

symptoms suggested an intracranial abscess and the situation of the carious disease pointed to the temporo-sphenoidal lobe as the probable site. The mastoid was then opened, the carious opening in the tegmen enlarged outwards, and some extradural pus removed. Exploration of the temporo-sphenoidal lobe revealed no pus but a large quantity of ventricular fluid escaped and the patient became much less drowsy. Next day he seemed so much better that operation on the cerebellum was considered uncalled for. A few hours later Dr. Grant again visited him with a view to the consideration of the necessity for operation, but was met with the report that the patient had a few minutes before been attacked with difficulty in breathing and had suddenly died. On *post-mortem* examination there was found an abscess in the corresponding lobe of the cerebellum in contact with a minute carious perforation in the posterior surface of the petrous bone, internal to the sigmoid sinus, whereas the very large carious aperture in the tegmen communicated with no disease of the temporo-sphenoidal lobe. He therefore insisted on the danger of delay in operating on suspected cerebellar abscess, and quoted the experience of neurologists that death in cases of cerebellar disease of any kind was very frequently sudden. In cases of chronic suppuration—apart from severe attacks of pain—even when not yielding to other methods of treatment, extraordinarily favourable effects were obtained by an energetic use of the alcohol treatment, a method combining bactericidal and dehydrating effects.

Mr. ROBERT H. WOODS (Dublin) thought an aurist should not merely content himself with the examination and medical treatment of ear diseases, but should be capable of carrying out surgical procedures where indicated, even to the extent of treating intracranial complications. He then showed specimens from two patients on whom he had operated for intracranial abscess. The first case, one of cerebellar abscess, occurred in a girl aged 20, who while suffering from chronic purulent otitis media developed symptoms of right lateral sinus thrombosis. The mastoid process was opened, the middle ear cleared out, the thrombosed lateral sinus laid bare, and a cerebellar abscess evacuated. The internal jugular vein was ligatured in the neck, and the clot removed. She rallied for some days, but finally died of asthenia twelve days after operation. The second specimen was taken from a man aged 33, who had been sent into hospital as a case of fever, and who had symptoms of extradural abscess. He was operated on, and a large extra- and intradural abscess in the middle cranial fossa evacuated, the dura mater having been eroded to the size of a florin. A temporo-sphenoidal abscess was also opened and drained. He never rallied, and died seven days after operation, when it was found that in addition to the conditions diagnosed during life he had diffuse purulent leptomeningitis, and that the ventricles were filled with pus.

Dr. THOMAS BARR (Glasgow) referred to the importance of the middle ear as a source of tubercle, which he pointed out for the first time at the Otological Congress in London, 1881. The subsequent history of events has confirmed the opinion expressed at that time. In regard to granulation tissue and polypi, Dr. Barr had been in the habit of using antiseptic remedies before the instrumental treatment of the growth. This is a precaution of great importance, and likely to avert serious intracranial complications, which have probably at times followed their removal. The treatment of purulent disease of the middle ear by operation on the mastoid, which has resisted all other methods, had been found, in his experience, very satisfactory. Of eight cases operated on, six proved perfectly successful, and the other two showed only the slightest trace of secretion. The use of the dental burr is of the greatest value in securing success, but it is essential that the burr should be good.

Mr. JAMES BLACK referred to the use of alcoholic instillation as a subsequent treatment to the removal of granulations, and as a means of attaining a partial asepsis.

Mr. BALLANCE pointed out the importance of an early diagnosis of tubercle in aural disease, and the necessity of keeping up thorough and prolonged drainage through the mastoid.

Dr. ROBERTSON agreed as to the great importance of free drainage and asepsis. He advocated the use of a lead stylet to be worn constantly in the mastoid wound; he had also

found the dry treatment, with or without iodoform, more satisfactory than syringing with antiseptic lotions, provided all the necrotic tissue had been removed.

The PRESIDENT (Sir William Dalby) drew attention to the great value of clinical observation in separating cases of general meningitis from cerebral abscess. The defensive operation of opening the mastoid cells, making a free drainage through the tympanic cavity, and removing whatever bone was carious should be employed under the several conditions which were discussed. These included imperfect exit for pus from tympanic cavity due to bone granulation, polypus, exostosis, or hyperostosis. Especially if there were head pain or giddiness this surgical proceeding became imperative.

Professor MACCOWEN, in reply to some of the points raised during the discussion, said that the symptoms of cerebellar abscess would depend upon the level of the pressure. It was the duty of the surgeon to operate even if the case were apparently hopeless, as he himself had seen some cases recover which had appeared very unfavourable. It was useless to attempt to eradicate tubercle by means of the syringe; if the disease was confined to the middle ear and mastoid the case could be cured by operating, but if the internal ear or the petrous portion of the bone were affected, it would be impossible to cure it. It must be recognised that suppuration would continue; it was therefore important to keep open the surface drainage. He considered that there was a certain amount of danger in syringing out cavities; he preferred if possible to keep them dry. Disease of the middle ear should be treated on ordinary surgical lines, all foci being carefully removed, and care being taken to have perfect antiseptics. He believed that the burr was much more effectual than the mallet and chisel for mastoid operation.

## MEMORANDA:

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

#### UNIFORM INCOMPLETE INFLATION OF BOTH LUNGS.

ON October 17th I was called upon by the coroner for this district to make a *post-mortem* examination of the body of a child, aged 3 days, who had died suddenly. The body proved to be that of a female child, plump, and weighing, I should think, about 10 lbs. The face was decidedly cyanosed, the body not markedly so. The umbilical cord was dried up, but had not begun to separate.

On opening the head I found the larger veins of the meninges engorged with blood, but there was no network of small vessels and capillaries as seen in congestion. The brain and appendages were otherwise normal.

On opening the chest it was seen that the lungs were not fully inflated, the edges only being in view, and the anterior portion of the chest cavity between the vertical nipple lines was occupied by the thymus gland and pericardium only. The lungs were dark red in colour throughout, and very much like liver in consistence and appearance. No crepitation could be elicited anywhere. They were, I should judge, of about one-third the natural bulk, and very nearly of the same specific gravity as water, barely floating; all portions of the lungs behaved in the same way. Both main bronchi contained much frothy mucus. The respiratory passages were otherwise normal.

The greater veins on the surface of the heart were engorged and prominent like the meningeal veins. There were no sub-pericardial petechiæ. The right side of the heart was full of abnormally fluid blood. The ductus arteriosus was patent and not greatly diminished, and the foramen ovale was almost closed. The valves were in their normal condition, and the heart seemed otherwise healthy. The stomach was distended with mucus, evidently from the respiratory passages, in which a few small white flakes of what might have been milk were seen. The mucous membrane was normal, as were the rest of the viscera.

According to the evidence the child was seen alive with its mother at 10.45 A.M.; at 11 A.M. a neighbour came to see the mother, and chatted with her for twenty minutes, then

looked at the child, and found it lying dead, face downwards, and covered with the bedclothes. The mother was an epileptic, and the neighbour thought that she had had a fit during the time she was left alone.

I gave it as my opinion that, owing to the abnormal condition of the child's lungs, a very short duration of suffocation would be sufficient to kill it, and that death was probably due to its being lain upon or rolling on to its face. The jury returned a verdict of accidental death.

Everyone connected with the child declared that it was most healthy in every way, that it cried lustily, and suckled freely.

I venture to report this case as I deem it not to be without some medico-legal interest.

Rugeley, Staffs. RICHARD FREER, M.A., M.B.Cantab.

#### TWO CONSECUTIVE ATTACKS OF SCARLET FEVER.

A. T. S., a boy, aged 5 years, was taken ill on May 13th last, and when seen, the day following, presented all the symptoms of scarlet fever. The rash was well marked, the temperature high, and the tonsils swollen and injected. It ran a moderately severe course, and desquamation began about the ninth to the tenth day, and continued till the eighth week.

At the tenth week, having apparently quite recovered—no kidney trouble having supervened, the urine being free from albumen throughout—the patient was allowed out for a short time, and whilst out was overtaken in a shower of rain, and probably took a chill, as he complained the same night of his throat and vomited twice during the night. Next morning both tonsils were found to be much enlarged and congested; the temperature was 104°, and again a punctate scarlet rash appeared on the chest and back, and rapidly spread over the whole body. It was deep red in colour as before and of the boiled lobster type. With this second attack bronchial catarrh and a certain amount of bronchial congestion was present, due, no doubt, to the boy's exposure to the weather. Altogether this second attack was of a more severe character. Desquamation, which was as well marked as before, commenced about the end of the first week and lasted till about the end of the eighth week, that is, to the middle of September, eighteen weeks from the commencement of the first attack.

The case appears to me to be of interest from the somewhat rare occurrence of second attacks of scarlet fever, and in the fact that the rash in the second attack was both present and well marked, and desquamation as perfect and characteristic as in the attack which immediately preceded it. In corroboration of both attacks being genuine scarlatina I may mention that in addition to the other well-marked symptoms present the rash, which lasted three days and no longer, was in each case followed by desquamation of the ordinary furfuraceous kind on the body and the usual large flakes from the extremities.

Aldgate, E.C.

G. W. SEQUEIRA, M.R.C.S., etc.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

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

*Tuesday, November 12th, 1895.*

#### ADJOURNED DEBATE ON DR. HEWITT'S AND MR. SHEILD'S PAPER ON POSTURE IN ITS RELATION TO SURGICAL OPERATIONS UNDER ANÆSTHESIA.

DR. SCANES SPICER was specially interested in anæsthetics in connection with operations on the throat and nose; in no class of cases was posture of more importance. In his experience local anæsthesia induced by cocaine was more satisfactory than general anæsthesia, and in throat operations generally the sitting posture was, since it gave a better view, far more useful than the recumbent. The authors stated that nitrous oxide and ether were not dangerous in the sitting posture; he would be glad of further information on this point. Was any special precaution necessary to keep the air passages properly open in the sitting posture? Was there any special way in which the tongue should be manipulated, and how long should anæsthesia be kept up? In

children he had never seen bad results from the administration of chloroform for the space of half an hour in the sitting posture. In laryngeal operations he had found Trendelenburg's posture very satisfactory.

Dr. SANSOM complimented the authors on their paper, and said that, according to them, though nitrous oxide and ether were permissible, chloroform should never be given in the sitting posture, nor, unless under special circumstances, in the semi-recumbent posture. He did not understand this unless failure of the circulation was feared. He inferred from the context that the authors endorsed the very important observations of Dr. Leonard Hill on the Influence of the Force of Gravity on the Circulation of the Blood.<sup>1</sup> Dr. Hill concluded that chloroform paralysed the splanchnic vasoconstrictors, and thus annulled the compensatory vasomotor mechanism in regard to the intra-abdominal vessels. A direct poisoning of the cardiac muscle might be a concurring cause. Dr. Hill's observations were in complete accord with those of Dr. MacWilliam, and were at variance with the conclusions of the Hyderabad Chloroform Commission. Syncope was a very real danger attending the administration of chloroform. Ever since the introduction of chloroform there had been two modes of thought and two schools of practice. Syme taught that chloroform might be administered with perfect safety provided the administrator observed the respiration of the patient with sufficient care. Lister followed, endorsing this teaching. The Hyderabad Commission confirmed the doctrine, adding that if its rules were followed "chloroform might be given in any case requiring an operation with perfect ease and absolute safety so as to do good without the risk of evil." The doctrine throughout was that precautions as to the proportion of chloroform in the air administered were unnecessary, and that the danger of syncope did not exist; but it was right to state that the Hyderabad Commission insisted that the recumbent position on the back was essential. On the other hand, in the early days of chloroform administration and thenceforward, many observers had held different views. Snow, Anstie, Clover, and Richardson in the past and a number of practical anæsthetists of the present day held that chloroform in itself was an agent which could induce syncope, and that not only must postural and other methods be adopted to avoid the tendency to syncope, but precautions must be taken against the inspiration of a harmful percentage of chloroform vapour during the administration. Physiologists, as MacWilliam, McKendrick, Coats, Newman, and now Leonard Hill, had shown that experimental evidence was in favour of this view. Up to the end of October, 1895, there had been recorded in the medical journals 48 deaths during the administration of anæsthetics—41 in which the agent was chloroform, 3 chloroform and ether, 1 A.C.E. mixture, and 1 nitrous oxide. Of these, 39 deaths occurred before the operation was commenced; 2 just at the commencement, and 7 directly after. Was the teaching of this evidence satisfactory? The rules of the Hyderabad Commission had been widely circulated; it was only reasonable to conclude that the respiration in the cases had been closely watched, and yet a very high mortality was the commentary. In his book on chloroform, published thirty years ago, he had recorded the results of a considerable number of experiments upon animals, which tended to show that in the great majority of instances when death resulted from chloroform administration it was the respiration that ceased first. This had been confirmed by the Hyderabad Commission, and by all subsequent observers. He concluded, however, from practical observations and from an analysis of the signs in fatal cases that in the human subject the most frequent form of death was that from syncope. Notwithstanding all the valuable experimental evidence, he held this view still. He hoped he would not be misunderstood, and be represented as decrying the value of experimental evidence as obtained from the lower animals. The experiments of the Anæsthetic Committees, the Hyderabad Commission, and the private investigators, were of extreme value, as in a question of this sort it was important to obtain by all legitimate means precise data as to the *modus operandi* of anæsthetics

<sup>1</sup> *Journal of Physiology*, vol. xviii, 1895.

The Judge, in summing up, said he was clearly of opinion that this was not one of the matters which had been referred by agreement to the arbitrator, and that the arbitrator had nothing whatever to do with this point. If the jury accepted the story of the plaintiff's witnesses, then the occasion upon which the slander was spoken, if it was spoken at all, was not privileged. The jury, after a short consultation, found for the plaintiff, and awarded him £300 damages. Judgment was given for that amount, with costs.

#### MONETARY TENDERS INVITED.

WITH reference to the following circular, addressed to the medical practitioners in Blackpool—by several of whom our opinion thereon has been solicited—we may note that comment, other than surprise that the proprietor of the establishment in question should have ventured to transmit such a missive to members of the medical profession, is unnecessary. Need we add that any member thereof who would think of responding thereto would be justly deemed to have departed from the honourable traditions of the profession.

"76, Withnell Road, South Shore, Blackpool,  
November 5th, 1895.

"SIR,—Having become the purchaser and proprietor of the Hydro-pathic Establishment at South Shore, it is my intention to offer to receive monetary tenders from duly-qualified medical practitioners in Blackpool and South Shore, for the privilege of daily attendance at the hydro., and being accommodated with a room for consultation and surgery, if required, such as has been used by Dr. Kingsbury. It must be distinctly understood that this arrangement does not preclude any of the inmates of the establishment from consulting any other medical man they may wish to.

"An early tender is requested.—I am, Sir, your obedient servant,  
"SAML. HORROCKS."

#### MEDICAL FEES AT INQUESTS.

A. C. writes to complain that after giving evidence at the coroner's court he is informed that, as medical officer to the local cottage hospital, he is not entitled to any fee, and that from the position he holds in connection with it he is excluded from receiving remuneration by Section 22 of the Coroner's Act, 1887. Our correspondent asks: "Was the coroner within his rights in withholding my fee?"

"\* On referring to the section of the Act above-mentioned, our correspondent will find that when a person dies in a public hospital or infirmary, whether supported by endowments or voluntary subscriptions, and upon whom an inquest is held, then the medical officer whose duty it was to attend such person is not entitled to receive any fee or remuneration for making *post-mortem* examinations or giving evidence at the inquest; and should the coroner by inadvertence pay such fees, he will be surcharged by the County Council as making an illegal payment, contrary to Act of Parliament. We quite agree with our correspondent that the law on this matter should be altered, but until this is done we should not advise him to sue the coroner, or to refuse to give evidence. It should not be forgotten that all witnesses summoned on behalf of the Crown can be compelled to give evidence, fee or no fee, or run the risk of fine or imprisonment for contempt of court.

#### DECEASED MEDICAL MAN'S PRACTICE.

A COUNTRY SURGEON wishes to know if the trustees of a medical man can employ an assistant under bond till the son is qualified and able to take the practice. If not, can they sell the practice under bond to resell after a given number of years?

"\* Executors or trustees have no power, in the absence of an express provision in the will, to carry on their testator's business, and doing so would render them personally liable for any loss occasioned thereby. Subject to this (and to any provisions contained in the will) we see no reason why a duly qualified medical practitioner should not be employed (under bond) to preserve the practice until the testator's son is duly qualified. We think it would be found impracticable to find a purchaser willing to become bound to resell after a given period; apart from the fact that such a repurchase might not be authorised by the testator's will.

#### DIPLOMAS AND MEDICAL ETHICS.

M.B.—Before proceeding to comment on the essential points of our correspondent's communication, we deem it right to remark that if he had himself undergone the ordeal of the L.R.C.P. Lond. examination he would, we opine, have refrained from characterising its title as (to quote his own words) "insignificant" when compared with the "magnificent one of M.D." Such invidious, uncalled-for comparisons are professionally impolitic and ill-judged, even if in accordance with fact, for it is not the possession of such a degree which dignifies the recipient, but his life action that reflects lustre thereon.

In reply to his special query relative to B., we may note that although sympathising with A. and C. in regard to the alleged unethical procedure of their late assistant B., we apprehend that A. is *de facto* to blame in so far as, while wishful to pay due respect to the recommendation by a friend, he should in engaging him have treated it as a matter of business, and insisted on the customary restrictive bond; the omission to do this has not only injuriously affected himself but his brother C. also, the latter having been deceived by B.'s statement that he had signed a bond with A.

If the allegations against B. fairly represent the facts, he will, we take it, find it more than difficult to establish a successful practice in view of his professional proscription, in relation to which we would,

under the exceptional circumstances, courteously remind the neighbouring practitioners that, be the conduct of the proscribed medical man what it may, none would be morally justified in a case of acute disease, in which delay would be dangerous, in refusing to give assistance.

#### MIDWIFERY URGENCY CALLS.

H. H. P. writes: A. and B. are two friendly practitioners in the same place. A. is sent for without any previous warning by the husband for his wife's confinement. A. is out professionally for several hours, and the messenger is told at the house to send for B. B. goes to see the patient, and has to remain with her the whole night. The next morning A. calls and sees the patient (after everything is over successfully), and afterwards goes and thanks B. for seeing to the case for him, and goes on attending the case, because he was first sent for. B., on that ground, hands the case over to A. The patient was a stranger to both A. and B. The husband simply went for the best known practitioner, who has been much longer in the place than B. Was B. entitled to keep the patient?

"\* The principle enunciated in the appended rule is that by which A. and B. in the above case should be guided, to which may be added the following part of the succeeding rule: "When a practitioner is called upon by the assistant or servant of another to attend to an accident or other emergency in a family to whom both are equally strangers, the former is not entitled to take charge of the case throughout, but should act and be remunerated in conformity with Rule 7, and resign the case. When a practitioner is called in, or otherwise requested, to attend at an accouchement for another, and completes the delivery, or is detained for a considerable time, he is entitled by custom to one half of the fee," etc. *Ethical Code*, 4th edition, chap. ii, sec. 5, rules 11 and 12.

#### MIDWIFERY ENGAGEMENTS.

T. A. writes that he was engaged by one S. to attend his wife at her confinement. At the time his wife was taken ill, S. called in another medical man who happened to be passing. T. A. asked for payment of his fee of two guineas as arranged, and his request not being complied with, proceedings were taken in the County Court to recover the amount.

At the trial S. denied the engagement. The judge, however, was satisfied after hearing the evidence that such engagement was made, but stated that pecuniary damages had not been proved, and asked if our correspondent could quote any legal authority for damages having been obtained in similar cases. Our correspondent now requests assistance on this point.

"\* We can only say that when this question was discussed in the *BRITISH MEDICAL JOURNAL* on a former occasion, a correspondent writing from Ilfracombe referred to a case in which he was engaged by letter (nothing turns on the point of the letter), and medical assistance was not required; he recovered his fee after declining to compromise by accepting half.<sup>1</sup> Again, in the *BRITISH MEDICAL JOURNAL* of November 24th, 1894, allusion is made to a case then recently heard at the County Court of Newtownards, County Down, in which a fee was recovered under similar circumstances. The facts were not in this instance in dispute, but it appeared that after the doctor had made arrangements to be within call, when the time came another medical man was called in by the defendant. We cannot give any reference to law reports of these cases. They were probably not published.

A. AND B. (BIRMINGHAM).—The exact nature of the appointment held by A. is too vaguely noted to enable us to express a definite opinion thereon; should it, however, in any degree embody the principle of the so-called medical aid associations, we would counsel B. to decline the suggested partnership.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF OXFORD.

BOTH the examinations in the Michaelmas term for the degree of Bachelor of Medicine will commence at 10 A.M. in the Examination Schools on Friday, December 6th. The Secretary to the Board of Studies will receive the names of candidates, either by letter or personally, at his office in the Clarendon Buildings at any time not later than 10.30 A.M. on Friday, November 22nd. The forms issued for this purpose can be had at the Secretary's office. Names will be received as late as noon on December 2nd on payment of a special fee of 2 guineas. The statutable fee (*Organic Chemistry and Materia Medica* 16s. each; the remaining subjects £1 11s. 6d.) must accompany the entry form.

#### UNIVERSITY OF CAMBRIDGE.

DEGREES.—Professor T. W. Bridge, of Mason College, Birmingham, has been approved for the degree of Doctor of Science. Mr. H. R. Sedgwick, M.A., of Clare College, was on November 7th admitted to the degrees of M.B. and B.C.

#### UNIVERSITY OF DUBLIN.

IRISH GRADUATES AND POOR-LAW MEDICAL OFFICERS. MR. LECKY, the historian, who is a candidate for the vacant Parliamentary seat for the University of Dublin, has sent the following reply

<sup>1</sup> *BRITISH MEDICAL JOURNAL*, March 10th, 1894.

to a letter addressed to him by Professor Windle, Dean of the Medical Faculty of Mason College, Birmingham. Professor Windle, who wrote as an elector, drew Mr. Lecky's attention to the grievances of the Poor-law medical officers in Ireland, to certain disadvantages attending the present regulations of the Army Medical Service, and to the exclusive rules of certain hospitals in England:

[REPLY.]

38, Onslow Gardens, S.W.,

November 6th, 1895.

DEAR PROFESSOR WINDLE.—It would be very unpardonable of me if I did not take a deep interest in the Irish Medical School, for there is certainly no other profession in Ireland which has produced during the present century so many men who have justly won a European reputation, and it is, I am afraid, only too true that a profession which cannot appear prominently on platforms and in Parliament is apt to be neglected by politicians. Should I be elected to Parliament I would consider it my duty to look carefully into any grievance under which Irish doctors may suffer, and to use any influence my position might give me to have them redressed. The regulations of English hospitals are, of course, not within the cognisance of Parliament, but any disabilities or disadvantages under which Irish doctors suffer, and from which English doctors are exempt, ought, if possible, to be remedied. I should be glad if I could do anything to further the work. I may also add that I shall do everything in my power to support any measure which may have the effect of improving the condition of the Irish Poor-law medical officers, and I shall also use every effort to have any legitimate grounds of dissatisfaction with present arrangements which may exist amongst the members of the Army Medical Staff removed.—Believe me, yours truly,

Professor Windle, M.D.

W. E. H. LECKY.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen passed the First Professional Examination in Anatomy and Physiology for the diploma of Fellow at a meeting of the Board of Examiners on Monday, November 11th:

H. B. Angus, L.R.C.P.Lond., M.R.C.S.Eng., of the University of Durham College of Medicine; A. E. H. Pinch, L.R.C.P.Lond., M.R.C.S.Eng., and H. T. A. Aveline, L.R.C.P.Lond., M.R.C.S.Eng., of University College, Bristol; R. Forsyth, M.B. R.U.I., of Queen's College, Belfast, and Owens College, Manchester; J. F. Dobson, of Yorkshire College, Leeds; H. A. Bruce, of Toronto University; and H. H. C. Dent, of Mason College, Birmingham, and St. Bartholomew's Hospital.

Thirteen gentlemen were referred for six months.

Tuesday, November 12th:

A. Paling, M.B.Lond., L.R.C.P.Lond., M.R.C.S.Eng., and F. Mannington, of Middlesex Hospital; R. E. Newton, M.B., M.S.Glasg., L.R.C.P.Lond., M.R.C.S.Eng., of Glasgow University and St. Bartholomew's Hospital; J. Battersby, of St. Mungo's College, Glasgow; J. Mooney, of Owens College, Manchester; J. M. G. Swainson, of Westminster Hospital; P. E. Tresidder, L.R.C.P.Lond., M.R.C.S.Eng., of Guy's Hospital; and Ewan R. Frazer, of London Hospital and Oxford University.

Twelve gentlemen were referred for six months.

Wednesday, November 13th:

E. G. Arnold, L.R.C.P.Lond., M.R.C.S.Eng., of St. Thomas's Hospital and Durham University; Cyril Wace, L.R.C.P.Lond., M.R.C.S.Eng., and R. M. Cowie, of King's College, London; H. W. Bruce, W. T. Milton, F. S. Batchelor, of Guy's Hospital; T. C. L. Jones, W. J. Harding and E. C. Morland, of St. Bartholomew's Hospital; J. E. F. Palser, of London Hospital; R. C. B. Wall, of London Hospital and Oxford University.

Nine gentlemen were referred for six months.

The following are the arrangements for the Final Fellowship, for which 42 gentlemen have entered their names:

Monday, 18th. Written Examination, 1.30 to 5.30 P.M., at Examination Hall.

Tuesday, 19th. Clinical Examination, 2.30 to about 6.30 P.M., at Examination Hall.

Wednesday, 20th. Operations, 1.30 to about 6 P.M., at Examination Hall.

Thursday, 21st. Surgical Anatomy, 2 to 4 P.M., at Examination Hall.

Friday, 22nd. *Viva voce* Examination, 5 to 9.15 P.M., at Royal College of Surgeons.

Candidates will be required to attend on each of the above-mentioned days.

and 2.4 in Wolverhampton. The 100 deaths from diphtheria in the thirty-three towns included 75 in London and 4 in Wolverhampton. One fatal case of small-pox was registered in London and 1 in West Ham, but not one in any other of the thirty-three large towns. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital, which had been 119, 114, and 108 at the end of the three preceding weeks, had further declined to 78 on Saturday last, November 9th; 14 new cases were admitted during the week, against 7, 14, and 29 in the three preceding weeks. There were 2,847 scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and in the London Fever Hospital on Saturday last, against 2,838, 2,833 and 2,841 at the end of the three preceding weeks; 349 new cases were admitted during the week, against 241, 269, and 215 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, November 9th, 798 births and 617 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.9 and 20.5 per 1,000 in the two preceding weeks, further rose to 21.4 last week, but was 0.7 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 15.9 in Greenock to 29.2 in Perth. The zymotic death-rates in these towns averaged 2.7 per 1,000, the highest rates being recorded in Perth and Greenock. The 289 deaths registered in Glasgow included 8 from scarlet fever, 3 from diphtheria, 12 from whooping-cough, and 3 from "fever." Two fatal cases of diphtheria were recorded in Edinburgh, and 2 in Leith.

#### METROPOLITAN ASYLUMS BOARD.

At the ordinary fortnightly meeting, held on November 9th, the returns showed that 752 patients suffering from "fever" had been admitted during the fortnight. During the same period 2,284 "fever" notifications were received; thus it would appear that about one-third of the cases are being isolated in hospital; 3,540 patients remained under treatment in the fever hospitals, an increase of 2 upon the previous report. This, however, is no index of the prevalence of fever, for the hospitals are practically full, there being at the time of the report no beds available for scarlet fever patients, and only five for those suffering from diphtheria. There were 1,375 notifications of scarlet fever during the fortnight, an increase of 20 upon the number received in the preceding two weeks. It would thus appear that the seasonal decline in the prevalence is rather late, the highest point in the curve of the mortality from scarlet fever usually occurring about the middle of October. The number of beds occupied by diphtheria patients was 572, there having been but little change in this respect during the past few weeks; in fact, that number about represents the total of the beds available for the purpose. It is proposed to spend about £110,000 in the enlargement and reconstruction in permanent form of the North-Eastern Hospital.

#### NEWTON ABBOT WORKHOUSE INFIRMARY.

DR. CULROSS, the medical officer, has placed the quarterly report of the state of the workhouse before his Board. The report is pleasant reading after the sad revelations that drew the attention of the whole kingdom to this house; but, though much has been done, very much remains to be done. The plans for the new infirmary seem to be still reposing in the official pigeon-holes at Whitehall (to our certain knowledge they have been there for over six months). When the new buildings are erected many of the existing defects will be remedied, but Dr. Culross draws the attention of his Board to the grave defects in the receiving wards, which he states to be "totally unfit for their purpose," and continues: "So long as provision for dealing with cases on their very entry is inadequate, all the care that may be taken in the other departments of the house may be rendered futile." He then points to the necessity of guardians regarding the workhouse as a structure that contributes to the recovery of the patient in all its departments, and declares that excellence of the result will depend mainly upon the efficiency of the separate details. Giving instances, Dr. Culross notes the deficiency in the laundry offices, the bad state of the vagrant wards, the absence of means for dealing with the dangerous lunatics, the absence of classification, defective sanitary appliances, unsuitability of the children's nursery; all matters requiring serious consideration. Old prejudices die hard, and one that takes the most killing is the idea that the workhouse solely is a place of discipline for the worthless, and not also a place of treatment for the sick.

#### DANGEROUS OR INJURIOUS TO HEALTH.

THERE can be little doubt that when the authors of the Public Health Act of 1875, following the language of previous Sanitary and Nuisance Removal Acts, defined a nuisance as a thing or condition of things injurious to health, they had in view not merely those in which past or present injury could be proved, but, as in civil procedure, those in which all experience and analogy point to the certainty or probability of such a result under actual circumstances, or that the insertion of the additional word "dangerous" into the corresponding section of the London Act of 1891 was intended rather to remove any ambiguity attaching to former Acts than to extend its provisions and penalties to cases hitherto, and beyond the area of the metropolis still to be exempt from the control of the law; in fact an interpretation of its own words given by the "High Court of Parliament," in like manner as the Local Government Board explained the phrase "without proper lodging and accommodation," and the justices of the Queen's Bench disposed of the absurd condition of "prejudice to the purchaser." Until such authoritative declaration is obtained, legal sophistry will continue to diminish the preventive value of the Public Health Act, especially in the case of water supplies. The chemical composition of water, though not always an absolute indication of its purity, may leave no shadow of a doubt as to its direct contamination with sewage, and we know that many persons, at any rate if they have acquired a certain toleration, may drink such water for years without any evident injury, but that should the sewage in question receive an accession of enteric, choleraic, or dysenteric evacuations, the outbreak of the disease among those using the water is inevitable.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

#### HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,228 births and 4,492 deaths were registered during the week ending Saturday, November 9th. The annual rate of mortality in these towns, which had increased from 19.1 to 21.9 per 1,000 in the three preceding weeks, further rose to 22.1 last week. The rates in the several towns ranged from 13.2 in Croydon, 14.7 in Huddersfield, and 15.3 in Birkenhead to 29.5 in Salford, 33.4 in Wolverhampton, and 33.5 in Blackburn and in Liverpool. In the thirty-two provincial towns the mean death-rate was 22.7 per 1,000, and exceeded by 1.5 the rate recorded in London, which was 21.2 per 1,000. The zymotic death-rate in the thirty-three towns averaged 3.0 per 1,000; in London the rate was equal to 3.0 per 1,000, and corresponded with the mean rate in the thirty-two provincial towns, among which the highest zymotic rates were recorded in Salford, Wolverhampton, and Blackburn. Measles caused a death-rate of 1.8 in Liverpool and in Salford, 2.6 in Oldham, and 10.6 in Blackburn; whooping-cough of 2.0 in Cardiff; and "fever" of 1.3 in Salford, 1.5 in Sheffield,

## MEDICAL NEWS.

A FURTHER article on the late Professor Ludwig will be contributed to *Science Progress* by Dr. Asher, of Bern, in collaboration with Professor Kronecker. It will be published in the December number.

MR. A. S. MAY, Public Vaccinator of the Forest Hill District of the Lewisham Union, has received for the tenth time the Government grant for efficient vaccination in his district.

THE first meeting of the Zoological Society of London for scientific business will be held at 3, Hanover Square on Tuesday, November 19th, at 8.30 p.m. Among the contributions will be one by Mr. Swale Vincent, M.B.Lond., on the Suprarenal Bodies in Fishes.

THE personal estate of the late Surgeon-General Sir Thomas Longmore, C.B., has been valued at £19,659 2s. 3d. By the will, which bears the date May 11th, 1885, his widow, Dame Mary Rosalie Helen Longmore, is appointed sole executrix, and to her the testator bequeaths all his real and personal estate whatsoever.

THE opening by the Duke of Devonshire of the new Home (the "Passmore Edwards House") at the Colony of the National Society for the Employment of Epileptics at Chalfont St. Peter, which was postponed from August 7th last, has now been fixed to take place on November 26th, at 2.45 p.m.

THE Christmas course of lectures adapted to a juvenile auditory will be delivered at the Royal Institution by Professor J. G. McKendrick, of Glasgow. The subject will be Sound, Hearing, and Speech. The lectures, which will be illustrated by experiments, will be delivered at 3 p.m. on December 28th, 31st, and January 2nd, 4th, 7th, and 9th.

THE ROYAL ACADEMY OF MEDICINE IN IRELAND.—Dr. James Little, President of the Royal Academy of Medicine in Ireland, will entertain his Excellency the Lord Lieutenant at dinner in the Royal College of Physicians on Thursday, November 28th. We understand that Dr. Bennett, Professor of Surgery in the Medical School of Trinity College, will be a candidate for the Presidency of the Academy in 1897.

THE annual dinner of the staff and past and present students of the Dental Hospital of London will be held on Saturday, November 30th, at the Café Royal, under the presidency of Mr. Frederick Canton. We are requested to state that any gentlemen now or formerly connected with the hospital or school who may not have received a private intimation are invited to communicate with the Dean, at the Dental Hospital, 40, Leicester Square, should they desire to attend.

THE next general meeting of the Medico-Psychological Association of Great Britain and Ireland will be held at 11, Chandos Street, Cavendish Square, on Thursday, November 21st, 1895, under the presidency of Dr. David Nicholson, at 4 o'clock. Dr. W. Gilmore Ellis will read a paper on Latah. Dr. Morrison will read a paper entitled Short Notes of a few cases of Epilepsy affecting Special Nerves and their associated Mental State. The members will dine together at the Café Royal at 6.30 p.m.

THE CHOLERA.—The cases of cholera in Egypt since October 11th are stated officially to number 584, of which 443 were fatal. The epidemic is reported to be confined to the district south of Lake Menzaleh, mainly along the canal Bahr es Sughair, between the Lake and Mansurah. The infected district has been placed under four English doctors, with a staff of inspectors, to examine every possible boat on the canal and on the Nile between Damietta and Benha, and as far as possible to report the movements of all travellers.

HOSPITAL SUNDAY FUND.—A special meeting of the Council of the Hospital Sunday Fund was held at the Mansion House on November 7th to distribute the additional awards for the year. The report of the Committee of Distribution stated that, the Lord Mayor having received additional contributions, amounting to £16,000, since the distribution made to the hospitals and dispensaries about three months ago, a special meeting of the Committee was convened to consider

the desirability of making a second distribution this year, when it was unanimously resolved to recommend the Council to sanction the disposal of that sum amongst the various institutions, calculated on the bases previously approved. The usual 5 per cent. would be reserved for surgical appliances.

At the monthly meeting of the Association of Registered Medical Women, on November 5th, Mrs. Garrett Anderson was in the chair and thirty-four members were present. Miss Julia Cock, M.D., showed a case of the disease known as "sprue" or tropical diarrhoea. The patient, a young woman, had spent seven years in India. Miss Cock dwelt upon the diagnostic points which separate sprue from chronic dysentery, malaria, pernicious anaemia, and tuberculous ulceration of the intestines. The girl is now in the New Hospital for Women, and Miss Cock will be glad to show the case to any members of the profession interested in tropical diseases.

AN EXHIBITION OF NURSING APPLIANCES.—The Trained Nurses' Club and Midwives Institute has during the past week been exhibiting a collection of appliances which its members have found useful in their work. A short inspection of the exhibits suffices to show what an amount of thought and ingenuity is being devoted to the elaboration of those accessories by which the work of nursing is facilitated. At the same time it is impossible not to see, from the very nature of the objects which are shown, how largely the modern nurse is becoming the medical man's assistant. In sterilising his instruments, in preparing his dressings, in making ready for his operations, and in fact in doing the after-dressing of the case, the well-trained nurse is evidently prepared to act as house-surgeon to the operator in private practice. There is no doubt both a good and a bad side to all this. To the operator it offers immense facilities, but the general practitioner will probably regard his fascinating substitute with mingled feelings.

IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.—The autumn meeting of this Association was held at the Monaco Restaurant on November 12th, the President, Dr. Phillips-Conn (Reading), in the chair. There was a large attendance of members, including Sir Walter Foster, M.P., Inspector-General Lloyd, R.N., Dr. Stewart (Clifton), and Dr. Cagney and Surgeon-Major Carte, the honorary secretaries. The President drew attention to the severe loss the Association had sustained by the death of their late Chairman of Council, Sir Thomas Crawford, K.C.B. Dr. Abraham and Dr. Gilbert Smith proposed a vote of condolence with the family of Sir Thomas Crawford, which was seconded by Dr. Crespi and passed unanimously. The autumn dinner of the Association took place the same evening, when the guests of the evening were the Lord Chief Justice of England and Mr. Justice Mathews. Amongst other distinguished guests present were the Right Hon. Lord Battersea, the Right Rev. the Bishop of Newport and Meneira, Sir F. Osborne, Bart., Mr. Yarrow, Dr. Nicolson (Broadmoor), Dr. Frederick Roberts, Mr. Thomas Smith, Dr. Robert Anderson, and Dr. Stephen Mackenzie.

SAFE PLACES FOR POOR CHILDREN.—The Metropolitan Public Gardens Association, of which the Earl of Meath appears to be the moving spirit, continues its good work of providing open spaces for the use of the dwellers in London. The importance of this work can hardly be appreciated by those who do not remember the time when—except the few parks which then existed—there were no open spaces whatever for the use of the people and the people's children. No one will deny the great benefit which the parks are to the atmosphere of London, but they are too far off from many homes, and, unfortunately, are, in many cases, under too lax a supervision to make them safe places for little children. The gardens, however, which have during recent years been opened in almost every part—planted and in summer filled with flowers and provided with seats and caretakers—are safe refuges close at home, and are of the utmost service as breathing places for the little ones. The opening of some of the school playgrounds on Saturday afternoons, under proper supervision, is another matter which has been taken in hand by the Association very much to the advantage of the younger portion of the community.



**THE MAYOR OF CAMBRIDGE.**—After the meeting of the Cambridge Medical Society on November 1st, a complimentary dinner was given to Mr. Hyde Hills, Mayor of Cambridge, and lately President of the Society. The chair was taken by Professor Clifford Allbutt, who, in proposing the health of the guest, referred to the exemplary manner in which he had carried out both municipal and social work. Mr. Hills, in responding, after thanking the members of the Society for the honour they had done him, dwelt upon the desirability of medical men taking an interest in municipal work which they could do with advantage to themselves and to the community. Amongst those present were Sir George Humphry, Dr. Holden, Vice-President of the Society, Dr. A. Anningson, Mr. Hough, Mr. Balding, Mr. Wherry, and Dr. Laurence Humphry.

### MEDICAL VACANCIES.

The following vacancies are announced:

- BATH GENERAL OR ROYAL MINERAL WATER HOSPITAL.**—Resident Medical Officer; unmarried. Salary, £100 per annum, with board and apartments in the hospital. Applications to Frederick W. Dingle, Registrar and Secretary, before November 25th.
- BLACKBURN AND EAST LANCASHIRE INFIRMARY.**—Junior House-Surgeon. Salary, £50 per annum, with board, washing, lodging, etc. Applications to Nathan A. Smith, Secretary, Infirmary Offices, 15, Richmond Terrace, Blackburn, by November 27th.
- BRADFORD INFIRMARY.**—Dispensary Surgeon; doubly qualified; unmarried. Salary, £100 per annum, with board and residence. Applications, endorsed "Dispensary Surgeon," to William Maw, Secretary, by November 25th.
- CHELSEA, BROMPTON, AND BELGRAVE DISPENSARY,** 41, Sloane Square, Chelsea, S.W.—Honorary Surgeon. Applications to the Secretary by November 21st.
- CLIFTON DISPENSARY,** Doury Square, Bristol.—Resident Medical Officer; not exceeding 30 years of age; doubly qualified. Salary, beginning at £150 a year, increasing annually by £10 to £200, with furnished rooms only. Applications to R. C. Macfie, 42, Royal York Crescent, Clifton, Bristol, before November 23rd.
- 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.
- GENERAL HOSPITAL,** Birmingham.—Assistant House-Surgeon. Appointment for six months. No salary, but residence, board, and washing provided. Applications to Howard J. Collins, House Governor, by November 30th.
- GENERAL INFIRMARY,** Northampton.—House-Surgeon; doubly qualified; unmarried, and not under 23 years of age. Salary, £120 per annum, with furnished apartments, board, attendance, and washing. The Assistant House-Surgeon is a candidate, and, if appointed, the Committee will proceed with the election of Assistant House Surgeon. Salary, £80 per annum, with furnished apartments, board, and attendance. Applications to the Secretary by November 23rd.
- GENERAL INFIRMARY AT GLOUCESTER AND THE GLOUCESTERSHIRE EYE INSTITUTION.**—House Surgeon; doubly qualified. Salary, £100 per annum, with board, residence, and washing. The Assistant House-Surgeon is a candidate for the post, and, if elected, the office of Assistant House-Surgeon will be vacant. Candidates must be doubly qualified. Board, residence, and washing provided. Applications to the Secretary by November 30th.
- HANTS COUNTY ASYLUM.**—Third Assistant Medical Officer; doubly qualified: age must not exceed 25 years, and must be unmarried. Salary, £100 per annum, increasing to £125 after twelve months' service, with furnished apartments, board, washing, and attendance. Applications, endorsed "Application for Appointment of Medical Officer," to the Committee of Visitors, Knowle, Fareham, by November 20th.
- HOSPITAL FOR DISEASES OF THE THROAT,** Golden Square, W.—Resident Medical Officer. Salary, £50 per annum, with board, lodging, and washing. Applications to W. Holt, Secretary Superintendent, by November 30th.
- HOSPITAL FOR SICK CHILDREN,** Great Ormond Street, Bloomsbury.—House-Surgeon to out-patients; non-resident. Appointment for six months but eligible for a second term. Salary, 25 guineas. Applications to the Secretary by December 3rd.
- HOSPITAL FOR WOMEN,** Soho Square.—Assistant House-Physician; non resident (appointment for three months) and Assistant Physician. Applications to the Secretary by November 25th.
- LEICESTER INFIRMARY.**—Honorary Ophthalmic Surgeon (temporary). Applications to the Secretary, 24, Friar Lane, Leicester, by November 25th.
- LONDON HOSPITAL,** Whitechapel, E.—Dental Surgeon. Applications to the Governor by November 30th.
- MANCHESTER ROYAL INFIRMARY.**—Assistant Medical Officer at the Monsall Fever Hospital; unmarried. Appointment for twelve months. Salary, £100 per annum, with board and residence. Applications to the Chairman of the Board, Royal Infirmary, Manchester, by November 30th.
- NEW HOSPITAL FOR WOMEN,** 144, Euston Road.—Two Qualified Medical Women as House-Surgeons. Applications to Margaret M. Bagster, Secretary, by November 27th.

**NORTH-EASTERN HOSPITAL FOR CHILDREN,** Hackney Road, Shoreditch, N.E.—House-Physician; doubly qualified. Appointment for six months; at the expiration of this term he will be required, if eligible, to serve as House-Surgeon for a further period of six months. Salary as House-Physician at the rate of £80, and as House-Surgeon at the rate of £80 per annum. Junior House-Physician for six months; doubly qualified. No salary, but board and lodging, including washing, provided. Applications to the Secretary, 27, Clement's Lane, E.C., by December 8th.

**ROYAL WESTMINSTER OPHTHALMIC HOSPITAL,** King William Street, West Strand, W.C.—Clinical Assistants. Applications to T. Beattie-Campbell, Secretary, by November 30th.

**SCARBOROUGH HOSPITAL AND DISPENSARY.**—Assistant House-Surgeon. Appointment for six months. Salary, £50 per annum, with board and lodging. Stimulants and washing not provided. Applications to the Honorary Secretary by November 28th.

**TIVERTON INFIRMARY AND DISPENSARY.**—House-Surgeon and Dispenser; registered and unmarried. Salary, £105 per annum, with lodgings, attendance, fire, and lights. Applications to Arthur Fisher, Honorary Secretary, by November 25th.

**VICTORIA UNIVERSITY,** Manchester.—External Examiner in Pharmacology and Therapeutics and in Surgery. Appointment for three years. Applications to Alfred T. Bentley, Registrar, by November 30th.

**WEST NORFOLK AND LYNN HOSPITAL,** King's Lynn.—House-Surgeon. Salary, £80 per annum, rising £10 annually to £100, with board, residence, and washing. Applications to the Secretary by November 22nd.

### MEDICAL APPOINTMENTS.

- ANDERSON, Mr. D. A.,** appointed Medical Officer for the Cuckfield District of the Teesdale Union.
- ARCHER, H. R., M.D.Lond., L.R.C.P.,** reappointed Medical Officer for the No. 1 District of the Royston Union.
- BECKEN, G. H. E., M.R.C.S., L.R.C.P.,** appointed House-Physician to the Queen's Hospital, Birmingham.
- BLACKFORD, Mr.,** appointed Medical Officer for the Cradley District of the Stourbridge Union, *vice* W. H. Thompson, M.D.Durh., L.R.C.P. Edin.
- BRUCE, Mr. J.,** appointed First Assistant Medical Officer to the Gordon Road Workhouse and the Infirmary of the Parish of Camberwell.
- CLENDINNEN, William McEntire, M.R.C.S., L.R.C.P.Lond.,** appointed Medical Officer for the Third Sedgeley District of the Dudley Union.
- COLLINS, E. Treacher, F.R.C.S.,** appointed Assistant Surgeon to the Royal London Ophthalmic Hospital, Moorfields, E.C.
- GILFILLAN, S. J., M.A., M.B., C.M.Edin.,** appointed Second Assistant Medical Officer to the Norfolk County Asylum, Thorpe.
- GREY, T. Campbell, F.R.C.S.Eng., L.R.C.P.Lond.,** appointed Lecturer on Ambulance and Nursing to the Hunts County Council.
- HAINES, A. W., B.Sc., L.S.A.,** appointed House-Surgeon to the Queen's Hospital, Birmingham.
- HAYWARD, J. W., M.R.C.S.Eng., L.S.A.,** appointed Medical Officer of Health to the Whitstable Urban District Council.
- HOGE, Mr.,** appointed Medical Officer for the Shardlow District of the Shardlow Union, *vice* Charles Harwood, M.D., L.R.C.S. Edin.
- JONES, Mr. C. A.,** appointed Second Assistant Medical Officer to the Gordon Road Workhouse and the Infirmary of the Parish of Camberwell.
- LEES, E. Leonard, M.D., C.M.Edin., M.R.C.S.,** appointed Physician to the Hospital for Sick Children and Women, Bristol, *vice* W. Barrett-Koué, M.D., resigned.
- LUKE, T. D., M.B., B.Ch.I.,** appointed Medical Officer to the parish of Durness, Sutherlandshire.
- MCCOMBE, R., L.R.C.P., L.R.C.S.I.,** appointed Medical Officer for the No. 2 District of the Royston Union.
- MACKENZIE, W. S., L.R.C.P., L.R.C.S. Edin.,** reappointed Medical Officer of Health to the Altofts Urban District Council.
- MACLEOD, Charles Gordon, M.B. Edin.,** appointed Honorary Assistant Ophthalmic Surgeon, Sydney Hospital, New South Wales.
- MATTHEWS, Mr. T. G.,** appointed Medical Officer for the Sixth District of the Mansfield Union.
- MESSITER, F. G., M.R.C.S., L.R.C.P.,** appointed Obstetric and Ophthalmic House-Surgeon to the Queen's Hospital, Birmingham.
- MOLES, Frederick P., L.S.A.,** appointed Medical Officer of Health to the Urmston Urban District Council.
- NUNN, P. W. G., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Medical Officer of Health to the Popesdown Urban District Council.
- PATCH, H. H. L., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Medical Officer for the Chudleigh District of the Newton Abbot Union, *vice* F. C. W. Housell, B.A.Camb., M.R.C.S.Eng.
- PENNY, John, M.B., C.M., B.Sc. (Public Health) Edin.,** appointed Resident Medical Officer to the Manchester Hospital for Consumption and Diseases of the Throat, *vice* N. F. Edwards, M.B., B.Ch. Vict., resigned.
- SENIOR, A. M.B., B.C.Camb.,** appointed Medical Officer of Health for the Esher and The Dittons Urban District Council.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**LONDON POST-GRADUATE COURSE,** London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Edward Woakes: Tinnitus and Vertigo.

**TUESDAY.**

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Percy Smith: General Paralysis of the Insane.  
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.—Mr. Edmunds: Cystic Accessory Thyroid. Mr. Targett: Classification of Sarcomata connected with Bladder. Mr. Marriott: Acute Tuberculosis of Spleen removed by Operation. Dr. Rundle: Primary Epithelioma of Ureter. Mr. D'Arcy Power: Diffuse Lipoma of Hand and Fingers. Card Specimens by Dr. Claremont and Dr. Walsham.

**WEDNESDAY.**

HOSPITAL FOR CONSUMPTION, Brompton, 4 P.M.—Dr. C. Y. Biss: On Hemoptysis.

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

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

WEST LONDON HOSPITAL, Hammersmith, W., 5 P.M.—Mr. Swinford Edwards: Rectal Surgery (Post-Graduate Course).

NORTH-WEST LONDON CLINICAL SOCIETY, North-West London Hospital, 8.30 P.M.—Clinical Cases.

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

**THURSDAY.**

LONDON POST-GRADUATE COURSE, Hospital for the Paralysed and Epileptic, Queen Square, 2 P.M.—Dr. Tooth: Hemiplegia. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Mr. Donald Gunn: Ocular Evidences of Hereditary Syphilis. Central London Sick Asylum, Cleveland Street, 5.30 P.M.—Mr. Thomas Bryant: Cases in the Wards.

SOCIETY OF ANÆSTHETISTS, 20, Hanover Square, W., 8.30 P.M.—Introductory Address by the President. Mr. Rickard Lloyd: Six Hours' Administration of Chloroform in a Case of Cumulative Poisoning by Hypodermic Injection of Strychnine.

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Mr. Juler: Pathology and Treatment of Some Forms of Iritis.

**FRIDAY.**

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 to 5 P.M.—Professor Crookshank: Lecture; Erysipelas and Suppuration. Practical Work: Cultivations of Streptococci.

CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Clinical Evening; Mr. W. A. Lane: Cases of Excision of the Temporo-maxillary Joint in Children. Dr. Harry Campbell: (1) A case of Premature Puberty and (2) a case of Rheumatoid Arthritis confined to the Elbow-joints. Dr. R. Hingston Fox: A case of Meningocele. Mr. J. H. Morgan: (1) Double Penis and Malformation of Genitals; (2) Harelip and Cleft Palate, with Deformity of Ear and Face and with Auricular Appendage. Dr. Buzzard: A case of Charcot's Joint Disease. Dr. Colman: Mother and Child with Idiopathic Muscular Atrophy. Mr. O. Paget (introduced by Mr. S. Paget): A case of Myositis Ossificans. Mr. H. H. Clutton: Two cases of Deficiency of Tibiæ. Mr. C. S. Wallace: A case of Ligature of the Femoral Artery and Vein for Secondary Hemorrhage. Dr. F. R. Walters: A case of Myxœdema. Mr. W. H. Battle: A Modified Incision for Removal of the Vermiform Appendix. Mr. Makins: A case of Ligature of Both External Iliac Arteries by the Transperitoneal Method. Mr. H. Paterson: A case of Extensive Skin Grafting.

**SATURDAY.**

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

**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.**

BORROWMAN.—At Dunreggan, Elie, on November 9th, the wife of Philip G. Borrowman, M.B., of a daughter.

HALLIWELL.—On November 2nd, at Irwell, Winchcombe, Gloucester, the wife of John Halliwell, L.R.C.P.Lond., M.R.C.S.Eng., of a son.

HOLDEN.—On November 7th, at 188, Castle Hill, Reading, the wife of G. H. R. Holden, M.A., M.D., B.C.Cantab., of a son.

HUSKIE.—Hamilton House, Moffat, N.B., on November 6th, the wife of David Huskie, M.A., M.B., C.M.Édin., a son.

MORRIS.—On October 31st, at Nantgaredig, near Carmarthen, South Wales, the wife of Sylvanus Glanville Morris, M.D., of a daughter.

**MARRIAGE.**

JÄGER—DOWDING.—On November 7th, at St. John's, Kingston-on-Thames, by the Rev. Arnold Letchworth, M.A., Harold J. Jäger, M.R.C.S.Eng., L.R.C.P.Lond., A.K.C., to Lucy Adelaide (Missie), only daughter of the late Rev. Chas. Dowding, Rector of Priston, Somerset, and Mrs. Dowding, of Surbiton.

**DEATH.**

COCK.—November 6th, 1895, at 1, Porchester Houses, W., Frederick Cock, M.D.Édin, M.R.C.P.Lond., aged 67.

**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.**

W. H. P. asks for a statement of experience as to the value of lachrymanthes in chest affections.

NEMO asks: What is the best work to read up for technical lectures in first aid, etc., ordered by the County Council?

W. P. W. would feel obliged if anyone could tell him of a school or institution where a boy, aged 16, of weak intellect could be received. He is not an idiot, is very small for his age, an orphan, and when of age will be entitled to some £130, though at present he has nothing.

M.D. writes: About eighteen months ago there was in the BRITISH MEDICAL JOURNAL an advertisement of a bath towel, made of tape, so arranged that the edges of the tape formed the rubbing surface. I obtained a sample, but unfortunately have lost the address. Can any reader assist me?

INQUIRER asks (1) to be recommended to an establishment where sulphur baths could be obtained (for a case of muscular rheumatism) in London. (2) He inquires, also, whether a person suffering from delirium tremens is responsible, in the eyes of the law, for any act of homicide or other personal damage, or would he be termed of unsound mind?

M.B. Aberd. asks for suggestions as to the treatment of a case of diarrhoea in a lady of 50 years of age. It commenced after the birth of a child twenty-five years ago, and has been going on more or less since. The stools are watery, never tormented, inoffensive, and average five or six daily. Three or four times a year she has an aggravated attack, lasting two or three weeks, accompanied by severe abdominal pain and tenderness, the stools numbering eight or nine daily and causing considerable prostration. Appetite remains good. All ordinary remedies have, I believe, been tried without much effect. Ext. belæ seems to be of some use. Her temperament is somewhat nervous.

**HOME FOR INEBRIATE WOMAN.**

R. C. W. asks whether there is any home for inebriates where a woman could be received for about £1 ls. a week.

\*.\* We cannot recommend any individual practitioner or institution. Probably a list of cheap homes could be seen at the offices of the local Charity Organisation Society.

RESTRICTIVE REGULATIONS OF THE ROYAL COLLEGE OF PHYSICIANS. ETHICS writes: I should be glad to be informed upon what grounds the College of Physicians forbids its Members to dispense medicines or sue for fees in courts of law. The first of these regulations debars nearly all the poor in rural districts from being attended by Members of the College, and the other requires men to relinquish one of the rights of a citizen, which may not be quite moral.

**PNEUMATIC TYRES.**

MEDICUS would feel much obliged if anyone who has had practical experience in the use of pneumatic tyres can give him information on the following points: (1) If they are easily cut by sharp, newly-laid macadam; (2) as it is stated that they are so durable that they will run 30,000 miles, what is their condition at the end of one or two years' constant work? (3) is the draught of the carriage increased in wet weather? and (4) are they liable to slip or skid on roads which are much higher at the centre than the sides?

**SURGICAL TREATMENT OF PULMONARY CAVITIES.**

H. G. A. asks how he can obtain the more important monographs which have been published dealing with the results of draining lung cavities by surgical interference, or in fact any literature of value dealing with the subject.

\*.\* Very little advance has been made in this subject since the pub-