

For the first forty minutes of the operation everything went well. Numerous enlarged glands full of caseous and puriform contents were enucleated, and a somewhat extensive dissection was made of the anterior triangle of the neck. It was found necessary for the complete removal of the glands to divide the anterior three-fourths of the sterno-mastoid muscle. The deep aspects of many of the glands were adherent to the carotid sheath, and their removal thus necessitated a full exposure of the internal jugular vein for a considerable segment of its course. A large tributary vein entering the jugular on its anterior aspect was divided near its point of entrance into the vein, and was clamped by pressure forceps. Just at the time when all the diseased glands seemed to have been enucleated, the patient, who up to this moment had been breathing quietly and evenly, and whose pulse had been very satisfactory, made three violent attempts at retching. The mask was then sprinkled with chloroform, and was reapplied to the face for certainly not more than thirty seconds when quite suddenly the patient became deadly pale, though blue about the lips; the pupils dilated widely, the pulse ceased, and respiration stopped after three shallow inspirations. There is no doubt that the heart's action ceased some seconds before respiration failed.

The patient's mouth was immediately opened by a Mason's gag, the tongue drawn well forwards with forceps, the foot of the operating table raised to an angle of 40 degrees, and artificial respiration was performed about 20 times per minute by compression of the lower chest, a hand being placed over the lower costal cartilages and ribs of each side. The primary object in view in this manoeuvre was to compress the (as we judged) overdistended right side of the heart. The chest walls were fortunately supple and elastic. At the same time brandy was injected by the nurse.

Artificial respiration was continued for, as far as we can estimate, at least three minutes, though it seemed to us a very much longer time. To all appearance it had no effect, for on placing the ear on the chest no sound at all from heart or lungs was audible to any of us. The patient's condition now appeared hopeless, and everyone in the room considered him dead. In this extremity the operator determined to make a further attempt to relieve the distended right ventricle by opening the internal jugular vein and then compressing the lower chest. The forceps was therefore removed from the vein, which was cut at its point of entrance into the jugular, and the opening into the latter was roughly enlarged by tearing its margins with forceps. At once from the greatly distended internal jugular vein a stream of dark venous blood poured out. The chest was now forcibly compressed, and this produced a greater outflow of blood from the vein. Several ounces of blood rapidly escaped, and after the hole in the jugular had been clamped by two forceps artificial respiration was resumed. In less than half a minute the patient made a faint inspiration, which was a few seconds later followed by another, and the artificial respiration being continued energetically the heart was heard to beat at first feebly, but soon the pulse and respirations gained in strength and frequency.

A few minutes later it was noticed that there was some obstruction in the upper air passages. This caused for only a few seconds a little trouble, as on attempting to reintroduce the gag, which had slipped, the masseters were found to be spasmodically contracted. Some blood from the tongue, which had been somewhat lacerated near its tip by the forceps, and mucus having been sponged away from the pharynx, the breathing immediately improved. During this time the heart was beating satisfactorily. The operation was now rapidly concluded without the further administration of an anæsthetic. Considerable trouble was experienced in closing the hole (which was an oblique tear) in the jugular vein, and during the suturing of the divided sterno-mastoid and skin the now nearly conscious patient struggled sufficiently to necessitate restraint.

The wound was freely irrigated with a solution (1 to 40) of carbolic acid preliminary to suture, as the fingers of the operator had during the time of cessation of the cardiac and respiratory action passed direct from the mouth of the patient into the wound. The patient during the whole of the after-treatment has been entirely under the care of

Dr. Denton, except that one of us (H. F. W.) saw him with Dr. Denton on December 25th. The wound healed by first intention except in its middle inch, where some localised suppuration occurred. A considerable slough separated from near the tip of the tongue, due to the rough usage this organ received from the tongue forceps, otherwise there is nothing but good to report concerning the progress of the case.

REMARKS.

We have deemed this case well worthy of publication because we feel convinced, and Dr. Denton shares our opinion, that the bleeding from the internal jugular vein, by relieving the distension of the right heart was the main factor in bringing about the recovery of the patient from an apparently hopeless condition, and we consider that the treatment adopted with such a satisfactory result in the present instance should be tried by surgeons in similar cases where artificial respiration alone has proved insufficient to revive the patient.

The question as to which vein the surgeon should open depends much upon the site of the operation, but the essential point seems to be that the vessel selected be as large and as near to the heart as possible, in order that the issuing stream of blood may be of considerable volume, and the relief to the distended heart rapid and thorough. During the anæsthesia, we may state that the administrator paid special attention to the respiration, and also kept his finger on the temporal pulse. The pupil was moderately dilated, never contracted, nor very widely dilated, except during the period of cardiac and respiratory failure. The conjunctival reflex was lost early. The stage of excitement was short, and unaccompanied by struggling. The vagus nerve was not exposed during the operation. Immediately before the three attempts at retching which preceded the alarming symptoms, the pulse and breathing were good, and during the few seconds which elapsed between the retching and the cardiac arrest, only a small amount of chloroform vapour could have been inhaled, as the mask was only sprinkled (not saturated) with the anæsthetic. During the whole period of the administration of the anæsthetic (forty minutes), rather less than 2 ounces of chloroform (Duncan and Flockhart's) were employed.

We desire, in conclusion, to express our thanks to Dr. Denton both for the helpful assistance he rendered to us and for the frequent and full notes he was good enough to send to us during the days immediately succeeding the operation.

MEMORANDA:

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

THE COCAINE HABIT.

IN the BRITISH MEDICAL JOURNAL of April 25th is recorded a case of acute cocaine poisoning. This recalls to my mind a case of chronic cocaine poisoning which was under my care in 1894. The patient, an English lady, had for eight years been in the habit of taking chloral-hydrate, in doses of 25 to 30 grains every night, to procure sleep. Owing to some trouble connected with sensitive gums, a physician gave her a lotion of cocaine for external use, 48 grs. to 2 ounces, which so effectually soothed the patient that for two years she continued to apply the lotion to her gums, and probably, also, to swallow small quantities at a time, as when I saw her the bottle used to last her thirty-six hours. This makes a daily dose of 30 grains. There was no reason for any such application, nor had there probably been for at least a year and a-half. The patient was in a state of extreme nervous prostration, and morally and mentally affected; fits of depression varied with times of unusual brightness and activity; now and then hysterical paralysis, generally lasting only one or two days, supervened.

There being no possibility of placing the patient under restraint in a properly conducted sanatorium, I took the medical treatment in hand, and without the patient's knowledge slowly and systematically reduced the amount of cocaine used. This I succeeded in partially, though from time to

time fits of frenzy for want of more of this nerve stimulant necessitated a slight increase of the dose for twenty-four hours; but during the six weeks the patient was under my care the daily dose was reduced from 30 grains a day to 20, 15, 12, 10, and even 9 grains a day. The patient then left Zürich, and resumed her pernicious habit, as I could not get the medical man under whose care she came to supervise and reduce the amount of cocaine used. I hear she was very ill last year, but she is still alive and a living proof of vitality against powerful toxic agents. When unable to get her prescription made up as often as she desired, she used to procure a large supply (an ounce at a time) from a wholesale London druggist. She never failed to have a reserve supply about her in case of need.

I shall be happy if the record of this sad case of a blighted life that might have been one of the happiest induces my colleagues to be very careful indeed in giving a prescription for cocaine even for external use, the more so as it seems easy for the public at large to procure poison in wholesale quantities from wholesale sources.

Zürich.

THEODORE ZANGGER, M.D.

A CASE OF PAROXYSMAL TACHYCARDIA.

R. B., aged 28, married, a maker of wine barrels, came to the dispensary on April 2nd, and related the following history:

When 17 years of age his father fell seriously ill, and he was obliged for several months to work hard to support the family. It was after this prolonged period of anxiety and hard work that he first began to suffer from sudden attacks of rapid and violent beating of the heart, coming on after a heavy meal, long walk, or much smoking, and lasting sometimes a few minutes only, sometimes several hours. Very often during the attacks he felt faint, and generally more or less breathless. For some days after a prolonged attack he expectorated blood-stained sputum. There was no history of rheumatism, malaria, venereal disease, or excessive smoking.

On examining the pericardium I found the apex beat to be well defined in the fifth interspace, half an inch to the right of the nipple, and on percussing the superior and right margins of the heart I found no apparent increase in this dulness. There was no epigastric pulsation, either during or before the attack. On auscultation the heart sounds were clearly heard and apparently normal.

Whilst examining the patient the heart, which was going at the rate of about 80 with an occasional intermission, commenced quite suddenly to beat with incredible rapidity, and so violently that the whole precordium could be seen to vibrate. I made the patient lie down, and, after several failures, succeeded in counting 210, and again 198, beats a minute. It continued thus for ten minutes, and then as suddenly the rate slowed down to about 100, to start again in a short while as fast as ever. The pulse during the attack was perceptible, but exceedingly thready and compressible. The urine contained no albumen. All over the lungs the inspiratory breath sound was weak and jerky, and at the base of the right lung there were a few fine *râles*. There was no enlargement of the liver, no ascites, and no anasarca.

Florence.

THOMAS HENDERSON, M.B., C.M. Edin.

WARTY CORNS ON THE SOLES OF THE FEET.

H. G., aged 15, came under treatment on November 9th, 1895, lame in both feet and unable to walk without pain, owing to a crop of sixteen hard and very tender spots on one foot and six on the other. The largest and most tender in each foot was evidently a large wart, flattened by pressure and surrounded by a hard horny ring; the others looked like corns.

On cutting parallel to the surface each showed from one to about twenty hypertrophied papillæ in section. After three weeks of daily applications, after a hot bath, of a saturated solution of caustic potash at first, afterwards of fuming nitric acid, followed by a coating of salicylic collodion, all the horny epidermis was peeled off or cut off, and two-thirds of the warts had disappeared.

Another week of caustic applications at two or three days' intervals, by which some were destroyed to the extent of leaving small ulcers, sufficed to render the feet tolerant of pressure at any point, and walking was allowed for a fort-

night, still using the salicylic collodion every few days (as often as could be borne). After this the feet were said to be "perfectly comfortable," but there was still some excess of horny epidermis at and around the sites of a few of the warts.

Izal (1 in 400) was used in the baths, and there was no trouble from suppuration. The minute ulcers, when they occurred, skinned over in three days, being filled with airo and covered with collodion. Double woollen socks and 3 per cent. of salicylic talc powder were directed to be used for several months after.

The line of treatment followed was suggested by Dr. Donald Hood, who sent the lad to me.

The large number of the warts in this position, not entirely confined to points of pressure, and the urgent need and satisfactory issue of treatment, seemed to render the case worthy of notice, the more in the absence of description of this and allied conditions alluded to by Dr. Alfred Eddowes.¹

Shaftesbury.

C. S. EVANS, M.B., B.C., M.R.C.S.

SOME CASES CALLING FOR LITHOTOMY.

IN our litholapaxy experiences here we meet with a certain number of cases in which recourse must be had to the old operation of lateral lithotomy. These chiefly have reference to the size, hardness, or situation of the calculus. Very large stones cannot be grasped in any diameter by the largest lithotrite made while the instrument is on the screw, and if the case is of long standing it is, I think, a dangerous proceeding to "hammer down" the stone in view of the irritable and easily lacerable bladder wall which one finds in these circumstances. Occasionally, though rarely, I have met with a stone too hard to be crushed, and I have seen and heard of similar cases in the practice of others in this country. Some cases of this class may be met by perineal lithotripsy as practised by Surgeon-Major Keith. A calculus of a dumbbell shape, with one end lying in the prostatic urethra, is sometimes met with, and I have recently been obliged to remove by lithotomy a stone one end of which was firmly embedded in a pouch which had formed in connection with a lateral lithotomy undergone by the same patient at the hands of Surgeon-Major Keelan, one of my predecessors, ten years ago.

Lastly, I have recently seen and performed the crushing operation on a man who had once been lithotomised and had subsequently undergone litholapaxy on five occasions for rapidly forming phosphatic calculi. In this case I endeavoured in vain to obtain the consent of the patient to lithotomy, which I consider would have been the best method of dealing with his condition, since it would have provided a free drain for the bladder and would have admitted of treatment, both local and general, during his stay in hospital, this being impossible after litholapaxy here, as patients generally come from long distances and the average period of their stay in hospital is about twenty-four hours.

RICHARD BAKER, M.A., M.D.,

Surgeon-Major Indian Medical Service; Acting Civil Surgeon, Hyderabad, Sind.

A CASE OF TETANUS NEONATORUM.

I ATTENDED Mrs. G. on April 20th. Her four previous labours had been normal. The present labour lasted twenty-four hours; forceps were used. The child was a healthy male. The umbilical cord came away on April 24th. It took nourishment well until the evening of April 25th, when the nurse noticed that the child refused the breast.

On April 26th I was called and found complete trismus. The muscles of the neck were rigid, the eyelids closed, the hands clenched. On attempting to open the mouth the tonic spasm was increased, and the child cried. The symptoms gradually became more pronounced, and the child died at 7 A.M. on April 27th, some thirty-six hours after the nurse first noticed the symptoms. I was unable to obtain a *post-mortem* examination.

The causation of this somewhat rare disease is, I believe, obscure, and in this instance I cannot account for the onset of the symptoms.

The uterine pains were feeble, and I used forceps to bring the head down to the perineum, after which I removed the forceps, and the birth was in every way a natural one. The

¹ BRITISH MEDICAL JOURNAL, December 21st, 1895, p. 1556.

lying-in room was well ventilated, and the cottage in the open country. The child was well looked after by an intelligent nurse.

MARK STYLE, M.R.C.S., L.R.C.P.,
Surgeon, Moreton Cottage Hospital, Gloucestershire.

REPORTS OF SOCIETIES.

THE ULSTER MEDICAL SOCIETY.—The annual meeting of the Society was held at Belfast on July 9th. Professor SINCLAIR, the President, occupied the chair, and there was a large attendance. The Council's report showed that the past year had been one of great prosperity, the membership having been largely augmented and the meetings well attended. A long discussion took place regarding the Society's rooms. It was finally decided to leave the present rooms, and the Council was instructed to secure more suitable premises. The Treasurer's report showed a balance of £17 in favour of the Society on the year's working. The Treasurer, Dr. KEVIN, tendered his resignation, which was accepted with much regret. A cordial vote of thanks was unanimously passed to him for his valuable services.—The reports of the Librarian and the Pathological Secretaries were presented and adopted.—A portrait of Dr. Stephenson, a former President of the Society, was presented to the Society by Dr. Barnett, and a cordial vote of thanks was passed to him for his kind gift.—The annual election of office-bearers was then proceeded with, the results being as follows:—*President*: Professor Symington, M.D., F.R.C.S. Edin. *Ex-President*: Professor Sinclair, M.D., F.R.C.S. Eng. *Vice-Presidents*: Dr. Kevin and Dr. Calwell. *Council*: Dr. Lindsay, Dr. Campbell, Dr. Gausson, Dr. Bingham, Dr. Dempsey, and Professor Byers. *Honorary Treasurer*: Dr. M'Caw. *Honorary Secretary*: Dr. W. Kisack. *Honorary Librarian*: Dr. Shaw. *Pathological Secretaries*: Dr. Lorrain Smith and Dr. Lynass.

INVERNESS MEDICAL SOCIETY.—At the summer meeting of this Society, on July 11th, Dr. Murray was elected President, Drs. Mackenzie and MacFadyen Vice-Presidents, and Dr. J. Munro Moir Honorary Secretary. A donation of books from the library of the British Medical Association was announced, and Dr. KEAY, medical superintendent of the district asylum, where the meeting was held, showed a series of interesting cases illustrating different phases of insanity.

EDINBURGH OBSTETRICAL SOCIETY.—The last meeting of the Society for the session was held on July 8th in the Waterloo Hotel, Dr. ALEXANDER BALLANTYNE, President. The meeting was mainly given up to a discussion on the question of Professional Secrecy *versus* Privilege in Obstetrics and Gynaecology. The meeting was private, therefore no report of the speeches is given. There was, however, a very free and full exchange of views between the Fellows of the Society. The discussion was opened by Professor A. R. SIMPSON, who was followed by Drs. HALLIDAY CROOM, UNDERHILL, BERRY HART, MILNE MURRAY, BARBOUR, BUIST (Dundee), SPENCE (Burntisland), RATTRAY (Portobello), the PRESIDENT, and others. Mr. A. TAYLOR INNES, one of Her Majesty's Advocates Deputy for Scotland under the late Government, made a valuable contribution to the debate from the legal point of view. At the close the Fellows dined together.

BACTERIOLOGY AND AGRICULTURE.—At the Show at Leicester of the Royal Agricultural Society, the Leicester Bacteriological Institute had an exhibition of bacteriology in its relation to agricultural and stock rearing. Enlarged photographs of various bacilli, including tubercle, anthrax, swine fever, glanders, and tetanus were shown, as well as slides under microscopes. Antitoxic serums prepared in the laboratory of the Institute were exhibited, and the Director, Dr. J. Andrew Turner, gave demonstrations explaining the mode of propagation and the infective properties of various diseases. Pamphlets giving information on the same subject and on the properties of tuberculin and mallein were distributed. The large number of visitors who showed their interest in the specimens and demonstrations fully justified the action of the Institute, which is to be congratulated on the educational value of the exhibit.

ASSOCIATION INTELLIGENCE.

PROCEEDINGS OF THE COUNCIL.

At a meeting of the Council held in the Council Room at the office of the Association, 429, Strand, London, W.C., on Wednesday, July 8th, 1896,

Present:

Dr. J. WARD COUSINS, President of Council, in the chair.

Dr. HENRY BARNES, President-elect.

Mr. HENRY T. BUTLIN, Treasurer.

Dr. JAMES BARR, Liverpool.

Dr. GEORGE B. BARRON, Southport.

Dr. MICHAEL BEVERLEY, Norwich.

Dr. T. BRIDGWATER, LL.D., Hattow-on-the-Hill.

Mr. H. LANGLEY BROWNE, West Bromwich.

Dr. J. SPOTTISWOODE CAMERON, Leeds.

Mr. ANDREW CLARK, London.

Dr. H. RADCLIFFE CROCKER, London.

Dr. GEORGE W. CROWE, Worcester.

Dr. E. HARRIMAN DICKINSON, Liverpool.

Brig.-Surg.-Lieut.-Col. E. F. DRAKE-BROCKMAN, London.

Dr. WILLIAM A. ELLISTON, Ipswich.

Dr. DAVID W. FINLAY, Aberdeen.

Sir B. WALTER FOSTER, M.D., M.P., Birmingham.

Mr. RICHARD S. FOWLER, Bath.

Dr. JOHN H. GALTON, Upper Norwood.

Dr. BRUCE GOFF, Bothwell.

Dr. C. E. GOODALL, London (Melbourne).

Dr. WILLIAM GORDON, Exeter.

Dr. OGILVIE GRANT, Inverness.

Dr. H. HANDFORD, Nottingham.

Mr. JOHN D. HARRIES, Shrewsbury.

Mr. J. H. HEMMING, Kimbolton.

Dr. C. HOLMAN, London.

Dr. T. R. JESSOP, Leeds.

Mr. EVAN JONES, Aberdare.

Mr. C. N. MACNAMARA, London.

Mr. H. J. MANNING, Salisbury.

Dr. JAS. W. MILLER, Dundee.

Dr. JOHN WILLIAM MOORE, Dublin.

Mr. W. JONES MORRIS, Portmadoc.

Mr. R. H. B. NICHOLSON, Hull.

Dr. J. WADDELL OSWALD, London.

Mr. C. H. WATTS PARKINSON, Wimborne Minster.

Dr. CHARLES PARSONS, Dover.

Dr. FRANK M. POPE, Leicester.

Dr. ROBERT SAUNDY, Birmingham.

Dr. ALFRED SHEEN, Cardiff.

Dr. E. MARKHAM SKERRITT, Clifton.

Mr. NOBLE SMITH, London.

Dr. ROBERT SOMERVILLE, Galashiels.

Mr. HENRY STEAR, Saffron Walden.

Dr. J. ROBERTS THOMSON, Bournemouth.

Mr. T. JENNER VERRALL, Brighton.

Sir WILLOUGHBY WADE, Birmingham.

Mr. C. GALEN WHEELHOUSE, Filey.

Mr. JOSEPH WHITE, London.

Mr. ALFRED R. WINKFIELD, Oxford.

Dr. W. L. WINTERBOTHAM, Bridgwater.

Dr. S. WOODCOCK, Manchester.

The minutes of the special meeting of June 13th last, and the quarterly meeting of April, having been printed and circulated, were signed as correct.

Read letters of apology for non-attendance from Dr. Sandford, Dr. Drummond, Mr. Wallace, Dr. Philipson, Dr. Batten, Dr. Campbell, Mr. George Eastes, and Mr. Vincent Jackson.

Read letter from Mr. Victor Horsley, of which the following is a copy:

25, Cavendish Square, July 7th, 1896.
To the Council of the British Medical Association.

MR. PRESIDENT AND GENTLEMEN,—I beg to respectfully lay before you the following reasons why the special meeting, which has been summoned for July 13th, should be postponed. In the first place I desire to bring before the Council the following facts for their consideration:

1. As pointed out by Dr. Bateman, the by-laws of the Association and the Companies Act (Alteration of Memorandum) require that each member shall receive notice of the proposed meeting seven days at least before its occurrence, and that such notice be conveyed in the ordinary course of the post.

2. It follows from this that a very large number of the members will, by receiving their notice several weeks after the meeting, be placed in a disfranchised position, and that thereby the meeting on July 13th will be invalidated.

3. To decide this point further I have obtained the opinion of Mr. Eustace Smith, the well-known counsel and expert in company law, and append it hereto, from which it will be seen that the meeting at Birmingham on July 13th will not have been properly summoned, and that therefore its acts will be invalid.

In the second place I venture to urge that in view of the importance of

batants. Is there any sense, therefore, in talking, as some do, of a military caste? The idea is repugnant to our country and Constitution.

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE LAW OF SANITATION.

In the Queen's Bench Division last week the proprietor of a house was sued by his tenant for damages for "breach of warranty," the plaintiff contending that a guarantee had been given that the sanitary arrangements were perfect. The evidence on the point showed that the landlord had written a letter to his prospective tenant, in which the following passage occurred: "Touching the sanitary arrangements, I feel I am justified in saying that they are perfect, inasmuch as during the fifteen years we have had the property no tenant has even so much hinted that they were otherwise." It appeared that the tenant agreed to take the house on the faith of the assurance thus implied, and that during his occupation he had an attack of typhoid fever, which incapacitated him from the conduct of his business for a period of five months. The learned Judge held that the letter referred to did not constitute a warranty, and directed the jury to find a verdict for the defendant, granting a stay of execution with a view to an appeal.

A QUESTION OF CONTRACT.

REFERRING to our reply to the questions raised under the above heading in the Medico-Legal columns of the JOURNAL of June 13th, we have since been furnished by our correspondent with the letters and telegrams sent to him, but we have not received the letters or telegrams written or sent by him. We think, however, that the telegrams of April 23rd and 24th sent to A. are quite sufficient to show that there was a distinct engagement for one month, and for which the sender of the telegrams would be liable to pay, or its equivalent in damages for breach of contract.

INSURANCE FEES AFTER SALE.

B. B. asks advice under the following circumstances: He has recently sold his practice, and has since been applied to by an assurance society for information in reference to a former patient; he is not required to see or to make any professional examination of the latter, but he will receive a fee from the society for furnishing the information desired. Has he a right to this fee, or should it be handed over to the purchaser of his practice?

. We are advised that our correspondent is justified in retaining this fee. The information for which he is paid has reference entirely to the past, and is such as his successor could not furnish. He is only under a moral duty to make no sort of profit out of the practice he has sold that the purchaser might presumably make for himself.

CLAIM FOR DAMAGES BY MEMBER OF ODDFELLOWS' LODGE.

A CORRESPONDENT asks our opinion on the following point: It appears that he, as medical officer of an Oddfellows' lodge, declined to give a certificate to a member of the lodge to enable him to obtain sick allowance, on the ground that the man was suffering from occasional epileptic fits, and was otherwise strong and robust. The latter now threatens our correspondent with an action for damages unless he pays to the member a sum equivalent to six weeks' and two days' sick allowance.

. Having regard to the rules of the lodge, of which our correspondent has furnished a copy, and on these and the statement of facts submitted, we are advised that any proceedings by the member in question would probably not be successful.

Our correspondent acting *bona fide* and in conformity with the rules, was of opinion that the member referred to was not entitled to sick pay, and declined to give him a certificate, and under the circumstances we can only regard the member's letter as *brutum fulmen*, of which no notice need be taken.

MEDICAL ADVICE IN NEWSPAPERS.

D.—We are unable to accept the views of our correspondent in relation to the above subject, referred to in the BRITISH MEDICAL JOURNAL of July 4th, p. 50. He alleges that "if personal advertisement be avoided, neither lack of dignity, improper medical work, nor sacrifice of the interest of the profession are involved by answering professional queries in the lay press." We apprehend that there is a fallacy in this view. His contention, also, that a *Code* is merely "a summary of the highest ethical practice at the time it was prepared, and must be varied according to circumstance," renders it expedient to note that the existing one, and each previous edition, was by emendations and additions brought up to the date of publication, and primarily received, among many others, the *imprimatur* of the late Sir T. Watson, Sir R. Christison, Sir G. E. Paget, and Sir G. Johnson. The true reason for seeking medical advice through the medium of the lay press is that personally it is gratuitous. In identifying himself with such a custom the practitioner not only acts unjustly towards his professional brethren, but to the patient and himself also, by prescribing *in absentia*.

PRESENTATION.—Miss Catherine M. Wickham, L.R.C.P. and S. Edin., has been presented by the members of the ambulance class held at the Honor Club, Fitzroy Square, in connection with the St. John Ambulance Association, with a gold pencil and seal as a token of appreciation of her services as lecturer.

UNIVERSITIES AND COLLEGES.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

PRIZES, SUMMER SESSION, 1896.—The Barker Anatomical Prize has been awarded to C. T. Hilton, and a Special Prize to A. S. Greene; and the Mayne Scholarship to A. I. Eades. The Preliminary Examination for the commencement of Medical Study for the Diplomas of the Royal Colleges of Physicians and Surgeons will be held on Tuesday and Wednesday, September 29th and 30th, 1896, when the Schools of Surgery will open after the summer recess.

CONJOINT BOARD IN ENGLAND.

The following gentlemen passed the Second Examination of the Board in the subjects indicated:

Wednesday, July 8th.

Passed in Anatomy and Physiology: J. Atkins, T. J. Wright, E. J. Tongue, W. G. Stewart, C. H. Brangwin, C. J. Hewlett, and J. D. Bridger, of Guy's Hospital; H. Z. Stephens, G. Black, N. Unsworth, G. W. Harrison, St. Thomas's Hospital; C. Powell, St. Thomas's Hospital and Cambridge University; C. B. Wagstaff, S. W. Garne, Charing Cross Hospital; D. G. R. S. Baker, C. M. Ekins, W. B. Mayne, and H. S. Capper, University College, London; F. C. Borrow, C. V. Cornish, and P. Tatchell, St. Bartholomew's Hospital; E. C. Austin, St. Mary's Hospital; G. E. Cope, Westminster Hospital; J. Evans, Cambridge University and St. George's Hospital.

Passed in Physiology only: H. A. Ahrens, King's College, London; and T. Morgan, Guy's Hospital.

Ten gentlemen were referred in both subjects, and 2 in Anatomy only.

Thursday, July 9th.

Passed in Anatomy and Physiology: F. H. Sprague, A. Freear, H. C. Tayler, and T. H. Vickers, St. Mary's Hospital; H. S. Greaves and J. D. Hartley, St. Bartholomew's Hospital; D. S. Graves, H. R. H. Denny, and E. W. H. Shenton, Guy's Hospital; A. R. G. Pocock and J. C. Bell, University College, London; C. B. Moss-Blundell, St. Thomas's Hospital; and W. F. Panckridge, Middlesex Hospital.

Twenty-three gentlemen were referred in both subjects, and 1 in Anatomy only.

Friday, July 10th.

Passed in Anatomy and Physiology: S. Neave, J. J. S. Scrase, and A. H. Hayes, St. Bartholomew's Hospital; J. W. Hunt, W. A. Trumper, B. H. H. Tripp, St. Mary's Hospital; E. FitzG. Ellis, G. A. Herklots, W. Dick, and C. H. Wood, University College, London; W. W. Halsted, St. Thomas's Hospital; E. J. R. Bartlett, King's College, London; C. A. Lower, Guy's Hospital and Mr. Cooke's School of Anatomy and Physiology, and G. M. Eastment, Middlesex Hospital.

Twenty-two gentlemen were referred in both subjects.

Saturday, July 11th.

Passed in Anatomy and Physiology: F. R. Barwell, University College, London; W. B. Watson, H. R. Nutt, W. E. Gribbell, and G. D. Winston, St. Mary's Hospital; N. R. Phillips, P. R. Blake, E. A. le Maistre, London Hospital; S. d'A. Corbett, St. George's Hospital; and W. H. Harland, Middlesex Hospital.

Passed in Anatomy only: J. A. Mellish, St. George's Hospital; and W. E. Nelson, Cambridge University and St. Thomas's Hospital.

Passed in Physiology only: J. H. Tripe, London Hospital; A. H. Safford, King's College, London; and S. J. Welch, London Hospital.

Thirteen candidates were referred in both subjects, 12 in Anatomy only and 1 in Physiology only.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen, having passed the necessary examinations and having now conformed to the by-laws and regulations, were at the quarterly meeting of the Council on Thursday, July 9th, admitted Fellows of the College:

G. Templeton, M.B., C.M. Edin., L.R.C.P. Lond., Edinburgh University and London Hospital, Member August 1st, 1892.

S. W. F. Richardson, M.B., B.S. Lond., L.R.C.P. Lond., St. Thomas's Hospital, Member July 27th, 1893.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.

BARRACK SCHOOLS: THEIR INSPECTION.

MR. JAMES STUART asked the President of the Local Government Board whether he would take such steps as might be necessary to secure that Poor-law schools should, where the guardians applied, and where the Local Government Board assented, be placed, so far as the education of the children was concerned, under the inspection of the Education Department of the Privy Council.—MR. CHAPLIN: Subject to the concurrence of the Education Department, I shall be quite willing and very glad to facilitate the transfer to that Department of the inspection of Poor-law schools, so far as the education of the children is concerned.—MR. MUNDELLA: Has the right hon. gentleman secured the consent of the Education Department, or endeavoured to do so, because there is a strong feeling amongst the Poor-law guardians of the country in favour of the suggestion.—MR. CHAPLIN: I am aware the Board of Guardians are strongly in its favour, and I am in communication with the Education Department.—MR. STUART asked if the President of the Local Government Board would look at certain memorials that had been addressed to the Local Government Board, and take into account the fact that the year before last the Education Department was willing to undertake the inspection of Poor-law schools.—MR. CHAPLIN replied in the affirmative.—MR. James Stuart has given notice of the following question: To ask the Vice-President of the Committee of Council on Education whether he will take such steps as may be necessary to place under the inspection of the Education Department the education of the children in those

mended some time ago by Mr. Osborne, Her Majesty's Inspector of Factories, and adopted, but which many interested in the cotton trade now wish to have altered. We gladly support the medical officer of health for Blackburn in such recommendations as the provision of cloak rooms in factories, freer ventilation of the workrooms, and above all the use of pure water for steaming purposes. Millowners only require to have their attention properly directed to the undesirability of drawing water for this purpose from streams containing diluted sewage, for a stop to be put to a practice that is neither healthy nor cleanly.

INDIA AND THE COLONIES.

INDIA.

ASSISTANT-SURGEON BRIJ LAL GHOSE RAI BAHADUR, Lecturer in the Lahore Medical College, has been appointed Honorary Assistant Surgeon to the Viceroy of India.

CONTAMINATED DRINKING WATER AND CHOLERA.—A useful lecture has been read to the natives of Bengal in the Legislative Council by Sir Alexander Mackenzie, the Lieutenant-Governor, who is highly informed on medical topics and is showing great interest on questions of public health. He said that when he was in Darjeeling a telegram was sent to him reporting a distressing outbreak of cholera there. He sent up the Sanitary Commissioner to make inquiries at once. This officer found that not only were the tanks in the place extremely foul, but that actually on the margin of a drinking water tank cholera-soiled garments were being washed, and nobody taking objection to it. What wonder, added the Lieutenant-Governor, when people tolerated a thing like this, that little could be done for them in times of cholera. It was hopeless and simply absurd for Government to try to improve matters if the people themselves allowed these insanitary things to spread the disease. It was the duty of every educated native gentleman to see that things like this did not occur and to explain to the people the suicidal policy of such practice.

It has frequently been pointed out that regimental dairies as at present managed and controlled in India, however excellent in conception and in many of their details, are still in need of a much more perfect equipment and of many precautionary details in construction and management to prevent them from becoming, as they frequently are, nurseries of typhoid and cholera for the troops whom they supply. Veterinary Surgeon-Major Kemp, who has worked out an excellent scheme of management at Simla, has recently supplied the Government of India (who had commissioned him to inspect all the Government dairies) with a really excellent and most suggestive report. We can personally testify to Veterinary Surgeon-Major Kemp's excellent qualifications for the duty which he has so satisfactorily performed, and we trust that his suggestions will be promptly acted upon by the Government throughout India.

FIRST AID TO THE INJURED.—Mr. Samuel Osborn's book, *First Aid to the Injured* has been translated into Urdu. The title of the translation, literally translated, is as follows: "Remedy on the Spot: that is, the first assistance that it may be necessary to give to any sick or wounded person before the arrival of a doctor." By Dr. Samuel Osborn, Sahab Bahadur. Printed and published by Minshi Nawal Kishore, at Lucknow. January, 1896. The structure and functions of the body are described in so far as is necessary to render the directions given for immediate succour to persons suffering from sudden sickness or injury by laymen intelligible. The methods of arresting hemorrhage, and dealing with wounds, burns, and fractures, are carefully described, and directions are given for the management of persons suffering from collapse, giddiness, apoplexy, drunkenness, hysterics, fainting, the effects of bites and stings, and asphyxia from drowning and other causes. Appliances for lifting and carrying the sick and injured are fully described, and the subject of nursing is amply and practically detailed. The work is illustrated by rough but useful diagrams. It is simple in style, and well calculated to attain the purpose indicated by its title.

THE annual report of the Kashmir Medical Mission of the Church Missionary Society for 1895 is a striking illustration of the energy which is displayed in missionary enterprise: 2,589 operations were done in the year in a hospital of 80 beds; of these 776 were for enteropneumonia and trichiasis and 36 for cataract. A large number of tumours were also removed. It is clear that the mission surgeons, Mr. Arthur Neve and Dr. Ernest Neve, and the nursing superintendent, Miss Newnham, have their hearts in the work they are doing, both in the name of Christianity and of England.

ENTERIC FEVER AND COOKING.—A correspondent writes to the *Pioneer* of June 7th, and strongly recommends a proper school of cookery in every command in India, just as we have at Aldershot, where men could be trained in Indian cookery, and points out that it is just as much importance what a soldier eats and how it is cooked in India as it is in England. The suggestion needs attention.

SINGAPORE.

CHOLERA IN SELANGOR GAOL.—Dr. E. A. O. Travers, residency surgeon, Singapore, has published an interesting account of a short and sharp outbreak of cholera in August, 1895. The gaol was in a more or less unfinished state, and pending the arrival of a supply of hill water from a reservoir five miles away, water was being drawn from local sources which were very unsatisfactory. Diarrhoea and dysentery had been increasingly prevalent for some time, notwithstanding that orders had been given to boil all water used for cooking and drinking purposes. On August 10th cholera broke out, and by August 18th 115 cases had occurred. On that day the hill water reached the gaol. On August 19th there were 2 cases, on the 20th 7 cases, and after that there were only 2 more cases altogether. Of the 126 persons attacked 68 died. It is interesting to note that the mere issuing of an edict to boil the drinking water had no influence upon the outbreak, which however stopped at once when a pure supply was furnished both for drinking and for bathing. Probably the natives drink when they bathe.

MEDICAL NEWS.

THE Edinburgh death-rate has reached the unusually low figures of 13 and 14 per 1,000 during the last two weeks.

DR. J. BURNS, of Bridgeton, who has now for fifty years been engaged in the active work of his profession, was entertained on June 30th at dinner by his medical and lay friends in honour of the event.

SIR J. ACCACIO DA GAMA, of Khoja Moola, Bombay, who was recently appointed Physician to the King of Portugal, has in that capacity been attached to the staff of the Duke of Oporto, Viceroy of Portuguese India.

A MEDICAL CONGRESS IN HUNGARY.—The Millennial Congress of Hygiene and Medicine will be held at Buda-Pesth, September 13th to 16th, under the Presidency of Professors Koranyi and Ketli. Among the subjects proposed for discussion are the organisation of medical aid for the poor, pension and sick funds for medical men, medical councils, etc.

DR. J. NORMAN COLLIE, F.R.S., has been appointed Professor of Chemistry in the Pharmaceutical Society's School of Pharmacy. Dr. Collie has been for some time associated with Professor Ramsay in the teaching of chemistry at University College, London.

SCIENCE AT THE IMPERIAL INSTITUTE.—The Goldsmiths' Company has contributed a second donation of £1,000 to the Imperial Institute, to be applied to the extension and better equipment of its laboratories. The Salters' Company has also established a research fellowship of the value of £150 a-year, in connection with the scientific department, tenable by chemists qualified to undertake the investigation of new or little-known natural products received by the Institute from the Colonies and India.

THE NIGHTINGALE FUND.—The annual report for the year 1895 which has just been issued shows that the Nightingale Fund continues without noise but with great efficiency its work of training nurses. The Committee have to regret the resignation of Miss Crossland, the Home Sister, and a warm tribute is paid to her services during the past twenty-one years, within which period nearly 600 nurses have under her care completed their probationary course at St. Thomas's Hospital.

LONDON HOSPITAL MEDICAL COLLEGE.—The prizes and certificates were distributed to the students of the Medical College of the London Hospital by Mr. Albert Druce, Chairman of the College Board on July 14th. The Price Scholarship in Anatomy and Physiology was presented to Mr. C. R. B. Wall, that in Clinical Medicine to Mr. A. B. Fry, that in Clinical Surgery to Mr. A. M. Barraclough and Mr. W. B. Dove (equal), and that in Clinical Obstetrics to Mr. A. M. Barraclough. The Andrew Clark Prize was awarded to Mr. F. F. Waldron, the Letheby Prize in Chemistry to Mr. F. A. Johns, the Sutton Scholarship in Pathology to Mr. A. B. Fry, that in Anatomy and Physiology to Mr. C. Pike, that in Anatomy and Biology to Mr. H. Balean and Mr. A. B. Saltau (equal). The dressers' prizes were gained by Mr. A. F. Tregold, Mr. F. S. A. Berringer, Mr. E. Merry, Mr. F. M. Morris, Mr. C. E. Goode, and Mr. H. J. May.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—The renovated operating theatre of the Wolverhampton and Staffordshire General Hospital will be opened at 12.30 P.M. on Friday next, July 24th. The ceremony will be performed by Mr. Christopher Heath, late President of the Royal College of Surgeons of England, in the presence of the Earl of Dartmouth, the Chairman, and other members of the Weekly Board, the medical and surgical staff, and the subscribers who have contributed the large sum of money which has been required. Afterwards a luncheon will be given by the members of the Weekly Board and Medical Committee in the Bell Medical and Surgical Library, to which a large number of medical men in the town and district—as many, in fact, as the space will accommodate—have been invited. Later in the afternoon a reception will be held in the grounds of the hospital by Mrs. Thorneycroft, the wife of Lieutenant-Colonel Thorneycroft, Chairman of the Weekly Board.

MEDICAL VACANCIES.

The following vacancies are announced:

- CENTRAL LONDON OPHTHALMIC HOSPITAL**, 238A, Gray's Inn Road, W.C.—House-Surgeon. Rooms, coals, and lights provided. Applications to the Secretary before July 21st.
- CHELSEA HOSPITAL FOR WOMEN**, Fulham Road, S.W.—Two Clinical Assistants. Applications to the Secretary.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST**, Victoria Park, E.—Resident Medical Officer. Salary, £100 per annum, with board, etc. Must be doubly qualified. Applications to the Secretary at the hospital by July 31st.
- DENBIGHSHIRE INFIRMARY**, Denbigh.—House-Surgeon; doubly qualified and conversant with the Welsh language. Salary, £80 per annum, with board, residence, and washing. Applications to W. Vaughan Jones, Secretary, by July 30th.
- GENERAL HOSPITAL**, Nottingham.—House-Surgeon. Salary, £100 per annum, rising £10 a year to £120. Applications to the Secretary by August 8th.
- GLASGOW SAMARITAN HOSPITAL FOR WOMEN**, Victoria Road, Glasgow.—Clinical Assistant (Lady). Applications to Thos. Macquaker, Secretary, 89, West Regent Street, Glasgow, by July 25th.
- GREAT NORTHERN CENTRAL HOSPITAL**, Holloway Road, N.—House-Surgeon. Salary, £60 per annum, with board, lodging, and laundry in the hospital. Junior House-Surgeon. Appointment for six months, with board, lodging, and laundry provided in the hospital. Applications on forms of applications provided to be sent to the Secretary by July 20th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**, Brompton.—Resident House-Physician. Applications to the Secretary by July 21st.
- HULL ROYAL INFIRMARY**.—Four Honorary Assistant Surgeons. Appointment for five years, but eligible for re-election. Applications to the Chairman, Committee of Management.
- ISLE OF WIGHT ASYLUM**.—Assistant Medical Officer, doubly qualified. Salary, £100 per annum, with board, lodging, etc., but without alcohol. Applications to the Medical Superintendent, Whitecroft, Newport, Isle of Wight, by July 20th.
- NORTH-WEST LONDON HOSPITAL**, Kentish Town Road, N.W.—Assistant Resident Medical Officer. Also Assistant Surgeon (must be F.R.C.S. Eng., and reside within three miles of the Hospital). Applications to Alfred Craske, Secretary, for the former by July 21st, and for the latter by July 20th.
- NOTTINGHAM BOROUGH ASYLUM**, Mapperley Hill, Nottingham.—Second Assistant Medical Officer, unmarried. Salary, £100 per annum; with apartments, board, washing, etc. Applications to the Medical Superintendent by July 27th.
- OWENS COLLEGE**, Manchester.—Assistant Lecturer and Demonstrator in Materia Medica and Pharmacy. Stipend £120 per annum. Applications to the Registrar by July 31st.
- PLYMOUTH PUBLIC DISPENSARY**.—Second Medical Officer of the Provident Department, doubly qualified. Appointment for one year, but eligible for re-election. Physician's Assistant, doubly qualified. Salary, £60 per annum. Appointment for one year, but eligible for re-election. Applications to the Honorary Secretary, W. H. France, 7, Athenæum Terrace, Plymouth, by July 21st.
- ROYAL EYE HOSPITAL OR ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL**, Southwark.—House-Surgeon; will be required to take up residence about October 1st. Salary, £50 per annum, with board and lodging. Applications to the Secretary by August 1st.
- ROYAL NATIONAL HOSPITAL FOR CONSUMPTION**, Ventnor.—Assistant Resident Medical Officer. Salary, £70 per annum, with board and lodging in the hospital. Must be married. Applications to be delivered at once to the London Office, 34, Craven Street, Charing Cross, W.C.
- SUSSEX COUNTY HOSPITAL**, Brighton.—Fourth Resident Medical Officer; doubly qualified, unmarried, and under 30 years of age. Salary, £30 per annum, with board, washing, and residence in the hospital. Applications to the Secretary by August 5th.
- THROAT HOSPITAL**, Golden Square, W.—Junior Clinical Assistant. Applications to the Dean.
- WEST RIDING ASYLUM**, Menston, near Leeds.—Fourth Assistant Medical Officer. Salary to commence at £100, rising £10 annually to £150, with board and apartments. Applications to the Medical Superintendent by July 20th.
- WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL**, Wolverhampton.—Resident Assistant. Appointment for six months. Board, lodging, and washing provided. Applications, inscribed "Application for Resident Assistant," to be addressed to the Chairman of the Medical Committee by July 27th.

MEDICAL APPOINTMENTS.

- ANDERSON**, Dr. Annie M. S., appointed Honorary Assistant Physician to the Clinical Hospital for Women and Children, Manchester.
- ARCHER**, Arthur M., B.A., M.D., appointed Medical Officer to the Chester Post Office.
- BURDWOOD**, James Watson, L.F.P.S.Glasg., L.M., L.S.A.Lond., M.S.I., F.B.I.P.H., reappointed Medical Officer of Health to the Bourne Rural Sanitary District.
- BURMAN**, F. F., L.R.C.P.Edin., M.R.C.S., appointed Medical Officer of Health to the Walth District Council, *vice* W. Bruman, L.R.C.P.Lond., M.R.C.S., resigned.
- CAMPBELL**, Harry, M.D.Lond., F.R.C.P., appointed Physician to the West-

- End Hospital for Diseases of the Nervous System, Paralysis, and Epilepsy, Welbeck Street, W., *vice* Dr. W. Wallis Ord, resigned.
- CHOWN**, F., M.B.Lond., L.S.A., appointed Medical Officer for the Fourth District of the Helston Union.
- CLARK**, H. Colbatch, M.R.C.S., L.R.C.P., appointed Junior House-Physician to the North-Eastern Hospital for Children, Hackney Road.
- DAVIES**, J. Edgar P., M.B., B.Sc.Lond., M.R.C.S., L.R.C.P., appointed House-Physician to St. Mary's Hospital.
- GRAHAM**, D. J., M.B., C.M.Edin., appointed Resident Medical Officer to Chalmers' Hospital, Edinburgh.
- HAYMES**, H. E., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the Royal Berks Hospital, Reading.
- LEGGE**, Thomas Morison, M.A., M.D., B.Ch.Oxon., D.P.H.Camb., appointed Professor of Hygiene to the Bedford College for Women, London.
- LITTLEWOOD**, H., F.R.C.S., Honorary Assistant Surgeon, appointed Honorary Surgeon of the General Infirmary, Leeds.
- MILLETT**, G. B., L.R.C.P.Edin., M.R.C.S., appointed Medical Officer of Health to the West Fenwith Port Sanitary Authority.
- O'ROURKE**, Dr., appointed Medical Officer for the Ballyconnell Dispensary District of the Bawnboy Union, *vice* Dr. A. T. Peachey.
- PEPPER**, H. W., M.R.C.S., L.R.C.P., appointed House-Surgeon to Royal Berks Hospital, Reading.
- REEKS**, Henry, M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Workhouse of the Steyning Union.
- RENTZSCH**, Sigismund Henry, L.R.C.P.Lond., M.R.C.S.Eng., appointed Public Vaccinator for the Cheshunt District of the Edmonton Union.
- RUSTON-HARRISON**, G. H., M.B., C.M.Edin., appointed House-Physician to the Royal Berks Hospital, Reading.
- SAUNDERS**, Bertram, M.B., M.C.Aberd., appointed House-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, E.
- STANLEY**, Hubert, M.B., B.C.Camb., M.R.C.S., L.R.C.P., reappointed Medical Officer for the Sellingle District of the Elham Union.
- STARES**, Mr. C. L. B., appointed Assistant Medical Officer to the Wandsworth and Clapham Union Infirmary.
- WADE**, Mr. F. G., appointed Medical Officer of Health to the Cricklade and Wootton Bassett Rural District Council, and Medical Officer for the First District of the Cricklade and Wootton Bassett Union.
- WEIR**, Archibald M., L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer of Health to the Malvern Link Urban District Council.
- WHITAKER**, G. H., L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer of Health to the Horwich Urban District Council.

DIARY FOR NEXT WEEK.**TUESDAY.**

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

WEDNESDAY.

WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M. Mr. Cheate: Surgical Cases.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 2s. 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.

- FIELD**.—At Friern Lodge, Lordship Lane, S.E., on Sunday, July 12th, the wife of F. A. Field, L.R.C.P.Lond., M.R.C.S.Eng., of a daughter.
- HINGSTON**.—On July 6th, at Rose Dean, Liskeard, Cornwall, the wife of Richard Hingston, M.R.C.S., L.R.C.P., L.S.A., of a son.
- HOWDEN**.—At Carlyle House, Haddington, on June 3rd, the wife of Robert Howden, M.B., of a daughter.

MARRIAGES.

- ATKINSON-NEWCOME**.—On July 7th, at Long Clawson, by the Rev. Canon J. C. Atkinson, father of the bridegroom and Vicar of Danby, assisted by the Rev. J. S. Gardner, Vicar of the Parish, Guy Christopher Barlow Atkinson, M.R.C.S., to Elizabeth Emma Newcome, eldest daughter of Chester Fern Newcome, Esq., and niece of the late W. W. Phipson, Esq., M.Inst.C.E.
- RANDALL-BRADBROOK**.—July 7th, at Emanuel Church, West Hampstead, by the Rev. Stanley Bradbrook, M.A., Metropolitan Secretary of the Church Pastoral Aid Society, brother of the bride, assisted by the Rev. E. N. Sharpe, M.A., Vicar, Ernest Bidgood Randall, M.D., of Romford Road, Forest Gate, London, E., to Lydia, youngest daughter of Mrs. Bradbrook, of Boscombe, Hants.
- ROBERTS-SUMMERSON**.—On July 7th, at St. Mary's Church, Cockfield, by the Rev. G. H. Goodwin, M.A., Kilham, second son of the late Leonard Roberts of Bishop's Lydeard, to Amy Annie, second daughter of the late Wm. Summerason.
- WILKINSON-ASTLETT**.—On July 14th, at Camberwell, S.E., S. B. P. Wilkinson, M.B., B.Ch., B.A.O., of Plymouth, eldest son of the late Dr. S. Wilkinson, of Clonslie, Ireland, to Celia, eldest daughter of G. H. Astlett, of Mundania Road, Honor Oak, and Fore Street, E.C. No cards.

DEATHS.

- BUCKNILL**.—On July 13th, E. Bucknill, M.D., M.R.C.S., L.S.A., at Rawtenstall, Manchester, aged 61.
- O'CONNOR**.—On July 7th, at the residence of his son at Paignton, aged 83, Thomas O'Connor, F.R.C.S., of The Limes, March, Cambridgeshire.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*.—Daily, 2. *Operations*.—Tu. F. S., 2.
CENTRAL LONDON OPHTHALMIC. *Operations*.—Daily.
CHARING CROSS. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F. 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operations*.—W. Th. F., 8.
CHELSEA HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F., 2.
CITY ORTHOPEDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—M., 4.
EAST LONDON HOSPITAL FOR CHILDREN. *Operations*.—F., 2.
GREAT NORTHERN CENTRAL. *Attendances*.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F. 2.30 Skin, W., 2.30; Dental, W., 2. *Operations*.—W., 2.
GUY'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9 Throat, F., 1. *Operations*.—(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.
HOSPITAL FOR WOMEN, SOHO. *Attendances*.—Daily, 10. *Operations*.—M. Th., 2.
KING'S COLLEGE. *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operations*.—M. F. S., 2.
LONDON. *Attendances*.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operations*.—M. Tu. W. Th. S., 2.
LONDON TEMPERANCE. *Attendances*.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operations*.—M. Th., 4.30.
METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operations*.—F., 2.
MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th., 9.30; Dental, M. W. F., 9.30. *Operations*.—W., 1.30; S., 2; (Obstetric), Th., 2.
NATIONAL ORTHOPEDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—W., 10.
NEW HOSPITAL FOR WOMEN. *Attendances*.—Daily, 2; Ophthalmic, W. S., 9.30 *Operations*.—Tu. F., 9.
NORTH-WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Th., 2.30.
ROYAL EYE, Southwark. *Attendances*.—Daily, 2. *Operations*.—Daily.
ROYAL FREE. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, S., 8; Dental, Th., 3. *Operations*.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 9. *Operations*.—Daily, 10.
ROYAL ORTHOPEDIC. *Attendances*.—Daily, 1. *Operations*.—M., 2.
ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily.
ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9. *Operations*.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
ST. GEORGE'S. *Attendances*.—Medical and Surgical, daily, 12; Obstetric, M. Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, F., 2; Orthopaedic, W., 2; Dental, Tu. S., 9. *Operations*.—M. Tu. Th. F. S., 1.
ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, males S., 3; females; W., 9.45. *Operations*.—M., 2; Tu., 2.30.
ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; o.p., M. Th., 1.30; Eye, F., 9; Ear, M. Th., 2; Surgical, Tu. F., 1.30; Throat, Tu. F., 8.30; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 2.30; Dental, W. S., 9.30; Children's Medical, Tu. F., 9.15; Children's Surgical, S., 9.15. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
ST. PETER'S. *Attendances*.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—W. F., 2.
ST. THOMAS'S. *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. Th., 8.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—W., 2.30.
THORAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Th., 2.
UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, F., 2; Skin, W., 1.45; S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operations*.—Tu. W. Th. F., 2.
WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10; F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operations*.—Tu. F., 2.30.
WESTMINSTER. *Attendances*.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, Tu. F., 9.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operations*.—Tu. W., 2.

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.

D.P.H. asks who are the makers of the flushing gully now largely used instead of the square grease box.

THE CHOICE OF THE DOCTOR'S BICYCLE.

C. S. writes: I have been much interested in the articles in the BRITISH MEDICAL JOURNAL on cycling of late, and would like a little advice on the purchase of a machine for my own use. This is a very hilly country, and I am about 15 or 16 stone weight, over 40 years of age, and have no experience of cycling, but wish to start one for myself. Will you advise me which make and style of bicycle to purchase? I have seen a "Bantam" and like the look of it very much, or would a "Singer" be better for a doctor's round? I want one for daily use in visiting patients, not for going long distances or racing.

. We have referred this question to Mr. E. B. Turner, F.R.C.S., who writes: I think the following specification should about suit C. S. The make of bicycle chosen might be "Humber" (Beeston or Wolverhampton), "Singer," "Osmond," or "Swift," first grade machine. It should be a "full roadster," with two 28-inch (or one 28-inch and one 30-inch) wheels. It should have brake, mudguards, gearcase, Dunlop tyres, gear 56 inches or 59 inches, flat handle bars; saddle, Brook's B 28, size 3, spring up to 16 stone; and should weigh 38 or 39 lbs. C. S. should state his weight when ordering the machine. For the sort of work he wants it for he should not grudge the few pounds extra necessary to get a first-class machine. It will be much cheaper in the end, to say nothing of safer. A "Bantam" would be about the worst style he could go in for.

ANSWERS.

R. M.—Our correspondent does not state where and how the proposed announcement of change of address is to be made.

M.B., C.M.—The statement involves serious personal charges which we do not feel at liberty to publish.

DOUBT.—On a brass name-plate it is customary to prefix "Dr." not to add M.D.

VINDE.—We quite agree with our correspondent that exhibitions such as those of "Durand" and his predecessors at the Aquarium are unseemly, and should not meet with any countenance, medical or other.

A MEMBER.—We are informed that no nurses are sent from England to serve under the Dufferin Fund in India. All the nurses employed are trained in the Dufferin Hospitals in India. The Dufferin Fund in England gives assistance only in the medical education of ladies and not in the training of nurses.

J. G.—There cannot be any better evidence of the presence of paraffin oil in water than the taste. By a process of fractional distillation the oil might be separated from the water and made apparent to the eye, but that would require skilful manipulation, and the result would not be any more conclusive than the taste of the water.

ATONIC DYSPEPSIA.

DR. GIBSON (Harrowgate) writes in reply to "M.B.": Harrogate is one of the most bracing climates in England, and, in addition, has mineral waters which might be of the greatest value in such a case.

LAW OF VACCINATION.

O. L.—Shaw's *Manual of the Vaccination Law* (published by Messrs. Shaw and Sons, Fetter Lane, London) sets out the present law as to vaccination in a very clear and authoritative manner.

INSURANCE COMPANIES AND DEATH CERTIFICATES.

JUSTITIA.—The usual custom among assurance companies is to require the registrar's certificate of death or a certificate of burial, and the certificate of the medical man who attended in the last illness, but there is nothing to compel companies to accept the doctor's certificate in lieu of the registrar's.

WINTER ALPINE HEALTH RESORTS.

R. B. T.—The Alpine health resorts most frequented during the winter months are in the Grisons Canton, St. Moritz (altitude 6,000 feet), Arosa (6,100 feet), Davos (5,200 feet), Wiesen (4,771 feet), and in the Canton de Vaud Leysin (4,757 feet). The average winter season is of six months' duration.

BRITISH WINTER RESORTS FOR PHTHISIS.

T. N. writes with regard to a patient with chronic phthisis who has derived benefit from residence for two winters in Davos, to inquire for some high and dry place in England where the patient might spend the coming winter with a good hope of holding his own. The patient never has any rise of temperature.

. There are unfortunately no places in England or Scotland lying sufficiently high to bring the genuine influence of altitude to bear, as at Davos and elsewhere. Our highest point is the Observatory on Ben Nevis, where, owing to the stormy and extreme weather, the life of the observers is not an enviable one. Certain localities in Scotland answer in summer, but in winter there is no accommodation available. Great Malvern, with West Malvern and Ilkley, in Yorkshire, have been tried as winter stations, but their height above sea level (504 feet and 480 feet