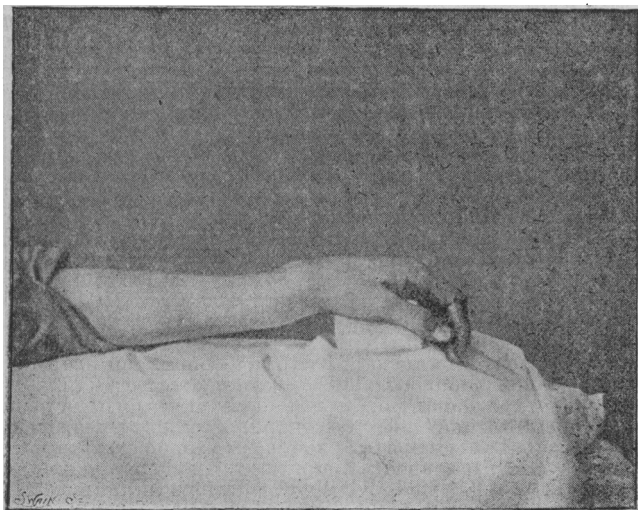


probably slightly pronated and under him. The thumb hit the ground, as a contused abrasion over metacarpal showed. The arm at first glance had the appearance of Colles's fracture.



On examination the radial and ulnar processes were in the normal plane. The carpus projected upwards and backwards but not to any great extent, as is shown by the photograph. Reduction could be effected easily by fixing the forearm, grasping the hand and making forcible extension. A slight grating was felt. That no radial fracture existed was proved by the natural position being sustained when the patient moved the joint, and also by the satisfactory rotation of the radius without crepitus or displacement. The arm was put up in back and front splints, bandages, and a sling until May 4th, when a short gutta-percha splint was secured on the palmar aspect of the joint. There was some swelling about the wrist, but good movement. On May 13th a simple bandage applied.

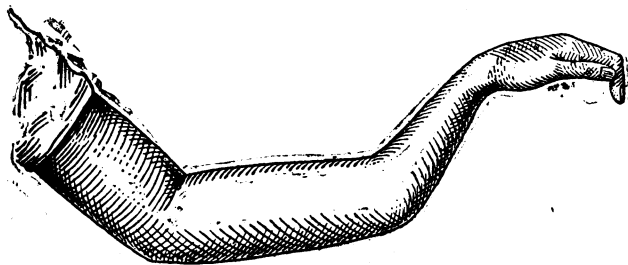
Although the position of limbs in persons falling cannot always be exactly ascertained, it may be assumed that in this case the injured arm was not placed anywhere voluntarily, and that the principal weight borne by the thumb side of the hand conducted to jerking the carpus backward, perhaps irrespective of any muscular action which so often influences fractures and dislocations.

MEMORANDA:

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

A CURIOUS FRACTURE OF THE FOREARM.

THE accompanying sketch will serve to illustrate a somewhat unusual fracture of both bones of the forearm in a boy who lately came under my treatment in Mandalay.



Moung Po Nee, a well-nourished, healthy-looking Burman boy, aged 12 years, was brought to the hospital on March 14th, 1895, with his left forearm in the condition shown in the

sketch. Both bones of the left forearm were incompletely fractured or bent at the junction of the lower and middle third, so that the lower third formed an obtuse angle with the rest of the forearm. On comparing the two sides no dissimilarity could be detected in measurements, neither was there any deformity other than that caused by the bending of the two bones. The history was as follows. While at play the patient fell. He put forward his left hand to break the fall, and a fellow playmate fell across the back of the forearm. The result was that the arm gave way, and assumed the position seen in the diagram.

The patient was anaesthetised, and the injured arm was slowly bent into its normal position without difficulty. In doing this a soft crepitus was felt. The arm was put up in splints in the ordinary way. On April 12th the splints were removed, and a week later the boy left the hospital well.

Is it not remarkable for a fracture of this nature (incomplete) to occur in a healthy child aged 12 years?

W. G. PRIDMORE,

2nd Burmah Battalion, Mandalay.

Surgeon-Captain, I.M.S.

A CASE OF TETANUS NEONATORUM.

On January 1st, 1895, I was called to see an infant on account of some difficulty it experienced in sucking. The infant was 10 days old: it seemed perfectly healthy; was full grown and plump, presenting no congenital peculiarities. The mother, who had been attended in her confinement by a midwife, stated that for the two previous days the child had been unable to suck; she noticed that it did not yawn or gape, and that there was resistance to moving the jaws. On examination it was at once evident that there was hardening of the masseters on both sides; the lower jaw was quite fixed, the moderate force used not overcoming the spasm. All the other joints were quite normal, the muscular system was natural, and the knee-jerks were present. The umbilical stump was normal; it showed no signs of suppurating; it had received the familiar treatment, and had been dressed with fuller's earth powder.

With some difficulty the child could be fed with a spoon, and was thus able to swallow a little milk. It did not seem to be in pain. Pulse and temperature were normal. On January 3rd the jaws were immovably fixed; it was absolutely unable to suck, and could hardly get any nourishment with the spoon. Convulsions now appeared on the left side of the body; in the intervals of the clonic spasms the joints were becoming gradually rigid. On January 7th the infant was in a pitiable condition; no food had been taken at all for several days. The jaws were firmly clenched; there was occasional foaming at the mouth, and all the joints were perfectly rigid; the vertebral column also being stiff. The convulsive seizures were frequent. The left lower limb was in a state of adduction and inward rotation and quite immovable. Death appeared so imminent at any moment that all active measures for the sustenance of life were suspended. On January 10th, that is, on the twelfth day of the disease, when the infant was twenty days old, it was horribly emaciated, pinched and wrinkled, the tonic spasms were more intense, the hands and feet were crossed and rigid, the spine was unyielding. Not a particle of nourishment had been taken for a whole week. Death occurred three days later at noon of January 13th.

REMARKS.—The frequency of this disease among the newborn is subject to considerable variation, ranging from severe epidemics to sporadic cases of extreme rarity. A severe epidemic occurred early in the century in the island of Heimacy, off the coast of Iceland; it has occurred epidemically also in Ireland; but the home of tetanus neonatorum is undoubtedly in the warm climates, especially in the West Indies and the equatorial regions of South America. The causes assigned to the disease, such as uncleanness, impure air, exposure to cold and wet, are merely predisposing. The one etiological factor is the bacillus tetani, which gains an entrance through the umbilical cord. An unhealthy condition of the cord has often been noticed in these cases; it may be in a state of inflammation, suppurating, or even gangrene, and it has also been observed that greater cleanliness exercised in dressing the cord has been followed by a diminution of the disease.

The suggestion may occur that in the case recorded above

the infection was introduced by the use of the fuller's earth powder in which some spores of the bacillus may have existed. The case is, however, noteworthy for the duration of the disease, extending over fifteen days, the infant having been for ten days without any nourishment whatever. Usually death occurs in from one to five days. Except in this respect the case was fairly typical of what is happily now an exceedingly rare disorder.

J. SNOWMAN, M.R.C.S.Eng., L.R.C.P.Lond.

Brick Lane, E.

HÆMORRHAGE AFTER TOOTH EXTRACTION.

I SHOULD like briefly to make known a simple method of stopping continued bleeding after extraction of teeth, which has proved quite effectual in my hands in several cases, in some of which plugging, various styptics, the actual cautery, etc., had been tried without success. It consists in passing a double silk thread through both sides of the torn gum, either with an ordinary curved needle or a handled needle, and then tying firmly over the alveolar border. In none of the cases in which this method has been employed has it failed to stop the bleeding immediately and permanently. The stitch may be removed at the end of forty-eight hours. The merely temporary success or complete failure of the usual methods, and the perfect success of that described, lead me to think it may prove generally serviceable in what is frequently a very troublesome, if not dangerous, form of hæmorrhage.

JAMES MCNAUGHT, M.D., M.R.C.S.

Waterfoot, near Manchester.

LABOUR IMPEDED BY COILING OF THE FUNIS.

ON attending Mrs. B. for her eighth confinement, I found the head well down and presenting, with the face looking to the front. As she had a similar presentation and a comparatively easy labour last time, I expected a speedy and natural termination. The pains were strong and regular, but the head made no progress. After waiting some time, I delivered her with the forceps, and in the following disposition of the cord found the cause of delay. It passed up over the left side of the chest, round the neck, down across the breast to the outside of the left ankle, which it completely encircled, and then to the right ankle around which it coiled in the same way. The feet were drawn closely together, and the knees up over the front of the body. The funis was 25 inches long, and about half of it was coiled round the child.

Hawick.

JAMES BRYDON, M.D.

REPORTS

ON

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

NEWTON COTTAGE HOSPITAL AND DISPENSARY.

GALL STONE IMPACTED IN THE CYSTIC DUCT REMOVED BY INCISION: RECOVERY.

[By W. G. SCOTT, M.B., C.M., Senior Surgeon to the Hospital.]

A. F., aged 29, a married woman with three children, had suffered for five years from attacks of violent pain in the right hypochondrium, radiating over the abdomen and towards the angle of the right scapula. This was accompanied by sickness and slight jaundice. In the intervals there was dull aching pain in the right hypochondrium and tenderness, the motions normal in consistence and colour.

She was a thin anæmic woman, and presented a slight icteric tinge of the conjunctivæ. The abdomen was flaccid. In the right hypochondrium and lumbar regions a hard, tender, sausage-shaped tumour, which gave the impression of being packed with gall stones, extended to the umbilicus. It could be moved a little to the left of the umbilicus, and pressed into the right loin. It moved freely with respiration, and appeared to come from under the surface of the

liver. The kidney could not be felt, and the urine contained no albumen.

Operation.—An incision $3\frac{1}{2}$ inches long was made to the left of the linea semilunaris. The gall bladder presented; it was the size of a tennis ball and very tense. Five ounces of a glairy fluid, like the white of an egg, were removed by aspiration. The gall bladder was drawn into the wound and opened. The walls were found to be markedly cedematous. One stone, the size of a sparrow's egg, crenated on the surface and creamy-white in colour, broke on manipulation, and the remaining fragments were removed by syringing and a scoop. On passing the finger to the under surface of the liver a stone, slightly larger in size, could be felt firmly impacted in the lumen of the cystic duct. I was unable to reach it by probing through the duct. An attempt was made to crush it with padded forceps, but firm pressure made not the slightest impression. It was impossible to manipulate it into the gall bladder. The liver was therefore slightly tilted up and an incision large enough to allow the removal of the stone was made over its site. The mucous and fibrous coats were closed with interrupted silk sutures, and the peritoneal with Lembert's sutures. The abdomen was washed out and the gall bladder stitched to the edges of the wound with silk sutures. The rest of the abdominal wound was closed and a drainage tube was left in the gall bladder. The second stone was hard, crenated on the surface, and resembled the other in shape and colour.

For ten days after operation the dressings were practically dry, and three weeks elapsed before any bile appeared through the wound. The quantity then was slight and it ceased in a few days. The bowels were opened on the fifth day and the motion was natural in colour. The patient developed delusions (there was a family history of insanity). The wound was dressed and strapped over and she was allowed to get up, and finally left the hospital on March 21st with bile-stained discharge from the sinus.

On May 2nd an attempt was made to close the sinus; the mucous surface was pared and closed with silver sutures. This failed. Since the operation she has much improved in condition, has had no return of her original pain, and is able to do housework (she had been practically useless for the previous two years). Her mental condition is much better. The sinus is still discharging but the amount is much less and the opening appears to be slowly closing.

REMARKS.—The comparatively long continued suppression of discharge, which I take to be due to inflammatory thickening causing temporary closure of the lumen of the duct, the result of the incision, the easy solution of the difficulty by this method of procedure are points of interest in this case.

REPORTS OF SOCIETIES.

EDINBURGH OBSTETRICAL SOCIETY.

Wednesday, July 10th, 1895.

A. H. FREELAND BARBOUR, M.D., President, in the Chair.

THE CONDITION OF MIDWIVES IN SCOTLAND: SHOULD MIDWIVES BE REGISTERED IN SCOTLAND?

THE discussion was opened by Dr. BERRY HART, of Edinburgh, who referred to the various attempts to register midwives, and to the fact that Lord Balfour's Bill only applied to England, but would probably later be extended to Scotland. He complained that the discussion thus far had been conducted with too much feeling. He was glad the Bill was in the hands of Lord Balfour of Burleigh, and the selection of Sir William Turner as the Chairman of the General Medical Council's Committee was an excellent one, and such as to inspire the confidence of the profession. He referred to the fact that some 800,000 or 900,000 births occurred in this country yearly, that more than half of these were attended by midwives, and that the great majority of these so-called midwives were quite untrained. Apparently there were some 10,000 to 15,000 such women in England and Wales. He then went rapidly over the clauses of the Bill lately before the Legislature, and pointed out its defects. The whole question, he admitted, was one of great difficulty. No State licence was now required. In any scheme of registration existing right

MILITARY ADVICE ON MEDICAL SUBJECTS.

THE *Indian Medical Record* of June has a leading article on "The Serious Defects of the System of Station Hospitals," and supports the contention of Brigade-Surgeon-Lieutenant-Colonel Climo, set forth in the *United Service Magazine*, relating to the deterioration in the sanitary condition of Indian cantonments.

The article is too long for reproduction, but should be read by medical officers. The following passage is worth extracting: "Our military medical requirements have evidently been worked out and based on station hospital needs, on which has been provided a small percentage of a reserve for casualties and war emergencies; and that our strength of medical officers and subordinates has been fixed at dangerously low figures becomes quite plain when the smallest demand is made for medical men."

Yet in the face of this the Secretary of State for India quite recently, in reply to a question in the House, stated that his "military advisers" had informed him that the medical staff in India was quite sufficient for all requirements. Here we have the "military" adviser; but what, it may be asked, do the "medical" advisers say?

EMPLOYMENT OF RETIRED ARMY COMPOUNDERS.

A NOTIFICATION which appears in the Medical Staff Corps' orders materially benefits army compounders: it is that the Local Government Board recognises men thus qualified for appointment as dispensers to unions, etc.

VOLUNTEER PROMOTION.

A CORRESPONDENT, referring to the promotion of Volunteer medical officers to brigade rank, says: The *Army List* shows that in 27 brigades the senior medical officer had been promoted while in only 3 had a junior been selected. This shows that selection has hitherto been the exception and not the rule.

*Theoretically, no doubt, all such promotion is by selection although the seniors are seldom passed over.

PRINCIPAL MEDICAL OFFICERS IN THE ARMY LIST.

BETTER LATE THAN NEVER draws attention to the fact that at last principal medical officers on the head quarter staff of districts have their names inserted in proper alphabetical sequence in relation to other departments. This point, small in itself and yet of no little significance, has long been pressed by us on the attention of the authorities, and we are glad that the names of medical officers are at last to be removed from the rag end of staff lists.

MEDICO-LEGAL AND MEDICO-ETHICAL.

ASSISTANTS AND INCIDENTAL FEES.

PUZZLED.—Although we have repeatedly answered similar questions to those submitted we quote once more the following rule in its entirety from the *Code of Medical Ethics*, 4th edit.: "The question of right to the fees for evidence given by assistants and *locum tenentes* in coroners' and other courts of law having been raised and pertinaciously urged, it is deemed desirable, with the view to avert any disturbing or other mischievous effect on the relations between practitioners and their assistants, to distinctly reaffirm the principle—sustained as it is by immemorial usage and its indisputable justness—that such and all other fees belong to the principals for the time being unless otherwise arranged at the time of the mutual engagement; in reference to which, moreover, it may be expedient to note that the entire services of an assistant—be he a yearly or (as in the case of a *locum tenens*) a temporary one—pertain to the employer, to whom he is rightly held responsible for all moneys received in his professional capacity."

GRATUITOUS ATTENDANCE ON THE FAMILIES OF DECEASED MEDICAL MEN.

RATHGAR.—A careful perusal of the subjoined rule will enable our lady correspondent to judge how far she is fairly entitled to the gratuitous services of the faculty, nor can we doubt but that if the medical attendant on her daughter were made acquainted with the alleged fact of her having been "left totally unprovided for and had since to gain her own living" he would willingly forego the charge in question. "All legitimate practitioners of medicine, their wives, and children while under the paternal care are entitled (not as a matter of right, but) by professional courtesy to the reasonable and gratuitous services, railway and like expenses excepted, of the faculty resident in their immediate or near neighbourhood whose assistance may be desired. In the case also of near relatives who are more or less dependent on a professional brother (other than wealthy) it will likewise be well, at his request, to forego or to modify the usual fee. On the other hand, a son or a daughter altogether independent of the father, or the widow and children of a practitioner left in affluent or well-to-do circumstances, should be charged as ordinary patients, unless feelings of friendship or other special reasons render the attendant practitioner averse to professional remuneration; in such case the rule need not apply. Moreover, if a wealthy member of the faculty seeks professional advice and courteously urges the acceptance of a fee it should not be declined, for no pecuniary obligation ought to be imposed on the debtor which the debtor himself would not wish to incur."—*Ethical Code*, chap. II, sect. 2, rule 1.

LODGINGS AND INFECTION.

ON July 9th, at the Court of Appeal, composed of Lord Esher (the Master of the Rolls), and Lord Justices Kay and A. L. Smith, the appeal of the defendant in the case of *Sarson v. Roberts* was disposed of. Damages had been recovered by the plaintiff on the ground that while his wife and daughter were staying in furnished apartments at the defendant's house

they caught scarlatina. The defendant is an inspector of nuisances at Bettws-y-Coed, and in the summer months he lets a portion of his house furnished. The plaintiff, who resides at Llandudno, sent his wife and two children to lodge with the defendant, and while there they, as alleged, contracted scarlatina from the grandchild of the defendant, who happened to be on a visit to him. The question to be decided was merely one of law.

The Master of the Rolls, in giving judgment, said, notwithstanding the verdict of the jury, who found that the plaintiff's wife and daughter had contracted the scarlatina in the defendant's lodgings, he must hold that he was not liable for the damages awarded. The appeal would, therefore, be allowed with costs. Lord Justices Kay and Smith concurred.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF DURHAM.

THE first woman graduate of the University of Durham was Miss Ella Bryant, who received the degree of Bachelor of Science at the meeting of Convocation on June 24th. The degree was granted under the powers granted by the supplementary charter received last month. Women students can receive instruction in the various subjects of the Medical and Science Faculties at the College of Medicine, or the College of Science, Newcastle-on-Tyne.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen were at the quarterly meeting of the Council on Thursday, July 11th, elected to the various offices for the ensuing year.

Hunterian Professors.—Charles Stewart, M.R.C.S.Eng., Conservator of the College Museum (St. Thomas's Hospital), subject of lecture not stated; John Alfred Coutts, M.B.Cantab., M.R.C.S.Eng. (St. George's Hospital), on Infantile Syphilis; Leonard Erskine Hill, M.B.Lond., M.R.C.S.Eng. (University College Hospital), on Cerebral Pressure and the Cerebral Circulation.

Arris and Gale Lecturer.—Ernest Henry Starling, M.D. and B.S.Lond., M.R.C.S.Eng. (Guy's Hospital), on the Physiological Causation of Dropsy.

Erasmus Wilson Lecturer.—Walter George Spencer, F.R.C.S.Eng., M.B. and B.S.Lond. (Westminster Hospital), on the General Pathology of Bone.

Pathological Curator.—James Henry Targett, M.B., B.S., and M.S.Lond., F.R.C.S.Eng. (Guy's Hospital), re-elected.

Anatomical Assistant in the Museum.—Richard Higgins Burn, B.A.Oxon., re-elected.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

SCHOOL PRIZES.—The Barker anatomical prizes have been awarded to N. H. Alcock and C. J. Patten (equal). A special prize has been awarded to W. J. Sweeny. The Carmichael Scholarship has been won by F. J. Palmer. In Surgery the gold medal has been won by L. McDowell; the silver by G. A. Robinson. In Practical Histology the first prize was gained by D. Hadden; the second by H. Hall. In Practical Chemistry P. A. Frazer gained the first prize, and C. C. Meek and W. J. Anglim were equal for the second prize. In Public Health and Forensic Medicine A. I. Eades gained the first prize and Miss C. L. Williams the second. In *Materia Medica* R. H. D. Pope won the first prize and G. R. McDonald the second. In Practical Pharmacy S. R. Godkin obtained the first and M. Gavin the second prize. In Biology M. Gavin gained the first prize and W. McLorinan and W. J. Anglim were equal for the second.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, IRELAND.

THE preliminary examination for the commencement of medical studies of the Royal Colleges of Physicians and Surgeons in Ireland, for the session 1895-96, will be held on Tuesday and Wednesday, October 1st and 2nd. Prospectuses can be had on application to the Registrar, at the Royal College of Surgeons, St. Stephen's Green W., Dublin.

SURGEONS' HALL, EDINBURGH.

MR. J. RYLAND WHITAKER, B.A., M.B.Lond., F.R.C.P. Edin., L.R.C.S. Edin., has been elected Lecturer on Anatomy, at Surgeons' Hall, School of Medicine, Edinburgh, in place of Dr. Macdonald Brown, who has resigned with the view of going to London.

OBITUARY.

DAVID J. BRAKENRIDGE, M.D., F.R.C.P.E.

Consulting Physician to the Royal Infirmary, Edinburgh.

By the death of Dr. Brakenridge the medical profession in Edinburgh has lost one of its most eminent and, perhaps, its most genial member. Since the death of Angus Macdonald this is the first break in the front rank of the active staff of the school.

David J. Brakenridge was born at Huntingtower, Perthshire, fifty-six years ago, the son of a medical officer in the service of the East India Company; was educated at Perth Academy, and subsequently in the Arts course of the University of Edinburgh. He then proceeded to the study of medicine, graduated M.D. in 1863, L.R.C.S. in 1865, and F.R.C.P.E. in 1867.

His first appointment was as Physician to the Edinburgh New Town Dispensary. Later he was in succession Extra

Physician, Physician-in-Ordinary, and Consulting Physician to the Royal Hospital for Sick Children. In 1876 he was appointed one of the Physicians to the Royal Infirmary, a post he held for the usual period of fifteen years; and in July, 1894, Physician to the Chalmers Hospital. He was Medical Examiner for the Edinburgh district for the Scottish Union and National Assurance Company. At the time of his death he was one of the Managers (for the second time) of the Royal Edinburgh Asylum at Morningside. He had also been a Director of the Orphan Hospital.

His publications were numerous and important. The first, *On the Influence of a Digestive Habit in the production of Tuberculosis, and Indications for Treatment* drawn therefrom, appeared in 1863; *A Contribution to the Theory of Diathesis*, in 1869, a paper which had the distinction of being quoted by Darwin in *The Descent of Man*; in 1875 appeared *The Prevention and Treatment of Scarlatina and other Infectious Diseases by the Internal Administration of Disinfectants*; papers *On the Action of Citrate of Caffeine and Oxide of Zinc* followed. Then in 1890 came *The Present Epidemic of so-called Influenza*, and in 1892 his last paper, *The Transfusion of Human Blood in the Treatment of Pernicious Anæmia*. Such is the brief outline of his life's work now too early closed. Such the scaffolding, but what a superstructure and what a filling up!

Very soon after his admission to the Royal Infirmary, Dr. Brakenridge was recognised, at first by a select few, later by a large body of students, as a close observer, a thoughtful physician, and one of the most sympathetic and attractive of teachers. He seemed always to be seeking after the determination of new points and the discrimination of lines of difference. This habit of mind was seen more particularly in his papers on the influence of the digestive habit, on diathesis, and his most carefully thought out paper on influenza, published when there was less to be said with certainty on the matter than now.

During the whole fifteen years he was physician to the infirmary his clinical lectures were masterly studies most patiently elaborated on the subject on hand. Hence it came that his clinics were for many years frequented by the more thoughtful students, both of the University and the extra-academical school of medicine, and the post of resident physician to the wards under his charge a prize much sought after.

At the societies, specially the Medico-Chirurgical, his contributions were always pre-eminently thoughtful and his observations bore the stamp of truth. He had the honourable position of introducing to the Society on several occasions important topics for discussion; for example, on Transfusion, Pernicious Anæmia, and on Influenza.

In the Royal College of Physicians he was especially at home. For many years he was a member of the Council, where his shrewd judgment, his logical grasp of principle, and his unflinching manliness made for him a quite unique position of confidence. With all this he ever maintained a courtliness of manner and expression that made him beloved even by those from whom he differed most. He was known on more occasions than one to differ in the strongest way from other colleagues and to express his views in no half-hearted fashion and yet leave a meeting after some such encounter arm-in-arm with the man whom he had hit hardest. For a number of years he was librarian to the College, and till the development of his last sad illness he held the position of examiner. But for this illness it was well known that he would have been asked to assume the Presidential Chair in November next. The intervention of the mortal malady had been anticipated by him. While not then looking on the continuance of symptoms with serious alarm he concluded some two months ago that in the interests of the College it was better that he should not face the arduous responsibilities which necessarily attended the occupancy of that chair.

It was qualities like these which won for him the thorough confidence of a large number of practitioners, both among his own students and older men, so that latterly his consultation practice had become very considerable.

Never very robust, he had, during the past four years, suffered from occasional attacks of hæmaturia, and six weeks ago it became plain that there was malign vesical disease. He died, as he had lived, with uncomplaining Christian fortitude.

He was carried to his grave in the Dean Cemetery on July 13th amid universal regret. The funeral was very large and representative, the many members of his own profession being specially conspicuous.

Dr. Brakenridge was a deeply religious man, and followed with close and intelligent interest the movement of ecclesiastical affairs in Scotland. For twenty-five years he was an elder in the Free Church, and for the last twelve years under the ministry of his intimate friend, Dr. Walter C. Smith, the distinguished author of *Obrig Grange*. He took a keen interest in art, and was himself a painter of no mean order. His interest, as usual, took practical shape, for he was a lay member of the Council of the Society of Scottish Arts and of the Scottish Arts Club.

It is difficult to trace to their sources the elements of the personal charm of Dr. Brakenridge. Perhaps one comes nearest the mark when one quotes what was said of the late Dean Stanley: "He was so pleasant." That really sums it up: he was so pleasant. He was always brightness and gentleness personified, and his ways were so winning. From his finely-strung and sensitive nature there constantly came a quick sympathy that touched the heart. And it was always so, for there was an absolute uniformity and perfect sincerity about him that falls to the lot of the few. He was indeed one of Nature's nobility.

WE regret to announce the death of Mr. C. S. HALL, surgeon, of Carlisle, which took place on July 6th. He was one of the oldest practitioners in the city, and the holder of several public appointments. He studied at the London Hospital, and during his course was one of the medical visitants in the London cholera plague of 1874, after that he served on the medical staff in the Crimea. He took the diplomas of M.R.C.S.Eng. in 1856 and L.S.A. in 1857. After his return home he spent eighteen months in Manchester, whence he moved to Carlisle. In 1862 he became Certifying Factory Surgeon, in 1864 Medical Officer to the Workhouse Hospital, in 1875 Medical Officer to the Carlisle Rural Sanitary Authority, and in 1888 Surgeon to the City Police. He always took great interest in Volunteer movements, and attained the rank of Brigade-Surgeon-Lieutenant Colonel of the North-West Brigade. Of scientific subjects he was especially fond, and was president of the Carlisle Microscopical Society for many years. His name is especially identified with workhouse nursing, in the reform of which he was one of the pioneers. He was universally respected, and his death will cause general regret through a wide circle of friends.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Sébire, Member of the French Senate for La Manche, aged 88; Dr. Elias Rodriguez, Professor of Therapeutics and Forensic Medicine in the University of Caracas; and Dr. José Maria Teixeira, Professor of Pharmacology and Therapeutics in the Medical Faculty of Rio de Janeiro.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

ENGLISH URBAN MORTALITY IN THE SECOND QUARTER OF 1895. THE vital and mortal statistics of the thirty-three large English towns dealt with by the Registrar-General in his weekly returns are summarised in the accompanying table. During the three months ending June last 83,278 births were registered in these thirty-three towns, equal to an annual rate of 31.5 per 1,000 of their aggregate population, estimated at rather more than ten and a half millions of persons in the middle of this year. In the corresponding periods of the three preceding years the birth-rates in these towns was 32.9, 32.2, and 30.4 per 1,000 respectively. In London the birth-rate last quarter was 30.8 per 1,000, while it averaged 32.1 in the thirty-two provincial towns, among which it ranged from 20.3 in Huddersfield, 22.5 in Halifax, 25.6 in Brighton, and 25.8 in Croydon to 35.0 in Hull, 35.2 in Salford, 36.4 in Sunderland, and 37.5 in Liverpool.

During the quarter under notice 47,060 deaths were registered in the thirty-three towns, corresponding to an annual rate of 17.8 per 1,000, against 19.5, 19.8, and 17.4 in the second quarters of the three preceding years, 1892-3-4. In London the rate of mortality was equal to 16.7 per 1,000, while it averaged 18.6 in the thirty-two provincial towns, among

INDIA AND THE COLONIES.

NEW SOUTH WALES.

In his anniversary address to the Royal Society of New South Wales, the President, Dr. Anderson Stuart, Professor of Physiology in the University of Sydney, deals with various matters of interest and importance to the Colony of New South Wales at the present time or in the near future. Dr. Smith first discusses the supply of artesian water in Australia. He then gives an account of an expedition which is to be undertaken to bore an atoll in order to throw light on the formation of coral islands; the effect of certain animal poisons, and the prevalence of anthrax and hydatid disease next come under discussion, and the address concludes with a reference to the organisms of sewer air, and a summary of the Sanitary Acts in force in New South Wales. The address is a most interesting one, the several topics are dealt with in a clear and scientific way, and the attention of the reader is never allowed to become wearied. The account given of the poisonous secretions of the platypus and of the bush tick opens up subjects of some novelty, while the remarks upon sewer air show that a question which is exciting much attention in this country at the present time is also being investigated on the other side of the world. The review of the Sanitary Acts in force in New South Wales is interesting, and the hints as to the direction in which legislation should proceed in the near future are suggestive.

MEDICAL NEWS.

Mr. J. BUCKENHAM, M.R.C.S.E., etc., public vaccinator for the borough of Cambridge, has been awarded for the fifth time the Government grant for efficient vaccination.

At the Great Northern Central Hospital the Ladies' Association inaugurated on July 15th a bed which they had endowed by a contribution of £1,050 in honour of Dr. William Cholmeley, one of the founders of the hospital.

THE fortieth yearly dinner of the Poplar Hospital for Accidents was held at the Holborn Restaurant on July 17th, under the presidency of Mr. John Aird, M.P. Donations to the amount of £3,825 were announced.

PRESENTATION.—On the occasion of resigning the office of secretary of the Forest Gate Shakespeare Society, Dr. Batteson was presented by the members with a timepiece and silver inkstand, in acknowledgment of the care and labour that he has devoted to the interests of the Society.

WE are requested to state that Messrs. Oppenheimer, Son, and Co., Limited, of 14, Worship Street, London, E.C., have been appointed wholesale agents for the supply of the antitoxic serums prepared at the Pasteur Institute in Paris. The firm is now in a position to supply the diphtheria and the tetanus antitoxic serums.

THE BRUSSELS MEDICAL GRADUATES' ASSOCIATION.—The annual general meeting of this Association will be held on Monday, July 29th, at the Café Royal, Regent's Street, W., at 6.30 P.M. At 7 P.M. the members and their friends will dine together, and Sir Walter Foster, Dr. Glover, and Mr. Ernest Hart will be the guests of the Association. Any Brussels graduate wishing to be present at the dinner is requested to communicate with the Hon. Secretary, Dr. M. Greenwood, 243, Hackney Road, N.E.

THE BARBER-SURGEONS' HOLBEIN.—Alderman Sir Stuart Knill, who, with the Governor of the Bank of England and Sir Joseph Dimsdale, is heading a movement to secure from the Barber-Surgeons' Company their famous historical painting by Holbein for the Guildhall Art Gallery, has received a letter from Sir Francis Cook, of St. Paul's Churchyard, who offers to contribute £500 towards its purchase if during the next six months such a sum as the Barber-Surgeons' Company might consider sufficient could be raised.

VEAL POISONING AT LARNE.—A case recently occurred at Larne in which an old woman died with symptoms of inflammation of the stomach and bowels after partaking of veal which was unfit for food. The case is interesting because the analyst to whom the viscera were sent for examination, Mr. J. F. Hodges, F.Inst.C., of Belfast, was able to demonstrate the presence of ptomaines. The jury acquitted the butcher of any culpable negligence in the matter.

PHARMACEUTICAL CHEMISTS IN GERMANY.—By order of the Prussian Cultusminister a statistical inquiry is to be instituted in Prussia concerning the number of chemists' shops, the number of assistants employed in them, and the amount paid for the goodwill at the last time of changing hands.

This statistical material when collected will form a basis for new legislation on the subject.

THE annual summer meeting of the British Laryngological, Rhinological, and Otological Association will be held at the house of the Royal Medical and Chirurgical Society, Hanover Square, London, W., on Thursday and Friday, July 25th and 26th, under the presidency of Dr. W. McN. Whistler. The meetings will begin at 10 A.M. on each day. A discussion on the antitoxin treatment of diphtheria will be introduced by Dr. Sims Woodhead and Professor Sherrington. Several distinguished foreign guests have accepted invitations to take part in the proceedings, and members of the profession in this country will be welcomed.

THE inaugural meeting of the Association of Asylum Workers was held at the rooms of the Medical Society of London on July 18th. The chief objects of the Association were stated to be to improve generally the status of asylum nurses and attendants, to secure the sympathy and co-operation of persons interested in institutional work, and to provide a home of rest and nursing for these engaged in asylum work. The honorary secretary is Dr. F. H. Walmesley, Metropolitan District Asylum, Dartford, Kent. The annual subscription for ordinary members will be 2s. 6d.; the life subscription for medical or honorary members, one guinea.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—A quarterly Court of Directors of this Society was held on July 10th, at 8.30 P.M. Sir James Paget, President, took the chair. One fresh application for a grant was read from a widow, and assistance given. The death of a widow had occurred who had received grants since June, 1877, and had had £1,247 in all, her husband having paid 38 guineas to the funds of the Society. One new member was elected, and the deaths of two reported. A sum of £1,264 was voted to be distributed among the 53 widows, 9 orphans, 24 orphans on the Copeland Fund. A grant of £52 10s. was made for a widow under By-law 70. A legacy of £200 stock, duty free, was announced from the executors of Dr. Bisset Hawkins, V.P. The expenses of the quarter came to £62 11s.

MEDICAL VACANCIES.

The following vacancies are announced:

BOROUGH OF LEICESTER.—Medical Officer of Health and Public Analyst. Must devote his whole time to the duties. Total salary, £500 per annum. Applications, endorsed "Medical Officer of Health," to James Bell, Town Clerk, Town Hall, Leicester, by July 25th.

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.

CHESTER GENERAL INFIRMARY.—Visiting Surgeon, doubly qualified. Appointment for two years. Salary to commence £90 per annum, with residence and maintenance in the house. Applications to the Chairman of the Board of Management, Secretary's Office, 29, Eastgate Row North, Chester, by July 30th.

CHICHESTER INFIRMARY.—House-Surgeon. Salary, £80 per annum with board, lodging, and washing. Applications to the Secretary by August 12th.

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.

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

LEICESTER INFIRMARY.—Assistant House-Surgeon. Appointment for six months subject to re-election. Honorarium of £21 for the six months, together with board and residence at the Infirmary, and washing. Applications to the Secretary, 24, Friar Lane, Leicester, by July 22nd.

LONDON HOSPITAL MEDICAL COLLEGE, Mile End, E.—Joint Lecturer on Physiology. Salary, £150 per annum, and a proportion of the fees paid for classes, not less than £250 in all. Applications to Munro Scott, Warden, by July 20th.

MORPETH DISPENSARY.—House-Surgeon, doubly qualified, unmarried. Salary, £120 per annum. Applications to N. J. Wright, Morpeth, Northumberland, by July 31st.

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.

PADDINGTON GREEN CHILDREN'S HOSPITAL, London, W.—Assistant House-Surgeon. No salary. Board and residence provided. Applications to the Secretary by July 27th.

PARISH OF CAMBERWELL.—Assistant Medical Officer and Assistant Medical Officer for the Infirmary at Havil Street, doubly qualified. Salary for the former at the rate of £120 per annum, increasing £10 annually to £150, with apartments, board, and washing; and for the latter, whose appointment will be for one year only, £30 per annum, with the same allowances. Applications to be forwarded at once to the Guardians Offices, 29, Peckham Road, S.E.

ROYAL ORTHOPÆDIC HOSPITAL, 297, Oxford Street.—Resident House-Surgeon; must be M.R.C.S.Eng. and L.R.C.P., and unmarried. Salary, £100 per annum, with partial board. Applications to the Secretary by July 25th.

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.

UNIVERSITY OF GLASGOW.—Lecturer on Surgery and Clinical Surgery at Queen Margaret College. Appointment for one year. Salary, £100 per annum. Applications to Alan E. Clapperton, Secretary of the Glasgow University Court, 91, West Regent Street, Glasgow, by July 23rd.

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.

ALLAN, Ebenezer, L.R.C.P. and S. Edin., late House-Surgeon Glasgow Royal Infirmary, appointed Assistant Medical Officer Barony Parish Hospital, Barnhill, Glasgow, *vice* James Rutherford, L.R.C.P. and S. Edin., resigned.

ALLAN, Fras. J., M.D. Edin., appointed Examiner in Medical Jurisprudence and Public Health at the University of Aberdeen.

BALLANTYNE, John W., M.D. Edin., appointed Examiner in Midwifery at the University of Aberdeen.

BELL, Dr., appointed Deputy Medical Officer of Health to the Lowestoft Town Council.

BERRY, Dr., appointed Medical Officer for the Eunniskillen Dispensary District, *vice* B. Gamble, L.R.C.P., L.R.C.S.I., resigned.

BRADFORD, J. Rose, M.D., D.Sc. Lond., F.R.S., appointed Examiner in Medicine at the University of Aberdeen.

BUNCOMBE, Wm. Dewey, L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Superintendent of City of London Infirmary, Bow, *vice* C. H. Buncombe, F.R.C.S., resigned.

BOND, W. E., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Brighton and Hove Hospital for Women.

BYRNE, E., Land L.M.K.Q.C.P.I., L.R.C.S.I., appointed Medical Officer and Medical Officer of Health Bannow Dispensary District, co. Wexford, *vice* Dr. B. Byrne, resigned.

GEORGE, Chas. F., M.R.C.S. Eng., L.S.A., reappointed Medical Officer for the Blyborough District of the Gainsborough Union.

GIBSON, R. J. Harvey, M.A. Aberd., appointed Examiner in Botany at the University of Aberdeen.

GIDLEY, Gustavus Geo., M.R.C.S. Eng., L.R.C.P. Lond., L.S.A., appointed Medical Officer and Public Vaccinator for the Cullompton and Butterleigh and Kentisheave and Blackboro' Districts of the Tiverton Union, *vice* Dr. T. H. Lloyd, resigned.

GRIFFITH, Thos. W., M.D. Aberd., appointed Examiner in Anatomy at the University of Aberdeen.

HUNTER, John, F.I.C., F.C.S. Edin., appointed Examiner in Chemistry at the University of Aberdeen.

JONES, Richard, M.D. Edin., D.P.H. Camb., reappointed Consulting Medical Officer of Health for the Merioneth County Council.

KEITH, Arthur, M.D., F.R.C.S., appointed to the Demonstratorship of Anatomy in London Hospital Medical College.

KITE, Edwin W. D., M.B., M.R.C.S., L.S.A., appointed Surgeon under the Factories Acts to the Oulerton District, Sheffield, *vice* Henry Payne, M.R.C.S., resigned.

MACLACHLAN, John T., M.B., C.M. Glasg., appointed Assistant Medical Officer to Lanark District Asylum, Hartwood.

MINTER, L. J. M.D. Brux., M.R.C.S., L.R.C.P., L.S.A., appointed Medical Officer of the Workhouse of the Uxbridge Union, and Certifying Factory Surgeon for the Uxbridge District.

MOTT, F. W., M.D. Lond., F.R.C.P., M.R.C.S., appointed Pathologist to the London County Asylum.

PHILLIPS, Dr., appointed Medical Officer of Health to the Market Harborough Rural District Council.

RANDALL, Dr. W., appointed Medical Officer of Health to the Maesteg Rural District Council.

ROWBOTHAM, A. J., M.R.C.S. Eng., reappointed Medical Officer for the Newton-on-Trent District of the Gainsborough Union.

SMITH, Jas. Lorrain, M.A., M.D. Edin., appointed Examiner in Pathology at the University of Aberdeen.

STUART, J. A. Erskine, L.R.C.P. Edin., L.R.C.S. Edin., appointed Medical Officer of Health for the Borough of Batley, *vice* Alfred Swann, M.D., M.R.C.S. Eng., deceased.

THOMPSON, W. H., F.R.C.S., appointed Examiner in Physiology at the University of Aberdeen.

THOMSON, J. A., M.A. Edin., appointed Examiner in Zoology at the University of Aberdeen.

WARNER, Francis, M.D. Lond., appointed Examiner in Materia Medica at the University of Aberdeen.

WHITAKER, J. Ryland, B.A., M.B. Lond., F.R.C.P. Edin., L.R.C.S. Edin., appointed Lecturer on Anatomy at Surgeons' Hall School of Medicine, Edinburgh, *vice* Macdonald Brown, F.R.C.S., resigned.

WILL, John C. Ogilvie, M.D. Aberd., appointed Examiner in Surgery at the University of Aberdeen.

WILLS, Dr., appointed Medical Officer of Health to the Blythe and Cuckney District Council.

WILMOT, Thos., L.R.C.P. Lond., M.R.C.S., appointed Honorary Medical Officer to the Bradford Infirmary.

MILLSON, George, L.R.C.P. Lond., M.R.C.S. Eng., reappointed Medical Officer of Health for Newington.

MACKAY, John Sutherland, M.A., M.D., D.P.H., appointed Medical Officer of Health for the Burgh of Kircaldy, *vice* Henry Gordon, M.D., deceased.

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 LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION, 20, Hanover Square, 10.30 A.M.—President's Address. 11 A.M.—Discussion on the Surgical Treatment of the Accessory Cavities of the Nose, introduced by Dr. Luc (Paris), Dr. Bryson Delavan (New York), Dr. John N. Mackenzie (Baltimore), Dr. F. H. Bosworth (New York). 3 P.M.—Discussion on the Treatment of Chronic Laryngeal Stenosis, introduced by Dr. Sajous (Paris).

FRIDAY.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION, 20, Hanover Square, 10 A.M.—Exhibition of Cases. 11 A.M.—Discussion on the Therapeutics of Diphtheria, with special reference to Antitoxin, introduced by Dr. G. Sims Woodhead, Professor C. S. Sherrington. 3 P.M.—Discussion on the Surgical Treatment of Laryngeal Tuberculosis, introduced by Dr. Heryng (Warsaw), Professor Krause (Berlin), Dr. Gleitsmann (New York).

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.

ANDERSON.—At Faversham, Kent, on July 14th, Maud, wife of Dr. C. M. Anderson, of a son.

OWEN.—On July 10th, at Hampton-on-Thames, the wife of Arthur Deaker Owen, M.R.C.S., L.R.C.P. Lond., of a son.

MARRIAGES.

CLAY-HEAVEN.—On July 16th, at St. Mary's, Moseley, by the Rev. Canon Wilkinson, D.D., assisted by the Rev. W. H. Colmore, M.A., Augustus Clay, M.R.C.S. and L.S.A. Lond., youngest son of the late Professor John Clay, Birmingham, to Katie, daughter of Henry Heaven, Esq., Chantry Road, Moseley. At home, "Ravenscroft," Alcester Road, August 14th, 16th, 21st, and 23rd.

NORTHCOOTE-ANDERSON.—On July 11th at Christ Church, Lancaster Gate, by the Rev. F. R. Hodgson, M.A., Rector of Little Gaddesden, assisted by the Rev. F. A. O'Brien, M.A., Vicar of Walton, Warwick, Ernest Augustus Northcote, LL.B. Camb., Puisne Judge of the Supreme Court of Judicature, Jamaica, son of the late Stafford Henry Northcote, of Belgrave Road, S.W., to Helena Jane (Lena), eldest daughter of Izett W. Anderson, M.D. Edin., formerly of Kingston, Jamaica.

DEATH.

GRIFFIN.—On July 13th, at the residence of his mother, 11, East Park Terrace, Southampton, John Griffin, M.B., of Port Elizabeth, South Africa, eldest son of the late R. W. Wandby Griffin, M.D.