

2. That ophthalmia was prevalent during 1893 in the city, and that in a girls' school, separate from but with intercommunication with our school (brother and sisters), several were also afflicted, and the school was disbanded.

3. The early cases may (a) have been mild instances of ordinary catarrhal ophthalmia, and vesicular conjunctivitis, as has happened before, may have developed therefrom; I did not myself see the cases at the first outset. (b) The early instances need not have been imported, but have been merely an evidence of the prevalence of the disorder, the more marked cases at that time attracting attention.

4. That at the time of and previous to the outbreak, the drains were open in close proximity to the schoolhouse, the city authorities having the streets up for the purpose of a new drainage system. I am informed that people in the city did attribute their ailments to the smells occasioned by these open drains.<sup>2</sup>

5. The absence of any very gross hygienic defects in the school. The washing arrangements with the epidemic once started were favourable to its progress. Ventilation of some bedrooms was defective, and the cubic space allotted to each boy could have been in some instances larger with advantage. In all these internal matters, however, the school would compare well with others. No source of irritation was discovered when looked for in wall papers or paints.

6. That in spite of hygienic measures, separate towels, etc., the disease spread widely, indicating either in spite of the absence of discharge, that infection was playing a part, or that atmospheric agents (miasms) were at work, or both. Removal from the place facilitated recovery, and did not lead to infection in others.

7. That the outbreak, mild in character, unaccompanied by noticeable discharge, or much visible redness, has been of follicular type, and in cases which have recovered no changes in the conjunctiva has resulted.

In addition to these cases many others of the same character from other schools have come under my observation. In one family, a large one, living in a small house, with distinct overcrowding, many members have suffered. They had been to three different schools. From atmospheric or other causes conjunctival troubles in different parts of England appear last year to have been more than usually frequent.

A word as to the kind of treatment. Experience has shown that mild as opposed to more stringent treatment is the better. It was my belief the applications of silver nitrate rather retarded than promoted recovery, as did also other like remedies. Fresh air and the best hygienic surroundings were of the first importance. In dealing with such an outbreak, it is desirable to get the boys away from the school premises where they are all associated together. For boys of the class we are dealing with, sending them home as was suggested is, I believe, the right thing to do. In a pauper school it would be different, as, indeed, would be the case if true trachoma had to be dealt with.

I have since inspected the school premises, and ascertained that the committee have adopted the suggestions given in our reports, and have disinfected and fumigated the place. Distemper has taken the place of papers on the walls except in a few places where paint has been used. Altogether the committee have spared no expense to put the school premises into the best possible condition, and have been repaid by a loyalty and *esprit de corps* on the part of the parents and boys of such a degree, that the school has passed through its troubles with, at the present time, little or no diminution in the numbers of its scholars.

My thanks are due to my friends, Drs. Jalland and Evelyn, for much courtesy, and the latter gentleman in particular, on whom the burden has chiefly fallen, has deserved the highest thanks of the school authorities for his skilful and zealous services.

<sup>2</sup> The medical officer of health, in his report, May, 1893, speaks of the subsoil as being damp and unwholesome, with but very little natural drainage, and the sewers as liable to being flooded by a rise in the river. Again, he says the inhabitants suffer from those diseases which are characteristic of a damp climate and a cold and unwholesome soil.

MR. HENRY HARBN, J.P., L.C.C., has promised to give £4,000 for the purpose of building a convalescent home near the seaside for the working men of Hampstead.

## MEMORANDA:

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

#### LOWER MOLAR ABSCESS.

A CASE having some points of resemblance to that recorded in the BRITISH MEDICAL JOURNAL by Dr. Maclaren has lately been under my observation.

S., a man aged 37, consulted Mr. Pegler, of Radnor Place, in December, 1893, complaining of swollen glands under the angle of the jaw on the left side. Owing to the presence of decayed molars and bicuspids on that side and in the absence of any other cause, he was advised to see a dentist; he however omitted to do so. When next seen by Mr. Pegler, in July, 1894, he was found to be suffering from enlarged glands about the angle and rami of the jaw on the same side, and from incipient peritonisillar abscess. The enlarged glands had become acutely inflamed when I saw him, a day or two after he consulted Mr. Pegler; and I found on the left side of the lower jaw remains of two molar and two bicuspid teeth, represented by their roots alone; a large alveolar abscess, from which pus welled up on pressure, being connected with these roots. The wisdom tooth was semi-erupted, half buried beneath the ascending ramus, but quite free from decay. There was very great congestion of the surrounding gums, due to long continued dental irritation. The roots were extracted, and their removal gave vent to a large quantity of ill-smelling pus.

The wisdom tooth was removed under an anæsthetic with great difficulty, the inflammatory infiltration into the maxillary muscles being such as to prevent separation of the jaws by more than half an inch. A week elapsed between the extraction of the stumps and that of the wisdom tooth. During this interval suppuration in and round the glands had pointed externally about an inch and a-half below the angle of the jaw, and internal to it. Mr. Pegler opened the abscess by an external incision. The quantity of matter welling up into the mouth was sensibly diminished by the extraction of the roots, and the discharge ceased almost entirely on the day following extraction of the wisdom tooth. Two small sinuses found within the mouth were carefully probed, but gave no evidence of communication with bare bone. They were laid open, and quickly healed up. The external wound was packed, and granulated up in a few days. There was severe constitutional disturbance during the case, and the patient was confined to bed on occasions for several days.

In the absence of any cause other than the decayed teeth and the impacted wisdom tooth, one is bound to assume that these were the cause of the glandular inflammation and suppuration. Cases of this nature are rare in private as in hospital practice, and serve to emphasise the fact that their possible origination in dental disease should be carefully borne in mind.

J. SEFTON SEWILL, M.R.C.S., L.R.C.P., L.D.S.  
Cavendish Square, W.

#### LOW DEGREES OF EYE STRAIN A SOURCE OF SYSTEMIC DISTURBANCE.

EIGHT years ago I communicated to the Bath and Bristol Branch of the British Medical Association the notes of two cases in which the ciliary region was proved to be an epileptogenous zone. Both patients completely recovered on the adoption of suitable lenses. That was the first time, so far as I am aware, that the connection between epilepsy and eye strain was noticed. Since that time, I have, when possible, examined the eyes of all patients complaining of headache, giddiness or of other symptoms which might be reflex to an over-exercised ciliary region. The result of this systematic observation of all such cases goes to show that, in astigmatism, the low degrees are far more potent in producing reflex phenomena than the high degrees; although in hypermetropia the reverse of this obtains. The reason, I think, is not far to seek. In mild astigmatism by an effort of focus perfect vision can be obtained, and the ciliary region persists in making this effort so long as its object can be accom-

plished. In more pronounced cases, however, no effort of accommodation can produce clear vision, and, if I may so speak, the ciliary region gives up the attempt in despair. It is not then the astigmatism which produces reflex disturbances, but the effort to overcome it.

The effect of peripheral irritation must depend not only upon the degree of such irritation but also upon the excitability of the brain and reflex centres; a fact which is only too obvious when studying the different results of the same amount of eye strain in different subjects.

Bath.

T. PAGAN LOWE.

## MAJOR OPERATIONS ON OLD SUBJECTS.

THE following case shows the extraordinary vitality of some old people.

Mrs. S. F., aged 77, was admitted to the Coventry Hospital on October 13th, 1893, having been run over. There was compound comminuted fracture of both bones of the right forearm with extensive laceration of soft parts, and simple comminuted fracture of both bones of the right leg. A large varicose ulcer made treatment more difficult. Amputation of the forearm was at once performed, 3 inches below the elbow. Though part of one flap sloughed, the old lady made a good recovery. Union in the leg was good, the arm healed satisfactorily, and even the varicose ulcer was nearly closed before she left hospital.

My old friend, A.H., whose case I reported in the BRITISH MEDICAL JOURNAL, December 30th, 1892, died recently in her 90th year. The operation I performed on her (in June, 1892) was justified by the fact that no return of the growth took place, and that her life was prolonged for more than two years.

Coventry.

F. FAULDER WHITE, F.R.C.S.  
Surgeon to the Coventry and Warwickshire Hospital.

## ACCIDENTAL GANGRENE OF VULVA.

SOME little time ago I was asked to see M. A. S., aged 22, single, who complained of great pain in the vulvar region with inability to follow her occupation as domestic servant, or even to walk. She had noticed for about a week increasing tenderness, and a very fetid discharge. The vulva generally was much swollen and edematous, and so very tender to the touch that chloroform had to be administered before the parts could be thoroughly explored. When fully anaesthetised the patient was found to be suffering from gangrene of the left labium minus, the gangrenous part being about the size of a hazel nut. As there was no history of an injury, it was difficult to ascribe a cause for the condition. On close examination, however, it was found that the gangrenous part was "snared" by three or four long pudendal hairs, and in that way the death of the portion included brought about. Under appropriate treatment she was soon all right again.

The interest of the case lies chiefly in the fact that her friends had accused her of immorality, and both they and the poor girl were very much relieved mentally, when the true cause of the condition was made known to them.

Liverpool.

J. J. O'HAGAN.

## A PEMPHIGOID ERUPTION FOLLOWING THE ADMINISTRATION OF COPAIBA.

A. G., aged 28 years, caretaker, in good health, but for a slight attack of urethritis on the night of August 18th last took three copaiba capsules, and five more on the following day. On the evening of August 20th, on rising, he found that his face was swollen and red, and that his body was also covered with red patches. The same evening several blisters appearing on his legs he applied for advice.

His face was slightly swollen and red, and his arms and thighs presented irregular erythematous patches, somewhat raised above the surface. At the lower part of each leg, over the tendo Achillis, were large bullæ about the size of a small hen's egg, with several smaller ones—six on the right leg and five on the left leg. The walls of the bullæ were strong and tense, and contained clear serum. There was no areola around them, and after rupture the exposed skin rapidly yielded to treatment.

Copaiba, it is well known, produces in many people several

forms of eruption, mostly of an erythematous type; but an eruption resembling pemphigus is, I believe, quite exceptional.

GEO. W. SEQUEIRA, M.R.C.S.Eng., L.S.A.

Jewry Street, Aldgate.

## MENTAL DISTURBANCE AS A CAUSE OF HERPES ZOSTER.

REFERRING to Mr. Roche's note on the etiology of herpes zoster, in the BRITISH MEDICAL JOURNAL of October 20th, I should like to record the fact that in the hospital at Wanganui, New Zealand, a case of universal symmetrical herpes was shown to me by the resident physician. The patient was a Maori woman, who had been frightened by a dog. The eruption appeared soon after the fright, and her sufferings were great.

Hawick, N.B.

JOHN HADDON, M.D.

## REPORTS OF SOCIETIES.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

JONATHAN HUTCHINSON, F.R.S., President, in the Chair.

Tuesday, November 13th, 1894.

A CASE OF ACTINOMYCOSIS INVOLVING THE SKIN EXTENSIVELY. DR. J. J. PRINGLE, who read this paper, treated the subject from a purely clinical standpoint. A boy, aged 13, whose family lived until recently over a stable-yard, was admitted, in February, 1894, to the Middlesex Hospital, suffering from an apparently simple attack of serous pleurisy, from which he recovered in a month, with marked retraction of the affected (right) side. Shortly afterwards he was readmitted to a surgical ward on account of abscesses over the front of the chest and right hip, which were considered as tuberculous, and scraped. He returned to the hospital on September 28th, with a very extensive tract of disease implicating the skin, chiefly on the back. The characters of the skin disease were described in detail, the most prominent feature being the presence of large sarcomatous-looking growths, ulcerating at various points, situated upon hard, brawny, and deeply undermined skin. From the ulcerative points pus exuded, mixed with characteristic yellow granules, readily recognised microscopically as composed of actinomycetes. There was strong presumptive evidence of invasion of the right lung, pleura, liver, kidney, retroperitoneal and prevertebral tissues. Treatment by iodide of potassium and thyroid tabloids appeared to be attended with benefit, and reasons for the treatment adopted were given. The case was regarded as an example of actinomycotic invasion through the respiratory tract. Special attention was directed to the characters of the skin affection, which differed materially from those of cases described, and points of differentiation from other skin affections, which most closely resembled it, were laid down. The paper was accompanied by a life-sized water-colour drawing and microscopic preparations of the fungus.

Dr. STEPHEN MACKENZIE agreed that the case was one of extreme rarity. He had recently seen a child, aged 11 years, who presented on the face and neck a lesion of the skin with which he was unfamiliar. It evidently belonged to the class of granulomata, and presented indurations, erythematous in character, on which were globular masses varying in size from a pea to a cherry, semi-translucent, soft, spongy, and exhibiting yellow points. The child had been under the care of Mr. Eve in September, 1893, with a sinus on the right side of the cheek; the wound was probed, and found to lead to bare bone on the inner side of the lower jaw. The sinus was scraped and irrigated, and soon healed. In June, 1894, he returned with granulations projecting from the sinus, which had reopened; actinomycosis was then suggested, and the ray fungus looked for without success. It was again scraped and again got well. The lesions at the present time were much like that in the case shown, except that there was no gummy discharge and no escape of yellow particles. The patient's father was a stableman, and the child lived and played in the stable until two years before admission.

Dr. DOUGLAS POWELL said that the disease should not, in his opinion, be classified as a skin disease, for it had cropped up here and there, having extended from deeper parts. The

—letter, we abstain from offering further comment than that his own admissory reply to the simple but essential question we deemed it judicious to ask testifies to its aptness.

## PROFESSIONAL SECRECY.

TARAWERA.—Our correspondent having failed to comply with the essential editorial rule to authenticate his communication by his name, we cannot enter into a discussion of the exceptional question submitted. In view of the apparent urgency of the point involved, we may so far assent to his request as to enjoin him to regard the professional secret entrusted to him by his patient as a sacred trust, be the ultimate consequences what they may.

SOMETIMES A, SOMETIMES B.—If, as we for the moment assume, the series of complex medico-ethical questions which extend over nearly four quarto pages are all based on *de facto* incidents that have occurred in the locality in question and are not merely hypothetical ones, we will endeavour to reply thereto, notwithstanding the ever-increasing pressure on our space and time. We would at the same time note that our correspondent, by a careful perusal of the rules laid down in the *Code* to which we have so often had occasion to refer, may readily acquire the desired information.

A. B. C.—To quote the words of our correspondent, not only would the adoption of his suggested course of proceeding constitute "a straining of professional etiquette," but repudiation of a just and rightful feeling towards a brother practitioner.

ETHICS.—Provided that the use of the professional card in question with the printed *additum* thereon be strictly limited to the specific purpose stated, we see no valid objection thereto, but otherwise it would be ethically inadmissible.

S. U. M.—Personally interesting as the subject matter of our correspondent's letter—exceptionally long and withal difficult to decipher—may be, we fail, after a thrice-repeated perusal thereof, to discover any ethical point on which we can offer a practically useful comment, especially in view of the fact that he declined to follow the sound advice of the eminent consultant whose counsel he sought to courteously but firmly resist the pretentious claim of the "frate doctor" in question to his imaginative vested right in the typical case of the lady patient referred to. Hence our enforced silence on his "loss of a wealthy and fanciful patient!"

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF CAMBRIDGE.

PATHOLOGY.—Dr. J. Lorrain-Smith has been appointed demonstrator in pathology in place of Mr. L. Cobbett, who has been elected to the John Lucas Walker studentship.

DEGREES.—At the congregation on November 8th, the following were admitted to the degrees of M.B. and B.C.:

J. A. Cameron, B.A., St. John's College; C. Todd, B.A., Clare College.

GENERAL MEDICAL COUNCIL.—On Friday, November 9th, Dr. Donald MacAlister was unanimously elected the representative of the University on the General Medical Council for a further period of five years from November 13th, 1894.

## UNIVERSITY OF GLASGOW.

GRADUATION CEREMONY.—At the University on November 8th degrees were conferred in Arts, Science, Divinity, Law, and Medicine. Of the medical graduates, seven received the higher degree of M.D.; one of these, Dr. W. P. Jack, the son of the Professor of Mathematics in the University, received the degree with honours, for a thesis on "Observations on the Analysis of Voluntary Muscular Movements by certain New Instruments." The degrees of Bachelor of Medicine and Master in Surgery were conferred on twenty-two, of whom two were ladies, students of Queen Margaret College.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen passed the First Professional Examination for the Diploma of Fellow in Anatomy and Physiology, at a meeting of the Board of Examiners, on Monday, November 12th:

R. K. Howat, M.R.C.S.Eng., Glasgow University; W. J. Woods, Queen's College, Belfast; H. S. Pendlebury and J. L. Tuckett, Cambridge University; J. E. Williams, M.R.C.S.Eng., St. Bartholomew's Hospital; and H. D. Levick, M.R.C.S.Eng., Anderson's College, Glasgow, and St. Thomas's Hospital.

Ten gentlemen were referred for six months.

Tuesday, November 13th:

H. Tanner, M.R.C.S.Eng., and W. C. Wood, M.R.C.S.Eng., of St. Mary's Hospital; W. B. Woodhouse and C. Roberts, of Middlesex Hospital; F. E. Ingall, M.R.C.S.Eng., of London Hospital; J. Gordon, M.R.C.S.Eng., of Melbourne University and King's College Hospital; G. Rowell, M.R.C.S.Eng., of Durham University and St. Bartholomew's Hospital; E. Perrand, M.R.C.S.Eng., Surgeon-Major Indian Medical Service, of St. Bartholomew's Hospital; M. Farrant, M.R.C.S.Eng., of Westminster Hospital; and A. W. Ormond, of Guy's Hospital.

Six gentlemen were referred for six months.

Wednesday, November 14th:

G. T. Watson, of Cambridge University and St. George's Hospital; D. Brown, M.R.C.S.Eng., and C. H. Leaf, M.R.C.S.Eng., of London Hospital; J. Howell, of Guy's Hospital; and W. D. Wiggins, of St. Mary's Hospital.

Eleven gentlemen were referred for six months.

The following are the arrangements for the Final Examination for the Fellowship, for which thirty-five gentlemen have entered their names: Monday, November 19th ... Written Examination, 1.30 to 5.30 P.M.\* Tuesday, " 20th ... Clinical Examination, 2.30 to about 5.30 P.M.\* Wednesday, " 21st ... Operations, 1.30 to about 5.30 P.M.\* Thursday, " 22nd ... Surgical Anatomy, 2 to 3.45 P.M.\* Friday, " 23rd ... Pathology, 5 to about 9.30 P.M., at Royal College of Surgeons. \*At Examination Hall.

Candidates will be required to attend on all the above-mentioned dates.

MR. MORTON SMALE has been re-elected a member of the Board of Examiners in Dental Surgery for the period of five years. Three vacancies in the Court of Examiners occasioned by the expiration of the period of office of Mr. John Langton, Mr. Pickering Pick, and Mr. Edmund Owen, on December 12th, will be filled up at the next meeting of Council.

## OBITUARY.

## WALTER DICKSON, M.D., R.N.

We greatly regret to announce the death of Dr. Walter Dickson, which occurred at his residence, Upper Norwood, on November 9th, after an illness of about a fortnight's duration. He had suffered from glycosuria for some time, and the immediate cause of death was a large carbuncle. His father was a medical practitioner in Edinburgh, where young Walter Dickson was educated at the Edinburgh High School and University, and graduated M.D. (being third in honours in his year) 1841. He at once entered the Royal Navy, and was appointed to the *Queen*, flagship, Portsmouth, for service at Haslar. In 1842 he was sent to the flagship at the Cape of Good Hope and Coast of Africa; and in 1844-45 he was selected to be medical officer in charge of, and meteorologist to, the Antarctic Expedition, intended to complete the circle of magnetic observations, two-thirds of which had been done a few years before by Sir James Ross in the *Erebus* and *Terror*. His ship attained 68 degrees south latitude, and was in icy seas during a voyage of 7,300 miles. Dr. Dickson published a graphic account of the voyage in 1850, and contributed tables of observations to the *Transactions* of the Royal Society, 1846. He was for these services promoted to the rank of Staff-Surgeon in 1848. He next served on the flagship on the Lisbon station and in the Mediterranean, and from 1850 to 1853 was on the West Coast of Africa, in the *Firefly*. There was only one death during the commission among eighty Europeans, although they were very actively employed for three years in the Congo and other rivers in suppression of the slave trade, and there was much malarial fever. During the Crimean War he was employed (1854-6) in the Baltic, and during the two years served in the *Archer*, which blockaded the enemy's ports, and had occasional encounters. On the declaration of peace he was transferred to the West Indies and Central America; and the crews under his charge, although stricken with malarial fever, suffered little or no loss by deaths. He was on board the *Chesapeake*, the flagship on the Indian station, the year of the Mutiny; and was afterwards stationed at Ceylon, and for six months in the Red Sea, the sickness and mortality in the crews being singularly low in each case. In the Chinese War (1859-61) he was on board the flagship *Chesapeake*, under Admiral Sir James Hope, and was principal medical officer in the sanguinary repulse from the Taku forts, when one-third of the attacking force was killed or wounded, June 25th, 1859. He received honourable mention in despatches from his Commander-in-Chief, and special thanks for his care of the wounded (300 in number). In addition to the war medals for the Baltic and China, Dr. Dickson was awarded the Blane Gold Medal for the medical history of H.M.S. *Chesapeake* (1857-8), and subsequently an honorary medal from the French Maritime Sanitary Congress for published works on Naval Hygiene. He also received the thanks of the Board of Trade for much work in connection with legislation in 1866-8 for the improvement of the Mercantile Marine, and also special thanks from the Board of Customs on several occasions for services to that department, to which he was appointed as Medical Inspector in 1862, on retirement from the Navy.

Whilst in the service he had been the means of introducing many most useful hygienic measures. He remained in the Customs for nearly thirty years, finally retiring in 1892, when he had the gratification of seeing his post filled by his son, Dr. T. H. Dickson. He was presented shortly after retire-

ment with several pieces of silver plate, subscribed for by 540 officers of the outdoor department of the Customs.

Early in his civil career he joined the Metropolitan Counties Branch of the British Medical Association, was for many years Honorary Treasurer to the Branch, and was President in 1885. He served on many subcommittees of the Branch, and for years took great interest in its proceedings. He was President of the Epidemiological Society in 1885-86, and a Vice-President of the Section of Preventive Medicine at the International Congress of Hygiene, London, 1891. He was also a surgeon-lieutenant-colonel in the rifle volunteer force. He gave evidence to several Admiralty Committees on Enthetic Diseases, Scurvy, Quarantine, etc., and was a voluminous writer on subjects such as "Syphilis in the Royal Navy" (1864), "Scurvy in the Mercantile Navy" (1866), "Sanitation Afloat" (1867), "The Geographical Distribution of Disease" (BRITISH MEDICAL JOURNAL, 1885), "Recent Epidemics at Home and Abroad" (1886), and others of which he had had experience during his long and useful career.

Dr. Dickson was a man of immense energy and industry and his knowledge was thorough and deep on many subjects, not alone those of a professional nature but also on general questions connected with history, art, and literature. In his early days in the Navy he kept two private diaries, the one a casebook and the other relating to passing events and daily life, written in full. His journal of the years 1846-8, spent on the Lisbon station, is full of interest, the descriptions of places visited being graphic and concise, while the picture of Anglo-Portuguese life at Lisbon and Oporto is charming. His personal kindness, sympathetic nature, and other excellent qualities made him beloved and respected by the large number of persons who enjoyed his personal friendship, and the loss occasioned by his death is felt far and wide.

THE death is reported at the age of 40 of Dr. THOMAS WILLIAM KYLE, of Measham. The deceased took the degree of M.D.Q.U.I. in 1875 and M.Ch. in 1876, and in 1890 became a D.P.H.R.C.S.I. He held the offices of medical officer of health for the Ashby Woulds Urban Sanitary District and Ashby-de-la-Zouch Rural Sanitary District, and was also a certifying factory surgeon. Dr. Kyle had suffered for some time from congestion of the lungs.

M. LOUIS FIGUIER, whose name has been known to many generations of "general readers" as that of one of the most successful popularisers of scientific discovery, has just passed away in Paris at the age of 74. He was born at Montpellier, where he took the degree of Doctor of Medicine in 1841. Soon afterwards he was appointed Professor of Chemistry in the School of Pharmacy, Paris. He wrote—and wrote well—on many subjects, but the work by which he was best known to the public was his *Année Scientifique*, in which he gave a summary at once interesting and accurate of the principal scientific discoveries of the year.

We regret to announce the death of Dr. WILLIAM GOODELL, the distinguished American gynaecologist, who died on October 27th, in the 65th year of his age. He was the son of a missionary and was born in Malta. He studied medicine in William's College Massachusetts, and afterwards at the Jefferson Medical College, Philadelphia, where he graduated in 1854. He began his professional career in Constantinople, returning to America in 1861, and settling in West Chester as a general practitioner. He was appointed Lecturer on Obstetrics and Diseases of Women in the University of Pennsylvania in 1870, and Clinical Professor of the Diseases of Women and Children in 1874; this position he continued to hold till little more than a year ago, when he resigned, and was named Honorary Professor. In Dr. Goodell American medicine loses one of its most commanding figures. He was not only one of the foremost men in his own speciality, but a writer of rare literary endowment. He was revered by all, and beloved by those who had the privilege of knowing him.

We regret to have to report the death of Mr. CHRISTOPHER JOHNSON, F.R.C.S.Eng., of Castle Park, Lancaster, which occurred on November 6th. The deceased gentleman, who was 78 years of age, had been in failing health for some years,

having suffered from heart disease, but was able till quite recently to discharge the duties of his appointments. On the morning of his decease Mr. Johnson was going through his letters when he was seized with a sudden attack and succumbed almost immediately. The deceased qualified as M.R.C.S.Eng. in 1839, and in 1854 became F.R.C.S.Eng. He was at the time of his death Consulting Surgeon to the Lancaster Infirmary, and Certifying Surgeon under the Factory Act.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are: Dr. Francis Taylor Fuller, Assistant Physician of the North Carolina Insane Asylum, a post which he had held for more than thirty-eight years; Dr. Charles H. Pinnay, Professor of Medicine in the Medical College of Connal Bluffs, Ia., U.S., aged 52; Dr. Peter Swerhanski, of St. Petersburg, a well-known specialist in mental diseases, aged 64; Dr. Giovanni Cristiani, of Florence, a surgeon fast rising into celebrity, when his career was suddenly interrupted by mental disease; and Dr. Francisco Colapinto, Professor of Obstetrics in the University Schools attached to the Liceo of Bari.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### SMALL-POX AND VACCINATION IN 1893.

XIII.—WEST HAM: THE SMALL-POX HOSPITAL QUESTION. DR. CHARLES SANDERS, the health officer of the Borough of West Ham, has recently presented to his council a most valuable and interesting report on the epidemic of small-pox from which the district suffered in the eighteen months ended with June last. Not only is small-pox treated of in relation to vaccination, but the disease is likewise regarded from the point of view of local isolation arrangements.

Vaccination.—Small-pox, having been introduced in January and February of 1893, rapidly spread through the medium of infection disseminated, it is supposed, by a tramp who had been staying in a common lodging house prior to his detection in the workhouse. The condition as to vaccination of those attacked fatally is supplied by Dr. Moir, the superintendent of the hospital, and is clearly set forth in the following table; but we could have wished for fuller details, which even yet we will hope to see furnished. We have added the third column with a view of showing at a glance the relative values of the mortality percentages.

Condition as to Vaccination.	Percentage of Deaths on Cases.	Relative Value of Percentages, the Unvaccinated Class being represented by 1,000.
Unvaccinated ... ...	35.00	1,000
Said to have been vaccinated, but having no marks ...	23.57	673
Imperfectly vaccinated ...	11.00	314
Showing good marks ...	4.10	117
" two   " ...	2.50	71
" three   " ...	1.80	54
" four   " ...	0.55	16
Revaccinated ... ...	0.00	—

The above table tells its own tale, and we need not dwell on the significance of its data, which have to do with nearly 1,000 cases of small-pox. Suffice it that the death-rate among the unvaccinated was no less than 63 times that of four-scared vaccinated sufferers.

### ZYMOTIC MORTALITY IN LONDON.

THE diagram on next page shows the prevalence of the principal zymotic diseases in London during each week of the third quarter of the current year. The fluctuations of each disease during the period under review, and its fatal prevalence as compared with that recorded in the corresponding weeks of recent years, can thus be readily seen.

Small-pox.—The deaths referred to small-pox, which had been 11 and 37 in the first two quarters of the year, further rose to 43 during the three

## MEDICAL NEWS.

EDINBURGH ROYAL MEDICAL SOCIETY.—The following gentlemen have been elected presidents for the ensuing session:—John Orr, M.B., C.M., M.R.C.P.Edin.; J. Purves Stewart, M.A., M.B., C.M.; G. C. Easterbrook, M.A., M.B., C.M.; J. G. Cattanach, M.B., C.M.

THE first meeting of the Royal Statistical Society of the present session will be held on Tuesday next at the Museum of Practical Geology at 4.45 P.M., when the President, Lord Farrer, will deliver the inaugural address on the Relations between Morals, Economics, and Statistics.

AT a meeting of the Society of Medical Officers of Health at the rooms of the Royal Medical and Chirurgical Society on Monday next at 7.30 P.M., the President, Dr. S. R. Lovett, M.O.H. for St. Giles's, will deliver an inaugural address on The Past, Present, and Future of the Society. The address will be followed by a discussion.

THE DECREASE OF LUNACY.—Our readers will rub their eyes when they see the headline of this paragraph. We observe in the *Bristol Mercury* of November 7th a statement of the Chairman of the Dorset County Council that not only had the increase of lunacy in the county been checked, but there are actually fewer lunatics in the asylum than in previous years. We are delighted to chronicle the event, and trust it may be some sign that the accumulation of insane persons, whatever its causes may be, is reaching a term.

THE DENTAL HOSPITAL OF LONDON.—The annual dinner of the staff and past and present students will be held on Saturday, December 1st, at the Hôtel Métropole (Whitehall Salon), under the presidency of Mr. S. J. Hutchinson, M.R.C.S., L.D.S. Gentlemen either now or formerly connected with the hospital or medical school, who may through inadvertence not have received special notice, and who desire to be present, are requested to communicate with the Dean, at the Dental Hospital, 40, Leicester Square.

CORK OPHTHALMIC HOSPITAL.—Towards the rebuilding of this hospital, which is urgently required, subscriptions have been promised close on £3,000. A bazaar, "Donnybrook Fair," was held in the Municipal Buildings to aid the institution, and a large sum of money—between £3,000 and £4,000, it is estimated—was obtained. Dr. Sandford has also presented the institution with £250, and an anonymous donor has given £1,000. With the total amount the committee have now in hand they have sufficient capital to build and furnish a proper ophthalmic institution sufficient for the requirements of the South of Ireland.

GLASGOW HOSPITAL SUNDAY.—The Hospital Sunday scheme was inaugurated in Glasgow on October 28th, and the first acknowledgment of receipts has now been published. The total sum as yet received is £3,210 14s. 8d., contributed by 265 churches, an average for each of £10 18s. 11d. The average is smaller than might be expected, but many churches had already contributed to the infirmaries, and gave a small collection again to show their good will to the scheme. It is expected that next year the results will show a great improvement. The date fixed for next year is the second Sunday in December.

LORD SANDHURST opened, on November 3rd, a new hospital at the Royal Gunpowder Factory, Waltham Cross. Sufferers in the recent explosions were attended to in the Recreation Hall, but as the works increase, and the danger attending them also increases, the War Department decided to build a hospital to be ready in case of accident. The building contains twelve beds, with the usual dispensing rooms and lavatories. A thoroughly qualified resident nurse will reside at the hospital, who, under the factory surgeon, will be responsible for the efficiency of the establishment. The hospital is to be called the Sandhurst Hospital.

DEATH CERTIFICATION.—At a meeting of the Church Sanitary Association on November 13th, Dr. Norman Kerr, who presided, dwelt on the necessity of pressing upon the Government the duty of introducing into Parliament a Bill embodying the recommendation of the Departmental Committee on Death Certification. The Committee had suggested that

details as to the cause of death should be given in a confidential certificate addressed to the registrar, and this would secure accurate information on which alone could be based a true science of vital statistics, and by lessening premature mortality would add to national wealth and usefulness.

"PERCUSSING" THE PROFESSOR.—The increasing severity of examinations is not only weighing down the overtaxed student, but, as the following incident shows, may also be fraught with indirect penalties, and even corporal sufferings, to the examiner. The Italian papers record that: "Lo studente Ettore Ballanti, per vendicarsi dell'insuccesso agli esami, percosse il professore Pasquali" (the student, Hector Ballanti, to revenge himself for his failure at examination, assaulted Professor Pasquali). The council of the medical faculty in the University of Rome has ordered this vindictive youth to spend two years in rustic meditation in the hope that he will see that failure to pass an examination is not to be avenged by "percussing" the examiner. We offer our sympathies to our esteemed colleague, whose graceful presidentship of the Section of Obstetrics will be fresh in the recollection of visitors to the Roman Congress.

### MEDICAL VACANCIES.

The following vacancies are announced:

BAWNBOY UNION, Swanlibar Dispensary.—Medical Officer. Salary, £90 per annum, with £15 yearly as Medical Officer of Health, together with vaccination and registration fees. Applications to Mr. Thomas McGovern, Honorary Secretary, Gortmore, Derrynacrieve, Belturbet. Election will take place on November 17th.

BELFAST ROYAL HOSPITAL.—Assistant Staff-Surgeon and a House-Surgeon for the Extern Department, doubly qualified. Applications to the Chairman of the Board of Management by November 17th.

BIRMINGHAM GENERAL DISPENSARY.—Resident Surgeon. Salary, £150 per annum. Applications and testimonials to A. Forrest, Secretary before December 12th.

CHESTER GENERAL INFIRMARY.—Visiting Surgeon. Appointment for two years. Salary, £90 per annum. Applications and testimonials to the Chairman of the Board of Management, Secretary's Office, 29, Eastgate Row, North Chester.

CLOGHER UNION, Ballygawley Dispensary.—Medical Officer. Salary, £75 per annum, with £15 yearly as Medical Officer of Health, together with registration and vaccination fees. Applications to Mr. John Spear Gervan, Honorary Secretary, Stewart Arms, Ballygawley. Election will take place on November 27th.

EAST SUSSEX COUNTY ASYLUM, Hayward's Heath.—Junior Assistant Medical Officer. Salary, £100 per annum, with board and lodgings. Applications to the Medical Superintendent by November 20th.

GENERAL HOSPITAL, Birmingham.—Assistant House-Surgeon; must possess surgical qualification. Appointment for six months, but may be held by re-election for a further period of six months. Board, residence, and washing provided. No salary. Applications to the House-Governor by December 1st.

GENERAL HOSPITAL, Nottingham.—Assistant House-Physician and Assistant House Surgeon. Appointments for six months. Board, lodgings and washing provided. No salary. Applications to the Secretary.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—Junior House-Surgeon. Board, lodgings, and laundry provided. Applications and testimonials to Lewis H. Glenton Kerr, Secretary, by November 26th.

HOSPITAL OF ST. PETER'S PORT, Guernsey.—Two qualified Surgeons (non-resident) for Hospital and Outdoor Poor. Salary, £50 per annum currency (vaccination included). Applications and testimonials to N. Ferguson, President Poor-law Board, by November 28th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury, W.C.—Resident Medical Officer as House-Physician. Appointment for six months. Salary, £20 per annum, with board and residence; must be unmarried. Applications and testimonials to Adrian Hope, Secretary, before November 21st.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury, W.C.—Resident Medical Officer as House-Surgeon. Appointment for six months. Salary, £20 per annum, with board, and residence; must be unmarried. Applications and testimonials to Adrian Hope, Secretary, before November 21st.

HOSPITAL FOR WOMEN, Soho Square, W.—Registrar. Appointment for twelve months. Honorarium, 25 guineas. Applications to David Cannon, Secretary, by November 20th.

KENT AND CANTERBURY HOSPITAL.—House-Surgeon; must be a registered medical practitioner, unmarried. Salary, £90 the first year, with board, etc., rising to £100 the second year. Applications and testimonials to A. J. Lancaster, Secretary, before November 23rd.

LIVERPOOL NORTHERN HOSPITAL.—Assistant House-Surgeon, doubly qualified. Salary, £70 per annum, with residence and maintenance in the house. Applications to the Chairman by November 24th.

NEW HOSPITAL FOR WOMEN, 144, Euston Road.—Female Resident Medical Officer; fully qualified. Applications to Margaret M. Bagster, Secretary, by November 28th.

**NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL**, Hartshill, Stoke-upon-Trent.—House-Surgeon. Salary, £120 per annum, increasing £10 a year, at the discretion of the Committee. Applications and testimonials to R. Horley, Secretary, before November 27th.

**PADDINGTON INFIRMARY**.—Resident Clinical Assistant. Appointment for six months. Board and residence, and an honorarium of 12 guineas. Applications and testimonials to H. F. Aveling, Clerk to the Guardians, before November 24th.

**ROYAL HOSPITAL FOR CHILDREN AND WOMEN**, Waterloo Bridge Road, S.E.—Registrar and Anesthetist. Appointment for one year, an honorarium of £30 being voted at expiration of term. Applications to the Secretary by November 21st.

**ROYAL WESTMINSTER OPHTHALMIC HOSPITAL**, King William Street, Strand, W.C.—Clinical Assistants. Applications and testimonials to T. Beattie Campbell, Secretary, before December 1st.

**WARNEFORD HOSPITAL**, Leamington Spa.—House-Surgeon; single. Salary, £100 per annum, with board, lodging, and washing. Applications and testimonials to J. Warren, Secretary, before December 5th.

**WEST LONDON HOSPITAL**, Hammersmith Road, W.—Assistant Anesthetist (Honorary and Non-Resident). Applications and testimonials to R. J. Gilbert, Secretary Superintendent, before December 12th.

**WEST LONDON HOSPITAL**, Hammersmith Road, W.—House-Physician and House-Surgeon; tenable for six months. board and lodging are provided. Applications and testimonials to R. J. Gilbert, Secretary Superintendent, before December 12th.

#### MEDICAL APPOINTMENTS.

**AGNEW**, T. H., M.R.C.S., L.R.C.P. Edin., appointed House-Surgeon to the Royal Infirmary, Liverpool.

**ARMSTRONG**, Hubert, M.B., Ch.B.Vict., appointed House-Physician to the Royal Infirmary, Liverpool.

**BARBER**, G. T. Congreve, M.R.C.S. Eng., L.R.C.P. Lond., L.S.A., appointed Resident Medical Officer to the Birmingham Workhouse, *vice* G. A. Ferraby, resigned.

**COHEN**, Abraham, M.A., M.D., B.Ch. Dub., appointed Physician in Charge of Jewish Out-patients to the Metropolitan Hospital of London.

**COLES**, Dr. C., appointed Medical Officer for the Fifth District of the Leicester Union.

**COULSON**, G. E., M.R.C.S. Eng., L.R.C.P. Lond., appointed Assistant Medical Officer of the Infirmary of the St. George's Union.

**EASTERBROOK**, Charles Cremhall, M.A., M.B., C.M., appointed Third Assistant-Physician to the Royal Asylum, Morningside, Edinburgh.

**EMERY**, W. d'E., B.Sc. Lond., M.R.C.S., L.R.C.P., appointed Obstetric and Ophthalmic House-Surgeon to the Queen's Hospital, Birmingham.

**FULLERTON**, F. W., M.B., B.S. Durh., appointed Medical Officer for the Sculcoates District of the Sculcoates Union.

**GALBRAITH**, T. H., M.B., C.M. Aberd., appointed Medical Officer of the Workhouse of the Wolverhampton Union.

**GUNN**, Donald, F.R.C.S., appointed Assistant-Surgeon to the Royal Westminster Ophthalmic Hospital.

**HINTON**, Hammond T., M.B., C.M. Aberd., appointed Certifying Factory Surgeon for the Heytesbury District.

**HUTTON**, J., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer for the High Cross District of the Tottenham Union.

**LAMPORT**, H. C., M.B., C.M., appointed Certifying Surgeon for Factories and Workshops for the Lancaster Division.

**LANG**, Gordon A., M.B., C.M. Aberd., appointed Visiting Medical Officer to the Forbes Dispensary, Inverness, *vice* John Wilson Black, M.B., C.M. Edin., resigned.

**LIVESEY**, W. E., M.B., Ch.B.Vict., M.R.C.S., L.R.C.P., L.S.A., appointed Lock Hospital and Ophthalmological Assistant to the Royal Infirmary, Liverpool.

**MCCLELLAND**, W., M.B., Ch.B.Vict., appointed Gynaecological Assistant to the Royal Infirmary, Liverpool.

**MACLEHOSE**, Norman M., M.B., C.M. Glasg., appointed Assistant-Surgeon to the Central London Ophthalmic Hospital.

**MASON**, Harold, M.B. Lond., M.R.C.S., L.R.C.P., appointed Medical Officer to the Leamington Provident Dispensary, *vice* Miles C. Atkinson, M.D., resigned.

**MEDCALF**, Ernest Sexton, L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health for Hove.

**NIXON**, J. P., M.B., Ch.B.Vict., appointed House-Surgeon to the Royal Infirmary, Liverpool.

**O'CONNELL**, Mr. J., appointed Assistant Medical Officer to the Workhouse of the Parish of Toxteth Park.

**PLAISTER**, W. H., M.R.C.S. Eng., appointed Medical Officer for the Lower Cross Ward of the Edmonton Union.

**ROBINSON**, William, M.D., M.S., F.R.C.S. Eng., appointed Honorary Physician to the Sunderland Infirmary, *vice* Professor Brady, M.D., F.R.S., resigned.

**ROSS**, S. J., M.B., Ch.B.Vict., appointed House-Physician to the Royal Infirmary, Liverpool.

**SHAW**, A. E., M.R.C.S. Eng., appointed Medical Officer for the Raynham District of the Walsingham Union.

**SIMPSON**, F. H., M.B., B.S. Durh., M.R.C.S., L.R.C.P., appointed House-Physician to the Queen's Hospital, Birmingham.

**SINGAR**, H., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Queen's Hospital, Birmingham.

**TOOGOOD**, F. S., M.D. Lond., D.P.H. Lond., appointed Medical Superintendent of the New Infirmary, and Principal Medical Officer of the Workhouse at Lewisham, S.E.

**VEALE**, F. J. de C., M.B., Ch.B.Vict., appointed House-Surgeon to the Royal Infirmary, Liverpool.

**WATSON**, Henry, M.D. Aberd., appointed Medical Officer for the Fifth District of the Parish of Norwich.

**WILSON**, H. R., M.R.C.S., L.R.C.P., appointed House-Physician to the Royal Infirmary, Liverpool.

#### DIARY FOR NEXT WEEK.

##### MONDAY.

**LONDON POST-GRADUATE COURSE**, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Corneal Affections. Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Lecture: Erysipelas and Suppuration. Practical Work: Cultivations of Streptococci. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Edward Woakes: Tinnitus and Vertigo.

**INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH**, 20, Hanover Square, 8 P.M.—Introductory Address by the President, Dr. S. R. Lovett.

**PATHOLOGICAL SOCIETY OF LONDON**, 8.30 P.M.—Mr. Stephen Paget: 1. Malignant Disease of the Larynx. 2. Acute Septic Epiphysitis. Mr. C. A. Morton: Malignant Disease in Glands of Groin with Secondary Growth in the Skin. Mr. Anthony Bowby: Epitheliomatous Cyst of Neck. Mr. F. J. Wallace: Epitheliomatous Cyst of Neck. Mr. J. H. Targett: Encysted Tumour of the Bladder. Mr. S. G. Shattock: Wolfian Adenoma of Kidney. Dr. W. P. Herringham: Subdural Haemorrhage in Pernicious Anaemia. Dr. Voelcker: Syphilitic Ulceration of Large Intestine; Recto-Vesical Fistula.

##### TUESDAY.

**LONDON POST-GRADUATE COURSE**, Bethlem Royal Hospital, 2 P.M.—Dr. Percy Smith: General Paralysis.

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

##### WEDNESDAY.

**LONDON POST-GRADUATE COURSE**, Hospital for Consumption, Brompton, 4 P.M.—Dr. J. E. Pollock: Certain Helps towards Prognosis in Consumption. Royal London Ophthalmic Hospital, 8 P.M.—Mr. A. Stanford Morton: Optic Neuritis.

**ROYAL METEOROLOGICAL SOCIETY**, 25, Great George Street, Westminster, 7.30 P.M.

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC**, Queen Square, 3 P.M.—Lecture by Dr. Gowers.

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

##### THURSDAY.

**LONDON POST-GRADUATE COURSE**, National Hospital for the Paralysed and Epileptic, Queen Square, 2 P.M.—Dr. Gowers, F.R.S.: Clinical Cases. Hospital for Sick Children, Great Ormond Street, 3.30 P.M., Medical Registrar: Pathological Demonstrations of Medical Specimens. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Dr. Patrick Manson: Filarial Disease.

**THE SANITARY INSTITUTE**, Parkes Museum, Margaret Street, W., 8 P.M.—Dr. D. J. O'Neil, Chlorine and Chrome Compounds.

##### FRIDAY.

**LONDON POST-GRADUATE COURSE**, Hospital for Consumption, Brompton, 4 P.M.—Dr. Percy Kidd: Cases of Special Interest.

**CLINICAL SOCIETY OF LONDON**, 8.30 P.M.—Mr. Golding Bird: A Case of Pulsatile Congenital Cyst simulating Aneurysm. Dr. Herringham and Mr. Bruce Clarke: A Case of Idiopathic Dilatation of the Sigmoid Flexure. Dr. F. Taylor: A Case of Leucocytæmia Treated with Arsenic and Inhalation of Oxygen. Mr. Arbuthnot Lane: A Case of Supernumerary Testis. Dr. E. W. Goodall: An Unusual Case of Tracheal Diphtheria.

##### SATURDAY.

**LONDON POST-GRADUATE COURSE**, Bethlem Royal Hospital, 11 A.M.—Dr. Hyslop: Puerperal and Lactational Insanity.

#### BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 2s. 6d., which sum should be forwarded in post-office order or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.*

##### BIRTHS.

**CANT**.—On November 7th, at 3, Lindum Road, Lincoln, the wife of W. J. Cant, M.R.C.S., L.R.C.P., of a daughter.

**PENNELL**.—On October 5th, at 434, Calle 25 de Mayo, Buenos Aires, the wife of G. Herbert Pennell, M.D. Oxon., F.R.C.S. Eng., of a daughter.

##### MARRIAGE.

**TAYLOR-BUDGE**.—At Seafield, Mid Yell, Shetland, on October 30th, by the Rev. J. H. Allen, F.C., North Yell. Henry Pearson Taylor, M.B., C.M., to Sinclair, youngest daughter of the late John Budge, Esq., of Seafield.

##### DEATH.

**JOHNSON**.—At 12, Castle Hill, Lancaster, on November 6th, Christopher Johnson, J.P., F.R.C.S., aged 78.

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

CANCER, Brompton (Free). *Hours of Attendance.*—Daily, 2. *Operation Days.*—Tu. F. 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. F., 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; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days.*—M. F. S., 2.

LONDON. *Hours of Attendance.*—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days.*—M. Tu. W. Th. S., 2.

LONDON TEMPERANCE HOSPITAL. *Hours of Attendance.*—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operation Days.*—M. Th., 4.30.

METROPOLITAN. *Hours of Attendance.*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day.*—F., 9.

MIDDLESEX. *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th., 9.30; Dental, M. W. F., 9.30. *Operation Days.*—W., 1.30; S., 2; (Obstetric), Th., 2.

NATIONAL ORTHOPÄDIC. *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 EYE HOSPITAL, Southwark. *Hours of Attendance.*—Daily, 2. *Operation Days.*—Daily.

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 ORTHOPÄDIC. *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; Orthopaedic, 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; Orthopaedic, 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; Orthopaedic, 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; (Orthopaedic), 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; (Gynaecological), 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; Orthopaedic, 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, Tu. F., 9.30; 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.

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*.

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.

**■** *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 asks for advice as to the proper sequence of treatment in a severe attack of epistaxis.

ANXIOUS INQUIRER asks for advice as to best treatment, diagnosis, and prognosis, in the case of a man, aged 50, who has occasional attacks of pain in the back. At such times the urine is very frothy and rather oily in appearance. The quantity and colour is normal, the specific gravity 1015, and there is a slight trace of albumen; at other times the urine is healthy; from time to time there is a tendency to uric acid deposit.

**MICROPHONE STETHOSCOPE.**  
W. G. writes: I shall be glad to be informed where I can purchase a binaural stethoscope, with some mechanism for increasing the intensity of sound less expensive than a real microphone, which I understand is a rather costly instrument.

**HÄMORRHAGE FROM EAR.**  
H. S. B. writes: Recently a patient of mine, a lady about 65 years of age, and subject to rheumatic arthritis deformans, lost about  $\frac{1}{4}$  oz. of pure bright blood, trickling at night from the right auditory meatus. On examination I could discover nothing abnormal, and there were absolutely no other symptoms pointing to the ear, nor any history of earlier disease. Is not such an occurrence exceedingly rare?

### ANSWERS.

R.S.—Our correspondent is probably illegally assessed, and would be well advised to consult the Income Tax Repayment Agency (6, Chichester Road, Paddington, London), to which he refers.

A. B.—M. Roux's paper, published in the *Annales de l'Institut Pasteur* for October, contains data as to the length of time which must elapse between primary inoculation of horses and the use of their serum as antitoxin.

DR. HAUGHTON.—Dr. Schmidt can, we believe, fully justify his own statistics, which appear to be very fairly stated. If he finds it advisable to answer the absurd criticism of Dr. Vogt, no doubt he will do so; our correspondent might communicate with him on the subject.

R. N. J.—The Forty-eighth Report of the Commissioners in Lunacy can be purchased, either directly or through any bookseller, from Eyre and Spottiswoode (East Harding Street, London, E.C.); John Menzies and Co., Edinburgh and Glasgow; and Hodges, Figgis, and Co., Dublin, price 1s. 9d.

**HIP-JOINT DISEASE.**  
MR. FRANK BOXALL, M.R.C.S.E. (Rudgwick) writes: In answer to "Inquirer," I would suggest that he consult Messrs. J. and E. Ferris, 48, Great Russell Street, London, who have supplied me with a foot extensor on which can be worn an ordinary boot. It is most comfortable, and effectually conceals the deformity of nearly 4 inches shortening due to hip-joint disease.

**POPULAR VACCINATION LITERATURE.**  
DR. FREDERICK GOURLEY.—There is a brief paper on vaccination issued by the Local Government Board, 1888. A pamphlet entitled *Facts Concerning Vaccination for the Heads of Families*, issued by the National Health Society, to be had from Allman and Son, 67, New Oxford Street, is a very convenient publication for distribution. A more elaborate,