimes about half a minute, when he became rather cyanosed, and then the respiratory spasm came on. He was still vomiting and spitting out large quantities of saliva. He continued to ramble, and threw himself about as much as

the straps would allow him, and became gradually weaker. The respiratory spasm also became worse, and the cyanosis also increased, whilst the vomiting became more frequent. Shortly after 2 P.M. the cyanosis was more or less continuous. The pulse was only just perceptible at the wrist. He was still bringing up mouthfuls of saliva, but did not spit it out, but allowed it to run out of his mouth. He still rambled a little, and moved his head about. At 2.30 he died, little more than forty-eight hours after the commencement of the serious symptoms.

The temperature reached 101.2° F. The specific gravity of the urine was 1025, and it contained a fair quantity of albumen. At the *post-mortem* examination the brain and lungs were found very much congested.

I am indebted to Mr. Cholmeley, Assistant House-Surgeon, for notes of the patient's condition whilst in the infirmary.

MICROSCOPICAL EXAMINATION.

Dr. Sims Woodhead, Director of the Laboratory of the Royal Colleges of Physicians and Surgeons, has made an examination of portions of the central nervous system. Unfortunately, owing to some postal misunderstanding, the specimens only reached his hands after a somewhat long interval. Dr. Woodhead's report is as follows:—

The cord, medulla oblongata, and portion of cerebral cortex was somewhat softened, at one or two points almost creamy; the surface of each piece was blanched, but on making sections at various levels there appeared some evidence of congestion, especially of the grey matter of the piece of the cortex, of the medulla, and of the anterior horns of grey matter of the cord in which the small vessels, especially those running from the pia mater, are considerably engorged. In the floor of the fourth ventricle, just at the lower angle at the entrance of the central canal, there is a very minute hæmorrhage, or what may be mistaken for one, for it is possible that this appearance may be due to the diffusion of pigment from a distended blood vessel into a softened area. The same remark applies to several similar patches found on either side of the raphe in the motor area higher up in the pons. On account of the almost diffident condition of some parts of the specimens, it is difficult to make out anything further. The tissues have since been kept in strong methylated spirit, changed repeatedly in order to harden them as much as possible. Pieces were then embedded in celloidin, and with difficulty a few fairly good but thick specimens of the medulla and pons at various levels and of the cortex cerebri have been obtained. These stained in Ehrlich's hæmatoxylin and then with benzo-purpurin, cleared up with clove oil and mounted in xylol balsam, show the following appearances.

In the medulla and pons, beyond extreme granularity of the cells of the olive and of the ganglion cells of the nuclei, some congestion and dilatation of the smaller vessels, slight distension of the perivascular spaces in which a few leucocytes could be found, there is nothing abnormal. There is no evidence of hæmorrhage near the median line (mentioned above), though there are localised patches in which the congestion appears to be much more marked than on the general surface. In the piece of the cortex there are far more evident changes. The vessels of the pia mater are distended, though here and there the spirit seems to have caused them to contract and so to drive out the blood. In and around the larger vessels, both those near the surface and those in the deeper layer, there are marked evidences of acute inflammation. Attention is at once drawn to large accumulations of leucocytes which occur just at the points of bifurcation, especially of the veins. The perivascular lymph spaces are considerably distended, even when they are not filled with leucocytes. At one or two points where putrefaction changes have set in, it appears as though some of the vessels had actually given way, but it is impossible to determine this with any degree of accuracy. Here, as in so many cases of hydrophobia, the histological changes in the nerve centres are little characteristic of the disease. I have seen much the same appearances as above described in cases of acute mania, in "acute congestion" of the brain, and in a case of acute tetanus, so that I am afraid there is little here to help to make a more accurate diagnosis than has already been able to be made from the clinical history of the case.

MEMORANDA:

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

FOREIGN BODIES IN THE LUNG.

MR. W. J. MIDDLETON, in the BRITISH MEDICAL JOURNAL of November 26th, describes two very interesting cases of foreign body in the lung where the foreign body was expelled, in one case nine months, and in the other twelve months, after its introduction, and without resort to any surgical procedure.

When a foreign body has entered the trachea or has become impacted in a bronchus, whether the resulting symptoms be trivial and occasional only, or whether they be severe and persistent, that patient is liable at any moment to suffocation by impaction of the body in the larynx during a strong expiratory effort, as in coughing. Where such an accident does not occur, can we say that the lung will remain healthy? The re-

verse is my experience, and thus I strongly urge operation in all cases where the inversion method has failed to dislodge the body. I could quote several cases in support of those statements, but I shall shortly describe one seen recently in consultation with Dr. James A. Adams. The patient was a boy, aged 9 years, who, while eating hazel nuts, accidentally inhaled a portion of one. Dyspnoea at once supervened, but, after the administration of an emetic given by the boy's father, he breathed more freely, and was put to bed. This was on November 21st. On account of a persistent cough, Dr. Adams was called on November 24th. The patient was flushed, temperature 104.2° F., breathing rapid; he was annoyed by a persistent hard cough. While the left side of the chest expanded freely on inspiration, no movement could be detected over the right chest; and on auscultation it was found that, while air entered the left lung freely, it was thought that none whatever entered the right lung, as there was complete absence of the respiratory murmur and of vocal fremitus. I saw the patient the same evening, when, in addition to the above symptoms, there was an area of dullness on percussion over the base of the right lung, and there was fœtor of the breath. There was no doubt of the blockage of the right bronchus, and there was possibly suppuration around the foreign body, so I strongly recommended early operation, consent to which was very reluctantly given. On the following morning the patient was put under the influence of chloroform, and the trachea cut down upon. The patient was then allowed to recover consciousness in great measure, before the trachea was opened, in order that the coughing set up by the entrance of air through the wound might in no way be interfered with. When the trachea was opened, the edges of the wound were held apart by the blades of a tracheal dilator, but mucus and blood alone were expelled. After an interval, a fine laryngeal probe was introduced through the tracheal opening, and passed down along the right wall of the trachea, to the distance of about 3 inches. Then, by moving the point towards the middle line, I attempted to dislodge the foreign body. While this was being done, the patient gave a violent cough, which resulted in the expulsion of a quantity of somewhat foetid muco-pus, and along with it a pyramidal-shaped portion of the kernel of a nut. More muco-purulent expectoration followed, accompanied by other two small portions of the same material. Air was then found to enter the right lung freely. A Foulis tube was introduced, and the patient put to bed. The pyramidal portion of nut expelled measured one-quarter of an inch at the base, and from base to apex it was three-eighths of an inch. The two smaller portions together equalled the size of a split pea. The tracheotomy tube was removed the following morning, when the patient was virtually well.

WALKER DOWNIE, M.B., F.F.P. & S.G.,
Surgeon Throat and Nose Department, Glasgow Western
Infirmary, etc.

ON "HEBERDEN'S NODES" AS A SIGN OF RHEUMATOID ARTHRITIS.

THERE are not a few surviving King's College men who remember Dr. Todd's teaching about rheumatism and the so-called rheumatic gout. They cannot forget the stress he laid on what have been known (since the beginning of the century) as "Heberden's nodes."¹ My memory tells me that Dr. Todd's doctrine inclined to the gouty affinity of the nodes, and that, when they were present, he sought for collateral evidence of the gouty diathesis.

The great predecessors and contemporaries of Dr. Todd were much more under the influence of Cullen than of Heberden. Sir Thomas Watson's lectures are Cullenish all through, and the same is true (though to a less degree) of Copeland and John Mason Good.

Both Haygarth and Heberden spoke of rheumatoid arthritis as nodosity of the joints. Hence it is probable that they would associate the diminutive node with rheumatoid arthritis rather than with pure gout.

Charcot and Garrod lead to the opinion that these nodes constitute the slightest and most chronic manifestations of rheumatoid arthritis, and that they are attended by the

¹ Heberden applied the term to the knotty or nobby state of the terminal phalangeal joints. "They consist in the overgrowth of the natural tubercles of the distal digital phalangeal bones." (Duckworth.)

"characteristic rheumatoid changes in the adjacent joint-structures." I venture to offer my complete confirmation of this opinion. During the last five years I have examined at least 400 cases (in private and hospital practice), and very seldom indeed has the existence of Heberden's nodes been demonstrated without collateral proof of rheumatoid changes. These changes are exhibited mostly in the neighbouring interdigital articulations. Not seldom, however, these articulations are passed over, and the first and second metacarpo-phalangeal joints are the nearest parts affected by rheumatoid lesion. The lesion may be so slight as not to be seen at all unless specially looked for or verified by a little failure in the dynamometric grip of the whole hand. Sir Dyce Duckworth's large experience leads him to say that Heberden's nodes are now and then indications of true gout. It is improper, therefore, to think of the nodes as connoting rheumatoid arthritis. But as valuable aids to diagnosis they are also aids to treatment, and as such I commend them to the attention of my brethren.

Bath.

JOHN KENT SPENDER, M.D. Lond.

A CASE OF PERIPHERAL NEURITIS.

J. S., aged 30, a labourer, was seen on October 18th; he stated that four weeks before he began to suffer from cramps and feelings of numbness in the legs, with gradually increasing weakness in them. There was a distinct history of alcoholism.

He was found to have weakness of the extensor muscles of the legs, and a slight degree of muscular wasting; both knee-jerks and superficial reflexes were absent. There was diminished sensibility to, and retarded conduction of, tactile and painful impressions. The patient could distinguish between heat and cold, but conduction was retarded.

Some days after admission to the hospital the patient began to pass fæces and urine in bed; this was found however to be due, not to a true incontinence, but to an apathetic mental condition. This symptom passed off in four days. The paralysis of the extensor muscles has since become more marked.

An interesting fact is that muscular hyperæsthesia did not begin to show itself until the patient had been four weeks under observation, which would correspond to the seventh or eighth week of the illness. It appeared first in the calf, and later in the thigh muscles. The pulse, which had been fast from the commencement, ranging from 120 to 130 beats per minute, suggests the existence of neuritis of the cardiac fibres of the vagus, there being no cardiac nor pulmonary disease. The diaphragm and laryngeal muscles are not involved.

Wakefield.

G. H. Hogg, M.B.

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

I WAS called about 6 A.M. one morning in April, 1884, to a case of labour. On my arrival I found the patient, Mrs. M. A., primipara, a strong, healthy young woman, in bed. The child had been born alive, about half an hour. The midwife told me there was something the matter which she could not understand.

On examination I found a tumour protruding from and completely outside the vulva, which I found to be the fundus of the uterus, or rather, I should say, the uterus inverted, with the placenta adherent to it. The patient had lost a good deal of blood, but was not blanched or faint, nor did she suffer from shock; and she was not aware that there was anything seriously wrong with her. I removed the placenta from the fundus without much difficulty, and replaced the uterus by grasping it in the hand and pressing it, and then following up the fundus with the fingers formed into a cone, the left hand, meanwhile grasping the fundus through the abdominal walls. Under the stimulation of the hand in the uterus and the other outside, and the administration of liq. ext. ergotæ 3j, complete contraction was ensured, and the hæmorrhage ceased. I ordered ergot mxx and tinct. opii mxx every four hours. The next day she was nothing the worse, and recovered without an unfavourable symptom, being out of bed at the end of a week. As to the cause of the inversion, it is difficult to make out, unless it was due to traction on the cord.

Rathmines.

J. MASON, M.B., L.R.C.S.I.

He noted the large number of officers, non-commissioned officers, and men present, and mentioned that almost every metropolitan, and many provincial, regiments were represented.

Surgeon-Colonel Hamilton, Principal Medical Officer of the Home District, proposed the toast of "Success to the Volunteer Ambulance School of Instruction," and, in an interesting speech, spoke of the great work which the school had done and was still doing. He sketched the evolution of the Medical Services from the time of the Crimean War to the Warrent of 1858, the beginning of the volunteer movement in 1859-60, and the abolition of the regimental system in 1873. He referred at length to the manner in which the President, Major Maclure, the Senior Medical Officer, Instructor-Surgeon-Captain H. F. Stokes, and the staff, laboured to promote the efficiency of all ranks.

Surgeon-Captain Stokes, in his reply, stated that upwards of a thousand members had joined the various classes, a large percentage of whom had obtained certificates of proficiency.

In addition to the names mentioned above the following were present: Deputy-Surgeon-General Don, M.D., Home District Recruiting Staff; Colonel Cholmondeley, Commanding the London Rifle Brigade. Brigade-Surgeon-Lieutenant-Colonels Andrew Clark, South London Brigade; O. M. White, East London Brigade; Parsons Smith, West London Brigade; Pocklington, Surrey Brigade. Surgeon-Lieutenant Patten, 2nd V.B. Middlesex Regiment. Surgeon-Majors Culver, James, and Foster McGeah, Hon. A.C. Major Tasker, 2nd Kent A.V. Surgeon-Captains J. Cagney, Artists R.V.; L. Ogilvie and Watson, London Scottish R.V.; P. Whitcombe, Q.W.V.; J. Squire, V.M.S.C.; Younger, 3rd V.B.R.F.; Fenton, 1st Middlesex R.V.; Reckitt, 1st Lincoln A.V.; Sleeman, Artists R.V.; and Lovelace, 1st V.B. Hants Regiment. Captain Graham Gordon, L.S.R.V. Surgeon-Lieutenants Daggs and Atkinson, 1st Surrey Rifles; Wilkins, 2nd V.B. Middlesex Regiment; Lloyd-Williams, West London Rifles. Lieutenants J. H. Griffin, 3rd R.F.; Braik, Gore, Buckinham, L.S.V.R. Messrs. Ernest Hart, Tomkins, H. Easterbrook, and W. Church.

The next class will be held at the "Artists" headquarters, commencing on February 9th, 1893.

VOLUNTEER OFFICERS' DECORATION.

HER MAJESTY THE QUEEN has been graciously pleased to confer the Volunteer Officers' Decoration upon the undermentioned officers of the volunteer force, who have been duly recommended for the same under the terms of the Royal Warrant dated July 25th, 1892: Surgeon-Major Nicholas K. Marsh, retired, 1st Lancashire Artillery; Surgeon-Lieutenant-Colonel Arthur A. Corte, 3rd Lancashire Artillery; Surgeon-Lieutenant-Colonel Thomas Cayzer, 6th Lancashire Artillery; Brigade-Surgeon-Lieutenant-Colonel Clement Dukes, M.D., 2nd Volunteer Battalion the Royal Warwickshire Regiment; Surgeon and Honorary Surgeon-Major R. Hopwood, retired, 4th Volunteer Battalion, the Cheshire Regiment; Surgeon-Lieutenant-Colonel Luke Fisher, retired, 2nd Volunteer Battalion, the East Lancashire Regiment; Brigade-Surgeon-Lieutenant-Colonel Cornelius Scamp Hall, 1st (Cumberland) Volunteer Battalion, the Border Regiment; Surgeon-Lieutenant William F. M. Jackson, 1st Volunteer Battalion, the South Staffordshire Regiment; Surgeon and Honorary Surgeon-Major J. Fraser, M.D., retired, 3rd Volunteer Battalion, the South Staffordshire Regiment; Surgeon-Captain (Honorary Surgeon-Major) Edward Lister, 1st Volunteer Battalion, the Prince of Wales's Volunteers (South Lancashire Regiment); Surgeon-Lieutenant-Colonel F. B. Mallett, M.D., 2nd Volunteer Battalion, the Loyal North Lancashire Regiment; Surgeon and Honorary Surgeon-Major Robert Settle, M.D., retired, 2nd Volunteer Battalion, the Loyal North Lancashire Regiment; Brigade-Surgeon-Lieutenant-Colonel Peter B. Giles, 1st Herefordshire; Surgeon and Honorary Surgeon-Major Edwin H. Roe, retired, 1st Volunteer Battalion, the Manchester Regiment; Brigade-Surgeon-Lieutenant-Colonel John Armstrong, retired, 5th (Ardwick) Volunteer Battalion, the Manchester Regiment; Surgeon-Major William H. Folker, retired, 1st Volunteer Battalion, the Prince of Wales's (North Staffordshire Regiment); Surgeon-Major William Dawes, retired, 1st Volunteer Battalion, the Prince of Wales's (North Staffordshire Regiment); Brigade-Surgeon-Lieutenant-Colonel Herbert M. Morgan, 2nd Volunteer Battalion, the Prince of Wales's (North Staffordshire Regiment); Surgeon-Major Walter George Lowe, M.D., 2nd Volunteer Battalion, the Prince of Wales's (North Staffordshire Regiment).

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

EXAMINER.—Dr. John Abercrombie, F.R.C.P., has been appointed an additional examiner in Medicine for the Third M.B. Examination.

DEGREES.—At the Congregation on December 8th the following degrees were conferred:—M.D.: C. F. Harford-Battersby, M.B., B.C., M.A., Trinity; E. Collingwood Andrews, M.B., B.C., M.A., St. John's; J. Squier Hinnell, M.B., B.C., B.A., Pembroke. M.B. and B.C.: J. Basil Hall, B.A., Pembroke; J. J. Perkins, M.A., Emmanuel.

CHAIR OF BOTANY.—Dr. Albutt, Regius Professor of Physic, has been appointed an elector to the Professorship of Botany, in the room of the late Dr. Hort.

FEES FOR DEGREES.—The Senate on December 8th agreed to raise the fees for medical degrees as follows:—For M.B. or for B.C. (if B.A. or LL.B. previously), £4. For M.D., £25. These changes come into force at once. The Senate, however, declined to sanction an increase in the capitation fee to be paid annually by undergraduate and graduate members of the University. It was proposed to raise this from 17 shillings to £2 in the former case, and to £1 in the latter.

FIRST M.B. EXAMINATION.—Part I. *Chemistry and Physics*.—Abercrombie, Cal.; Barnes, Cal.; Bellamy, Down.; S. S. F. Blackman, Joh.; Borradaile, Cal.; Bradford, Emm.; Burton, F. H., Chas.; Chapman, B.A., Corp.; Coleman, Joh.; Cox, Cal.; Denyer, Queen's; W. E. Elliott, B.A., Joh.; Ellis, Cal.; Fawcett, B.A., Pet.; Glasier, Emm.; Golby, Joh.; Hale, Chr.; Harwood, Trin.; Haslam, B.A., Cal.; Hunt, Trin.; E. Hyde, Cla.; Inchley, Joh.; H. G. T. Jones, B.A.,

Joh.; Jupe, Down.; Lea, B.A., Cal.; Le Fleming, Cla.; Levick, Jes.; Lobb, B.A., Cal.; McCarthy, Pet.; G. F. McCleary, Trin. H.; Mannes-Smith, B.A., Down.; Mills, Jes.; Parsons, B.A., Corp.; Powell, Emm.; Priddle, Cal.; Prout, Down.; P. B. Reckitt, King's; Roderick, Emm.; Roper, N. C.; Rose, Joh.; Hon. G. H. Scott, Trin.; Sewell, B.A., Pemb.; Shrubbsall, Cla.; H. M. H. Smith, Cal.; Tallent, Joh.; Taylor, King's; Tebbis, Queen's; Williamson, Joh.; Winton, Cla.; Yeld, Trin.

PART II. *Elementary Biology*.—Allfrey, Trin.; Baker, M.A., N. C.; S. S. F. Blackman, Joh.; Brooke, Pemb.; H. J. Burkill, Cal.; Carver, Cal.; Coleman, Joh.; Cole, Corp.; Cox, Cal.; Fraser, Cal.; Hale, Chr.; Haslam, B.A., Cal.; Horne, B.A., Trin.; Hunt, Trin.; Hunt, Down.; Inchley, Joh.; H. T. James, Trin.; Lea, B.A., Cal.; Levick, Jes.; Lindsay, Sid.; G. F. McCleary, Trin. H.; Nix, B.A., Pemb.; P. B. Reckitt, King's; Rose, Joh.; Scholberg, Trin.; Shewell, Trin.; Shrubbsall, Cla.; Skrimshire, Joh.; Sugden, B.A., Cal.; Symes-Thompson, Chr.; Tallent, Joh.; Williamson, Joh.; Wilson, J. (jun.), Pet.; W. R. Wilson, Corp.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen having passed the necessary examinations and having conformed to the by-laws and regulations were, at the ordinary meeting of the Council, admitted Fellows of the College, namely, Messrs.:

	Date of Membership.
R. W. Doyne, L.S.A. ...	July 27th, 1880.
W. Robinson, M.B.Durh. ...	July 26th, 1881.
C. P. Child, L.R.C.P.Lond. ...	July 19th, 1883.
J. L. Thomas, L.R.C.P.Lond. ...	January 20th, 1886.
F. W. Edridge-Green, M.D.Durh., L.R.C.P.Lond. ...	June 27th, 1887.
E. J. P. Olive, M.B.Cantab., L.R.C.P.Lond. ...	November 14th, 1889.
W. J. Foster, L.R.C.P.Lond. ...	February 13th, 1890.
T. C. Grey, L.R.C.P.Lond. ...	May 8th, 1890.
A. H. S. Hallidie, M.B.Cantab., L.R.C.P.Lond. ...	May 8th, 1890.
G. H. Hopkins, L.R.C.P.Lond. ...	May 8th, 1890.
J. L. Thomas, L.R.C.P.Lond. ...	May 8th, 1890.
A. T. Collum, L.R.C.P.Lond. ...	July 28th, 1890.
C. H. Preston, M.B.Lond., L.R.C.P.Lond. ...	July 28th, 1890.
W. S. Griffith, M.B.Cantab., L.R.C.P.Lond. ...	November 13th, 1890.
H. F. Mole, L.R.C.P.Lond. ...	November 13th, 1890.
C. Wyman, M.B.Cantab., L.R.C.P.Lond. ...	February 12th, 1891.

Four other gentlemen passed the examination, but not having attained the legal age (25 years), will receive their diplomas at future meetings of the Council. Twelve were referred.

The following gentleman having previously passed the necessary examinations and having now attained the legal age (25 years) was also admitted a Fellow of the College, namely, Mr. C. D. Marshall, L.R.C.P.Lond., date of Membership, July 28th, 1890.

The following gentlemen, having passed the necessary examinations, were, at the same meeting, admitted Licentiates in Dental Surgery:

F. P. Allworth, S. R. Apthorpe, C. F. P. Baly, E. J. Blain, F. J. Blewitt, H. G. Danolds, F. J. Fennings, S. Fitter, F. Fouraker, D. P. Gabell, C. S. Gardner, W. H. Goodman, P. Harrison, A. R. Henry, A. T. Hilder, A. C. Hope, H. W. Johnson, G. Kershaw, G. W. Martin, F. G. Mordaunt, E. Mosely, G. Northcroft, L. J. Osborn, R. S. Parris, J. G. Ranken, C. S. Reed, H. T. Roberts, T. B. Steele, H. J. Stevens, C. J. Tisdall, E. F. Townend, H. A. Turner, F. E. Watson, E. Weston, J. D. Whittles, R. E. Woodcock.

Thirteen gentlemen were referred, 12 for six months and 1 for one year.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 5,923 births and 3,838 deaths were registered during the week ending Saturday, December 10th. The annual rate of mortality in these towns, which had been 18.9 and 18.8 per 1,000 in the preceding two weeks, rose again to 19.8 during the week under notice. The rates in the several towns ranged from 11.2 in Halifax, 13.0 in Leicester, 14.7 in Gateshead, and 15.1 in Huddersfield, to 28.0 in Swansea, 28.1 in Manchester, 28.3 in Bolton, 29.5 in Oldham, and 31.6 in Salford. In the thirty-two provincial towns the mean death-rate was 21.0 per 1,000, and exceeded by 3.3 the rate recorded in London, which was only 17.7 per 1,000. The 3,838 deaths registered during the week under notice in the thirty-three towns included 444 which were referred to the principal zymotic diseases, against 424 and 429 in the preceding two weeks; of these, 184 resulted from measles, 77 from diphtheria, 60 from whooping-cough, 56 from scarlet fever, 41 from "fever" (principally enteric), 41 from diarrhoea, and 5 from small-pox. These 444 deaths were equal to an annual rate of 2.3 per 1,000; in London the zymotic death-rate was equal to 1.9 per 1,000, while it averaged 2.5 per 1,000 in the thirty-two provincial towns. No death from any of these diseases was recorded last week either in Halifax or in Wolverhampton; in the other towns they caused the lowest death-rates in Huddersfield, Bristol, and Newcastle-upon-Tyne, and the highest rates in Hull, Oldham, Brighton, and Salford. Measles caused the highest proportional fatality in Bolton, Croydon, Oldham, Hull, Brighton, and Salford; scarlet fever in Salford, Swansea, Plymouth, and Preston; whooping-cough in Norwich, Nottingham, Birkenhead, Gateshead, and Birmingham; "fever" in Preston, Derby, and Swansea; and diarrhoea in Burnley. The 77 deaths from diphtheria included 58 in London, 3 in Sheffield, 2 in West Ham, and 2 in Bradford. Three fatal cases of small-pox were recorded in Oldham, 1 in Birkenhead, and 1 in Sheffield, but not one in London or in any other of the thirty-three large towns; 31 cases of this disease were under treatment in the Metropolitan Asylums Hospitals and 1 in the Highgate Small-pox Hospital on Saturday last, Decem-

MEDICAL NEWS.

SIR WM. MAC CORMAC has been elected a member of the Board of Examiners in Dental Surgery of the Royal College of Surgeons, *vice* Mr. Christopher Heath, retired.

ROYAL INSTITUTION.—Among the courses of lectures arranged to be given before Easter is one by Professor Victor Horsley of ten lectures on the brain.

THE *Medical News* reports that there are no fewer than 1,774 medical students now in attendance at the medical colleges of Philadelphia, and that these institutions have, since their foundation, granted the degree of M.D. to 21,474 persons.

BEQUESTS AND DONATIONS.—The late Mr. Herbert Ellis, of the Priory, East Farleigh, Kent, has by his will bequeathed £200 each to the West Kent General Hospital and the Kent County Ophthalmic Hospital at Maidstone.

CREMATION IN SWITZERLAND.—As the penal code of Geneva makes no mention of any way of disposing of the bodies of the dead except earth burial, the State Council of that canton has decided to submit to the Grand Council of the Swiss Republic a *projet de loi* legalising cremation.

A COMMITTEE has been appointed to prepare a supplement to the French Pharmaceutical *Codex*. It includes the names of MM. Brouardel, Planchon, de Beauchamp, Regnaud, Hayem, Pouchet, Jungfleisch, Bourgoïn, Gilbert, Petit, Vigier, and Yvon.

MR. A. W. BENNETT, M.A., B.Sc., Lecturer in Botany at St. Thomas's Hospital, will be nominated as the third candidate for the vacant seat in the Senate of the University of London. Convocation presents three names to the Crown, which always selects that which receives the largest number of votes. It will be remembered that the other candidates are Mr. Howse, of Guy's, and Dr. W. J. Collins.

ANDERSON'S COLLEGE MEDICO-CHIRURGICAL SOCIETY.—At the usual weekly meeting of the above Society on December 10th, Professor J. Macintyre, M.D., read a paper on diseases of the nose and throat, illustrated with microscopic specimens; and Mr. Francois, a native of Natal, gave a paper on Natal as a Health Resort, in the course of which he dwelt largely upon the habits and customs of the natives.

At the last annual meeting of the British Laryngological and Rhinological Association held on December 10th, Dr. Sandford, of Cork, President, in the chair, it was unanimously resolved that Professor von Schroetter, of Vienna, and Dr. Francke Huntington Bosworth, of New York, be elected Honorary Fellows of the Association, both of these gentlemen having signified their willingness to accept.

ITALIAN CONGRESS OF HYDROLOGY.—The Italian Hydrological Association held its annual meeting this year at Florence, on November 20th and 21st, under the presidency of Dr. G. S. Vinaj. Among those present was Dr. Winternitz, Professor of Hydrotherapeutics in the University of Vienna. Various papers of more or less scientific interest were read, among them being one by Signor G. Chiari, on Artificial Mineral Waters. This gave rise to an animated discussion, and a resolution was unanimously passed to the effect that, while natural mineral waters are preferable to artificial, the trade in the latter should be so regulated as not to mislead purchasers or interfere with the interests of proprietors of natural waters. This question is to be discussed more fully at the meeting of the International Congress of Hydrology at Rome, in 1893.

AMERICAN JOTTINGS.—Dr. Barton Cooke Hirst recently reported to the Philadelphia County Medical Society a successful case of symphysiotomy performed by him in the University Maternity Hospital on a young German woman with a kyphotic pelvis. The operation presented no difficulty, and the child, a girl of normal development, was easily extracted. Both mother and child did well. It is believed that this is the first case in which symphysiotomy has been performed in the United States as a substitute for Cæsarean section.—The last United States census shows that one-fifth of the married women of Massachusetts are childless, the point of minimum

fertility being Suffolk County, where 23.89 per cent. of the married couples make no addition to the birth-rate. Massachusetts is blest by the presence within its boundary lines of Boston, which, on the testimony of its inhabitants, is the "hub of the universe," and an atmosphere of "culture" pervades the State. Do "braininess" and barrenness go together, or is the gospel according to Malthus accepted as the "perfect way" in Massachusetts?—Charles Dickens, when in America, was much struck by the refreshing frankness with which his personal appearance was discussed in his hearing by the natives. Our transatlantic cousins, in spite of advancing civilisation, still seem to retain this amiable peculiarity of unsophisticated man. The following "elegant extract" which is going the rounds of the American papers refers to a pugilistic celebrity whose name we suppress; it seems to show a charitable anxiety on the part of editors that the subject of the diagnosis set forth in such good set terms should be under no illusion as to his state of health: "— is now said to be a paralytic. By the long-continued alcoholic soaking to which his tissues have been subjected, the connective tissue elements have become hypertrophied, the increased growth causing atrophy of the muscular fibrillæ. The magnificent development of muscle that won him so many victories has thus given place to a spurious hypertrophy; the bulk remaining, the consistency even increased, but the force has imperceptibly diminished, until he again exemplifies the aged simile of the oak of fair appearance, but rotten at the heart."

MEDICAL VACANCIES.

The following vacancies are announced:

- BRECON INFIRMARY, 6, Bulwark, Brecon, South Wales.—Resident House-Surgeon; unmarried; doubly qualified. Salary, £70 per annum, with furnished apartments, board, attendance, fire, and gas. Applications to W. Powell Price, Secretary, by December 26th.
- BRIDGWATER INFIRMARY.—House-Surgeon. Salary, £80 per annum, with board and residence. Applications to Mr. John Coombs, Honorary Secretary, by January 1st, 1893.
- CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.—House-Surgeon. Applications to the Secretary, by December 20th.
- CHICHESTER INFIRMARY, Chichester.—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to E. E. Street, Secretary, by March 1st, 1893.
- COUNTY OF CHESTER.—Medical Officer of Health; doubly qualified. Salary, £100 per annum, and out-of-pocket travelling expenses. Applications to Reginald Potts, Clerk to the Cheshire County Council, Chester, by December 31st.
- GENERAL HOSPITAL, Birmingham.—Assistant House-Surgeon. Board, residence, and washing provided. Applications to the House-Governor by December 31st.
- GRIMSBY AND DISTRICT HOSPITAL.—Resident House-Surgeon; unmarried, doubly qualified. Salary, £80 per annum, with furnished apartments, board, attendance, fire, and gas. Applications to Joseph Smethurst, Secretary.
- HOSPITAL FOR ST. PETER PORT, Guernsey.—Surgeon. Salary, £50 per annum. Applications to the President of the Poor-law Board by December 26th.
- HULL ROYAL INFIRMARY.—Junior Assistant House-Surgeon. Salary, £40 per annum, with board and lodging. Applications to Chairman, House Committee, by December 26th.
- 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.
- KING'S COLLEGE, London.—Medical Registrar. Applications to J. W. Cunningham, Secretary, by December 30th.
- NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Harts-hill, Stoke-on-Trent.—House-Surgeon; doubly qualified. Salary, £120 per annum, increasing £10 yearly, with furnished apartments, board, and washing. Applications to the Secretary by January 21st, 1893.
- PARISH OF TONGUE, Sutherlandshire.—Medical Officer. Salary, £165 per annum; house available. Applications to John Murray, Inspector of the Poor, Tongue, Sutherlandshire.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, West Strand.—Clinical Assistants. Applications to the Secretary, by December 31st.
- ST. ANDREWS UNIVERSITY, Dundee.—Demonstrator of Anatomy.—Salary, £120 per annum. Applications to the Secretary by December 17th.
- SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.—Junior Resident House-Surgeon. Salary, £57 per annum, with board, lodging, and washing. Applications to Dr. Crochley Clapham, Honorary Secretary of the Medical Staff, The Grange, near Rotherham, by December 19th.
- SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.—Senior Assistant House-Surgeon. Salary, £72 per annum, with board, lodging, and washing. Applications to Dr. Crochley Clapham, Honorary Secretary Medical Staff, The Grange, near Rotherham, by January 2nd, 1893.

STOCKPORT INFIRMARY.—House-Surgeon; doubly qualified. Salary, £100 per annum, with board and apartments. Applications to Lieutenant-Colonel S. W. Wilkinson, Honorary Secretary, by December 20th.

UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE, Cardiff.—A Professor of Anatomy, and a Professor of Physiology. Stipend in each case, £250 per annum. Applications to J. J. James, Registrar, by February 10th, 1893.

UNIVERSITY OF EDINBURGH.—Examiner in each of the following subjects: (1) Anatomy, (2) Chemistry and Laboratory Work for the First B.Sc. Examination in Public Health, (3) Midwifery, (4) Practice of Physic, and (5) Botany. The salary in each of the departments Nos. 1, 3, 4, and 5 is £75 a year, and in No. 2 £90 a year, with an allowance of £10 per annum for travelling and other expenses in the case of Examiners not resident in Edinburgh or the immediate neighbourhood. Applications to M. C. Taylor, Secretary, by January 9th, 1893.

UNIVERSITY OF GLASGOW.—Assistant Examiner in Zoology. Salary, £30 per annum. Applications to the Secretary of the Court, Mr. Alan E. Clapperton, West Regent Street, Glasgow, by January 10th, 1893.

WEST HERTS INFIRMARY, Hemel Hempstead.—House-Surgeon and Dispenser; doubly qualified, unmarried. Salary, £100 per annum, with board, furnished rooms, light, fire, attendance, and washing. Applications to the Secretary by January 31st, 1893.

MEDICAL APPOINTMENTS.

ALLAN, Francis John, M.D. Edin., D.P.H. Camb., appointed Medical Officer of Health for the Strand District, *vice* Conway Evans, M.D. Lond., deceased.

ALLEN, J. D. C., M.B., C.M. Edin., appointed House-Surgeon to Nobles Isle of Man Hospital, Douglas.

ANDERSON, W. H., M.B., C.M. Glasg., appointed Medical Officer for the No. 3 Sanitary District of the Birkenhead Union.

ANDRÉ, Jas. Edward Felix, M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Manhood District of the Westhampnett Union.

BAILEY, S. H., M.B., M.S. Aberd., appointed Medical Officer for the Fifth Sanitary District of the Nottingham Union, *vice* E. C. Buckoll, M.R.C.S., resigned.

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

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

CREASY, Rolf, L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer for the Windlesham District of the Chertsey Union.

CULROSS, James, M.B., C.M. Glasg., appointed Medical Officer of the Newton District of the Newton Union.

CUTLIFE, Montague, appointed Assistant House-Surgeon to the Devon and Exeter Hospital, *vice* Mr. Abram, resigned.

DENNING, F. A. V., L.R.C.P. Edin., L.R.C.S.I., appointed Medical Officer to the Midland Great Western Railway Benefit Society, Sligo.

DERBY, B. G., L.R.C.P. Lond., M.R.C.S., reappointed Medical Officer of Health for the Bodmin Urban Sanitary District.

EATOUGH, Robert, M.B., C.M. Aberd., appointed District Medical Officer of the Saddleworth Union, *vice* George Murray Bramwell, M.D., resigned.

EVANS, William, L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health for the Anglesey Rural Sanitary Districts.

EWING, S. A., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., appointed Resident Medical Officer for the Victoria Eye and Ear Hospital, Melbourne.

FENTON, John Samuel, M.D. Dub., L.R.C.P., reappointed Medical Officer of Health for Brackley Urban District.

FOSTER, W. F., M.R.C.S. Eng., appointed *pro tem.* Deputy Medical Officer of Health to the Newport Urban Sanitary District.

FRASER, Peter, M.D., B.Sc. Edin., reappointed Medical Officer of Health for the Llangefni Urban Sanitary District.

FROST, J. K., M.R.C.S. Eng., L.S.A., appointed Medical Officer of the Madley District of the Dore Union.

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

GARDNER, W. T., M.B. Lond., M.R.C.S., L.R.C.P., appointed Medical Officer of Health for Acton.

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

GRAHAM, Charles W., L.R.C.P., L.F.P.S., appointed Medical Officer for St. Cuthbert District, Carlisle, *vice* William Douie, M.D. Edin., resigned.

HOOPER, F. L., M.R.C.S., appointed Public Vaccinator and Health Officer for Mornington Shire, Victoria, Australia.

JONES, Thomas, M.B., F.R.C.S., appointed Professor of Surgery at Owens College, Manchester, *vice* A. W. Hare, M.B., F.R.C.S. Edin., resigned.

LEIGH, W. W., M.R.C.S. Eng., L.R.C.P. Edin., appointed Certifying Surgeon under the Factories Act for Treharis and District.

MANDER, Percy R., L.R.C.P. Lond., M.R.C.S. Eng., appointed Assistant-Surgeon to Dartmoor Convict Prison.

MARTIN, Thomas Berkeley, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Bishopwearmouth District of the Sunderland Union.

MILLARD, R. J., M.B., Ch.M., appointed Junior Resident Medical Officer of the Hospital for the Insane, Paramatta, New South Wales, *vice* Dr. Scott, resigned.

MORSE, Edward, L.R.C.P., L.R.C.S. [Irel.], reappointed Medical Officer of Health for Torrington.

MULCAHY, P., L.R.C.P. Edin., L.R.C.S.I., appointed Resident Medical Officer at Barrington's Hospital, Limerick, *vice* Michael Lane Riordan, L.R.C.P., L.R.C.S.I.

OLDMEADOW, L. J. H., M.B., C.M. Edin., appointed Assistant House-Surgeon to the Northern Hospital, Liverpool.

OSBURN, Mr. Harold B., appointed Medical Officer for the Bagshot District of the Chertsey Union.

OVEREND, Mr. W., appointed Junior Assistant Medical Officer at the Infirmary of the Fulham Union.

PETHICK, Charles Stuart, M.A., M.B., B.C. Camb., M.R.C.S., L.R.C.P., appointed Medical Officer for the Woolton District of the Prescott Union.

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

ROBERTS, Sidney J., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Birmingham General Hospital.

RUSSELL, J. S. Risten, M.B., M.R.C.P., appointed Assistant Physician to the Metropolitan Hospital.

SCRATCHLEY, Henry Wm., L.R.C.P. Lond., M.R.C.S., appointed Medical Officer for the No. 3 District of the Poole Union.

SOUTHEY, A. J., M.R.C.S., reappointed Medical Officer of Health to the Slough Local Board.

STEELE, H. Octavius, M.R.C.S. Eng., reappointed Medical Officer of Health for Gomersal.

TATHAM, Ernest John, M.D. Camb., M.R.C.S. Eng., appointed Medical Officer for the Township of Halesowen, *vice* W. T. Ord, L.R.C.P. Lond., resigned.

TENNANT, T. H., L.F.P.S. Glasg., appointed Government Medical Officer and Vaccinator for the District of Hillston, New South Wales.

URQUHART, C. T. D., M.B., C.M. Aberd., appointed Physician to the Hospital for Incurables, Aberdeen.

WAGGETT, Ernest B., B.A., M.B., B.C. Camb., M.R.C.S., L.R.C.P. Lond., appointed Pathologist to the London Throat Hospital.

WEDGWOOD, W. Brackenbury, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., appointed Medical Officer for the King's Lynn Union and North District.

WHITEHEAD, Walter, F.R.C.S.E., F.R.S.E., appointed Professor of Clinical Surgery at Owens College, Manchester.

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

ZIMMER, C. Raymond, M.B., appointed Assistant Government Medical Officer in the Fiji Islands.

DIARY FOR NEXT WEEK.

TUESDAY.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. Wainwright, introduced by Mr. Shattock: Diseases of Adrenals in an Infant. Mr. W. Arbuthnot Lane: Case of Rapidly-destructive Papilloma of the Penis. Dr. H. D. Rolleston, for Mr. Bull: Sarcoma of Kidney growing down the Ureter. Dr. H. D. Rolleston: Spontaneous Rupture of the Internal and Middle Coats of Aorta leaking into the Pericardium. Mr. J. Jackson Clarke: Case of Squamous Epithelioma of the Septum Nasi due to Psorospersmosis. Dr. S. W. Wheaton: A Specimen of Ulceration of the Arm following Vaccination in a Case of Hereditary Syphilis. Dr. F. C. Turner: Sarcoma of Both Ovaries in a Child. Card Specimen.—Dr. S. W. Wheaton: Ivory Exostosis of the Skull.

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

WEDNESDAY.

EPIDEMIOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, W., 8 P.M.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster S.W., 7 P.M.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, 8 P.M.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

MILWARD.—November 23rd, at Agra, N.W.P. India, the wife of Surgeon-Major E. O. Milward, Army Medical Staff, of a daughter.

ST. LEGER.—On December 11th, at Chalk Hill, Watford, Herts, the wife of Robert A. St. Leger, M.B., of a daughter.

THOMAS.—December 11th, at 13, West Southernhay, Exeter, the wife of Dr. J. Raglan Thomas, of a daughter.

MARRIAGES.

HAY—TUCKER.—December 10th, at St. Swithin's Church, Allington, Bridport, by the Rev. S. S. Kiddle, William A. E. Hay, M.R.C.S., son of the late William Henry Hay, M.D., of Bridport, to Louisa, daughter of Richard Tucker, Fulbrook, Bridport.

ROUND—SYMONS.—On the 7th instant, at St. Paul's, Wolverhampton, John Round, L.R.C.P., etc., Aston, Birmingham, to Jessie, second daughter of C. G. Symons, Esq., M.R.C.S., of Wolverhampton.

WOOD—WALTON.—At St. Andrew's Church, Southport, December 8th, by the Rev. Canon Cross, D.D., assisted by the Rev. Wm. Wood, M.A., brother of the bridegroom, Arthur Wood, M.B., C.M., of Southport, to Fanny, second daughter of the late Joseph Brice Walton, Esq., of Leonard House, Southport and formerly of Sowerby Bridge, Yorks. Edinburgh graduates of 1887 please note.

DEATH.

JAMESON.—December 7th, at Francis Street, Newtownards, David Jameson, M.D. Edin., L.R.C.S., formerly Medical Officer, Newtownards Dispensary District.

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; (Obstetric), 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; (Gynæcological), 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.

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.

JUVENIS asks for information as to the prognosis and treatment of anosmia following influenza.

G. M. C. asks where he could get any information as to the personal history of Andreas Vesalius. He would like to know if the great anatomist ever married, and if so whether he had any children, or whether he was fortunate or otherwise in his choice of a wife.

LEEDS asks for advice in the treatment of the following case. A lad, aged 16, is almost unable to walk, owing to an inability to extend fully the great toe of each foot. At times the joint at the ball becomes red and painful, which subsides with rest. The toes can be flexed, but not extended beyond the plane of the foot; this affection has existed for about two years. There is no enlargement of the bones, and no other strumous symptoms. His father suffered the same inconvenience for years, when a similar age, but it disappeared in complete adult life. No alteration of the articular surface of the metatarsal bone can be discovered. "Leeds" believes an operation can be done which would remove the upper edge of the bone, beveling its surface, and thus allowing the phalanx to over-ride.

ANSWERS.

J. M. W.—We have forwarded your letter and enclosure to "Southern Cross."

PERSISTENT HICCUGH.

DR. J. W. ALLEN (London, N.W.) recommends: R Olei succini ver. 3ss; liquor potassæ 5j; tinct. camphor. comp. 3iv; mist. acaciæ 5ij; aquamenthæ pip. ad 5vj; Sig One-sixth every two hours. Two doses usually succeed.

NITROUS OXIDE GAS.

J. M. writes: If "W. V. M." would apply to Parkinson's Condensed Gas Company, Stretford, Lancashire, he would get every information, and everything necessary for the administration of nitrous oxide. He can also get a small pamphlet entitled *How to Use Gas*, price 1s. 6d., by E. T. Constant, M.R.C.S., L.R.C.P., L.D.S., published by Messrs. Legg and Co., 289, Regent Street, W.

ECONOMY IN THE SOUTH OF FRANCE.

DR. THOMAS LINN (Nice, France) writes, in reply to "Enquirer": Allow me to say that the "quiet village" is dearer than anywhere else. There is only poor accommodation at high prices in them—I refer to Beaulieu, La Turbie, Antibes, Villefranche, Eze, etc. Those who live at Beaulieu have to come to Nice to market. It must be understood that the South of France villages have no accommodation except dear ones, that is, large hotels.

Nice is the only place where "Enquirer" could get reasonable living at pensions from 6s. per day each, and by taking a small furnished lodging in the environs and going to the excellent market, it would be still more moderate.

NOTES, LETTERS, ETC.

CORRECTION.—The meeting at which Dr. C. H. Allfrey stated the case for experimental research as against the antivivisectionists was held at the Working Men's Club at New Hollington, a suburb of St. Leonard's.

ANTIPIRYN IN MALARIA.

DR. J. A. WEGG (Jamaica) writes: It may not be wholly uninteresting to learn that we are at present suffering from malarial fever, which in some cases puts on an adynamic form. Antipyrin and sulphate of quinine are very reliable agents for successfully combating it. The doses are pretty large. The fever attacks all persons, irrespective of social, or sexual, or age differences.