

almost directly, and the uterus contracted. The woman has made a good recovery without a single bad symptom, and is now about her usual duties. I may mention that she went to her full time.

By a *post-mortem* examination it was found that the infants had not breathed; their weight was about 13 lbs., length 18½ inches, circumference of heads respectively 14 and 13½ inches. There was only one heart, which was lying in the space between the two, and had six cavities—namely, four auricles and two ventricles.

Playfair mentions only nineteen such cases as having been recorded.¹

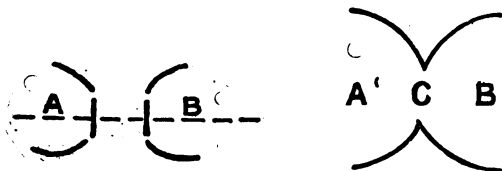
NECROPSY OF TWINS JOINED TOGETHER, BORN MAY 2ND, 1895.

The specimen apparently represents twin pregnancy at term. The twins, both male, and well-nourished, are united face to face by the anterior part of the thoracic and abdominal walls from the top of the sternum to the insertion of the umbilical cord. Below the umbilical level the anterior abdominal walls are wanting in both children, the abdominal viscera being seen through the peritoneal membrane. The children are twisted so as to make both faces look to the front, and both gluteal regions backwards and outwards.

Measurements.—Circumference, occipito-frontal, of right head ... 13½ inches.
Circumference, occipito-frontal, of left head ... 14 inches.
Circumference round the united thorax ... 17 inches.
Length of specimen ... 18½ inches.
Weight of specimen ... 12 lbs. 8 ozs.

For the purpose of inspecting the viscera with as little disturbance as possible incisions were carried: (1) Down the line of union in front as far as the umbilicus; (2) outwards from the upper end of the first incision along the two anterior clavicles. The flaps thus formed were turned back, exposing the anterior sternum and ribs.

Each sternum is composed of half a sternum belonging to each foetus, and between the two sternums thus formed is a space. Diagrammatically it might be represented somewhat thus: Suppose A and B represent two transverse sections of



sternums and ribs placed facing each other. Let the interrupted line represent a division of each sternum; then let the upper and lower part (in the diagram) of each sternum unite with the opposite side, and you have the condition present. The anterior ribs were divided, and the breastbone turned up.

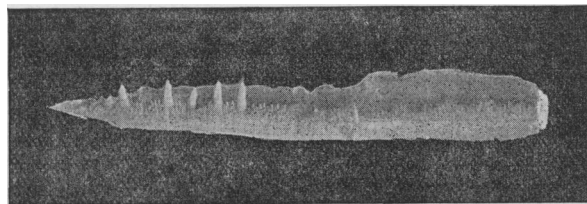
Thorax.—The heart, for there was only one, was found lying in the space (C). It was large, and had six chambers, four auricles, and two ventricles. It would appear that each child had had the rudiments of a perfect ventricular cavity, but though the septum separating them was well marked, yet there was no trace of the intraventricular septum which should have divided each ventricular space into right and left chambers. The aortæ and pulmonary arteries sprang directly from their own ventricular cavities. The aorta of the left child curved over to the right, and ran down the right side of the spine. The viscera in this child were, of course, transposed. There was a common pericardial sac, but four pleural sacs. There were four lungs, in which it was evident that no attempt at respiration had taken place.

Abdomen.—There was one common peritoneal cavity. The livers were complete, and united in the middle line. There were two gall bladders and a double set of all the other abdominal organs, those of the left child being transposed, situs

mutatus being the rule in one of a pair of thoracopagous twins.

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

FOREIGN BODY IN ORBIT: THE BILL OF A FISH.
LANCE-CORPORAL G. S., 2nd Battalion West Riding Regiment, while at a bathing parade in Barbadoes, W.I., on July 21st, 1891, was struck by a fish. About half an hour later, on admission into hospital, he presented a small lacerated wound beneath the right orbital ridge, at the junction of its outer and middle thirds. On examination with the finger a rough body was felt embedded in the orbit. This required some amount of force for its removal, having apparently passed from the outer side downwards and inwards behind the eyeball, to be wedged into the bones on the inner side of the orbit. Some slight bleeding occurred from the right nostril on its removal. This foreign body was found to be the bill of a fish, 2¼ inches in length: the greatest



Natural size.

width was ⅓ inch, and it was armed with six teeth, the longest of which was ½ of an inch. The eyeball, which was intact, had been levered forward; it protruded considerably and was fixed and immovable. The conjunctiva on the edge of the globe was torn transversely. There was some ptosis. The pupil was widely dilated and reacted slowly. There was no vision except perception of light. The man was subsequently invalided from the service with loss of vision from atrophy of the right optic disc. Surgeon-Major Whitehead, A.M.S., Assistant Professor of Surgery, Netley, reports that on his admission into Netley on April 18th, 1892, there was found to be "marked atrophy of the right optic disc."

W. BURRELL THOMSON.

York.

Surgeon-Major, A.M.S.

VIPER BITE: A PERSONAL EXPERIENCE.

On July 12th, the weather being warm, while incautiously handling a viper 16 inches in length, the reptile struck me with its fangs, inflicting two small punctured wounds on the left forefinger close to the metacarpo-phalangeal joint. I was in good health, and weighed 136 lbs. at the time of the injury. Grasping the wrist I sucked the wounds energetically, spitting out the blood withdrawn, and about ten minutes later applied strong solution of ammonia to the punctures, noticing while I did so that my conjunctivæ were much injected, and feeling slight throbbing at the temples. The finger and hand had commenced to swell immediately after the injury was inflicted.

The heart's action now became rapid, and numbness of the lips and tongue, with swelling of them and the sublingual glands, followed. Within half an hour of the accident epigastric sinking and vomiting occurred, the vomit having a peculiar earthy taste; colic, purging and strangury succeeded, while the swelling of the lips, tongue, and sublingual glands increased, until deglutition and articulation were abolished.

These symptoms continued to intensify, with much prostration, an intermittent pulse (140), and slight cyanosis, till about three hours after the inoculation, when improvement commenced. The general symptoms of poisoning and the swelling about the mouth then quickly disappeared, conversation and swallowing being easily accomplished two hours

¹ See No. 75, Royal College of Surgeons Museum, Teratological Series. The heart (No. 76) is common, and has two ventricles and an auricle. There is no situs mutatus in either twin.—[ED.]

later. At no time were the mental faculties in any way impaired. Meanwhile lymphangitis and swelling were rapidly extending over the hand and up the forearm, and increased for forty-eight hours, spreading along the anterior and posterior axillary folds to the side of the thorax, the whole upper extremity becoming greatly swollen. Much ecchymosis occurred, especially about the elbow. Pain was not so severe as the appearances suggested, and the temperature at no time reached 100° F. These local effects gradually subsided, no vesication, suppuration, or sloughing taking place, and at the end of a week a sling was not required. From the fifth to the eighth day an urticarial eruption with much itching frequently recurred round the punctures and on the back of the hand; slight puffiness about the knuckles and branny desquamation of the forearm continued till the end of the third week, though I felt no inconvenience from the injury after the tenth day from its infliction.

As treatment, whisky and sal volatile were taken while swallowing was possible, and the tension of the arm was much relieved by hot water sponging. The most serious symptom was the swelling of the lips, tongue, and floor of the mouth, seemingly due to contact with the venom; fortunately this did not extend so as to embarrass respiration. The mucous membranes appeared to be intact, so that the propriety of ever sucking a snake wound may be questioned. The stranguy was not accompanied by any change in the urine. It will be noticed that injection of the conjunctivæ was the first phenomenon of general poisoning observed.

Ivybridge.

W. H. BOWES, F.R.C.S. Eng.

TREATMENT OF DIPHTHERIA BY LOCAL APPLICATION OF GERMICIDES.

IN the BRITISH MEDICAL JOURNAL of September 21st I expressed the belief that the fatal accumulation of the diphtheria toxins is prevented by local application of germicides, when the disease is recognised early. The following case (one out of many) is a striking instance in favour of that statement:

On Sunday evening, September 29th, E. W., aged 22, came under my notice suffering from sore throat. Her case was clinically diagnosed to be diphtheria, and the correctness of this was upheld by bacteriological examination in the laboratory of the Clinical Research Association, which revealed the presence of diphtheria bacilli and staphylococci. When first seen both tonsils were thickly coated with exudation. A tube of blood serum having been inoculated with some of this exudation, the parts affected were carefully and freely insufflated with pure magnesium sulphite. This treatment was continued throughout Monday, September 30th, and Tuesday, October 1st, and on Wednesday morning (a period of sixty hours from the time the case was first seen) the throat was perfectly clear. She was kept under observation until Saturday, October 12th, but there was no return of the disease, nor any symptom of secondary toxæmia.

It is possible that other germicides might have acted equally well, but having used this drug for more than seven years with perfect success, I have no desire to experiment with any other.

Ravenscourt Park, W.

BROWNLOW R. MARTIN.

A CASE IN WHICH A CONVULSION OCCURRED IN A HEALTHY WOMAN DURING THE ADMINISTRATION OF CHLOROFORM.

We so frequently see notes of cases of death during the administration of an anæsthetic, that it is well to place on record all cases where any events of an unusual character occur, whether followed by death or not, since it is only by the accumulation of such cases that we can arrive at the truth as to the relative danger or safety of the various anæsthetics. In this case the chloroform used was manufactured by Messrs. Duncan and Flockhart, and some from the same bottle has been used by me both before and since without any unusual results.

Mrs. M., aged about 34, a primipara, went into labour about 2 p.m. on October 13th. The presentation was vertex, position r.o.p.; the cervix was very rigid, and dilatation of the os in consequence slow, in spite of the administration at various times of opium and chloral hydrate. There was a great deal of vomiting. At about 2 p.m. on October 14th

the os was almost fully dilated, but after the membranes had been ruptured the pains became feeble, so that little progress was made. Between 3 and 4 p.m. I commenced to administer chloroform, with the intention of applying forceps. She took the anæsthetic very quietly, and all went well for the first few minutes, when suddenly clonic spasms of the face and limbs came on, the pupils being widely dilated and not reacting to light. The clonic spasms passed into tonic, and as the chloroform was pushed further these in their turn passed off. As soon as she was deeply narcotised the forceps were applied to the head, and delivery of a large healthy child effected in about ten or fifteen minutes. There were no further convulsions. The puerperium was normal, and she made a good recovery.

A few hours after delivery the urine was drawn off with a catheter, and was found not to contain any trace of albumen, its specific gravity being 1025. I found on inquiry that she had always been quite healthy, and that she had never before had any convulsion nor suffered from any nervous disorder; she was not at all nervous or excited during the prolonged first stage of labour, and showed no symptoms of hysteria. Her heart was found to be quite healthy and normal except for the slight hypertrophy of the left ventricle usually found in the later stages of pregnancy.

IN the BRITISH MEDICAL JOURNAL of October 19th is an account of a death under chloroform where a clonic spasm preceded death, and this frequently appears to be the case. Here, however, a convulsion occurred in a perfectly healthy woman, apparently as the result of the administration of the chloroform, and yet no untoward result followed.

Broughty Ferry.

G. OWEN C. MACKNESS, M.D.

REPORTS

ON

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

LONDON HOSPITAL.

THE TREATMENT OF SEVERE BURNS.

(Under the care of Mr. HURRY FENWICK.)

[Reported by HAROLD L. BARNARD, M.B., F.R.C.S., House-Surgeon.]

THE mortality in burns divides itself into two periods—early and late. Early mortality is due to shock, and this depends upon two causes—pain and cold. Late mortality is due to suppuration, but is, in most cases, immediately caused by diarrhoea.

To strip and dress a child directly after the accident is an unnecessary exposure to cold, and adds more pain to that already experienced. Personally I have found it less painful to be burnt than to be dressed after being burnt. These two causes combine gravely to increase the shock, and often accelerate a fatal issue.

Our treatment is as follows: The child is wrapped in a blanket just as it is, and the blanket secured with safety-pins around its neck and chest, so that its restlessness may not uncover it. Hot-water tins are placed in bed with it, and the bed moved before the fire, with a screen behind it to protect from draughts and to reflect the heat upon it. Thus shock from cold is avoided, and the heat of the body somewhat restored.

To minimise shock from pain brandy and opium are given at once, and the child is not dressed until well under the influence of the latter. The dose of opium should be not less than four or five minims of the tincture for a child of 2 or 3 years old, and about two drachms of brandy should be given with it. In most cases, strictly left alone, the child sleeps in less than an hour, and does not awake for three or four hours, when it is warm and drowsy from the opium. Not only have we had no ill-effect from the above dose of opium, but we give a further dose of three minims should the child still be crying at the end of an hour.¹

When the child awakes the screen is drawn close, and one

It is a saying with us that "Burns that do not sleep the first night die."

the subject to show that this was intended. In the absence of fraud or illegality, it may be taken as a clear general rule of law here that where a contract is reduced into writing it is presumed that the writing contains all the terms of it, and evidence will not be admitted of any previous or contemporaneous oral agreement which would have the effect of adding to or varying it in any way. (2) We are doubtful if proceedings would be successful here unless on the clearest evidence of a wilful and false assumption of the title. (3) There is nothing to suggest the invalidity of the agreement as a whole. (4) In this country, according to the case of *Davies v. Makuna, L. R., 29 Ch. Div. 596*, it is not improbable that proceedings to enforce the bond would be unsuccessful so far as relates to the practice of a "physician." In our opinion it would be undesirable to litigate the matter in any way, and certainly this should be done only on the advice of a solicitor.

CLUBS AND MEDICAL ETIQUETTE.

ASTERISK.—Were a brother practitioner to become an honorary member of a club to which another is the surgeon, and should he then agitate to alter the rules of the society in order to deprive the latter of a portion of the emoluments arising from the office for his own advancement, it would be a serious breach of professional etiquette. Such conduct would be severely condemned as very unworthy of a professional man.

CONSULTING SURGEONS AND GENERAL PRACTITIONERS.

M.D. Lond. writes: An old patient of mine, Mrs. C., whose medical attendant I have been for nearly fifty years, and on all occasions, discovered that she had a glandular swelling. At the wish of her son, who is practising in a colony, she consulted Mr. X., one of the assistant surgeons at a leading London hospital. He recommended its immediate removal, stating at the same time he would not undertake the operation unless the after-treatment was conducted by some one with whom he had previously worked, and recommending Mr. B., a practitioner in this neighbourhood, living about a mile from the patient's residence, thus altogether ignoring me. Mr. C. called on me, and assured me that this procedure was entirely contrary to the wishes of both himself and his wife, and asking me to call and see the latter occasionally. I did so this morning, and found to my great surprise that the operation was performed yesterday.

Assuming, as we do, that the above statement justly represents the facts, we may note that, although it was within the right of the surgeon referred to to decline undertaking the operation in question, otherwise than conditionally, he was, in our opinion, unquestionably ethically wrong, and exceptionally discourteous, moreover, in ignoring the patient's old medical attendant.

URGENCY CALL TO OLD PATIENT.

A. B. was attending a patient with heart disease, when, without his knowledge, another practitioner, C., was called in and prescribed for the patient. A. B. then ceased to attend the patient. A few days later he was rung up early in the morning and asked to go to the patient again. A. B. objected at first, as the care of the patient had been taken out of his hands and had passed into those of C. On being told that C.'s further attendance was declined, A. B. went. A. B. asks whether when rung up he might have declined to go, and what C.'s conduct should have been when he found that A. B. was already in attendance.

In reply to A. B.'s first question we may note that, although under the circumstances related he would have been justified in declining further attendance on the case, we are distinctly of opinion that in visiting the patient he acted wisely and in the true spirit of the profession. The answer to his second query will be found in the following rule: "When a practitioner is called in to, or consulted by a patient who has recently been, or still may be, under the care of another for the same illness, he should on no account interfere in the case, except in an emergency—having provided for which, he should request a consultation with the gentleman in previous attendance, and decline further direction of the case except in consultation with him."—*M. E. Code*, chap. ii., sect. 5, rule 9.

R.—It would obviously be unethical.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

The Oxford University Calendar just issued shows that between Michaelmas Term, 1894, and Trinity, 1895, six members of the University proceeded to the degree of M.D. and nine to that of M.B. The honorary degree of M.D. was conferred on Professor Burdon Sanderson on his election to the Regius Professorship of Medicine in succession to Sir Henry Acland. During the same period the honorary degree of D.C.L. has been conferred on two members of the medical profession, Sir William Flower and Professor Michael Foster. The only change in the professorial staff in the Faculty of Medicine is the transference of Professor Burdon Sanderson and the election of Professor Gotch to the Waynflete Professorship of Physiology.

UNIVERSITY OF CAMBRIDGE.

APPOINTMENTS.—Professor Bradbury, M.D., and Dr. L. E. Shore, of St. John's College, are appointed members of the State Medicine Syndicate; Dr. A. Hill, Master of Downing College, a member of the Agricultural Science Syndicate; Dr. D. MacAlister, of St. John's College, a member of the Special Board for Medicine; and Dr. Gaskell, F.R.S., a member of the Special Board for Biology and Geology.

UNIVERSITY COLLEGE, CARDIFF.

PROPOSED PUBLIC HEALTH DEPARTMENT.—A meeting of representatives of the county councils of Glamorgan and Monmouthshire and the University College, Cardiff, was held recently in the College buildings, for the purpose of considering the advisability of instituting a department of public health, in connection with the University College, for the purpose of teaching the higher branches of sanitary science, hygiene, etc., to sanitary inspectors and medical officers of health. Councillor J. Blandy Jenkins, Chairman of the Glamorgan County Council, presided. Several speakers urged the desirability of having such a public health department established, Professor Haycraft explaining that the capital outlay would be about £5,000, that the annual charge would be about £150. Ultimately the following resolution was carried: "That in the opinion of this conference it is desirable that a public health department should be established in connection with the University College, but that the further consideration of the scheme should be deferred for the present." It was also decided to call another similar conference representative of the South Wales counties as early as would be deemed expedient.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

THE AËRIAL CONVECTION OF SMALL-POX.

WHAT is proof? Such is the question that must have occurred to many on reading the judgment given by Mr. Justice Kekewich in the case in which the Guildford, Godalming, and Woking Joint Hospital Board were arraigned in respect of their desire to erect a hospital for the treatment of small-pox patients. The question arises because of this desire having been held to be one that has in it no element of danger to the neighbourhood around the hospital such as to lead the law courts to restrain the defendant Joint Board from carrying out their design. The proof that is needed is one that shall satisfy the courts of justice that there is a distinct danger to a locality from a small-pox hospital by reason of atmospheric spread of small-pox therefrom. That there is danger from maladministration of such an institution was held, and the defendants are not to be allowed to use a cottage standing on their hospital site for small-pox patients, lest infection might be communicated to the outside world by personal means. It is true that during the hearing of the case there was evidence given that ought to have had weight with the court as to the inability of medical men of good standing to accept the hypothesis of aerial convection of small-pox. But it must not be overlooked that such evidence was of necessity of a negative rather than of a positive character. It is one thing to say that in some instances there has been no known spread of small-pox around a hospital in use for the treatment of cases of that disease, but it is another to show that the circumstances in which this exemption was found were on all fours with others in which mischief has been held to have accrued.

Whatever may have been the strength of the arguments put forward by those who have little or no faith in the hypothesis of aerial convection, the evidence of others to the contrary was of such character as to have carried the day in favour of the danger of small-pox hospitals to their surroundings being of appreciable quantity. The masterly and detailed reports of Mr. W. H. Power to the Local Government Board on the behaviour of small-pox in the neighbourhood of the Western Hospital of the Metropolitan Asylums Board at Fulham, with the convincing arguments which were backed by circumstantial evidence in abundance, showed that the hospital had been disseminating small-pox around it by means of the atmosphere only. Other instances were those of the Leicester Hospital in the small-pox epidemic of 1892-93, and of the Halifax Hospital at Caddyfield in a recent small-pox epidemic principally around that building. Then, again, Birmingham furnished another example of the tendency of small-pox to centre round hospitals wherein cases were being isolated. Only a year or so ago Dr. Bruce Low found the same thing going on near Hastings, and these are but samples of occurrences which go far to show the positive side of the case which sees danger in the aggregation of small-pox patients in the vicinity of inhabited dwellings. Among those who gave evidence were Dr. Thorne Thorne and Dr. Bruce Low of the Local Government Board, and their statements should have carried conviction as to the potency for harm of small-pox hospitals. When small populations in the

played a medical man for the purpose of "codifying" the reports of the district officers. But a county wants something more than a medical *précis* writer. Not until the county authority have made good this deficiency will they be in a strong position to influence backward constituent health bodies for good.

SALARY OF POOR LAW MEDICAL OFFICER.

PUZZLED.—It would certainly seem that the amount paid by the Board is very inadequate; four guineas a year for the medical charge of a district with a population of between three and four hundred, mostly paupers, can scarcely be regarded as remuneration at all. It is sad to think that such a scale of payment is possible in the Poor Law Medical Service. Our correspondent should investigate the salaries paid to their medical officers by other unions throughout the county, and claim at least to be paid on the same scale as they are, and if unsuccessful in this, should appeal to the Local Government Board.

MEDICAL APPOINTMENT TO A PAUPER FEVER HOSPITAL.

A. ASKS whether he has committed any breach of professional etiquette in claiming to be appointed medical officer to a fever hospital under the following circumstances:

A. is a district medical officer, in whose district there is a town of 6,500 inhabitants. The sanitary authority of this town has erected a fever hospital in B.'s medical district, two miles from A.'s residence and three miles from B.'s. A. considers that, as at present arranged all the patients in the hospital will be from his district, he has the first claim for the appointment as medical officer of the hospital. B. also claims this on the ground that the hospital is in his district.

. We are of opinion that as long as the hospital is for patients from A.'s district only, he has the first claim for the appointment, but should any arrangements be made (and this appears likely) for other patients to be admitted, A.'s claim for attendance on such might not be equitable or reasonable.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE NEW ASYLUM FOR THE COUNTY OF LONDON.

The building of the new asylum for London at Bexley to house 2,000 patients is just about to be commenced. The main building is designed on the continuous principle combined with villas. The main building is to provide for 1,845 patients, and there are provided one villa for 35 farm workers on the male side, two villas each for 35 women, and a special hospital villa for 50 women, making a total of 1,100 women and 900 men. The patients' blocks are all two storeys high, and are divided into wards for the (1) infirm, (2) acute, (3) epileptic, and (4) chronics and working. An isolation hospital is also provided for, and a mortuary. The whole of the east, south, and west sides of the building are confined entirely to the patients. The building is to be completed with the least possible delay, as the asylum is urgently needed.

THE GREAT NORTHERN CENTRAL HOSPITAL.

According to the *Islington Gazette*, a question was asked at the last meeting of the Islington Board of Guardians in reference to a circular letter sent out by Robert H. Bax, of 57, Finsbury Park Road, in which it was alleged that in the preparation of the balance sheet of the Great Northern Central Hospital a sum of £592 9s. 11d., described as for sundries, alterations, and repairs, included a sum of £319 6s. 9d. paid to the late secretary as commission in addition to his other salary, £375 having been deducted as commission from the legacy of the late Mr. R. A. Newbon. As to the facts we can give no opinion, but there need be no hesitation in saying that any hospital committee which entered into such a lax agreement with its secretary as to make such a payment possible was guilty of culpable want of foresight.

INDIA AND THE COLONIES.

INDIA.

SANITARY APPOINTMENTS IN BENGAL.—The *Indian Medical Gazette* writes: The reduction in the number of the deputy sanitary commissioners and the transference of vaccination duties to civil surgeons, who are overburdened already with State duties, have been distinctly retrogressive measures, and not conducive to the best interests of the inhabitants over which the Government rules; and now that these changes have been followed by the appointment of a surgeon-captain as sanitary commissioner, which is calculated to lower the status and curtail the powers of the sanitary commissioner, the retrogression has been accentuated. If this is the policy which the Bengal Government intends to carry out, it must have been decided on without a due consideration of the great health interests at stake; and it can only be characterised as extremely ill advised, and one which it will be the duty of all interested in preventive medicine to use their influence to reverse.

THE PROPOSED SANITARY REFORMS.—The proposal of the Government to abolish a considerable number of deputy sanitary commissioners in order to raise funds for the establishment of a bacteriological institute at Agra is, says the *Times of India*, one which, if it has really been seriously entertained, is certain to come in for no small amount of severe criticism. Sanitation is still so backward in this country that even a bacteriological institute, valuable as it would undoubtedly be, would be too dearly bought at the price proposed. Even as it is the existing sanitary staff find it impossible to accomplish more than a tithe of the work which lies at their hands; and in some instances the removal of the deputy sanitary commissioner would mean the practical cessation of detailed sanitary work, and all the good which might be achieved by the

bacteriologists would be counteracted by the evil involved in depriving the country of the already sufficiently meagre protection it may derive from sanitary work.

HOSPITALS IN NATIVE STATES.—Sir Dennis Fitzpatrick, during a recent visit to the native State of Nabha, opened a hospital, which has been erected by the Rajah at a cost of Rs 80,000, to commemorate the visit of Lord Lansdowne to Nabha. The Nawab has already established eleven hospitals for out-patients, and this new hospital will be mainly for in-patients. In declaring the hospital open Sir Dennis Fitzpatrick said that he would inform Lord Lansdowne of the fine building that had been erected in his honour.

THE MOHAMMEDANS AND THE PILGRIM BILL.—The Viceroy of India, in replying to an address presented to him on November 22nd by a deputation of the Mohammedans of Mysore, expressing the thanks of that community for the Pilgrim Bill, said he hoped that all doubt had now been removed from the minds of the Mohammedans of India that they need expect anything from the Imperial Government but sympathy and honest endeavour to serve their best interests.

NEW SOUTH WALES.

LEPROSY.—The last report of the Board of Health for New South Wales states that all known cases of leprosy in the Colony are now segregated in the Lazaret. Five new patients were admitted to the Lazaret during last year—a smaller number than in any year since the Leprosy Act came into force. This fall in the number of admissions supports the view taken by the Board that the comparatively large increases during the years 1891 and 1892 were not an indication of the spread of the disease, but were due to the fact that the Act rendered the reporting of all cases compulsory. Altogether 55 lepers have been treated in the Lazaret since 1885; of this number, 29 were natives of China, 15 of New South Wales, 2 of India, and 1 of New Zealand, of Java, of New Caledonia, of Fiji, of the Solomon Islands, of the West Indies, of England, and of Germany respectively. Clinical notes of the five cases admitted in 1894 are given in a separate report drawn up by the Chief Medical Inspector, Dr. Ashburton Thompson. Two of the patients were born in Australia, one in Saxony (resided in Australia since 1856), one was a New Caledonian aboriginal (in the Colony about one year), and one a native of Lucknow, who had been in Australia since 1832. As to one of the cases in a native-born Australian Dr. Ashburton Thompson adduces evidence, collected with great industry, which renders it highly probable that the patient's elder brother suffered from leprosy, and some further facts which appear to bring the cases into some relation with another case, that of the son of a German immigrant, who died of the disease.

MEDICAL NEWS.

DR. HAFFKINE, who has been carrying out the preventive inoculations against cholera on an extensive scale in India, will arrive in London on December 10th, and will be the guest of Mr. Ernest Hart, 38, Wimpole Street, W., where communications may be addressed to him.

A MUNIFICENT OFFER.—At a meeting of the directors of the Newport Infirmary, held on Tuesday, November 26th, the question of enlarging the present building was discussed. Dr. Garrod Thomas, J.P., offered, on behalf of himself and his wife, to contribute £5,000 towards the erection of another building in a different part of the town, the present one being unsuitable on sanitary and other grounds. This offer, it is stated, is conditional upon £15,000 being provided by public subscriptions.

UNDERFED CHILDREN.—An appeal is being made on behalf of the funds of the National Food Supply Association, which lays itself out to provide wholesome food to poor children attending elementary schools. The Association has three large centres, where 12,000 meals a day can be turned out. The food—soup, pudding, and the like—conveyed in asbestos tin carriers, arrives hot at its destination, mostly schools and poor homes. A charge of one penny is made, except in the most desperate cases, and thus the independence of both parents and children is preserved.

"DRUNK AND INCAPABLE."—A farm servant, aged 60, died in the Peterhead Police-office on December 2nd. He had come in from a neighbouring village on November 30th or December 1st, and on the latter day he was seen going about. On December 2nd he fell, and struck his head heavily on the edge of the pavement. He was taken to the police-office and placed in a cell as incapable. Truly he was. The necropsy, however, revealed that he was incapable because his fall had caused fracture of the cranium and hæmorrhage in and about the membranes.

SUICIDE AT THE EDINBURGH ROYAL INFIRMARY.—A most unfortunate case of suicide occurred at the Edinburgh Royal Infirmary on November 20th. A young married woman, who had been confined three months before, was under treatment for myxœdema in a top flat ward. She was observed to be a

little strange in her manner, but there was nothing to suggest suicide. At 8 A.M. she suddenly pulled up the lower part of the window beside her, and threw herself out. The fall was not less than 43 feet. Several fractures and internal injuries caused her death six or eight hours after the accident. No blame can be attached to anyone in connection with what was evidently a sudden suicidal impulse.

LIFE ASSURANCE MEDICAL OFFICERS ASSOCIATION.—The following officers and council have been elected:—*President*: Dr. Douglas Powell. *Vice-Presidents*: Drs. Boon, Crosby, and Symes Thompson. *Treasurer*: Dr. Theodore Williams. *Council*: Drs. C. Y. Biss, R. W. Burnet, H. Fox, C. E. Hoar, G. A. Heron, F. de H. Hall, M. Murray, J. E. Pollock, G. V. Poore, S. West. *Secretaries*: Drs. T. G. Lyon and H. G. Mackenzie.

OPENING OF A CREMATORIUM AT GLASGOW.—The new crematorium at Glasgow, to which brief reference was made last week, is of red stone in the Gothic style of architecture, and stands in the western necropolis of Glasgow at Maryhill. The chapel is cruciform, and contains in the centre a catafalque, on which the coffin is placed during the service. Afterwards it is lowered into the vaults below, in which are placed the incinerating chambers. The work has been carried out under the direction of Mr. James Chalmers, I.A., and is the property of the Scottish Burial Reform and Cremation Society, Limited. The building was formally opened by Sir Charles Cameron, Bart., who was supported by Sir Henry Watson, Sir Henry Littlejohn, Medical Officer of Health, Edinburgh; the Right Rev. Dr. Donald Macleod, Rev. Dr. John Hunter, Bailie Bilsland, and other well-known gentlemen, in the presence of about 500 to 600 persons. The Cremation Society of England was also well represented. Sir Charles Cameron, in performing the opening ceremony, said the erection of the crematorium marked the entrance of the cremation movement in Scotland into a practical stage. It was a duty to inculcate by precept and example the necessity of reform in the matter of the prevalent method of disposing of the dead—a method to the dangers and drawbacks of which only long custom could reconcile an educated community; a method which abstracted hundreds of fertile acres from the land of the country available for the support of the living, and changed them into pestiferous storehouses for the germs of deadly diseases, which every dictate of reason and humanity should prompt to exterminate and destroy.

THE LIVINGSTONE COLLEGE.—The annual meeting of this institution was held recently at Stratford, where the new premises, which were opened on the same occasion, are situated. The work of the College has for some time been carried on at Bow, but owing to the extension of its work it has been found necessary to remove to Hamfrith Road, where a large house has been secured which will, it is hoped, prove sufficient for its purpose for some time to come. On the occasion of the opening a *conversazione* took place at the new College, the principal, Dr. Charles Harford-Battersby, receiving a numerous company, who had been invited to meet Captain Lugard and the Rev. Horace Waller. The object of the College is to provide those who definitely intend to become foreign missionaries with some elementary training in medical subjects. It is not intended for the training of "medical missionaries," but for giving enough knowledge of medicine and surgery to enable missionaries to look after their own health, and to render help to others when they are in isolated stations far from any qualified medical aid. The major part of the work of tuition is done by the Principal and Mr. McAdam Eccles, but in the third term lectures are also given by Dr. Patrick Manson and others. Clinical work is done at the West Ham and Poplar Hospitals, and visits are also made to the Shadwell Medical Mission and other institutions. The College appears to be doing a useful work in a quiet and unobtrusive fashion, and it guards against abuse by requiring those who enter "to sign a declaration that they will not take to themselves the title, or otherwise assume the position, of a qualified doctor."

The annual dinner of the Harveian Society of London took place at the Café Monico on November 28th, Sir J. Williams, Bart., President, in the chair. Sir J. Crichton Browne proposed the toast of the evening, "Success to the Harveian

Society," which, he said, was most ably fulfilling its educational purpose for the medical practitioner. Mr. Edmund Owen proposed the "Visitors," and Mr. Charters Symonds (President of the Hunterian Society) responded. Mr. G. Eastes gave the "Sister Societies," the value of which to medical science, the profession, and the public was beyond all computation. Mr. Jonathan Hutchinson replied, and strongly urged all his hearers, especially the younger ones, to cultivate the societies, Mr. Howard Marsh proposed the "Health of the President," who made a suitable reply. Dr. Gee proposed the "Treasurer," and Mr. Cripps Lawrence, in reply, stated that the Society was now for the first time in many years free from debt. He proposed the last toast, the "Honorary Secretaries," to which Mr. Peyton Beale and Dr. Cagney replied.

SMALL-POX AT RIO JANEIRO.—The captain of the steamship *Hawkhurst* arrived on November 29th at Galveston from Rio Janeiro, and reports a terrible epidemic of small-pox at Rio. He states that the deaths number 150 daily, and the disease is spreading to such an extent that the inhabitants are in a condition bordering on panic.

MEDICAL VACANCIES.

The following vacancies are announced:

- BATH ROYAL UNITED HOSPITAL.**—Resident Medical Officer. Appointment for three years. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary-Superintendent by December 17th.
- CENTRAL LONDON OPHTHALMIC HOSPITAL,** 238A, Gray's Inn Road, W.C.—House-Surgeon. Rooms, coals, and light. Applications to the Secretary by December 10th.
- CITY ASYLUM,** Birmingham.—Resident Clinical Assistant; must be qualified. Board and residence provided. No salary. Applications to the Medical Superintendent.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—House-Physician. Appointment for six months. Board and Residence provided and salary at the rate of £30 per annum. Applications to the Secretary by December 12th.
- DENTAL HOSPITAL FOR LONDON,** Leicester Square, W.C.—Assistant Dental Surgeon; must be L.D.S. Applications to J. Francis Pink, Secretary, by January 6th.
- DENTAL HOSPITAL FOR LONDON AND LONDON SCHOOL OF DENTAL SURGERY,** Leicester Square, W.C.—Demonstrator. Honorarium, £50 per annum. Applications to J. Francis Pink, Secretary, by January 6th.
- DERBYSHIRE ROYAL INFIRMARY.**—Resident House-Surgeon and Resident House-Physician; doubly qualified. Appointments tenable for twelve months, with a possibility of extension. Salaries, £100 and £80 per annum respectively, with apartments and board. Applications, endorsed "House-Surgeon" or "House-Physician," to Walter G. Carnt, Secretary, by December 21st.
- ENNIS DISTRICT LUNATIC ASYLUM.**—Assistant Medical Officer, doubly qualified, unmarried, and not more than 30 years of age. Salary, £100 per annum, with furnished apartments, rations, washing, fuel, light, and attendance. Applications to Dr. Gelston, Resident Medical Superintendent, by December 13th.
- EVELINA HOSPITAL FOR SICK CHILDREN,** Southwark, S.E.—Four qualified Clinical Assistants and eight unqualified Clinical Clerks in the Out-patient Department. Applications to the Secretary by December 17th.
- GLASGOW EYE INFIRMARY.**—Resident Assistant House-Surgeon. Salary £50 per annum, with apartments and board. Applications to William George Black, Secretary, 88, West Regent Street, Glasgow, by December 10th.
- HARTLEPOOLS HOSPITAL.**—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to Robert Edger, Honorary Secretary, 15, Town Wall, West Hartlepool.
- NORTH-EASTERN HOSPITAL FOR CHILDREN,** Hackney Road, Shore-ditch, 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 £90 per annum. Junior House-Physician for six months; doubly qualified. No salary, but board and lodging, including washing, provided. Also Ophthalmic Surgeon; must possess surgical qualification. Applications to the Secretary, 27, Clement's Lane, E.C., by December 9th.
- NORFOLK AND NORWICH HOSPITAL.**—House-Physician and House-Surgeon; doubly qualified; unmarried, and under 30 years of age. Salary for each office, £80 per annum, with board, lodging, and washing. Applications to Poole Gabbett, Secretary, by December 10th.
- ROYAL BERKS HOSPITAL,** Reading.—House-Surgeon and House-Physician. Salary in each case £60 per annum, with board, lodging, and washing. Also Assistant Medical Officer, with board, lodging, and washing provided, but not salary. Appointments for six months. Applications to the Secretary before December 9th.

ST. MARK'S HOSPITAL, City Road, E.C.—House-Surgeon; must possess a surgical qualification. Salary, £50 per annum, with board and lodging. Applications to the Secretary by December 9th.

SWANSEA GENERAL HOSPITAL.—House-Surgeon. Salary, £50 per annum, with board, residence, washing, and attendance. Applications to Jno. W. Morris, Secretary, 9, Castle Street, Swansea, by December 16th.

WARNEFORD HOSPITAL, Leamington.—House-Surgeon. Salary, £100, with board, lodging, and washing. Appointment for six months subject to re-election. Applications to the Secretary before December 14th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician and House-Surgeon. Appointments for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary-Superintendent, by December 18th.

YORK LUNATIC ASYLUM, Bootham, York.—Assistant Resident Medical Officer. Salary, £100 per annum, with board, washing, and attendance. Applications, addressed to the Committee, to be sent under cover to R. D. Horne, Secretary, by December 11th.

MEDICAL APPOINTMENTS.

BADCOCK, Mr. E. R., appointed Assistant Medical Superintendent for the Infirmary of the Lewisham Union.

BEVAN, Richard, L.R.C.P.Lond., M.R.C.S., reappointed Medical Officer of Health to the Lydd Town Council.

BROWN, Robert C., M.B., B.C., B.A.Camb., appointed Senior House-Surgeon of the Blackburn and East Lancashire Infirmary.

BROWNING, Benjamin, L.R.C.P.Lond., M.R.C.S.Eng., D.P.H.R.C.P.Edin., reappointed Medical Officer for the Melcombe District of the Weymouth Union.

BUCHANAN, P. Stedman, M.B., C.M.Glasg., appointed Additional Assistant Medical Officer to the Town's Hospital, Glasgow.

COLE, T. W., B.A.Dub., M.B., B.Ch., appointed Medical Officer of Health to the Bolsover District Council.

DALE, Frederic, M.D.Cantab., F.R.C.S.Eng., appointed Honorary Consulting Surgeon to the Scarborough Hospital and Dispensary.

DICKIN, E. P., M.B., C.M.Edin., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the General Infirmary, Northampton.

ELLIOTT, T. W., appointed Medical Officer for the Tonbridge Union, *vice* Penny, resigned.

FENNER, Dr. R. N., reappointed Medical Officer for the Northrepps District of the Beckham Union.

FULTON, Dr., appointed Medical Officer of Health to the Stevenston Parish Council.

GEDDES, John W., M.B., C.M.Edin., appointed Junior Assistant Medical Officer to the Durham County Asylum, Winterton, Ferryhill.

HAMILTON, W. Crosbie, M.B., C.M.Edin., appointed Senior House-Surgeon of the South Devon and East Cornwall Hospital, Plymouth.

HARKER, W. E., M.D.McGill, L.R.C.P.I., appointed Medical Officer of Health to the Tyne Port Sanitary Authority, *vice* H. E. Armstrong.

HEWLETT, J. E., M.B., C.M.Edin., appointed Junior House-Surgeon of the Blackburn and East Lancashire Infirmary.

JARDINE, Robert, M.D.Edin., M.R.C.S.Eng., F.F.P.S.Glasg., appointed Assistant Physician to the Glasgow Maternity Hospital.

LYONS, Edward, B.A.M.B., B.Ch., B.A.O.T.C.D., L.M.(Rotunda), appointed Junior Resident Surgeon to the Jervis Street Hospital, Dublin.

MACKAY, Fred W., appointed Ophthalmic Surgeon to the Western Dispensary, Edinburgh.

PATTERSON, G. H., L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health for the Dalton-in-Furness Urban District.

PERROTT, C. J., L.R.C.P., L.R.C.S.I., appointed Certifying Factory Surgeon for Kingswood, St. George, etc., *vice* Henry Grace, L.R.C.P.Lond., M.R.C.S.Eng., deceased.

PRIDHAM, John W., L.R.C.P.Lond., M.R.C.S., reappointed Medical Officer for the Upway and Chickereil District of the Weymouth Union.

PRIDMORE, Dr., appointed Medical Officer for the Weymouth District of the Weymouth Union, *vice* A. E. Drury, L.R.C.P., L.R.C.S.Eng., resigned.

PRINGLE, Dr., appointed Medical Officer of Health for the No. 3 District of the Bridgwater Union.

REYNOLDS, Dr., appointed Medical Officer for the Morchard Bishop District of the Crediton Union.

SIMPSON, R. P., M.D.Durh., M.R.C.S.Eng., reappointed Medical Officer for the Workhouse and Wyk District of the Weymouth Union.

SMITH, J. A., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Flockton District of the Wakefield Union.

Tew, James Scott, M.D.Durh., M.B., M.R.C.S., appointed Medical Officer of Health for the Sevenoaks, Southborough, Tenterden, and Tonbridge Urban Sanitary Districts and the Bromley, Cranbrook, Maidstone, Sevenoaks, Tenterden, and Tonbridge Rural Sanitary District.

TURNER, Logan, M.D., M.B., C.M., appointed Physician for Diseases of the Ear and Throat, Western Dispensary, Edinburgh.

WADD, H. Randall, M.R.C.S.Eng., L.R.C.P.Lond., reappointed Resident House-Physician to the Great Northern Hospital, N.

WALSH, David, M.B., C.M.Edin., late Assistant Physician, Western Skin Hospital, London, W., appointed Physician.

WHITEHALL-COOKE, Cecil, M.D.Lond., M.R.C.S., L.R.C.P., appointed Honorary Medical Officer to the Kilburn, Malda Vale, and St. John's Wood Dispensary.

WILLIAMS, W. T., M.R.C.S.Eng., appointed Medical Officer for the Second District of the Township of Manchester.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. Thomas Bryant: On the Diagnosis and Treatment of Early Cancer and Cysts of the Breast.

TUESDAY.

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

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Adjourned discussion on the Possibilities as to the Latency of Parasitic Germs or Specific Poisons in Animal Tissues, as in Hydrophobia, Erysipelas, Syphilis, Leprosy, Ringworm, Tuberculosis, etc.

WEDNESDAY.

LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.—Cases, specimens, etc., by Mr. Cresswell Baber, Dr. J. B. Ball, Dr. Clifford Beale, Dr. Dundas Grant, Mr. De Santi, Dr. de Havilland Hall, Mr. Walter G. Spencer, Mr. Charters Symonds, Dr. E. B. Waggett, and Dr. W. A. Wills.

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

HOSPITAL FOR CONSUMPTION, Brompton, 4 P.M.—Dr. Sidney Martin on Tuberculous Disease.

WEST LONDON HOSPITAL, Hammersmith, W., 5 P.M.—Mr. Bidwell: Intestinal Anastomoses (Post-Graduate Course).

THURSDAY.

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Dr. M. Handfield-Jones: Second Harveian Lecture on the Heart in its Relation to Pregnancy, Parturition, and the Puerperal State.

BRITISH GYNÆCOLOGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Specimens by Dr. Smyly (Dublin). Mr. William Armstrong (Buxton); On Utero-Ovarian Irritation as a Factor in the Causation of Rheumatoid Arthritis and the Special Treatment necessitated thereby.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 11, Chandos Street, W., 8 P.M.—Clinical evening. Mr. Hartridge: Case of Retinitis Circinata. Mr. Ernest Clarke: Rare Form of Nystagmus. Mr. Grimsdale: Rare Form of Nystagmus. Dr. R. D. Batten: (1) Unusual Form of Choroiditis; (2) Paralysis of the Third Nerve, with Spasm of Accommodation. Mr. Marcus Gunn: Case of Embolism of the Central Artery of the Retina. Mr. Holmes Spicer: Case of Retrobulbar Neuritis. Dr. Ormerod and Mr. Holmes Spicer: Recurrent Paralysis of the Third Nerve, with Migraine. Dr. Donald Gunn: Peripapillary Choroiditis. Messrs. Silcock and Marshall: (1) Greenish Lenticular Opacities; (2) Exophthalmic Goitre in a man; (3) Coloboma of Iris with Localised Bulging of the Lens. Mr. Spencer Watson: Specimen of Eyeball lost after Penetrating Wound. Mr. Snell: Alveolar Carcinoma of Upper Eyelid.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY, Great Northern Central Hospital, Holloway Road, N., 9 P.M.—Dr. C. E. Beevor: On Arsenical Neuritis. Dr. Thomas Hamilton: On Abdominal Suppuration.

FRIDAY.

CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Dr. Hale White and Mr. Golding-Bird: A Case of Membranous Colitis treated by Right Colotomy and subsequent Closure of the Wound. Dr. Lee Dickinson: Two Cases of Spontaneous Thrombosis of the Cerebral Veins and Sinuses in Chlorosis. Mr. R. Barwell: A Case of Congenital Median Cervical Fistula; operation; recovery. Dr. S. Ringer and Dr. A. G. Fear: A Case of Addison's Disease treated with Suprarenal Extract (with an abstract of previously-recorded cases).

EPIDEMIOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, W., 8 P.M.—Dr. Walter Dowson: On Diphtheria in Older and Newer Bristol (notified cases for the five years 1890-94).

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 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.

MARRIAGES.

GORDON—OGILVIE.—At Gordon's College, Aberdeen, on November 27th, by the Rev. Professor Cowan, D.D., assisted by the Rev. James Stark, D.D., John Gordon, M.D., Aberdeen, to Maria M. Ogilvie, D.Sc.Lond., elder daughter of the Rev. Alexander Ogilvie, LL.D., Headmaster, Gordon's College.

McELLIOTT—MALINS.—November 28th, 1895, at St. Joseph's Catholic Church, Dublin, Maurice Gerald McElligott, L.R.C.P.I., L.R.C.S.I., of The Limes, Belper, fourth son of Gerald McElligott, J.P., of Mount Rivers, Listowel, County Kerry, to Eleanor Marguerite, youngest daughter of the late David Malins, of Birmingham and Dublin, and of Mrs. Malins, Glasnevin Lodge, Glasnevin, County Dublin.

DEATHS.

SHAW.—On November 28th, at Middleton Cottage, Fouthport, Merri, wife of Edw and Sh: w, M.D., aged 69 years.