

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERA- PEUTICAL, PATHOLOGICAL, ETC.

HEAD AND FEET PRESENTATION.

IN the BRITISH MEDICAL JOURNAL for June 13th Dr. Chas. E. Oldacres relates a case of "head and feet presentation." I have seen two similar cases at least, though I am unable to lay my hand on the particulars of the first one. The last was a case of twins, which I attended on the morning of July 25th. The first child, a female, presented by the breech, and was born without much difficulty. Further examination revealed a right foot, resting on a head, and a little higher still a second foot could be made out. Protruding into the vagina was a loop of pulsating funis also. For the moment I was under the impression that the case was one of triplets. Little difficulty was found in pushing back the loop of funis and foot during relaxation of uterus and holding them back until the next pain drove down the head, and the second child, a male, was then soon born. Mother and children are doing well. Children average size. I attended the same patient in her first confinement eleven months previously.

Everton.

O. BOWEN, M.R.C.S.

RETENTION OF DEAD FŒTUS IN UTERO.

MRS. V. has had three children. The youngest was born in June, 1894. She suckled it fourteen months. The menses appeared eight months after parturition, and were quite regular until January, 1896, when Mrs. V. became pregnant for the fourth time. On April 23rd last she had a miscarriage. The fœtus was of the fourth month, and had not been dead very long. Ten days later, that is, on May 3rd, several fœtal bones came away in the vaginal discharge. On the same day I found some more in the vagina and just inside the cervix, and one or two more passed in the course of the following week. Judging from their size, they probably belonged to a fœtus four months old. They were quite denuded of flesh, and the cartilaginous ends were almost entirely eroded.

There could be no doubt that the bones belonged to an ovum impregnated at a much earlier date than the previous January. It seems equally certain that no impregnation took place between the time of the patient's confinement in June, 1894, and January, 1896. I am therefore inclined to think that the bones were those of a twin to the child born at the former date. That they were not expelled at the time of birth is curious, but would probably be explained by the fact that Mrs. V. has a bicornual womb, one horn being much more developed than the other. It is perhaps worthy of note that she belongs to a distinctly twin-bearing family.

Haywards Heath.

P. G. GRIFFITH, M.B., D.P.H.Camb.

EPISTAXIS: DISLOCATION OF JAW.

DANSCHER'S record of epistaxis, with blood issuing from the lachrymal canal, and his belief in the extreme rarity of the condition,¹ lead me to report a similar case which recently came under my notice.

On June 14th, at 11 A.M., I found Mrs. G. suffering from a moderately severe attack of bleeding from the left nostril, which had already lasted for three hours. She was a rheumatic subject, 65 years of age, with an irregular heart, and faint aortic systolic and mitral presystolic murmurs. Her tonsils were much enlarged. By means of anterior plugs and other remedies the bleeding was reduced to a mere trickle, and even this ceased after I left the house. At 5 P.M. I was again called, and found the left conjunctival sac filled with blood, which welled continuously from the lower canaliculus and ran down the cheek. I removed the tampons and set about plugging the posterior nares. The first stages of this proceeding were easily accomplished, but as soon as the plug touched the enlarged tonsils my patient retched so violently as to produce a double dislocation of the lower jaw. It seems that this had happened once before, during an attack of vomiting. There was still free bleeding, and accordingly, after reducing the dislocation, I made a second attempt with a smaller plug. The same mischance again resulted, and as

¹ EPISTOME OF BRITISH MEDICAL JOURNAL, June 26th, 1896, par. 453.

the patient was not unnaturally getting rebellious, I tied the ends of the string together, and introduced from the front two large and firm plugs of lint, pushed far back by means of a catheter. Next morning all hæmorrhage had stopped, and on removing the tampons thirty-six hours later there was no recurrence. I can find nothing abnormal either in the nose or in the lachrymal duct, nor can I elicit any history of previous trouble in either region.

Hartlepool.

C. G. COWIE, M.B.C.M.Aberd.

A CASE OF FRIEDREICH'S DISEASE.

IT is probably worth while to record any case of Friedreich's ataxia that occurs, for the list either in England or abroad is not a long one. In the following case I had the advantage of having my diagnosis confirmed by Dr. E. F. Trevelyan, of Leeds, to whom my thanks are due for kindly seeing my patient.

N. H., a girl aged 13½ years, the second child of four, had seemed perfectly healthy for the first six years of her life. The family history was quite exceptionally good; and there was no history of nervous disease, of insanity, or even neurosis in the parents, or in their or in the child's collaterals. There was neither confession nor history of syphilis in the parents. The child younger than my patient died suddenly in an attack of what appears to have been laryngismus stridulus.

N. H. had cut several teeth at 4 months, but never had any trouble during teething, and began to walk at 1½ year. At the age of 6 years she had a severe fright, and had one or two fits on the same and on the following days. Two months later she began with "St. Vitus's dance." Her parents, however, describe the movements at that time in terms which suggested insular sclerosis rather than chorea; for example, they told me that in lifting a cup to her lips the movements of her arm became more and more violent as the hand approached the mouth. They also stated that the exertion of walking at that time would throw her whole body "into violent spasm." [This condition lasted for two and a-half years. She was treated at Great Ormond Street part of the time, and sent from thence to the National Orthopædic Hospital afterwards to be treated for a double talipes varus, which is stated to have come on since the chorea. From that time, namely, about eight and a-half years, until this year she had never been able to walk without support.]

When first I saw her, in January, 1896, she was suffering from a coarse tremor of the hands, not noticeable except on voluntary movement. On testing her, however, the muscular inco-ordination of arms and hands was very marked, and it was patent that the tremor was an accompaniment of the inco-ordination, not the cause of it. The most obvious symptom—and it was that for which I was asked to see her—was her inability to walk. There was no resemblance to any typical gait; she simply fell over to one side or another when she attempted to move; she could not stand still even with her eyes open. The muscular strength was, however, good, and her nutrition quite normal. There were no paræsthesiæ of any kind, and absolutely no pains. Tactile, thermal, and pain sensations were all normal, but she could not detect small differences in weights. Superficial reflexes were unaltered, but elbow- and knee-jerks were both entirely absent. Her speech was slow and "scanning;" here and there words were slurred, and she would stick in the middle of some words; of long and difficult words she made a ludicrous failure. When she read, she read like a Board School child, articulating every word as if she had to spell it, and her method gave an impression of mental slowness not borne out by observation of her mental processes. The eyes exhibited nystagmus, more especially when she looked upwards and outwards. The fundus was normal on both sides. The sphincters were quite functional, and there seemed not to be any rectal anæsthesia. The urine was normal. I had her under observation for nearly four months, and during that time she palpably was losing muscular power.

Halton, near Leeds.

B. BASKETT, M.B.Oxon.

THE ADMINISTRATION OF QUININE IN SUPPOSITORIES.

I SHOULD like to call the attention of physicians to a method of administering quinine which I believe is new. I have

adopted it for some months in treating cases of fever, especially malaria, with the greatest advantage. This treatment consists in giving quinine by the rectum in suppositories. I was led to try this way of giving quinine by the difficulty I was confronted with in the case of one of my patients, an American lady who was suffering from an attack of malarial fever, but who could only take quinine by the mouth with the greatest discomfort, nausea, indigestion, and bad headache, with much ringing in the ears; this even with small doses. I got the local chemist to make me six suppositories containing each 15 gr. of the sulphate of quinine. Of these she had one every six hours. This treatment was effectual in getting rid of the fever within twenty-four hours, and, to her joy, without any ringing in the ears, etc. The highest point of temperature just before the first suppository was 104° F.

Since then I have been treating all cases of fever where quinine was indicated by this method, and I think I have proved its value. For the fever rapidly abates, and that without any quinine discomfort to the patient. Only in the most susceptible cases to quinine is there a slight ringing in the ears; in other cases it is absent. If, therefore, the end be gained, why should we continue to give it by the mouth when it is better borne given by the rectum, and this especially in the case of children who are difficult patients at all times when the medicine is not sweet?

I prescribe the quinine in suppositories containing 10 to 20 gr., one suppository to be given every four, or in some cases every six, hours.

Galashiels, N.B.

J. DUNBAR-BRUNTON, M.B.

FRACTURE OF BOTH SUPERIOR MAXILLÆ.

AMONG the various kinds of injury for which bicycling has been responsible the following appears to me to be sufficiently novel to deserve recording.

Mrs. S., of middle age, while riding comparatively slowly down a gentle incline, found on turning a corner that the road was almost blocked by a crowd of excursionists. In trying to steer her way through she turned against the curb and fell on her face against the curb or pavement, and in so doing fractured both superior maxillæ in such a way as to make the alveolar processes movable with distinct crepitus both as against each other, and also as against the rest of the facial bones; and from the ecchymosis along both infraorbital ridges, the line of fracture probably involved the walls of the antrum, including on the right side the infraorbital canal (as evidenced by the severe infraorbital neuralgia on that side). There was no external wound, but there was at first free epistaxis and bleeding into the naso-pharynx showing extensive laceration of the mucous membrane. Fortunately there was no obvious displacement. The only special treatment ordered was that the complete set of artificial teeth (for upper jaw) should be worn constantly, as it was thought that the plate might help to keep the loose bones in position. Dr. Black who attended the patient, and asked me to see her with him, tells me that recovery was uninterrupted, and that there was no resulting deformity. I attribute the peculiar character of the accident to the slow pace at which the lady was riding, for as instead of being thrown forward she fell over, the hands never let go the handles, and the unprotected face received the direct blow.

Harrogate.

ERNEST SOLLY, M.B., F.R.C.S.

PURPURA HÆMORRHAGICA WITH RETINAL HÆMORRHAGES.

I was called on August 15th to see E. F., a girl, aged 13. She lay prostrated on a couch, had pale ashy features, and seemed very nervous. The pulse was tense, and the pulse-respiration ratio about 5½ to 1. On inquiry, I found she had been frightened by a drunken man on August 10th, and during the same day became very sick and vomited several times, besides complaining of pains in the back and lower abdomen, the latter shooting downwards. On August 12th her mother noticed several spots on the legs, and also on the arms; other spots of the same character were noted on the legs and arms on August 13th and 14th, some of them being observed to coalesce. When I saw her on August 15th, her pulse was 144, incompressible, and evidently of high tension; the tem-

perature was 101°. Spots of a purplish hue were to be seen on the arms and legs; they did not disappear on pressure. One very typical and distinct purpuric spot about the size of a threepenny piece was situated on the right middle metacarpophalangeal knuckle. Later, on the same day (about 9 P.M.), the pulse was 122 and still hard, the temperature falling to 100°. On August 16th there was severe epistaxis, blood being also seen in the urine and in several motions voided by the patient. On the gums several purpuric spots were observed, and also one in the right nostril. I examined the eyes and found several minute retinal hæmorrhages in each. Vibices continued to appear in successive crops on the arms and legs only; some of the spots were flat, others raised and indurated, a few were elevated in the centre and had a ring of purple discoloration round them. Menstruation had never occurred and the possibility of menstria vicaria suggested itself to me.

On August 20th the tongue was observed to be covered with thick brownish fur, vomiting commenced, and there was hæmatemesis. On August 21st and 22nd most of the spots faded away, and the retinal hæmorrhages were much less distinct. On August 23rd the patient showed all the symptoms of typhoid fever, for which she is at present under treatment. There was no history of scorbutus, meningitis, or any other disease in which purpura is an accompanying symptom. The vasomotor disturbance was well marked throughout the attack, and no doubt the walls of the finer capillaries gave way to the high intra-arterial tension.

East Ham.

J. NELSON MATTHEWS, M.B.

A CASE OF SO-CALLED ANGIO-NEUROTIC OEDEMA.

THE following cure seems to me worth publishing on account of the rarity of the affection, and also on account of the obscurity of its pathology. The patient (S. H.), a maiden lady aged about 60, has suffered for the last 35 years from the formation of localised oedematous swellings, occurring in varying and almost all parts of the body, including the tongue, and possibly the trachea, bronchi, and œsophagus. During the 35 years, the patient tells me, she has never been free from her trouble for longer than six weeks at a stretch, and often the attacks have come on at much shorter intervals.

The areas involved vary greatly in size and shape; often as large as half an ordinary orange or even larger, they in most instances tend to be more or less circular in outline. The overlying skin is sometimes slightly reddened, more often normal looking, and is of varying tenseness and usually pits on pressure; it is never raised into wheals, nor does it present the least similitude to urticaria—an affection from which, in its ordinary form, my patient has never suffered. In fact erythema in all its varieties must be excluded from her maladies, and so also must be severe dyspepsia. The onset is not heralded by any particular warning, sometimes there has been lassitude, but never a sense of real illness. The only effects are of a mechanical kind; thus the tongue, in the course of a few hours, may reach such a magnitude that the mouth cannot be closed, and swallowing is more or less embarrassed, or the lips enlarged so that they can be separated only with great difficulty, or one eye may be closed by surrounding swelling. In the same way speech and breathing may be interfered with, and this has occurred without swelling of the tongue. That within the last two years there have been two attacks of dyspnoea resembling closely true asthma is an interesting fact in relation to Sir A. Clark's theory of that disease. Apart from these two attacks the patient has never been a sufferer from asthma. My patient has at different times consulted several well-known physicians, among whom were Sir William Gull, Sir E. Sieveking, and Dr. Tyler Smith. As far as one can judge from the directions and prescriptions—many of which I have seen—these authorities considered the disease to be of neuropathic origin and allied to urticaria, and full instructions as to what to eat, drink, and avoid were given, which although steadfastly carried out, served not to lengthen the intervals between the attacks, and indeed, in no instance has the ingestion of any particular article of diet been clearly traced as an exciting cause. Hence, although bearing some resemblance to urticaria, the two affections differ greatly in many particulars.

Lee, Kent.

S. FAULCONER WRIGHT, M.D.Lond.

interest in the medicine, this would not occur, and the patient and humanity would benefit thereby.

3. A medical practitioner making a large number of visits, and writing prescriptions at the bedside, can see before him every symptom requiring relief and prescribe accordingly, the patient can then send to a druggist and get it at once. At present most men, at all events, trust to memory till they get home, and then make up the medicines. The result is that, tired out with visiting, they forget half the minor symptoms of the various patients, which consequently go untreated, to the discomfort and may be danger of the patients.

4. In these hard times of professional overcrowding, hospital abuse, etc., medical men have to give both advice and medicine for a very small fee very often, they are, therefore, tempted to use only the least expensive drugs, although satisfied that other and more expensive would answer better. The patient suffers again. I do not say that the expensive drugs are always the best—far from it.

For the following reasons it would be better for the medical profession itself:

1. Say what some will, dispensing lowers the dignity of the profession and brings us, in the estimation of the public, almost to the level of a druggist or shopkeeper; in fact, many think we do keep shops for the sale of "strengthening plasters," etc., as is shown by the frequency with which, even educated people call and ask for such. That dispensing is considered *infra dignitatem* by ourselves is shown by London University forbidding its M.D.'s to dispense. In Scotland, where dispensing is quite the exception, the family doctor is held in much greater respect than in England.

2. If we left dispensing to the chemists, they would be more likely to leave prescribing to us, so that what we would lose in the sale of medicine would be gained in fees for advice. We would without dispensing have a little more spare time for recreation and study, and there would not be so many broken-down medical men as there are.

If prescribing were universal it might easily be arranged that the prescription should remain the property of the doctor, and should be retained by the druggist and dispensed only so long as stated thereon, or until a new one was given to replace it. By this means a patient would still have to come for the necessary advice before getting medicine, and it would not be possible for patients to transfer prescriptions to friends.—I am, etc.,

September 15th.

EXCELSIOR.

SIR,—I quite agree with Mr. V. G. L. Fielden that dispensing by medical men is undesirable; but how can it be avoided? It is useless to expect a working man to pay 2s. 6d. for a doctor's visit, and 1s. to 1s. 6d. for medicine at the chemist's; a single visit, it must be remembered, would swallow up from half a day's to a whole day's wages, and what is to happen when visits have to be made every day or oftener?

If chemists would charge a reasonable price for making up a doctor's prescription, it might be possible to give them all the dispensing, but when they charge 1s. or more for medicine, the intrinsic value of which is 1d. or 2d., I consider that they have only themselves to blame for the present state of things. We do not pay the grocer eight or ten times the value of his tea because of his skill in blending it; why, then, should a pharmacist be paid so much more highly for his skill, especially now that nearly all pharmaceutical preparations are sent out by the wholesale drug houses ready prepared for the consumer.

Mr. Fielden thinks that chemists are often "more sinned against than sinning," but to my mind there is no comparison between a doctor's dispensing and a chemist's prescribing drugs. The doctor has learned quite sufficient of the nature and properties of drugs to enable him to perform the very simple operation of measuring and mixing them, but the chemist has had no education whatever in the art of diagnosis.—I am, etc.

Plymouth, Sept. 14th.

CHARLES J. COOKE, M.D.

THE first meeting of the Clinical Society of London for the winter session will be held on Friday, October 9th. The first clinical evening is fixed for November 27th.

OBITUARY.

JOHN JONES MERRIMAN, M.R.C.S., M.S.A.

WE have to record the death of Mr. John J. Merriman, who for many years practised in Kensington Square. Mr. Merriman was the third in succession of his family who had practised in Kensington. Rather over a century ago, in 1794, the late Mr. Merriman's grandfather entered into partnership with Mr. Thomas Hardwick. The first John Merriman was a man of distinguished character, beloved by the poor and honoured by the Court; one of his patients in early days was the Princess Victoria, before her accession to the throne. His successor, another John Merriman, was a like man to his father, and his successor, whose death we have now to deplore, inherited the family characteristics. He was educated at St. George's Hospital, where he was the pupil of Brodie, Keate, Caesar Hawkins, and Faraday. He practised in Kensington for nearly half a century, and earned the esteem of rich and poor.

In 1853 he became Surgeon to the Household of the Duchess of Kent, the mother of Queen Victoria, and in 1867 Surgeon to the Duchess of Teck. He was Surgeon to the Kensington Dispensary, of which the second John Merriman was one of the originators, and was for several years Chairman of the Board of Directors. On his retirement from practice some years ago, a testimonial was raised and a cheque for £1,000 and a bracelet for Mrs. Merriman were presented on behalf of the subscribers by the Marquis of Lorne at a large meeting in the Kensington Town Hall.

Mr. Merriman, on his retirement, settled at Worthing, where his death took place in his 70th year. He was buried on September 12th at the Brompton Cemetery. His son, Mr. John Merriman the fourth, died some years ago.

JOHN HARVEY, M.D.LOND., M.R.C.S., L.R.C.P.,
Liverpool.

WE regret to have to record the death after a few hours' illness of this promising young practitioner, which took place on Sunday, September 6th. The deceased, who was only 33 years of age, belonged to a well-known and esteemed Liverpool family, and received his professional education entirely at Liverpool University College and the Royal Infirmary. After graduation he held in succession the posts of House-Physician, House-Surgeon, and non-resident Assistant to the Thornton Ward at the infirmary, and at the time of his decease was surgical tutor and registrar to the institution, a post which he had held for two years.

Dr. Harvey was deservedly held in the highest esteem by his former teachers and by all who were associated with him in his work at the infirmary, and had endeared himself to all who knew him by his amiable and genial disposition. His untimely death at the outset of what promised to be a successful or even brilliant career came as a painful shock to his many friends, who testified to their regard by attending his funeral in large numbers.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Montaz, Professor of Physiology in the Medical School of Grenoble, and a surgeon of considerable local reputation; Dr. Jouslain, formerly Mayor of Saint Jean d'Angély, where he was a much esteemed practitioner, and father-in-law of M. Turrel, the present Minister of Public Works in France; Dr. W. H. Wilkes, some time Professor of Obstetrics and Children's Diseases in Kansas City, and President of the Texas State Medical Association, aged 63; Dr. Elsworth S. Smith, formerly Professor of Practice of Medicine in the St. Louis Medical College, aged 73; Dr. John H. Callender, some time Professor of Materia Medica and Therapeutics, and afterwards of Diseases of the Brain and Nervous System, in the University of Nashville, and formerly editor of the *Nashville Patriot* and the *Union and American*, aged 64; Dr. C. Salsas, a scholarly Spanish physician and art collector; Dr. A. Rosner, Professor of Dermatology in the University of Cracow; and Dr. Aldibert, *agrégé* Professor in the Medical Faculty of Toulouse.

CERTIFYING FACTORY SURGEON.

SELYM writes: Is a certifying surgeon under the Factory Act empowered to enter a workhouse hospital at any time he pleases to investigate the nature and extent of the injuries a factory hand has received? Does he not exceed his duty in removing splints off the arm of a patient who is under the care of another doctor without his permission? Is it not his duty to ascertain from the patient the cause and nature of the injury by interrogation only? Could not a certifying surgeon be held liable if any injury to the patient was due to his examination of a case which is under the care of another surgeon?

. A certifying surgeon under the Factory Acts has power to enter any room in a building to which a killed or injured person has been removed.

It is not the custom for certifying surgeons to remove splints or dressings when investigating into the nature of injuries, but to rely on verbal evidence. The wording of the Factory Acts, however, might be construed as giving such power, though if certifying surgeons were to do so and complaint were made to the Home Office, no doubt instructions to cease from so doing would be at once issued.

As a certifying surgeon is discharging a statutory duty when investigating an accident, it would be necessary to prove malice before damages could be recovered from him for any act during and pertaining to the investigation. But a certifying surgeon's appointment may be annulled, and would undoubtedly be so dealt with if he exercised his powers in an arbitrary manner.

There are no special laws bearing on their relations to other medical men. As the investigations made by them are private, and do not involve any question of treatment but simply, as far as the surgical aspect of the inquiries reach, the nature of the injury without going into detail, and as this information is frequently supplied before the certifying surgeon visits the injured person to get his evidence as to the nature and cause of the accident it has, we are informed, become the custom for certifying surgeons to make their visit unaccompanied by the medical man in charge of the case.

MEDICAL ETIQUETTE IN INDIA.

C. S. (Madras).—1. B. can attend under the circumstances, but it would be better, if the occasion be not urgent, to communicate with A. before doing so. 2. In places where there is a reliable druggist, it is better that the practitioner should not keep and dispense his own medicines, in no case should he run a shop.

UNQUALIFIED PRACTICE.

J. S. W.—The Medical Act, 1858, is powerless in such a case as the one our correspondent refers to. There is no false assumption of a medical or surgical title, neither is there any infringement of the Apothecaries' Act. Until the Medical Act be amended and brought up to the requirements of the age and the necessities of the profession, nothing can be done in this or similar cases.

X. Y. Z. would certainly not, under the circumstances, be entitled either to have a red lamp or doorplate affixed to his house or to enter engagements in midwifery.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF DURHAM.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.—The following candidates have satisfied the Examiners:

Chemistry with Chemical Physics, and Botany with Medical Botany.—Old regulations: E. G. Klumpp, St. Bartholomew's Hospital.

Elementary Anatomy and Biology, Chemistry and Physics.—Honours, First Class: R. Alderson, College of Medicine, Newcastle-upon-Tyne. Honours, Second Class: J. R. Burn, College of Medicine, Newcastle-upon-Tyne; F. W. Lambelle, College of Medicine, Newcastle-upon-Tyne; D. M. Johnston, College of Medicine, Newcastle-upon-Tyne; E. T. Born, College of Medicine, Newcastle-upon-Tyne. Pass List: J. W. H. Morrison, College of Medicine, Newcastle-upon-Tyne; H. R. Moxon, College of Medicine, Newcastle-upon-Tyne; T. S. P. Parkinson, College of Medicine, Newcastle-upon-Tyne; R. Peart, College of Medicine, Newcastle-upon-Tyne; T. Russell, College of Medicine, Newcastle-upon-Tyne; Eleanor Shephard, London School of Medicine for Women.

Chemistry and Physics.—Hedda Alström, London School of Medicine for Women; C. O. Bodman, University College, Bristol; J. J. French, College of Medicine, Newcastle-upon-Tyne; H. G. Harris, St. Bartholomew's Hospital; H. W. Horan, College of Medicine, Newcastle-upon-Tyne; Margaret Joyce, London School of Medicine for Women; J. R. Mitchell, College of Medicine, Newcastle-upon-Tyne; H. R. D. Spitta, St. George's Hospital; Grace Harwood Stewart, London School of Medicine for Women; A. M. Thomas, Guy's Hospital; H. Widdas, College of Medicine, Newcastle-upon-Tyne.

Anatomy and Biology.—S. T. Cochran, College of Medicine, Newcastle-upon-Tyne; F. Clarkson, College of Medicine, Newcastle-upon-Tyne; S. J. S. Cooke, College of Medicine, Newcastle-upon-Tyne; C. H. Gibson, College of Medicine, Newcastle-upon-Tyne; E. J. L. Kendle, B.A., College of Medicine, Newcastle-upon-Tyne; R. T. Vaux, College of Medicine, Newcastle-upon-Tyne; S. Raw, College of Medicine, Newcastle-upon-Tyne; E. E. F. Taylor, College of Medicine, Newcastle-upon-Tyne.

Elementary Anatomy, Chemistry, and Physics.—W. Asten, Mason College, Birmingham; H. Braund, Guy's Hospital; R. T. Jupp, Mason College, Birmingham; P. M. Perkins, St. Bartholomew's Hospital; R. Thorne-Thorne, jun., St. Bartholomew's Hospital; H. B. Thompson, Mason College, Birmingham; W. Wakefield, Mason College, Birmingham.

Elementary Anatomy and Chemistry.—J. H. Stormont, Mason College, Birmingham.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns 6,303 births and 3,287 deaths were registered during the week ending Saturday, September 12th. The annual rate of mortality in these towns, which had declined from 24.3 to 16.5 per 1,000 in the seven preceding weeks, further fell to 15.8 last week. The rates in the several towns ranged from 8.7 in Derby, 9.3 in Croydon, and 11.8 in Leicester to 19.4 in Manchester, 20.1 in Preston and in Newcastle-upon-Tyne, and 23.1 in Liverpool. In the thirty-two provincial towns the mean death-rate was 16.5 per 1,000, and exceeded by 1.7 the rate recorded in London, which was 14.8 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.3 per 1,000; in London the rate was 2.2 per 1,000, while it averaged 2.5 in the thirty-two provincial towns, and was highest in Brighton, Liverpool, Hull, and Sunderland. Measles caused a death-rate of 1.3 in Brighton and 1.9 in Hull; whooping-cough of 1.0 in Burnley and 1.1 in Nottingham; "fever" of 1.2 in Hull and 1.5 in Sunderland; and diarrhoea of 1.8 in Preston, 2.4 in Liverpool, and 3.0 in Sunderland. The mortality from scarlet fever showed no marked excess in any of the thirty-three large towns. The 82 deaths from diphtheria in the thirty-three towns included 48 in London, 5 in West Ham, 4 in Liverpool, and 3 each in Cardiff, Birmingham, and Manchester. No fatal case of small-pox was registered in any of the thirty-three towns. There were 12 cases of small-pox under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday, September 12th, against 16 at the end of each of the two preceding weeks; one new case was admitted during the week, against 4, 6, and 2 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had increased from 3,270 to 3,610 at the end of the three preceding weeks, had further risen to 3,600 on Saturday last; 316 new cases were admitted during the week, against 416, 333, and 484 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, September 12th, 904 births and 465 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 16.3 and 18.1 per 1,000 in the two preceding weeks, declined again to 15.9 last week, but slightly exceeded the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 12.8 in Paisley to 13.0 in Edinburgh. The zymotic death-rate in these towns averaged 2.6 per 1,000, the highest rates being recorded in Leith and Paisley. The 236 deaths registered in Glasgow included 18 from diarrhoea, 11 from measles, 6 from scarlet fever, and 3 from diphtheria.

THE SANITARY STATE OF LOWESTOFT.

OUR columns have more than once given place to matter concerning the persistence of insanitary conditions in Lowestoft, a seaside resort much frequented in the summer months, which Dr. Monckton Copeman has recently made to the Local Government Board, a report on Prevalence of Measles, Enteric Fever, and Diphtheria in the Borough of Lowestoft and on the General Sanitary Administration of that Town. The estimated population of Lowestoft is 27,162, being enormously increased at stated periods which form the "season." The water supply is in the hands of a company, obtaining the water from Lound "mill water," an extension of Fritton Broad, the service being laid on to 4,755 of the 6,000 houses of the town, of which no fewer than 2,343 are unprovided with waterclosets. Considerable difference has existed as to the quality of the water supplied, and Dr. Copeman seemed unable to satisfy himself that the supply was free from danger by way of a small brook which enters the "mill water" after passing through swampy land heavily manured in parts. The use of this brook water is said to cause diarrhoea and sore throat. Its admixture with the town supply is denied by the company's manager. Some 1,000 houses still derive their water from surface wells, with sides in many instances by no means water tight, and often in close proximity to privy middens, the floor and sides of which are seldom or never properly cemented. In fact, speaking generally, surface wells in Lowestoft are in close association with soil seriously excrementally polluted. Sustained action in the direction of well closure is called for, and as improved filtering media for the public water supply have recently been provided, better results from attempts to secure substitution of the public service are anticipated than those which have hitherto obtained. A main drainage system exists in the town, in three sections, the sewers in parts of the town being admittedly faulty, but the outfall works at which they converge are far from satisfactory. Encroachments of the sea as far back as 1884 led to alterations which have not so far succeeded in making the outfall what it should be, and much correspondence with the Board at Whitehall has been productive of no solution of the matter, for the reason that the Town Council have not submitted a plan to which the central authority can give assent. Major Tulloch has visited the locality, and has made investigation on the spot of

¹ No. 106. Messrs. Eyre and Spottiswoode, East Harding Street, London, Messrs. John Menzies and Co., Edinburgh and Glasgow; and Messrs. Hodges, Figgis and Co., Dublin. 6d.

MEDICAL NEWS.

DR. HALLOPEAU has recently stated his belief that there are fully 100 lepers in Paris. A case was recognised recently in the streets and admitted to the St. Louis Hospital.

DR. A. C. ABBOTT has been appointed to the chair of Hygiene in the University of Pennsylvania lately resigned by Dr. J. S. Billings.

ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.—Harry H. Balfour, M.B. and C.M., and S. J. Aarons, M.B. and C.M., have been elected resident medical officers for six months, beginning November 1st next.

THE seventy-ninth volume of the *Medico-Chirurgical Transactions*, published by the Royal Medical and Chirurgical Society of London, has been issued. It contains papers read during the session 1895-96.

THE ninth Congress of Italian Alienists will take place at Florence from October 5th to October 9th next. Those who wish to attend should communicate with Dr. Giovanni Algeri, Monza, before September 20th.

PRESENTATION.—Dr. G. Griffiths, of Bryn Celn, Pontardawe, has been presented with a silver-mounted malacca cane with a suitable inscription, by the members of the ambulance class in connection with the Pontardawe Station of the Midland Railway.

MEDICAL FACULTY OF LYONS.—During the academic year 1895-96 the number of degrees of Doctor of Medicine conferred by the Medical Faculty of Lyons was 137. The diploma of Officier de Santé was conferred on one candidate. Certificates were granted to 24 first class and 1 second class midwives.

SAGE, which formerly had a great reputation in the treatment of the night sweats of phthisis, has again been recommended for this purpose by Krahn. He employs a tincture, of which he gives xxx in the morning and xxx to xxi in the evening. An infusion made with 3j of the leaves to a pint of water was also used with success.

CONGRESS OF FRENCH NEUROLOGISTS.—The annual Congress of French Alienists and Neurologists will be held at Toulouse in 1897. The following questions are proposed for discussion: 1, the differential diagnosis of general paralysis; 2, infantile hysteria; 3, organisation of the medical service in lunatic asylums.

A STATUE of François Quesnay, Physician to Louis the Fifteenth and founder of the Société des Physiocrates, who is looked upon by many as the real creator of the science of political economy, was inaugurated on August 23rd at Méré, near Montford l'Amaury, where Quesnay was born in 1694. He died in 1744.

THE Ohio Medical University has a department of midwifery, the curriculum of which extends over a period of two years, and includes instruction in anatomy, physiology, chemistry, materia medica, embryology, obstetrics, diseases of pregnancy, diseases of infancy, therapeutics, bacteriology, and clinical obstetrics.

A BILL is now occupying the attention of the New Zealand Legislature which will raise the period of medical study from three years to five. A Bill has also been introduced, but with less prospect of passing into law, to prohibit medical practitioners from making or assisting at necropsies on the bodies of persons whom they have attended professionally. A more puzzle-headed proposal has probably seldom been made.

INQUESTS IN PUBLIC HOUSES.—The County Council of the West Riding of Yorkshire is making inquiries with a view to the discontinuance of holding inquests in public houses. The Council is obtaining a return of suitable rooms in every place, so that in the future inquests may be held without doing violence to the feelings of many people who object to entering a public house at all, and with the object of holding their inquiries in a manner more seemly and congruous than has hitherto been the case.

ROYAL INFIRMARY, NEWCASTLE-UPON-TYNE: ELECTION OF ASSISTANT-SURGEON.—A meeting of the Selection Committee

was held on Thursday, September 10th, to elect an assistant-surgeon in place of the late Mr. W. G. Black. The candidates were Messrs. H. B. Angus, M.B., B.S.; C. H. Bryant, M.B., F.R.C.S.; T. G. Ouston, F.R.C.S.; W. G. Richardson, M.B., F.R.C.S.; and W. G. Vickery, F.R.C.S. Mr. Angus in the final vote obtained twenty-seven votes and Mr. Richardson eighteen. Mr. Angus was therefore elected.

A VOLUME dealing with the origin of the Geneva Convention and the Red Cross has been published at Munich (Seitz and Schauer). It consists of reprints from the pages of the periodical, *Der Samariter*, and contains a biography and portrait of Heinrich Dunant, who may fairly be called the founder of the Red Cross Societies. He was born in Geneva in 1828, and has lived there the greater part of his life. He spent, however, one year in London after the Crimean war, and his career was mainly determined by what he there learnt of the work done by Miss Florence Nightingale.

At a recent meeting of the Medical Society of Ghent Dr. De Nobele showed a child who had been treated for congenital dislocation of the hip by Lorenz's "bloodless method." This consists (*La Belgique Médicale*, September, 1896) in reducing the dislocation under chloroform and keeping the limb in a position of abduction, which is gradually diminished until walking is possible. The condition has been attributed to premature ossification of the interosseous cartilages of the innominate bone, but in this case by means of the x rays it was demonstrated that the cartilages were still present.

MEDICAL PRACTICE IN KENTUCKY.—The physicians of Stanford, Ky., have united in sending out the following circular: "Whereas, the merchants and other business men of Stanford have adopted the *cash system*, we, the physicians of this community, ask and demand that our bills in the future shall be paid every thirty days in cash, its equivalent, or a note negotiable and payable in bank, with legal interest, and due when services are rendered. Persons now owing us for past professional services must come forward and settle at an early date. There is a business as well as a professional side to the practice of medicine and surgery, which we are determined to observe in the future."

MEDICAL VACANCIES.

The following vacancies are announced:

ADDENBROOKE'S HOSPITAL, Cambridge.—Resident Assistant House-Surgeon. Board, lodging, and washing provided, but no salary. Applications to the Secretary by September 26th.

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.

BRISTOL GENERAL HOSPITAL.—Assistant House-Physician. Board, lodging, and washing provided in the house. Salary, £50 per annum. Applications to the Secretary by September 24th.

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.

EAST LONDON HOSPITAL FOR CHILDREN, Glamis Road, Shadwell, E.—House-Physician and House-Surgeon. Board, lodging, etc., provided; no salary attached to the posts. Applications to the Secretary for the former post by September 21st, and for the latter by September 28th.

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. Applin Marsh, Clerk to the Guardians, Union Offices, Fulham Palace Road, Hammersmith, W., by September 28th.

GENERAL HOSPITAL, Birmingham.—Two Anæsthetists; must possess Medical and Surgical qualifications and be registered. Each appointment 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.

GLASGOW EYE INFIRMARY.—Assistant House-Surgeon. Salary, £60. Applications to William George Black, Secretary, 88, West Regent Street, Glasgow, by September 28th.

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-Physicians. Applications to W. H. Theobald at the Hospital by September 30th.

LONDON HOSPITAL, Whitechapel Road, E.—Assistant Physician. Must be a Member of Royal College of Physicians, London. Applications to be delivered at the House Governor's Office by October 16th.

NEWCASTLE-ON-TYNE DISPENSARY.—Resident Medical Officer for three years. Salary, £250 per annum, with furnished residence. Applications, on forms to be obtained from Dr. Angus at the Dispensary, to be sent to the Honorary Secretary, R. J. Sisson, 13, Grey Street, Newcastle-on-Tyne, by September 25th.

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.

PADDINGTON GREEN CHILDREN'S HOSPITAL, London, W.—House-Physician and House-Surgeon. Appointments for six months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by October 12th.

PARISH OF ST. MARYLEBONE.—Assistant Medical Officer at the Infirmary, Rackham Street, Ladbroke Grove Road, Notting Hill. Must be unmarried, and not exceed 30 years of age. Salary, £130 per annum, with furnished apartments, rations, and washing. Applications, endorsed "Application for appointment of Infirmary Assistant Medical Officer," to be sent to Henry T. Dudman, Clerk to the Board, Guardians' Offices, Northumberland Street, W., by September 28th.

PARISH OF ST. MATTHEW, Bethnal Green.—Male Junior Assistant Medical Officer for the Workhouse at Waterloo Road, E. Appointment for six months, subject to renewal. Honorarium of £30 will be given, with rations, furnished apartments, and washing. Doubly qualified, and must devote his whole time to the duties. Age not to exceed 25 years. Applications, on forms to be obtained at the Offices, to be sent to D. Thomas, Clerk, Guardians' Offices, Bishops' Road, N.E., 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. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, Cavendish Square.—Assistant Medical Officer, doubly qualified. Appointment for six months. Salary at the rate of £50 per annum, with furnished apartments, attendance, coal and light. Applications to the Secretary by October 1st.

ST. PETER'S HOSPITAL, Henrietta Street, Covent Garden, W.C.—House-Surgeon. Appointment for six months, but eligible for re-election. Salary at the rate of £100 a year, with board, lodging, and washing. Applications to Irwin H. Beattie, Secretary, by September 24th.

SHEFFIELD UNION WORKHOUSE INFIRMARY.—Junior Assistant Medical Officer at the Workhouse Infirmary, Fir Vale, Sheffield; unmarried, doubly qualified. Appointment for six months. Salary, £12, with furnished apartments, board, and washing. Applications to Joseph Spencer, Clerk to the Guardians, Union Offices, West Bar, Sheffield, by September 26th.

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.

MEDICAL APPOINTMENTS.

ANGUS, Henry Brunton, M.B., B.S. Dunelm, M.R.C.S., L.R.C.P., appointed Honorary Assistant Surgeon to the Royal Infirmary, Newcastle-upon-Tyne, *vice* W. G. Black, F.R.C.S., deceased.

BACK, H. H., M.B. Lond., M.R.C.S. Eng., appointed Medical Officer of Health to the Aylsham District Council.

BASHALL, Charles E., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Workhouse of the Kingsbridge Union.

BOWHAY, A., L.R.C.P. Lond., M.R.C.S. Eng., D.P.H. Camb., reappointed Medical Officer of Health to the Calstock Rural District Council.

BRYANT, Dr. H., appointed Medical Officer for the Fontmell District of the Shaftesbury Union.

CALDECOTT, Charles, M.B., B.S. Lond., M.R.C.S., L.S.A., appointed Resident Medical Superintendent of the Earlswood Asylum for Idiots and Imbeciles, Redhill, Surrey, *vice* H. Corner, M.D. Lond.

CARTWRIGHT, Dr., appointed Medical Officer of Health to the Wigmore Rural District.

CHILD, Edwin, M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health to the New Malden District Council.

CLAYTON, T. M., M.B., B.S. Durh., appointed Medical Officer of Health to the Felling Urban District Council.

COATES, W. H., M.A., M.B., M.R.C.S., L.R.C.P., L.S.A., L.S.Sc., appointed Acting Medical Officer of Health and Medical Officer to Patrington Union, and also appointed by the Elder Brethren of Trinity House, to be Surgeon in charge of Spurn Lighthouse, *vice* Dr. Land, resigned.

COLLINS, William C. G., L.R.C.P. Edin., M.R.C.S. Eng., appointed Medical Officer for the Aylesford District of the Malling Union.

FISH, Cecil E., B.A. Camb., M.B., B.C., appointed Assistant Medical Officer of the Workhouse and Assistant to the Superintendent of the Infirmary of the Paddington Parish.

GLAISTER, J., M.D. Aberd., appointed Medical Officer of Health for Clerkenwell, *vice* J. W. Griffith, M.D. St. And., retired.

HEMSTED, E. S., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer for the Kintbury District of the Hungerford Union.

JACKMAN, Howard, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Tenth District of the Hackney Union.

JAMES, E. W., M.R.C.S. Eng., appointed Medical Officer for the Hardingham District of the Mitford and Launditch Union.

JOHNSTONE, Mr., appointed Medical Officer for the Horsmonden District of the Tonbridge Union.

LAWSON, Thomas C., M.R.C.S. Eng., appointed Medical Officer for the Brafield District of the Hardingsstone Union.

MACHEMERSON, W. H., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Grays District of the Henley Union.

MAIS, Frederick W., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Thorner District of the Wetherby Union.

MORGAN, Dr. C. A., appointed Medical Officer for the Thorncombe District of the Beaminstor Union.

MURRAY, William, M.A., M.B. and C.M. Aberd., Appointed Assistant House-Surgeon to the Preston and County of Lancaster Royal Infirmary.

ROGERS-TILLSTONE, John M., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Second East Malling District of the Malling Union.

RUBEL, John L., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Second Division of the Hougham District of the Dover Union.

SHACKLETON, William W., M.D. Dub., appointed Medical Officer of the Schools of the St. Pancras Parish.

SMITH, Robert B., L.R.C.P. Edin., L.R.C.S.I., appointed Medical Officer for the Burton Hastings District of the Nunneaton Union.

SPEARS, Mr. John J., appointed Medical Officer for the Abrewas District of the Lichfield Union.

THURSFIELD, W. M., M.D. Edin., D.P.H. Camb., reappointed Medical Officer of Health for the Borough of the Wenlock.

TUXFORD, Arthur, M.D., appointed Medical Officer of Health to the Urban Sanitary Authority, Boston, for three years, and to the Sibsey Rural District Council until April, 1899.

WAGSTAFF, John P., L.R.C.P., M.R.C.S., appointed Medical Officer for the No. 4 District of the Saffron Walden Union.

WARNER, Francis, M.D. Lond., F.R.C.P., F.R.C.S., appointed Full Physician to the London Hospital, *vice* Dr. Samuel Fenwick, resigned.

WELLINGTON, R. Henslowe, L.R.C.P., M.R.C.S., reappointed Medical Officer of Health to the Sutton Bridge Urban Sanitary Authority; also reappointed Medical Officer of Health, Wisbech Port Sanitary and Port Hospital.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

FERGUSON.—At Elm Grove, Calne, Wilts, on September 3rd, the wife of R. S. Ferguson, M.B., C.M. Edin., of a daughter.

HUNT.—September 10th, at Brookfield, Borrowash, Derby, the wife of J. Aspinall Hunt, M.R.C.S., L.R.C.P.E., of a son.

MACKNESS.—On September 9th, at Port Street House, Broughty Ferry, N.B., the wife of G. Owen C. Mackness, M.D., of a son.

PATERSON.—On Monday, August 17th, at St. David's, Grenada, West Indies, the wife of G. W. Paterson, M.R.C.S., L.R.C.P. Lond., of twins (daughters).

MARRIAGES.

ANDERSON—ENNIS.—On Thursday, the 10th instant, at St. Heliers Parish Church, Jersey, by the Rev. E. Eliot, B.C.L., incumbent of St. Matthew's, Millbrook, Jersey, assisted by the Rev. S. S. Still, Curate of the Parish Church, Joseph Anderson, M.B. Aberd., of Limehurst, Preston, Lancashire, to Mary Georgina, only daughter of George Ennis, Esq., R.N., of "The Glen," Beaumont, Jersey.

EVANS—LAWTON.—At the Cathedral, Manchester, on the 9th instant, by the Rev. Dr. Marshall, assisted by the Rev. J. E. Challoner and the Rev. J. W. Keates, Charles Walter Evans, M.B. Lond., M.R.C.S. Eng., to Cornelia Florence Handley, eldest daughter of Mr. and Mrs. T. H. Lawton, of Moss Side, Manchester.

PAPILLON—BODY.—September 16th, at St. Michael's Church, Brent Knoll, Somerset, by the Venerable the Archdeacon of Wells, James William Papillon, M.R.C.S., to Mary Elizabeth, daughter of the late George Body, Esq., R.N., of Brent Knoll.

RYAN—THOMLINSON.—On the 15th instant, at the Parish Church, Dalston, Carlisle, Simon Ryan, L.R.C.P., etc., of Sheffield, to Mary, eldest daughter of W. A. Thomlinson, Esq., Gill House, Dalston.

DEATH.

ROBERTSON.—At Denver, Colorado, on the 9th instant, of typhoid fever, John Shaw Robertson, A.I.C., third son of John Robertson, M.D., J.P., Dumbarton.

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,	
CHAMBER CROSS. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F. 1.30; Skin, M. 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. Operations.—W. Th. F., 8.	
CHELSEA HOSPITAL FOR WOMEN. Attendances.—Daily, 1.30. Operations.—M. Th. F., 2.	
CITY 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.,	
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., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 9; 9.30; Dental, M. W. F., 9.30. Operations.—W., 1.30; S., 2; (Obstetric), 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; 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., 2; 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., 9; Ear, M. Th., 3; Orthopedic, W., 10; Throat, Tu. F., 3; Skin, M., 3.30; 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, 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; (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., 1; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. Operations.—M. W. Th., 2.	
WEST LONDON. Attendances.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopedic, 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.

MR. C. B. LOCKWOOD, F.R.C.S. (Upper Berkeley Street, Portman Square, W.) writes: Will you allow me through the BRITISH MEDICAL JOURNAL to ask whether any of your readers can give me the name and address of the firm which makes artificial sponges.

CLEVELAND asks: Can you give me the address of any firm who will supply the various culture media required for bacteriological work ready for use, either in tubes, flasks, or *en masse*? I feel sure many country practitioners like myself would gladly avail themselves of the opportunity of doing a little bacteriological work were the nutrient media more easily obtained. They are, I find by experience, difficult to prepare, require constant care, and are "messy." Sterilised serum for the B. diphtheria would be especially handy.

MR. C. W. BUCK (Settle) will be greatly obliged if any correspondent can recommend a home for epileptics in the north of England where there is outdoor work. A small payment can be made.

R. E. B. asks to be recommended an institution or a home where the parents can put a boy suffering from epilepsy. He is aged 12. Sometimes goes for two or three weeks without any fits, and then has perhaps four or five bad ones in a couple of hours. He screams and struggles in them. His parents would pay something towards his keep.

* * The Maghull Home for Epileptics, near Liverpool, may be suggested. In the course of a year or two there will be a Children's Home for Epileptics at the Chalfont Colony, but at present the Maghull Home is the only one available.

PARAFFIN IN DIPHTHERIA.

B. asks for experience as to the results of the practice of applying paraffin to the throat as a local application in cases of diphtheria.

LITERATURE OF SEROTHERAPY.

"F.R.C.V.S." (Pietermaritzburg, Natal) asks what are the best books (for practical study and application) on serotherapy and the culture of antitoxins.

* * Our correspondent might in the first place consult Behring's (1) *Die Geschichte der Diphtherie*. (Leipzig, Georg Thieme, 1893); (2) *Bekämpfung der Infektionskrankheiten* (Leipzig, Georg Thieme, 1893); Roux's Papers on Diphtheria in the *Annales de l'Institut Pasteur* (1889-96); Woodhead, *The Antitoxin Treatment of Diphtheria*, *Proceedings of the Royal Institution of Great Britain*, Feb. 18th, 1895. Numerous papers by various authors have been published in the weekly medical journals of America (*Medical Times*), Britain (*BRITISH MEDICAL JOURNAL* and *Lancet*), and Germany (*Deutsch. med. Wochenschr.*, *Berlin. med. Wochenschr.*), and others.

ANSWERS.

DUNLOP TYRES.

DR. GEORGE MAY (The Warren, Caversham, Reading) writes: Last October I purchased some Dunlop tyres. They lasted three months. The coachman generally repaired them. On three occasions it was necessary to send them to the coachmaker. The company liberally repaired or replaced them. They are not suited to roads repaired with stones, but may be very valuable on paved roads.

M.D. BRUSSELS EXAMINATION.

DR. FREDERICK VICARS (London) writes: In answer to your correspondent, Mr. H. L. Carre-Smith, I would advise him to get the *Guy's Hospital Gazette*, August 8th, in which he will find useful information about the above examination.

TREATMENT OF PHOSPHATURIA.

DR. G. H. MAPLETON (Upper Bedford Place, W.C.) writes in reply to "X.": I have lately cured a case of many years' standing by means of (1) tonics, steel, mineral acids, strychnine, and arsenic; (2) a generous gouty diet (I mean, of course, a diet not suited to gouty cases), attending at the same time to the digestion; (3) benzoates, just enough to prevent the phosphates from precipitating in the bladder, and causing irritation, with pain and frequency of micturition, the symptoms of which I was consulted.

SUPRAORBITAL NEURALGIA.

DR. R. E. FOOT (Wood Green, N.) writes: In reply to "A Member" in the BRITISH MEDICAL JOURNAL of September 12th, I would suggest his trying Dr. T. Lauder Brunton's treatment—namely, sodium salicylate with potassium bromide; or, when the pain is intense, a subcutaneous injection of morphine. Also to see if the teeth are sound and the eyes normal.

DR. CAREY COOMBS (Castle Cary) recommends "A Member" to treat his case as follows: Apply chloral camphor and aconite liniment in equal parts when the paroxysm comes on. Use the continuous galvanic current from 10 to 15 small dry or Leclanché cells once or twice daily for ten minutes at a time. Use a disc cathode about an inch in diameter, covered with flannel. Soak the surface of flannel which rests on the skin with 20 drops of a 1 per cent. solution of morphine. As an anode use a metal plate 5 or 6 inches square covered with flannel; this is to be inserted under the clothing between the shoulders. It should be thoroughly wetted with hot salt and water. Iodide of mercury often relieves pain in the head which comes at night, especially if it is of