

DEMONSTRATIONS AT THE ROYAL INFIRMARY, NEWCASTLE.

THE following list of cases, shown by Dr. Hume on Wednesday, August 2nd, was accidentally omitted last week. For the notes we are indebted to the courtesy of Mr. Frank Hawthorne, House Surgeon:

Cases Illustrative of the Results of Operations performed by Dr.

Hume.—1. Operation—Thyroidectomy. October 9th, 1891:

W. M., aged 19 years, suffering from enlarged thyroid, accompanied by dysphagia, dyspnoea, and extreme anaemia. Right lobe excised. Primary union of wound. Left lobe afterwards atrophied. Patient now is strong, doing heavy work; voice good.

2. Operation—Thyroidectomy. July 24th, 1891:

M. E., aged 27 years. Enlarged thyroid, with great dyspnoea and loss of voice. Left lobe was excised. Wound healed by primary union. Right lobe atrophied. She is now perfectly well; voice good.

3. Operation—Thyroidectomy. February 22nd, 1889:

H. F., aged 14 years. Enlarged thyroid, with dyspnoea, partial loss of voice and frequent syncopal attacks. Whole of thyroid excised, except some small pieces attached to vessels. Primary union of wound. All symptoms abated. She is now at work, perfectly well.

4. Operation—Nephrectomy. September 26th, 1892:

J. D., aged 43, suffering from frequent and severe attacks of renal colic of three years' duration. Kidney, which was shown with patient, has large calculus in pelvis, and several smaller ones in calices. Patient made good recovery.

5. Operation—Nephrolithotomy. June 2nd, 1893:

W. D., aged 45, suffering from frequent attacks of renal colic of four years' duration. Calculus, which was shown, was of uric acid, and about the size of a cherry. Wound healed by primary union.

6. Operation—Nephrorrhaphy. July 11th, 1893:

J. H., aged 40, suffering from frequent attacks of renal colic, sometimes as many as five or six attacks a day, quite incapacitating her from doing work of any description; also losing flesh rapidly, and very weak. Kidney could be felt freely movable. Can now get about without any inconvenience.

7. Radical cure of hernia, Halsted's operation. January 15th, 1892:

J. H., aged 50, suffering from large inguinal hernia of right side, extending half way down thigh. Halsted's operation was performed, the incision extending from ant. sup. spine of ilium to pubes. Healed by primary union. There is now slight bulging at outer part of scar, which, however, gives him no inconvenience.

8. Radical cure of umbilical hernia. October 27th, 1892:

E. P., aged 64, suffering from large umbilical hernia of 28 years' duration, measuring 30 inches in circumference and 22 inches from side to side. Skin ulcerated in parts. Scar now firm, patient perfectly well. This case will shortly be published *in extenso*.

9. Operation—Cholecystotomy. October 28th, 1892:

M. S., aged 35, suffering from attacks of biliary colic accompanied by jaundice, recurring every seven or eight days, and of eighteen months' duration. Three large stones were removed, one impacted in cystic duct and one in common duct, which had to be crushed before extraction. Patient has had no further attacks and is now well.

10. Operation—Gastrostomy. September 9th, 1888:

J. R., aged 2, admitted suffering from stricture of oesophagus, due to swallowing caustic potash. Gastrostomy was performed. Subsequent passage of bougies failed to dilate stricture. Patient has therefore been fed ever since the operation—five years ago—through the gastrostomy tube, until a few months ago, since when she has taken nourishment by mouth. Tube still in position.

11. Plastic operation on nose. February 19th, 1893:

J. D., aged 51, rodent ulcer freely excised and flap of skin transplanted from cheek. Result perfect.

12. Plastic operation on arm. April 20th, 1893:

T. C., aged 14, contraction of arm to acute angle, resulting from burns ten years since. Lozenge-shaped flap about 8 inches by 4 inches, consisting of skin and subcutaneous tissue raised from chest wall, fitted into and attached to flesh surface on arm and forearm by three of its sides, the fourth side being left attached to chest wall. Arm firmly bound to side so as to take all tension off sutures. A fortnight later, when flap had become firmly united to arm its attachment to chest wall was divided. Corresponding side on arm was freshened and flap sutured. There is now free movement of forearm to almost complete extension, and sensation has been gradually restored in transplanted skin from above downwards.

13 and 14. Two cases of large chronic ulcers of leg, one of three years' duration, the other of four years' duration:

Both operated on on April 5th, 1893, by grafting after Thiersch's method, the grafts being taken from the region of great trochanter. The ulcers were not looked at for three weeks after the operation, by which time the grafts had firmly adhered and the ulcers perfectly cured. The grafts now, except for some slight discoloration in one case, resemble closely the skin of the rest of the limb.

15 and 16. Two cases of bone implanting in skull after trephining:

In one case the discs of bone were broken in small pieces and the trephine holes filled. In this case all the pieces were thrown off prior to the wound healing.

In the other case the discs—three in number and three-eighths of an inch in diameter—were replaced whole, and in spite of some neighbouring suppuration from a large haematoma, all the discs remained in position, and now the skull can be felt perfectly even and smooth.

17. Operation—Proctectomy. October 10th, 1892:

M. L., aged 49, suffering from cylindroma about 1 inch from the anus, 2 inches in breadth and encircling the rectum. He has sphincter action of the anus.

18. Ligature of femorals for double popliteal aneurysm:

J. H., aged 27, had left femoral ligatured in June, 1891, for popliteal aneurysm of that side. In January, 1893, he was readmitted with popliteal aneurysm of the right leg, for which the right femoral was ligatured. There is history of syphilis. Patient is now perfectly well, doing heavy work. There is nothing to be felt in either popliteal space.

19. Partial excision of lower jaw.

Symphysis of lower jaw removed with floor of mouth for epithelioma. Has been done six months. No recurrence. Can eat solid food well. Very little deformity.

20. Excision of tongue, September 7th, 1890.

G. D., aged 41, for epithelioma. There has been no recurrence in stump, nor are glands affected. Patient can swallow and drink with ease.

21 and 22. Two cases of excision of breast for scirrhus.

The axillary glands were cleared out in one case. No drainage used in either case. Both healed by primary union, only being dressed once two weeks after operation for removal of sutures.

23, 24, 25, 26, and 27. Five cases of excision of knee for tuberculous disease, between ages of 8 and 15 years.

All firm union, two in slightly flexed position. Can all walk well with slight limp.

28 and 29. Two cases of Mikulicz's osteoplastic operation on the foot.

One case for injury, and the other for tuberculous disease. Both firm union, and can walk well.

After the demonstration Dr. Hume visited his wards, and there exhibited several cases under treatment.

MEMORANDA:

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

CASE OF SUNSTROKE.

P. M., aged 56, labourer, on August 16th and 17th, while at harvest work, complained of the intense heat of the sun and of feeling giddy. When starting to work on August 18th, at 4.45 A.M., he staggered a little when he first tried to walk. He had taken very little breakfast. At 4 P.M. he stopped work, as is usual, for half an hour. He could not eat anything, but only drank a little tea with some gin in it. On trying to resume work at 4.30 P.M. he fell down. Being quite unconscious, he was at once taken home, where I saw him about 5.30 P.M. He was then completely unconscious, breathing was very laboured, hurried, and stertorous (46 per minute). A brownish frothy fluid issued from his mouth. The pupils reacted to light, and were of normal size. The conjunctivæ were insensible to touch. The pulse was 160, rather full, and of moderate tension. The skin was exceedingly hot. The temperature in the axilla was 107°. The knee-jerks were absent. There were no convulsive movements. The bowels had acted involuntarily.

I at once applied cold water to the face and head (shaving was not necessary, as his hair was scanty and thin), simply pouring it from a small jug in a continuous stream, and occasionally dashing the water against the head. I also covered the chest and abdomen with cloths dipped in cold water, frequently changed. Sinapisms were applied to the soles and calves. In about a quarter of an hour the temperature was 105°; twenty minutes later 103.6°. Cold water applications were continued till the temperature fell to 102.4°. The breathing had by this time improved wonderfully, and soon was almost normal in character. The pulse had also decreased in frequency, and the conjunctivæ had regained sensibility.

I quite expected a speedy return to consciousness, but was much disappointed to notice the right arm being suddenly raised above the head and moved in a convulsive manner. Soon the left arm and both legs participated in these convulsive movements; also the facial muscles, while the head was turned towards the right arm, both eyes looking to the extreme right. The convulsions, which were rather violent, lasted quite half an hour, and then diminished in force, but did not cease entirely for several hours. At 8 P.M. the temperature was 99.9°, and the pulse about 112. I then left, having ordered the continuous application of cold water

cloths to the head, unless followed by any symptoms of collapse. I had passed a catheter; the bladder was not distended; urine normal.

August 19th. The patient had had a restless night. He recognised his wife early this morning, but had not yet spoken. The temperature was normal, also the pulse. The tongue was furred. The bowels had acted. He seemed only partially conscious. Several purpuric-like spots were to be seen on the chest, arms, and legs. A blister was applied to the nape of the neck. Three grains of calomel were given, but rejected by vomiting. His diet consisted of milk and soda water.

August 20th. The temperature was subnormal. He was quite conscious, but spoke in a somewhat slow and hesitating manner. The tongue was still furred. He had vomited twice this morning (bilious vomiting); vomited a third time later.

August 21st. He was decidedly better, but had had a rather restless night. The bowels had not acted. He was very thirsty and giddy. Two grains of calomel were given, and bromide of potassium twice daily.

Alderton, Woodbridge.

T. CUMING ASKIN.

ENTEROSTOMY WITHOUT PLATES.

In considering enterostomy and gastro-enterostomy it has always seemed to me that the introduction of plates is somewhat of a cumbrous performance, which adds to the difficulty of the operation, and is at the same time unnecessary. I think the opinion as to its being unnecessary is borne out by the following case.

T. K., aged 28. The history up to eighteen months ago is obscure, but points to a chronic catarrhal condition of the stomach and intestine. I first saw the patient about eighteen months ago. He was then suffering much pain, the abdomen was distended and showed clear mapping out of intestinal coils, and he was vomiting faecal matter. Not knowing the nature of the case before going, I was unprepared to operate, and it being late evening and several miles out of town, I ordered, as a tentative measure, a copious enema to be given through a long tube with the hips highly raised, intending to operate next morning. Coincident with the enema the symptoms were relieved, passage through the intestine was to a certain extent re-established, and the idea of an operation abandoned by the patient. From that time there was a condition of partial obstruction, becoming periodically complete, but never to the extent of faecal vomiting.

On July 2nd I opened the abdomen, and after a short search found the obstruction slightly below and to the right of the umbilicus. The gut was contracted to half an inch in diameter, and for slightly over 3 inches in length, and resembled a hard round india-rubber band. On opening the gut the canal was found to be so nearly obliterated as to be imperceptible. The gut above the stricture was then united to that below in such wise as to form on completion the following connection: An outer ring of interrupted sutures; inside that a ring of continuous suture; an inner ring of continuous suture joining the four cut edges, leaving an aperture of $1\frac{1}{4}$ inch in length. The two outer rows did not go deeper than the muscular coat. After the operation the highest temperature reached was 101.8° on the sixth day. From that it fell to 97.6° on the eighth day, and from the ninth day onward it stood at 97.2° , with slight variation. On the third and sixth days the rectum was emptied by enemata. From the seventh to the eleventh day there was natural passage; on the thirteenth, sixteenth, and eighteenth enemata were required, and from that time there has been daily natural passage.

The constriction appeared to me to be the result of cicatrization following ulceration, and I saw no reason for removing the affected portion of gut. I am inclined to think that the chance of ultimate closure in these cases would be minimised by removing an elliptical-shaped strip from each cut edge of the gut, and should adopt that method in future.

I am indebted to Dr. J. Rutherford Morison, Newcastle, for the idea of the three rows of stitches.

Bishop's Auckland.

MARK WARDLE.

REPORTS

ON

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

ROYAL INFIRMARY, WINDSOR.

CASE OF SUNSTROKE: HYPIREYXIA: DEATH.

(By W. F. LLOYD, House Surgeon.)

M. W., female, aged $4\frac{1}{2}$, admitted at 6.30 P.M. on August 17th, 1893. She was a badly nourished and very ill-developed child with beaded ribs and enlargement of the lower ends of the radii. There was a bruise on the forehead and several on the back, said to have been caused by the child knocking herself against a chair. The child was unconscious. The temperature in the rectum on admission was 107.6° F. She was sponged with tepid water and put into an ice bath. The temperature in fifteen minutes fell to 100.6° F., and in thirty minutes to 98° . The child seemed more comfortable and slept for some time.

At 8.30 P.M. an enema containing two teaspoonsful of brandy was retained. The temperature at 11.10 was 107.1° F., and the child was put into a cold bath and sponged with iced water. At 11.40 the temperature was 100° F., but rose again to 104.8° F. at 2.30 A.M. Sponging was continued occasionally during the night and next day. The temperature was thus kept between 100° F. and 105° F.

At 2 P.M. on August 18th the temperature was 100.4° F., and at 2.35 P.M. the child died.

Rigor mortis was well marked one hour after death. The body weighed 14 lbs. 2 ozs. *Post-mortem* examination was made seven hours after death. The ribs were beaded and the lungs slightly emphysematous, but there was no consolidation of the lungs. The brain, heart, liver, spleen, and kidneys, were apparently healthy. The spinal cord was not examined.

SOME NOTES ON THE EBERS PAPYRUS.

By F. LL. GRIFFITH,

British Museum.

DR. FINLAYSON, in several recent numbers of the BRITISH MEDICAL JOURNAL, has given a most interesting and able summary of modern knowledge of ancient Egyptian medicine. It is to be hoped that the interest thereby aroused in an immense circle of readers may not be allowed to die out without bearing fruit. It is, perhaps, too much to expect that any utilitarian result will be reached by the study of ancient Egyptian pharmacy. It had two foundations: empiricism and superstition—the latter valueless, at least when faith in the superstition has passed away; while empirical knowledge, when duly sifted, may leave a very precious residuum. The ancient Egyptians, however, had only a limited region to draw upon for their drugs, while the modern practitioner wields far more powerful medicaments, obtained from every quarter under heaven.

Although the results for medicine may be *nil*, the history of medicine will be wonderfully lighted up when the Babylonian and Egyptian documents have been fully explained. The collections of the British Museum, as I am informed by Dr. Bezold, contain an immense store of medical texts in the cuneiform script of Assyria, probably copied from Babylonian originals. It would be of the highest interest to compare the system in use in the Euphrates valley with that of the dwellers on the Nile; but, alas! no one has yet seriously attacked the medical texts of the former class. A single short paper by the indefatigable Professor Sayce, with a hazardous translation of a few lines, in the *Zeitschrift für Keilschriftforschung* for 1885 is the only reference that Dr. Bezold's exhaustive knowledge of the literature of Assyriology can supply in addition to that quoted by Dr. Finlayson.

Quite otherwise is it with the Egyptian medical documents. Every Egyptologist has constantly to refer to the Ebers Papyrus for illustrations of philological questions.

E. M. Greene, Royal Free Hospital; G. C. B. Hawes, St. George's Hospital; S. W. Rhodes, Leeds; E. H. Worth, St. Thomas's Hospital.
Medicine.—R. L. Chapple, Leeds; R. J. Farman, Charing Cross Hospital.
Forensic Medicine and Midwifery.—F. S. Hogg, Charing Cross Hospital; H. J. Van Leent, Guy's Hospital.
Forensic Medicine.—M. T. Archdall, Charing Cross Hospital; G. M. Hetherington, King's College; R. W. Nesfield, Manchester.
Midwifery.—A. W. Taylor, Edinburgh and London; J. Wood, St. Thomas's Hospital.
 To Messrs. Bodington, Carter, Chapple, Clarke, Gregory, Hetherington, Hogg, Job, Nesfield, Northwood, Rhodes, Stuck, A. W. Taylor, G. C. Taylor, Van Leent, Wood, and Worth was granted the diploma of the Society entitling them to practise Medicine, Surgery, and Midwifery.

OBITUARY.

PROFESSOR CHARCOT.

JEAN MARTIN CHARCOT, the news of whose unexpected death last week caused a shock to the whole medical profession, was born in Paris on November 29th, 1825. He was the son of a carriage builder in not very prosperous circumstances. He studied medicine in the Paris faculty under Piorry, Claude Bernard, and others, taking his doctor's degree in 1853. In 1856 he won by competitive examination the post of physician to the Bureau Central, the general sorting house, as it may be called, of the Paris hospitals. In 1860 he became *Professeur Agrégé*, and two years later he was appointed physician to the Salpêtrière, at that time simply a house of refuge for infirm and weakminded old women. In 1873 he was appointed Professor of Pathological Anatomy in the Paris Medical Faculty in succession to Cruveilhier, and in 1880 a special chair of clinical neurology was created expressly for him. He continued to lecture almost till the day of his death. In 1873 he was elected a member of the Academy of Medicine, attaining the supreme honour of membership of the Institute of France in 1883.

Early in life M. Charcot was rescued by marriage from that struggle for existence in which the eager flame of scientific ambition must so often be spent in making the domestic pot boil. Thus he was free to devote himself to the advancement of medical science, and in the Salpêtrière, with its 4,000 beds, he found a quarry of clinical material out of which he was able to raise an edifice of intellectual achievement, at once solid in structure and artistic in finish, which will form a *monumentum ære perennius* to his memory. He set aside three days in the week entirely for hospital work, and he was always most punctual in his attendance. By his influence the Salpêtrière was transformed from something corresponding to a Poor-law asylum into a great clinical school fully equipped for research as well as for teaching, and open to the whole profession. There he made the observations and delivered the lectures which made his name famous; there he trained several generations of pupils, some of whom are carrying on his work with a zeal for truth equal to his own, and with hardly inferior ability; there, too, came crowds of practitioners from all parts of the world to sit at the feet of the Gamaliel of neurology. His demonstrations were attended at one time or another by nearly all the leaders of contemporary medical thought, and the fledgling just escaped from the academic nest might sign his name in the visitors' book between those of Rudolf Virchow and Grainger Stewart.

Though limiting his time for private practice to the extent that has been mentioned, M. Charcot was consulted by patients from the very end of the earth. He seldom undertook the treatment of sufferers, preferring to act purely as a consultant. So far did he carry this mode of action that, we believe, he seldom prescribed, contenting himself with pointing out the clinical and pathological relations of the case and indicating the general principles on which the treatment should be conducted, leaving the practitioner in charge to apply them according to his lights.

M. Charcot was emphatically a hard worker all through his career, though in later years he applied the principle of revolution to a considerable extent. He was as fortunate in

his assistants as they were in their master, and the excellence of their work must in great measure be credited to his inspiration and wise direction. Though fond of comfort and of luxurious surroundings, he was always at his desk by 6 A.M.; nor did he ever allow himself to be swept away by the vortex of social enjoyment, though his position might have made him free, had he so chosen, of all the inner mysteries of the fashionable world of Paris. He was passionately fond of art, and he had a highly-cultivated æsthetic sense; he was also skilful with his pencil and illustrated his demonstrations with sketches of considerable power. His house in the Boulevard St. Germain was a museum of artistic treasures, collected by himself with rare taste and judgment. His intellectual tastes were by no means limited to the field of medicine, he took a keen interest in natural history and was well versed in archæology. He was happy in his home life, and his only son is now qualifying himself to follow in his father's footsteps by going through the invaluable scientific discipline of the *internat* (house-physicianship) at the Salpêtrière.

M. Charcot, who spoke English well, though with a deliberation which was perhaps constitutional rather than due to a want of fluency, was more than once a visitor at the annual meetings of the British Medical Association, where he was always the cynosure of neighbouring eyes.

It is impossible to give here anything like a complete bibliography of M. Charcot's publications, many of which marked a distinct stage in the progress of scientific medicine. Among his most important works may be mentioned his *Leçons sur les Maladies du Foie*, and his *Leçons sur les Maladies Chroniques et des Vieillards*, an English translation of which was published by the New Sydenham Society in 1881; his *Lectures on the Localisation of Cerebral and Spinal Diseases*, published under this English title by the same Society in 1883; his famous *Leçons Cliniques sur les Maladies du Système Nerveux*, also translated for the New Sydenham Society (3 vols., 1887-89); and his *Leçons du Mardi à la Salpêtrière*. A complete edition of his works was published in 1886. In 1880 Charcot founded the *Archives de Neurologie*, which he continued to edit till his death; he also took a leading part in editing the *Revue de Médecine*, the *Archives de Pathologie Expérimentale*, and that wonderful album of hysteria and latter-day demonology, the *Nouvelle Iconographie de la Salpêtrière*. His literary style was in harmony with the excellence of his scientific matter, clear and strong, with happy turns of phrase which stamped a clinical fact or an ingenious explanation deep in the memory. He was an effective lecturer, generally speaking from notes which had been dictated at the bedside. His clinical lectures were generally delivered while sitting on an empty bed in the ward.

In person M. Charcot bore a striking resemblance to the first Napoleon; he had the same dome-like head, the same stooping shoulders and the same deep-set eyes, the physician's, however, being dark instead of grey, as the Emperor's were. He had for some time been in failing health, and about a fortnight before his death fainted while delivering a lecture. Nothing serious, however, seems to have been suspected by himself or by those about him, and he looked forward with confident anticipation of benefit from a short rest. He accordingly started on an archæological expedition to Morvan in company with Drs. Debove and Straus.

After a pleasant day, during which M. Charcot seemed to enjoy himself thoroughly, and delighted his companions with conversation at once sparkling and profound, the party stopped at a little inn at Settons, near Chateau Chinon. Plans were formed for the next day, but in the morning M. Charcot was found dead in his room with a half-finished letter to his son on his desk. The last words he had written being: "I hope to finish to-morrow, as we must rise before six. I must now try to sleep." The cause of death appears to have been angina pectoris.

M. Charcot was an honorary member of the British Medical Association, of the Royal Medical and Chirurgical Society of London, and of the Medical, Clinical, and Pathological Societies; of the Royal Academy of Medicine in Ireland; the Royal Medico-Chirurgical Society of Edinburgh, and of most of the leading scientific societies throughout Europe.

dity, previous attacks, and drink towering above all the others. In examining the forms of mental disorder, the large number of cases of general paralysis is, as usual, striking. In the case of men, the increase at Hanwell Asylum has been from 16 per cent. in 1889 to 28 per cent. in 1892. With the exception of a few details, which could be soon remedied, the management of our asylums is satisfactory. It is regrettable, however, to chronicle the increase of lunacy in our midst.

THE CITY OF BIRMINGHAM LUNATIC ASYLUMS.

IN the annual report upon these asylums, the Committee state that the average daily number of patients resident was 1,264, and that, as the present accommodation in the asylums is only for 1,256 patients, there are only eight beds vacant to meet the ever-increasing demand for more room. Mr. Whitcombe, referring to this subject, states that during the past year the accommodation has been much strained in consequence of an unusually large number of admissions, the result of which has been a considerable increase in the resident population, and the occupation of all available space. Of the 454 admissions, 36 were received from other asylums, and 76 from workhouses, 59 had been insane over twelve months, 14 were congenital, 45 were general paralytics, and 54 epileptics. Thirty-four suffered from heart disease, 9 from phthisis, and 37 from other chronic diseases in addition to their mental disease—a truly hopeless collection of cases, especially when we find that 62 were over 60 years of age. Still, in spite of the large number of admissions, the recovery-rate stands at 42 per cent., and this is eminently satisfactory. The death-rate was low, only reaching 8.1 per cent. The cost per head per week for each patient was 8s. 1½d. Plans for the extension of the Rubery Hill Asylum have been passed, and the Committee expect that building operations will shortly be commenced.

THE DORSET COUNTY ASYLUM.

HERE, as in other institutions for the insane, the number of patients steadily increases, and it is with the utmost difficulty that the existing buildings can be made to meet the pressure upon the space at the disposal of the authorities. Had it not been that the chaplain's house became available, the Committee state it would have been impossible to accommodate the present numbers. Every one of the inmates is a Dorset patient. To meet this demand for more accommodation new buildings are now in hand, the main body of which are being constructed at the contract price of £52,444. There were 496 patients resident at the end of the year, showing an increase of 24 upon the number in the asylum at the end of the previous year. The number of admissions during the year is the highest on record, and 30 per cent. above the average of the last thirty years. Dr. MacDonald tells us that with one exception all were suffering from actual mental disease, and more fit for asylum than workhouse care. The recovery rate is 33.3 per cent. and the death-rate 6.64 per cent. upon the total number under treatment. With regard to the providing suitable accommodation for idiots, Dr. MacDonald is of the opinion that instead of joining another county in providing an asylum for idiots, "an equally good and much more economical provision can be made by appropriating one block in our present asylum;" and he gives as his reasons that a joint institution for idiots would be more expensive, and that he thinks there are not sufficient cases to warrant the building of such an institution.

OVERCROWDING IN THE LIMERICK LUNATIC ASYLUM.

THE resident medical superintendent has reported to the Asylum Board that owing to the great increase in the number of patients the institution is greatly overcrowded, and some of the inmates have to sleep on the floor. The Board have appointed a subcommittee to devise means for providing the necessary accommodation.

MEDICAL NEWS.

DR. J. FARQUHAR, of Gurbah, Marlborough, has been awarded the Government grant for efficient vaccination in the Third District of the Pewsey Union.

IT is stated that the drainage of Buckingham Palace is about to be taken in hand, and a new sewer constructed. The estimated cost of the improvements is £3,000.

VACCINATION GRANT.—Dr. O. C. Penrhys Evans has obtained the Government grant for successful vaccination at Kidderminster.

PROFESSOR EHRENDORFFER has been elected Rector Magnificus of the University of Innsbruck for the academic year 1893-94.

SUCCESSFUL VACCINATION.—Mr. J. S. Gettings, Public Vaccinator for the Ogle Hay District of the Lichfield Union, has received, for the fifth time in succession, the Government grant for efficient vaccination.

DR. BRAIDWOOD, of Halkirk, has been presented by the members of his nursing class with a handsome reading-lamp. This is the third time Dr. Braidwood has been the recipient of a public testimonial within the last twelve months.

VACCINATION IN IRELAND.—During the second quarter of the year there were 29,459 persons successfully vaccinated;

in 3,046 the operation was postponed, and 38 children were reported as insusceptible of vaccination. The deaths of 1,467 unvaccinated children under 3 months old were registered during the quarter, making a total of 34,010 children with regard to whom particulars as to vaccination were ascertained.

UNIVERSITY EXTENSION COURSES IN HYGIENE.—It is reported that several of the German universities have made arrangements by which courses of lectures on sanitation will be delivered in various towns by the university professors. The courses are intended especially for the benefit of officials in the employment of Government or municipal authorities, and will be varied to meet the particular wants of the various towns, and among the subjects mentioned are plumbing, drainage, disposal of refuse, laundry work, slaughtering of cattle, disinfection, and ventilation.

LEPROSY IN THE LEEWARD ISLANDS.—A report has been issued containing particulars as to the lepers in the Leeward Islands. There were 29 lepers in the Antigua Asylum in 1892; 3 were admitted during the year, and 4 died. In Antigua there is no law for the compulsory segregation of lepers, and the buildings in which lepers are received are not well suited for the purpose. In St. Kitts, where there is a law providing for pauper lepers, the new asylum at Fort Charles contained 66 inmates at the end of the year; 8 fresh cases were admitted, and 14 patients died; death was attributed in 4 cases to leprosy, in 3 to Bright's disease, in 1 to diarrhoea, 1 to dysentery, 1 to gastro-enteritis, 1 to dropsy, and 1 to influenza, with which disease nearly all the inmates were attacked in April and May. One child born in the asylum died.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Libbrecht, of Ghent, one of the leading oculists in Belgium, aged 61; Dr. O. Rosenberger, a well-known bacteriologist and the oldest practitioner at Kösen, aged 87; Dr. G. Loomes Smith, of Seattle, Washington, U.S.A., the first President of the Washington State Medicine Society, aged 53; Dr. Jose Vargas, a leading physician of Bogota; Dr. Boéchat, of Fribourg, author of numerous papers on the Structure of the Thyroid Body, Alcoholism, the Antiseptic Treatment of Retropharyngeal Abscess, Iodoform in the Treatment of Goitre, etc., aged 46; Dr. Cramer, Professor of Psychiatric Medicine in the University of Marburg, aged 62; Professor Sommerbrodt, of Breslau, well known as a prominent advocate of the creosote treatment of phthisis; Dr. Blanche, a leading French alienist, aged 73; Dr. Gaston Dupré, of Brussels, founder of the Belgian medical journal *La Clinique*, and one of the first advocates of Listerism in Belgium; and Dr. Schrader, Surgeon-General of the 5th German Army Corps, and formerly Physician in Ordinary to the Emperor Frederick.

BRITISH POSTAL MEDICAL OFFICERS' ASSOCIATION.—The first annual dinner of the medical officers of the British postal service was held on July 6th at the Grand Hotel, Trafalgar Square. Dr. Matthew Coates, of Streatham, occupied the chair, and the following gentlemen were present: Dr. Adeney, Tunbridge Wells; Dr. Anderson, Hampstead; Mr. Brown, Wandsworth; Mr. Dunn, Wolverhampton; Mr. Giddings, Nottingham; Mr. Husband, Manchester; Mr. Iliffe, Derby; Mr. Lough, London; Mr. Moore, Exeter; Mr. O'Connor, Greenwich; Dr. Paramore, London; Mr. Phillips, Haverfordwest; Dr. Powell, London; Mr. Roberts, Reading; Mr. Thornton, Margate; Mr. Walker, Middlesboro'; Mr. Watson, Manchester; Mr. Wayte, Croydon; Mr. Weston, Stafford; Mr. Wright, London. Prior to the dinner a meeting was held, when—Dr. Coates having been called to the chair—it was unanimously agreed, on the proposition of Mr. Watson, seconded by Mr. Lough, that an Association of British Postal Medical Officers should be formed; and subsequently, in order to carry out and promote this decision, the Committee, vested with full powers, was constituted as follows: Dr. Adeney, Dr. Coates, Mr. Dunn, Mr. Husband, Mr. Thornton, Mr. Walker, and Mr. Wright, with Mr. Giddings as Honorary Secretary and Treasurer, and Dr. Dougan (Glasgow) as Honorary Secretary for Scotland. Mr. Frank Iliffe, of Derby, has been elected President of the Association for the ensuing year.

MEDICAL VACANCIES.

The following vacancies are announced:

- ANDERSON'S COLLEGE MEDICAL SCHOOL, Glasgow.—Chair of Materia Medica and the Chair of Physics. Applications to John Kidstone, Secretary, 50, West Regent Street, Glasgow, by August 31st.
- BOROUGH OF CHESTERFIELD.—Medical Officer of Health for the Urban Sanitary District. Salary, £200 per annum. Applications, endorsed "Medical Officer," to John Middleton, Town Clerk, by September 4th.
- BRIDGNORTH AND SOUTH SHROPSHIRE INFIRMARY.—House-Surgeon; doubly qualified. Salary for the first year, £80 per annum, with board and lodging. Applications to the Honorary Secretary, Oldbury Rectory, Bridgnorth, by August 26th.
- BRIGHTON, HOVE, AND PRESTON DISPENSARY, Board Room, Queen's Road, Brighton.—House-Surgeon, unmarried, doubly qualified. Salary, £140 per annum, with furnished apartments, coals, gas, and attendance. Applications to C. Somers Clarke, Honorary Secretary, by September 1st.
- GENERAL HOSPITAL, Birmingham.—House-Physician. Salary, £70 per annum, with residence, board, and washing. Applications to Howard J. Collins, House Governor, by September 2nd.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—House-Physician. Appointment for six months. Board, residence, and allowance for washing provided. Applications to the Secretary at the office, 24, Finsbury Circus, E.C., by September 14th.
- KENT COUNTY ASYLUM, Chartham, near Canterbury.—Junior Assistant Medical Officer, unmarried. Salary, £125 per annum, with furnished apartments, board, and attendance. Applications to the Clerk of the Committee of Visitors, Allen Fielding, Solicitor, Canterbury, by September 20th.
- LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—House-Surgeon and Junior House-Surgeon, doubly qualified. Residence, board, and washing provided. Appointments for six months. The House-Surgeon will receive a salary at the rate of 50 guineas per annum, and the Junior House-Surgeon will receive an honorarium of 5 guineas on satisfactory completion of term of appointment. Applications to E. Wilson Taylor, Secretary, by August 31st.
- ST. PETER'S HOSPITAL FOR STONE AND URINARY DISEASES, Henrietta Street, Covent Garden.—House-Surgeon; must be M.R.C.S. Appointment for six months. Honorarium, 25 guineas, with board, lodging, and washing. Applications to the Secretary by September 11th.
- SHEFFIELD GENERAL INFIRMARY.—Assistant House-Surgeon; doubly qualified. Salary, £80 per annum, with board, lodging, and washing. Applications to the Medical Staff of the Sheffield General Infirmary, to the care of the Secretary, by August 26th.
- SHEFFIELD SCHOOL OF MEDICINE.—Tutor to take charge of Dissecting Room and to hold Classes in Anatomy and Physiology. Salary, £125 per annum. Applications to the Secretary by August 31st.
- STAFFORD GENERAL INFIRMARY, Stafford.—Assistant House-Surgeon. Board and residence provided. Applications to the Secretary by September 9th.
- TEIGNMOUTH, DAWLISH, AND NEWTON INFIRMARY, DISPENSARY, AND CONVALESCENT HOME.—House-Surgeon; doubly qualified. Will be required to dispense and act as Secretary. Salary, £60 per annum, with board, lodging, and washing. Applications to the Chairman of Committee by August 25th.
- UNIVERSITY OF ABERDEEN.—Eleven Examiners in Medicine. The Examiners in Medicine and Surgery will receive a grant of £50 each, and the other nine a grant of £40 each. Applications to Robert Walker, Secretary, the University Court, by September 25th.
- WESTON-SUPER-MARE HOSPITAL AND DISPENSARY.—Medical Officer for the Provident Dispensary attached to the Hospital; doubly qualified. Salary, £80 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by August 30th.
- WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL, Wolverhampton.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Appointment for one year, but eligible for re-election. Applications, endorsed "Application for House-Surgeon," to Edwin A. White, House-Governor and Secretary, by August 28th.

MEDICAL APPOINTMENTS.

- ADAM, John Law, M.B., C.M.Aberd., reappointed Honorary Surgeon to the Lewes Victoria Hospital.
- BALLANCE, Herbert Stanley, M.B., B.S.Lond., M.R.C.S.Eng. appointed Resident Medical Officer to the Hospital for Consumption and Diseases of the Chest, Brompton, *vice* S. J. Alden, M.D., resigned.
- BENSON, Henry Power D'Arcy, M.B.Édin., appointed Medical Officer for the Kentchurch District and the Workhouse of the Dore Union.
- BETENSON, Wm. B., L.R.C.P.Lond., M.R.C.S.Eng. appointed Medical Officer for the Second District of the Deepwade Union.
- CARRUTHERS, E. J. W., M.B., C.M.Édin., appointed Junior Resident Medical Officer to the Hospital for Sick Children, Pendlebury, Manchester.
- CORBETT, Henry, M.D., appointed Medical Officer for the Killoughey Dispensary District, *vice* Henry White, L.R.C.P.I., L.M., resigned.
- DRABBLE, G. W., appointed Medical Officer of the Walton District of the Chertsey Union.
- DEAKE, Alex. Thomson, M.B., L.R.C.S.I., appointed Medical Officer for the Fourth District of the Greenwich Union.

- EDWARDS, E. C., M.B., C.M.Édin., appointed Assistant House-Surgeon to the East Suffolk Hospital, Ipswich.
- FAWCETT, W. H., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the Second District and Workhouse of the Wimborne and Cranborne Union.
- HILLYAR, C. B., appointed Medical Officer for the Milton Abbott District of the Tavistock Union.
- JAMISON, Alexander, M.A., M.B., B.Ch., B.A.O., appointed House-Surgeon to the Bristol Hospital for Sick Children and Women.
- KERR, Daniel Oliver, M.B., C.M.Édin., reappointed Medical Officer for the Kceby District of the Grimsby Union.
- MALING, W. H., M.R.C.S., L.S.A., appointed Honorary Surgeon to the Sunderland and North Durham Eye Infirmary, *vice* A. Bruce Low, M.D.Édin., resigned.
- MAURICE, M. O., L.R.C.P.Lond., M.R.C.S., appointed Resident Clinical Assistant to the St. Marylebone Infirmary, Notting Hill.
- MITCHELL, Patrick, M.D.Aberd., reappointed Parochial Medical Officer for Oyne.
- OLDACRES, Chas. Everard, M.R.C.S.Eng., L.R.C.P.Édin., appointed Medical Officer of the Workhouse of the Davenport Union.
- OWEN, Harold Edward, L.R.C.P.Lond., appointed Medical Officer of Health for the Kingsbridge Urban Sanitary District.
- PRICE, Wm. Elliott, M.D.Durh., M.R.C.S.Eng., appointed Medical Officer for the Workhouse of the Ross Union.
- RENNIE, George Edward, B.A.Syd., M.D.Lond., M.R.C.S.Eng., appointed Government Pathologist, Sydney, New South Wales.
- ROBINSON, M.A., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the Seventh District of the Deepwade Union.
- ROGERS, Bertram M. H., M.B., B.Ch., M.R.C.S., L.R.C.P., appointed Physician to the Bristol Hospital for Sick Children and Women.
- ROWELL, George, F.R.C.S., appointed Assistant Anesthetist to King's College Hospital.
- SNOWDEN, George Hugh, M.R.C.S.Eng., appointed Medical Officer for the Halford District of the Shipston-on-Stour Union.
- STEPHENS, James Wm., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer of Health for the Cardigan Urban and Port Sanitary Authority, and Certifying Surgeon under the Factory Acts, and Inspector of Seamen for Cardigan.
- THORPE, A. E., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the Second District of the Newport (Salop) Union.
- TROTTER, W. O., L.R.C.P.Édin., M.R.C.S.Eng., appointed Medical Officer for the Brandon District of the Thetford Union.
- VASSALLI, Jerome Stephen, L.R.C.P., L.R.C.S.Édin., L.F.P.S.Glasg., appointed Medical Officer and Public Vaccinator for the Western Sanitary District of the Scarborough Union.
- WEBSTER, Trevor, M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Bewdley District of the Kidderminster Union.
- WILLETT, George Gilmore Drake, M.R.C.S.Eng., reappointed Medical Officer for the Bilton and Merksbury Sanitary District of the Keynsham Union.
- WINTLE, Colston, M.R.C.S., L.R.C.P., appointed Surgical Registrar and Out-patient's Assistant to the Bristol Hospital for Sick Children and Women.

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.

- BLACKER.—On August 22nd, at 15, West Eaton Place, S.W., the wife of A. Barry Blacker, M.D., B.S., M.R.C.S., etc., of a son.
- COLLYNS.—On August 8th, at The Green, Dulverton, the wife of Robert J. Collyns, M.R.C.S., L.R.C.P.Lond., of a son.
- DIXON.—On August 11th, at 2, Wootton Gardens, Bournemouth, the wife of J. R. L. Dixon, M.R.C.S., L.R.C.P., of a daughter.
- ROE.—On August 22nd, at West Hill, Wandsworth, the wife of A. D. Roe, M.B.Cantab., M.R.C.S., of a son.

MARRIAGES.

- BETENSON-WHITAKER.—On August 17th, at Enfield, by the Rev. G. H. Hodson, Vicar of Enfield, assisted by the Rev. E. H. Egles, William Betenson Betenson, M.R.C.S., L.R.C.P.Lond., L.S.A., of Bungay, eldest son of William D. Slyman, M.R.C.S., to Mildred Septima, daughter of Joseph Whitaker, F.S.A., of White Lodge, Enfield.
- DE JERSEY-MILLER.—August 22nd, at the Abbey, St. Albans, by the Rev. C. Stewart Miller, brother of the bride, assisted by the Rev. Norman S. de Jersey, brother of the bridegroom, and the Hon. Archdeacon Lawrance, Rector of the Parish, Walter Brock de Jersey, M.B.Cantab., of 94, Finchley Road, N.W., son of the late Carey Brock de Jersey, Esq., of Grange Lodge, Guernsey, to Mary Stewart, youngest daughter of the late Major Dugald Stewart Miller, formerly of the Royal Fusiliers.
- HARRISON-VALINTINE.—On August 22nd, at Shorne, near Gravesend, by the Rev. R. Espinasse, Rector of Birdham, Chichester, and the Rev. A. L. Coates, the Vicar, George A. Harrison, L.R.C.P. and M.R.C.S., elder son of Dr. A. J. Harrison, of Clifton, Bristol, to Miss Mabel Valintine, second daughter of the late Captain Valintine, of Goodwood, Sussex.

DEATH.

- SHIMELD.—Winifred Shimeld, aged 36, wife of James Shimeld, L.R.C.P. & S.Édin., August 19th, 1893, at Southend-on-Sea.

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, M. Th., 2.30; Ear, Tu. 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; Ophthalmic, 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, F., 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, S., 3; females, W., 9.45. Operation Days.—M., 2, Tu. 2.30.

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), M., 2.30, 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.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

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

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

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

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

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

QUERIES.

MEMBER would be glad to know where he could place a bed-ridden syphilitic patient, only able to pay £1 per week, in a home or hospital.

SUBSCRIBER writes: I have a patient who a few months ago suffered from thrombosis of the artery of the left lower leg. Gangrene set in, and a line of demarcation formed about four inches below the knee-joint, not even all round, but higher and lower. The gangrenous portion is now entirely separated, and the bones completely exposed at that point, and have been so for a few weeks. The patient, who is aged about 75 years has weak heart, and takes liquid nourishment well. The stump is healthy, and secretes a laudable pus. It is of course uneven, unlike a clean circular cut of the knife. A good deal of dead tissue still clings on the bones. The bones show no signs of dividing. Would it be safe to divide them on a level with the stump, or will nature amputate them in course of time?

TREATMENT OF PRURITUS ANI.

SURGEON asks for advice as to the treatment for a very obstinate case of pruritus ani in a man, aged 65 years, who has suffered for some years, and has so far resisted all treatment tried.

ANSWERS.

T. MARSHALL.—The results of the examination for entrance into the Royal Navy for medical officers was published in the BRITISH MEDICAL JOURNAL of November 25th, 1892, page 1199.

T. H. R.—The birth- and death-rates for England and Wales for 1892 were published in the BRITISH MEDICAL JOURNALS of May 7th, 1892, p. 999; August 13th, 1892, p. 392; November 5th, 1892, p. 1004; and February 4th, 1893, p. 271.

C. E. A.—We have made inquiries with regard to the assurance company to which our correspondent refers, and we believe that there is no reason why he should not become referee to the company provided that it is prepared to pay reasonable fees for the work done.

DELTA.—With regard to the question whether medical practitioners who are in the employment of medical aid associations can be considered to be covering the committee of the association, we may refer our correspondent to the Report of the Medical Aids Committee of the General Medical Council on Medical Aid Associations, recently issued, which can be obtained from Messrs. Spottiswoode and Co., publishers to the Council, price 1s. An analysis of the report appeared in the BRITISH MEDICAL JOURNAL of June 3rd, 1893, p. 1168.

MEDICAL PRACTICE IN THE ARGENTINE REPUBLIC.

DR. ALBERT ROSENAU (Kissingen) writes: In answer to Dr. T. Booth-Clarkson, I may say that an English medical man, to be able to practise in the Argentine Republic, has to pass a new and pretty stiff examination in Spanish language, which lasts at least two to three months. But there is no necessity for a stay of two years, like Dr. Burges erroneously pretends, as English as a rule learn easily enough the Spanish language. In Buenos Ayres, where they have got only seven English doctors, while fifteen German-speaking doctors, there would be undoubtedly a good opening for an English medical man. All the certificates submitted to the medical faculty at Buenos Ayres must be beforehand legalised by the Argentine consul in London. In Cordoba, the second Argentine medical faculty, the examination is less stiff, but its fees are greater (about 20 to 25 dollars). The best way for an English doctor to learn Spanish and to get known with the customs of the people is to obtain by a demand to the Consejo Nacional de Higiene the temporary licence to practise medicine in some small place (pueblo) where there