

CASE V.—The same patient was readmitted two weeks afterwards in the same state. She went out next day recovered.

The above cases are to my mind abundant evidence of the great value of the permanganate salts in cases of opium poisoning. I have had no opportunity of trying it in any other poison, but the procedure is so simple and harmless as to readily recommend itself in all cases of poisoning by opium or any of its alkaloids.

MEMORANDA:

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

DIPHTHERIA IN THE PUERPERIUM.

THE following notes may be of interest as illustrating the occurrence of the primary lesion of diphtheria upon the perineum as well as upon the umbilicus of the infant.

Mrs. R. was confined with her first child on October 17th, 1894. The application of forceps was necessary, and a slight laceration of the perineum resulted, necessitating two sutures. The following day the nurse complained of *malaise* and sore throat, and although nothing was visible beyond general redness of the fauces, it was deemed advisable that she should cease attendance on a lying-in woman; consequently she was sent away at once, and was lost sight of for the time being. The torn surfaces of the perineum failed to unite, and on the fourth day the stitches were removed. At this period there was no reason to entertain any suspicion of diphtheria.

The patient did fairly well until the ninth day after the confinement and the eighth day after the occurrence of the sore throat in the nurse, when she had a rigor, and the temperature registered 103° F. She complained of pain and tenderness in the region of the perineum. An adherent dirty whitish membrane was visible on the site of the laceration. On the separation of the cord on the tenth day a similar membrane formed on the umbilicus of the infant. The child pined and refused its nourishment, and was removed without my knowledge or consent to a children's hospital, where it died on November 7th. No complaint of sore throat was made, and the fauces of both mother and infant were normal in appearance. Under appropriate treatment the false membrane disappeared and the laceration healed. On December 20th, about six weeks after the appearance of the false membrane, the mother was seized with paraplegia, which kept her confined to her room for nine weeks; she ultimately recovered.

Although the presence of the Klebs-Loeffler bacillus was not demonstrated, I think there can be little doubt as to the diphtherial nature of the false membrane both in the mother and infant. Several cases of ordinary diphtheria in the house soon followed, one of which proved fatal. I heard afterwards that the sore throat of the nurse turned out to be diphtheria, and she probably was the source of infection for all the cases which occurred in the house.

Sutherland Avenue, W.

ROBERT FITZGERALD, M.D.

A CASE OF HYPERPYREXIA.

W.C., a retired farmer, aged 84 years, has always had good health, and, in spite of his advanced age, has had no medical advice for over twenty years. During the last year he had complained occasionally of difficulty in passing his water, but had had no treatment.

On April 18th, 1895, after his usual midday dinner, he went for a walk of about two miles in the neighbourhood of his house, and while out was suddenly seized with shivering and vomiting, but managed to return home without assistance. He went to bed, and the vomiting, coldness, and shivering continued, the whole body and bed being shaken; the bowels acted frequently, and the urine was copious. About 9 P.M. he began to lose the shivering and get warm, but the vomiting and retching continued, and the bowels acted repeatedly and unconsciously, the urine also being passed in the bed. Towards morning he became restless, tried to get out of

bed and toss the clothes off, but about 11 A.M. he was quieter, and could not be roused.

I saw him at 2 P.M. on April 19th. He was lying on his back in bed, paying no attention to anything, but, on being shouted at, would turn his head, open his eyes, and look at one, but made no attempt to speak or take any notice of what was said. The skin was hot and dry, the lips parched and caked. The temperature in the axilla was 110° F. The respirations were Cheyne-Stokes in character, each cycle occupying fifty seconds, the number of respirations during that time being 38, and the period of apparent non-breathing seven seconds.

There was emphysema of the lungs, but otherwise percussion and auscultation gave no abnormal signs. The pulse was 120, equal in force, but intermitted a beat in every two, three, or four beats; the heart sounds were normal but weak. This semiconscious condition continued in spite of treatment till about 1 A.M. on April 20th, when the breathing became more laboured, and finally stopped about 1.30 A.M. From the time he was in his usual good health till death was only thirty-six hours. How long the temperature of 110° F. lasted is impossible to say, as I only saw the patient once, his house being six miles distant and very out of the way. His dinner, consisting of salt pork and bread, was shared by his wife, who was not affected by it. I had had several cases of influenza and high temperature in the same district as the patient resided. Extreme pallor after death and rapid onset of decomposition pointed to great blood destruction. A *post-mortem* examination could not be obtained.

St. Mark's Road, W.

E. W. SIMMONS, M.R.C.S., L.R.C.P.

THYROID EXTRACT IN UNIVERSAL ALOPECIA.

THIS drug was prescribed for a patient of Dr. Cathcart's, whose father had suffered from the same disease. In April he complained that he could hardly touch the hair of scalp, moustache, eyebrows, and axillæ, without its coming out, and the loss of hair was very evident. Even on the legs it was readily pulled out. Alopecia was begun four months ago. After taking 5 gr. tabloids three times a day for ten weeks no further loss of hair on moustache and eyebrows was evident, and it did not readily pull out. The scalp has been shaved, so it is difficult to state what change has occurred; the shaved hair where present has hardly grown at all, but there is a good deal of downy hair. The patient was taking at the same time liquor strychninæ.

Even so small an amount of success in an ailment considered incurable makes this treatment worthy of further trial.

HUGH R. BEEVOR, M.D.,

Assistant Physician King's College Hospital.

ANGIOMA OF THE PHARYNX.

RECENTLY a lady, aged about 40, consulted me. She complained of a feeling of soreness in the throat and a tickling sensation, as if she were always wanting to swallow. These symptoms had been going on for four or five years, and she had always been laughed at and told it was indigestion. I examined the throat, and at once noticed a small tumour (an angioma) in the right side of the soft palate. This tumour was the size of and in appearance not unlike a blackberry, and encroached on the margin and upper border of the soft palate as well as on the uvula. I may add that the uvula was much relaxed and, with the rest of the pharynx, was considerably congested. I think this worth recording, as Dr. McBride, in his book on the *Throat, Nose, and Ear*, says that according to his experience neoplasms of the pharynx, with the exception of papillomata, are of extreme rarity. So far my patient has only allowed me to employ palliative measures, which have given considerable relief to the symptoms, and will not hear at present of any operative interference.

Pembroke, S. Wales.

ALEX. J. ANDERSON, M.B., C.M. Edin.

THE ETIOLOGY OF GOÎTRE.

WITH reference to Notes on the Etiology of Goître, by Dr. Morris, in the *BRITISH MEDICAL JOURNAL* of July 6th, it may be interesting to mention another probable cause of goître which I have met.

I was for some time in practice in a mining town in Monmouthshire, and goître was very common. The cause

mentioned by Dr. Morris would not operate in my cases, the water being free from carbonates of lime and magnesia. Around the town, in closer proximity to the ironworks and pit heads are many rows of houses with a very defective water supply.

It used to be, and in some parts is, the duty of the women to bring the water from the wells to the houses, and they carried it on their heads in large earthenware "jacks," each holding about two gallons. It is easy to see that this would, for the time being, greatly increase the blood supply to the thyroid gland, which increase, being often repeated, would cause goitre.

Goitre is very much more common, too, among the older women of the place, and is getting less frequent, I was credibly informed, with each generation. The reason for this would seem to be that nowadays there are improved facilities for getting water, and less necessity for the women being "carriers of water."

I questioned several of my patients very closely, but could discover no cause for the goitre save the one mentioned. One girl, aged 20, whom I had frequently seen carrying water in the way mentioned, came to me with a goitre of recent development. The mode of carrying the water was in her case, too, the only discoverable cause.

THOMAS A. GLOVER, M.B. and C.M. Edin.

Askern, Doncaster.

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.)

(Concluded from page 15.)

[CASE II.—Under the care of Mr. VICTOR HORSLEY.]

E. H., aged 20 years, a dressmaker, was admitted on March 23rd, 1895. She had been troubled with indigestion for about three years, with pain and a feeling of distension after food, but not associated with vomiting. These symptoms had been more severe for about two months before her admission to the hospital.

On March 22nd she felt quite well until after her mid-day dinner, when she complained of flatulence and a sense of distension, but was able to continue her work until 6.30 P.M., when she had tea. About half an hour after this meal she was seized with sudden and severe pain in the stomach, and vomited several times a small quantity. A medical man was called in, and the patient was put to bed, hot flannels applied, and a draught containing 2 drachms of brandy with powdered ginger and hot water to 10 ounces was given, and also a dose of castor oil. The pain continued during the night, and on the following day it was worse. She was brought to the hospital in a cab, the jolting greatly aggravating the pain. On arriving at about 7 P.M. she was suffering from shock, the face was pale and the lips blanched, and the eyes were sunken, with dark rings around them. The pulse was 132, and the temperature 102.4° in the rectum. Severe pain in the abdomen was complained of; it was found distended, and scarcely moved with respiration, the breathing being rather rapid. The distension was most marked below the umbilicus, and the abdominal wall was rigid, particularly on the right side. Tenderness was general, but chiefly below the umbilicus to the left of the middle line. The percussion note was tympanitic; no dullness was present in the flanks; and the liver dullness diminished in extent.

Dr. R. Rose Bradford saw the patient in consultation with Mr. Horsley, and the operation was performed by Mr. Horsley about twenty-six hours after the onset of severe pain. Chloroform was administered, and the abdomen was opened

in the middle line by an incision extending from below the ensiform cartilage to below the umbilicus. Gas escaped on dividing the peritoneum. The intestines presented in the lower part of the wound, and appeared healthy; the transverse colon was inflamed, and some lymph was found around it. The anterior surface of the stomach was exposed; it was red, and in places covered with thick exudate, as also was the adjacent margin of the left lobe of the liver. During the examination of the stomach a sudden discharge of about a pint of sour-smelling thin fluid, with flakes of exudate, occurred from an abscess situated on the front of the stomach towards the left. This was sponged away, and on further examination of the cardiac end, a round perforation ($\frac{1}{4}$ inch) was discovered, surrounded by exudate, which stripped off the stomach wall readily. In order to deal with the perforation the left side of the wound was firmly retracted, and the stomach gently drawn to the right. The edges of the opening were freshened with a knife, and five silk Lembert sutures were inserted with a curved Hagedorn needle from above downwards; on tightening them, two cut out from the softened wall. After the row had been completed, a second row was put in in a similar manner, and buried the first stitches completely. The abdomen was flushed out with warm water, and closed by deep silk and superficial horsehair sutures. A drainage tube about 6 inches in length was placed at the upper end of the wound, and passed upwards towards the left hypochondrium.

The operation, which lasted rather more than an hour, was borne well. The pulse at its completion was rather better than at time of admission.

A few hours after the operation enemata were given to clear the bowels before resorting to nutrient injections. No satisfactory action followed; the bowels had been confined for five days. The patient passed a quiet night except for some pain and flatulence. No morphine was given and no food by the mouth. Water was used frequently to rinse the mouth, and enemata of peptone 3ss with water 3ivss were given every four hours.

Vomiting occurred several times during March 25th. The tongue was dry and brown, the temperature 101.8°, and the pulse 108. A soap and water enema with 3j of turpentine was followed by a free action of the bowel.

On March 26th (third day) the wound was dressed. A slight amount of sour smelling discharge was present. The drainage tube was shortened. There was no pain or distension of the abdomen, and the general condition was satisfactory.

On March 27th the improvement was maintained, but on March 28th (fifth day) swelling and pain around the left parotid came on during the night. The temperature was 100° and the pulse 92. The wound was dressed, the discharge had increased in amount and was very offensive; a smaller tube was inserted and daily dressings resorted to. Food was given by the mouth for the first time. It consisted of Benger's food 3ij hourly. On the following day, as no pain or sickness had occurred, the quantity was increased to 3iij hourly. The parotitis was treated with application of extract of belladonna and hot fomentations.

March 31st. The parotitis was decreasing, the temperature remained elevated (99.4° to 100.6°), the pulse was 94. The discharge remained about the same, but was less offensive. The quantity of Benger's food was increased to 3ij two-hourly, but some flatulence was complained of, and the quantity was therefore slightly reduced.

On April 3rd (eleventh day) the swelling of the parotid had completely subsided; the silk sutures were removed.

On April 4th the patient became much worse, the temperature rose to 102°, the respirations to 32, and the pulse to 124. Signs of pneumonia were discovered at the left base.

On April 6th the condition was less favourable, the pneumonia had extended. Skodaic resonance was well marked at the left apex. Oxygen inhalations were given every four hours; the same evening the temperature rose to 103.2°, and the respirations became much more rapid. The next morning (fifteenth day) signs of pneumonia had developed at the right base, cyanosis came on, and the patient gradually sank.

Necropsy.—The lower part of the wound was firmly united; above this the union was not so firm, and for a space of 1 inch had gaped open and a small protrusion of the large in-

AN EXCEPTIONAL CASE.

A LADY is sent by a physician, A., to a health resort, provided with a closed letter addressed to a local practitioner, C. Before making acquaintance with C. she forms that of H. C. and H. are not upon friendly terms, and do not consult. H. requests the lady to let him see the contents of A.'s letter to C. Is he correct in doing so, even if she supposes it to refer only to the particulars of her own case, without either writing himself to A., or requesting the bearer to obtain the writer's permission?

* * * In the absence of any medico-ethical rule in relation to the above exceptional question we must have recourse to the ordinary custom for a solution. In view, however, of the non-urgency of the case, and of the description of the state of feeling between C. and H., we entertain no doubt that it would be the duty of the lady patient to withhold A.'s letter until the latter's assent was obtained.

THE RESPONSIBILITIES OF EMPLOYERS.

L. Q. N. writes: A man comes to me from a local company's works with a foreign body in the cornea, which I remove under cocaine with considerable difficulty. I send a bill to the company, and they take no notice of it. Are they liable, and can I compel them to pay?

* * * On the facts stated the company do not seem to have requested any services or attendance, and cannot be made to pay a debt which is not theirs, and for which they have not made themselves liable. The patient, of course, can be sued for a proper fee, and can be made to pay either at once or by instalments.

M. A. B.—If our correspondent will refer to the *Medico-Chirurgical Tariffs* published by Mr. H. K. Lewis, 136, Gower Street W.C. (price 2s.), he will find under the Medical Tariff the fees suggested for "detention." Under the peculiar circumstances, however, we would recommend him to charge a very moderate fee, and to debit the article in question at cost price.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

FINAL EXAMINATION.—The following gentlemen have passed the final examination for the degrees of M.B., C.M. Those to whose names an asterisk has been prefixed have passed with distinction:

S. J. Aarons, J. Allison, C. W. Anderson, G. Anderson, H. H. Balfour, N. D. Bardswell, W. Begg, B.A., J. A. T. Bell, H. M. Benson, E. T. F. Birrell, J. E. Blackburn, G. J. Blackmore, *J. E. Bowes, L. Bowman, E. E. Brierley, N. Cairne, H. J. Cardale, S. H. Carr, J. M. Coates, W. W. Chipman, W. J. C. Coulthard, J. Crawford, R. Cross, R. W. Cunningham, J. M. E. Dalziel, J. M. Dawson, M. V. Dee, T. Dewar, A. W. Easmon, W. F. Eason, H. J. Ewald, H. M. Eyres, A. G. Fenn, F. W. B. Fitchett, A. M. Fleming, *J. Forbes, M.A. (Inverness), J. Forbes, M.A., B.Sc. (Ross-shire), J. A. Forrest, J. S. Fraser, *W. J. Garbutt, F. Gardiner, W. A. Gibb, T. Gibson, J. Gilchrist, S. J. Gilfillan, M.A.; J. Gillies, J. D. Gilruth, M.A.; W. Glegg, C. J. Gorringe, D. J. Graham, *J. Gray, E. D. W. Greig, J. M. Grieve, M.A.; J. H. K. Griffiths, H. Halton, J. B. Hay, *R. Haygarth, C. H. Hector, R. P. Heddle, G. Henderson, G. P. Henderson, J. H. Henderson, I. D. C. Howden, M. Hughes, W. H. Hunter, H. E. Huntly, A. L. Husband, D. M. Hutton, B.Sc.; G. J. Jenkins, D. J. Jones, J. I. Kelly, L. Ker, M.A.; J. Kirk, D. Landsborough, J. Landsborough, L. V. Laurie, D. Lawson, H. A. Leebody, R. M. W. Leith, T. G. Lewis, W. Lillie, G. F. Lundie, M.A.; A. C. Lupton, S. F. Lusk, P. C. Lüttig, W. L. Lyall, A. M. McCarthy-Morrogh, R. M'Camon, A. Macdonald, M.A.; F. B. Macdonald, J. M'Donald, W. M. Macdonald, W. C. W. M'Dowell, B.A.; T. H. Macfie, D. M. Mackay, *C. M. Laurin, K. M'Lean, J. G. Macmillan, N. H. Macmillan, W. S. Malcolm, W. R. Mander, J. S. Martin, F. J. R. Mompfé, R. L. Moorhead, J. S. Norwell, B.Sc.; T. T. Ormerod, E. L. Owen, R. Owen, C. W. Peach, H. C. Pearson, A. D. Peill, G. R. Plante, W. A. Potts, B.A.; W. H. Price, G. L. Proctor, J. C. Rait, *D. Rankine, M.A.; M. T. Ran, M.A., B.Sc.; J. K. Raymond, E. S. Reid, H. Richardson, W. P. Richardson, R. J. Risely, G. L. Roberts, R. G. Robson, M.A.; T. E. E. Roddis, V. A. Ross, R. Roycroft, T. D. Sadler, R. Samut, E. W. K. Scott, R. G. Selby, H. J. F. Simson, E. M. Skeete, E. R. Snijman, J. E. W. Somerville, F. S. Stanwell, W. H. Steele, J. Stenhouse, A. Steven, G. E. Stewart, W. Stokes, J. C. Stuart, T. Stuart, D. C. Sutton, W. M. Taylor, F. S. C. Thompson, J. A. Thwaites, J. B. K. Tough, J. O. Veitch, A. Wallace, G. Wallace, D. Waterston, *J. R. Watson, M.A., B.Sc.; J. Watt, *A. R. Wilson, M.A.; *W. de W. Wishart, J. Wood, and J. B. Wood.

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

THE following gentlemen passed the Second Examination of the Board in the subjects indicated at a meeting of the Examiners on Thursday, July 4th:

Passed in Anatomy and Physiology.—A. H. M. Seward, O. Marriott, A. H. B. Kirkman, W. P. Grellett, V. J. Crawford, A. R. Thomas, J. E. Powell, and A. W. Nourse, students of Guy's Hospital; P. W. Rowland, L. A. Baiss, and C. P. Burd, of St. Bartholomew's Hospital; G. H. Coltart, of Westminster Hospital; H. H. J. Edwards, H. C. Ross, H. B. G. Newham, and E. E. Nicholl, of St. Thomas's Hospital; W. G. Porter and J. W. Browne, of Charing Cross Hospital; V. C. Bensley, of St. Mary's Hospital; and A. Mercer, of University College, London.

Passed in Anatomy only.—S. H. Mason, of Guy's Hospital. Fifteen gentlemen were referred in both Anatomy and Physiology.

Friday July 5th:

Passed in Anatomy and Physiology.—J. H. Roberts, C. D. Outred, C. B. Thomson, T. H. W. Landon, and W. L. Baker, of Guy's Hospital; A. R. C. Parsons, of King's College, London; F. Horridge, G. E. Gask, and R. S. F. Hearn, of St. Bartholomew's Hospital; D. Davies, S. L. C. Mondy, of University College, London; W. F. Willis, G. A. Hutchinson, and H. T. Mann, of St. Mary's Hospital; S. A. Lucas, of Cambridge University and St. Thomas's Hospital; J. H. Robinson, of Charing Cross Hospital and Mr. Cooke's School of Anatomy and Physiology; H. W. Fisher, of London Hospital; and Arnold S. Good, of St. George's Hospital.

Eighteen gentlemen were referred in both Anatomy and Physiology. Monday, July 8th:

Passed in Anatomy and Physiology.—F. Hasler and E. K. Brown, of London Hospital; E. E. Parrett and K. B. Alexander, of Guy's Hospital; T. D. Dawson and H. Davies, of St. Bartholomew's Hospital; C. E. Fenn and G. O. Pierce, of King's College, London; C. E. Turner, of University College, London; P. Gardiner, of Middlesex Hospital; and P. D. Cogswell, of St. Mary's Hospital.

Passed in Anatomy only.—G. S. Moore, of London Hospital and Mr. Cooke's School of Anatomy and Physiology.

Passed in Physiology only.—E. C. Plummer, of King's College, London; F. R. Eddison, of St. Bartholomew's Hospital; E. S. Shave and W. W. Claridge, of Middlesex Hospital; and H. P. Shanks, of University College, London.

Nineteen gentlemen were referred in both subjects, 5 in Anatomy only, and 1 in Physiology only.

Tuesday, July 9th:

Passed in Anatomy and Physiology.—E. F. Rose, of St. Bartholomew's Hospital.

Passed in Anatomy only.—J. M. A. Manning and C. N. Chadborn, of St. George's Hospital; W. St. A. St. John, of St. Mary's Hospital; F. A. Johns, of London Hospital; L. E. Owen, of University College, London; and C. C. Poole, of Guy's Hospital.

Passed in Physiology only.—J. J. C. Hamilton, of King's College, London; C. A. C. Salmon, of Guy's Hospital; F. Voller, of St. Thomas's Hospital; A. E. Sellar, of London Hospital; and F. J. Waldmeyer, of Syrian Protestant College, Beyrout; and London Hospital.

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

THE SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, PART I.—The following candidates passed in:

Chemistry.—F. R. Greenwood, St. Bartholomew's Hospital; E. C. Scarlett, Royal Free Hospital.

Materia Medica and Pharmacy.—C. E. C. Child, Charing Cross Hospital; L. T. Lavan, St. Bartholomew's Hospital; E. E. H. Madden, Royal Free Hospital; G. H. Williams-Farry, Sheffield; A. Ross, Guy's Hospital; C. H. Thomas, London Hospital.

PRIMARY EXAMINATION, PART II.—The following candidates passed in: *Anatomy and Physiology.*—M. E. Bennett, Royal Free Hospital; G. E. Brooke, Cambridge and London Hospital; H. J. Clutterbuck, Middlesex Hospital; A. M. Edey, Sheffield; T. A. E. Fawcett, Leeds; C. L. Francis, St. Bartholomew's Hospital; C. Franks, Westminster Hospital; G. C. Hobbs, St. Bartholomew's Hospital; W. E. G. Maltby, St. Bartholomew's Hospital; H. D. Matthews, Middlesex Hospital; C. Powell, Cambridge and St. Thomas's Hospital; B. G. Roscoe, Manchester; C. H. Thomas, London Hospital.

Anatomy.—W. F. E. Ashton, Birmingham; G. F. Beach, Sheffield; H. J. de Saram, Middlesex; E. M. Mallett, St. Thomas's Hospital; G. L. Meredith, London Hospital; H. Morris, St. Bartholomew's Hospital; G. Parnell, Charing Cross Hospital.

Physiology.—T. H. Bailey, King's College; F. E. Bissell, Birmingham; M. Caldwell, Dublin; R. F. W. Crawford, St. George's Hospital; G. A. Crowe, London Hospital; G. W. Dutton, Middlesex Hospital; M. B. Hebron, King's College; C. E. Hibbard, Guy's Hospital; B. Hogan, London Hospital; M. Maitland, Royal Free Hospital; S. J. Meredith, Birmingham; C. E. Proctor, Liverpool and Edinburgh; F. L. Roper, Dublin; E. G. Smith, Westminster Hospital and London Hospital; W. A. Sugden, St. Mary's Hospital; D. L. Thomas, Birmingham.

ERRATUM.—In the pass list of the University of Dublin which appeared in the BRITISH MEDICAL JOURNAL of July 6th (p. 58), the name of Mr. G. Myles, M.B., B.Ch., B.A.O., was incorrectly spelt "Miles."

OBITUARY.

T. GEORGE SLOAN, M.A. GLASG., M.B., C.M. EDIN.

WE regret to announce the premature death of Dr. Sloan, of West Calder, on July 3rd. The attendant circumstances are melancholy in the extreme. He was to have been married on July 16th. In February last he was thrown from his horse, sustained some concussion of the brain, and was unconscious for nearly two hours. He was seen by a brother practitioner, and advised rest for a few days at least. Unfortunately, in his extreme anxiety to save his invalid mother and his fiancée from worry, and in his desire to succeed in practice, he neglected this sound advice, and went about his professional duties after only a few hours' rest. Till the day of his death his friends never heard of this accident. But since that time, as is now known, he suffered off and on from pains in the head, lassitude, and sleeplessness. To relieve the pain and induce sleep he had on several occasions tried

During the quarter ending June last 1,945 deaths from phthisis were registered in London, equal to an annual rate of 1.8 per 1,000. Among the various sanitary areas the lowest phthisis death-rates were recorded in Paddington, Kensington, Marylebone, Hampstead, Islington, Stoke Newington, and Lewisham: the highest rate in St. Giles, St. Martin-in-the-Fields, Strand, Whitechapel, St. Saviour Southwark, and St. George Southwark.

Infant mortality in London last quarter, measured by the proportion of deaths under one year of age to registered births, was equal to 130 per 1,000; this rate almost corresponded with the mean rate in the June quarters of the ten preceding years. Among the various sanitary areas the rates of infant mortality were lowest in St. James Westminster, Marylebone, Hampstead, Stoke Newington, Bethnal Green, Wandsworth, Lewisham, and Plumstead; while they showed the largest excess in St. Martin-in-the-Fields, Shoreditch, Limehouse, St. Saviour Southwark, St. George Southwark, Newington, and St. Olave Southwark.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,420 births and 3,564 deaths were registered during the week ending Saturday, July 6th. The annual rate of mortality in these towns, which had increased from 15.4 to 16.7 per 1,000 in the three preceding weeks, further rose last week to 17.5. The rates in the several towns ranged from 9.1 in Croydon, 10.0 in Brighton, and 10.6 in Nottingham, to 21.4 in Bradford, 21.8 in Salford, and 24.4 in Liverpool. In the thirty-two provincial towns the mean death rate was 17.2 per 1,000, and was 0.8 below the rate recorded in London, which was 18.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 3.3 per 1,000; in London the rate was equal to 4.0 per 1,000, while it averaged 2.7 in the thirty-two provincial towns, and was highest in West Ham, Leicester and Wolverhampton. Measles caused a death-rate of 1.5 in Manchester, 1.6 in Blackburn, and 2.9 in West Ham; whooping-cough of 1.1 in Sunderland and 1.3 in Bolton; and diarrhoea of 2.0 in London, 2.3 in Cardiff and in Salford, 4.3 in Wolverhampton, and 5.1 in Leicester. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 71 deaths from diphtheria in the thirty-three towns included 53 in London, 4 in West Ham, 3 in Salford, and 3 in Leeds. Four fatal cases of small-pox were registered in Oldham, 3 in London, and 1 in Liverpool, but not one in any other of the thirty-two provincial towns. There were 42 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, July 6th, against 19, 22, and 34 at the end of the three preceding weeks; 17 new cases were admitted during the week, against 2, 8, and 25 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 1,637, 1,732, and 1,894 at the end of the three preceding weeks, had further increased to 2,044 on Saturday last, July 6th; 311 new cases were admitted during the week, against 199, 251, and 319 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, July 6th, 935 births and 560 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.4 and 19.2 per 1,000 in the two preceding weeks, rose again to 19.4 last week, and was 1.9 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 13.7 in Perth to 25.1 in Greenock. The zymotic death-rate in these towns averaged 3.4 per 1,000, the highest rates being recorded in Glasgow and Paisley. The 288 deaths registered in Glasgow included 43 from diarrhoea, 7 from measles, 4 from scarlet fever, 2 from diphtheria, and 1 from small-pox. Five fatal cases of measles were recorded in Paisley.

LUNACY CASES IN WORKHOUSE HOSPITALS.

"JUNIOR" does not state his case clearly. Probably he refers to a medical certificate in support of an application to a justice for an order for detention of a lunatic in a workhouse. If so, there is nothing to prevent the "medical certificate under the hand of a medical practitioner not being an officer of the workhouse" being signed by "Junior's" deputy, inasmuch as said deputy is not an officer of the workhouse. This certificate must be in Form 8 of Schedule 2 of the Act 53 and 54 Vict.

INCREASE OF SALARY FOR WORKHOUSE MEDICAL OFFICER.

FROM the report in the *Derbyshire Times* we learn that at a recent meeting of the Belper Board of Guardians, at which the question of an advance of salary to Dr. Allen, the medical officer of the workhouse was fully considered on the presentation of a report made by a subcommittee that an increase of salary of £20 per annum should be awarded, there appears to have been most strenuous opposition by several of the guardians, but notwithstanding this the report of the committee was adopted by resolution of the majority. We are unable to see that there was any reasonable ground for opposing this report. The decision must be highly satisfactory to Dr. Allen and his supporters.

THE WEXFORD GUARDIANS AND THE LUNATICS.

THE letter recently circulated through the press on the state of the Irish workhouses was discussed by the above Board at its last meeting, with the result that a committee was appointed to confer with the medical officer about the condition of the lunatics in the workhouse. Some of the guardians were of the opinion that much more should be done for these poor afflicted creatures, and that in many cases the absence of appropriate treatment and the surroundings of the workhouse contributed to accentuate and confirm the condition of mental instability, which in more favourable circumstances might have been averted. This question is of extreme importance, and we trust that the action of this Board may have far-reaching results.

MEDICAL NEWS.

SOCIETY FOR THE STUDY OF INEBRIETY.—At a meeting on July 4th, Dr. Norman Kerr in the chair, Dr. A. Mansfield Holmes, of Denver, U.S.A., gave an interesting account of the records of the Dalldorf Asylum at Berlin. The proportion of cases of hereditary insanity to acquired insanity was from 2 to 1 to 3 to 1 in different periods. Of the former group, 9 per cent. of the cases were directly traced to drunken parents; of the latter, 10 per cent. The Director, Dr. Rust, placed heredity as the chief cause of insanity, and alcoholism the second. His conclusions were that alcohol excited to acquired insanity and produced hereditary insanity by bringing about organic changes in the ancestor which are transmitted to the children in the form of predisposition. Periodical drinking to excess was more detrimental to the individual parent and habitual to the offspring. Dr. Kerr, with reference to the objections urged in the House of Lords as to undue interference with the liberty of the subject and other abuses of a law for the restraint of habitual drunkards, said there would be no difficulty, by definition, ample inspection, power of appeal, etc., in so safeguarding the interests of habitual drunkards as to render any such abuse practically impossible.

THE first annual meeting of the Registered Nurses' Society (269, Regent Street, London) was held by the kind invitation of the Duke and Duchess of Abercorn at Hampden House on July 6th. The chair was taken by Dr. Bedford Fenwick, Treasurer of the Society, and the report of the Committee showed that the Society has achieved a marked success in its first year of working. It was formed in order to enable the public to obtain the services of registered trained nurses, it being an essential condition of membership that every nurse must have worked for at least three years in hospitals, and must possess the highest professional qualifications and personal character. The nurses obtain their entire earnings, less a deduction of 7½ per cent., to cover the expenses of management. That the Society has met a public want is evident from the fact that more applications for nurses have been made to the Society than it could supply. That the sixteen senior nurses on the average have received £111 12s. for an average of fifty-one weeks' work is conclusive proof of the benefits of the Society to the nurses themselves. The report of the Committee, and votes of thanks to Mrs. Bedford Fenwick, who founded the Society, and has since acted as its Honorary Superintendent, and to the Duke and Duchess of Abercorn for their hospitality, were carried by acclamation.

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.
- BOROUGH OF WEST HAM.**—Medical Superintendent for the Borough Hospital for Infectious Diseases at Plaistow. Salary, £200 per annum, with annual increment of £10 up to £250, with apartments, rations, and washing. Not less than 25 years of age. Applications, on forms provided, to be sent to F. E. Hilleary, Town Clerk, Town Hall, West Ham, E., by July 23rd.
- 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.
- CHICHESTER INFIRMARY.**—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by August 12th.
- COUNTY ASYLUM,** Gloucester.—Third Assistant Medical Officer; unmarried; doubly qualified, and not over 27 years of age. Salary, £105 per annum, with board (no stimulants), lodging, and washing. Applications to the Medical Superintendent by July 16th.

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.

DROITWICH UNION.—Medical Officer for the Ombersley Medical District; must reside in the District. Salary, £22 10s. per annum, with such extra fees as allowed by the Local Government Board. Applications to Arthur James Bearcroft, Clerk, Boardroom, Droitwich, by July 16th.

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.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—Junior House-Surgeon. Appointment for six months. Board, lodging, and laundry provided. Applications, on forms provided, to be sent to Lewis H. Glenton Kerr, Secretary, by July 29th.

GUY'S HOSPITAL MEDICAL SCHOOL.—Lecturer on Public Health. Applications to the Treasurer, Counting House, Guy's Hospital, S.E., by July 20th.

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

HOSPITAL FOR WOMEN, Soho Square.—Non-Resident House-Physician. Appointment for three months. Applications to the Secretary by July 31st.

NATIONAL SANATORIO 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.

POPULAR HOSPITAL FOR ACCIDENTS.—Senior Assistant House-Surgeon. Salary, £80 per annum, with board and lodging. Applications to the House Governor by July 19th.

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

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.

SALFORD UNION INFIRMARY, Hope, near Eccles.—Assistant Medical Officer; doubly qualified. Salary, £130 per annum, with furnished apartments in the Infirmary. Applications, endorsed "Assistant Medical Officer," to T. H. Bagshaw, Clerk to the Guardians, Union Offices, Eccles New Road, Salford, by July 23rd.

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.

STOCKPORT INFIRMARY.—Junior Assistant House Surgeon. Appointment for six months. Board and residence provided, and £10 after six months' satisfactory service. Applications to Major C. Tyler, Secretary, by July 16th.

STROUD GENERAL HOSPITAL.—House-Surgeon; doubly qualified. Salary, £80 per annum, with board, lodging, and washing. Applications to the Honorary Secretary, G. J. Holloway, the Hospital, Stroud, by July 17th.

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.

YORK DISPENSARY.—Resident Obstetric House-Surgeon; unmarried. Salary, £150 per annum, with furnished apartments, coals, and gas. Applications to Mr. W. Draper, De Grey House, York, by July 23rd.

MEDICAL APPOINTMENTS.

BAILEY, Thomas R., M.D. Edin., reappointed Medical Officer of Health to the Bileston District Council.

BALLANTYNE, J. W., M.D., F.R.C.P.E., F.R.S. Edin., appointed Examiner in Midwifery in the University of Aberdeen.

BRIDGES, Ernest C., M.B., B.S. Durh., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Great Northern Central Hospital.

CHARPENTIER, A., M.D. Durh., appointed Outdoor Medical Officer for the Uxbridge District of the Uxbridge Union.

CHRISTMAS, Charles Denn, M.D. Brux., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Streatham District of the Clapham Union.

GARSTANG, T. W. H., B.A. Oxon, M.R.C.S., appointed Medical Officer of Health to the Knutsford Urban District Council.

GIDLEY, G. G., L.R.C.P. Lond., M.R.C.S., appointed Medical Officer for the Collumpton and Kentisbere District of the Tiverton Union, *vice* J. H. Lloyd, L.R.C.P. Edin., M.R.C.S. Eng., resigned.

GOODMAN, Godfrey, L.R.C.P.I., L.R.C.S.I., L.M.R.C.P., L.M., appointed Medical Officer of Health to the Rural Sanitary District of the District Council, Brigg Union, *vice* Mr. Moxon, M.R.C.S., resigned.

GOODMAN, W. H., L.D.S.R.C.S. Eng., appointed Surgeon to the Devon and Exeter Dental Hospital, *vice* J. A. Mallett, resigned.

GREIG, W. C., M.B. and C.M. Edin., appointed Hon. Physician to H.B.M.'s Legation at Tangier.

HALPIN, J. E., L.R.C.S.I., L. and L.M.K.Q.C.P.I., appointed Public Vaccinator for Fifth District, Mansfield Union, *vice* H. Parry Jones.

HENDRIKS, C.M., M.B. Durh., M.R.C.S. Eng., reappointed Medical Officer for the Stoke Lyne District of the Bicester Union.

HICHENS, F., M.D. Lond., M.R.C.S., D.P.H., reappointed Medical Officer of Health for the Redruth Urban District.

HINES, Mr. J. C., appointed Medical Officer for the Burwash District of the Ticehurst Union.

JOHNSTONE, E., M.B., appointed Medical Officer for the Clayton District of the Prestwich Union.

JONES, Dr., appointed Medical Officer for the Grangetown District of the Cardiff Union.

KELLY, Charles, M.D., F.R.C.P. Lond., M.R.C.S., reappointed Medical Officer of Health to the Midhurst Rural District Council.

MINTNER, Dr., appointed Medical Officer of the Workhouse and for the Uxbridge District of the Uxbridge Union, *vice* William Rayner, M.R.C.S. Eng., deceased.

MUDGE, Z. B., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer of Health to the Phillack Urban District Council, *vice* W. F. Cleaver, L.R.C.P. Lond., M.R.C.S. Eng., resigned.

NATIN, R. W., M.B., C.M. Glasg., appointed Medical Officer for the Farnsfield District of the Southwell Union, *vice* G. Y. Poisson, M.B., C.M. Edin., resigned.

PERMEWAN, W., M.D. Lond., F.R.C.S. Eng., appointed Honorary Laryngologist to the Royal Southern Hospital, Liverpool.

PHILLIPS, Edgar V., M.R.C.S. Eng., L.R.C.P. Lond., D.P.H.R.C.S.I., appointed Medical Officer and Public Vaccinator to the No. 5 District, Market Harborough Union; Medical Officer, Market Harborough Rural Sanitary District; and Medical Officer of Health, Oxenden Rural Sanitary District, *vice* Thomas Macaulay, resigned.

RHIND, Thomas, M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer and Public Vaccinator No. 1 Western District, Billesdon Union, *vice* E. V. Phillips, resigned.

SELBY, Edmond Wallace, M.B., B.S. Lond., F.R.C.S. Eng., appointed Honorary Surgeon to the Doncaster General Infirmary and Dispensary.

SEWILL, J. Sefton, M.R.C.S., L.R.C.P., L.D.S., appointed Dental Surgeon to the St. Marylebone General Dispensary, Welbeck Street, W.

SMITH, Dr. T., appointed Medical Officer for the Bamford Speke District of the St. Thomas Union, *vice* A. A. McKeith, M.B., C.M. Glasg., resigned.

SYMONDS, Charters J., M.S., M.D. Lond., F.R.C.S. Eng., appointed Consulting Surgeon to the Stockwell Orphanage, *vice* Arthur E. Durham, F.R.C.S., deceased.

VEALE, F. J. de Coverly, M.B., Ch.B. Vict., appointed Assistant Medical Officer at the County Asylum, Lancaster.

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. Gowers.

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.

CARTER.—At Scarborough, on the 3rd inst., the wife of Deputy Surgeon-General H. Vandyke Carter, M.D., Q.H.S., of a daughter.

RICE.—On the 5th inst., at 5, Clarence Terrace, Leamington Spa, the wife of Bernard Rice, M.D. Lond., of a son.

SILLAR.—At 46, George Square, Edinburgh, on July 2nd, the wife of W. Cameron Sillar, M.B., of a son.

MARRIAGE.

LAWES—LUMBY.—On June 11th, at the Parish Church, Grantchester, by the Rev. Dr. Perowne, Master of Corpus Christi College, Cambridge, assisted by the Rev. E. T. S. Carr, President and Fellow of St. Catharine's College; the Rev. C. E. Graves, Fellow and Tutor of St. John's College; and the Rev. E. Godfray, Vicar of the parish, Cuthbert Umfreville Laws, M.B., M.R.C.S., to Grace Margaret, daughter of the Rev. Dr. Lumby, Lady Margaret Professor of Divinity in the University of Cambridge.

DEATHS.

DAVIES.—On June 16th, Joyce Caroline, the dearly loved and only daughter of Arthur Templer and Alice Davies, 23, Finsbury Square.

SCATLIFF.—On the 16th of June, at Macaulay House, Macaulay Road, Clapham Common, Harriet Scatliiff, aged 70, the devoted wife of the late J. P. Scatliiff, M.D., formerly of 132, Sloane Street, and Clapham Common.

SMITH.—On the 4th inst., at 18, Harley Street, W., Gertrude Mary Heywood, eldest daughter of Heywood Smith, M.D., aged nearly 24.

SYLVESTER.—June 24th, at the Court House, Trowbridge, Wiltshire, George Mairis Sylvester, M.R.C.S., in his 78th year.