

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

### REPORT OF A NECROPSY ON A PARACHUTIST.

BEFORE submitting the facts revealed by the *post-mortem* examination a brief history of the accident will be of interest. On the evening of July 21st a girl, aged 14 years, took her seat and grasped the hoop of her parachute to make her first attempt as an aeronaut and parachutist. The balloon, with the girl and parachute, rapidly rose to a height of between 6,000 and 10,000 feet. She then jumped clear of the balloon, and came down swiftly for a distance of about 300 feet before the parachute opened; it righted itself with a jerk and began to spin round. The girl was noticed to throw her legs about a good deal; there was a considerable amount of wind at the time, and the girl was carried over the river, into which she descended and quickly disappeared. She was attached to the parachute by clips, similar to watch clips, passing from each shoulder. A Board of Trade lifebelt was carefully secured round her waist. The body was found in about three days detached from the parachute; the clips were uninjured.

*Post-mortem Examination.*—External examination: discoloration of forehead between eyes, a large bruise over front part of left side of head above and behind the ear, an abrasion of skin over back of right forearm. The body was well nourished, but not fully developed. Cutis anserina present. Tongue swollen and indented by the teeth, mouth and pharynx contained mud and sand. On dissection of the vertebral column no dislocation or fracture was discovered. No fractures or dislocations discovered anywhere. Internal examination: Thorax: the heart and pericardium normal in appearance, the cavities of the heart were found perfectly empty, the valves and endocardium smooth and healthy; the lungs were inflated, the pleural surfaces of the left were adherent almost all over, on the right normal; diaphragm normal. On opening the trachea it was found to contain mud and sand, the small bronchial tubes were found to contain mud, sand, and froth. The oesophagus was empty. Abdomen: liver congested, on opening the stomach it was found perfectly empty, there was a small cicatrix on the posterior surface near the cardiac orifice.

On consideration of these facts we considered ourselves justified in coming to the conclusion that the girl was probably in a state of syncope when she reached the water, and that death was due to drowning.

JAMES HUXLEY, L.R.C.P., L.R.C.S. Edin.

Newport, Mon.

W. JONES GREER, F.R.C.S., D.P.H. Ire.

### ANTIFEBRIN POISONING.

A CASE which resembles in many respects Dr. Ringer's case, published in the *BRITISH MEDICAL JOURNAL* of July 26th, 1896, recently came under my observation. L. G. W., aged 33, housewife, admitted into the Manchester Royal Infirmary under the care of Mr. G. A. Wright with some spinal disorder. On admission it was noticed that her face had a marked bluish grey appearance, the lips and tongue presenting the appearance of having been thinly painted over with dark blue colouring matter. The skin over the body generally was warm and moist, and presented the same bluish grey colour, the finger-nails and tips of the ears showing this in a marked manner. The patient complained of no distress, there being no dyspnoea on movement and no orthopnoea. Examination of the heart and lungs failed to reveal anything abnormal. The reflexes were normal, and there were no sensory disorders. The conjunctivæ were yellowish and the urine contained bile in considerable quantity. Spectroscopic examination of the urine gave negative results. The faeces contained bile. Microscopic and spectroscopic examination of the blood gave negative results.

On inquiry from the patient it was elicited that she had been in the habit of taking, unknown to her doctor, "Kaputine" powders in order to ease her pain. I was unable to find out satisfactorily the number of powders taken, but the patient admitted having been in the habit of taking them

occasionally for the past twelve months, and had taken one immediately before admission. A "Kaputine" powder was obtained from the patient and submitted to chemical examination. Mr. Lyons (one of the dispensers to the institution), who kindly undertook the examination for me, reported that the powder consisted mainly of antifebrin.

It was considered, therefore, that the above symptoms were produced by antifebrin, the drug apparently producing hæmolytic, the destruction of blood-colouring matter being sufficiently great to cause the symptoms of non-obstructive jaundice.

The patient was treated by salines and milk diet, the symptoms gradually disappeared, so that on June 18th the patient's skin had regained its normal hue and the bile had disappeared from the urine. I am indebted to Mr. G. A. Wright, Senior Assistant Surgeon to the infirmary, for his courtesy in allowing me to examine the patient and for permission to publish it.

A. E. BRINDLEY, M.D. Lond.,  
Resident Medical Officer Manchester Royal Infirmary.

### EARLY MENSTRUATION.

A. C., aged 5 years, was brought to me the other day with the history of having commenced menstruation when 3 years and 14 days old. The periods, which had occurred for six times, as a rule continued about four days, during which the child complained of vague pain. The only irregularity during these six menstrual periods was that they were about a week later each time, but on this point the mother is not very exact. After the sixth period she stopped completely for eight months, when the discharge began again. The mother then brought her to see if anything could be done to stop the discharge, which she stated to be quite as much as any young person would have. In aspect the child looks more like a child of 8 years old; in character, the mother stated that she is like other children, shares in the usual games, except when menstruating, when she complains of pain in the back, and is inclined to be languid. On examination there is no doubt about the discharge, which is like normal menstrual fluid; also the pubic hair is quite well grown, though short. The vulva is well formed and large.

The most striking appearances are in the breasts, which are well formed and prominent, with large blue veins over their surfaces, looking, though small, more like breasts preparing for lactation than anything else.

There is no family history of early menstruation on the mother's side, but she knows nothing relative to the question on the paternal side.

Crewes.

ROBERT HOWIE, M.B., C.M.

### FOUR CASES OF UNSYMMETRICAL TOBACCO AMBLYOPIA.

THE commonly-accepted view that tobacco amblyopia manifests itself by a progressive loss of vision equally in both eyes is not altogether correct. It has been pointed out that in rare cases the symmetry is not equal, but is delayed. My own experience inclines me to believe that in its earlier stages tobacco amblyopia is as frequently unsymmetrical as it is symmetrical. The majority of cases do not seek advice until the defect of vision is advanced, and even then it is not unusual to find well-marked differences in both the visual acuity of the eyes and also in the defective central colour perception. But that a temporary monocular central amblyopia, due to tobacco, can exist, the following brief notes of four cases which have come under my notice during the last few years will show:

CASE I.—In June, 1892, Mr. K., aged 35, complained of "sight failing." R. V. = fingers at 10 feet —  $\frac{+1.5}{+1}$  not improved. Has central scotoma for red and green (surface of colour exposed 5 mm.). Optic disc slightly hazy at margin and pale (?). L. V. =  $\frac{1}{2}$ . No central scotoma for any colour. Reads J. 1, but complains that the letters are dim. Smokes 2 ounces of twist a week. Had recently sought advice elsewhere, and was told that he must have been born blind in the right eye. He was ordered to stop smoking entirely and given a tonic. Rapid improvement in the right eye took

place, followed by recovery of normal vision in about five months.

CASE II.—In October, 1893, J. W., aged 38, tailor, complained that his sight has been getting dim the last three

months. R. V. =  $\frac{3}{8}$  —  $\frac{+1}{+1}$ . Has central scotoma for red, green, yellow, and blue. (Surface of colour exposed  $2\frac{1}{2}$  mm).

Fundus normal. L. V. =  $\frac{3}{8}$  —  $\frac{+1}{+1}$  reads J. 1, but "words

soon get mixed up." No scotoma for any colour. Smokes 3 ounces a week. Has not been feeling well lately. Stopped smoking and went away for a change. When re-examined in January, 1894, the vision was normal.

CASE III.—July, 1895, J. D., aged 46, farmer, stated that his "sight began to fail a few months ago. "Can't see to read

for long." R. V. =  $\frac{3}{8}$  partly —  $\frac{+1}{+1}$  reads J. 1 with +1 D, but

words get mixed; colour perception normal. L. V. =  $\frac{3}{8}$

—  $\frac{+1}{+1}$  Central scotoma for green, red, and yellow (surface

of colour exposed  $2\frac{1}{2}$  mm.); smokes heavily. Vision in this case improved but slowly as patient did not stop smoking entirely.

CASE IV.—June, 1896, W. L., aged 30, farmer, said that he "saw well enough in the distance but could not see to read

as well as before." R. V. =  $\frac{3}{8}$  —  $\frac{+1}{+0.5}$  not improved; central

scotoma for red and green (surface of colour exposed 1 mm).

L. V. =  $\frac{3}{8}$  partly —  $\frac{+1}{+1}$  colour perception normal. Reads J. 1

but "a mist forms over the letters"; "has not been well lately"; "never without his pipe." At present under treatment.

There can be little doubt that if in these cases the exciting cause had not been removed in time, the amblyopic and other symptoms would have soon manifested themselves in the apparently healthy eye. It is important, however, to bear in mind the possibility of such cases occurring, and the likelihood of falling into the same error of diagnosis (the case was evidently mistaken for congenital amblyopia) as that mentioned in the first case recorded above. This is the more necessary seeing that in the textbooks emphasis is laid on what is not always the fact, that is, that the failure of vision in tobacco amblyopia is equally progressive in both eyes.

Aberdeen.

GEORGE FERDINANDS, M.D.

## REPORTS

ON

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

LONDON HOSPITAL.

A CASE OF TETANUS TREATED WITH TETANO-TOXIN WITHOUT  
BENEFIT.

(Under the care of Mr. HURRY FENWICK.)

[Reported by ANGELO GOODING, M.R.C.S., House Surgeon.]

THE patient, a fisherman, aged 18, was admitted on December 2nd with the following history:—

On November 29th his hand was caught in the iron cogs of a steam capstan on board his fishing smack; he said the hand bled tremendously, he washed it with cold water and bound it up with a piece of rag, he had no treatment until he came to the hospital three days after the accident. At the time he was admitted the hand was in a filthy condition, there were two cuts on the dorsum of the hand, one was about an inch behind the heads of the metacarpal bones, it was transverse and extended from the ulnar side of the hand for about  $2\frac{1}{2}$  inches, the tendons of the middle and ring fingers were divided; the other wound, a smaller one, was situated about

an inch and a-half further back. There were two cuts on the palmar surface, one in the middle of the hand about half an inch in front of the line of the superficial palmar arch, the other cut, a smaller one, was nearer the fingers, through one of these the digital arteries of the two middle fingers had probably been divided. All the cuts were in a very dirty, unhealthy condition, and the ring and middle fingers were becoming gangrenous. The hand was at once put into a perchloride bath (1 in 5000), and at night boracic acid fomentations were applied, this treatment was continued until December 11th, when one of the fingers which was nearly separated was removed by dividing the tendon which held it, the wound looked in a much more healthy condition, and in places showed signs of granulating.

On December 11th the patient complained of some pain and stiffness in the back and neck; the temperature was normal.

On the next morning (December 12th) there were definite signs of tetanus, and the patient was compelled to remain in bed. He was unable to open his mouth; his facial muscles were drawn so as to produce a risus sardonicus; he had some difficulty in swallowing, the abdominal muscles were rigid, and the back arched. During the day he had six spasms, each lasting only a few seconds. These seemed to start in the muscles of the face and neck; his features became more drawn; his jaw more firmly closed; his back much more arched, and all his muscles became rigid. At 10 o'clock in the morning he had an injection of morphine gr.  $\frac{1}{4}$ . This was repeated in the afternoon, and afterwards he had gr.  $\frac{1}{4}$  every six hours. The other finger was removed, and, as he could not keep his hand in a bath, it was well bathed with strong perchloride and fomentations were applied every four hours. During the day he took a fair quantity of milk, eggs, and beef-tea by the mouth without any spasm of deglutition, and had nutrient enemata every four hours. At 7 o'clock in the evening 2 grammes of tetano-toxin were injected into the pectoral region; the temperature, which had previously been normal, then rose to 99.5°.

The next day the general spasms became more frequent (every hour), though not more severe, and were started by feeding the patient, or by the slightest movement. The morphine was continued; the bowels were opened by an enema, which brought on more spasms, and in the evening 1 gr. of tetano-toxin was injected. The temperature then began to rise again, and the next morning was 103°. The patient looked rather exhausted, the pulse was weak and 120 to the minute; the spasms were much more frequent; stimulants were added to the milk. During the day the spasms were very frequent, and in the afternoon came on about every ten minutes. The temperature rose to 103.5°, and the patient died suddenly late in the afternoon.

*Post-mortem Examination.*—The organs were all found to be healthy. Portions of the median and ulna nerves from the hand and a portion of the spinal cord were examined microscopically for bacteria and showed no change nor any micro-organisms.

There are two points of interest in this case.

1. As the patient was out at sea at the time of the accident, it is difficult to understand how he got inoculated with the tetanus bacillus.

2. The case developed in hospital, and was treated with the tetano-toxin as early as possible, so that it was a very favourable case for this treatment; but, instead of checking the disease, the injections seemed to increase the number of the spasms.

## WEST RIDING ASYLUM, WAKEFIELD.

CASE OF RUPTURE OF THE HEART.

(By F. O. SIMPSON, L.R.C.P., M.R.C.S., Pathologist and Assistant Medical Officer.)

SPONTANEOUS rupture of the heart is of rare occurrence amongst the insane, and this is partly due to the sedentary lives led by the inmates of our asylums, as a large number of cases of advanced degeneration of the heart muscle may be found in the *post-mortem* records. The lesion is generally due to some unwonted exertion acting upon a degenerated myocardium, and the following case seems to be interesting from the entire absence of exciting cause:

## MEDICAL NEWS.

MR. ROBERT BIRCH was, on August 27th, presented with a handsome solid silver salver by the members of the Newbury Medico-Ethical Society as a mark of their appreciation of his services as honorary secretary, and as a token of their esteem and regard.

MR. WALTER H. MACDONALD, Chief Medical Officer of the British East Africa Protectorate, has been allowed to accept the Order of the Brilliant Star of the 2nd Class, conferred upon him by the late Sultan of Zanzibar in recognition of his services under His Highness.

WE may remind our readers that the meeting of the profession arranged by the Manchester Medico-Ethical Association to hear the views of the candidates for seats on the General Medical Council will take place at the Albert Memorial Hall, Albert Square, Manchester, on Thursday evening next. The chair will be taken at 7 P.M. by Mr. James Taylor, of Chester.

DR. J. R. KAYE, who was recently appointed Medical Officer of Health for the West Riding County Council, has been presented by his friends in Huddersfield with a case of fish and fruit knives and forks. On the back of the case is the following inscription on a silver shield: "To Dr. Jas. R. Kaye, M.O.H., from his brother officers, on his appointment as M.O. of the W.R.C.C. Town Hall, Huddersfield, July, 1896."

IN consequence of the representations of Professor Virchow and the German Committee of the International Medical Congress, special orders have been issued from St. Petersburg to Russian Consuls instructing them to give the necessary *visé* to the passports of physicians, whether Jews or Christians, attending the Congress. A difficulty which threatened to be serious has thus been removed.

PTOMAINÉ DEATHS.—The son of a stone-dresser, living in Sheffield, has died through eating tinned salmon. He partook of the fish, which was bought at a co-operative store, at a juvenile party, and died a few days later from the effects of irritant poison. Three other children at the same gathering were taken ill, but at the inquest held on September 2nd the medical man stated that hopes of their recovery were entertained.

THE *Guy's Hospital Gazette* announces that it has now been decided to establish a regular system of inspection and registration of lodgings for Guy's students. A circular has been issued to landlords in the neighbourhood, informing them that if they will consent to a periodical inspection of their rooms, and abide by a few simple rules, their names will, on payment of a small annual fee, be registered in the Medical School office at Guy's, and their names suggested to students intending to reside in the neighbourhood. The system resembles that of the "Lodging House Delegacy" at Oxford and Cambridge, which has been found to work well. It might with advantage be imitated by other London hospitals.

THE ROYAL VICTORIA HOSPITAL, MONTREAL.—The second annual report of this hospital, which was founded by the munificence of Lord Mountstephen and Sir Donald Smith, who also make large contributions to current expenses, shows that during the year 1895 the number of patients admitted was 1,841. The death-rate for the year was 6.6 per cent., or if those dying within two days after admission be deducted, 5.4 per cent. The hospital is provided with an ambulance service and its out-patient department had 17,321 consultations during the year. A considerable expenditure was made during 1895 for additional equipment, largely for the Pathological Department, of which Professor J. G. Adams is the chief. The attending staff of the hospital are Dr. James Stewart, physician, Dr. James Bell, surgeon, Drs. W. F. Hamilton and C. F. Martin, assistant physicians, Dr. A. E. Garrow, assistant surgeon, Dr. W. Gardner, gynecologist, and Dr. A. W. Gardner, assistant gynecologist, Dr. F. Buller, ophthalmologist and otologist, and Mr. E. B. Ibbotson, dentist. Dr. Robert Craik is consulting physician, and Dr. T. G. Roddick (President-elect of the British Medical Association), consulting surgeon. The report contains a photo-

graph of the hospital, which shows it to be an extremely handsome and capacious building.

EXAMINATION IN SHORTHAND FOR MEDICAL STUDENTS.—The Society of Medical Phonographers intends at the end of October or the beginning of November to hold an examination in shorthand for students of medicine commencing their first winter session. The examination will be held in any place in the United Kingdom at which there is a medical school, provided four students intimate their intention to come forward. Accuracy in writing will be regarded as more important than speed. Prizes of the value of £2 and £1 respectively will be offered, and extra prizes will be given should the number competing be sufficient. Students who intend to compete should communicate before October 15th with Mr. L. Elliot Creasy, M.R.C.S., L.R.C.P., 1, Windsor Road, Ealing, London, W., the Honorary Assistant Secretary; but students belonging to the following schools are requested to send their names to the representative of the Society mentioned as resident in the several towns:—*Aberdeen*: Dr. J. Scott Riddell, 415, Union Street. *Birmingham*: Dr. Wilson, 33, Paradise Street. *Bristol*: Dr. G. F. Atchley, Tyndall's Park. *Dublin*: Dr. William Thomson, 54, Stephen's Green East. *Edinburgh*: Mr. Charles W. Cathcart, F.R.C.S., 8, Randolph Crescent. *Glasgow*: Dr. J. Galbraith Connal, 3, West Garden Street. *Manchester*: Dr. Reynolds, 23, St. John's Street. *Sheffield*: Dr. Martin, Claremont, Glossop Road. No entrance fee will be charged.

HEALTH ON THE ARCTIC EXPEDITION.—When Mr. Jackson's party returned to Elmwood in August, 1895, they began to prepare for the long Arctic winter and to get in fresh provisions. No fewer than 1,200 loons fell to one gun, and in pursuance of Mr. Jackson's views, that fresh meat is the best preventive of scurvy, all birds, and bears, and seals obtainable were added to the larder. It is interesting to hear that Mr. Jackson froze the so-called scurvy grass for the purpose of providing throughout the winter a capital green salad. All this time meteorological observations had been taken without a break, readings being recorded every two hours. For this purpose the party was divided into watches. All through this winter all the explorers kept in excellent health, and in fact those who have returned home declare that no one has had a day's illness since the beginning of the expedition. But Mr. Jackson especially mentions that, during this last winter, there was a decided tendency to sleeplessness, and he refers to Nordenskiöld, complaining of the same during one winter passed in Spitzbergen, and mentions that even in Vadsö the people find towards the end of the winter the same symptoms. These disappeared with the return of the sun. During the long dark winter, which lasted until the end of February, 1896, exploration was, of course, out of the question. Regular exercise was, however, necessary, and an opportunity to stretch the muscles was provided by the practice of clearing away the deep drifts of snow which swept against the seven huts that formed the settlement of Elmwood. Thus a broad wide street of frozen snow was kept clean and swept in this the most northern British settlement in the world.

HILL STATIONS IN BURMAH.—One of the essentials of a hot climate such as that of Burmah for the Europeans who reside within it is an elevated locality which may be used as a sanatorium for those who need change from the enervating climate of the plains. Formerly those requiring such a change in Lower Burmah had to undergo a sea voyage across the Bay of Bengal, followed by a railway journey of twenty-four to sixty hours, in order to reach an Indian hill station. Since the annexation of Upper Burmah in 1886, efforts have been made to discover one or more suitable localities in the province itself, and the results of these endeavours have been recently published by the Acting Chief Commissioner of the country as a series of papers, which supply details of many places suitable for the purposes of sanatoria. Nine places are dealt with, of which the elevations range from 5,000 to 10,000 feet above sea level. The chief of these is Bernardmyo, 80 miles north-east of Mandalay, which has been used for British troops for nearly ten years. The men keep well there, but many contract fever on the way down, and unless the drawback of the malarious belt can be over-

came by rapid transit, it cannot become the Burmah sanatorium of the future. It is easily accessible from a steamer station on the Irrawaddy. Another suitable site is Maymo, thirty miles east of Mandalay, on high table land, cool and pleasant, and in the midst of pretty country, which will be accessible by railway in 1898. Seven other places are described, to some of which the drawbacks are distance and the difficulty of procuring food, or meagre water supply. Mount Victoria, 50 miles west of the Irrawaddy, is a district 7,000 to 10,000 feet high. Here water is plentiful, the surrounding country beautiful and well supplied with game, the climate dry and bracing, but the distance is great and labour scarce. Nevertheless, this and other districts evidently offer natural advantages which were originally unsurpassed by several of the most flourishing hill stations in the Himalayas.

**BALLOONING TO THE NORTH POLE.**—The renewed interest in ballooning which has been excited by the proposal of Herr Andr  e to reach the North Pole by that means, renders it desirable to point out that although there is much in the present proposal, which is entirely original, the idea that it might be possible to reach the Pole by balloon is by no means a novel one. We are informed that about twenty years ago Dr. Greenway, of Plymouth, worked out the subject in every detail, although not perhaps quite on the same lines as those now adopted by Herr Andr  e. The *Western Daily Mercury* says that nearly twenty years ago its columns contained a description of his scheme written by Dr. Greenway himself, who was then a member of the British Aeronautical Society, after the appearance of which a correspondence took place in which Mr. Henry Coxwell, the well-known balloonist, took part. The question of authorship was revived two years later, when the *United Service Gazette* made a statement giving Commander Cheyne the credit of having originated the idea. In a letter to the editor of that journal in 1878, Dr. Greenway pointed out that Commander Cheyne's proposals for ballooning to the Pole were not made until after the return of Captain (afterwards Sir George) Nares from his unsuccessful expedition, whereas Dr. Greenway, acting on the advice of the late Admiral Sir William Hall King, had long before then elaborated a plan of his own, and had submitted it to Captain Nares. The idea of ballooning to the North Pole is, therefore, by no means a new one, although with the advances made in balloon construction the chances of its success appear now to be greater than would have been the case some years ago.

### MEDICAL VACANCIES.

The following vacancies are announced:

- BETHLEM HOSPITAL.**—Two Resident Clinical Assistants. Term of residence six months from November 1st. Apartments, board, and washing provided. Applications to John Brewer, Clerk, etc., Bridewell Hospital, New Bridge Street, E.C., before October 5th, endorsed "Clinical Assistantship."
- BLACKBURN AND EAST LANCASHIRE INFIRMARY.**—Senior House-Surgeon. Salary, £100 per annum, with board, washing, lodging, etc. Applications to Nathan A. Smith, Secretary, Infirmary Office, 15, Richmond Terrace, Blackburn, by September 24th.
- BRADFORD CHILDREN'S HOSPITAL.**—House-Surgeon; doubly qualified. Salary, £70 per annum, with residence and washing. Applications to C. V. Woodcock, Secretary, by September 14th.
- CAMBERWELL HOUSE.**—Junior Assistant Medical Officer; registered and unmarried. Salary to begin with, £100 per annum, with board, lodging, and washing. Applications to the Medical Superintendent, 33, Peckham Road, Camberwell, S.E.
- CAMBERWELL PROVIDENT DISPENSARY, Camberwell Green, S.E.**—Vacancy on Medical Staff. Applications to the Secretary by September 18th.
- CHELTEMHAM GENERAL HOSPITAL.**—House-Surgeon; unmarried. Must possess a registered qualification in Medicine and Surgery. Salary, £80 per annum, with board and apartments.—Also Junior House-Surgeon; must be unmarried and have a registered qualification in Medicine and Surgery. Appointment tenable for two years. Salary, £40 per annum, with board and apartments. Applications to H. T. Carrington, Honorary Secretary and Treasurer, by September 10th for the former and September 26th for the latter vacancy.
- FULHAM UNION.**—Assistant Medical Superintendent of the Union Infirmary; must be unmarried and possess a Medical and Surgical qualification. Salary, £120 per annum, increasing £10 yearly to a maximum of £150, with board, furnished apartments, attendance, and washing. Applications to T. Apin Marsh, Clerk to the Guardians, Union Offices, Fulham Palace Road, Hammersmith, W., by September 28th.
- GENERAL HOSPITAL, Birmingham.**—Two An  sthetists; must possess Medical and Surgical qualifications and be registered. Each appoint-

ment for one year, eligible for re-election. Salary, £40 per annum.—Also Assistant House-Surgeon; must possess Surgical qualification and be registered. Appointment for six months. No salary, but board and washing provided. Applications to Howard J. Collins, House Governor, by September 26th.

**GLAMORGAN COUNTY ASYLUM, Bridgend.**—Junior Assistant Medical Officer. Asylum experience essential. Salary, £130, rising £10 a year to £150 if approved, with board, lodging, and washing. Applications to the Medical Superintendent by September 16th.

**HAMPSTEAD HOSPITAL.**—Vacancy in the Staff. Candidates must be legally registered, and possess Medical and Surgical qualification. Applications to R. A. Owthwaite, Honorary Secretary, by September 14th.

**HANTS COUNTY ASYLUM.**—Assistant Medical Officer; unmarried; doubly qualified and registered under the Medical Act. Candidates should not exceed the age of 25 years. Salary, £100 per annum, increasing to £125 after twelve months' service, with apartments, board, washing, and attendance. Applications forwarded by September 21st, addressed to the Committee of Visitors, Knowle, Fareham, endorsed "Application for appointment of Medical Officer."

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.**—Resident House-Physician. Applications to W. H. Theobald at the Hospital by September 23rd.

**JERSEY GENERAL DISPENSARY AND INFIRMARY, Aquila Road, St. Helier's, Jersey.**—Resident Medical Officer; unmarried. Salary, £120 per annum, with furnished rooms and attendance. Applications to Lieutenant-Colonel Hewat, Honorary Secretary.

**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 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.

**OWENS COLLEGE, Manchester.**—Senior and Junior Demonstrator in Physiology. Salary, £150 per annum 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.

**ST. LUKE'S HOSPITAL.**—Clinical Assistant; duly qualified to practise and registered. Appointment for six months, with board and residence. Applications to W. H. Baird, Secretary, Old Street, E.C.

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

### MEDICAL APPOINTMENTS.

- ALLISON, S. H. B., B.A., M.B., C.M. Edin.,** appointed Medical Officer and Medical Officer of Health to Claudy Dispensary District, Londonderry Union, *vice* William Allison, M.D., resigned.
- BLABER, P. L., L.R.C.P., M.R.C.S.,** appointed Senior Obstetric House-Physician to St. Thomas's Hospital.
- CLOTHIER, Henry, M.D. Lond.,** reappointed Medical Officer of Health for Hornsey.
- COLLIS, E. L., B.A., M.B., B.Ch. Oxon., L.R.C.P., M.R.C.S.,** appointed Junior Obstetric House-Physician to St. Thomas's Hospital.
- CONFORD, G. J., B.A., M.B., B.Ch. Oxon., L.R.C.P., M.R.C.S.,** appointed House-Physician to St. Thomas's Hospital.
- COWAN, J. J., M.B., C.M. Edin.,** reappointed Medical Officer for the Cradley District of the Bromyard Union.
- DAWNAY, A. H. P., L.R.C.P., M.R.C.S.,** appointed Clinical Assistant in the Special Department for Diseases of the Skin of St. Thomas's Hospital.
- DURRANT, C. E., L.R.C.P., M.R.C.S.,** appointed Clinical Assistant in the Special Department for Diseases of the Ear of St. Thomas's Hospital.
- DYBALL, B., L.R.C.P., M.R.C.S.,** appointed House-Surgeon to St. Thomas's Hospital.
- EGLINTON, George Walter, L.R.C.P. Edin., L.F.P.S. Glasg.,** reappointed Medical Officer of Health to the Street (Somerset) Urban District Council.
- FRAZER, W. D., L.R.C.P., M.R.C.S.,** appointed House-Surgeon to St. Thomas's Hospital.
- GERVIS, F. H., L.R.C.P., M.R.C.S.,** appointed Assistant House-Surgeon to St. Thomas's Hospital.
- HARRISON, S. H., M.R.C.S., L.R.C.P.,** appointed Medical Officer for the North Walsham District of the Smallburgh Union.
- HEATH, H. T., L.R.C.P. Edin., L.R.C.S.I.,** appointed Medical Officer of Health to the Mansfield Woodhouse (Notts) District Council.
- HICHENS, P. S., M.A., M.B., B.Ch. Oxon., L.R.C.P., M.R.C.S.,** appointed Ophthalmic House-Surgeon to St. Thomas's Hospital.
- HININGS, John William, L.R.C.P., L.R.C.S. Edin.,** reappointed Medical Officer for the No. 2 District and Workhouse of the Bromyard Union.
- HOUSLEY, John, M.D. St. And., D.P.H.F.P.S. Glasg.,** reappointed Medical Officer of Health to the Retford Rural District.
- HUGHES, Dr.,** appointed Medical Officer to the Maindail Colliery of the Ocean Company.

HUNT, J. H., M.B.Lond., appointed Assistant House-Surgeon to the Halifax Infirmary.

HUTTON, James Alfred, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H., appointed Surgeon to the Scarborough Borough Police Force.

KENT, P. W., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

KNOCKER, W. D., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Electrical Department of St. Thomas's Hospital.

LAWSON, R., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Skin of St. Thomas's Hospital.

LINDSAY, J. A., M.A., M.D., R.U.I., M.R.C.P.Lond., appointed Physician to the Belfast Royal Hospital.

MARTINEAU, A. J., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

NASH, E. H. T., L.R.C.P., M.R.C.S., appointed House-Physician to St. Thomas's Hospital.

PARKER, George Roger, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health for the Lancaster Urban District.

PATERSON, W. H. J., L.R.C.P., M.R.C.S., appointed House-Physician to St. Thomas's Hospital.

RAY, John Howson, M.B., Ch.M.Vict., F.R.C.S.Eng., L.R.C.P.Lond., Senior House-Surgeon to the Salford Royal Hospital, appointed Resident Surgical Officer to the Manchester Royal Infirmary.

RAY, W. J. Orbell, L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Throat of St. Thomas's Hospital.

RICHARDS, L. W., M.B., B.S.Durh., L.R.C.P., M.R.C.S., appointed House-Physician to St. Thomas's Hospital.

SANDFORD, G. Calrow, M.D.Edin., appointed Resident Medical Officer to the Dispensary, York.

SAUNDERS, E. A., M.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S., appointed Ophthalmic House-Surgeon to St. Thomas's Hospital.

SMITH, J., M.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

STARKIE, E. G. B., M.B., C.M.Edin., appointed Medical Officer of Health to the Fyde Rural District.

STOKES, J. W., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Children's Hospital, the Wicker, Sheffield.

STRANGE, R. G., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

TAYLOR, G. E. O., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

THURSTON, E. O., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Ear of St. Thomas's Hospital.

TOOMBS, H. G., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Throat of St. Thomas's Hospital.

WATSON, John, M.D., F.R.C.S.E., D.P.H., etc., appointed Surgeon to the Newbury District Hospital.

WATTS, A. M., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Hereford General Infirmary.

WELLS, T. P. Grosart, L.R.C.P.Edin., etc., appointed Medical Officer of St. Albans Union Workhouse and No. 1 District, vice Dr. J. Morison, resigned.

WHEELER, Thomas K., M.D.R.U.I., L.M., reappointed Surgeon to the Belfast Royal Hospital.

WILLS, Charles, M.R.C.S.Eng., reappointed Medical Officer of Health to the Kiveton Park (Yorks) Rural District Council.

### BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post office order or stamps with the notice not later than Wednesday morning, in order to ensure insertion the current issue.*

#### BIRTHS.

CALDECOTT.—On September 7th, at Priestwood House, Bracknell, Berks, the wife of Charles Caldecott, M.B., B.S.Lond., F.R.C.S., L.S.A., of a daughter.

THOMAS.—On September 3rd, at Greenlawn, Pen-y-lan, Cardiff, the wife of Mr. J. Lynn Thomas, F.R.C.S., of a son.

#### MARRIAGES.

NAYLOR—HORSFALL.—On September 2nd, at St. George's Church, Barrow-in-Furness, by the Venerable Archdeacon of Furness, assisted by the Rev. A. C. Franklin, Joseph Naylor, M.R.C.S.Eng., L.R.C.P.Lond., of Tipton, Staffordshire, fifth son of Joseph Naylor, J.P., of Walliscote House, Weston-super-Mare, to Alice Mary, second daughter of Richard Noble Horsfall, Manager of the Lancashire Banking Company, Limited, Barrow-in-Furness.

SMALE—MILLER.—On September 2nd, at All Souls, Langham Place, by the Rev. Ernest Geldart, Morton Smale to Agnes Madeline, widow of the late Andrew Miller, M.D., of Hampstead. At home at 22A, Cavendish Square, on the Thursdays in November. No cards.

WILLS—DEAN.—On September 1st, at Milton Church, Gravesend, by the Rev. F. W. Cogswell, A.K.C., Edwin Ernest Willis, L.R.C.S., L.R.C.P. Edin., L.F.P.&S.Glasg. of Southey, Norfolk, third son of the late George Willis, Esq., Overcliffe, Gravesend, to Ada Mary, second daughter of George Alfred Dean, Trinity Pilot, Milton Road, Gravesend.

#### DEATH.

WILLIAMS.—On August 17th, at University College Hospital, Lewis Williams, M.D.Lond., B.M., B.S., aged 27.

### 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., 3.

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. *Operations*—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. F., 1; Skin, Tu. F., 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. F., 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. Th., 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., 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., 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 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; Orthopedic, 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., 3; Orthopedic, 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, Tu. F. S., 9; Ear, M. Th., 9; Orthopedic, W., 10; Throat, Tu., 3.30; 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., daily, exc. S., 1.30; Ear, Tu., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 2.30; Dental, W. S., 9.30; Throat, 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; (Gynecological), Th., 2.

SAMARITAN FREE 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., 2; Ear, Tu., 10; Orthopedic, W., 2; Diseases of Women, W. S., 9.30; Electro-therapeutics, 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.