

patients. For these hysterical cases, sea air, sea bathing and swimming, together with games and gymnastic exercises, are the best remedies, combined with general medical treatment.

I have seen what might be described as an epidemic of "spinal complaints" in a girls' school where the discipline was foolishly prudish and constrained, just as one often sees epidemics—epidemic because catching from one to another—of laughing and crying and other hysterical outbreaks in the wards of a hospital.

NOTES ON THE ETIOLOGY OF GOITRE.

By H. C. L. MORRIS, M.D.BRUX., L.R.C.P., M.R.C.S.,
Hambleden.

DURING two and a-half years' residence in Hambleden, Buckinghamshire, I have seen over 50 cases of goitre in my practice—a strikingly large number out of a population of about 2,000; and I have little doubt that there are many more cases that have not come under my observations. The district is situated on and at the foot of the southernmost spurs of the Chiltern Hills. The soil is excessively chalky, and, with a few exceptions, the water supply is obtained from deep wells sunk into the chalk. When the springs are low the water is drawn up and even consumed while still milky in colour, for the poor take little trouble to boil or let it settle. I have met with no cases from the tops of the hills, where spring water is unattainable and the people drink stored rain water.

Of my 55 cases, all were water drinkers, only 4 being males, and the ages ranged from 4 to 76. There seems to me to be little doubt that the presence of calcium and magnesium carbonates in the water is the sole cause of the disease in my cases. When the springs are high the water, tested by Clark's soap test, represents about 30 in 100,000 of total hardness, but when the springs are low the water is turbid, owing to the buckets disturbing the bottom of the wells.

The following instances are a little remarkable.

A girl, aged 23, who is in service in London, invariably gets an enlargement of the thyroid about a week after she comes home, the enlargement disappearing shortly after her return to her situation.

In another case a family came to reside in this district, having previously lived on a clayey soil. Within six months three out of four children, aged 5, 7, and 8 years, presented thyroid enlargements. There was a little difficulty at first about these children, for I found that their water supply came from a rain water tank. I discovered, however, on making inquiries that the water they drank at school came from a chalk well, and was occasionally turbid. The fourth child, who did not attend school, showed no signs of the disease.

In several other instances new-comers have developed goitre shortly after settling in the neighbourhood.

I feel certain that heredity had nothing to do with the etiology of my cases, for in only one instance was there the slightest suspicion of it. Nor has intermarriage been a factor, for the one village in which the inhabitants have largely intermarried is, if anything, clearer of the disease than those round about it.

The amount of iron in the water is so infinitesimal that I think it can be left out of consideration. That goitre may be produced by other causes in other places I think probable, but that it is produced in this neighbourhood solely by the carbonates of lime and magnesia in the drinking water I feel convinced.

PROFESSOR HERRING, of Prague, has been appointed to the chair of Physiology in the University of Leipzig, vacant by the death of Professor Karl Ludwig.

THE annual festival of the Order of the Hospital of St. John of Jerusalem in England, was held on June 24th. After a religious service in St. John's Church, Clerkenwell, which has been restored, the original crypt of the old church of the Priory of the Order being preserved, the general assembly was held in the Charterhouse under the presidency of the Earl of Lathom.

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

A CASE OF HYPERPYREXIA FOLLOWING INFLUENZA.

THE following case seems worthy of record both as regards the rarity of the complication in influenza, and also as being one of the highest temperatures on record in a non-hysterical patient. Dr. Bryant, in a collection of 100 cases of hyperpyrexia published in the *Guy's Hospital Reports* for 1894, only quotes one higher temperature apart from pure hysteria, and that was in a hysterical patient suffering from phthisis, in which case the temperature rose to 128°.

A. W., aged 31, married, a publican, had been treated for intemperance. He was not of a hysterical type, and had generally enjoyed good health. From March 20th to April 1st he was laid up with an attack of epidemic influenza similar to the present one except that his temperature never gave rise to any anxiety. The course run by the disease was quite normal. The profuse sweating with its accompanying rash of sudamina was a marked symptom. The recovery from this attack was complete.

On April 15th he complained of feeling unwell, and was seen in the afternoon, when he had a temperature of 102.2°. The pulse was full, 90. He was sent to bed and put on fluid diet, and ordered a mixture containing liquor ammoniacæ acetatis. As in the previous attack, there was severe sweating, which produced the most marked rash of sudamina and miliaria that we had ever seen. The next day he was more comfortable, the temperature 101.4°, pulse 90. On April 17th he was about the same, the temperature was 102°, on April 18th 101°, and on April 19th 101°. On April 20th he was seen about 3 P.M., the temperature was 103°, the pulse 104; he was chatting perfectly rationally, and apparently in no different condition from what he had presented during the last few days, except that the sweating had somewhat diminished. About 6 P.M. he became suddenly violent, requiring three people to hold him in bed. When seen a few minutes later he was quite unconscious, breathing stertorously; there was no corneal reflex; the pulse was extremely small, about 120; and the temperature was 110.2° (twice taken) in the axilla. Ice was placed in each axilla, and the trunk and arms rubbed with it, but this was of no avail, and he died within a quarter of an hour of being seen.

He had never complained of pains in his joints, nor had he suffered from severe headaches; the lungs were quite free from physical signs on the afternoon of his death.

Dr. Rodman subsequently learnt that after his visit at 3 P.M. on the day of his death the patient had expressed to his wife grave apprehensions of impending evil from his feverishness, from which he could not be dissuaded. He laid great stress upon the fact of his having heard Dr. Rodman say as he went down stairs that his temperature was 103°, and higher than during the previous days.

The case was one of great interest, as within the space of at the most three hours the temperature had risen upwards of seven degrees, and the history given points to the fact that it was only during the last half hour or so of his life that any symptom due to the existence of hyperpyrexia was noticed.

There were no symptoms to point to any pyæmic condition—for example, ulcerative endocarditis or meningitis.

Post mortem decomposition was exceedingly rapid.

G. H. RODMAN, M.D.

East Sheen, S.W. ARTHUR C. HOVENDEN, M.B., B.S.Lond.

CONTROL OF HÆMORRHAGE IN AMPUTATION AT THE SHOULDER-JOINT.

In recent numbers of the *BRITISH MEDICAL JOURNAL* there have been articles by different surgeons on various methods of controlling hæmorrhage in amputation at the shoulder-joint. I should like to mention a method which I adopted in 1891, in a case of spreading traumatic gangrene of the arm. My method, I think, differs in some small degree from those already described. An elastic tourniquet was applied round the axilla and tied over the shoulder and an assistant's

finger placed over the subclavian. As these were considered unreliable, I took the extra precaution mentioned below.

An external skin flap was made first by dissection. A circular amputation was next performed through the middle of the humerus; the brachial artery here was plugged with a clot, and therefore did not require ligaturing. An internal skin flap was now made by dissection. The remaining portion of the humerus was next dissected out and disarticulated. The brachial artery was next dissected out, and followed up to its continuation, the axillary, which was ligatured high up above the base of the skin flaps. The knife was then applied circularly through the muscles at the base of the skin flaps, and the amputation completed.

The patient made an excellent recovery, and I used to see him periodically for two years after the operation. He was a native of India.

The cause of the gangrene was the application of a tight ligature (a common practice among natives) for a compound fracture of both bones of the forearm.

A. J. McClosky, M.B., C.M. Edin.,
House Surgeon, General Hospital, Singapore, Straits Settlement.

"IS CANCER HEREDITARY?"

I THINK the following cases may, perhaps, go some little way towards strengthening the theory that cancer is hereditary, although they were not, as were those mentioned in Mr. Roger Williams's letter, "homotopic," that is, confined to the same organ in each case.

Mrs. J. came to me some months since, suffering from an enlargement on the left side of the neck. After questioning her, I elicited the following family history: Her grandmother (father's mother) died at the age of 99 with cancer of the tongue; she had nine children, of whom one son died at the age of 83 with cancer of the throat; another son died at 82 of cancer of the face; another son (her father), who is still alive and is aged 83, has suffered for years with tumours of the intestine (these, from the history, I should say are probably of a cancerous nature); one of her brothers has had a tumour in his neck, which was removed.

My patient, Mrs. J., I sent up to one of the London hospitals, where the tumour was found to be in the left portion of the thyroid gland. This was, as was then thought, successfully removed, and proved, on microscopical examination, to be cancer. A few weeks after the operation, however, it developed in the remaining portion of the thyroid, grew rapidly, and extended into the tissues of both sides of the neck. She also had a tumour present in the left iliac fossa, which was probably of the same nature; years ago she suffered from uterine polypi, for which she was in a woman's hospital.

In this family therefore we get the history of the grandmother, two uncles, the father (probably), the patient, and one brother (probably) all suffering with cancer; beside this, it is interesting to note the great ages to which the sufferers lived—the patient, the youngest to succumb to the disease, was 57.

South Woodford, Essex.

REGINALD T. H. BODILLY.

SUPERFETATION: A "WHITE" CHILD AND A "BLACK" FŒTUS.

THE following case of "superfetation" may prove of interest to some of the readers of the BRITISH MEDICAL JOURNAL, from the fact of its rare occurrence and the difference of colour in the fœtus and child:

On May 9th I was called to attend a woman in labour. On arriving at the bedside I found that the woman had already been delivered of a female fœtus, 6 inches long. The skin was fairly tense, the mouth large and open, the sex distinct, the nails just appearing, and the umbilicus near the pubes; from these conditions I inferred that the fœtus was about four months old, the cord being about 18 inches long. The fœtus was dark-coloured like the mother, who is an East Indian labourer. The placenta had to be removed. About half an hour after the removal of the placenta I delivered the woman of a fully-formed full-term female infant, which had all the appearance of a "whiteman's child," as it is here called. This was so very noticeable a fact that two or three persons who saw

the infant made a remark to that effect. The placenta was expelled at the same time.

The mother denied any possibility of its being a "whiteman's child," but this is only natural on her part, particularly when there exists such an intense jealousy on the part of the East Indian husbands.

The child is doing very well, and the mother is up and has been attending to her house duties for some time.

A. W. WIGHT,
Government Medical Officer, Trinidad.

REPORTS

ON

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

UNIVERSITY COLLEGE HOSPITAL.

TWO CASES OF PERFORATED GASTRIC ULCER TREATED BY OPERATION.

(For the Notes of these Cases we are indebted to Mr. DOUGLAS DREW, F.R.C.S., Surgical Registrar.)

[CASE I.—Under the care of Mr. BILTON POLLARD.]

C. A., aged 18, was brought from her home, about one mile distant, in the hospital ambulance, on the evening of January 22nd, 1895.

She had been anæmic for some weeks and had suffered occasional pains in the epigastric region, not increased by taking food, slight vomiting at times, and shortness of breath on exertion. Some months previously she had had a more severe attack of pain accompanied by frequent vomiting. Indigestion had been complained of for about two years. Menstruation had been quite regular. She was fond of vinegar and frequently took it with food.

About 7 P.M. on January 22nd, she was lifting a pail of water, when she was seized with sudden and severe pain in the epigastrium, which radiated round the left side to the back, and was followed by the vomiting of a small amount of brownish material, and frequent retching, with severe shock and rapid distension of the abdomen. Two hours and a-half before she had had tea, consisting of bread and butter with two slices of cake, and no pain followed the meal until the sudden onset at 7 P.M. At the time of admission, about six hours after the accident, the abdomen was extremely distended and abdominal respiratory movement was absent; the percussion note was tympanitic all over, obscuring the liver dulness and extending upwards to the fifth rib in the right nipple line. There was no dulness in the flanks; shock was severe, the face being pale and extremities cold. The pulse was 120, small, regular, and compressible. Respirations 32.

Dr. J. Rose Bradford saw the patient with Mr. Pollard, and concluded that perforation of the stomach had occurred. Operation was at once decided on, and was performed by Mr. Pollard 7½ hours after the onset of the symptoms. Chloroform was administered and an incision in the middle line was made from 1 inch below the ensiform cartilage to 1 inch above the umbilicus. At a later stage of the operation, the incision was extended downwards for 3 inches in order to facilitate the flushing out of the peritoneal cavity. On opening the abdomen, a free escape of gas occurred and the walls collapsed. The anterior surface of the stomach was exposed; it was abnormally red, and scattered over the surface were flakes of lymph. Search was made for a perforation; but a view of the cardiac end could not be obtained on account of some firm adhesions between the organ and the parietal peritoneum. These were divided, and by gently drawing the stomach towards the right a perforation was found situated on the anterior surface 1½ inch from the greater curvature. As the space was rather limited, the wound was extended by a transverse incision to the costal margin. Several branches of the superior epigastric artery lying in the rectus muscle were divided and ligatured; the perforation was thus brought fully into view, and was found to measure ½ by ⅓ inch; its edges were smooth and thin, and,

that military life can only be a modifier of secondary importance. The more numerous oscillations in the causal movements of the seventeen years taken for examination must therefore depend on the greater variety and inconstancy of the Italian climate compared to that of Germany.

THE SECRETARY OF STATE FOR INDIA AND THE INDIAN MEDICAL SERVICE.

A CORRESPONDENT writes as follows: The following are briefly the points to be laid before the Secretary of State for India connected with the Indian Medical Service:

1. The need of putting a stop to military surgeons going into civil employ or duty.
2. To cause all military surgeons now in civil work to return to military duty.
3. To throw the so-called "expert" or "specialist" posts and leading appointments open to competition in India and in England.
4. To instal the uncovenanted as the nucleus for the Indian Civil Medical Service, and to fill up all Civil vacancies from the special additions that will be made to this Service.
5. To utilise military surgeons and assistant surgeons with British and Indian troops under a central organisation, which is tantamount to the amalgamation of the Army Medical Staff and Indian Medical Service.

. This programme must, in our opinion, sooner or later be adopted.

RETIRED PAY APPOINTMENTS.

It is rumoured that Brigade-Surgeon Whipple will obtain a five years' extension at the Duke of York's School. Another rumour, that the medical staff of the Royal Hospital, Chelsea, is in future to be drawn from the active list and posted for five years, is, we think, very unlikely. Such an appointment requires an officer of age and experience, and it would be most undesirable to change him at the end of five years. The comfort and well-being of the old pensioners is the first and chief consideration in the appointment of a medical officer. If, through the operation of age retirement, the hospital should lose the services of Dr. Ligertwood, who has so long and ably filled the post, he will be greatly missed by many of the old men, who are deeply attached to him.

ENTERING THE MEDICAL STAFF.

MILES.—Private income, however desirable, is not absolutely necessary in the Army Medical Service, and no one could possibly be looked down upon because he has not got it. The pay, to commence with, is over £200 a year, and is increased by quinquennial instalments; it varies in amount according to where the officer may be quartered abroad, and according as there may be local allowances. He may put down the cost of uniform, outfit, etc., at say £50. Full information can be obtained by application to the Director-General, Army Medical Department, 18, Victoria Street, Westminster, S.W.

WAR OFFICE ORGANISATION.

UT PROSIM writes: The attention of the medical profession should be drawn to the proposed War Office reorganisation sketched by the War Minister on the evening so eventful to him. The proposal was to "establish direct responsibility to the Minister of officers charged with certain well-defined duties." While the new Commander-in-Chief will be the principal military adviser of the Secretary of State, he, with the "other heads of military departments, will each be directly responsible to the Minister." Such an arrangement, our correspondent points out, ought to bring the head of the medical department into direct contact with the Secretary of State for War, which would prevent him and his department being made the scapegoat of War Office failures. It would surely, for instance, prevent the miserable shuffling and recriminations which took place after the Egyptian campaign of 1882, and saddle the real authors of breakdowns with the responsibility which they are only too ready to escape from afterwards. It is therefore important that in any new scheme of War Office reorganisation the medical profession should insist in Parliament on justice being done to the Army Medical Department.

SICK LEAVE TO MEDICAL OFFICERS.

420 writes: You have often protested against the injustice of only allowing medical officers half the ordinary time on sick leave, and then placing them on half pay which was not counted as service either towards promotion or retirement. Having been very active during the past fifteen years to get this unfair regulation altered, I have the pleasing duty to inform you that these strange regulations have been done away with. The time has been extended to its normal length, and by Article 1208B of the Pay Warrant one year on half pay now counts towards retirement, and the Warrant of 1895, expected next month, will further provide for one year on half pay counting towards promotion. So long-delayed justice has at last been done.

. We are very glad to hear it. It is an acknowledgment by the War Office that the former regulation was unjust.

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE PHARMACY ACTS.

ON June 27th Messrs. Fannin, the well-known surgical instrument makers in Dublin, were prosecuted by the Pharmaceutical Society of Ireland for having kept open shop for the sale of poisons, not being properly qualified to do so under the Act. The sale was admitted, but it was pointed out that Dr. Whittaker, one of the proprietors, was a medical man. The magistrate fined the defendants £3 in each of three cases.

A CURIOUS LUNACY CASE.

AN inquiry has just been held at Longford into a charge made by the police against the surgeon, Dr. Mayne, in reference to his behaviour in removing a lunatic patient from the hospital. It appeared that the woman had been admitted for injuries sustained by her in an attempt to commit suicide by throwing herself from a window. She was undoubtedly insane. Dr. Mayne after a time wanted to have her removed, but Dr. Yorke refused to certify that she was fit for removal. Dr. Mayne applied to the Chief Secretary for instructions, but, not receiving a reply, he carried the woman outside the infirmary, and deposited her in the street in presence of a policeman. It was then necessary to remove her to the barrack. The Lords Justices instituted an inquiry. Dr. Mayne said he charged the woman as a dangerous lunatic, and she was duly arrested. The governors eventually found that Dr. Mayne acted for the benefit of the other patients in the infirmary.

MEDICAL ETIQUETTE.

A. was acting as *locum tenens* for a doctor who was away on holiday, and was called to see a girl one night about 6 P.M. A. saw her, and prescribed. At 9 A.M. next day A. got a letter from the father of the girl saying that she had been much worse through the night, and that early in the morning he had fetched another doctor, B., who saw her by himself. The father says he has "no fault to find with A., but one has more confidence in a doctor one knows." The father then adds, "B. is coming to see her again to-day, at 12 o'clock, and would like to have met A., but I think I would like B. to take charge of the case; however, I have no objection to A. coming back again."

. The above instructive case is governed by the following rule (9) of the *Ethical Code*, chap. II, sec. 5: "When a practitioner is called in to, or consulted by, a patient who has recently been, or still may be, under the care of another for the same illness, he should on no account interfere in the case, except in an emergency, having provided for which he should request a consultation with the gentleman in previous attendance, and decline further direction of the case except in consultation with him," etc. Under the circumstances related, and in view of B.'s expressed wish, we are clearly of opinion that A. would have acted wisely and in the interest of his principal by meeting him (B.) in consultation. It is scarcely necessary to add that the father's action in the matter was consistently natural, and that of B. apparently in conformity with the above rule.

GLYCOSURIA AND DIABETES.

DR. CAMPBELL D. BLACK, M.D., Professor of Physiology in Anderson's College, Glasgow, writes: Apropos of your remarks on the above subject in the *BRITISH MEDICAL JOURNAL* of June 29th, will you allow me to give the following experience, which may to some extent explain the discrepancy in the examinations of the gentlemen concerned? The other day I presented to my practical physiology class a specimen of urine which appeared puzzling. The case is that of a man about 60, and there is neither excessive thirst nor pronounced emaciation. When I first examined the urine it certainly contained sugar. The following complications exist; there is prostatic coarctation, with cystitis, and more or less pus in the urine, with phosphates and urates. On the occasion of my first examination of the urine I removed the albumen, the phosphates, and the urates, in the usual manner; and I got the various characteristic glucose reactions. On the second examination the albumen alone was removed, and Fehling's solution gave no reaction up to and during the boiling, but as the liquid cooled, a copious greenish-yellow precipitate resulted. The "Fehling" was quite unimpeachable, and there can be no doubt that the result obtained was due to the abundant presence of phosphates and urates. This urine evolved no carbonic acid in presence of yeast, nor did it give any reaction when mixed in the cold with "Fehling" for over twelve hours. Repeated testings showed that this precipitation depended on the amount of the "Fehling" used. If the quantity used was small, no precipitation took place on cooling. To obtain this, about a quantity equal to that of the urine had to be employed, and then the precipitate was copious. I have again examined this patient's urine to day, and I find undoubtedly that it does contain sugar. It gives the usual reaction with "Fehling" and Böttger's test, and the yeast test. The urine is alkaline, and microscopic examination now shows no phosphatic crystals as it formerly did, but only a few pus cells and granular urates in small amount. There can be no doubt that, particularly in aged persons, sugar may occasionally disappear in the urine for days at a time, and thus B. and C. might both have been right.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

ADDENBROOKE'S HOSPITAL.—At the quarterly court of governors, held on July 1st, Dr. E. Carver, of St. John's College, retired from the office of Surgeon after twenty-four years' service, and was, on the proposal of Professor Sir G. M. Humphry, unanimously elected a Consulting Surgeon to the hospital. Dr. Joseph Griffiths, M.A., M.D., F.R.C.S., of King's College, Assistant to the Professor of Surgery and Hunterian Professor at the Royal College of Surgeons, was thereupon promoted from the position of Assistant Surgeon to the full Surgeoncy. This appointment left a vacancy for an Assistant Surgeon, and Mr. E. H. Douty, M.B., M.R.C.S., of King's College, University Lecturer in Midwifery, was, without opposition, elected to the vacant office. Mr. A. Burton, M.B. Camb., was at the same court appointed House-Physician. The final steps were taken for the erection of a new building to accommodate, on an improved plan, the nurses and probationers of the hospital. The cost of the new block will be about £4,000, part of which will be met by means of two recent

donations of £1,000 each. When the proposals were brought before the court it was stated that the reputation of the nursing school was of the highest, no fewer than 212 applications for admission as probationer having been received since last January, although there was no vacancy and a fee of some £50 is required for the three years' course of training.

SUMMER SCHOOL OF MEDICINE.—Some seventy practitioners have come into residence for a week's course of lectures and demonstrations in subjects connected with medicine, and appear to be highly satisfied with the arrangements made for their convenience and instruction.

ROYAL UNIVERSITY OF IRELAND.

FIRST EXAMINATION IN MEDICINE, SUMMER, 1895.—The following candidates have passed this Examination:

F. J. Allen, Queen's College, Cork; J. E. Clements, Queen's College, Belfast; Annie H. Crawford, Queen's College, Belfast; M. Curran, University College, Dublin; Frances A. Dreaper, B.A., University College, London; M. J. Forde, Queen's College, Galway; P. Gavin, University College, Dublin; W. C. Gavin, University College, Dublin; J. Good, Queen's College, Cork; W. D. Hamill, University College, Dublin; J. Hartigan, Royal College of Science, Dublin; W. M. Hunter, Queen's College, Belfast; Alexandrina C. Huston, Queen's College, Belfast; A. F. Kennedy, Queen's College, Belfast; W. M. P. Keogh, Queen's College, Galway; P. Kerley, University College, Dublin; D. Kernohan, Queen's College, Cork; W. Lapsley, Queen's College, Cork; R. Lee, Queen's College, Cork; G. F. Luke, Queen's College, Belfast; W. McCarthy, Queen's College, Cork; E. W. S. Martin, Queen's College, Belfast; Everina S. I. Massey, Royal College of Science, Dublin; R. A. Neilson, Queen's College, Galway; P. L. O'Driscoll, Queen's College, Cork; B. A. O'Flynn, University College, Dublin; S. Park, Queen's College, Belfast; E. W. Powell, Queen's College, Cork; W. Rice, Queen's College, Cork; E. C. T. Smith, Mason College, Birmingham; M. G. Taaffe, University College, Dublin; A. M. Thomson, Queen's College, Belfast; J. Tierney, Queen's College, Belfast; J. Torpey, Queen's College, Cork; J. Waddell, Queen's College, Belfast; J. J. Waters, Queen's College, Galway; J. W. West, Queen's College, Belfast; J. Young, Queen's College, Cork.

UNIVERSITY OF DUBLIN.

At the summer commencements of Trinity Term, held on June 28th, in the Theatre of Trinity College, the following, among other degrees, were conferred by the University Caput in the presence of the Senate:

Licentiatu in Medicina, in Chirurgia, et in Arte Obstetrica.—J. C. Ennis. *Baccalaurei in Medicina, in Chirurgia, et in Arte Obstetrica.*—R. J. Arundel, S. J. M'C. Bradshaw, A. E. Brunskill, E. W. W. Cochrane, R. Friel (B. Ch. stip. cond.), H. W. Irvine, T. P. C. Kirkpatrick, E. Lyons, A. H. Middleton (antea Ltc.), G. Miles, E. L. Parry-Edwards, L. L. Proksch, J. J. Purser, and S. Synge.

Doctores in Medicina.—R. J. Arundel, C. H. Blood, S. M. Cox, C. B. Deane, F. W. Goodbody, T. P. C. Kirkpatrick, J. Lumsden, R. B. McCausland, J. S. Morton, A. Moore, G. M. Thompson, G. J. Thompson, A. Vigne, and E. W. Wade.

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 Monday, July 1st:

Passed in Anatomy and Physiology.—H. J. Taylor and W. A. Thompson, students of Owens College, Manchester; H. S. Clogg, of University College, Cardiff; T. W. Byrne and M. R. Maher, of University College, Liverpool; A. W. S. Curtis, O. H. Rogerson, W. H. Galloway, F. E. Middleton, B. Milnthorpe, and E. A. Wraith, of Yorkshire College, Leeds; J. Phillips, E. M. Pearse, and F. Cox, of University College, Bristol; I. B. Richardson, J. A. O'Dowd, W. A. Henshaw, J. O. Harvey, and R. C. B. Hall, of Mason College, Birmingham; and E. R. St. J. Caro, of Michigan University, U.S.A.

Passed in Anatomy only.—C. H. Bradbury, of Owens College, Manchester; and S. Welby, of Oxford University and St. Thomas's Hospital.

Passed in Physiology only.—G. W. White, of Firth College, Sheffield; S. E. Reid, of Cambridge University; C. M. Mitchell and F. C. Morgan, of University College, Bristol; and L. H. Lewis, of Guy's Hospital and University College, Cardiff.

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

Tuesday, July 2nd:

Passed in Anatomy and Physiology.—S. H. Belfrage and C. H. Bidwell, students of University College, London; A. Gentel and C. D. Leyden, of St. Mary's Hospital; J. Cowan, of Queen's College, Belfast; P. D. Fywell, of St. Thomas's Hospital; H. C. Barlow, of Westminster Hospital; W. E. A. Worley and E. C. Morland, of St. Bartholomew's Hospital; D. K. L. Nasmyth, of Charing Cross Hospital; and J. P. Milton, of King's College, London.

Passed in Anatomy only.—R. S. Ransome, G. H. Dominy, and A. E. Malaher, of St. Thomas's Hospital; O. T. A. Phillips, of University College, Cardiff; and N. Buendia, of St. Bartholomew's Hospital.

Passed in Physiology only.—E. J. Distin, of King's College, London; T. H. Bailey, of King's College, London, and Mr. Cooke's School of Anatomy and Physiology; A. W. Penrose, E. Ashby, and J. L. Payne, of Guy's Hospital; W. Green and W. H. Park, of Charing Cross Hospital; A. J. Pattison, of London Hospital; J. M. Carvell, of London Hospital and Mr. Cooke's School of Anatomy and Physiology; G. Beley, of St. Thomas's Hospital; and F. A. Pitts-Tucker, of St. Thomas's Hospital and Mr. Cooke's School of Anatomy and Physiology.

Eleven gentlemen were referred in both subjects, 8 in Anatomy only, and 3 in Physiology only.

Wednesday, July 3rd:

Passed in Anatomy and Physiology.—C. G. Watson, A. O. B. Wroughton, and R. Hatfield, students of St. Bartholomew's Hospital; C. M.

Goodbody, E. F. C. Dowding, B. F. Howlett, and A. G. Graham, of St. Thomas's Hospital; T. Leah, D. Bellios, W. H. S. Liddell, and J. H. Lightfoot, of St. Mary's Hospital; L. D. Saunders, of King's College, London; H. J. M. D. S. Barker and C. Shepherd, of Guy's Hospital; W. St. A. F. Hubbard, of Charing Cross Hospital; H. T. Barrow, of Westminster Hospital; F. M. Morris, H. G. Frankling, and J. A. P. Cullen, of London Hospital; and C. B. Fairbank, of University College, London.

Sixteen gentlemen were referred in both subjects.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,166 births and 3,394 deaths were registered during the week ending Saturday, June 28th. The annual rate of mortality in these towns, which had been 15.4 and 16.2 per 1,000 in the two preceding weeks, further rose to 16.7 last week. The rates in the several towns ranged from 9.6 in Brighton, 9.9 in Derby, and 11.5 in Huddersfield to 21.0 in Salford, 22.8 in Gateshead, and 25.7 in Liverpool. In the thirty-two provincial towns the mean death rate was 16.5 per 1,000, and was 0.4 below the rate recorded in London, which was 16.9 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 3.2 per 1,000, while it averaged 1.9 in the thirty-two provincial towns, and was highest in Salford, Liverpool and West Ham. Measles caused a death-rate of 1.5 in Newcastle-upon-Tyne, 1.7 in Cardiff, 1.8 in Plymouth, and 2.9 in West Ham; scarlet fever of 2.3 in Burnley; "fever" of 1.0 in Huddersfield; and diarrhoea of 2.3 in Salford and 3.0 in Leicester. The mortality from whooping-cough showed no marked excess in any of the large towns. The 55 deaths from diphtheria in the thirty-three towns included 35 in London, 3 in Liverpool, 2 in West Ham, 2 Portsmouth, and 2 in Birmingham. One fatal case of small-pox was registered in London, but not one in any of the thirty-two provincial towns. There were 34 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, June 29th, against 28, 19, and 22 at the end of the three preceding weeks; 25 new cases were admitted during the week, against 5, 2, and 8 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital was 1,894, against 1,589, 1,637, and 1,732 at the end of the three preceding weeks; 319 new cases were admitted during the week, against 179, 199, and 251 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, June 29th, 1,008 births and 555 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.1 and 19.4 per 1,000 in the two preceding weeks, declined to 19.2 last week, but was 2.7 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 14.2 in Leith to 27.4 in Perth. The zymotic death-rate in these towns averaged 2.7 per 1,000, the highest rates being recorded in Edinburgh and Paisley. The 278 deaths registered in Glasgow included 29 from diarrhoea, 6 from measles, 6 from whooping-cough, and 3 from diphtheria.

EDINBURGH CITY BYRES

A REPORT has been presented to the Corporation of Edinburgh by Messrs. A. R. Young, M.R.C.V.S., and John Gibson on the city byres. By "The Cattle Sheds in Burghs (Scotland) Act, 1866" it is ordained that for every animal kept in a byre there shall be at least 800 cubic feet of space, but the reporters found that out of the 175 byres in the city, containing 2,204 cows, in only 16 cases did the cubic space amount to 800 feet, and in three byres the cubic space was under 300 feet. This alarming overcrowding depended on the following causes:

1. The licence was granted for too many cows.
2. More cows were kept than the licence authorised.
3. Animals were allowed to occupy the space set apart for the gangway.
4. The licence failed to specify the number of cows allowed for each byre.

The report recommends that instructions be issued peremptorily insisting that in every byre within the city each cow should have at least 500 cubic feet of air space, which would tend to improve the health of the animals, to ensure a better milk supply, and at the same time lessen the risk of tuberculosis and pleuropneumonia.

Lighting and ventilation were in too many cases very inadequate. In some cases the cows were housed in total darkness, while in others the sole means of ventilation was afforded by a defective roof. Very seldom was there any provision for sickness or other suspicious symptoms occurring among the stock in the shape of separate accommodation for affected animals, and this was an almost essential requisite in all well-regulated byres. There had been a marked improvement during the past year in the cleanliness of the cows, but still there is much room for further improvement.

The reporters think the arrangements for the systematic inspection of byres are defective, and suggest that one veterinary inspector of the city staff and also the dairy inspector should be empowered to devote themselves to this inspection, and that these officials should report quarterly to the Public Health Committee on the various points referred to in the statement.

PERTH AND THE INFECTIOUS DISEASE (NOTIFICATION) ACT.

THE municipality of the fair city of Perth distinguished itself a couple of months ago by the rejection of a proposal for the adoption of the infec-

of François Mauriceau, an old French obstetrician of credit and renown in his day. Mauriceau, whose professional titles are somewhat too literally translated by Professor Hunter Robb as "ancient provost and guard of the company of sworn Master Surgeons of the City of Paris," was born in 1637, and died in 1709. He was the author of a work on midwifery, which was the accepted textbook on the subject in France in the seventeenth century and the early part of the eighteenth, and which was translated into English by "one Hugh Chamberlen." Dr. Robb gives an excellent analysis of Mauriceau's teaching, and sums him up as an honest, upright man, who never allowed his common sense to be obscured by the various superstitions which prevailed in his time. Mauriceau lived in an age when the midwife played a more leading part in the drama of the lying-in room than she does now, and the following passage is, therefore, not without interest:

Many midwives, for fear of displaying ignorance, will not send for a surgeon sufficiently soon, and prejudice the poor women against them, calling them butchers and executioners.

In the *New Zealand Medical Journal* for April, Dr. Daniel Colquhoun sketches the career of Dr. James Currie, of Liverpool, who was, as he justly says, "one of the fathers of modern medicine," though his name no longer *volitat per ora virom*. Currie was born in 1756, and took his degree at Glasgow in 1780. He practised at Liverpool with considerable success, was elected a Fellow of the Royal Society, and was on terms of friendship with Erasmus Darwin, the author of the *Loves of the Plants* and grandfather of Charles Darwin, and many of the leading literary and scientific men of his day. He died in 1805. His name is known in literature by his *Life of Robert Burns*, and he was also the author of pamphlets on matters of public interest, such as the slave trade (which he wished to see abolished) and the relations of England with France. In medicine his best claims to be remembered are that he was the first physician in Great Britain who used the clinical thermometer systematically and was guided by its teaching. He was also an early apostle of hydrotherapy, and his *Medical Reports on the Effects of Water, Cold and Warm, as a Remedy in Fever and Other Diseases, whether applied to the Surface of the Body or Used Internally*, the first edition of which was published in 1797, show that he was a pioneer in a method of treatment which only in recent years has won for itself full *droit de cité* in scientific therapeutics. Currie's attention seems first to have been called to the value of cold water in fever by Dr. William Wright, who had practised in Jamaica, and who published a report on the subject in the *London Medical Journal* in 1786. Among numerous cases of "fever" (including typhus, typhoid, scarlet fever, small-pox, measles, and influenza) successfully treated by "the affusion of cold water," Currie relates a desperate case of tetanus which he cured by having the patient (a soldier) "thrown headlong" into the public salt water baths of Liverpool, then of the temperature of 35° F. The effect was immediate. The process was repeated daily for a fortnight, and "in less than a month we had the satisfaction of seeing our patient under arms, able for the service of his country." It is sometimes said that as a race we are falling into the sere and yellow leaf, and that we are not as our fathers were; and indeed one cannot help feeling that they must have been men of truly heroic mould to live through the treatment which they often underwent at the hands of their doctors.

MEDICAL NEWS.

ST. THOMAS'S HOSPITAL.—The Corporation of the City of London has granted a donation of 200 guineas to the special fund for the closed wards of this hospital.

A MEMORIAL tablet of the late Dr. Danielssen, designed by Herr Max Klein, of Berlin, has been placed on the front of the Lungegaards-Hospital at Bergen.

PRESENTATION.—Dr. Arthur Purkiss, of Wolston, Warwick shire, has been presented with a pair of candlesticks by the pupils of his ambulance class, all of whom passed the examination.

SUCCESSFUL VACCINATION.—Dr. T. Davies, Public Vaccinator for the Suburban District of the Whittlesey Union, has been awarded for the second time in succession the full amount of Government grant for efficient vaccination.

THE fifty-fourth annual meeting of the Medico-Psychological Association of Great Britain and Ireland will be held on Thursday, July 25th, and the two following days at the rooms of the Association, 11, Chandos Street, Cavendish Square, under the presidency of Dr. David Nicolson.

The following medical practitioners have been recently placed on the Commission of Peace: For the County of Lancaster, Dr. James John Gorham; for the Borough of Preston, Dr. Joshua Archer Bowen, and Dr. John Louie, ex-President of the Preston Medico-Ethical Society.

SURGEON-MAJOR RONALD ROSS, Madras Medical Service, has obtained the Parkes Memorial Prize for 1894 for an essay on "Malarial Fevers: their Causation and Prevention." This prize is given triennially, and consists of a gold medal and 75 guineas.

THE war dogs belonging to the German Army, which were shown at the Sporting Exhibition at Dresden, acquitted themselves, it is stated, as successfully in Red Cross duties as in conveying ammunition. The trials consisted in testing the power of dogs in seeking the wounded on the field of battle.

AN "At Home," very largely attended, was given last week at University College, London, by the President (Sir John Erichsen) and the Council. In addition to the attractions afforded by a concert in the Botanical Theatre, and the band of the Royal Engineers, which played in the portico, Professor Ramsay gratified the scientific curiosity of many guests by demonstrating the spectra of argon and helium.

ULSTER MEDICAL SOCIETY.—The annual meeting was held on June 27th. The report showed that the past year had been one of great prosperity, and that the membership had been considerably augmented. The following were elected officers for the ensuing year: *President*, Professor Sinclair, F.R.C.S.; *Vice-Presidents*, Dr. Bingham and Dr. Mackenzie; *Council*, Dr. Lindsay, Dr. Dempsey, Dr. Calwell, Dr. McCaw, Dr. McDonnell, and Dr. Bigger; *Honorary Treasurer*, Dr. Kevin; *Honorary Secretary*, Dr. McKisach; *Honorary Librarian*, Dr. Cecil Shaw; *Pathological Secretaries*, Dr. Lorrain Smith and Dr. Lynass.

GUY'S HOSPITAL.—The prizes were distributed to the successful students at Guy's Hospital by the Master of the Salters' Company on July 3rd. The Treasurer's gold medals for clinical medicine and clinical surgery were presented to Mr. F. J. Steward; the Gurney Hoare Clinical prize to Mr. A. H. Leete; and the Beaney prize for pathology to Mr. F. J. Steward. Mr. Lushington, on behalf of the governors, and Dr. Pye-Smith, on behalf of the Medical School, thanked the Master of the Salters' Company for his presence and for the undertaking which the Company had given to contribute £250 a year to the special fund for making up the deficit caused in the funds of the hospital by the agricultural depression.

ON June 29th a new Masonic Lodge for the London district, called the Rahere Lodge, and numbered 2,546 on the roll of the Grand Lodge of England, was consecrated by the Earl of Lathom, G.C.B., in the large hall of St. Bartholomew's Hospital, in the presence of some 200 brethren, a very large proportion of whom were present or past Grand Officers. The Lodge has been founded for the convenience of members of the medical profession on the medical staff of the hospital. The Prince of Wales was unanimously elected the first honorary member of the Lodge.

PADDINGTON GREEN CHILDREN'S HOSPITAL.—The Duchess of Teck opened on July 1st the new buildings of the Children's Hospital on Paddington Green. The new structure has cost nearly £11,000, whilst the furnishing and other expenses came to some £2,000 or £3,000 more. It will accommodate forty-eight in-patients. Mr. Hanbury, the Treasurer, stated that through the generosity of certain friends of the hospital the new building would be opened free of debt.

GIRLS' SCHOLARSHIP AT ST. ANNE'S.—The Council of the Royal Medical Benevolent College give notice that they will shortly elect to a scholarship at the School of St. Anne's Society, open to the orphan daughter of a medical man. Candidates must be between the ages of 7 and 12, and the father must have been in independent practice in England or Wales for five years. The scholarship provides free education and maintenance. Further particulars will be found in our advertising columns, or can be obtained from the Secretary of the Royal Medical Benevolent College, 37, Soho Square, W.

We are asked to state that the Æsculapius Lodge of Freemasons will give a smoking concert on Thursday, August 1st, at 9.30 P.M., at the Portman Rooms, Baker Street, in honour of provincial and foreign Freemasons, who may attend the annual meeting of the British Medical Association. Foreign, American, and Colonial Masons are specially invited. Masonic clothing will not be worn, and those who desire to attend should communicate with Dr. T. Dutton, 7, Portland Place, London, W., stating the name and number of the lodge to which they belong.

A MEETING was held on June 27th at the house of Dr. Herman Weber in support of the Davos Invalids' Home, which was founded eleven years ago and has since been maintained by the munificence of three English ladies whose names are well-known to those who have visited Davos. The unavoidable retirement, owing to ill health, of Mrs. Lord, who has managed the Home with much success and ability, has rendered necessary an appeal to the public generosity in order especially to obtain funds for the purchase of the freehold. For this purpose, and also to provide for the management of the Home in future, the following Committee was appointed: The Bishop of Marlborough, the Hon. Evelyn Ashley, Dr. Harford-Battersby, the Rev. R. R. Resker, Dr. Herman Weber, Dr. Symes Thompson, Dr. C. T. Williams, Dr. William Ewart, and Mr. Arthur Herbert. The help, either direct or indirect, of members of the medical profession, than whom none can better realise the importance of keeping the Home open, is invited by the Committee. The Home is designed to meet the needs of those whose limited resources would not otherwise permit them to take advantage of the health-restoring qualities of the higher Alps.

WILLS AND BEQUESTS.—The late Mr. John Proctor, of Highbury, who died on April 24th, has bequeathed £200 each to Guy's Hospital, the London Hospital, the London Fever Hospital (Liverpool Road), the Charing Cross Hospital, and King's College Hospital; £100 each to the Royal Hospital for Diseases of the Chest (City Road), the Poplar Hospital, the London Temperance Hospital, the North London Consumption Hospital, the Royal Free Hospital (Gray's Inn Road), the Cancer Hospital (Fulham), the Royal National Hospital for Consumption (Ventnor), the City of London Hospital for Diseases of the Chest (Victoria Park), the London Lock Hospital (Westbourne Grove), University College Hospital, the Royal London Ophthalmic Hospital, and the Zenana Bible and Medical Mission (Adelphi); and £50 each to the Metropolitan Hospital, the Middlesex Hospital (for the use of the cancer wards or patients), the Royal Hospital for Children and Women (Waterloo Road), St. John's Hospital for Diseases of the Skin (Leicester Square), the Evangelical Protestant Deaconess's Institution and Training Hospital (Tottenham), and the Hospital for Diseases of the Throat (Golden Square).

MEDICAL VACANCIES.

The following vacancies are announced:

BIRMINGHAM GENERAL DISPENSARY.—Resident Surgeon; doubly qualified. Salary, £150 per annum, with an allowance of £30 per annum for cab hire, furnished rooms, fire, lights, and attendance. Applications to Alex. Forrest, Secretary, by July 15th.

BRADFORD INFIRMARY AND DISPENSARY.—Honorary Physician. Applications to the Secretary by July 22nd.

BRITISH INSTITUTE OF PREVENTIVE MEDICINE.—Assistant Bacteriologist in the Antitoxin Department. Salary, £150 a year. Applications to the Director by July 22nd.

CANCER HOSPITAL (FREE), Fulham Road, S.W.—House-Surgeon; Appointment for six months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by July 15th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Resident Medical Officer, doubly qualified. Salary, £100 per annum, with board, etc. Applications to the Secretary by July 19th.

COVENTRY AND WARWICKSHIRE HOSPITAL.—Resident Assistant House Surgeon. Appointment for six months. Salary, £15, board, (exclusive of beer, wines, and spirits), residence, washing, and attendance. Applications to the Secretary by July 20th.

DENTAL HOSPITAL OF LONDON, Leicester Square, W.C.—Two Assistant Dental Surgeons. Applications to J. Francis Pink, Secretary, by July 8th.

FLINTSHIRE DISPENSARY.—Resident House-Surgeon. Salary, £120 a year, with furnished house, rent and taxes free, also coal, light, water, and cleaning, or in lieu thereof the sum of £20 per annum. A knowledge of Welsh desirable. Applications to Thos. Thomas, Secretary, Board Room, Bagillt Street, Holywell, N. Wales, by July 17th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident Assistant Physician. Applications to the Secretary by July 18th.

HUDDERSFIELD INFIRMARY.—Junior House Surgeon. Salary, £40 per annum, with board, lodging, and washing. Applications to the Secretary by July 12th.

LONDON HOSPITAL MEDICAL COLLEGE, Mile End.—Senior Demonstrator of Anatomy. Salary payable by a percentage of fees. Applications to Munro Scott, Warden, by July 8th.

LONDON HOSPITAL MEDICAL COLLEGE, Mile End.—Senior and Junior Demonstrators of Physiology. Salary for the senior post, £150 a year and a proportion of the fees paid for classes, and for the junior post £50 a year. Applications to Munro Scott, Warden, by July 8th.

NEWPORT AND MONMOUTHSHIRE INFIRMARY, Newport, Mon.—House-Surgeon, doubly qualified. Salary, £100 per annum, with board and residence. (No stimulants provided.) Applications to the Secretary by July 13th.

METROPOLITAN ASYLUMS BOARD.—Assistant Medical Officer for the North-Western Hospital for Fever Patients, unmarried, doubly qualified, and not more than 35 years of age. Salary, £160 per annum during the first year, £180 during the second, and £200 during the third and subsequent years, with board, lodging, attendance, and washing. Applications on forms provided, to be sent to the Offices of the Board, Norfolk House, Norfolk Street, Strand, W.C., by July 11th.

MIDDLESEX HOSPITAL, W.—Assistant Physician, must be F. or M.R.C.P.Lond. Applications to F. Clare Melhado, Secretary-Superintendent, by July 8th.

NATIONAL SANATORIUM FOR CONSUMPTION AND DISEASES OF THE CHEST, Bournemouth.—Resident Medical Officer. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by July 25th.

QUEEN'S JUBILEE HOSPITAL, Earl's Court.—Surgeon. Applications to the Secretary by July 14th.

ROYAL BERKS HOSPITAL, Reading.—Third or Assistant Medical Officer. Board, lodging, and washing, provided, but no salary. Appointment for six months. Applications to the Secretary by July 13th.

ROYAL VICTORIA HOSPITAL, Bournemouth.—House-Surgeon and Secretary. Salary, £100 per annum, with board. Appointment for two years. Applications to the Chairman of the Committee by July 17th.

SHEFFIELD GENERAL INFIRMARY.—House-Surgeon and Senior Assistant House-Surgeon, doubly qualified. Salary for the former, £120 per annum, with a prospective advance of £10 per year for the second and third years; and for the latter £80 per annum, with board, lodging, and washing. Applications to the Medical Staff of the Sheffield General Infirmary, to the care of the Secretary, by July 13th. The election will take place on July 26th.

SUFFOLK GENERAL HOSPITAL, Bury St. Edmunds.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to Henry Bonner, Secretary, by July 15th.

UNIVERSITY OF GLASGOW.—Two Examiners for Degrees in Medicine to Examine in Chemistry and Materia Medica respectively. Applications to Alan E. Clapperton, Secretary of the Glasgow University Court, 91, West Regent Street, Glasgow, by July 25th.

MEDICAL APPOINTMENTS.

ADAMS, Dr., reappointed Medical Officer of Health to the Long Ashton Rural District Council.

ADAMS, P. E., M.R.C.S.Eng., L.R.C.P.Lond., appointed Junior House Physician to the North-Eastern Hospital for Children, Hackney Road.

BEASLEY, J. G., L.R.C.P.Edin., L.F.P.S.Glasg., reappointed Medical Officer of Health to the Rowley Regis District Council.

BOND, W. A., M.A., M.D., B.C.Cantab., D.P.H.Cantab., M.R.C.P.Lond., M.O.H. for the St. Olave District Board, Southwark, appointed M.O.H. to the Holborn District Board.

BRODIE, W. B., M.B., C.M.Glasg., appointed Assistant House-Surgeon and Dispenser at the Worcester Infirmary.

CARVER, E., M.A., M.D., appointed Consulting Surgeon to Addenbrooke's Hospital, Cambridge, on retirement from the Surgeoncy.

COCKCROFT, M., M.D.St. And., M.R.C.S., reappointed Medical Officer for the Masham District of the Leyburn Union.

DAVIES, Alfred O., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer of Health for the Machynlleth Union District.

DOUZY, Edward H., M.A., M.B., B.C., M.R.C.S., L.R.C.P., appointed Assistant Surgeon to Addenbrooke's Hospital, Cambridge.

ERSKINE, Robert, M.D.R.U.I., reappointed Medical Officer of Health to the Camborne District Council.

FAUSSET, A. M.B., appointed Medical Officer for the No. 2 District of the St. George's Hanover Square Union.

FOSTER, Wm., B.A.Camb., M.B., D.P.H., appointed Medical Officer of Health to the Shipley District Council, *vice* J. J. Rutherford, M.D. St. And.

GRIFFITHS, Joseph, M.A., M.D., F.R.C.S., appointed Surgeon to Adden-brooke's Hospital, Cambridge, *vice* E. Carver, M.A., M.D., retired.

HASWELL, J. F., M.B., C.M. Edin., M.R.C.S., appointed Medical Officer of Health to the Penrith Rural District Council.

HOWIE, A. M.B., C.M.Glasg., appointed Medical Officer for the Alberbury District of the Atcham Union.

HUNTON, Frederick, M.D.Durh., appointed Medical Officer for the Stockton District and Workhouse of the Stockton Union.

JONES, Henry T., L.R.C.P., M.R.C.S., appointed Medical Officer of Health to the Pembroke Rural District Council.

KELLY, Charles, M.D.Lond., M.R.C.S., reappointed Medical Officer of Health to the East Preston Rural Council.

MUIR, William, M.B., C.M.Glasg., appointed Medical Officer and Public Vaccinator to the Parish of Crarnod, Midlothian, *vice* James Macartney, L.F.P.S.G., resigned.

PELLEY, H. N., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Second District of the Winslow Union, *vice* W. H. Walter, M.D.Bru., resigned.

PICKERING, Mr. Geo., appointed Medical Officer and Public Vaccinator for the Ninth District of the Hexham Union, *vice* Robert Bradshaw, L.A.H. Dub., L.M., resigned.

PRIESTLEY, Joseph, B.A.Lond., M.D. Edin., appointed Medical Officer of Health for Lambeth, *vice* W. Verdon, M.D.Bru., resigned.

QUARRY, M. H., M.B.R.U.I., B.Ch., appointed Medical Officer of the Lambeth Infirmary and Workhouse.

SMITH, Thomas, M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer and Public Vaccinator for the Bramford Speke District of the St. Thomas's Union, *vice* A. A. Mackeith, M.B., C.M., resigned.

SOMERSET, Edward, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer of Health for the Oundle Union District, *vice* G. W. B. Calcott, M.R.C.S.Eng., L.S.A., resigned.

STODDART, W. H. B., M.B., B.S., appointed Senior House Physician at the National Hospital for the Paralyzed, and Epileptic, Queen Square, Bloomsbury.

TURNER, George, M.B.Camb., D.P.H., L.R.C.P.Lond., appointed Medical Officer of Health for the Cape Colony.

VALLANCE, Mr., appointed Assistant Medical Officer to the Chelsea Union.

YOUNG, Ralph, B.A.Durh., M.D., M.R.C.S.Eng., appointed Medical Officer of Health for the Ruyton Urban District, *vice* James Gardner, M.B., C.M.Glasg., resigned.

DIARY FOR NEXT WEEK.

TUESDAY.

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

WEDNESDAY.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3 P.M.—Lecture by Dr. Beevor.

THURSDAY.

BRITISH GYNÆCOLOGICAL SOCIETY, 8.30 P.M.—Specimens: Dr. Purcell and Dr. Bantock. Dr. Fancourt Barnes: Some Difficulties in the Use of the Curette (adjourned discussion). Dr. Halliday: A Case of Glycosuria complicating a Large Ovarian Cyst. Dr. Sambon, of Rome, will exhibit and explain some Roman Antiquities relating to Obstetrics and Gynecology, mostly Votive Offerings dug up in Italy.

NEUROLOGICAL SOCIETY OF LONDON, National Hospital for Paralysis, Queen Square, 8.30 P.M.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

WILDING.—On June 30th, at The Hawthornes, Hindley, wife of W. F. W. Wilding, Medical Officer of Health, of a son, prematurely—survived a short while.

CARR.—On May 20th, at Julfa, Ispahan, Persia, the wife of Donald W. Carr, M.B., B.C.Cantab (Church Missionary Society), of a son.

NORTHCOTE.—On June 30th, at Holly Lodge, Norbiton, Surrey, the wife of A. Beauchamp Northcote, M.D., of a son.

MARRIAGES.

RUSSELL-RITCHIE.—At the Free Middle Church, Perth, on June 15th, by the Rev. J. Calder Macphail, D.D., Pilrig, assisted by the Rev. D. W. Kennedy, Perth, and the Rev. A. C. Watt, Comrie, William Russell, M.D., F.R.C.P.E., to Beatrice Ritchie, M.D., elder daughter of James Ritchie, C.E., Perth.

McKENZIE-SUTHERLAND.—At Waterslap, Larbert, on June 27th, by the Rev. Robert Leckie, John McKenzie, L.R.C.P.S. Edin., Kirkby-in-Ashfield, Notts., to Nellie, eldest daughter of the late John Sutherland, Waterslap, Larbert.

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.

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.

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

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

QUERIES.

MUSICAL MEMBER writes: Can any member recommend a reliable treatment for excessive perspiration of hands in a violinist and pianist?

DR J. W. would be glad to hear of any institution or home in which a woman of feeble intellect would be received on payment of a sum not exceeding £1 weekly.

ELECTROLYSIS OF SUPERFLUOUS HAIRS.

G. asks: How many cells of a Leclanché battery ought to be used for this operation? To which pole ought the needle to be attached? I have been using twelve cells with the patient under chloroform, and still the hairs recur.

. Five Leclanché cells should be used, the needle on the negative wire; for the operation to be successful the needle must enter the hair follicle; if it is made of very fine platinum wire and is blunt-pointed the introduction of it into the follicle is easier than with a stiff sharp needle. Chloroform is quite unnecessary.

ANSWERS.

SARTOR.—We know of no institution which takes male inebriates free or on a very small payment.

MEMBER might do well to apply to the carriage company in question for references to any medical men who have purchased their vehicles.

LAYMAN.—Hints to Mothers for the Management of their Health during the Period of Pregnancy and in the Lying-in Room, by Thomas Bull, M.D., edited by R. W. Parker, M.R.C.S. (London: Longmans, Green, and Co. 2s. 6d.), would probably meet our correspondent's requirements.

PUBLIC HEALTH.—The holder of a diploma in Public Health would have no prior claim in a legal sense, unless the town or district has a population of 50,000 or more. In any case the diploma ought to carry weight with the electing body as evidence of special knowledge of the kind which the appointment calls for.

W. G.—We know nothing of the composition of this secret "remedy." Some time ago it was reported in the press that the representative of this "remedy" had been fined for selling it, on the ground of its alleged poisonous character, in one of the colonies. Recently there have been published statements to the effect that there have been many relapses.

HARVEY'S WORKS.

DR. J. R. WILLIAMS.—Our correspondent is probably thinking of the facsimile of the original edition of the *De Motu Cordis*, with translation and memoir. This was published by subscription in December last by Mr. G. Moreton, 42, Burgate Street, Canterbury.

CAMBERWELL PROVIDENT DISPENSARY.

We have received a letter from Mr. James Wyeth, Honorary Secretary to the Camberwell Provident Dispensary, complaining of the term "sweating the doctors" being applied to the system of remuneration of the medical officers of that institution. The term "sweating," we believe, is a word of recent introduction, and is usually understood to mean any manœuvring in a trade whereby the trade workers are systematically deprived of what may be regarded as "fair" wages for their work. Professionally, if by any combination among the public medical practitioners should be forced to accept as remuneration such pittance as, for example, those paid by the above institution to their medical officers, it is difficult to see why the term "sweating" should not apply in their case as in the other.

If this institution is a charity it can hardly be considered a provident