

zani and Mozzetti, and their assistants. The greater part of these stumps had the malleoli still present, the cartilages had almost disappeared, and the whole of the denuded surface was covered with exuberant granulations, giving to the whole a club-shaped appearance. Above the raw surface there was all round a zone of cicatricial tissue, presenting already signs of contraction, and tending to increase the congested state of the stump. Maggiore Medico Ferrero, a capital surgeon, who for several years held the lectureship on operative surgery at the Scuola di Applicazione di Sanità Militare of Florence, decided to operate by the circular method, and with few exceptions all these cases were operated by that method. By so doing he claimed to satisfy the Askari in their desire to have the stump left as long as possible. Four more cases were operated at Massowah, and 22 at Keren. Not one death followed these 141 amputations, and fully 90 per cent. of these cases healed rapidly by first intention. The 10 per cent. that suppurated were generally the result of the impatience and restlessness of some of these black soldiers, who would not be satisfied unless they undid the bandage and examined the stumps for themselves.

Such good results were no doubt due to the simple and effective way in which antiseptics was carried out. With the exception of the carbolic acid lotion for the instruments, no other antiseptic was used but perchloride of mercury lotion of the strength of 1 in 1,000. All instruments were boiled twice a day to make sure. All the perchloride gauze used, both for swabs and dressings, was for further security boiled also. No other swabs were used but those made out of perchloride gauze, and these were touched only by the operating surgeon or his assistant. No other hand came in contact with them either for preparing or handling them. All ligatures and sutures, exclusively of silk, were boiled freshly. The dressings consisted of iodoform dusting, covered by boiled perchloride gauze squeezed out by the operating surgeon himself, and put loosely and freely over the stump, and over this a thick layer of dry perchloride cotton wool and a gauze bandage. The anæsthetic used was exclusively Merck's chloroform; and whether as a result of the quality of the drug, or the elevation (7,000 feet over the level of the sea), or the race, I have rarely seen patients take chloroform better and easier.

For the relief of the shortening a special apparatus was devised by Mr. Invernizzi, surgical instrument maker, specially sent here from Rome by the Italian Government. It is formed of a wooden foot, lined over with leather in the shape of a boot. To each side of this foot two supports of wild olive wood, 4 centimetres wide and  $1\frac{1}{2}$  centimetre thick, are screwed on by means of two lateral screws. These are flat below and half round above, and to prevent any oscillation are fixed below the knee to a semicircle of steel. On the inside of these supports is a leather legging specially modelled for each individual, the whole being attached round the leg by four leather straps with buckles. The essential part of this apparatus is that for the object of avoiding a joint at the ankle, the sole of the foot is continuous and slightly curved from the heel to the point, forming a section of a circle with a wide diameter. In this manner, on walking, the patient steps first on the heel and rolls forward on the slightly-curved sole, ending the step at the point.

This apparatus is solid, light, and economical; so planned that the Askari not having steel rods or joints, can in the course of time easily substitute any worn-out portion, as they have in abundance wild olive wood and leather, and understand how to work these two materials. I saw many of them walk on this apparatus, and was pleased to see how well they could move on flat ground. On broken ground it is less effective, but that would happen with any other apparatus, and it will only be by practice and long adaptation that they will be able to use it well on all sorts of ground.

Of the 330 mutilated returned to the Italian lines, 189 of them had so far healed up that an amputation was not considered necessary. I was struck with the fact that almost all these cases were those in which the malleoli had been struck off by the sword. The covering of these stumps is very imperfect, only thin cicatricial tissue frequently breaking in the centre; but those people who are familiar with this mutilation say that these stumps turn out very well, are painless, and that it is possible for them to walk and run

on them. To obviate the shortening Mr. Invernizzi has prepared for them an apparatus on the same principles as the one for the amputated; only the wooden supports are hollowed out at the lower end, so as to make room for the peculiar club-shaped stump.

There are yet mutilated Askari turning up at the hospitals of Keren and Asmara every week, but, all told, it is reckoned by good authorities that out of the 1,500 mutilated of Adowa there cannot be more than 500 survivors; the remaining 1,000 succumbed either to hæmorrhage or to starvation and the sufferings that followed.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

### HEMIPLEGIA AND ENTERIC FEVER.

SIR DYCE DUCKWORTH, in his lecture lately published in the BRITISH MEDICAL JOURNAL on the sequels of diseases, mentioned that "hemiplegia" was a rare sequel to "enteric fever." A well marked instance occurred in a patient of mine in the Station Hospital here. It appeared quite suddenly in the fourth week when the man was recovering from a sharp attack. It was left sided, and for some days there was complete paralysis of movement of face, arm, and leg. The face and leg muscles have now (two months after) recovered fairly well, but the arm is useless. There were no sensory symptoms, but his intellect was enfeebled for some days.

F. P. NICHOLS, B.A., M.B. Cantab.,  
Station Hospital, Shimbo, Upper Burmah. Surgeon-Major, A.M.S.

### AN OBSOLESCENT VARIETY OF CRETINISM.

CRETINISM is produced by lack of thyroid function in youth, and varies in proportion to the lack of function and to the degree of youth at which the lack occurs. One variety is embryological, due to thyroid non-development or partial development, and is analogous to any other malformation by deficiency, such as acardia, acephalism, anencephalism, absence or arrested development of testicles, ovaries, uterus, or any other organ.

A second variety is due to atrophy of the thyroid parenchyma, occurring occasionally after a serious illness in childhood, and analogous to the atrophy of the testicles after mumps.

A third variety is due to goitrous degeneration of the thyroid body. This third variety seems to be fast vanishing from this country, judging from its extreme rarity amongst the many scores of cases brought before the British Medical Association at its recent annual meeting. Nor is this to be wondered at, seeing that goitrous cretinism is most likely to occur in the worst breeding grounds of goitre (namely, in valleys where the right conditions for goitre happen to exist) and which are sufficiently secluded and benighted to induce frequent intermarriage among goitrous families. Improved sanitation and the opening up of secluded valleys will exterminate this variety of cretinism.

Half a century has not yet elapsed since Dr. Hugh Norris described the endemic cretins of the little Somersetshire village of Chiselborough, lying in a small valley hemmed in on all sides but the west by hills over 400 feet high, its temperature mild, its lower part damp and dirty, and its immediate neighbourhood densely wooded with orchards. In this small village of 540 inhabitants he found: (a) 4 goitrous idiots, 2 of either sex; (b) 16 goitrous imbeciles, 4 male and 12 female, all unable to articulate intelligibly, all with very bad memories, and all except one unable to earn a living; (c) 5 goitrous deaf-mutes, all females; (d) 200 or 300 goitrous villagers, with low intelligence and defective speech, the most goitrous being also epileptic.

The above creatures were stunted and thick-set, with large head, abundant coarse hair, low forehead, small sunken eyes, broad face with flat nose, large mouth with thick lips, and rickety limbs, the expression laughing or pained or vacant, the gait waddling. They were mostly weak, mild and harmless, and, if mischievous, only so from irresponsible ignorance.

The females greatly predominated, as in goitre. There was imperfect sexual development, though some of the worst cases bore children. The semi-imbeciles transmitted their imbecility to some, not all, of their children. The cretins prevailed mostly in the lowest and poorest parts of the village, but were not absent from the highest and most airy parts, or even from the families of well-to-do farmers. Several green, stagnant pools existed in the place; the air was necessarily stagnant, and often reeking with rotten vegetation; young strangers became goitrous on settling there; inter-marriage was unusually common, and many similar cases existed in an adjoining parish.

Dr. Hugh Norris, who still lives in the same neighbourhood, tells me that one solitary cretin now survives of about 50 years of age, the march of civilisation having apparently stamped out the disease.

Kendal. WM. RUSHTON PARKER, M.A., M.D.Cantab.

#### PARTIAL RUPTURE OF THE BRACHIAL PLEXUS.

THE following case presents features which, I think, justify its being recorded. A man, aged 45, slightly under the influence of liquor, fell into a narrow ditch about 4 feet deep. On being lifted out it was found that he was unable to stand, and had lost the power of moving his arms. On careful examination I found that though unable to stand, he was able to move his legs, but both power and sensation had gone from his arms. There was no interference with his breathing, but the heart's action was much slowed. There was no overt dislocation of any of the vertebræ in the neck, but he complained of pain on pressure being applied over the third, fourth, and fifth cervical vertebræ. In the course of a day or two he regained considerable power over the right hand, but the grosser movements were still beyond him. On the fourth day he could just move his left index finger; gradually the power and correct sensation returned to both arms, although he still complains of his hands feeling cold.

From the fact that only the upper extremities suffered a loss of power, and an interference with their sensation, I concluded that what had happened was that in falling his head had been violently jerked first one way and then the other, and through this the brachial plexus had been partially torn across, not wholly, as evidenced by motion and correct sensation returning. The cord itself could not have been injured, because none of the trunk muscles were involved. The curious feature about this case was that the only pain felt was over the third, fourth, and fifth cervical vertebræ, and yet the action of the phrenic nerve which comes from the third and fourth was not interfered with. The treatment was absolute rest and the external application of lin. bellad. and lin. aconit. to ease the superficial pain.

New Zealand. JAMES MASON, M.D., F.C.S., D.P.H.Camb.

#### POISONING BY CARBOLIC ACID.

MRS. A., aged 42, was seen going about quite well at 2 P.M.; at 2.40 she was found lying in an unconscious state in her house. When I saw her at 3 P.M. she was quite comatose; the pupils were moderately and equally contracted, and only slightly sensitive to bright light; the breathing was stertorous. The breath did not smell, nor was there any whitening of the mucous membrane of the mouth. There was a bottle of carbolic acid in the room. I went home for a stomach pump. When I got back about 4.30 P.M. she had regained consciousness so far as to sit up, to recognise me, and to tell me she had drunk about half a wineglassful of carbolic acid. After a hypodermic injection of apomorphine she vomited what would roughly correspond to the amount of acid swallowed; it was still quite pink, and smelt strongly. I washed out the stomach well with glycerine and water through the pump, and left half a teacupful of olive oil in it.

Next morning she had no symptoms except a slight burning pain in the stomach and soreness of the throat. There was a tough white film over the mouth and throat, which came away on the following day. There were no other after-effects. The acid was No. 5, "concentrated disinfecting carbolic acid."

The curious points about the case were: (1) The absence of smell and whitening of the mouth; (2) the marked abatement of the nervous symptoms while a large amount of the poison

was still in the stomach. This must indicate that the neurotic symptoms were mainly due to shock, or else that absorption ceased almost immediately after the acid was swallowed. The dense film produced on mucous membrane no doubt quickly impedes absorption. Although the acid was in the stomach over two hours, there was no evidence of its presence in the urine.

Abergavenny.

LEO. D. GAMBLE, M.B., C.M.

#### LEUCOCYTHÆMIA; CEREBRAL HÆMORRHAGE.

A. B., aged 18 years, male, who had never been out of England, was described by his mother as having always been very delicate, gave a history of hæmoptysis at various times, and was a distinct bleeder after extraction of teeth. On April 14th I found him complaining of headache with repeated sickness, very restless, and remarkably irritable. He was very anæmic, a loud hæmic murmur was heard over the left front of the chest; the spleen could be seen and felt extending from left to right in a semicircular manner (as described by Dr. Fagge) to an inch below and half an inch to the right of the umbilicus. Next day the sickness was relieved, but the headache was worse; the temperature was 101°, and there was a large hæmorrhage under the conjunctiva of the left eye. On the following morning his general condition was about the same; the temperature was 100°, the pulse full and heavy; the pupils were contracted and reacted slowly; there was blood in the urine; the right eye also was suffused with blood. With ophthalmoscope vessels were seen to be dilated, tortuous, with several small hæmorrhages into the retina. There was a large excess of white blood corpuscles in the blood, which had a very watery appearance.

He was suddenly seized in the afternoon with sharp convulsions of the left side of the face, arm, and leg, which spread in half an hour to both sides of the body and face. He remained for thirty-six hours in the same state, with fits at intervals, and died without regaining consciousness. No necropsy was allowed.

Kintbury, Berks.

E. S. HEMSTED.

## REPORTS

ON

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

#### ROYAL FREE HOSPITAL.

CASE OF ACUTE APYRETIC PHTHISIS.

(By SAMUEL WEST, M.D., F.R.C.P., Assistant Physician, etc., to St. Bartholomew's Hospital; Senior Physician to the Royal Free Hospital.)

G. T., a french polisher, aged 20, was admitted into the hospital on December 8th, 1894, complaining of cough and pain on the left side of his chest. He stated that he was in perfect health until six weeks ago—that is, at the end of October, when he got a slight cough. Two weeks ago pain came on suddenly in his left axilla, which was worse when he coughed or took a deep breath. He expectorated a little thin mucus with the cough, but never any blood. He has been getting thinner since his illness, and sweats at night.

He was admitted into the hospital with a diagnosis of pleurisy, and friction sounds were heard over all the front of the left lung. Two days later a little dulness was discovered in the left axilla.

The patient had been at his work until his admission, and had never had during his life any serious illness. There was no history of phthisis in his family, though one brother had had pleurisy. The patient looked ill, but there were no definite signs or symptoms, except in connection with the chest. At the left apex, although the chest moved well, the vocal fremitus was slightly increased, and the note impaired on the clavicle and below it, and also in a small patch in the axilla. There was bronchophony and pectoriloquy just below the left clavicle, and bronchophony also in the left axilla.

Friction sounds were heard all over the lung in front. The physical signs were much the same behind in the upper part, but there was no friction actually at the base. The sputum

whether he had received any answer relative to the reference made in April regarding the provision of a trained nursing staff for Aden hospitals; and if any reply had been received what provision the Government of India intended to make. Lord George Hamilton stated in reply to Mr. Bhowmuggree that no answer had been received from the Government of India, but that he (Lord George Hamilton) had requested the report on medical arrangements at Aden to be expedited.

#### NON-COMBATANTS AND SWORDS.

We wonder what our home military authorities, who say medical officers may wear swords but must not draw them, would think of the following Colonial Order issued at headquarters, Victoria Barracks, Sydney, June 23rd, 1896:

GENERAL ORDER 123.  
Infantry Sword Exercises.

A class for officers for infantry sword exercise will be held at Victoria Barracks on Saturday, the 4th proximo. All officers available are invited to attend. Captain Legge (General Staff) and Surgeon-Captain Roth will act as instructors. Hours of Class, 11.30 A.M. and 2.30 P.M.

(By order) H. D. MACKENZIE, Colonel,  
A.A.G. and Chief Staff Officer.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

#### PRACTICE AT WATERING PLACES.

F.R.C.S.I. writes: A. is stopping with his family at a watering place ostensibly taking his holiday, calls on B. for loan of instruments and appliances, etc., who objects to A. practising outside his own recognised district and while taking a holiday, declines giving same. In reply to a letter from B. inquiring why A. the president of a medico-ethical association does not think it bad taste and example to set to juniors and others, A. writes: "That he does not consider himself guilty of any breach of professional etiquette, and is not aware that a practitioner is limited to any geographical area." Is there any limit, and if so, what, to medical men practising at seaside or other watering places while ostensibly taking a holiday? The practice has become so common here that it is the exception for local men to be sent for.

## UNIVERSITIES AND COLLEGES.

#### SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, August, 1896.—The following candidates passed in:

*Surgery*.—G. B. Brown, Guy's; A. N. Clemenger, St. George's; O. W. Gange, University College; G. R. B. Gaudoin, Madras; H. A. J. Gidney, Calcutta; H. R. Hurry, Melbourne; J. M. Martin, Cambridge and University College; E. A. Quirke, Birmingham; J. K. H. Smyth, St. Mary's; P. R. Wallis, University College.  
*Medicine, Forensic Medicine, and Midwifery*.—W. P. Bean, Leeds; H. A. Belbin, Sheffield and University College; J. O. Garland, Guy's; C. J. Macdonald, St. Bartholomew's; J. M. Martin, Cambridge and University College.  
*Medicine and Forensic Medicine*.—F. M. Cooper (Intermediate), Royal Free; F. E. Saunders, Cambridge and St. Thomas's.  
*Medicine and Midwifery*.—V. A. Settle, Middlesex.  
*Medicine*.—R. N. de Beauvais, Aberdeen and St. Mary's; F. R. M. Heggs, Birmingham; H. Herbert, London; W. Latham, Manchester; J. Ponsonby, Guy's; C. H. Thomas, London.  
*Forensic Medicine and Midwifery*.—G. B. Brown, Guy's.  
*Forensic Medicine*.—T. J. Bokenham, St. Bartholomew's; G. R. B. Gaudoin, Madras; W. Lloyd, London; W. A. Pierce, Liverpool.  
*Midwifery*.—P. C. Higgins, Guy's.

The diploma of the Society was granted to the following candidates:—Messrs. Bean, Bokenham, Clemenger, de Beauvais, Gange, Higgins, Hurry, Martin, Saunders, Settle, Thomas, and Wallis.

## OBITUARY.

#### PROFESSOR PAJOT, Paris.

PROFESSOR PAJOT, the distinguished French obstetrician, whose death was recently announced in the BRITISH MEDICAL JOURNAL, was born in Paris in 1816. He studied medicine in the Paris Faculty, graduating in 1842 with a thesis on acephalo cysts of the liver. He became *agrégé* in 1853, and Professor of Obstetrics in 1863. In 1886, having reached the limit of age, he retired with the title of Honorary Professor. He was the author, in conjunction with Paul Dubois, of a treatise on Midwifery, the first part of which appeared in 1860, and which was never finished; and of several books and numerous papers on obstetrical and gynaecological subjects. He was the founder and director of the *Annales de Gynécologie*, and the founder and first President of the Société d'Obstétrique et de Gynécologie de Paris.

Pajot was a man of great acuteness and originality of mind. As a practical obstetrician he was almost without a rival in France. As a teacher he had in a marked degree the power of

interesting his pupils, and his terse aphorisms were the means of impressing facts and principles deep in the memory of those who followed his practice. In society he was as famous for his wit as for his professional skill. His stinging epigrams, which were everywhere quoted, made him enemies, and are believed to have caused his exclusion from the Académie de Médecine. Few of them are as harmless as his epitaph on Civiale, the famous lithothritist, which has been translated (by a writer in the *Daily Chronicle*) as follows:

For Civiale who's dead and gone,  
Though sympathetic tears may gush,  
Set not upon his grave a stone,  
Which he would surely rise to crush.

On his study table, among a curious collection of bric-à-brac, stood a big fragment of a shell, bearing the following inscription: "Presented by his Majesty the King of Prussia, in my consulting room, on the night of January 9-10, 1871." Pajot, like most Frenchmen, had his gibe at mothers-in-law. He used to tell his class: "As soon as a child is born, lay it on a table, not upon a chair. If you neglect this hint, your patient's heavy mother is sure to come in and sit down on it."

Not content with ushering a vast number of human beings into the world, Pajot was the means of preventing a good many from voluntarily leaving it. He was a keen angler, and was wont to spend his nights in a boat under the Pont Marie, where would-be suicides often interrupted his sport. He rescued no fewer than sixteen of these, and for his exploits in the saving of life from drowning he was nicknamed "the Newfoundland dog of the Faculty."

#### GOMER DAVIES, M.D. WASH., L.R.C.P., L.R.C.S. EDIN.

We regret to record the death of Dr. Davies, who passed peacefully away on August 19th, after an illness of eight months. He was the son of the late Robert Davies, one of the oldest inhabitants of Rhyl, North Wales, where he was born in September, 1845, and was apprenticed to the late Dr. Price Roberts. He received his medical education at Charing Cross Hospital, London; and, having gained the L.R.C.P. and L.R.C.S. Edin. in 1873, commenced to practise at Pembroke Villas, Bayswater. His industry and geniality obtained for him a large circle of patients, but he was compelled by illness to discontinue practice in January last. He retired to St. Quintin's Avenue, North Kensington, and died there. The funeral took place on Saturday last at Kensal Green Cemetery, and was attended by a large number of relatives, friends, and fellow practitioners. Dr. Davies was a Fellow of the Obstetrical Society, and member of the West London Medico-Chirurgical and Harveian Societies. He was at the time of his death member of the Council of the last-named body.

DR. EDOUARD NICAISE, Surgeon to the Laënnec Hospital, Paris, who had been in failing health for some time, died a few days ago of acute pulmonary congestion. He was born in 1838, and took his doctor's degree at Paris in 1866. During the war of 1870-71 he was Surgeon to the Press Ambulance. He became *agrégé* in surgery in 1872. He was President of the Société de Chirurgie in 1890, and was elected a member of the Académie de Médecine in 1894. For a number of years he was editor of the *Revue de Chirurgie*. He was an excellent surgeon, and his teaching was greatly appreciated by his pupils. He contributed largely to medical literature as collaborator in the *Dictionnaire des Sciences Médicales*, and in various journals. He was a man of scholarly tastes, and published fine editions of the surgical works of Guy de Chauliac and Henri de Mondeville, besides essays on the teaching of medicine and surgery in the Middle Ages.

DR. NICOLAUS R. RÜDINGER, Professor of Anatomy in the University of Munich, died on August 24th at Tutzing in Bavaria. Professor Rüdinger was born on March 25th, 1832, at Alzey in Hesse Darmstadt. At Hiedelberg and at Giessen he was a pupil of Henle, F. Arnold, and Th. Bischoff, and in 1855 became Prosector and Assistant to the last named. In 1881 he was advanced to the Chair of Anatomy at Munich. He gave special attention to the application of photography to the study and teaching of anatomy, and his work on the peripheral nervous system, illustrated by a volume of plates, was a standard authority. He also wrote much on the

opinion in writing should they wish to do so. Surgeon-Colonel G. Thomson, Indian Medical Service, has been appointed president of the committee and the Commander-in-Chief will nominate the other members, and will also fix the time and place of assembly.

THE Government of Bengal says the *Times of India*, is now considering the question of amalgamating the lunatic asylums in the province and creating a central institution under the management of a specially qualified officer. It is claimed that in such an institution more attention could be given to the systematic treatment of mental disease than is possible under the present arrangement, and Sir Alexander Mackenzie hopes that a practicable scheme will soon be drawn up.

CHOLERA INOCULATION.—The *Times of India* of July 24th publishes the following: "The Calcutta Municipal Commissioners were to have come to a decision this afternoon on the question whether their contribution to the Haffkine anticholera inoculation should be continued. Surgeon-Lieutenant-Colonel Saunders moved a resolution to the effect that all municipal contributions to the system should cease. Dr. Ghose seconded the motion. In course of a subsequent discussion it was suggested that the whole question should be adjourned in order to enable Dr. Simpson, the health officer, to furnish a reply to the aspersions which Dr. Saunders had cast on the accuracy of the statistics furnished by him on the question of inoculation. The Hon. C. C. Stevens protested against this, saying he was ready to meet Dr. Saunders's strictures. The Hon. Surendra Nath Banerjee, however, supported the motion for a postponement, which was eventually carried by a large majority. The matter, therefore, stands adjourned for three and a half months; inoculations to be continued in the meantime."

#### JAMAICA.

DR. S. L. CRANE, C.M.G., who lately retired from the office of Chief Medical Officer of Jamaica, and was for twenty-two years Surgeon-General of Trinidad, has been granted by the latter colony a pension of £531 13s. 4d. per annum from July, 1895.

#### HONG KONG.

##### HEALTH REPORT FOR 1895.<sup>1</sup>

EVERYTHING emanating from the Medical Department of Hong Kong at the present moment is interesting, chiefly on account of the presence of plague in the colony, but largely as affording an opportunity of studying the collateral diseases. Although 1895 is regarded as a period of freedom from plague in Hong Kong, it is to be noted that 44 cases were dealt with by the authorities. That these cases developed within the colony cannot be ascertained with precision, as Macao, only some 30 miles away and in daily communication with Hong Kong by steamer, was at the time severely visited by plague; and it is but natural to presume many of the cases were immigrants.

It must be noted that the rainfall of 1895 is the lowest recorded. With this fact before us we observe a total absence of cholera cases amongst the hospital admissions, and only a few deaths reported from that disease amongst the community.

Small-pox is accredited with only 25 cases—a marvellous minimum. A significant sentence in the report is: "The fatal cases were those of Chinese foundlings, who had not been vaccinated." And again: "1,939 vaccinations were performed by the native doctors." The medical officer to the gaol states that the Chinese prisoners "value the benefits derived from the operation (vaccination), and had no objection whatever to being revaccinated."

Enteric, with its affinity typho-malarial fever (the latter word is used as a synonym of enteric), claims but one death in the hospital returns; in fact no disease, not even excepting that "no man's land" of fever ailments, namely, "simple continued fever," which swells the list of either enteric or remittent fever, according to the prevailing belief of the medical officer at the moment, is markedly in evidence; nay, it may be said, from a study of the report, that collateral diseases are below their average in number and virulence. It appears from the malarial diagram that with the increase and decrease of rain and moisture intermittent fever underwent a corresponding accession and subsidence, whilst remittent fever seemed to be unaffected thereby. In connection with this subject the following paragraph is worthy of note: "Frequent microscopical examinations of the blood of malarial fever patients were made, in by far the greater majority of the cases the spherical form of the malarial parasite was only found, the crescents were met with in the remittent type of the disease, and the only case in which flagella were found was one of pernicious remittent, which rapidly proved fatal."

An observation by the Acting Colonial Surgeon on venereal disease reads as follows: "There has been a marked increase in this class of disease (venereal), the numbers being 206 as against 118 in the previous year." The venereal disease table is sad reading, and shows with convincing clearness the disastrous effects of the repeal of the Contagious Diseases Act in large seaports.

The most notable statement in the report of the medical officer to the gaol is that out of 948 cases treated in the gaol, 508 suffered from "contusion" the result of flogging. The total number of floggings was 535 as compared with 208 in the previous year. We fondly imagined that this form of punishment was on the decrease, but it seems to be necessary, according to Hong Kong notions, to keep the Chinamen in order. Again, the opium smokers' diseases and ages are interesting reading; it would seem that few young men smoke opium to any extent. The list of 49 smokers in gaol gives the ages as follows:

Ages	...	20-30.	30-40.	40-50.	50-60.	60-70.	over 70.
Number of smokers	...	2	17	13	11	5	1

The old man of 70 had smoked opium for 40 years; nor could his tissues have been seriously impaired, for he weighed 98 lbs. on admission, and at the end of one week, although without opium and only on gaol diet, he scaled 109 lbs., a proof that opium smoking does not destroy, but only holds in abeyance, the intestinal absorbents.

The report of the Government analyst is appended, and in it we find orpiment, gelsemium, and datura are recorded as having been used as poisons. Next to opium, datura is the poison most frequently used by the Chinese.

<sup>1</sup> Annual Report on the Medical Department for 1895. By the Acting Colonial Surgeon. Hong Kong: Noronha and Co. April 30th, 1896. Pp. 40.

## MEDICAL NEWS.

DURING the twenty-fourth annual meeting of the American Public Health Association at Buffalo, New York, from September 15th to 18th next, a sanitary exhibition will be opened.

THE new buildings of the Royal Hospital, Belfast, containing isolation wards, pathological theatre, dead-house, etc., are nearly ready, and will be available in a few weeks. At the recent quarterly meeting of the General Committee, Dr. Lindsay was re-elected Staff-Physician for a further period of four years, and Dr. Wheeler was re-elected Staff-Surgeon for the same period.

THE RISKS OF BACTERIOLOGY.—We learn from the *Boston Medical and Surgical Journal* that Dr. William H. Park has suffered recently from a severe attack of typhoid fever, which it is believed he contracted during the course of experimental investigations as to the production of an efficient typhoid antitoxin. The experiments were made in the course of his duties as bacteriologist to the Willard Parker Hospital for Contagious Diseases, New York.

ADMINISTRATION OF THE VACCINATION LAW.—The Vestry of St. Pancras, who asked the Local Government Board to receive a deputation from London local sanitary authorities favourable to the transference to the latter of the powers of enforcing and administering the Vaccination Law now entrusted to Poor-law guardians, have received a reply stating that the Board "do not see any advantage in receiving a deputation upon the administration of the Vaccination Acts until they have had an opportunity of considering the report of the Royal Commission upon the subject."

SANITARY INSPECTORS' ASSOCIATION.—At a public conference held in Leeds on August 21st in connection with the Sanitary Inspectors' Association, disappointment was expressed at the absence, through illness, of the President, Sir B. W. Richardson, who, however, sent the address he had prepared, which was read by Mr. T. Pridgin Teale, who was voted to the chair. The chief portion of the address was directed to the revival of a question raised some twenty years ago by the writer, as to whether we should not have in our country a Ministry of Health, with its president, chief, and other officials. The construction and duties of the Ministry of Health would lead to several divisions of labour. In addition to the registrations of births, marriages, and deaths, a complete system of registration would be established, and the returns supplied would include not only the diseases affecting human kind, but diseases affecting animals and plants. The reports of meteorological conditions would be duly sent to the Ministry, and the relations of meteorological states and the prevailing health would be effectively and systematically traced out. The returns of coroners' courts would likewise be sent, and to the Ministry of Health would be referred all the work now carried out by the Medical Department now under the control of the Local Government Board. The working of the Act dealing with adulteration, and the carrying out of public analyses would of necessity be brought under its direction. Officers appointed under the new regulation would specially report to the Ministry of Health on the sanitation of the factories in the whole of the kingdom. To the same Ministry would be transferred what had hitherto been done by the veterinary department of the Privy Council. Prison and police supervision, and the supervision of public works, would also become functions of the Ministry of Health. The proposed Ministry might be reduced to six departments in chief: the Registration Department, the Local Government Department, Factory and Industrial Department, Analytical and Chemical Department, Veterinary Department, and Public Works and Prisons Department.

#### MEDICAL VACANCIES.

The following vacancies are announced:

BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL.—Resident Clinical Assistant. Appointment for three months. Board and lodging provided in the hospital. Applications to the Secretary of the Medical Committee, 34, Paradise Street, Birmingham, by September 8th.

**BOOTLE BOROUGH HOSPITAL**, Derby Road, Bootle.—Senior House-Surgeon. Salary, £80 per annum, with board, washing, lodging, etc. Applications to W. B. Brooker, Clerk, by August 31st.

**BRADFORD UNION WORKHOUSE**.—Resident Assistant Medical Officer; unmarried, doubly qualified. Salary, £100 per annum, with prescribed uniforms, washing, and apartments in the workhouse. Applications to Thos. Crowther, Clerk to the Guardians, Poor Law Offices, 22, Manor Row, Bradford, Yorkshire, before August 31st.

**CITY OF DUBLIN HOSPITAL**, Upper Baggot Street, Dublin.—Visiting Surgeon. Applications to the Honorary Secretary of the Medical Board.

**CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST**, Victoria Park, E.—House-Physician. Appointment for six months from October 1st. Salary at the rate of £30 per annum with board and residence. Applications to J. Storrar Smith, Secretary, by September 9th.

**CONVALESCENT HOSPITAL AND SEA BATHING INFIRMARY**, Southport.—Resident Medical Officer; unmarried and not under 47 years of age; doubly qualified. Salary to commence, £150 per annum, with board, lodging, and washing. Applications to the Chairman by September 12th.

**DERBYSHIRE ROYAL INFIRMARY**, Derby.—Clinical Assistant. Appointment for six months. Honorarium, £110 after six months' satisfactory service, with board, residence, and washing. Applications to Walter G. Carnt, Secretary, by September 7th.

**ESSEX AND COLCHESTER HOSPITAL**.—House-Surgeon; doubly qualified. Salary, £100 per annum, with board and lodging. Applications to the Committee by September 11th.

**GENERAL INFIRMARY AND DISPENSARY**, Doncaster.—Indoor Dispenser and Assistant to House-Surgeon. No salary, but board, lodging, and washing provided. Applications to Joseph Clark, Honorary Secretary, by September 1st.

**LONDON TEMPERANCE HOSPITAL**, Hampstead Road, N.W.—Assistant Resident Medical Officer; doubly qualified. Appointment for six months. No salary attached to the post, but board, washing, and residence in the hospital provided. Applications to A. W. Bodger, Secretary, by September 16th.

**MANCHESTER CHILDREN'S HOSPITAL**, Pendlebury.—Junior Resident Medical Officer; doubly qualified. Salary, £80 per annum, with board and lodging. Appointment for one year. Applications to the Chairman of the Medical Board by August 31st.

**MANCHESTER SOUTHERN AND MATERNITY HOSPITAL**.—Resident House-Surgeon. Honorarium at the rate of £30 per annum, and board. Applications to George William Fox, 53, Princess Road, by September 12th.

**METROPOLITAN ASYLUMS BOARD**.—Assistant Medical Officer at the Fountain Fever Hospital, Lower Tooting, S.W. Salary, £160 during the first year, £180 the second year, and £200 during the third and subsequent years of service, with board, lodging, attendance, and washing. Must be unmarried, not exceed 35 years of age, and doubly qualified. Applications, on forms to be obtained at the offices of the Board, Norfolk House, Norfolk Street, Strand, to be sent in by September 7th.

**METROPOLITAN HOSPITAL**, Kingsland Road, N.E.—House-Physician, House-Surgeon, Assistant House-Physician, Assistant House-Surgeon. Appointments tenable for six months; doubly qualified. The House-Physician and House-Surgeon will each receive a salary at the rate of £40 a year, the Assistant House-Physician and Assistant House-Surgeon at the rate of £20 a year. Applications to Charles H. Byers, Secretary, by September 5th.

**OWENS COLLEGE**, Manchester.—Senior and Junior Demonstrator in Physiology. The stipends £150 rising to £200, and £100 rising to £150 respectively. Applications to S. Chaffers, Registrar, by September 22nd.

**ROYAL FREE HOSPITAL**, Gray's Inn Road, W.C.—Two House-Physicians. Appointments for six months. No salary, but board, etc., provided. Applications to the Secretary by September 21st.

**SHEFFIELD UNION**.—Junior Assistant Medical Officer at the Workhouse Infirmary, Fir Vale, Sheffield; unmarried, doubly qualified. Furnished apartments, board, and washing provided, but no salary. Appointment for six months. Applications to Joseph Spencer, Clerk to the Guardians, Union Offices, West Bar, Sheffield, by August 29th.

**SOMERSET AND BATH LUNATIC ASYLUMS (WESTERN JOINT ASYLUM)**, Cotford, near Taunton.—Medical Superintendent. Salary, £450 per annum, with partly furnished house, coals, light, washing, milk, and garden produce. Applications to John Coates, Clerk to the Visiting Committee, Somerset and Bath Asylum, Wells, Somerset, by October 1st.

**STOCKPORT INFIRMARY**.—Junior Assistant House-Surgeon; doubly qualified. Honorarium at the rate of £24 per annum, with residence, board, and washing. Appointment for six months. Applications to Major C. Tyler, Secretary, by September 2nd.

**TOWER HAMLETS DISPENSARY**, Stepney, E.—Resident Medical Officer. Salary, £120 per annum, with furnished apartments, coals, gas, and attendance. Applications to Dr. Donkin, 108, Harley Street, W., by September 3rd.

**VESTRY OF CLERKENWELL**.—Medical Officer of Health for the Parish; must be qualified in Medicine, Surgery, and Midwifery, and hold a diploma in Sanitary Science. Salary, £500. Must devote his whole time to the duties of the office. Applications, endorsed "Medical Officer of Health," to be sent to R. E. Paget, Vestry Clerk, Town Hall, Clerkenwell, by August 31st.

**VICTORIA HOSPITAL FOR SICK CHILDREN**, Queen's Road, Chelsea, S.W.—House-Surgeon; must be F. or M.R.C.S.Eng., and L.S.A. Honorarium of £50 per annum, with board and lodging in the hospital. Appointment for twelve months. Applications to Commander Blount, E.N., Secretary, by September 12th.

## MEDICAL APPOINTMENTS.

ANNIS, Ernest George, L.R.C.P.Lond., M.R.C.S.Eng., D.P.H., appointed Medical Officer of Health for the Borough of Huddersfield.

BALLANCE, H. A., M.D., B.S.Lond., F.R.C.S.Eng., appointed House-Surgeon to the Norfolk and Norwich Hospital.

BEAN, Harold Knowles, B.Sc.Edin., M.D.Melb., appointed Government Vaccinator for Wallsend and Plattsburg, N.S.W.

BERRY, William, L.S.A., reappointed Medical Officer of Health to the Holmfirth Urban District Council.

BUCKLEY, James C., M.D.Vict., M.B., Ch.B., appointed Senior Resident Medical Officer to the Nottingham General Hospital.

BURMAN, F. J., L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Officer of Health for the Wath-upon-Dearne Urban District, vice Wm. Burman, L.R.C.P.Lond., M.R.C.S., resigned.

BURTON, J. C., L.R.C.P.Lond., M.R.C.S.Eng., appointed Resident Medical Officer to the Albany General Hospital, Grahamstown, Cape Colony.

CARTWRIGHT, John A. T., M.R.C.S.E., L.S.A., L.M., appointed Medical Officer of Health by the Wigmore Rural District Council.

DAVISON, Rashell T., M.D.Aberd., M.R.C.S., reappointed Medical Officer of Health to the Battle Urban District Council.

GARLAND, E. C., L.R.C.P.Edin., M.R.C.S.Eng., reappointed Medical Officer of Health to the Yeovil Town Council.

GAYLOR, Edward, L.R.C.P.Edin., L.F.P.S.Glasg., reappointed Medical Officer of Health to the Ripley Urban District Council.

GLOVER, J. H., M.B., appointed Medical Officer for the Bottesford District of the Belfair Out-Relief Union, vice J. Wright, M.R.C.S.

HARRISON, S. H., M.R.C.S., L.R.C.P., appointed Medical Officer for the North Walsham District of the Smallburgh Union, vice A. C. Morton, M.R.C.S.Eng.

HILLIAR, G. H. S., L.R.C.P., L.R.C.S.Edin., appointed District Medical Officer of the Williton Union, vice T. C. Lawson, M.R.C.S.Eng., resigned.

HINE, Dr. H. G., appointed Medical Officer of Health for the Rishworth Urban District, vice R. Atkinson, M.R.C.S.Eng.

HOUNSELL, Mr. F. G. W., appointed Medical Officer and Public Vaccinator for the Bugbrooke District of the Northampton Union.

KENYON, G. A., M.B.Lond., L.R.C.P., M.R.C.S.Eng., reappointed Medical Officer of Health to the Hoylelake District Council.

LAMPOUGH, Charles, M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the City of London Hospital for Diseases of the Chest.

MARTIN, A. J., M.B., appointed Medical Officer for the Essington District of the Cannock Union.

MCCLAY, Dr., appointed Medical Officer of Health to the Horncastle Urban District Council.

MCNAUGHT, James, M.D., reappointed Medical Officer of Health for the Borough of Rawtenstall.

MIDDLEMIST, R. C., M.R.C.S., L.R.C.P., appointed Medical Officer to the Workhouse of the Stamford Union, vice T. E. Carter, M.B.Lond., M.R.C.S.Eng., resigned.

THOMPSON, J. Ashburton, M.D., D.P.H., appointed Chief Medical Officer to the Government of New South Wales and President of the Board of Health, vice T. P. Anderson Stuart, M.D., resigned.

YOUNG, Meredith, M.B., C.M., D.Sc., reappointed Medical Officer of Health to the Borough of Brighouse (Yorks) and to the Halifax Rural District Council.

## 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.*

### BIRTHS.

ADAMS.—On August 25th, at 180, Aldersgate Street, E.C., the wife of John Adams, F.R.C.S., of a son.

WATSON.—On August 20th, at 1, Cumberland Terrace, Finsbury Park, N., the wife of George de B. Watson, M.B., etc., of a daughter.

### MARRIAGES.

CARDEW—ELGEE.—On August 20th, at St. James's Church, Dover, by the Rev. P. A. Longmore, Vicar of Hermitage, Berks, uncle of the bridegroom, assisted by the Rev. Howell Smith, Vicar of the parish, George Schuyler Cardew, Surgeon-Captain A.M.S., son of the late Dr. Cardew, Inspector-General of Hospitals, Bengal Army, of Bath, and Ethel Marion, second daughter of the late Major-General Charles Elgee, 23rd Royal Welsh Fusiliers.

LEWIS JONES—VON PLATEN HALLERMUND.—On August 18th, at Buenos Ayres, Henry Lewis Jones, M.D., F.R.C.P., of 9, Upper Wimpole Street, Cavendish Square, W., to Comtesse Marie Olive, eldest daughter of the late Comte Jean Henri Platen Von Hallermund, of Stockholm. (By cable.)

LYLE—DEACON.—On August 5th, at St. Mark's, Dalston, Herbert Willoughby Lyle, M.B., M.R.C.S., L.R.C.P., A.K.C., elder son of Thomas Lyle, M.A., F.R.Hist.S., of Grove House, Shacklewell, N.E., to Sarah Mary, eldest daughter of the late Captain Deacon and Mrs. Makepeace (late Deacon), of Redlands, Bristol. No cards.

### DEATH.

WILLIAMS.—On August 23rd, at Guy's Hospital, after a short illness, Arthur Henry Williams, M.A., M.B., B.C.Camb., of 54, London Road St. Leonards-on-Sea, aged 34.



## 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.  
 CHANCING 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., 9.  
 CHLSEA HOSPITAL FOR WOMEN. *Attendances*—Daily, 1.30. *Operations*—M. Th. F., 2.  
 CITY ORTHOPÆDIC. *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., 9.  
 MIDDLESEX. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p. M. F. S., 2; 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; (Obstetrical), Th., 2.  
 NATIONAL ORTHOPÆDIC. *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., 3; Dental, Th., 9. *Operations*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.  
 ROYAL LONDON OPHTHALMIC. *Attendances*—Daily, 9. *Operations*—Daily, 10.  
 ROYAL ORTHOPÆDIC. *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; Orthopædic, 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; Orthopædic, W., 2; Dental, Tu. S., 9. *Operations*—M. Tu. Th. 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, Tu. F., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 3.0; 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. daily, 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., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.  
 SAMARITAN FRATERNITY FOR WOMEN AND CHILDREN. *Attendances*—Daily, 1.30. *Operations*—W., 2.30.  
 THROAT, 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, M. Th., 9; Skin, W., 1.45; S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operations*—Tu. W. Th., 2.  
 WEST LONDON. *Attendances*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, 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.

EXPENSE writes: Could not expert information be gained just now as to "payment of Executive Committees" by looking into the precedent afforded by other professional societies—for example, the Pharmaceutical, Law, Veterinary, and Dental Associations and Colleges? What is the practice? Can someone collect this information for us?

## MAMMARY CANCER: LONG IMMUNITY AFTER REMOVAL.

MR. MARMADUKE SHEILD (Cavendish Place, W.), would be grateful for particulars of any cases where long immunity has been observed after removal of the breast for undoubted scirrhus.

## HOME FOR DEFECTIVE LAD.

ENQUIRE having a patient, aged 18, suffering from defective sight (owing to atrophy of the optic nerve), partial paralysis of the left arm, and stammering, is anxious to find some suitable home or training institution (public or private) to which his parents could send him, as he is unfit for any ordinary avocation.

## TREATMENT OF STAMMERING.

DR. S. G. SLOMAN, JUN. (Farnham), asks whether at any of the London hospitals, or elsewhere, persons suffering from stammering are treated who cannot afford to pay. The case is that of a boy, aged 15, who stammers badly; he is the son of a gardener who has several other children, and cannot pay much.

## PELVIC PAIN AFTER OÖPHORECTOMY.

R. A. B. writes: Can any of your readers suggest some treatment to relieve the iliac pain and almost constant sickness (probably reflex) in a female patient of mine whose ovaries I removed about a year ago for chronic oöphoritis? The cut end of one of the tubes seems to be somewhat bulbous, otherwise the remaining organs appear healthy. Is any further operation practicable or justifiable, or can anyone suggest a palliative treatment, the sickness, which comes on with the least exertion, being especially distressing?

## CASE FOR DIAGNOSIS.

W. H. writes: Female servant, aged 40, cook for past three months (formerly dressmaker), has for twelve months noticed swelling of the hands. On waking in the morning they are worst, and for some time there is numbness and formication. The swelling never goes down. She otherwise feels well in health. The hands are considerably and uniformly swollen without obliteration of the lines. The swelling is elastic and does not pit. The skin appears healthy. There are no signs of disease in any organs. She states that her hands have not become worse since she became a cook.

## PARTNERSHIP AGREEMENTS.

LEX writes: How is a partnership usually arranged in practice? For how many years is an average struck as to expenses, and is everything included but private expenses?

\* The question is too vague, but the following information may be of service in relation to it: The partnership should be arranged by proper partnership articles (prepared by an expert), which would include a clause directing what expenses are charged to the firm. This would, as a matter of course, include all expenditure for the benefit of the firm, but no private expenses.

## INCOME-TAX.

I. T. writes: I purchased a practice last June. This month I have application for income-tax. I make a statement that my profits from the practice for the year ending April, 1897, are nil. I point out that the greatest part of the receipts of the practice up to that date are from previous earnings of my predecessor and will pass into his hands, and that any receipts that may come into my hands during that period will be very small (I cannot say what they will be), and will be far less than my expenses during the same time. The Surveyor replies to me that I must state what the average profits of this practice have been for the past three years, and on that I must pay income-tax. It is well known that on purchasing a practice it takes some two or three years to receive cash equal to the average return of the practice, and that in a general practice where the accounts are sent out once or twice a year, the first year's receipts are exceedingly small compared to the average receipts on which the practice was purchased. Can the Surveyor make the demand he has made legally?

\* The rule as to assessment of a purchaser of a practice is that he has to pay income-tax on the past three years' average profits, or if he cannot produce a statement for the past three years, then upon the same amount his predecessor paid on. In the case mentioned by our correspondent, if he pays over any part of the profits of the practice to his predecessor, he is entitled to deduct therefrom the tax at the rate of 8d. in the pound. Assessment is at all times a difficult matter, and he cannot do better than consult *Income Tax; How to Get it Refunded*, to be got from the Income Tax Repayment Agency. It contains a special section for medical men, and the agency also issues income-tax balance sheets and three years' returns, specially made out for the medical profession.

## ANSWERS.

DR. A. H. MARTIN (Evesham) writes: "North Country Member" (BRITISH MEDICAL JOURNAL, August 22nd) will find the address delivered by Sir William Jenner to the Midland Medical Society on November 4th, 1897.