

ceased. It was interesting to watch the oesophagus during swallowing before the external wound contracted. It was easy to see that the oesophagus opened when the man took water. There has been some doubt whether there is a mechanical distension of the mouth of the oesophagus in gluttony, or whether there is some such action of the oesophagus itself. In this case it certainly did open to receive the water. The man has made an uninterrupted recovery. There has been no attempt made to use a voice tube."

Dr. BRYSON DELAVAN said: Let me call your attention to several points of interest which this case illustrates. The man breathes freely with the aid of a tube. He is able to phonate with sufficient power and volume as to be heard distinctly at a considerable distance. He can even sing, although the latter expression must not be understood as meaning too much. He swallows both liquids and solids with ease, and can perform the act of smoking. He is not subject to any troubles of the bronchial tract, and he enjoys good health, although unable to do any kind of hard work. In the course of the operation the external integument was slightly inverted, with the result that several hair follicles were included. From these a number of hairs have grown, and their presence in the inside of the pharynx has been so annoying that it has been necessary from time to time to remove them. The special advantages of the operation have already been alluded to. They are admirably exemplified in this case, and it is chiefly on account of them that I have brought him from the United States to exhibit him to you.

A CASE OF DISLOCATION OF THE FEMUR ON TO THE PUBES, FRACTURE OF THE NECK, AND REMOVAL OF THE HEAD OF THE BONE.

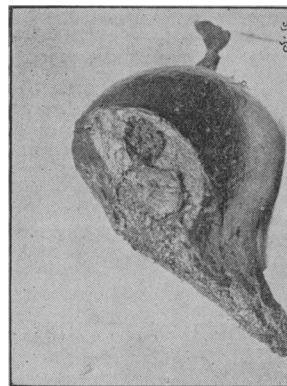
By GEORGE J. W. FLOWER,
Honorary Surgeon to the Yeovil Hospital.

I was called on the evening of July 4th to see A. H., aged 48, who had been under my care for eight or nine years, suffering from locomotor ataxy. He had managed to get about fairly well with the aid of a stick, but on this particular occasion, in stepping off the pavement to allow some people to pass, had fallen and dislocated his hip, the head of the femur being forced on to the pubes. All immediate attempts at manipulating the bone into place having failed, I asked one of my colleagues to visit the patient with me, for the purpose of administering ether, and otherwise rendering me assistance. The anæsthetic having been given, manipulation was recommenced; when suddenly, as the limb was being rotated, the head of the bone separated with a snap from the shaft, which then assumed its proper axis, leaving the head of the bone under the femoral vessels, so that the femoral artery could be felt pulsating over it. The limb immediately presented a dusky—I might almost say purple—hue, from venous congestion, and became cold. It was obvious that the only possible course was to cut down upon and remove the head of the bone; and this was accordingly done by means of an incision of about 5 inches in length, and just to the outer side of the vessels. The anterior crural nerve and the femoral vessels were turned aside, and the head of the bone (see illustrations) was removed with the lion forceps. The incision was closed with chromic gut sutures, dressed with iodoform and double cyanide gauze, and a Desault's splint applied. The wound healed by first intention, and at the end of three weeks I put on a plaster spica, and allowed the patient to get up and walk on crutches. He did remarkably well, the shortening is very slight, certainly not more than an inch or an inch and a-half.

I reported the case and showed the patient at the meeting of the Dorset and Hants Branch on October 10th, 1894, on account of its several peculiarities. A dislocation on to the pubes is rare in itself, but the question as to whether in this instance the neck of the bone was partially fractured by the accident and completely broken by the rotation, or whether the

disease from which the patient suffered had made the bone so friable that it could be fractured by simple rotation, remains undecided. Then, again, the fact of the head of the bone having been left under the femoral vessels and obstructing the circulation of the part constitutes, I think, an accident which has not been hitherto reported. I may say that the bone had the appearance of undergoing some form of degeneration, the layer of compact tissue being remarkably thin.

In support of the theory that the bone was rendered friable by disease and fractured by the rotation, it may be said that in locomotor ataxy the bones have a tendency to atrophic changes, and Dr. Charcot, in 1868, described a peculiar form of disease resembling osteo-arthritis with absence of pain, and often great deformity as occurring in the ataxic, and at the same time mentioned this tendency to atrophy of bone and liability to fracture.



The accompanying illustrations show the naked-eye appearance of the fragment and the plane of its separation from the shaft.

October 24th, 1895.—It is interesting to note that now, fifteen months after the accident and operation, the patient walks as well, if not better, than he did before it happened.

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

A CASE OF DIPHTHERIA TREATED BY ANTITOXIN. The following notes seem to us to be worthy of publication whilst the antitoxic treatment is on its trial.

G. K., aged 8 years, daughter of Dr. Kirk, was found on August 26th, 1895, suffering from a sore throat and enlargement of the submaxillary glands, a high temperature, and a thickly furred tongue. Dr. Kirk at once swabbed out the throat with a strong solution of nitrate of silver, which caused the membrane to separate and to be removed, but it was readily reformed. The following day the throat was swabbed out with liq. ferri perchloridi and glycerine twice a day, and the patient given a saline mixture and 5 grains of antipyrin on the night of August 26th. She took fluid nourishment well.

Mr. Berry saw her on the morning of August 29th. The tongue was thickly coated, and on the right tonsil there was a sloughy patch the size of a sixpence, and a second one behind it the size of a pea, with a good deal of tenacious mucus in the naso-pharynx, but the posterior wall of the pharynx appeared free; the application of the iron and glycerine had apparently removed the membrane. The temperature was 102.8° F. It was decided that the antitoxin treatment should be employed, and Dr. Peck, the medical officer of health to the Ormskirk Rural Sanitary Authority, kindly came over in the evening and gave her a dose of antitoxin by injection in the cellular tissue near to the inferior angle of the scapula.

On August 30th Mr. Berry saw her again. She had passed a restless night, but slept towards morning. The mucus in the throat was less tenacious, and she had vomited a quantity

of thick-looking secretion. The slough appeared healthier, and the patient was much brighter. The temperature was 101.6° F. At night the temperature was 101.6° F. The patient keeping better and taking plenty of nourishment, it was decided that no more antitoxin was required. On August 31st the throat was much better, the temperature was 100.8° F. On September 1st she was much better, took food well, and the temperature was 99.4° F. On September 5th the throat was quite well, and the temperature had been normal for three days. Quinine in half-grain doses and tr. ferri perchloridi was the medicine given throughout the case after using the antitoxin.

A couple of swabs from the throat, taken on August 31st, were sent by Dr. Kirk to the British Institute of Preventive Medicine for examination, and he received the following report:

The membrane sent by Dr. Kirk, of Hindley, has been examined by Mr. Nolan, of this Institute, and the bacillus diphtheriæ has been isolated. The case therefore is one of genuine diphtheria.—M. ARMAND RUFFER, Director.

There is no doubt that the early active treatment in the first instance and the use of the antitoxin as soon as it could be obtained had a beneficial effect. The gradual decline of temperature as the throat improved was very marked, but the loosening of the tenacious mucus a few hours after the use of the antitoxin was very characteristic.

WM. BERRY, F.R.C.S.I.,

Hon. Surgeon Royal Albert Edward Infirmary, Wigan.

J. KIRK, L.F.P.S.Glasg.,

Hindley.

AN EASY METHOD OF REDUCING RECENT DISLOCATION OF THE SHOULDER-JOINT.

In the beginning of March, 1895, I was summoned to attend a Coolie employed in the Naval Dockyard, on examining whom I found suffering from a subglenoid dislocation of the left humerus. I at once reduced the dislocation by grasping the elbow of the affected arm in my right hand, pressing two fingers of my left hand on the head of the bone in a direction slightly outwards and upwards, at the same time pressing the elbow upwards, the head of the bone at once shooting back into the joint.

On August 1st, 1895, another Coolie employed in the Naval Dockyard came to me with a subcoracoid dislocation of the left shoulder. By pressing the head of the bone in the opposite direction to that which this injury always takes, and which I need not mention, with two fingers of my left hand, and at the same time bringing the elbow of the affected arm slightly forwards, and pressing it to the side with my right hand, I reduced the dislocation with the greatest ease. I have not seen this method of reducing dislocation of the shoulder-joint described in any of the textbooks. In each case the dislocation was almost instantaneously reduced, and with a very slight amount of pain to the patient. In each case the reduction took place about two hours after receiving the injury. Both patients were well-developed, muscular men. I think this simple way of reducing recent dislocations of the shoulder-joint is well worth a trial before proceeding to the more elaborate methods mentioned in the textbooks; if it succeeds it is sure to cause much less injury to the joint than the method usually adopted. In neither of my cases was there any subsequent pain and inflammation of the shoulder-joints. The first patient resumed work in a month and has had no recurrence of the lesion since; the second patient—though it is only a fortnight since the injury happened to him—says he feels all right, and is annoyed because he is not yet allowed to use his arm.

W. HALLABAN,

Trincomalee, Ceylon.

Surgeon-Captain A.M.S.

THE Surgeon to the Mikado, who dressed the wound of Li-Hung-Chang after the attack made upon the Chinese plenipotentiary at Simonoseki, has at Li's request had the Order of the Double Dragon, Third Civil Class, conferred upon him by the Emperor of China.

THE Legislature of Wisconsin has appropriated 50,000 dollars (£10,000) as a contingent fund to be used by the Health Board, if necessary, at any time during the next two years, to prevent the introduction of cholera.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

THOMAS BUZZARD, M.D., F.R.C.P., President, in the Chair.

Friday, October 25th, 1895.

INTRODUCTORY ADDRESS.

THE PRESIDENT delivered his introductory address deferred from last meeting. After expressing his thanks for the great honour the Society had conferred upon him by electing him to a post which was unsurpassed, in his estimation, by any that could fall to the lot of a practising physician, he remarked that some of the aspirations which had been expressed at the foundation of the Society, twenty-eight years ago, had not been perhaps altogether fulfilled. The application of drugs and medicaments for the cure or relief of disease—the existence of which appeared to be looked upon as a foregone conclusion—overshadowed everything else in the first President's address, which contained no hint of investigation of disease with a view to its prevention as work to engage the attention of the Society. The last quarter of a century had wrought an extraordinary change, a signal illustration of which was to be found in the revolution brought about as a result of Pasteur's immortal researches, extended and applied to surgery by the genius of Lister. The success in the treatment of myxedema, a disease the investigation of which was so largely identified with the Clinical Society, was an example of the application of the scientific method in medicine as striking as anything to be found in the domain of physics. The success in the treatment of vast numbers of cases of paralysis and convulsive disorders which had followed the discovery of their frequent dependence upon syphilis was another example of scientific therapeutics, as contrasted with the tentative application of drugs which was formerly the rule. And so, also, the recognition of the influence of alcohol in the causation of a form of progressive paralysis opened the way at once to success in treating such cases. With our present knowledge of that which was formerly most frequently unsuspected, we could picture to ourselves the numerous cases of this description which, even at the time of the Society's formation, must have gone steadily on to death uninfluenced in any degree by the various drugs and other measures which were employed. How little would here avail the most careful trial and comparison and statistics of the effect of this or that drug! In the absence of the key to the cause of the disease, success in treating it would be impossible. Reference was made to the question of the causation of disease by micro-organisms, and it was remarked that in disease of the nervous system the infective origin of leprosy, tetanus, hydrophobia, and diphtheritic paralysis admitted of no reasonable doubt. He suggested that there was a most interesting field for inquiry as to the possible dependence of many chronic diseases of the nervous system upon a source of infection. Infantile paralysis (acute anterior poliomyelitis) there could be little or no doubt, from the occurrence of many epidemics of the disease, was an infective disorder. It was possible, he thought, that the form of progressive muscular atrophy in which the lesion occupied the same anatomical position would be likewise found to be of infective origin. Insular cerebro-spinal sclerosis, there were strong reasons for believing, owed its origin to some influence of this description. The suggestion that chorea and some forms of epilepsy had an analogous origin was yet but a conjecture, which appeared, however, to be worthy of investigation. As regards such "family" diseases as certain myopathies, and the so-called Friedreich's ataxy, the supposed hereditary element might prove, he thought, to be open to a similar explanation to that which many of us experienced respecting tuberculosis and cancer, and that what appeared to be an inheritance might be, at least in great part, the result of exposure of members of the same family to a local source of infection. The subject was one which must be approached from several sides, especially the clinical, bacteriological, and chemical. He could imagine no more important inquiry, and no society, the members of which were so well qualified to do justice to it as that which he had the honour to address.

would have had the smallest doubt. He was therefore of opinion that the Court ought not to grant the application.

The Master of the Rolls said he should advisedly take part in the present judgment because he thought that the argument which had been used against his taking part in it was absolutely contemptible. At the same time he only took part in it to say that he agreed with every word that the Lord Chancellor had said.

Lord Justice Lopes, in concurring, said the only way in which he could characterise the application was by describing it as a wanton and unjustifiable waste of time.

Lord Justice Kay said he also agreed with what the Lord Chancellor had said. There was no suggestion whatever, capable of being maintained, that Lord Esher had such an interest as preventing his hearing the case; and if there were, the application was a most frivolous and absurd one. The proper course to take would be to go to the House of Lords. That Court had no jurisdiction whatever to rehear a case which, according to Dimes's case, was a final judgment until it was set aside—not void, but voidable only. In his opinion it was neither void nor voidable, and on both grounds the gentleman who had been taking up so much of the time of the Court was utterly and entirely in the wrong.

AN UNQUALIFIED PRACTITIONER FINED.

At the Stipendiary's Court at Tunstall on October 24th William Benjamin Davies, of The Hollies, New Road, Talk-o'-th'-Hill, was summoned for having unlawfully used the title of surgeon, implying that he was thus recognised by law, contrary to the 40th Section of the Medical Act, on July 26th and September 3rd. Mr. E. A. Paine prosecuted on behalf of the Medical Defence Union of London, and Mr. E. A. Ashmall appeared for the defence. According to the report in the *Birmingham Gazette*, Mr. Paine said that under the Act the *Medical Register* for the current year was evidence as to whether a medical man was qualified or not, and defendant's name did not appear in the *Register*. He had a sign in his window bearing the name "Dr. Davies, Surgeon," and on the dates named had prescribed for a man named James Allen, of Kidsgrove, charging him 2s. 6d. on each occasion for bottles of medicine, and signing his certificate excusing him from work as "M.D." Mr. Ashmall, on behalf of the defendant, pleaded guilty, and represented to the Court that the defendant had studied for the medical profession, but on account of an affection of speech had been dissuaded from entering for the final examination. He was in poor circumstances, in delicate health, and had a weakly wife. He asked for leniency. The stipendiary said the offence was a very serious one, and fined the defendant £10 and costs in each case, £22 4s. in all, or two months' imprisonment.

INSURANCE CASES.

W. is the regular medical adviser of a family named D., S. is a leading surgeon in the same town. Mr. D. sustains some minor injuries by a fall from his trap. W. is called to attend him, and is asked to report to an accident insurance office. He reports, describing nature of injuries, and stating his opinion that the patient will be able to resume part of his work in about fourteen days. Mr. D. and the office have some correspondence as to the lump sum to be paid in settlement of the claim, and the office requests S. to visit and examine Mr. D., which he does without any communication whatever with W., either before or after the visit. 1. Was this a proper proceeding on the part of S.? 2. If not, what should W. now do?

. The principle laid down in the appended rule is that by which S. should have been guided, to which, in response to our correspondent's second query, we may add that it would be well to solicit his (S's) attention: "When, moreover (an oft-recurring incident) an employer or other person becomes anxious and apprehensive in regard to the illness of an employee, or in the case of an impending action for damages and the like, and for his personal satisfaction requests his own family or other doctor to visit the patient and report to him thereon, it is the duty of the deputed practitioner to point out to the employer or other interested party their respective ethical obligations in the matter, and, prior to making such visit, to solicit and obtain the sanction of the medical attendant in the case, otherwise he will commit a grave breach of professional etiquette, and entail upon himself a just rebuke."—*Code*, ch. ii, sect. 5, rule 15.

OLD PRESCRIPTIONS.

M.D. writes: I am attending a patient who has cancer of the uterus, and who has several times expressed to me a strong disinclination to take morphine. Recently her symptoms have aroused my suspicions, and on inquiry I found from a relative that she was taking some drops supplied to her by a lady who takes an interest in her. On referring to the London chemist who supplies these "drops" I am informed that they contain "hydrochlorate of morphine, with an excess of hydrochloric acid," and that the lady to whom they are sent has been warned to be careful in their use. On expostulating with the lady I am told that the drops are made up from the prescription of "a first-rate London physician," and that she cannot see any harm in supplying them to the patient without my knowledge, at the same time agreeing to accede to my wishes. Further inquiry leads me to believe that the prescription was originally given to the mother of the lady in question, and that she died some years ago. Since then the prescription has been frequently used for other people in a would-be charitable manner. Will you kindly inform me whether the law permits a chemist to continue for years to make up a prescription containing full doses of morphine, well knowing that he is not dispensing it for the person for whom it was originally ordered?

. It is the business of a chemist to dispense drugs according to prescriptions presented to him for that purpose, and there is no legal restriction to prevent him from supplying drugs in that way. When the nature of the medicine ordered appears exceptional it is customary

to refer to the prescriber, if that be possible; if that cannot be done, and circumstances appear to justify refusal to supply a medicine, that course may be adopted sometimes. But it is always a delicate matter for a dispensing chemist to exercise his discretion in that way upon his own responsibility. Very often it may be impossible to determine whether a prescription is or is not to be regarded as a medical instruction for the supply of medicine. The circumstances of the case referred to by our correspondent forcibly illustrate the possible evils and difficulties connected with the customary practice, but it is not easy to suggest a remedy for them that would be effectual.

PUBLICATION OF TESTIMONIAL BY PATIENT.

A CORRESPONDENT asks for our advice as to the proper course to adopt under the following circumstances: In conjunction with three other gentlemen he performed an operation on a patient, and subsequently there appeared in a local newspaper (apparently inserted by or on behalf of the patient, and paid for, we are informed, as an advertisement) a testimonial speaking in terms of commendation of the manner in which the operation had been performed, and expressing the "heart-felt thanks" of the patient and her friends to our correspondent. The latter now inquires what action he and the gentlemen in question (who are naturally annoyed at such publicity) can take in the matter by way of reputation. The publication in question is injurious in so far as it might raise a presumption of having been inserted by way of advertisement on behalf of our correspondent, and that he might be called upon by the General Medical Council for an explanation; but while proceedings against the parties or the proprietors of the newspaper would secure the result of vindication in this respect, such proceedings would necessarily involve considerable anxiety and possible expense; and under the circumstances we think our correspondent should rely on his standing and reputation to rebut any suggestion of improper professional conduct, rather than embark in an expensive action.

A letter to the newspaper in question might be written for publication (subject to the approval of the three other gentlemen referred to), but this course is open to the objection of reviving the original testimonial. Our correspondent has probably administered a warning to the newspaper in question.

A PADDY.—Professionally regrettable and ethically wrong as is the line of conduct imputed to B in relation to A, it is, we fear, the natural outcome of a more or less unethical mind, incited thereto by the unfriendly feeling existing between them. Be the unexplained cause what it may, we would express a hope that, however great the provocation has been, or may be, A will avoid retaliation and continue to act in strict accordance with the ethical rules referred to in his letter as those by which his individual conduct has therefore been guided.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

EXAMINERS FOR MEDICAL DEGREES.—The following appointments of examiners have been made in reference to the First and Second Examinations for the M.B. degree:—Physics: Mr. H. F. Newall and Mr. S. Skinner. Chemistry: Mr. F. H. Neville and Mr. S. Ruhemann. Biology: Mr. A. C. Seward and Mr. J. J. Lister. Pharmaceutical Chemistry: Mr. A. Ivatt and Mr. R. H. Adie. Human Anatomy: Professor Macalister and Professor Paterson. Physiology: Mr. W. B. Hardy and Professor Halliburton.

ENTRY OF MEDICAL STUDENTS.—The final returns show that 157 freshmen have entered on the course for the M.B. degree.

EXAMINATIONS.—The Registry publishes the following particulars in reference to the forthcoming examinations for medical and surgical degrees in the present term:

Examination.	Names to be sent in.	Fees and Certificates.	Examination Begins.
First M.B.—			
Chemistry, etc.	November 23 ...	November 30 ...	December 6
Biology	" 23 ...	December 3 ...	" 9
Second M.B.—			
Pharmacy	" 23 ...	" 6 ...	" 12
Anatomy, etc.	" 23 ...	November 30 ...	" 6
Third M.B.—			
Surgery, etc.	" 27 ...	December 4 ...	" 10
Medicine, etc.	" 27 ...	" 4 ...	" 10
M.C.	" 27 ...	" 7 ...	" 13

DEGREES.—At the Congregation on Thursday, October 24th, the following degrees in medicine and surgery were conferred:—M.D.: M. G. Foster, M.A., M.B., Trinity; R. R. Law, B.A., M.B., B.C., Christ's. M.B. and B.C.: F. W. Garrad, B.A., Clare.

UNIVERSITY OF EDINBURGH.

A SPECIAL graduation ceremonial was held on October 26th; the Vice-Chancellor, Principal Sir William Muir, presiding, when the fifty-eight gentlemen whose names appeared in the *BRITISH MEDICAL JOURNAL* of October 26th were formally admitted to the Degrees of M.B. and C.M. At the same time eight gentlemen were admitted to the Degree of M.A.

GENERAL COUNCIL.—The statutory half-yearly meeting was held on Friday, October 25th. The only business of medical interest was the election of two Assessors to represent the Council of the University Court, the term of office of Drs. Patrick Heron Watson and John Duncan having come to an end. Dr. Duncan had intimated that he did not desire re-election. It was therefore unanimously agreed to elect Drs. Patrick Heron Watson and Joseph Bell as the new Assessors.

UNIVERSITY OF GLASGOW.

PROFESSIONAL EXAMINATIONS.—The professional examinations at Glasgow University for degrees in medicine are just concluded. The entrants for the old first examination numbered 6, including 2 women candidates; for the second 25, including, also, 1 woman; and for the third 64, including 8 women. The passes numbered 3, 10, and 34 for the first, second, and third respectively, the remainder having either failed or withdrawn. Under the new regulations there were 138 for the first, including 15 women. Of the total, 71 passed in one or more subjects, 56 failed, and 11 withdrew. Of the women, 9 passed. For the second there were 74 entries, of whom 9 were women. The passes were, in anatomy 30 (10 failures), in physiology 29 (12 failures), in materia medica 37 (18 failures); of the women, 7 passed in one or more subjects.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The following gentlemen, having passed the necessary examination for registered practitioners, have been admitted Licentiates of the College: E. Barker-Barber, L.S.A.Lond., and H. E. Watts, L.S.A.Lond.

OBITUARY.

LAUNCELOT W. ANDREWS, M.D.LOND.

UPON the many students of St. Bartholomew's Hospital between 1882-92 the news of Launcelot Andrews's untimely death will fall as a sudden shock and as a grievous personal loss. Some of his friends had had the painful satisfaction of saying goodbye to him in the last two weeks, when it became evident that his life must shortly close, but to most of his old fellow students this announcement will be one of almost appalling suddenness. In the earlier part of the year one of his testicles was removed for what turned out to be carcinoma. He resumed his work with full vigour and enthusiasm, but after a summer holiday in Switzerland returned to town only to be struck down by a recurrence of the growth in the abdomen, which first showed itself by very obstinate vomiting. This disease rapidly progressed, and he died at 7 A.M. on Tuesday, October 29th, being devotedly nursed by his wife, who is thus left a widow with one son.

Launcelot Andrews, born on March 1st, 1864, was the eldest son of the Rev. W. R. Andrews, of Teffont Ewyas, Wiltshire. He was educated at Haileybury College, where he made many friends, and was a prominent member of the School XV. In 1882 he entered at St. Bartholomew's Hospital, and began working for the London M.B. degree, which he passed in 1889, proceeding to the M.D. in 1892. He was a Member of the Royal College of Surgeons, a Licentiate of the Royal College of Physicians (1880), and a D.P.H. of Cambridge (1893).

From the first Andrews was marked out by his single-hearted enthusiasm and energy; whatever he had in hand, whether work or play, was pursued with an earnest delight in its performance, and it would seem with no further end in view. In his first year he was a member of the Rugby football team, which won the cup (1893), and from that time he was a prominent figure in all the various activities of the schools, a fact that is shown by his long association in various official capacities with the Abernethian Society, of which he was at one time president.

After qualifying he was House-Surgeon to Sir W. Savory, House-Physician to Dr. Andrew, and Ophthalmic House-Surgeon to Mr. H. Power, besides being very frequently *locum tenens* in the only other appointment he did not officially hold—the midwifery assistantcy. After such a prolonged term he was naturally extremely loth to leave and to sever his ties with the hospital.

However, he started on general practice at Stamford, but soon returned to London and set up in Cheyne Gardens, Chelsea, where, happily married, he busied himself in practice and in attendance, first as an assistant at the electrical department at his old hospital, and then for a longer time as Clinical Assistant at the Royal South London Ophthalmic Hospital. The latter post, and the office of Surgeon to the Sloane Square Dispensary, he held to the last. Active in body, pure in mind, and with wide sympathies, it is not too much to say that, short as it was, he lived to the full an active and blameless life, the characteristics of which were an intense interest in all things human and an unswerving rectitude of conduct.

NORMAN McLEOD CLERK, M.B., C.M., of Rothesay, who died in July last, was a son of the Rev. Dr. Clerk, Minister of the parish of Kilmallie. After a full course in arts in the University of Glasgow, with the view of settling as an agriculturist he emigrated to Buenos Ayres, where he remained until, with other Englishmen, he was forced to leave in consequence of one of the revolutions so common in that country. On returning to Scotland he entered himself as a student in medicine in the University of Glasgow, and acquitted himself during his whole curriculum in such a manner as to gain first class certificates in almost all departments. After obtaining the degrees of M.B. and C.M. in 1882, he became one of the House-Surgeons in the Western Infirmary under his uncle, whom he assisted besides in his private practice. He then obtained the appointment of Assistant Medical Officer to Smithston Asylum and Poorhouse, Greenock. While there, however, he had an attack of rheumatic fever, which probably laid the foundation of that delicacy in health which attended him more or less afterwards. He afterwards settled in Rothesay as successor to the late Dr. Maddever. He there pursued his profession in a truly professional spirit, and gained the affection and esteem of all who came under his care. Since a bad attack of influenza in 1892 he gradually declined in health and strength. The end at last came suddenly.

MANY medical men who have studied in Vienna within the last ten years will hear with great regret of the death last week, at the early age of 32, of Mrs. GORDON, wife of the Rev. Francis Gordon, of that city. Not only did Mrs. Gordon assist her husband in his duties as Honorary Secretary of the Anglo-Wiener Medical Association, but she entertained, in a most hospitable manner, English and American doctors visiting Vienna. Numbers of young medical men look back with pleasure to the quiet Sunday evening suppers at her house in Landesgerichts Strasse, when for a few hours they were made to forget that they were "strangers" in a strange land.

MR. GEORGE REDFORD, F.R.C.S., died at Cricklewood, N.W., on October 26th, in his 80th year, after a lingering illness. He was the son of the Rev. Dr. Redford. Mr. Redford has been well known for many years in art circles as a cultivated and accomplished critic. He was an excellent judge of pictures, especially the old masters. In early life Mr. Redford practised as a medical man, and was for some years in the Army Medical Service, having volunteered at the time of the Crimean War. In later years he was officially associated with the Art Treasures Exhibition at Manchester, and also as one of the Commissioners of the Leeds Exhibition.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,112 births and 4,011 deaths were registered during the week ending Saturday, October 26th. The annual rate of mortality in these towns, which had been 21.0 and 19.1 per 1,000 in the two preceding weeks, rose again to 19.7 last week. Among these large towns the death-rate ranged from 12.7 in Croydon, 13.1 in Huddersfield, and 13.5 in Brighton to 27.8 in Liverpool, 30.5 in Salford, and 32.3 in Blackburn. In the thirty-two provincial towns the mean death-rate was 21.4 per 1,000, and exceeded by 3.9 the rate recorded in London, which was 17.5 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.9 per 1,000; in London the rate was equal to 2.5, while it averaged 3.1 per 1,000 in the thirty-two provincial towns, and was highest in Swansea, Burnley, and Blackburn. Measles caused a death-rate of 2.2 in Oldham, 2.7 in Swansea, and 3.6 in Blackburn; whooping-cough of 1.2 in Wolverhampton; "fever" of 1.6 in Burnley, 2.2 in Bolton, and 2.3 in Burnley. The mortality from scarlet fever showed no marked excess in any of the large towns. The 95 deaths from diphtheria in the thirty-three towns included 41 in London, 8 in West Ham, 4 in Birmingham, 3 in Cardiff, and 3 in Wolverhampton. One fatal case of small-pox was registered in London, but not one in any of the thirty-two large provincial towns. There were 114 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, October 26th, against 198, 158, and 119 at the end of the three preceding weeks;

MEDICAL NEWS.

DR. PHINEAS ABRAHAM has resigned the post of Physician at the Western Skin Hospital, Great Portland Street.

DURING the past week fourteen cases of rabies, all occurring in the west end of the county, have been reported to the Middlesex County Council.

THE first meeting for the session of the Epidemiological Society will be held on Friday, November 15th, at 8 P.M., in the rooms of the Medical Society of London, when Mr. T. W. Thompson will read a paper entitled "Considerations in respect of 'Return' Cases of Scarlatina."

THE first lecture of the Royal British Nurses' Association for the present session will be given at 17, Old Cavendish Street, on Friday, November 22nd, by Dr. Louis Parkes, M.O.H. Chelsea, "On the Importance of Breathing Fresh Air."

PRESENTATION.—Mr. Alfred Power, medical officer of the Caylloma Silver Mining Co., Peru, was, on the termination of his period of office, presented by the staff of the mines with a handsome present, and an address expressing their sense of his kindly and skilful discharge of his medical duties.

CHARING CROSS HOSPITAL OLD STUDENTS DINNER.—The annual dinner of past and present students of the Charing Cross Medical School was held on Wednesday, October 23rd, at the Holborn Restaurant, Mr. C. J. Worlett, F.R.C.S., being in the chair. After the toast of "The Queen," the Chairman gave that of "The Medical Staff," which was responded to by Dr. Watt Black. Mr. Waterhouse proposed "The Past and Present Students," responded to by Dr. W. Travers and Mr. Lloyd. Dr. Routh proposed "The Visitors," for whom Mr. Shield replied; and Mr. Morgan gave the toast of "The Chairman." About 155 gentlemen were present, and the meeting was generally felt to have been as successful as any of its predecessors, the success being accentuated by the songs contributed by Dr. Mott and Messrs. A. E. Reade, Hudson, and Leake.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—On Monday, October 28th, in the theatre of the School, Dr. Howship Dickinson distributed the certificates of honour given to students who had gained scholarships, exhibitions, and prizes during the year. The recipients were: Mr. Walwyn Thomas, £100 Exhibitioner and Treasurer's Prizeman; Mr. Sidney Smith and Mr. Frank Morley, Brackenbury Prizemen in Medicine and Surgery respectively; Mr. E. T. Fison, Special Certificate of Honour in Medicine; Mr. R. A. Cooper, Brodie Prizeman; Mr. H. S. Barwell, Henry Charles Johnson and Proficiency Prizeman; Mr. R. E. Drake-Brockman, Brodie Prizeman; Mr. C. R. Keyser, Sir Charles Clarke's Prizeman; Mr. T. M. Neathy, Proficiency Prizeman; Messrs. H. S. Pendlebury, H. G. Deller, and Howell Evans, Entrance Scholars in Science; Messrs. T. C. English, H. A. Chaplin, L. F. Cope, and Lawrence Jones, Entrance Scholars in Arts. Addressing the students at the close of the ceremony, Dr. Dickinson warned them against the danger of becoming one-sided—a danger to be avoided by a legitimate degree of indulgence of an Englishman's natural taste for sport and by the cultivation of the great masters of English literature. For the works of Milton, Addison, and Gibbon the speaker claimed special attention.

MEDICAL VACANCIES.

The following vacancies are announced:

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—Resident Medical Officer and Resident Surgical Officer. Salaries, £70 and £50 respectively, with board, washing, and attendance at the institution. Applications to the Secretary, Children's Hospital, Steelhouse Lane, Birmingham, by November 5th.

BRISTOL HOSPITAL FOR SICK WOMEN AND CHILDREN.—House-Surgeon; doubly qualified. Salary, £100 per annum, with rooms and attendance (not board). Applications and testimonials, endorsed "House-Surgeon," to H. Lawford Jones, Secretary, before November 6th.

BROWN ANIMAL SANATORY INSTITUTION.—Professor Superintendent. Salary, £250 per annum. Applications to the Registrar of the University of London, Burlington Gardens, W., by November 15th.

CITY OF DUBLIN HOSPITAL.—Visiting Surgeon. Applications to Mr. Arthur Benson, F.R.C.S.I., Hon. Sec., Medical Board, City of Dublin Hospital, Upper Baggot Street, Dublin, before November 5th.

DENBIGHSHIRE INFIRMARY, Denbigh.—House-Surgeon; must be duly qualified to practise medicine and surgery, and be conversant with the Welsh language. Salary, £80 per annum, with board, residence, and washing. Applications and testimonials to W. Vaughan Jones, Secretary, by December 2nd.

GLASGOW MATERNITY HOSPITAL.—Obstetric Physician and Assistant Obstetric Physician. Applications to Arthur Forbes, Secretary, 146, Buchanan Street, Glasgow, by November 8th.

ROYAL BERKS HOSPITAL.—Consulting Dentist; must be registered Licentiate in Dental Surgery. Applications to the Secretary ten days before the election on November 5th.

ROYAL PORTSMOUTH HOSPITAL.—Assistant House-Surgeon; appointment for six months. Honorarium of £15 15s., and board and residence, and is renewable for a further period of six months. Applications and testimonials to J. A. Byerley, Secretary, before November 14th.

STOCKTON AND THORNABY HOSPITAL, Stockton-on-Tees.—House-Surgeon (non-resident); doubly qualified. Must reside near the hospital, and devote the whole of his time to the institution. Salary, £200 per annum. Applications and testimonials to H. G. Sanderson, Secretary, by November 5th.

SUNDERLAND INFIRMARY.—House-Physician. Salary, £80, rising £10 annually to £100, with board and residence. Applications to the Chairman of the Medical Board by November 7th.

TOWNSHIP OF TOXTETH PARK.—Junior Assistant Resident Medical Officer for the Workhouse Infirmary. Candidates must be registered and doubly qualified. Salary, £75 per annum, with board, washing, and apartments. No extra fee. Applications, endorsed "Junior Assistant Medical Officer," to James Moulding, Clerk to the Guardians, 15, High Park Street, Liverpool, by November 6th.

WHITEHAVEN AND WEST CUMBERLAND INFIRMARY.—House-Surgeon; doubly qualified. Salary, £120 per annum, and £30 per annum for dispensing, with furnished apartments and attendance. Applications and testimonials to Tyson Kitchen, Secretary, by November 9th.

MEDICAL APPOINTMENTS.

BATEMAN, C. E. G., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Workhouse and Walsingham District of the Walsingham Union, *vice* F. Bayes, M.R.C.S., resigned.

BOULTON, A., M.R.C.S. Eng., appointed Medical Officer of Health to the Horncastle Rural Sanitary District, *vice* H. George, M.D. St. And.

CARMICHAEL, W. J., M.B., C.M. Aberd., appointed Surgeon and Agent to the Coastguard at Collieston, and Medical Officer for the parish of Slains, *vice* Dr. Jameson, resigned.

EDWARDS, Norman Fox, M.B., Ch.B. Vict., appointed House-Physician to the Swansea Hospital.

EVANS, Arthur Henry, appointed Resident Obstetric Assistant to the Westminster Hospital.

FLEMING, Dr. G. E., appointed Medical Officer for the Downham District of the Ely Union, *vice* H. Hulbert, B.A. Oxon., L.R.C.P. Lond., M.R.C.S., resigned.

GARSTANG, Thos. W. H., M.R.C.S., Medical Officer of Health to the Knutsford Urban District Council, appointed Medical Officer of Health to the Bucklow Rural District Council, late Altrincham Rural Sanitary Authority.

GIBBS, F. R., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Eighth District of the Wycombe Union, *vice* W. G. Weaver, L.R.C.P. Lond., resigned.

GORDON, W., M.A., M.D., B.C. Cantab., M.R.C.P., appointed Physician to the West of England Eye Infirmary, Exeter.

HARDIE, John, M.B., F.R.C.S.E., appointed Examiner in Anatomy at the Royal College of Surgeons, Edinburgh, *vice* Macdonald Brown, F.R.C.S. Eng., retired.

JOLLY, R. W., M.R.C.S. Eng., appointed Medical Officer of Health for Peterborough, *vice* W. E. Payley, M.B. Durh., F.R.C.S. Eng.

MORLEY, H. W., M.R.C.S., L.R.C.P., formerly Assistant House-Surgeon, appointed House-Surgeon to the Royal Portsmouth Hospital, *vice* T. H. Bishop, M.B., resigned.

PATTINSON, H. A., M.R.C.S. Eng., L.R.C.P.I., reappointed Medical Officer of Health to the Seaton Urban Sanitary District.

POLLARD, C. M.D., F.R.C.S., appointed Medical Officer for the Holt District of the Martley Union, *vice* W. A. S. Walsh, M.R.C.S. Eng.

RANDELL, R. M. Henry, M.D. Lond., M.R.C.S. Eng., appointed Honorary Medical Officer to the Beckenham Cottage Hospital.

STEVENS, F. J., B.A. Oxon., M.R.C.S., D.P.H., appointed Medical Officer of Health to the Camberwell Sanitary District.

TIBBETTS, T. M., M.B. Lond., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer of Health for the Quarry Bank Urban Sanitary District, *vice* Dr. W. H. Thompson, deceased.

WEST, Waldemar S., M.A., M.B., B.C. Cantab., appointed Resident Medical Officer to the Royal Hospital for Diseases of the Chest, City Road, E.C.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, London Throat Hospital, Great Portland Street, 8 P.M. Dr. Whistler: Syphilis of the Pharynx and Larynx.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C., 8 P.M.—Inaugural Address by the President, Mr. David Hepburn. Casual communications by Mr. C. J. Boyd Wallace and Mr. J. Main Nicoll.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Craig: Alcoholic Insanity.

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

PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Dr. Snow: The Non-existence of Round-celled Sarcoma as a Distinct Class of New Growth. Drs. Garrod and Hopkins: On the Recurrence of Large Amounts of Hæmatoporphyrin in the Urine after the Administration of Sulphonal. Mr. Beadles: The Relation of Biliary Calculi to Malignant Disease of the Liver. Mr. Jackson Clarke: Dermoid Tumour of the Testis. Mr. Edmunds: Cystic Accessory Thyroid. Card Specimens.—Mr. Beadles: Ureter Obstructed by Calculus. Dr. Willcocks: Perihepatitis and Thrombosis. Dr. Walsham: Pulmonary Stenosis. Mr. Edmunds: Myxoma of Breast.

WEDNESDAY.

HOSPITAL FOR CONSUMPTION, Brompton, 4 P.M.—Mr. R. J. Godlee: On the Surgical Anatomy of the Chest.

OBSTETRICAL SOCIETY OF LONDON, 8 P.M.—Specimens will be shown. Papers:—Professor G. E. Curatulo (introduced by Dr. Griffith): On the Influence of the Removal of the Ovaries on Metabolism in connection with Osteomalacia. Mr. J. Bland Sutton: On a Case of Tubo-Uterine Pregnancy; Primary Intrapерitoneal Rupture; Recovery. Dr. A. E. Giles: A Case of Uterus Diadelphus, with remarks on the Clinical Importance of this Malformation. Special General Meeting; Confirmation of revision of Chapter VI of the By-laws.

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

THURSDAY.

LONDON POST-GRADUATE COURSE, Hospital for the Paralysed and Epileptic, Queen Square, 2 P.M.—Dr. Bastian: Cases in the Hospital. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Mr. W. A. Lane: Selected Surgical Cases. Central London Sick Asylum, Cleveland Street, 5.30 P.M. Mr. Jonathan Hutchinson: Cases in the Wards.

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Dr. Goodhart will open a discussion on Spasmodic Asthma and its Treatment.

NEUROLOGICAL SOCIETY OF LONDON, Mr. Jonathan Hutchinson's Museum, 1, Park Crescent, 8.30 P.M.—A Clinical Demonstration (Drawings and Patients) of the Trophoneuroses of the Skin, more especially Herpes and Morphea.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 to 5 P.M.—Professor Crookshank: Lecture; Actinomycosis and Glanders. Practical Work; Staining Sections and Cultivations.

CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Mr. Mansell Moullin: Suprapubic Cystotomy and Prostatectomy in Cases of Multiple Calculi. Mr. Golding-Bird: A Case of Intussusception through a Patent Mickel's Diverticulum. Mr. Langton: A Case of Osteosarthritis (Fragilitas Ossium), in which after firm union of several fractures had taken place, disunion occurred in some, several years afterwards. Dr. Althaus: A Case of Brain Tumour successfully Healed by Internal Medication.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Percy Smith: Insanity and Syphilis; Insanity with Organic Brain Disease.

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.

EDWARDS.—On October 27th, at 55, Harley Street, W., the wife of F. Swinford Edwards, F.R.C.S., of a daughter.

MOLSON.—On October 28th, at Springfield, Chelmsford, the wife of J. Elsdale Molson, M.B., B.C.Camb., M.R.C.S., L.R.C.P., of a son.

MARRIAGES.

TUTHILL—WATKIN-DAVIES.—On October 24th, at St. Michael's, Abergyle, by the Rev. F. P. Watkin-Davies, Rector of Llanvachreth, Dolgelly, brother of the bride, assisted by the Rev. Canon Evans, Rector of the parish, Alfred Tuthill, M.B., of Upper Parkstone, Dorset, youngest son of the late Captain William Tuthill, King's Dragoon Guards, of Maylan, Maynooth, to Catherine Grace, youngest daughter of the late Rev. David Watkin-Davies, Rector of Llanrhyddlad, Anglesey.

LYTLE—LEWIS.—On October 23rd, at St. Catherine's Church, Pontypridd, by the Rev. Precentor Lewis, R.D., Vicar of Ystradyfodwg, assisted by the Rev. H. J. Williams, B.A., Vicar of Dinas Powis, and the Rev. J. F. Griffiths, M.A., Vicar of Pontypridd, James Shaw Lytle, M.D., M.Ch., M.A.C.O., Cilfynydd, Pontypridd, to Edith Mary, eldest and only surviving daughter of the late Rev. Moses Lewis, Vicar of Llanwona.

DEATH.

GORDON.—On October 21st, at 10, Pelsize Avenue, London, N.W., Ethel Beatrice, wife of the Rev. Francis Gordon, of Vienna, aged 32.

LETTERS, NOTES, AND ANSWERS TO
CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

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

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

QUERIES.

E. H. F. writes: Is there any post-graduate course where one can have practical instruction in putting up fractures, reducing dislocation, etc.?

X. Y. Z. asks where he can purchase good second-hand surgical instruments.

A MEMBER asks to be advised as to the best plan of treatment in the case of a tall girl, about 13 years of age, becoming "round in the shoulders," and somewhat stooped.

MR. CHARLES ROBERTS (The Lodge, Eastbourne) would be glad to know where he can purchase a large outline diagram of the brain and nervous system—apart from all other structures—suitable for a school-room lecture on physical education.

J. F. F., who has a patient, aged 20, male, with very small chest which he is anxious to see developed, asks to be recommended a trustworthy and competent Swedish drill instructor and masseur, who would attend at a private house.

Q. asks for information as to the following points in connection with starting a parish or district nurse—trained, of course. What remuneration should she require? Is it advisable to make any charge on those who benefit by her services? Where should one apply to obtain a likely person for this position?

C. P. writes: A girl, who in youth suffered from caries of the spine, has slight dilatation of the stomach, and is troubled with a gurgling, churning noise at every inspiration and expiration. I have dieted her, keeping down the liquids, and also used oil of rue, but with no marked effect. Can any readers recommend anything to remove the unpleasant noise in her stomach?

E. H. asks for advice in the treatment of a patient who has on the buccal mucous membrane about 100 small white ulcers about 2 lines in diameter. E. H. has given washes of boracic acid, alum, dilute nitrate of silver, and finally used the mitigated caustic stick; potassium chlorate has been given internally, also ferr. et ammon. citrat. The patient is in good health, but the ulcers increase rather than diminish in numbers; they are painless.

SALIVATION IN PREGNANCY.

F. is attending a primipara, aged 23, $3\frac{1}{2}$ months pregnant, who has been salivated since the end of the first month. The case has defied all the varied drugs he has tried, and the textbooks he has consulted give little or no information. He will therefore be glad of any suggestion for the cure or alleviation of the distressing symptom.

THE PRESENCE OF VISITORS IN THE OPERATING THEATRE.

MEMBER B.M.A. writes: Is it not in accordance with the traditions of the profession that medical men shall be made welcome to the operating theatre of a public free hospital by their brethren upon the staff of the same? An instance in which the presence of uninvited local medical men has been treated as an intrusion suggests the advisability of a clear understanding upon the question. Young men whose professional duties are light are unwilling to find themselves in a state of rust and incompetence, and appreciate the opportunities for observation afforded by a hospital.

* * We agree with our correspondent that any member of the profession desiring to attend operations at a general hospital should be received as a visitor, not as an intruder. He should if necessary make himself known to the operating surgeon or to some other member of the surgical staff in the theatre, and should ask leave to watch the operations; and he should be careful neither to stand too near the sur-