

JOURNAL of December 9th, 1893, in which he states that "his patient, who was aged 83, was, as far as he knew, the oldest upon whom ovariectomy had been performed, with the exception of Dr. Homan's case, which was a few weeks older."

The exact age of the woman was carefully inquired into at the time of her admission into the medical wards, and was confirmed by papers and documents when she came under my care for operation

MEMORANDA:

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

TRACHEOTOMY FOR FOREIGN BODY IN THE LARYNX.

MR. BAILDON's successful case of tracheotomy and removal of foreign body from the bronchus brings to my mind one that occurred in my practice here twelve years ago. A boy aged about 9 years had an ordinary housewife's sewing needle in his mouth, and in trying to raise up a younger child who had tumbled over some article of furniture, it suddenly disappeared down his throat. As the symptoms were neither alarming nor urgent, the parents did not bring him to my surgery until the following day. He then complained of pricking in the trachea; and when in the upright position I could detect a minute elevation between the second and third rings, which entirely disappeared when he was placed on his back. As the respiration was free, and there were no urgent symptoms, I deferred interference. However, on the second day following my examination, I found it necessary to perform tracheotomy with the assistance of two other surgeons. The tracheal spasm was so violent, and the dyspnoea so urgent, that we could not detect any foreign body then. I introduced the trachea tube, and on the second day, when the trachea was quiet, I succeeded in extracting the needle, which was firmly imbedded above the tube eye downwards.

B. J. GLISSAN, L.R.C.P.Ed., L.F.P.S.Glasg.
St. George's, Wellington, Salop.

RUPTURE OF BOTH TYMPANIC MEMBRANES BY COUGH.

CASES of rupture of both membranes from coughing are so rare that the following case is of interest:—

A gentleman, aged 60, of intemperate habits, had been under treatment for bronchitis and emphysema. His hearing was normal, and he had made no complaint of auditory trouble. During a severe fit of coughing he suddenly heard a loud explosion in both ears, and became deaf. There was a slight hæmorrhage from both ears, and on examination a large rent was discovered in each membrane. The deafness later increased, so as to become total, bone conduction being abolished. He complained of tinnitus, and a slight discharge was set up. This condition lasted until his death a few months later.

In such cases hearing power as a rule is not completely abolished, and no doubt pathological changes were set up in the deeper structures by the accident. The ears were not syringed, but were frequently wiped out; plugs of antiseptic wool were inserted loosely in each external auditory meatus, and the patient was kept as much as possible at rest.

Dover.

A. G. WELSFORD, M.D. F.R.C.S.

CASE OF TOLERANCE OF CHLOROFORM.

As I find, on comparing notes, that I administer as a rule even larger quantities of chloroform than Surgeon-Lieutenant-Colonel Lawrie, the following case may prove of some interest as illustrating the largest quantity which I believe I have ever used in a given time.

Patient, a female, aged 25 years, a native of London. Operation by Dr. H. C. Cameron for rupture of the perineum; chloroform freely administered on a towel. At the fifth minute a stoppage of the breathing of half a minute occurred, and it was then resumed in a more slow and shallow form. In thirteen minutes, when twelve drachms of the

anæsthetic had been expended, there came an audible effort with inspiration, as if stertor were about to commence, and the patient was now drawn to the edge of the table. It was now found, however, that she was still quite sensitive, and several minutes longer inhalation was required before the operation could be commenced. During its course the anæsthesia was frequently pushed till the pupil became a pin's point, the cornea insensitive, and the breathing stertorous; but whenever the inhalation was left off in this condition, it was found necessary to resume it in half a minute. Another apnoeal pause of half a minute occurred during deep anæsthesia, when I did nothing but wait till the breathing recommenced. Total time, 50 minutes; chloroform, 31 drachms.

ROBERT KIRK, M.D.,

Physician to the Dispensary for Diseases of Women,
Glasgow Western Infirmary.

A CASE OF HYPERPYREXIA.

A BOY, aged 10 months, was admitted with multiple subcutaneous abscesses. Before death the temperature rose to 109°. *Post mortem* most of the organs were found to be studded with recent tubercles, except the brain, the grey matter of which was softened and injected, and its membranes. A gland, situated immediately above the right bronchus, was enlarged to the size of a walnut, and contained a mass of cheesy material, breaking down in the centre into a thick puriform fluid; this was apparently the centre of infection.

FREDK. H. LEWIS, M.B.Cantab.,

House-Surgeon Royal Alexandra Hospital for Children,
Brighton.

CASE OF CHANCERE OF LOWER LIP.

I WAS recently called to see a female servant in a gentleman's family suffering from severe headache. The pain affected the left side of the head, and the upper eyelid of the same side drooped a little.

Besides the headache, there was a raw-looking sore, as big as a threepenny piece, on an indurated base, to the left of the middle line of the lower lip. The submaxillary glands of the same side were enlarged and painless. On looking at the skin, there was a faint macular eruption over the chest, upper part of abdomen, and inner aspects of both forearms. She had noticed the sore on her lip for five or six weeks.

On inquiry, she told me that she "kept company" with a young man, with whom I asked for an interview. Soon afterwards he called on me, and his condition was interesting. There was a mucous patch on the left side of his upper lip. He had been infected with syphilis eight months before, and the indurated site of the primary sore was easily felt on the body of the penis behind the glans. The glands of the groin were knotty, and there were stains of a former eruption. The girl's headache soon disappeared, along with the temporary droop of the upper eyelid. She was removed to a house where there were no children, with strict orders to avoid any risk of infecting others.

These cases of syphilis insontium are very sad. This poor girl for a time loses her means of support, may have her health permanently injured, and has the prospect, if she marries, of having for years to come syphilitic children, and all through no fault of her own.

Edinburgh.

FRANCIS CADELL, M.B., F.R.C.S.Ed.

IODIDE OF POTASSIUM IN HYPERTROPHY OF THE PROSTATE.

ABOUT two years ago I had a very troublesome case of hypertrophied prostate in which catheterisation was almost impossible, and the patient's sufferings so great that they had to be relieved by ever-increasing doses of morphine. When a catheter could not be passed at all the involuntary straining efforts to pass a few drops were most distressing to witness, the patient being bathed in perspiration and groaning with agony. I had never at that time heard of Dr. J. William White's proposal, but if I had I feel sure I should have suggested its adoption for this old man on the principle of "any port in a storm." The reduction of the prostatic enlargement being the problem I felt hopeless about solving it, and I told my patient so, but I told him at the same time that I should give him a prescription having that end in view, adding, however, that I had no confidence in its being of any

benefit. He expressed his readiness to do, or to submit to, anything. The prescription was for suppositories, each containing 10 grains of iodide of potassium, one to be placed in the rectum every night. I told him that if any good followed it would be only after a long time, so that he must persist with the treatment if it seemed to him to promise any relief whatever. The suppositories were prescribed, of course, in what seemed to me the vain hope that some absorption might be produced in the prostate. The patient, who was in no way bound or expected to remunerate me for my care of him, was so pleased with what he called the "result" that he sent me a very substantial cheque, and some months later a further cheque for more than double the amount of the first. I found that the relief he experienced was due to a considerable diminution in the size of the prostate, not sufficient to enable him to dispense altogether with the use of the catheter, although he was never reduced to a No. 1 again, and he could for the most part pass his water in a fair stream. I am quite prepared to be told that the change had no connection with the use of the potassium iodide, knowing, as I do, the dangers of *post hoc propter hoc* reasoning. I may say, however, that the patient would have it *propter*. I write in the expectation that, in view of the serious procedure recommended by Dr. J. W. White, a trial may be made of a plan which, no doubt, has been adopted before (though I do not happen to know whether it has or not), and which has, at least, the merit of simplicity, and of being quite incapable of doing any harm.

Sheffield.

F. A. DAVY, M.D.

REPORTS

ON

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

ROYAL MARINE INFIRMARY, WALMER.

A CASE OF ACUTE YELLOW ATROPHY OF LIVER.

(By Fleet-Surgeon J. N. STONE, R.N.)

F. F., aged 17, a recruit, well developed, was admitted to the Royal Military Infirmary, Walmer, on April 13th, complaining of headache, nausea, and loss of appetite. The tongue was yellow, and there was a general icteroid condition of skin. There was no fever, no hepatic uneasiness, and no enlargement of the liver. He had been born and had lived for several years in India. He was anxious to go on with his drills, but as the weather was cold it was considered advisable to send him to bed in the infirmary, where he was under the immediate care of Surgeon Doyne, who watched him carefully throughout. He was ordered nitro-muriatic acid mixture and 5-grain blue pill at night.

Up to April 20th little change had taken place; there was no fever and no hepatic tenderness; the jaundice, however, continued, and the urine contained bile. At the above date there was considerable bilious vomiting, the jaundice became more pronounced, and there was some pain in the hepatic region. The bowels were open, the motions being light coloured. A mustard leaf was applied to the hepatic region.

Occasional bilious vomiting took place, but no marked change in the patient's condition showed itself until April 25th, when delirium commenced, with tendency to doze. He could take no food. Jaundice was very marked. The area of hepatic dullness was found to be diminished, and the possibility of acute atrophy was suggested for the first time.

On April 26th the pulse was 66; the temperature was normal. He did not answer questions, was semicomatose, and took no food. The bowels confined. A turpentine enema was ordered. Leucin and tyrosin were present in the urine.

On April 27th jaundice was deep, the teeth and gums were dry, the area of hepatic dullness was much diminished. He was comatose. The bowels were confined. The pulse was 108; the temperature 101.6°. He passed urine in bed. At 3 p.m. he passed a light-coloured solid motion after the enema. At 8.15 p.m. the pupils were widely dilated, the pulse

144, the respiration 42, and the temperature 100.4°. He died quietly at 3.15 a.m. on April 28th.

Post-mortem examination April 29th. Body well nourished, skin deeply yellow; some venous ecchymosis on arms and neck. Abdomen: intestines bile stained; gall bladder nearly empty; the duodenum contained a quantity of bilious matter. Liver: weight 31½ ounces; yellow throughout on section, capsule adherent, substance of liver firm; no appearance of abscess. Spleen: 6½ ounces; friable. Kidneys: right, 6½ ounces; left, 6 ounces; yellow tinge throughout on section. Heart: 19 ounces; endocardium and clots yellow stained.

Microscopic examination of one portion of the liver showed breaking down of the liver cells, the *débris* of which filled the place of normal tissue. Actual disintegration could be seen taking place without round-celled invasion. In other portions there was round-celled infiltration with destruction of liver cells. No sign of liver abscess, however, was present.

THE DISTRICT HOSPITAL, WEST BROMWICH.

A CASE OF ANTHRAX.

[Under the care of Mr. H. LANGLEY BROWNE.]

(Reported by G. EDGAR HELME, M.B.)

THE patient, a charwoman, aged 30, complained of pain, and a crust on the lower lip at the right angle of the mouth, and a general feeling of illness. On May 12th, she had felt some tingling which was followed by a pimple in the above position; this enlarged and burst on May 15th, after she had applied linseed poultices.

She was admitted on May 18th, 1894. The temperature was 99°, and at the right angle of the mouth on the lower lip there was a black slough, the size of a shilling, surrounded by a whitish vesicular ring exuding serum, with inflammatory induration extending under the chin to the top of the larynx, and to about one inch from the right angle of the jaw. Some blood from the inflammatory area, and some vesicular exudation was taken for microscopical examination. Specimens of each were stained with Beck's "new purple stain" and bacilli of anthrax found in the blood but not in the exudation.

The patient was put on a diet of milk and beef tea with brandy (3iij) and a mixture of quinine sulphate gr. iv and tincture of perchloride of iron ℥ xv was given every four hours; the charbon, together with the inflammatory area, was painted with iodine liniment.

On May 19th, the induration had spread up to the right ear and over to the centre of the left cheek. Iodine liniment was again applied, and taken well over the spreading edges and lint moistened in corrosive sublimate lotion 1 to 1000 applied; this was repeated daily until May 21st, when the induration was lessening, and the patient much more comfortable.

On the following day a specimen of blood was examined microscopically, and bacilli again found to be present. On May 25th, the slough separated leaving the pit, the size of a sixpence, extending half through the thickness of the lip, but deeper and undermined towards the mesial line. Four hours after admission the temperature rose to 103.2°, and continued between this and 100° until May 21st, when it gradually fell to normal. The patient steadily progressed towards recovery, and was discharged cured on June 7th.

REMARKS.—The case is entirely an isolated one, careful inquiries having failed to elicit any possible source of infection, the only relevant fact obtainable being that the patient was engaged in cleaning an upholsterer's shop five weeks previously.

IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.—

The summer dinner of this Association was held at the Midland Hotel, Bradford, on June 30th. The President, in reply to the toast of "The Association," said the Association was prospering, and was sure to prosper, because in it were found, working in the most perfect harmony, Irishmen of all shades of religion and political opinion, who were banded together with the double object of social intercourse, and of obtaining for Irish diplomates practising in England the same privileges as regards honorary appointments in hospitals as were enjoyed by their brethren holding English qualifications.

tion carrying on a *bond-fide* assurance business among the working classes. We have always supposed it to belong to the latter class, and although we have occasionally heard complaints about the "touting" practised by its agents, which we have always promptly condemned, we have never heard of so organised a system of "touting" as would seem to be implied by the issue of such cards as these; and we are quite sure that no medical man who has the least respect for his professional reputation can allow his name to be associated with such practices.

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.

THE MEDICAL PROFESSION AND THE NOTICE OF ACCIDENTS BILL.

LORD PLAYFAIR moved that the report of the amendments to the Notice of Accidents Bill be received by their lordships, this being more or less a formal stage of the measure.

LORD ASHBORNE said he had a small amendment to the first subsection of Clause 3. The certifying surgeons who there performed a very important and useful office desired to have their status and usefulness recognised more in the Bill. Their wishes in this direction were discussed in the Standing Committee, but he believed the noble lord in charge of the Bill did not see his way to put in any amendment. He did not propose to go over the ground again for accepting the amendment which he now moved, but he would suggest that whilst it possibly did not add to the efficacy of the Bill to recognise in a direct and express way the status and position of these surgeons and also of the medical profession generally, such a recognition could not in any way detract from the usefulness of the Bill. The way the clause read at present was as follows: "The Board may appoint competent persons to hold an investigation and may appoint a person possessing legal or special knowledge to act as assessor upon such investigation." It was possible that that would enable medical or other experts to act as well as lawyers, but as lawyers were mentioned he did not think it could do harm to mention the medical profession as well, and he accordingly moved the addition of words so as to include the members of such profession. He hoped the amendment would be accepted.

LORD PLAYFAIR: There is no objection on the part of the Government to the amendment which the noble lord has proposed.

The amendment was accepted, and the motion of Lord Playfair to receive the report of amendments was adopted.

Prevention of Rabies.—The EARL OF ROSSE proposes to call attention in the House of Lords shortly to the question of rabies in dogs, and to ask the Government whether they are not of opinion that the conferring upon a Government Department powers for ordering the muzzling of dogs which are for the present vested in the local authorities only is desirable with the view of stamping out canine rabies.

HOUSE OF COMMONS.

Food Adulteration.—The Select Committee of the House of Commons on the adulteration of food products met again on July 5th, Mr. H. GARDNER in the chair. Mr. PERSTON THOMAS gave further evidence. In the report of Tuesday's evidence, Mr. Thomas was represented as having recommended the adoption of a statutory standard for milk. The fact is that though he enumerated to the Local Government Board certain suggestions to that effect for the amendment of the Sale of Food and Drugs Act, he declined to express an opinion as to whether statutory standards ought or ought not to be adopted, that being a matter for the Committee itself to determine. He pointed out, however, the difficulty as regards milk of fixing on a standard that would not, if high, condemn much genuine milk, or, if low enough to include all genuine milk, would not be so low as to admit of the addition of a considerable amount of water to the product of the average cow. Questioned as to the adulteration of cheese, witness stated that out of 330 examples examined 12 were reported, chiefly because they showed the presence of skimmed milk. Witness quoted the opinions of several medical and scientific men condemning the use of condensed milk for infants on the ground that it was made from skimmed milk. The Committee met again on Wednesday, Sir WALTER FOSTER, Parliamentary Secretary of the Local Government Board, presiding. Dr. RICHARD BANNISTER, Government analyst at Somerset House, said that his department received samples of food products from all over the country. Last year they received from the Customs Department 2,137 samples for examination. Those included 73 from the Admiralty, 557 from the Board of Trade, 707 from the India Office, 143 from the Post Office, 43 from the Home Office, 18 from the War Department, 80 from Trinity House, 4 from the Stationary Office, 33 from the Office of Works, 2 from the Colonial Office, 71 references from magistrates under the Food and Drugs Act (1871), and 16 parochial samples. From the Inland Revenue Department they received 12,083 samples of tobacco, 9,102 samples of beer for drawback, 1,621 beer duty samples, 2,820 samples of beer from public-houses, 5,775 samples of tinctures, 773 samples of naphtha, and 5,392 miscellaneous samples. From 1875 down to March 31st, 1891, 678 analyses by public analysts were submitted to his department, with the result that in 474 cases the analysis was confirmed; in 188 cases the analysis was disagreed from. In the case of the milk analysis the disagreement, when it occurred, was rather a matter of interpretation of the results than of actual mistakes. It was practically impossible from the sample to tell whether the milk was adulterated milk or merely poor milk. The process of analysis used at Somerset House was that known as the "maceration process." Different methods of analysis gave different results, and even different operations with the same method brought out different results. The magistrate, in arriving at a decision, ought to take into account the method of analysis adopted. During the last few years his department had been making experiments as to the solids in milk. They had obtained specimens of milk from different parts of the country and at different times of the year, and they also obtained particulars of the feeding of cows. They had 273 cases of undiluted cow's milk, and also specimens of milk from 55 churns. Of the former specimens, the lowest percentage of

non-fatty solids was 7.52, and the highest 10.04, giving an average of 8.90. The lowest percentage of fats was 2.42, and the highest 5.97, giving an average of 3.29. From the churns the lowest percentage of non-fatty solids was 8.40, and the highest 9.70, giving an average of 8.96. The lowest percentage of fats was 2.89, and the highest 5.61, giving an average of 4.00. The difficulty of fixing a limit was occasioned by the provisions of the Food and Drugs Act, which laid down that a milk, however poor it might be, must be regarded as genuine if nothing had been added to it and nothing had been taken away from it. Of a large quantity of milk sold in towns, Somerset House could not trace the place of production; and where milk, without a warranty, fell below a certain standard the burden should be thrown on the person concerned of proving to the satisfaction of the Court that water had not been added to the milk. His department were suspicious of the introduction of water when the percentage of solids was as low as 8.5 per cent. A recent and dangerous practice that had grown up was to adulterate milk by the addition of separated milk to new milk. The practice of adulterating butter by an excessive addition of water also existed. This was especially the case in respect to Irish butters. There was as yet no judicial decision as to the amount of water permissible in butter. Butter adulterated with margarine came chiefly from Holland. Between 1884 and 1893, of 17,604 samples of beer examined, 3,720 were found to be adulterated. The adulterants were water only, sugar only, or water and sugar together.—Examined by Sir CHARLES CAMERON, WITNESS said that the vinegar makers had taken advantage of the extended liberty given to the brewers, who at one time were allowed to brew from malt only, and who now could use saccharine matter. The "white vinegar" used most commonly in some countries was only acetic acid and water. It would be very useful for any court of chemical appeal to define the words in use in commerce; but care must be taken not to fetter trade by these definitions, for trade moved faster than experts. Anyone who manufactured acetic acid for human consumption must take out a licence as a vinegar manufacturer. One stipendiary magistrate in the provinces had declared that he would not recognise any vinegar except that of the *British Pharmacopœia*, which was purely malt and grain. Somerset House made no secret of the limits they adopted in their analysis.

Fever at Malta.—Mr. CAMPBELL-BANNERMAN, in answer to Sir SEYMOUR KING, said that there were in the two past winters outbreaks of enteric fever at Malta which caused together ninety-two admissions to hospital and twenty-five deaths. Inquiry into the cause led to the conclusion that drinking tank water was probably the origin of the evil. Aqueduct water was substituted for drinking purposes with good results. As to simple continued fever, the cases had been below the average number. Inquiries have been made as to the huts in use by the troops, but, according to the last sanitary report, their condition was satisfactory. There were no Crimean huts at Malta.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

THE following gentlemen have passed the Final Examination for the degrees of M.B. and C.M. (those marked with an asterisk have passed "with distinction").

W. D. Adams, M.A.; C. H. Adamson, C. C. Aitken, C. J. H. Aitken, G. N. Alexis, S. H. B. Allison, B.A.; J. W. Anderson, R. Y. Anderson, J. C. Atkinson, C. Ayres, B.A.; A. Balfour, T. M. Bartlett, H. Bateson, J. M. Beattie, B.A.; R. W. Beesley, W. Bethune, R. St. G. S. Bond, W. H. Bowie, A. Bremner, R. W. Briggs, B. W. Broad, H. R. Brown, M.A.; R. T. Bruce, W. H. Bryce, M. Burnet, D. J. S. Burt, A. J. Campbell, A. K. Campbell, C. S. Cantrell, O. H. Chapman, P. R. Chapman, R. M. Clark, R. Cochrane, M.A.; J. A. Coutts, W. B. Craig, M.A.; D. Macdonald, R. Crichton, H. M. Crosby, A. Dall, M.A.; R. T. Davidson, T. H. C. Durham, G. A. Dickson, E. R. Dodds, E. A. W. English, T. Evans, J. H. Ewart, F. H. Fairweather, R. W. Fell, J. Fenton, P. J. H. Ferguson, J. S. Flett, M.A., B.Sc.; J. F. Forrest, E. J. H. Fraser, S. Fraser, W. C. Fraser, G. B. French, J. W. Geddes, A. J. Gibson, J. A. Gibson, T. Gibson, M.A.; H. H. Gill, J. R. Gilmour, J. O. Goldie, A. D. M. Grant, L. Grant, W. Y. Grant, G. D. Gray, J. Gray, H. M. Green, J. D. Gregodon, E. Grieve, W. Haig, F. H. Hardman, J. Henderson, R. Z. Herdman, J. E. Hewlitt, A. Heys, E. R. Holmes, G. Hudson, P. T. Hughes, J. K. Jamieson, T. H. Jamieson, D. A. Johnstone, W. E. Johnstone, M.A.; J. H. Jones, T. H. Jones, J. W. Kelghly, B. C. Kelly, T. B. Kenny, A. E. Kidd, D. F. Laidlaw, G. C. Lang, J. A. Laing, J. Lawrie, R. E. Legat, G. F. Leicester, W. Leslie, J. M. Lincoln, T. G. Lusk, D. G. MacArthur, A. J. Macdougall, C. J. R. MacFadden, J. A. Macfarlane, A. J. M'Ilroy, J. Maciver, M. L'Arly, J. F. Macphail, M.A.; J. F. Macpherson, J. D. Macrae, C. M'Vicar, M.A.; W. Mälor, H. B. Mapleton, B.A.; H. H. Marshall, W. R. Martine, F. O. N. Mill, J. M. Menzies, S. Messulam, A. Mitchell, W. Mitchell, K. W. Monserrat, E. C. Moore, E. O. Morris, M.A.; R. S. Mowat, J. R. Muir, H. V. Munster, G. A. Murray, T. M. Muir, J. Nicolson, F. R. Oliphant, D. Orr, C. W. Owen, A. A. Palmer, R. Parkhurst, J. A. Parsons, G. W. S. Paterson, T. B. Pearson, T. C. Penfold, A. P. Percival, J. M. Pereird, T. Pettcy, C. E. Potter, D. K. Price, A. M. R. Pringle, F. G. Proudfoot, M.A.; E. de C. Prout, P. M. Ragg, A. Reid, W. Kiach, J. K. Richards, A. Richardson, W. H. Robertson, A. Rodger, L. Rose, M.A.; H. Ross, G. H. R. Harrison, J. M. Rutherford, J. Scott, T. M. Scott, P. J. Sharp, G. Shaw, T. D. S. Shaw, T. R. S. Sibbald, C. M. Simpson, S. S. Skinner, B.A.; P. D. Smith, R. W. I. Smith, T. Smith, W. E. Smith, A. M. Stafford, J. G. Standing, W. A. Stephen, M.A.; M. B. Steuart, H. Steven, W. L. Stevenson, J. P. Stewart, M.A.; W. S. Strapp, J. Struthers, F. W. Taylor, W. S. Titterton, M. L. M. Vaudin, G. D. Waal, J. S. H. Walker, J. W. T. Walker, F. T. Walmsley, F. Ward, J. Watson, E. C. Watts, E. T. Whitaker, A. Whytt, E. D. Williams, J. M. Wishart, J. J. N. Wood, H. M. Woodhead, R. J. T. Wright, M.A.; G. P. Yule.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF
PHYSICIANS AND SURGEONS.

The following gentlemen passed the Second Examination of the Board in the subjects indicated at a meeting of the Examiners on Thursday, July 6th:

Passed in Anatomy and Physiology.—E. Evans, B. B. Gough, J. Dixon, and F. W. Lee, students of Guy's Hospital; J. H. Bendle, of St. Mary's Hospital; W. J. Schuller and J. E. F. Palser, of London Hospital; W. J. Fanning, of St. Thomas's Hospital; A. H. Prichard, of University College, London; H. J. Walker, of King's College, London; S. D. T. Halliday, of Middlesex Hospital; and D. L. Beath, of St. Bartholomew's Hospital.

Passed in Anatomy only.—J. J. Haverson, of London Hospital; L. A. W. French and H. C. Jackson, of University College, London; D. Price, E. H. Scott, and F. C. Blackiston, of St. Thomas's Hospital; H. D. Peile, of Guy's Hospital; and H. W. Abbott, of Charing Cross Hospital.

Passed in Physiology only.—W. L. Burn, G. S. Haynes, W. A. Cholmeley, and Gilbert Smith, of St. Bartholomew's Hospital; A. H. Burt, of King's College, London; R. A. MacLeod, of Westminster Hospital; and H. C. Jonas, of St. Thomas's Hospital.

Thirteen gentlemen were referred in both subjects, 3 in Anatomy only, and 3 in Physiology only.

Friday, July 6th:

Passed in Anatomy and Physiology.—H. B. Durant, H. Simson, A. R. Adams, and F. C. Hitchens, of Guy's Hospital; F. F. Lobb and R. M. Richards, of St. Mary's Hospital; H. M. Cruddas and F. E. Price, of St. Bartholomew's Hospital; H. J. Phillips, of St. Thomas's Hospital; W. L. Hay and P. A. J. Maver, of King's College, London; W. Forrester, of Bengal Medical College and Mr. Cooke's School of Anatomy and Physiology; H. W. Turner, of Middlesex Hospital; W. T. Connell, of Queen's University, Kingston, Canada; H. W. Hardy and W. Johnston, of Charing Cross Hospital.

Passed in Anatomy only.—Mr. A. M. Ross, of King's College, London.

Passed in Physiology only.—S. G. Butler and E. W. Clapham, of London Hospital, and S. Roch, of St. Bartholomew's Hospital.

Sixteen gentlemen were referred in both subjects, 3 in Anatomy only, and 1 in Physiology only.

Monday, July 9th:

Passed in Anatomy and Physiology.—H. S. Beadles and R. R. Thomas, of St. Bartholomew's Hospital; A. Kinsey-Morgan, H. R. Marsh, A. J. Hull, W. A. Fuller, D. B. Todd, and H. Fulton, of Guy's Hospital; G. W. G. Jones and R. S. Osbourne, of St. Mary's Hospital; W. Brenton and W. C. Rivers, of Charing Cross Hospital; L. F. Leslie, of London Hospital; A. P. Ambrose, of Westminster Hospital; W. J. E. Davies, of St. Thomas's Hospital; A. Schnöller, of Zurich, Lausanne, and Berne Universities; and A. N. McArthur, of King's College, London.

Passed in Anatomy only.—B. Holländer, of King's College, London; R. H. Hyde, of University College, London; and W. J. Ilumby, of Middlesex Hospital.

Passed in Physiology only.—P. C. Maillant, of Middlesex Hospital; J. H. Pigg, of Cambridge University and St. Thomas's Hospital; and A. O. Way, of St. Bartholomew's Hospital.

Eighteen gentlemen were referred in both subjects, 4 in Anatomy only, and 1 in Physiology only.

Tuesday, July 10th:

Passed in Anatomy and Physiology.—J. Sandison, of London Hospital; H. J. Weston, Evan Jones, F. Harvey, and H. C. Bennett, of St. Bartholomew's Hospital; M. Smith, of Middlesex Hospital; A. H. Carter, of Guy's Hospital; H. E. Raper, of University College, London; and M. J. Nolan, of St. Thomas's Hospital.

Passed in Anatomy only.—M. C. B. Anderson, of St. Mary's Hospital; T. J. Davies, of Middlesex Hospital; T. B. Jones, of St. Bartholomew's Hospital; J. Ponsonby, of Guy's Hospital; and H. C. Meacock, of St. Thomas's Hospital.

Passed in Physiology only.—A. L. H. Smith and R. L. Wilcock, of University College, London; B. E. Laurence, of St. Bartholomew's Hospital; R. S. Rowland and T. J. Vick, of Guy's Hospital; J. H. R. Robinson, of London Hospital; E. U. Bartholomew, of Charing Cross Hospital; E. T. Longhurst, of St. Mary's Hospital; G. L. Thornton, of Cambridge University, St. George's Hospital, and Mr. Cooke's School of Anatomy and Physiology.

Thirteen gentlemen were referred in both subjects, 9 in Anatomy only, and 5 in Physiology only.

Wednesday, July 11th:

Passed in Physiology only.—A. R. Greenwood, of Middlesex Hospital; C. A. Vertannes, of Westminster Hospital; E. M. B. Payne and G. B. Kaufmann, of London Hospital; J. A. A. Rouillard, W. B. Price, and G. D. Howlett, of St. Thomas's Hospital; C. J. Francis and E. F. Clowes, of Guy's Hospital; W. J. Richards, of St. Bartholomew's Hospital; L. L. Allen, of St. Bartholomew's Hospital, Owens College, Manchester, and Mr. Cooke's School of Anatomy and Physiology; L. E. L. Parker, of St. George's Hospital; and S. T. G. Ransford, of St. Mary's Hospital.

Two candidates were referred.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, PART II.—The following candidates passed in *Anatomy and Physiology*.—O. C. Andrews, Birmingham; R. L. Argles, St. Mary's Hospital; A. Arant, St. George's Hospital; W. A. Crossley, St. Bartholomew's Hospital; D. Fletcher, St. Bartholomew's Hospital; T. H. Guillaume, Charing Cross Hospital; W. Latham, Manchester; W. Lloyd, London; P. C. Maitland, Middlesex Hospital; C. J. Palmer, Liverpool; J. Ponsonby, Guy's Hospital; W. G. Silvester, Birmingham; H. J. Watts, Manchester; A. B. Whishaw, St. Thomas's Hospital; W. J. H. Williams, St. Mary's Hospital.

Anatomy.—M. A. Alabane, Guy's Hospital; W. Allen, Birmingham; W. J. Bebb, Charing Cross Hospital; A. H. Bell, Guy's Hospital; F. M. Cooper, Women's Medical College; R. F. Crawford, St.

George's Hospital; A. Cubley, Sheffield; G. J. D. Davies, Leeds; F. E. Greenwood, St. Bartholomew's Hospital; A. Hay, St. Bartholomew's Hospital; F. T. Knott, Guy's Hospital; H. H. Monckton, King's College; P. A. Pierre, Westminster Hospital; G. H. Wilkinson, Birmingham.

Physiology.—A. N. Clemenger, St. George's Hospital; G. E. French, St. Bartholomew's Hospital; O. Hall, Durham; T. B. Jones, Guy's Hospital; G. H. Ormsby, Westminster Hospital; C. H. R. Provis, St. Bartholomew's Hospital; A. W. Shea, Sheffield; W. Taylor, Birmingham.

PRIMARY EXAMINATION, PART I.—The following candidates passed in *Chemistry, Materia Medica, and Pharmacy*.—G. W. Dutton, Middlesex Hospital; F. Gartside, Manchester; H. L. Hands, Madras.

Chemistry and Materia Medica.—W. Taylor, Birmingham.

Chemistry.—T. H. Guillaume, Charing Cross Hospital.

Materia Medica and Pharmacy.—T. Christie, Liverpool; F. G. Haywood, Birmingham; A. D. B. von Rosen, City School.

OBITUARY.

WILLIAM J. LITTLE, M.D. BERLIN, F.R.C.P. LOND.,
M.R.C.S. ENG.

DR. WILLIAM J. LITTLE, late of Park Street, and formerly of Brook Street, Grosvenor Square, who died on July 7th at his residence, near West Malling, Kent, was born in 1810. He took his M.D. degree at Berlin in 1837, having previously qualified as M.R.C.S. Eng. and L.S.A. In 1877 he was elected F.R.C.P. Lond.

At one time he was one of the leading London specialists on deformities and diseases of children. In early life he was physician and lecturer on medicine to the London Hospital; afterwards he was physician to the Royal Orphan Asylum at Wanstead, to the Asylum for Idiots at Reigate, and to the Royal Hospital for Incurables.

Dr. Little was the founder of the Royal Orthopædic Hospital. He was a pupil of Stromeyer, and the author of a "Course Lectures on Deformities" which appeared in 1843-44; of a *Treatise on Club-foot Analogous Distortions* (1839); of a *Treatise on Ankylosis or Stiff Joint* (1843); of *Treatment of Deformities in the Human Frame* (1853); of *Spinal Weakness and Spinal Curvatures, their Early Recognition and Treatment* (1868); and of several other works connected with that branch of his profession. He was at one time an active member of the Hunterian and Pathological Societies, and of other learned societies, both at home and abroad. He retired from active work in London about fifteen years ago.

JOHN BROCKWELL, M.R.C.S., L.R.C.P. EDIN.

WE record with much regret the sudden death of Mr. Brockwell on June 25th, at Buxton, where he was staying for the benefit of his health. The cause of death was angina pectoris. Mr. Brockwell had not been in good health for a year past, and had suffered from acute gouty neuralgia. He had been sent at different times to Ramsgate and Bath, and had each time come back to his practice at Norwood, relieved by the rest and change. He at first derived benefit from his stay at Buxton, but after breakfast on the day of his death sank into a condition of syncope, which lasted only a few hours before it ended fatally. He was a native of Sturry, Kent; was educated at King's School, Canterbury, and at Guy's Hospital, London. He became M.R.C.S. Eng. in 1863, and L.R.C.P. Edin. in 1864. He first practised at Cleator, Cumberland, and in 1870 removed to Gipsy Hill, Upper Norwood, where he joined Dr. Allan Duke in partnership. He was genial, sympathetic, versatile, and, above all, hospitable; and these characteristics, added to a wide knowledge of practical medicine, ensured his success as a practitioner. He enjoyed the regard of numberless friends, to whom his death occasioned the greatest sorrow. He was one of the surgeons to the Norwood Cottage Hospital, Medical Officer to the Upper Norwood Dispensary, the Post-office (Norwood District), Oddfellows, and Foresters; and was always interested in all local public questions which tended to the well-being of his neighbours. He married in 1865, and has left his widow and a large family to mourn their loss. At his funeral on June 29th there was a wide gathering of friends and acquaintance, and the public manifestations of sorrow at his decease were everywhere apparent.

DR. ANTONIO MARIA GEMMA, of Brescia, who died on June 28th, was distinguished in medicine, in science, and in literature. He was a *libero docente* of dermatology and venereal diseases at Brescia. He was one of the first to point out the influence of spoilt grain in the production of pellagra, and to him is due the suggestion of arsenic as a useful agent in the treatment of that disease. He wielded a pen at once incisive and graceful, and wrote a vast number of articles on hygienic and medical subjects in the *Gazzetta Medica Lombarda*, of which he was for a long time one of the editors. He took a very active part in the preparation of the *Encyclopædia Medica*, to which he contributed many excellent articles, chiefly biographical. He was a poet of no mean order, and, following the example of Virgil in ancient, and Oliver Wendell Holmes in modern, times, used to read his own verses to the members of the Ateneo of Brescia.

DR. GILLET DE GRANDMONT, who has just died at the age of 57, was one of the leading ophthalmologists of Paris. He took his degree in 1864 with a thesis on the development of the mucous membrane of the uterus during pregnancy, and almost immediately devoted himself to the special line of practice in which he won distinction. Though his career was spent outside the charmed circle of academic dignity within which none dare walk but a chosen few, he held a high place in the estimation of his professional brethren. The list of his published writings includes the following among other valuable contributions to the literature of his speciality: *Ophthalmoscopic Examination in the Diagnosis of Tumours of the Encephalon* (1861); *Pilocarpine in Eye Affections* (1878); *Continuous Electric Currents applied in the Neighbourhood of the Eye* (1883); and *Two New Forms of Keratitis: Percurometry and Chromotopsia* (1888).

DR. ANTONIO DA CRUZ CORDEIRO, who recently died at Recife, in the province of Bahia, Brazil, was distinguished as an author as well as a physician. He was born in 1831, and studied medicine in the University of Bahia. While yet a student he published a work, *Impressões da Epidemia* (1856), in which he gave a vivid description of the horrors of a cholera visitation. He practised at Parahyba, and wrote a number of poems and dramas which earned for him an honourable place in literature. He was also a prominent politician, having been more than once elected a member of the Provincial Assembly, where he distinguished himself as an orator.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Primo Ferrari, Professor of Dermo-syphiligraphy in the University of Catania; Dr. Langlois, Chief Physician to the Lunatic Asylum of Nancy and a distinguished neurologist; Dr. Vincenzo Chiaia, Professor of Anatomy and Minor Surgery in the University Schools of Bari; Dr. Moritz Traube, of Berlin, a younger brother of Ludwig Traube, and well known for his work in the province of medical chemistry, especially in fermentation processes, aged 68; Dr. Wiethe, one of the health officers of Vienna, and formerly assistant in the Otological Clinic of the University of that city; Dr. William L. Briggs, of Nashville, U.S.A., President of the American Surgical Association in 1885 and author of several valuable contributions to surgical literature, aged 66; Dr. William G. Austin, of New Orleans, one of the oldest and most eminent practitioners in the Southern States, aged 80; and Dr. Eugen Diminitron, formerly assistant in the Anatomico-Pathological Institute of the University of Charkoff, aged 30.

A CHEMICAL AND PHARMACEUTICAL CONGRESS.—The fourth Italian Congress of Chemistry and Pharmacy will be held at Naples from September 2nd to 7th. The Congress is divided into two sections: scientific and professional. In connection with the Congress there is to be an exhibition of chemical products, drugs, mineral waters, etc. All communications should be addressed to the President of the Organising Committee, Professor Arnaldo Putti, Istituto di Chimica Farmaceutica e Tossicologica della Reale Università di Napoli.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 5,692 births and 3,223 deaths were registered during the week ending Saturday, July 7th. The annual rate of mortality in these towns, which had declined from 17.7 to 15.5 per 1,000 in the preceding six weeks, rose again to 16.1 last week. The rates in the several towns ranged from 7.9 in Croydon and 9.6 in Leicester to 20.7 in Oldham and 23.6 in Salford. In the thirty-two provincial towns the mean death-rate was 16.3 per 1,000, and exceeded by 0.5 the rate recorded in London, which was 15.8 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.4 per 1,000; in London the rate was equal to 2.6, while it averaged 2.2 per 1,000, in the thirty-two provincial towns, and was highest in Nottingham, Salford, and Wolverhampton. Measles caused a death-rate of 1.5 in Sunderland and 1.6 in Nottingham; scarlet fever of 1.2 in Wolverhampton; and whooping-cough of 1.4 in Cardiff and in Nottingham and 2.5 in Wolverhampton. The 65 deaths from diphtheria in the thirty-three towns included 43 in London, 3 in Birmingham, 3 in Sheffield, and 2 each in West Ham, Birkenhead, and Manchester. One fatal case of small-pox was registered in London, and 1 each in Liverpool, Manchester, Salford, and Halifax, but not one in any other of the thirty-three large towns. There were 109 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday, July 7th, against 204, 170, and 132 at the end of the preceding three weeks; 28 new cases were admitted during the week, against 40, 21, and 16 in the preceding three weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on Saturday last was 2,099, against 2,195, 2,153, and 2,087 at the end of the preceding three weeks; 266 new cases were admitted during the week, against 231 and 233 in the preceding two weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, July 7th, 883 births and 454 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 16.6 and 16.9 per 1,000 in the preceding two weeks, declined again to 15.9 last week, and was slightly below the mean rate during the same period in the large English towns. Among these Scotch towns the death-rates ranged from 10.3 in Perth to 19.2 in Greenock. The zymotic death-rate in these towns averaged 1.9 per 1,000, the highest rates being recorded in Paisley and Greenock. The 218 deaths registered in Glasgow included 6 from scarlet fever, 5 from diphtheria, 6 from whooping cough, and 4 from "fever." Three fatal cases of small-pox were recorded in Edinburgh and 1 in Leith.

CORONER'S INQUEST AT TOTNES UNION WORKHOUSE.

WE see by the *Western Guardian* that an inquest has been held at the Totnes Workhouse on the body of a female patient, advanced in years, who died two days after admission, Dr. Hains, the medical officer of the house, having refused to certify the death on the ground that the patient ought not to have been sent to the house in such a hopeless condition as she was at time of her removal to it. It appears from the evidence that this patient had been paralysed and in a helpless state for several weeks past; that she had been during this period mainly supported by neighbours; that her husband's household goods had been seized and sold the day previously; and that there was no suitable home for the unfortunate woman, who was consequently sent to the workhouse on the order of the assistant overseer, and on the recommendation of Dr. Vickers, the district medical officer. Having read the evidence given in this case, we most readily endorse the remarks made by the coroner, namely, that Dr. Vickers acted for the best, and exercised a wise discretion in recommending the removal of the patient. It may have been an unsatisfactory case for Dr. Hains, the medical officer of the workhouse, to have had thrown upon him, but it appears to us that it was his duty to accept the responsibility. We are unable to see that he had reasonable grounds for refusing to certify the cause of death, especially as by so doing he risked incriminating a brother officer whose duties in connection with the case had been far more difficult and responsible than any he had himself to perform. The remarks made by the coroner and the verdict returned by the jury, namely, that the deceased died from natural causes, must have given the greatest satisfaction to Dr. Vickers, the district medical officer.

LEITH AND ITS MEDICAL OFFICER AND SANITARY INSPECTOR.

THE Subcommittee of the Leith Public Health Committee has issued a long memorandum on the squabble between its medical officer and sanitary inspector. They find several of the charges against the latter have been proved, and think he ought to be asked to send in his resignation. This (the report continues) would involve the reconstruction of the sanitary department, and the Subcommittee is of opinion that "advantage should be taken of the present crisis for the medical officer being likewise requested to send in his resignation, in order that the local authority may be free to consider anew the important question whether or not the time has now arrived when Leith ought to have a medical officer of health who shall devote his whole time to his public duties."

A NATIONAL DEPARTMENT OF PUBLIC HEALTH FOR THE UNITED STATES.

THE American Medical Association has petitioned Congress to establish a department of Public Health, with a secretary who shall be a member of the Cabinet, and on a footing of equality with the heads of the departments already established. It is stipulated that the secretary of the proposed department shall be a member of the medical profession. This proposal received the approval of the Pan-American Congress held in

MEDICAL NEWS.

DR. G. DANFORD THOMAS, Coroner for Middlesex and London (Central District), has appointed Dr. H. W. Oswald as his deputy.

FALMOUTH Hospital, the gift of Mr. J. Passmore Edwards, was opened for the reception of patients on Saturday, July 7th.

THE meeting of the German Medico-Psychological Association will be held this year at Dresden on September 22nd and 23rd.

At the 120th Annual Commencement Exercises of the Medical Department of the University of Pennsylvania, held on June 7th, the degree of Doctor of Medicine was conferred on 199 candidates, being the largest class ever graduated in the United States.

SUCCESSFUL VACCINATION.—Dr. Arnold Thomson, public vaccinator for the Bray and Hurley Districts of the Cookham Union, has been awarded the Local Government Board grant for successful vaccination.

FRENCH ASSOCIATION OF SURGERY.—The French Congress of Surgery will hold its eighth meeting at Lyons on October 9th and following days, under the presidency of Professor Tillaux, of Paris. The following questions are proposed for discussion: 1. Etiology and Pathogeny of Cancer. 2. Surgery of the Spine. For any further information relative to the Congress inquiries should be addressed to M. Félix Alcan, Publisher to the Congress, 108, Boulevard St. Germain, Paris.

PRESENTATIONS.—Dr. Neilson, of Bulwell, has been presented by the members of the Babbington Ambulance Class with a carriage watch and case as a memento of the valuable instruction and pleasure they had received at the lectures given by him.—Dr. Wm. Alexander, of Dundonald, was on July 6th presented with a handsome testimonial, consisting of a silver bowl, silver salver, and a cheque for £250 on the occasion of his retiring from the active duties of his profession after a service of sixty years.

THE DERBYSHIRE ROYAL INFIRMARY.—The Duke and Duchess of Devonshire opened, on July 7th, the Derbyshire Royal Infirmary, which has taken three years to build at a cost of nearly £100,000. The Duke of Devonshire, in declaring the infirmary open, said that in the matter of alleviating sickness and distress, they were determined so far as lay in their power that the people of Derbyshire should enjoy all those material and moral advantages which it was possible for knowledge, science, and liberality to supply to them. During the course of the proceedings several handsome donations were announced, including one of £1,200 from Mr. Herbert Strutt, for the erection of an additional ward, and another of the same amount from Mr. Walter Evans for the same purpose.

SUCCESSFUL PROGRESS OF THE MEDICAL DEFENCE UNION.—The Medical Defence Union is continuing its progress. There have been 823 new members elected this year, and fresh applications for membership are being received weekly. The guarantee amounts to £5,063, the new members of this year alone guaranteeing £990. There have been twenty-three Council meetings during the half-year ending June 24th, and nearly 400 "cases" have been dealt with. The resignations this year only number 24—a very small percentage of the total memberships and a satisfactory evidence of the confidence of the members and the managers of the business of the Union. The offices of the Union are now located at 20, King William Street, Strand, W.C.

NOTIFICATION OF INFECTIOUS DISEASES IN PORTUGAL.—By decree dated June 16th, the Portuguese Government has enacted that in Lisbon all cases of the following diseases occurring in schools, hospitals, refuges, and asylums, shall be notified to the Central Sanitary Authority on the first Monday in each week: Plague, cholera and choleraform affections, yellow fever, typhus, enteric fever, miliary fever, cerebro-spinal meningitis, small-pox, whooping-cough, measles, scarlatina, diphtheria, influenza, puerperal fever, dysentery, "green diarrhoea" of infants, and purulent

ophthalmia. Medical practitioners are also instructed to notify all cases of tuberculosis which they meet with in their practice.

THE American Medical Association held its forty-fifth annual meeting in San Francisco on June 5th, 6th, 7th, and 8th, under the presidency of Dr. Hibberd. It is twenty-three years since the Association met last in San Francisco, and since then immense progress has been made in the development of medical institutions and the organisation of medical education in the Pacific States. A great deal of the time of the general meetings was spent upon the consideration of reports of special committees on the proposed revision of the constitution and by-laws and of the code of ethics of the Association. In the end a decision upon both subjects was postponed indefinitely. It was arranged to hold the next meeting of the Association at Baltimore, and Dr. Donald McLean of Michigan was elected president.

SANITATION SUNDAY.—Last Sunday was observed in many parishes as "Sanitation Sunday," when mention was made from the pulpit of the aims of the Church Sanitary Association. The annual sermon was preached in St. Paul's Cathedral by the Archdeacon of London, Dr. Sinclair, who said that to the majority of the dwellers in country districts the advantages of satisfactory drainage, dry soil, wholesome food, fresh air, cleanliness, warm and purified clothing, the laws of illness, the principles of infection and contagion, the requisites of convalescence, and the importance of the first symptoms of disease were probably unknown. This want of knowledge had called into existence the Church Sanitary Association, which aimed at inducing the clergy in every parish to inculcate the laws of health.

A MEDICO-HISTORICAL EXHIBITION.—We are pleased to note that at the Congress of German Scientists and Medical Practitioners, which is to meet in Vienna in September next, there is to be an exhibition of articles illustrating the historical development of medicine. The arrangements are in the hands of Dr. Theodor Buschmann, the Professor of Medicine in the University of Vienna. The Exhibition committee is sending a circular to the custodians of museums, and the officials of hospitals and other institutions, asking for the loan of any valuable or curious diagnostic, therapeutic, surgical, or obstetrical instruments of former ages; plans or pictures of hospitals, portraits of famous physicians or surgeons, medals struck as memorials of plagues, or other objects likely to be useful as historical illustrations of past stages in the healing art. All persons who may have such "documents" in their possession are invited to communicate with the Austellungs-Comité, University of Vienna.

THE annual general meeting of the Brussels Medical Graduates' Association took place at the Café Monico on July 7th. In absence from illness of the president, Dr. E. J. Nix was elected to the chair. In the course of his remarks the chairman congratulated the meeting on the continued prosperity of the Association, and pointed out that the balance-sheet then presented was by far the best that had been ever hitherto brought forward at any annual meeting. Attention was also called to the increased popularity of the M.D. Brux., as shown by the increasing number of members of the profession who studied for this degree. The following officers were elected for 1894-95:—*President*: Dr. E. R. Tweed. *Vice-President*: Dr. J. W. Warburton. *Treasurer*: Dr. E. G. Younger. *Hon. Secretary*: Dr. M. Greenwood. *Auditors*: Drs. Nix and Beresford Ryley. *Council*: Drs. S. Sunderland, C. T. Brookhouse, C. Burland, A. W. Thomas, W. A. Hearnden, J. R. Gabe, A. L. Achard, E. A. Snape, J. H. Turtle, J. C. Naumann. *Solicitors*: Messrs. Beckingsale and Co. The members and their friends afterwards dined together, and passed a very pleasant evening.

AMERICAN JOTTINGS.—The *New York Medical Journal* states that, according to the testimony of one of the witnesses before the Lexow Committee, there are about 10,000 smokers of opium in New York.—According to the *Atlanta Medical and Surgical Journal* for June a death from cocaine recently occurred in a dentist's chair in Goshen, Indiana. The patient, a man aged 50, was about to have two teeth extracted. Ten minims of a solution of cocaine of the strength of "nearly" 11 per

cent. were injected into the gums, and the patient died a few minutes after the teeth had been extracted.—The *Boston Medical and Surgical Journal* of June 21st relates the following sad case of a medical man who seems to have fallen a victim to the abuse of drugs. The practitioner, who was 35 years of age, is said to have long been a great sufferer from rheumatism, and in order to relieve the pain he used morphine freely, and thus became addicted to the opium habit. After a time he also took large quantities of chloral, paraldehyde, and other hypnotics, and a few days before his death he is said to have swallowed about an ounce and a-quarter of paraldehyde in a single dose, yet the next day he had recovered from the effects of the drug sufficiently to go out. It was at first supposed that he had died from morphine poisoning, but the coroner's inquiry showed that death was in reality due to septicæmia resulting from the excessive use of the hypodermic syringe. Both arms, from the shoulders to the wrists, were in a state of violent inflammation.

MEDICAL VACANCIES.

The following vacancies are announced:

BRIDGWATER INFIRMARY.—House-Surgeon. Salary £70 per annum, with board and residence. Applications to Mr. John Coombs, Honorary Secretary, by July 19th.

CAMBRIDGE LUNATIC ASYLUM, Fulbourn, near Cambridge.—Assistant Medical Officer. Salary, £140 per annum, with board, lodgings, and attendance in the Asylum. Applications to T. Musgrave Francis, Clerk to the Visitors, by July 21st.

CHARING CROSS HOSPITAL, Strand, W.C.—Assistant-Surgeon; must be F.R.C.S.Eng., and reside within three miles of the hospital. Applications to the Chairman of the Committee of Selection by July 28th.

CHICHESTER INFIRMARY.—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to Eugene Street, Secretary, by August 6th.

EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN, Glamis Road, Shadwell, E.—Resident Medical Officer; must be registered practitioner in Medicine and Surgery. Salary, £80 per annum, with board and residence. Applications and testimonials to Thomas Hayes, Secretary, by July 23rd.

GENERAL HOSPITAL, Birmingham.—House-Physician. Salary, £70 per annum, with residence, board and washing. Surgical Casualty Officer; non-resident. Honorary Surgeon. Applications to Howard J. Collins, House-Governor, by July 28th, for the first two vacancies, and July 23rd for the last one.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Two Assistant Physicians and Resident House-Physicians. Applications to William H. Theobald, Secretary, by July 18th and July 19th respectively.

LIVERPOOL NORTHERN HOSPITAL.—Assistant House-Surgeon; doubly qualified. Salary, £70 per annum, with residence and maintenance in the house. Applications to the Chairman by July 17th.

MANCHESTER ROYAL INFIRMARY.—Resident Surgical Officer; doubly qualified, unmarried, and not less than 25 years of age. Salary, £150 per annum, with board and residence. Applications to W. L. Saunderson, General Superintendent and Secretary, by July 28th.

NATIONAL DENTAL HOSPITAL, Great Portland Street, W.—Anaesthetist. Applications to E. Almack, Secretary, by July 19th.

NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Harts-hill, Stoke-upon-Trent.—House-Physician. Salary, £100 per annum, increasing £10 per annum at the discretion of the Committee, with furnished apartments, board, and washing. Applications to the Secretary by July 23rd.

ROCHDALE INFIRMARY AND DISPENSARY.—House-Surgeon, unmarried. Salary, £80 per annum, with board and residence. Applications to the Secretary, 176, Duke Street, Rochdale, by July 17th.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.—Senior House-Surgeon. The Junior House-Surgeon is a candidate, and applicants are requested to state whether, in the event of his being appointed, they will be willing to accept the office of Junior. Salary, £75 per annum for the Senior; Junior, £50 per annum, both with board and residence. Applications to the Secretary by July 19th.

SEAMEN'S HOSPITAL SOCIETY, Dreadnought.—Junior House-Surgeon doubly qualified, for Branch Hospital, Royal Victoria and Albert Docks, E. Salary, £50 per annum, with board and residence. Applications to P. Michelli, Secretary, Seamen's Hospital Society, Greenwich S.E., by July 30th.

SUSSEX COUNTY HOSPITAL, Brighton.—House-Surgeon; doubly qualified, unmarried, and under 30 years of age. Salary, £120 rising to £140 per annum, with board, residence, and washing. Applications to the Secretary by August 7th.

UNIVERSITY COLLEGE, London.—Resident Medical Officer. Applications to J. M. Horsburgh, M.A., Secretary by July 16th.

VICTORIA UNIVERSITY, The Yorkshire College, Leeds.—Demonstrator of Physiology. Salary, £150 per annum. Applications to the Secretary by July 16th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—Dermatologist. Applications to R. J. Gilbert, Secretary and Superintendent by August 1st.

MEDICAL APPOINTMENTS.

ATKINSON, Edward, M.R.C.S.Eng., appointed Consulting Surgeon to the Leeds General Infirmary.

BERESFORD, Robert de la Poer, M.D.Glasg., L.R.C.P., L.R.C.S.Edin., re-appointed Medical Officer of Health to the Oswestry Town Council.

BISS, Cecil Yates, M.A., M.D.Cantab., F.R.C.P., appointed Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

DOWLER, H. M., M.R.C.S., L.R.C.P.Lond., appointed Junior House-Surgeon to the Westminster Hospital.

EDWARDS, G. M., B.A., M.B., B.C.Cantab., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Middlesex Hospital.

EVERETT, E. W., M.R.C.S., L.R.C.P., appointed Medical Officer for the Norwich District of the St. Faith's Union.

FERGUSON, J. P., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer of the Long Preston District of the Settle Union.

FOSTER, M.B., L.R.C.P.Lond., M.R.C.S.Eng., appointed House-Physician to the Leicester Infirmary.

FULLER, Joseph, F.R.C.S.Edin., M.R.C.P.I., appointed Medical Officer of the Workhouse of the Bedminster Union, *vice* Henry Pritchett, M.R.C.S.Eng., resigned.

GAYLOR, Edward, L.R.C.P.Edin., L.F.P.S.Glasg., reappointed Medical Officer of Health for the Ripley Urban Sanitary District.

HARTLEY, R. N., M.B., B.S., M.R.C.S., appointed Honorary Surgeon to the Leeds General Infirmary, *vice* Edward Atkinson, M.R.C.S.Eng.

HILL, John Stonely, M.B., C.M., appointed Honorary Surgeon to the Royal South London Dispensary.

KELLY, Dr., appointed Medical Officer to the St. Nicholas Parochial Board.

LAVERY, Mr. Anthony, appointed Assistant House-Surgeon to the Coventry and Warwickshire Hospital, Coventry.

NOWELL, G. H., B.A., B.C., M.B.Cantab., L.S.A.Lond., appointed Senior House-Surgeon to the Westminster Hospital.

OWENS, J. S., B.A., M.B., B.Ch., appointed Medical Officer of the Gorey Dispensary District, *vice* Dr. W. J. Meldon, resigned.

PURSLow, C. E., M.D.Lond., M.R.C.P.Lond., appointed Ingleby Examiner, Queen's Faculty of Medicine, Mason College, Birmingham, for the current year.

ROBINSON, Henry James, M.R.C.S., L.R.C.P.Lond., appointed Medical Officer and Public Vaccinator for the Burnley District and Workhouse of the Burnley Union, *vice* Joseph C. Brunwell, M.D.St.And., resigned.

SANDERSON Dr., appointed Medical Officer of the Workhouse of the Chapel-en-le-Frith Union.

SAUNDERS, Sedgwick, M.D., L.R.C.P., M.R.C.S., reappointed Medical Officer of Health for the City of London.

SMITH, S. Kellett, F.R.C.S., appointed Surgeon to the Liverpool Stanley Hospital.

SOPER, R. W., M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Dartmouth Town Council.

THOMAS, Robert Stanley, M.A., M.B., B.C.Cantab., M.R.C.S.Eng., L.R.C.P.Lond., reappointed Casualty Surgical Officer to the Middlesex Hospital.

VAUGHAN, Mr. H. W., appointed Medical Officer for the Gosforth District of the Whitehaven Union.

WARD, W. Alfred, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A., reappointed Casualty Medical Officer to the Middlesex Hospital.

CORRECTION.—In the *BRITISH MEDICAL JOURNAL* of July 7th, we stated that Mr. Roberts was appointed Medical Officer for the Llanllwchaearn District of the Newtown Union, *vice* F. U. Purchas, M.D.Edin. We are informed that the information was incorrect, as at the time the above was published the appointment was not sanctioned by the Local Government Board.

DIARY FOR NEXT WEEK.

TUESDAY.

THE CLINICAL MUSEUM, 211, Great Portland Street.—Open at 2, Lecture at 4.

WEDNESDAY.

POST-GRADUATE LECTURES, Metropolitan Hospital, N.E., 5 P.M.—Mr. Waring: Diseases of the Tongue.

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 order or stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.

BIRTH.

EDRIDGE-GREEN.—On July 9th, at 6, Ravensfield Villas, Hendon, N.W., the wife of F. W. Edridge Green, M.D., F.R.C.S., of a son.

MARRIAGE.

MACDONALD—FORWARD.—On July 10th, at the Cathedral, St. John's, Antigua, by the Right Rev. The Lord Bishop of Antigua, assisted by the Rev. E. Branch and the Rev. H. Y. Shepherd, Millie, second daughter of John MacDonald, Esq., of Gray's Hill, to Francis Edward Forward, F.R.C.S., Medical Officer to the Holberton Institution, Antigua.

DEATH.

STEER.—On July 5th, at Fulham Union Infirmary, Mildred Alice Reeve, only child of William Steer, M.R.C.S., Medical Superintendent, aged 7 years.