

following days the temperature was normal or subnormal. On the morning of the 4th pain was complained of in the right breast, which was tense and tender. The temperature in the morning was 100°; in the evening 101.4°. The threatened breast inflammation soon subsided, and the temperature in two days was normal.

**REMARKS.**—Little is necessary by way of comment on the above cases. Their evidence on the whole is favourable, though the exact effect of the injections is difficult to estimate, as always in the case of a new remedy in a disease of uncertain and variable course. Two beneficial effects uniformly followed their use—a steadying of the pulse and an improvement in the subjective condition of the patient. The results would, I am convinced, have been more satisfactory had an earlier resort to the serum been possible. Whether a larger dose and greater frequency would have influenced the results must be left to increased experience to determine. In a case of puerperal fever where the serum was used, recorded in the *BRITISH MEDICAL JOURNAL* of June 20th, a single injection was sufficient to reduce the temperature permanently to normal. The serum used in all three cases was from the Pasteur Institute.

## MEMORANDA:

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

#### COMPLETE ABSENCE OF VAGINA AND UTERUS.

A WOMAN, aged 21, consulted me (after having been taking some domestic medicine for twelve months) particularly in reference to the absence of the menstrual flow. She was engaged to be married the following month, and was naturally anxious as to her condition. After going exhaustively into her history, I was satisfied that some malformation existed, and I was allowed to make an examination. On adopting the usual methods, I found the vagina impermeable and absolutely occluded, and there was no bulging as of retained menses (apart from her history, which made this condition apparent). Examination *per rectum* failed to suggest the existence of a vagina or of a uterus beyond.

I placed the patient under the influence of chloroform, and made a more exhaustive and careful examination, being prepared, if I could satisfy myself of an existent and only occluded vagina, to incise the normal position of the orifice. This, however, failed to elucidate the case further, and I was now quite satisfied that I had to deal with a case in which the uterine organs were absent.

The question now arose as to how far I was justified in proceeding by way of exploration, and therefore submitted the case to Mr. Williamson, surgeon to the Royal Infirmary, who reports:

"The girl looked quite healthy when she was admitted to the infirmary, and the breasts and external genitals were well developed. On abdominal exploration, it was found that the uterus was absent, but the ovaries and tubes were present. They were left untouched. Later on, incision was made between the urethra and rectum, and a sort of blind vagina resulted, which she kept open with a vulcanite pessary.

Newcastle-on-Tyne.

JOSEPH WILLIAM LEECH, M.D.

#### INTESTINAL OBSTRUCTION FROM EATING UNRIPE BLACKBERRIES.

ON September 1st I performed a *post-mortem* examination on a child, which died from intestinal obstruction under such peculiar circumstances as to make me think it worth while publishing the details. Unfortunately I did not see the child before death, and my father, who was acting as my deputy during a temporary absence from home, was only sent for when it was *in articulo*. Inquiries, however, have elicited the following history:

H. B., aged 5, a healthy and well-nourished child was absent from home nearly all day on August 28th. He went with other children into the neighbouring fields, and stayed there till towards evening, and during this time his sister says that he ate many blackberries. On his return home he

complained of pain in the abdomen, but went to bed and had a good night. The following day (August 19th) he still had the pain, and was kept in bed and given a dose of castor oil, but the symptoms do not seem to have been sufficiently severe to make the parents summon medical aid. The child continued to be in pain all day, and in the evening, about 10 P.M., began to vomit, and there was a slight action of the bowels, and also much thirst. The vomiting continued till about 3 A.M. on the following morning (August 30th). Whether it was ever stercoraceous I have been unable to ascertain. Medical aid was summoned some hours afterwards, but the child became rapidly worse, and died at 10.30 A.M. the same day.

The necropsy revealed nothing beyond the fact that while the intestines were generally empty, and there was some reddening of the gut at various points, though no exudation of lymph or loss of lustre of the peritoneal covering, the intestine was completely obstructed by the impaction just above the ileo-cæcal valve of a teacupfull of green unripe blackberries, which had apparently been swallowed without mastication. There were also in this mass wheat grains and other bodies of uncertain nature.

**Remarks.**—The short duration of the whole illness, and especially of the vomiting, and the slight changes in the intestinal wall found after death, make it seem to me likely that shock, consequent on the severe pain experienced, played an important part in causing death. Possibly the administration of the dose of castor oil had a good deal to do with the impaction by hurrying the indigestible contents of the intestine downwards towards the ileo-cæcal valve.

Warrington.

J. GUEST GORNALL, M.A.. M.B.Cantab.

#### THE IPECACUANHA STEAM SPRAY AFTER TRACHEOTOMY.

ALTHOUGH in the discussion of Dr. Hector Cameron's paper on the Elements of Success and Failure in Tracheotomy<sup>1</sup> the cruel steam tent was generally condemned, one speaker referred to the benefit to be derived from the warm spray. I am prompted to advocate the frequent use of an ipecacuanha steam spray as a slight element of success in the after-treatment of these cases. The reservoir of any ordinary steam (Siegel) spray is filled with ipecacuanha wine, and the mingled spray of ipecacuanha and steam played near the orifice of the tube for a few seconds at any time that the trachea seems difficult for the child to clear, or the cough more than ordinarily difficult. I have seen it give such marked relief that a baby of 18 months would eagerly lift her neck to be sprayed in moments of distress. No doubt it is often employed, but I have nowhere seen it noted.

Felixstowe.

C. G. HAVELL, L.R.C.P.

#### ILLUSTRATIONS OF AURAL REFLEXES.

In general practice cases exhibiting troublesome symptoms caused by peripheral irritation crop up frequently, and the record of cases in which removal of the irritant has resulted in complete relief will not be considered out of place.

**CASE I.**—Miss S., aged 23, consulted me for nausea, epigastric pain, and a persistent and distressing feeling of distension of the abdomen, troublesome hacking cough, which appeared to be due to some laryngeal irritation, giddiness on standing up, and impairment of hearing. These last two signs led me to believe that there was cerumen in the ears, and on examination with the aural speculum and reflected light I found that the left external auditory meatus was full of hard dry wax. I syringed the ear with a solution of warm water and bicarbonate of soda, and removed a very large accumulation of cerumen. The next day the cough had subsided, the giddiness, and dysacusia had disappeared, and within three days the gastric reflexes had also ceased. Whilst syringing the ear the patient complained of feeling very faint, and this was no doubt due to a cardiac reflex, brought on by stimulation of the cardio-inhibitory centres.

In this case the sensations, evidently starting from the external auditory meatus, travelled along the auricular branch of the pneumogastric to that nerve and thence to the parts supplied by the vagus and so produced the phenomena. This patient had been under medical treatment for over

<sup>1</sup> *BRITISH MEDICAL JOURNAL*, September 12th.

seven years, and had taken all kinds of drugs without any relief.

CASE II.—A gentleman of neurotic temperament came to me, stating that he had pain in the left side of his head and giddiness, with a peculiar buzzing noise in his ear. In this case I also syringed with the sodium bicarbonate lotion, and removed much hard cerumen; the same evening the head symptoms had all ceased. Here the auriculo-temporal branch of the third division of the fifth nerve no doubt conveyed the impressions.

Anatomically we find that the external and middle ears have an abundant nerve supply, and if its terminal twigs be irritated by any morbid matter, or mechanically by instruments, the above reflex phenomena should be called forth, and more especially in patients with a nervous predisposition. I am inclined to believe that in some patients a melancholic form of dysthymia is produced.

Surbiton.

ROBERT W. MERRICK, B.A., M.D.Dub.

#### THE INHALATION OF OZONE AS A REMEDIAL AGENT.

THE method of treating various disorders by the inhalation of ozone is now much practised by our Continental brethren, and has been found especially valuable in the treatment of anæmia. Although it is at present little used in this country, its success in relieving the suffering of the late Sir John Millais has brought it somewhat prominently into notice.

In the *Bulletin de l'Académie de Médecine de Paris* for October, 1893, M. Hérard reports on Ozone Inhalation in the treatment of 38 cases of tuberculous phthisis by Dr. Labbé and Dr. Oudin, in which all, without exception, were benefited, and some were permanently cured.

As it is known that an equivalent of ozone is in oxidising power equal to 3 equivalents of oxygen, it is reasonable to suppose that its inhalation must be beneficial (independently of its germicidal properties) in all cases of pulmonary obstruction, or imperfect oxidation of the blood, from whatever causes they may arise.

During the last two years I have treated a series of cases by this method, with uninterrupted success, and have used for the purpose the inhalation form of ozoniser introduced by M. Emile Andreoli, which was supplied to me by Messrs. Allen and Hanburys. For generating the current I use three (one pint) bichromate cells, and a Ruhmkorff coil of about  $\frac{3}{4}$  inch spark. Four or five large Leclanché cells may be substituted for the bichromates. A daily inhalation of 20 minutes' duration is given, and a course of from three to six weeks is generally necessary.

I will briefly refer to my two last cases:

M. S., aged 13, a stout, tall girl. Menstruation began at 11, and continued regularly until three months ago, when it stopped in consequence of a chill. She was very anæmic, and had symptoms of gastric ulceration. After alleviation of the more acute symptoms by the usual dieting and treatment, she was on August 1st put on a course of ozone inhalation, which has been followed by rapid and progressive improvement. Her colour has steadily returned, with increase of energy and appetite, and loss of all pain. She was discharged cured on August 28th.

L. M., aged 22, a domestic servant. Menstruation was somewhat irregular. She was very chlorotic, and had been so for six years. A sister and cousin were affected similarly. She had no appetite and a tendency to diarrhœa. Palpitation and breathlessness ensued on the least exertion. She was put on a course of ozone inhalation on August 17th, with almost immediate improvement in all the symptoms. Appetite became better than it had been for years. She can now do her work without fatigue, and the chlorotic condition has almost entirely disappeared. She tells me that her mistress and friends remark on the wonderfully rapid change in her appearance. The treatment is being continued.

The most prominent feature I have noticed in the treatment of cases under my care has been the return of appetite, and I have met with no untoward symptom of any kind.

Clacton-on-Sea.

T. CARLYLE BEATTY, M.D.

#### TRUE HERNIA TESTIS DUE TO INDIRECT VIOLENCE.

A STRONG and muscular young man aged about 20 was brought in suffering from considerable shock and with his left testicle extruded from the scrotum and tunica vaginalis, and about  $\frac{1}{2}$  inch of spermatic cord laid bare. There was no hæmorrhage to speak of. The scrotum wound was very jagged, just like a tear.

Chloroform was administered, and the testicle first returned into the tunica vaginalis, and the wound stitched up (silkworm gut), and then the scrotum stitched, washed, and dressed antiseptically. I found also that the neck of the femur was fractured (intracapsular?).

*History.*—He was sawing a heavy block of wood in the native way, the log standing up at an angle of  $50^{\circ}$  to the ground, and one man standing on the top and one underneath, the log fell and crushed the man underneath, forcing his two thighs together, causing rupture of the tunica vaginalis and scrotum, extrusion of testicle, and fracture of the neck of femur.

*Result.*—The scrotum healed by first intention, but the man insisted on leaving hospital after  $3\frac{1}{2}$  weeks with a partially-united fracture.

JOHN O. SUMMERHAYES, M.R.C.S.Eng., L.R.C.P.Lond.  
Dera Ghazi Khan, Punjab.

#### THE POTATO TREATMENT OF FOREIGN BODIES IN THE ALIMENTARY CANAL.

RECENTLY I was called to a man, aged 67½ years, who had whilst taking his dinner swallowed a case originally fitting his lower jaw, and containing four incisor teeth. There were no metal hooks, but at each end a hard rubber fork which once fitted the first molar on each side, which are now absent. I advised him to take a large amount of potatoes and milk, and as a placebo exhibited a small dose of liq. belladonna, with the result that in 72½ hours the case was voided, there being an attack of vomiting and at the same time considerable griping; there was slight colic 18 hours before. The amount of potatoes consumed was nearly  $1\frac{1}{2}$  st.

North Shields.

W. H. BROWN.

#### A NOTE ON THE TECHNIQUE OF VENTRIFIXATION OF THE UTERUS.

AFTER opening the abdomen, and freeing any adhesions of the uterus, tubes, or ovaries, I direct an assistant to pack the vagina high up with absorbent salicylic wool; in cases which I believe to be free from adhesions I have this done before the operation. This easy procedure pushes the fundus well up out of the pelvis, and keeps it there, so that it is quite unnecessary to use forceps, which may puncture or even tear the uterus in an altogether undesirable manner; besides, no pulling on the organ is required (with the support in the vagina), and the operator's left fingers have only to steady the uterus whilst introducing the stitches; and after there is no strain on the sutures, as I leave the plug in for a day or two, and only remove it for cleaning purposes, and then after douching introduce another. The plug prevents all dragging down of the abdominal wound and inversion of its edges, as is the case when a heavy uterus is ventrified. I think highly of the operation in suitable cases, and make the above suggestion, as in all accounts I have read no mention has been made of the easy and useful method I have described.

E. FAIRFAX ROSS, M.D., Sydney, N.S.W.,  
Surgeon to the Lewisham Hospital for Diseases of Women and Children.

EXAMINATION IN SHORTHAND FOR STUDENTS.—We are asked to state that the time for receiving the names of candidates for the examination in shorthand, to be held by the Society of Medical Phonographers, has been extended to October 20th. The examination, which is for students of medicine commencing their first winter session, will be held at any centre where one candidate shall come forward. Communications should be addressed to Mr. L. Elliot Creasy, M.R.C.S., L.R.C.P., 1, Windsor Road, Ealing, London, N.

BARON VON ROKITANSKY, Professor of Therapeutics at Innsbruck, has been elected Rector of that University for the coming year.

might get. This position the medical profession decline to accept. Medical men shun the army because they believe the army dislikes them. But the over-zealous guarding of combatant privileges is likely to defeat itself in the end, and bring about that social equality which depends upon equality of army rank. If the medical service were placed on this equality of status as the Army Service Corps has been, there can be no doubt the situation would be quickly accepted by those who now decry the medical officer's rank, title, and position in the army.

#### LEAVE IN INDIA.

A CORRESPONDENT writes: Intending candidates for the Medical Staff should know what awaits them in India. I have never ventilated grievances connected with rank or titles, but I do make public the following: During two years in the unhealthy plains I have never had an hour's leave, but lately I have suffered every few days from ague, and my health is giving way, so much that my senior officer spoke of sick certificate home; that meant to me ruin or starvation, as I had just sent my sick wife and child to the hills. The alternative was to apply for privilege leave; this was forwarded and recommended on the ground of my state of health, but was returned because it was not in a proper form, which I was directed to buy at a cost of 4 annas; and also to state whether I was prepared to pay the railway expenses, etc., of the officer sent to relieve me. As I could not afford that I was obliged to withdraw the application; there was nothing left but to live on, and pay extra premium for increased life insurance. The poorest labourer in England is not more miserable than I am to-day.

\*\*\* This is a pitiful tale. Of course the root of the evil is an undermanned Indian establishment, by which medical officers are often compelled to work till they drop. But setting aside the mere humanities such a system cannot ultimately pay the Indian Government. The officer will probably have ultimately to be invalidated home, when the expense attendant thereon will be immensely greater than the railway fare of one sent temporarily to relieve him. Besides Indian railways are in the hands of the Government, and can, no doubt, be utilised at a minimum cost for transport of Government officials.

#### MEDICAL OFFICERS' TITLES.

A CORRESPONDENT writes: I see the proposition that medical officers should be designated as in the United States army, thus: Captain —, Surgeon. I dislike that; it looks like a door-plate, as if some captain had set up as surgeon. I prefer Captain —, Royal Medical Staff, or Royal Surgeons.

\*\*\* The title "Royal" is one which no Secretary of State or other official can grant; it rests solely with Her Majesty's gracious pleasure; it is, therefore, not a demand which can be or should be formulated. Our correspondent also omits that Americans always put after the term "Surgeon, United States Army," the same as the British medical officers might put "Surgeon, Army Medical Corps."

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF CAMBRIDGE.

LECTURESHIP VACANT.—The Lectureship in Advanced Physiology is vacant by the resignation of Dr. A. S. Lea, F.R.S., on the ground of health. Candidates are required to send in their applications to the Vice-Chancellor by October 19th. The Lecturer will be required to lecture on chemical physiology.

APPOINTMENT.—Mr. W. T. N. Spivey, of Trinity College, has been appointed Jacksonian Demonstrator of Organic Chemistry, in the place of Dr. A. Scott.

THE LATE SIR GEORGE HUMPHRY.—The Vice-Chancellor, in his address to the Senate, on resuming office for a second year on October 1st, made the following reference to the late Professor of Surgery: "In a review of the events of the year which has just come to a close, the first notice is due to the great loss the University has recently sustained by the death of Sir George Murray Humphry. The great ability, energy, and enthusiasm with which he discharged the duties of the important professorships he held in succession so long, and the value of the personal influence he exerted over all with whom he came in contact, are well known to us all; and it would be difficult to over-estimate the value of the services which he rendered to the University. To his great reputation, enthusiasm, and personal influence is largely due the steady growth in numbers and the present high position of the Cambridge Medical School. It must not be forgotten that for the last thirteen years Sir George Humphry, with great generosity, served the University as Professor of Surgery without stipend."

PROFESSORSHIP OF SURGERY.—This Professorship is to be suspended until November 13th next, in order to give time for consideration as to the stipend and conditions of tenure of the next Professor. Meanwhile Dr. Joseph Griffiths, M.A., F.R.C.S., late Assistant to the Professor, has been appointed to fulfil the duties of the chair until it is filled up.

ROYAL GIFT.—The King of the Belgians has given to the Cambridge Museum of Zoology a fine cast of *Iguanodon bernissartensis*, a gigantic dinosaur of the Weald preserved in the Royal Museum at Brussels. It stands 15 feet 6 inches in height, and extends horizontally over 3 feet. The *Iguanodon* is of peculiar interest to comparative anatomists, inasmuch as it constitutes a link between the reptiles and the birds. As it stands erect in the lecture room of the museum it looks a monstrous, and indeed a terrible, "dragon of the prime."

ADDENBROOKE'S HOSPITAL.—At the quarterly Court, held on October 5th, Dr. Donald MacAlister was re-elected Physician to the hospital for a further period of twelve years; Dr. Laurence Humphry was re-elected Assistant-Physician for a like period; and Mr. R. W. Jameson, M.R.C.S., L.R.C.P., late of St. Bartholomew's Hospital, was appointed Assistant

House-Surgeon. Suitable resolutions expressing the regret of the Governors at the death of Sir G. M. Humphry, and recording their sympathy with his family, were unanimously passed.

#### THE ROYAL UNIVERSITY OF IRELAND.

FIRST EXAMINATION IN MEDICINE.—The following candidates have satisfied the examiners:

A. L. Black, Queen's College, Belfast; J. S. Cargin, Queen's College, Belfast; J. Carroll, University College, Dublin; K. H. Caughey, Queen's College, Belfast; R. Cogan, Queen's College, Cork; W. Donnan, Queen's College, Belfast; J. McC. Gibson, Queen's College, Belfast; J. J. Gillis, Queen's College, Belfast; J. T. Grehan, University College, Dublin; O. E. Jackson, Queen's College, Belfast; J. I. Jaffé, Queen's College, Cork; J. C. McCarrroll, Queen's College, Belfast; J. E. MacIlwaine, Queen's College, Belfast; A. Riddell, Queen's College, Belfast; H. Ross, Queen's College, Cork; H. E. Rutherford, Queen's College, Belfast; E. F. Scott, Queen's College, Galway; M. A. Shinkwin, Queen's College, Cork; J. Stewart, Queen's College, Belfast; W. A. Stoops, Queen's College, Belfast; W. J. Thompson, Queen's College, Belfast.

The following candidates may present themselves for the further Examination for honours in the subjects set opposite their names:

A. L. Black, Botany, Zoology, Experimental Physics; J. Carroll, Botany, Chemistry, Experimental Physics; R. H. Caughey, Chemistry and Experimental Physics; J. J. Gillis, Botany; O. E. Jackson, Chemistry; J. I. Jaffé, Botany; J. E. McCarrroll, Experimental Physics; J. E. MacIlwaine, Botany, Zoology, Chemistry, Experimental Physics; H. Ross, Botany; H. E. Rutherford, Botany and Zoology; M. A. Shinkwin, Botany; J. Stewart, Botany; W. A. Stoops, Zoology and Experimental Physics; W. J. Thompson, Botany, Zoology.

Note.—Candidates recommended in any two subjects will be allowed to present themselves at the further examination in all subjects.

SECOND EXAMINATION IN MEDICINE.—The following candidates have satisfied the examiners:

Upper Pass.—\*J. E. Clements, Queen's College, Belfast; \*D. J. Farnan, Catholic University School of Medicine; \*P. Gavin, Catholic University School of Medicine; G. H. Grills, Queen's College, Belfast; \*W. M. Hunter, Queen's College, Belfast; \*W. M. P. Keogh, Queen's College, Galway; \*W. Lapsley, Queen's College, Cork; \*J. W. West, Queen's College, Belfast; R. Whyte, Queen's College, Belfast.

Candidates marked thus (\*) may present themselves for the further examination for honours.

Pass.—F. J. Allen, Queen's College, Cork; W. Boyd, Queen's College, Belfast; J. W. Brown, B.A., Queen's College, Belfast; F. C. Bullen, Queen's College, Cork; Annie H. Crawford, Queen's College, Belfast; A. J. Frost, Catholic University School of Medicine; J. Good, Queen's College, Cork; J. P. Higgins, M.A., Queen's College, Cork; Alexandrina C. Huston, Queen's College, Belfast; A. F. Kennedy, Queen's College, Belfast; P. Kerley, Catholic University School of Medicine; D. Kernohan, Queen's College, Cork; Kathleen F. Lynn, Royal College of Surgeons; T. J. MacDonogh, B.A., Catholic University School of Medicine; M. J. McDonough, Catholic University School of Medicine; J. McMahon, Queen's College, Belfast; E. W. S. Martin, Queen's College, Belfast; T. Nyhan, Queen's College, Cork; B. A. O'Flynn, Catholic University School of Medicine; T. F. O'Keefe, Queen's College, Cork, and Catholic University School of Medicine; J. J. O'Mahoney, B.A., Queen's College, Cork; E. W. Powell, Queen's College, Cork; W. Rice, Queen's College, Cork; W. A. Rice, B.A., Queen's College, Belfast; M. L. Rowan, B.A., Queen's College, Belfast; F. Ryan, Catholic University School of Medicine; J. Waddell, Queen's College, Belfast; J. J. Waters, Queen's College, Galway; R. J. Wood, Queen's College, Cork.

## PUBLIC HEALTH

AND

### POOR-LAW MEDICAL SERVICES.

#### ENTERIC FEVER AT WIDNES.

At Widnes an epidemic of enteric fever broke out last July, the disease causing in that and the following month alone as many as 16 deaths. The attacks numbered in the same period upwards of 100. The disease sprang up so rapidly that the scarlet fever wards of the hospital were cleared and used for enteric fever patients, and even thus only some half of the cases could be admitted. The medical officer of health and his staff did all in their power to stay the spread of the epidemic, and in searching for a cause found that they had to abolve alike water and milk from having helped in its diffusion. The water, indeed, is from deep wells some distance from the town, and is so piped as to leave little chance of infection of foul matter into the mains. The sewerage, too, is of recent construction, and does not favour the idea of causation of disease by way of sewer emanations or the like. But the watercloset system is of very small dimensions in the place, the general method of excrement disposal being by faulty and evil-smelling midden privies, of imperfect construction, and such as permit of the escape of their contents to the surface of yards, even into adjacent yards, causing grave nuisance, especially in summer. Dr. Bruce Low reported to the Local Government Board in the early part of last year that the town has long been subject to fever prevalences, the deaths in the fourteen years to 1894 having numbered 196, of which as many as 106 took place in the last five years of that period. In these same five years the attacks from fever numbered 587, of which total 311 occurred in the months of August, September, and October. Dr. Low severely condemned the midden privy system, and says that the 1,000 existing are situated from 6 to 30 feet from dwellings. After describing the local circumstances, he says that the air around the dwellings in Widnes is habitually fouled by emanations from collections of human and other filth stored close to the houses under very unfavourable conditions, and the tainted atmosphere that is there breathed cannot fail to have an injurious effect upon the inhabitants. The circumstances were such as

## INDIA AND THE COLONIES.

## INDIA.

ONE or two curious features are presented in the account of the Sabathu Leper Asylum for last year. In the first place, it is reported that nearly the whole of the inmates came from the hill districts, 4 only coming from the plains out of an average number of 80. The generally recognised principle of heredity does not seem to be supported by the facts as to the inmates of this institution. Of the leper inmates of the institution, 57 were married and 98 children had been born—72 before the appearance of the disease in the parents and 26 afterwards; 3 only of the whole number developed the disease, and these, strange to say, were born before the disease manifested itself in one or both of the parents. The devotion of those related to the suffering is touchingly referred to, particularly that of the untainted mother of a leper son, who voluntarily went to the asylum and cared for him, doing cooking for the other lepers to maintain herself. The European leper ward is nearly completed, and will prove of great use, as applications have already been made. It is at present unfurnished, however, and funds are needed for this purpose.

## MEDICAL NEWS.

**THE GUILD OF ST. LUKE.**—The arrangement for the medical service at St. Paul's Cathedral on October 21st, in connection with the Guild of St. Luke, are now complete. The service will be held at 7.30 P.M., and the sermon will be preached by the Archbishop of Canterbury. The Guild invites all practitioners of medicine to attend the service, and though the invitation has been addressed specially to medical men in the metropolitan area, we are requested to state that those who live in the country will be welcome, and that tickets for the festival will be sent on application to the Secretary of the Guild, at 10, Devonshire Street, London, W. The festival has been arranged because it has been thought desirable that some religious function for the medical profession should be instituted, and should be held at about the same time, and should be of a similar character to that which now exists for the legal profession in the attendance annually of Her Majesty's judges at St. Paul's Cathedral in state. We are informed that the St. Luke's festival at St. Paul's on the present occasion will be attended by many eminent members of the profession, and that the Lord Mayor will attend in state, and it is hoped that a large number of members of the profession outside the Guild of St. Luke will take advantage of this opportunity. University graduates are requested to attend in academical costume.

**PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.**—At the opening of the fifty-fifth session of the Society's School of Pharmacy on Monday, October 5th, the prizes and certificates awarded to the students of the past session were distributed by the President, Mr. Walter Hills. There was a large attendance of members of the Society and friends of the student, including many ladies. Sir Richard Quain and Sir Frederick Abel were amongst the visitors. In opening the proceedings the President referred to the past history of the school, and to the extension of the education scheme, which has now been adopted to meet the requirements of the time. According to the arrangements now made the elementary course will extend over a whole session, and there will be an advanced course of six months for students who desire to take the higher qualification of pharmaceutical chemist. The research department will also be available for advanced students wishing to take up investigations in connection with pharmacy. This department will be under the immediate direction of the Professor of Chemistry, Dr. Norman Collie, and it is expected that the system of technical education provided will be as near the ideal as present conditions permit. After the reports of the professorial staff had been read by the Dean of the School, Professor H. G. Greenish, and the prizes had been presented to the successful competitors, an inaugural address was delivered Mr. Brudenell Carter, in which the importance of cultivating a habit of precision in the use of language was dwelt upon, with the object of impressing upon the students how much clearness of thought and perception depends upon a correct use of words. The address was listened to with marked attention, and at its close Sir Richard Quain, in moving a vote of thanks to Mr. Brudenell Carter, gave expression to the opinion that it was one of the most interesting and instructive addresses he had ever

listened to on such an occasion. The entries of new students in the school number upwards of fifty, and the session opens with every prospect of considerable success.

## MEDICAL VACANCIES.

The following vacancies are announced:

- BIRKENHEAD BOROUGH HOSPITAL.**—Senior House-Surgeon, doubly qualified. Salary, £100 per annum, with board and washing. No wine or beer. Applications to be sent to the Chairman of the Weekly Board by October 12th.
- BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL.** House-Surgeon. Appointment for six months. Board, lodging, and washing provided. Applications to the Honorary Secretary of the Medical Committee by October 14th.
- BRADFORD INFIRMARY.**—Dispensary Surgeon, unmarried, doubly qualified. Salary, £100 per annum, with board and residence. Applications endorsed "Dispensary surgeon" to be sent to William Maw, Secretary, by October 26th.
- BURY DISPENSARY HOSPITAL.**—Senior House-Surgeon, doubly qualified. Salary, £100 per annum, with board, residence, and attendance. Applications to the Honorary Secretary, Dispensary, Bury, Lancashire.
- DEVONSHIRE HOSPITAL, Buxton.**—Assistant House-Surgeon. Salary, £50 per annum, with furnished apartments, board, and washing. Applications endorsed "Assistant House-Surgeon" to be sent to the Secretary by October 19th.
- DUNGARVAN UNION.**—Medical and Sanitary Officer for the Ringville Dispensary District. Salary, £135 per annum, exclusive of fees under the Vaccination and Registration Acts. Must reside within the district. Applications from candidates, who must appear in person, to be handed in to Arthur J. Anthony, Secretary, Dispensary House, Loskeran, by October 16th.
- GENERAL HOSPITAL, Birmingham.**—Resident Surgical Officer, doubly qualified. Appointment for one year, but eligible for re-election annually for two subsequent years. Salary, £100 per annum, with residence, board, and washing. Assistant House-Surgeon, must possess a surgical qualification. Appointment for six months. No salary, but residence, board, and washing provided. Applications to the House-Governor by October 31st.
- GLASGOW MATERNITY HOSPITAL.**—Obstetric Physician. Salary, £50 per annum. Applications to Arthur Forbes, Secretary, 146, Buchanan Street, Glasgow, by November 14th, of whom further particulars can be obtained.
- HULME DISPENSARY, Dale Street, Stretford Road, Manchester.**—House-Surgeon, doubly qualified. Salary, £130 per annum, with apartments, attendance, coal, and gas. Applications to the Honorary Secretary of the Medical Committee by October 19th.
- KILBURN, MAIDA VALE, AND ST. JOHN'S WOOD GENERAL DISPENSARY.**—Vacancy on Honorary Medical Staff. Applications to the Secretary, 13, Kilburn Park Road, N.W., by October 22nd.
- 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.
- METROPOLITAN ASYLUMS BOARD.**—Assistant Medical Officers at the North-Eastern Fever Hospital, St. Ann's Road, Tottenham. Salary, £160 during the first year, £180 during the second year, and £200 during the third and subsequent years of service, with board, lodging, attendance and washing; must be doubly qualified, and not more than 35 years of age. Applications, on forms to be obtained at the chief office of the Board, Norfolk House, Norfolk Street, Strand, W.C., to be delivered not later than October 13th.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (ALBANY MEMORIAL), Queen Square, Bloomsbury, W.C.**—House-Physician. The Junior House-Physician is a candidate, and applicants should state whether they are prepared to accept either appointment. Salary of the senior post £100 and of the junior £50 per annum, with board and apartments. Applications to B. Burford Rawlings, Secretary and General Director, by October 24th.
- NEWCASTLE-ON-TYNE DISPENSARY.**—Visiting Medical Assistant; doubly qualified. Salary, £120 for the first year and £150 afterwards. Applications on forms provided to the Honorary Secretary, R. W. Sisson, 13, Grey Street, Newcastle-on-Tyne, by October 12th.
- NORTH-WEST LONDON HOSPITAL, Kentish Town Road, N.W.**—Resident Medical Officer and Assistant Resident Medical Officer. Salary of £50 per annum attached to the senior post. The junior officer is eligible for election to the senior post. Applications to the secretary by October 31st.
- 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.
- ROTHERHAM HOSPITAL AND DISPENSARY.**—Assistant House-Surgeon. Appointment for six months. No salary, but board, lodging, and washing provided. Applications to the House-Surgeon by October 24th.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.**—Assistant Physician; must be F. or M.R.C.P. Lond. Also Resident Medical Officer; appointment for six months. Salary, at the rate of £100 per annum, with furnished apartments, board, and washing. Applications to the Secretary by October 14th.
- ROYAL PORTSMOUTH HOSPITAL.**—Assistant House-Surgeon. Appointment for six months, eligible for re-election. Board and residence and an honorarium of £15 15s. provided. Applications to the Secretary by October 24th.

**ST. GEORGE'S UNION, London.**—Clinical Assistant or Second Assistant Medical Officer for twelve months. Remuneration £50, board and residence. Applications to Dr. Webster at the Infirmary, Fulham Road, S.W.

**SOUTH DEVON AND EAST CORNWALL HOSPITAL, Plymouth.**—Assistant House-Surgeon for six months, renewable for a similar period. Board and residence and an honorarium of £10 provided. Applications to the Honorary Secretary by October 21st.

**TAUNTON AND SOMERSET HOSPITAL.**—Assistant House-Surgeon for six months. No salary, but board, washing, and lodging provided. Applications endorsed "Assistant House-Surgeon" to J. H. Biddulph Pinchard, Secretary, by October 21st.

**TUNBRIDGE WELLS GENERAL HOSPITAL.**—Resident House-Surgeon and Secretary, unmarried, doubly qualified. Salary, £100 per annum, with board, furnished apartments in the hospital, gas, firing, and attendance. Applications to the Assistant Secretary by October 20th.

**VICTORIA CHILDREN'S HOSPITAL, Hull.**—Lady Dispenser. Residence board, and washing. Applications to the Honorary Secretaries by October 19th.

**WEST HERTS INFIRMARY, Hemel Hempstead, Herts.**—House-Surgeon and Dispenser, doubly qualified, unmarried. Appointment for two years. Salary, £100 per annum with furnished rooms, fire, light, attendance, and washing. Applications to the Honorary Secretary by October 15th.

**WEST RIDING ASYLUM, Menston, near Leeds.**—Fourth Assistant Medical Officer. Salary to commence at £100, rising £10 annually to £150 with board and apartments. Applications to the Medical Superintendent by October 17th.

**YORK COUNTY HOSPITAL.**—Assistant House-Surgeon; doubly qualified, Salary, £60 per annum, with board, rooms, washing, etc. Applications to Fred. W. Howell, Secretary and Manager, by October 14th.

### MEDICAL APPOINTMENTS.

**ANGUS, H. B., M.B., M.R.C.S.,** appointed Honorary Assistant Surgeon to the Royal Infirmary, Newcastle-on-Tyne.

**BROWNLEES, Dr.,** appointed Medical Officer to the Glenwherry Dispensary.

**CARD, A. H., M.R.C.S., L.R.C.P.,** appointed Surgeon, etc., to the Worksof Dispensary.

**COATES, Wm. H., M.A., M.B.Durh., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Medical Officer of Health to the Patrington Rural District Council and Medical Officer to the Patrington Workhouse.

**DIACK, P. W., M.A., M.B., C.M.Aberd.,** appointed Senior House-Surgeon to the Blackburn and East Lancashire Infirmary.

**FENTON, C. F., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Medical Officer of Health for the Barking Town Urban District.

**GLOVER, Lewis, M.A.Camb., M.B., M.R.C.S., L.R.C.P.Lond.,** appointed Assistant Medical Officer with charge of the Out-patients at the Hampstead Hospital.

**GRAHAM, A., M.B.,** appointed Medical Officer for the Seventh District of the Newmarket Union, *vice* R. Cockerton, L.R.C.P., Edin., M.R.C.S. Eng., resigned.

**HAWTHORN, Frank, M.D., B.S.Durh., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Resident Medical Officer to the Dispensary, Newcastle-on-Tyne.

**HAYCOCK, Henry E., L.R.C.P.Edin., M.R.C.S.Eng.,** reappointed Medical Officer for the Codnor Park District of the Basford Union.

**HAYES, Sidney, M.D.Lond.,** appointed Anaesthetist to the General Hospital Birmingham.

**LEEDHAM-GREEN, C. A., F.R.C.S.Eng., M.D.Heidl.,** appointed Anaesthetist to the General Hospital, Birmingham.

**MCMAHON, F. D. S., L.R.C.P., L.R.C.S.Eng.,** appointed Medical Officer for the Parishes of St. Columb, St. Wenn, St. Newgan, and St. Eval of the St. Columb Union.

**MORNEMENT, R. H., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Assistant Medical Officer at the London County Asylum, Cane Hill, Purley, Surrey.

**MURDOCH, Mary C., L.R.C.P.&S.Edin.,** appointed Assistant Physician to the Victoria Hospital for Children, Hull.

**NOBBS, Athelstane, M.B.Edin.,** appointed Medical Officer for the No. 1 District of the Battersea, Clapham, and Wandsworth Union.

**PARKINSON, C. H. Watts, M.R.C.S.Eng., L.S.A.,** reappointed Medical Officer of Health for the Wimborne Rural District.

**ROCHE, Redmond, B.A., M.R.C.S., L.R.C.P.Lond.,** appointed Medical Officer to and Lecturer on Hygiene, Ambulance, and Domestic Medicine at the Colonial College, Holfesley Bay.

**RYAN, Edmund Wm. St. Vincent, L.R.C.P., L.R.C.S.Eng., L.F.P.S.Glasg.,** appointed Medical Officer for the No. 5 District of the Battersea, Clapham, and Wandsworth Union.

**TAYLOR, E. Claude, M.D.Lond., F.R.C.S.Eng.,** appointed House-Surgeon to the Bristol Hospital for Sick Children and Women.

**THOMPSON, William J., M.D.Dub.Univ.,** appointed Visiting Physician to Jervis Street Hospital, Dublin.

**WADD, H. Randall, M.R.C.S.Eng., L.R.C.P.Lond.,** late Junior House-Surgeon, appointed Senior House-Surgeon to the Great Northern Central Hospital, N.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.**—Mr. W. Lang: Conjunctival Affections.

**London Throat Hospital, Great Portland Street, W., 8 P.M.**—Dr. Edward Law: Examination of the Throat and Nose.

**MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8 P.M.**—General meeting to receive the Treasurer's report and balance sheet, etc.—8.30 P.M., an ordinary meeting. Mr. Reginald Harrison: Opening Presidential Address on The Treatment of some forms of Albuminuria by Renipuncture. Mr. J. D. Malcolm: On Twenty Cases in which Abdominal Section has been performed a Second Time.

#### TUESDAY.

**LONDON POST-GRADUATE COURSE, Bethlehem Royal Hospital, 2 P.M.**—Dr. Craig: Melancholia and Hypochondriasis. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Diseases of Choroid.

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.**—Dr. Tooth: Cases illustrating Spinal Cord Diseases.

**HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C., 2.30 P.M.**—Dr. Lees: On Rheumatism in Childhood.

#### WEDNESDAY.

**LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.**—Dr. Phineas Abraham: Lupus Erythematosus.

**THE CLINICAL MUSEUM, 211, Great Portland Street, 4 P.M.**—Demonstration by Mr. Jonathan Hutchinson.

**HUNTERIAN SOCIETY, London Institution, Finsbury Circus, 8.30 P.M.**—Dr. Stephen Mackenzie: Purpura, its Forms and Treatment. All members of the profession will be welcome. Hunterian Lecture I.

#### THURSDAY.

**LONDON POST-GRADUATE COURSE, British Institute of Preventive Medicine, Great Russell Street, W.C., 3.30 P.M.**—Dr. Allan Macfadyen and Mr. A. G. Foulerton: Proteid Substances found in Urine in Disease. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Dr. J. Mitchell Bruce: Clinical Lecture.

**HARVEIAN SOCIETY OF LONDON, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 P.M.**—Mr. John Griffith: On Sudden loss of Sight, its Causes, and their Differential Diagnosis.

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 11, Chandos Street, Cavendish Square, W.**—Card Specimens at 8 P.M. Papers at 8.30 P.M.: Mr. Snell: (1) Hereditary Optic Atrophy and Allied Cases. (2) Herpes Ophthalmicus occurring a few days after Cataract Extraction. Mr. Nettleship: Central Amblyopia as an Early Symptom in Tumour at the Chiasma. Mr. Sandford: (1) Note on a case of Cataract Extraction in an Albino. (2) Note on the Use of Oxygen Gas in Superficial Suppurative Affections of the Cornea.

**HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C., 4 P.M.**—Dr. Barlow's Demonstration.

#### FRIDAY.

**LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 P.M.**—Professor Crookshank: Examination of Air, Soil, and Water. 4 to 5 P.M. Plate Cultivations.

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.**—Dr. Beevor: Cerebral Localisation.

**HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C. 11.15 A.M.**—Dr. Penrose: On Marasmus.

### 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 in the current issue.*

#### MARRIAGES.

**DUNKLEY — SULLY.**—On September 15th, at St. Michael's Church, Gloucester, by the Rev. G. James, M.A., Rector, W. Wilberforce Dunkley, F.R.C.P.E., of Kempsey, Worcester, to Mabel, fourth daughter of the late Albert Sully, of the city of Gloucester.

**HOSSACK — CLARKE.**—On October 7th, at Trimley, St. Mary Church, Suffolk by the Rev. H. M. Willis, M.A., Rector of the Parish, assisted by the Rev. F. Graham, M.A., James Francis Clark Hossack, F.R.C.S.Eng., only son of the late James Hossack, Esq., of Cape Town, to Marie Therese Clarke, only child of the late Major Clarke, (formerly of the late Indian Army), and adopted daughter of the late Colonel and Mrs. Laird, Forfarshire, N.B.

**JOHNSTON — HEADLEY.**—September 30th, at the Parish Church, Alresford, Hants, by the Rev. A. A. Headley, brother of the bride, James Hunter Johnston, M.B., of Nottingham, to Mabel Ethel, youngest daughter of the Rev. Alexander Headley, of Portchester, formerly Rector of Hardenhuish, Wilts.

**PATERSON — GILLIES.**—On September 30th, at 6, Bayview Terrace, London-derry, by the Rev. W. J. Christie, M.A., Rector of Newton Stewart, William Bromfield Paterson, F.R.C.S., L.D.S., of 64, Brook Street, Grosvenor Square, to Agnes Stirling, second daughter of the late David Gillies, J.P., of Londonderry and Buncrana, co. Donegal.

**SIMPSON — LYSAGHT.**—At Ootacamund, India, on September 4th, by the Rev. C. L. Wright, Surgeon-Captain D. Simpson, M.A., M.B., I.M.S., youngest son of the late George Simpson, Esq., Alvah, Scotland, to Mary, youngest daughter of the late William Lysaght, J.P., of Beechmount, co. Cork, Ireland.



## 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 ORTHOPÆDIC**. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—M., 4.  
**EAST LONDON HOSPITAL FOR CHILDREN**. *Operations*.—F., 2.  
**GREAT NORTHERN CENTRAL**. *Attendances*.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. *Operations*.—W., 2.  
**GUY'S**. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9. Throat, F., 1. *Operations*.—(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.  
**HOSPITAL FOR WOMEN, SOHO**. *Attendances*.—Daily, 10. *Operations*.—M. Th., 2.  
**KING'S COLLEGE**. *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p. Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th. 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. 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., 3.  
**MIDD'SEX**. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p. M. F. S., 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 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., 9; Dental, Th., 9. *Operations*.—W. S., 2; (Ophthalmic), M. F., 9.30; (Diseases of Women), S., 9.  
**ROYAL LONDON OPHTHALMIC**. *Attendances*.—Daily, 9. *Operations*.—Daily, 10.  
**ROYAL ORTHOPÆDIC**. *Attendances*.—Daily, 1. *Operations*.—M., 2.  
**ROYAL WESTMINSTER OPHTHALMIC**. *Attendances*.—Daily, 1. *Operations*.—Daily.  
**ST. BARTHOLOMEW'S**. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p. W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operations*.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.  
**ST. GEORGE'S**. *Attendances*.—Medical and Surgical, daily, 12; Obstetric, M. Th., 2; o.p. Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, F., 2; Orthopædic, W., 2; Dental, Tu. S., 9. *Operations*.—M. Tu. Th. F. S., 1.  
**ST. MARK'S**. *Attendances*.—Fistula and Diseases of the Rectum, males S., 3; females, W., 9.45. *Operations*.—M., 2; Tu., 3.30.  
**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., 3; Orthopædic, W., 10; Throat, Tu. F., 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; Throat, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, o.p. Th., 2; Mental Diseases, o.p. Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.  
**SAMARITAN 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. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10; F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operations*.—Tu. F., 2.30.  
**WESTMINSTER**. *Attendances*.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, Tu. F., 9.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operations*.—Tu. W., 2.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with duplicate copies.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

### QUERIES.

RESEARCH would like to know the best literature in English (recent or otherwise) to read on intussusception of the bowel.

MEDICAL OFFICER (R.N.) wishes to know if any member could suggest a probable cause in the following case, and give treatment if any is required: A male patient, aged 40, unmarried, has emissions in his sleep about twice a month, and for the last three or four months has been anxious at finding the emissions on his nightdress stained with blood. No pain. Sexual organs appear healthy.

H. H. P. asks for advice as to a male epileptic, aged 27, who is having constant fits which are leaving his mental condition worse and worse. Hospitals have all tired of him, places for the "employment" of epileptics have tried him but find him too bad, and his parents are almost unable to work, as the time of both is more than taken up in guarding the boy, who at times shows great violence. They can pay no more than a few shillings a week.

C. B. G. asks: Is Davos suitable for a man of 29 with phthisis in both lungs, and who has had a severe and prolonged attack of hæmorrhage? There are coarse crepitations and cavities. He has been twice previously. Is Lynton better?

\*.\* The tuberculous process is probably too active. Further knowledge as to the patient's present condition (including general nutrition, temperature, pulse, reaction to exertion) would be required to enable an opinion to be expressed. We are disposed to think that the decision should be left to a physician of special experience.

### PROVIDENT MEDICAL SOCIETIES.

A., who has been asked to help in the formation of a provident medical society for a country district, asks for information from members who have practical experience as to fees, wage or rent limit, rules and general management.

### BRITISH PRACTITIONERS IN AMERICA.

F.R.C.S.ENG. asks for information as to the question of medical practice in Virginia or California by one holding qualifications obtained in London. He wishes particularly to know whether it is necessary to pass an examination before being allowed to practise in these States, and also to obtain some idea as to the nature of the examination—whether it is a very detailed examination or merely a general examination upon the knowledge of medicine, surgery, and midwifery. Also, he would like to know by what college the examination is held, and to whom to apply as an applicant for examination.

\*.\* We may refer our correspondent for an answer to most points in his inquiry to the Educational Number of the BRITISH MEDICAL JOURNAL, September 5th, 1896, p. 595. The examination, where required, is conducted in all cases, we believe, by a State Board.

### ANSWERS.

DR. T. E. SMYTH (Tavistock) writes that he has found Wright's liquor carbonis detergens 3ij to 3viij water successful in the treatment of scabies when such treatments as mentioned by "E.B.G." have failed.

MR. E. N. LENDON, M.B. (Holland Park Avenue, W.) writes: In reply to Mr. Cresswell White (October 3rd, p. 985), I had Hair's asthma cure, analysed qualitatively this year, and it was found to be a solution of potassium iodide in weak tar water.

DENS asks to be referred to books giving information as to filling decayed teeth, making dentures, and on mechanical dentistry generally.

\*.\* Our correspondent might consult *Diseases and Injuries of the Teeth*, by A. Morton Smale and J. F. Colyer (London: Longmans, Green, and Co. 1895); or Harris's *System of Dental Surgery*.

DR. COLIN CAMPBELL.—A prosecution was instituted against the person "trading under the name of Dr. Bell" by the General Medical Council on January 28th last, and a conviction obtained under the 40th Section of the Medical Act. He was fined £20 and £66s. costs, or in default two months' imprisonment. The attention both of the Post Office and the police has been called to the continued publication by the same person of the indecent pamphlet but without avail.

MR. WALTER D. SEVERN, F.C.S., writes from the West End Pathological Laboratory, 55, Weymouth Street, Portland Place, W.: In reply to your correspondent "Cleveland" (BRITISH MEDICAL JOURNAL, September 19th, p. 793), as to an institution which would supply nutrient media at a reasonable rate, I beg to say that we are supplying every kind of nutrient medium prepared under my supervision very carefully, at moderate prices.

### CLIMATE OF DEMERARA.

IN reply to "I. S. J." in the BRITISH MEDICAL JOURNAL of September 26th, "Member" considers (1) that the climate of Demerara is not unsuitable for young females; (2) the climate must be considered malarial; (3) functional uterine irregularities are less common in Demerara than in England; (4) the climate may be ranked as favourable where phthisical tendencies exist; (5) under favourable conditions natives of England enjoy good health.

### TREATMENT OF SCABIES

DR. C. M. JESSOP (Redhill) writes: If "E. B. G." will direct his patient to brush his woollen or outer clothing with sulphur powder (particularly about the cuffs of the sleeves), he will probably cure his patient. In every case of itch I always direct this to be done in addition to the