

cated may sometimes be advantageously practised. It is in these instances that death either rapidly occurs or is brought about no less surely in the course of time by the more chronic forms of nephritis in conjunction with the cardiac complications which so frequently arise in connection with them.

That many cases of nephritis with high tension and subsequent structural deterioration must necessarily be attended with cardiac hypertrophy or enlarged powers of circulation is at once obvious. Diminished capacity to excrete can only be compensated for by increase in the force of the blood current. In the restoration of function we have the only safeguard against the development of this complication.

In conclusion I will offer a few remarks on the precise nature of the surgical treatment of renal tension associated with albuminuria. It is hardly necessary to remind you that by anaesthetics and the antiseptic treatment as developed by Sir Joseph Lister we are now in the position, not only of exploring various organs of the body with perfect safety, but further we are enabled by these means to study what I would speak of as living pathology. It would not be possible for me to illustrate the truth of this observation more vividly than in the case of renal disease. Here by anaesthetics in combination with antiseptics a vast number of diseases have been brought, not only within reach of surgery, but with a degree of success which previously would have been unattainable. The operation of exploring a kidney by an incision from the loin, so as to enable the operator to examine this organ carefully and deliberately with the finger, and, if found necessary, to proceed further, has now been so safeguarded as to remove from the mind of any careful surgeon undertaking it the feeling that he is exposing his patient to any undue risk relative to the reason that is judged to demand it. I cannot say that I ever saw any ill result follow the exposure of the kidney by an incision from the loin for the purpose of its digital exploration. On the other hand, we have seen in numerous directions the necessity for such a proceeding in many cases where, though recovery followed, a correct diagnosis had not previously been arrived at. Such instances include the presence of pus or fluid within the kidney, morbid growths requiring the removal of the organ, stones, undue mobility, and other abnormal conditions.

In the class of cases I am now referring to the kidney should be exposed by a moderate incision from the loin, so as to enable the operator to feel the organ distinctly both in front and behind, aided of course by pressure exercised on the kidney by the hand of an assistant from the front of the abdomen. If in conjunction with the presence of albumen in the urine the kidney is found in a state of tension, such as I have illustrated, three or four punctures may be made through the capsule in various directions; or should the organ be found in a higher state of tension, then a limited incision into the cortex may be practised. After one or other of these measures have been adopted, the wound should be lightly packed with gauze or a drainage tube substituted. In either case the incision should be dressed in such a manner as to provide for the free escape of either blood or urine, or whatever products may be exuded. For this practice I venture to think some reason will be found in the illustrations which have formed the text for my observations this evening.

MEMORANDA:

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

CHOREA GRAVIDARUM: INDUCTION OF LABOUR: DEATH.

K. W., aged 28, primipara, unmarried, came under my care about the middle of July, 1896. She was then five months pregnant, and had been under the care of another medical man for two months, being treated with iron, iodine, and other remedies, in spite of which the chorea had progressed to an alarming extent. When I first saw her she was standing. She had an idiotic expression on her face, and made peculiar laughing sounds from time to time owing to the in-

voluntary contraction of the chest muscles. Her arms and head were thrown about wildly, her hair was matted from her rolling her head about on the pillows when she was lying down; she was unable to drink, as the greater part of the liquid ran out of her mouth; her tongue was much swollen and very dirty; from the right side of it she had bitten a piece as large as a shilling, and from the other side one the size of a sixpence. She spoke with great difficulty and very indistinctly, as she seemed to have little control over her lips and tongue. No cardiac disease could be detected, but auscultation was difficult owing to the movements being continuous; the heart was not irregular, and the pulse was strong. The involuntary movements continued day and night, so that she never got any sleep. When put into bed her head was dashed about, sometimes with great violence, against the head of the bed; her arms and legs were thrown about in an irregular and violent manner, so that the bed-clothes could not be kept on; from time to time the action of the muscles became so violent that she was thrown over the side of the bed, and unless caught she fell on the floor. When she tried to sit up she did so very awkwardly, and was generally soon thrown back into bed or over the side of it. Any attempt at limiting the movements greatly increased them. Arsenic, bromides, and chloral were tried to relieve the patient, also opium and hypodermics of morphine, but without any relief except for a short period after the latter.

As the patient got no better, and her strength began to fail, after a consultation with my father it was decided to induce abortion. She was put under chloroform, and a bougie was passed between the wall of the uterus and the membranes; then the latter were ruptured so as to reduce tension, hoping possibly in that way to give temporary relief; this relief came, but was only of a few hours' duration, then the involuntary movements came on as severe as ever. Morphine was administered, but with only slight relief. On the third day after rupturing the membranes the foetus was extracted by the leg after chloroform had been given, and the placenta, followed by a profuse hæmorrhage, was removed. The abortion went on satisfactorily, but the patient showed no improvement. On the night following the abortion a hypodermic injection of morphine was given, but without relief, except for a short time. The next day the patient, whose strength had been keeping up well, and who was getting to take more food, suddenly collapsed, sordes rapidly appeared on the lips, her face turned livid, and her extremities went quite cold, and in spite of hot bottles, hypodermics of ether, strychnine, and brandy, she died in about an hour after the change came.

The patient had had "one attack of the dance" when a young girl, and had had rheumatic fever, and belonged to a somewhat neurotic family. She was ill for some time when she had St. Vitus's dance as a girl.

W. E. F. TINLEY, M.B.,
Late Senior Obstetric House-Physician, St. Thomas's Hospital.
Whitby.

COMPLETE INVERSION OF THE BLADDER.

THIS occurred in a female child about 6 months old. The child had an attack of bronchitis some weeks previously, but at the time of the inversion no cause could be assigned for the conditions. The mother first noticed a small red mass gradually protruding through the vulva, which on pressure disappeared. In half an hour the red mass reappeared, but was much larger and could not be returned. When I saw the case (four hours afterwards) it was much congested and about the size of a duck's egg. The urine could be seen at times trickling from the ureters. I at first failed to return it, but by passing a probe-pointed bistoury along the neck of the mass to the urethral orifice, and incising, the inverted bladder was then easily returned. There was no return.

Newcastle-upon-Tyne.

JOSEPH WILLIAM LEECH, M.D.

FIXATION OF THE HEART TO THE DIAPHRAGM.

On making a *post-mortem* examination the other day I found a condition of things which I think, to say the least, must be uncommon. The subject was a very stout man of 65, who fell down and expired while taking part in a debate. On examining the heart I found that for a space of about a square

inch at the apex the muscular tissue had all disappeared and been replaced by hard fibrous tissue. This was again attached to the pericardium and this to the diaphragm, the whole forming one piece of dense, hard, fibrous tissue. Where the heart joined the pericardium and the latter the diaphragm it was impossible to discover. The whole formed a piece about 1 in. square to $\frac{3}{4}$ in. to 1 in. in thickness. The heart was about twice the normal size, and there was pretty extensive atheroma. It seems strange how a man could live to his age with the heart's apex tightly bound down. There was no history of former illness, specific or otherwise, but for some years he had occasionally had attacks of shortness of breath.

Upper Street, N.

J. RUSSELL BRADMORE.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

T. T. WHIPHAM, M.D., F.R.C.P., Vice-President, in the Chair.

Friday, October 9th, 1896.

PUNCTURED WOUND OF THE RIGHT VENTRICLE OF THE HEART.

MR. W. G. SPENCER showed a specimen from a man, aged 28, who during a fight was stabbed in four places. One was over the left third costal cartilage, two were in the abdominal wall, and one was an incised wound of the left temple. The patient was brought to the hospital pulseless and unconscious, bleeding having stopped. He revived after the infusion of two pints of saline fluid by Mr. Tippet. Mr. Spencer found no evidence of perforation in either the thoracic or abdominal wounds. For a week progress was favourable. On the eighth day the patient suddenly lost a pint of blood from the thoracic wound. Under ether Mr. Spencer passed his finger through a wound in the second left intercostal space, close to the sternum, and touched a large vessel having a low tension, and in which there was a whirling current with each systole. On relaxing the finger pressure blood welled up freely. No spouting artery could be felt. Considering, from the course of the left internal mammary artery, that it was not wounded, and in view of the danger of opening the pleural cavity by enlarging the wound, no attempt to apply a ligature was made. The wound was plugged firmly by wedging the strip between and behind the ribs, sternum, and intercostal membrane. Two days later there was some leaking, and the plug was replaced by another strip of gauze 2 feet long by 1 inch in breadth, about half a pint of blood being lost during the process. Between the eighth and seventeenth day the plug was gradually extruded. Whilst about 6 inches still remained, another sudden hæmorrhage of from one to two pints occurred, which ceased when Mr. Tippet again plugged firmly. There was no more bleeding. The plug was pushed out by the twenty-seventh day, leaving a superficial wound, which healed about six weeks after the accident. Meanwhile, nothing abnormal had been heard in the chest except a faint murmur like that of anæmia. During convalescence a cold abscess near one of the abdominal wounds required incision, and the patient had a severe attack of ulcerative stomatitis. The patient remained very anæmic; he had to attend a long trial, after which he felt exhausted, gradually grew weaker, and without presenting special symptoms died 79 days after the accident. *Post mortem*, Dr. Hebb found that the scar in the left second intercostal space corresponded with a firm scar in the pericardium, and this with a linear depressed scar about 5 mm. long on the right ventricle, whilst on the endocardium opposite was a fine bluish line, taken to be the cicatrix of a minute perforation of the ventricle just below the pulmonary valves. No sign of any other vessel being wounded nor any clot inside or outside the heart or large vessels was found. Both lungs were the seat of chronic fibroid phthisis, and were universally adherent to the chest wall. The liver showed cirrhosis as well as the scars of old gummata, and there was extensive genito-urinary disease following stricture, including pyonephrosis, destroying one kidney and an abscess between the bladder and rectum in connection with chronic prostatitis. Mr. Spencer

remarked on the healing of the wounds in a man affected by tuberculosis, syphilis, septic inflammation, subsequent to gonorrhœa and alcoholism; on the character of the bleeding, the rapid loss of blood with such small force as to be restrained by a plug; the healing of the perforated ventricle as depending upon the small size of the wound, and the low blood pressure in the ventricle during systole compared with that in a large artery. Had the man been healthy there would doubtless have been complete recovery, leaving no defect.

MR. WALSHAM inquired if the author was confident that the wound penetrated the ventricle, seeing that the scar on the inner aspect was scarcely, if at all, visible. The blood might have come from a wounded branch of the coronary artery. He thought a wound that penetrated the ventricle would have been fatal. What direction did the wound take? He suggested that microscopical examination of the alleged scar would clear up the doubt.

MR. KESTIVEN asked how far the anæmia caused by the wound was the cause of death.

THE CHAIRMAN said that the specimen appeared to show that the ventricle had suffered perforation.

MR. MAKINS asked if the author had considered the desirability of suturing the wound. Treatment by a large plug was not usually satisfactory in such a case. In a case recently recorded the pericardium was opened, and the wound in the heart sutured and recovery ensued.

MR. SPENCER, in reply, said that microscopical examination by a subcommittee would doubtless clear up the question of penetration. The wound in the skin was over the third left costal cartilage; to state exactly its direction was difficult.

MR. WALSHAM, Dr. HERRINGHAM, and Mr. SPENCER were appointed a committee to investigate the question of perforation of the ventricle.

[Mr. Spencer informs us that this committee has reported that the wound had probably penetrated by a minute puncture into the right ventricle.]

SEPTIC INFLAMMATION FOLLOWING TAPPING OF HYDROCELE.

MR. LAW FORD KNAGGS drew attention to a condition which sometimes followed the operation of tapping a hydrocele. Three cases were described. In two castration had been performed in consequence of the uncertainty as to the nature of the swelling. In the third a correct diagnosis was made, but there was no possibility of mistaking the swelling for a testicular growth, as it was an encysted hydrocele. The cases constituted a well-marked clinical group. The history was typical. In the two cases in which castration was performed a thick-walled hydrocele sac was found completely filled with an adherent bright-yellow, transparent clot. In the third, masses of similar clot were adherent to a thick-walled sac. The conditions were the result of an inflammatory effusion containing coagulable elements. There was the danger of mistaking the enlargement for a rapid growth of the testis. The non-translucent sac, the rapid formation of the second swelling, the abortive second tapping and persistence of the tumour were, however, such characteristic features as to render recognition of the real condition quite possible. Though buff-coloured clot was sometimes met with in hydroceles, the author had been unable to find any definite account of such cases as he had brought forward. A similar specimen in a museum was attributed to a supposed iodine injection, and in two of the cases mentioned in the paper hæmatocele had been suggested by pathologists.

DOUBLE LOBAR PNEUMONIA WITH HYPERTYREXIA AND JAUNDICE.

DR. F. HAWKINS (Reading) read notes of a case of hypertyrexia in double lobar croupous pneumonia, in which recovery took place. The patient was a lad, aged 18, who was admitted into the Royal Berkshire Hospital complaining of rheumatism in the left arm and pains in the left thigh. The illness began suddenly. No swelling of joints was noticed, but on moving the left leg patient complained of pain in the hip-joint. A faint systolic murmur was heard at the apex, which was normal in position. The pulse was 100, respiration 20, temperature 99°. No albumen in the urine. Next day the temperature was normal in the morning, but in the evening

upper classes, for whom there was then no suitable provision. Success followed this project, and the original building has been enlarged on several occasions. It now accommodates 200 patients, and will, we understand, be carried on by his two sons, who are both graduates in medicine of Cambridge University, and have been for some time actively engaged in the work, and by Mrs. Langdon-Down.

Dr. Langdon-Down was largely instrumental in founding the Thames Valley Branch of the British Medical Association, of which he was the first president; and he was for many years a member of the Council of the Association. In 1884 he was appointed Justice of the Peace for Westminster and Middlesex, and in 1889 was elected a County Alderman of Middlesex. In politics he was a pronounced Liberal.

The first part of the funeral service was conducted on October 10th at St. Thomas's Church, Portman Square, where a large congregation, chiefly of professional friends and colleagues of Dr. Langdon-Down, was assembled. Among those present were nearly all the members of the staff of the London Hospital, Sir William and Lady Broadbent, Mr. D'Arcy Power, Dr. and Mrs. Crocker, Dr. Symes Thompson, Dr. Althaus, Dr. and Mrs. Ferrier, Mr. Eastes, Mr. G. F. White, a large number of nurses from the London Hospital and Normansfield, and a deputation of members of the Thames Valley Branch, including the President (Dr. G. E. Shuttleworth), and Drs. Goodman, Scott, Bateman, Kane, and Günther. After the service the coffin, covered with wreaths of flowers, was removed to Woking for the cremation of the body, in accordance with the expressed wish of the deceased.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

PHARMACOLOGY.—A special revision class in this subject intended for students taking the Third M.B. Examination this term is announced by Professor Bradbury; it will be held thrice a week at the Pharmacological Laboratory.

APPOINTMENTS.—Professor Macalister is appointed an Elector to the Chair of Zoology; and Professor Allbutt to the Downing Chair of Medicine, in the place of the late Sir George Humphry. Professor Bradbury is appointed Assessor to the Regius Professor of Physic.

DEPRIVATION OF DEGREES.—By a Grace offered to the Senate on Thursday, Francis Charles Scott Sanders, B.A., M.B., whose name has already been struck off the *Medical Register* on the ground of his conviction for felony, is deprived of his degrees and of all privileges thereto attaching. This is the only Cambridge graduate on the "Black List" of the General Medical Council, and no time has been lost by the University in putting into effect its recently-acquired disciplinary powers. Sanders was sentenced in 1893 to six years' penal servitude for forgery, and he is now not only disregistered but disqualified.

UNIVERSITY OF EDINBURGH.

MEDICAL PRELIMINARY EXAMINATION.—The following candidates have passed this examination:

May Agnew, A. W. Atkinson, W. Black, R. J. Bradley, J. Brocket, Margaret E. Bryson, E. P. Calder, T. Cavanagh, Lizzie M. S. Clark, Paula Copeland, W. H. Dickinson, O. J. Evans, N. C. Fischer, E. C. Gimson, J. F. Halgert, D. C. Henry, E. M. Hingston, A. O. Hooper, Margaret D. Japp, W. Jarvis, E. Johnston, E. A. King, P. V. Langmore, G. J. Leceusne, W. H. Lucey, J. G. M'Bride, H. K. Macdonald, W. J. Macdonald, D. W. Macfarlan, J. P. M'Farlane, A. P. Gregor, J. M'Kenzie, Clara V. M'Laren, J. M'Leod, G. M'Neil, K. D. C. Macrae, J. G. Millar, C. E. S. Mitchell, R. S. Munro, A. D. Murray, J. Neil, P. Neuman, T. F. Norbury, W. Ottewill, Sophie Palmer, J. N. D. Paulson, W. D. Pierce, J. J. N. Pierre, H. St. J. Randall, R. Rorie, G. H. Skinner, W. B. Tannahill, P. Telles, T. L. Thomson, P. S. Tillard, G. C. Trotter, C. E. Watts, E. Wells, C. E. Wilson, F. E. Wilson, H. S. Winterbotham, and D. Young.

UNIVERSITY OF GLASGOW.

FIRST PROFESSIONAL EXAMINATION (NEW REGULATIONS).—The following have passed this examination in the subject or subjects indicated after their respective names (B., Botany; Z., Zoology; P., Physics; C., Chemistry):

M. Aikman, M.A. (B., Z.), J. Anderson (B.), W. Armitage (Z., P.), G. Arthur (B., Z. P. C.), G. Barbour (B., C.), T. T. Bathgate (P.). A. Baxter (Z., C.), A. Binning (B., C.), A. Birch (B., Z. P. C.), H. E. Brown (B., P.), W. H. Brown (B., C.), J. D. Brownlie (B.), G. F. Buchan (B., Z.), P. T. Cairns (B., Z.), J. M. H. Caldwell (P.), E. P. Cathcart (C.), J. T. Clark (B., C.), R. Clark (B., C.), C. C. Cuthbert (Z., C.), J. Davidson, M.A. (C.), G. H. Grant-Davie (P., C.), F. L. Dickson (C.), D. C. Douglas (P., C.), G. H. Downie (P., P.), G. B. Eadie (B., P.), L. Findlay (B., Z., P. C.), C. M. Finlay (C.), J. Forrest (B., C.), T. Forsyth (B., P.), A. Fraser, M.A. (B., Z.), M. W. Fraser (B., C.), E. D. Gairdner (B., Z.), J. Gemmell (Z.), E. Gillespie (B., Z., P.), W. Girvan (P.), C. A. Gourlay (B., C.), J. D. Gourlay (B., Z., P. C.), C. H. Gunson (B., Z., P.), J. A. Hagerty (Z., P.), J. M. Henry (B., C.), C. M. Hope (Z., C.), T. H. Jack (B., Z., P. C.), J. T. Kelly (P.), J. Kennedy

(Z., P.), R. D. Kennedy (Z.), W. B. Kerr (B., Z., P.), W. H. Kirk (Z., C.), J. D. Laidlaw (Z., C.), J. F. Lambie (C.), A. Leitch (B., Z., P. C.), J. D. Lickley (B., C.), J. Lockhart (Z., P.), A. Logan (B., P.), D. D. Logan (P.), D. Longwill (Z., C.), A. Mair (B., C.), R. M'N. Marshall (B.), W. Maxwell (P.), W. A. Mills (P., C.), E. Mitchell, M.A. (B.), J. Morison (B., Z.), A. Munro (B., C.), A. MacCulloch (Z.), W. J. M'Feat (P., C.), G. S. M'Kinnon (B.), J. Mackinnon (Z., C.), G. T. Maclean, M.A. (C.), J. Maclean (Z., P.), B. M'Phee (C.), D. M. MacRae, M.A. (C.), D. S. Paterson (B., P.), R. Paterson (B., Z., P. C.), J. N. Prentice (B., Z.), T. H. Rankin (B., Z.), J. D. Richmond (B., C.), E. H. Ross (B., Z.), J. C. Ross (B., C.), M. Scott (B., Z.), D. Shannon (B., C.), E. W. Sharp (B., C.), J. S. Smith (C.), D. Spence (B.), J. D. B. Stewart (Z., P.), J. B. Stewart (B., P.), J. A. Sutherland (C.), R. R. Swan (B.), R. B. Thom (Z., C.), J. C. Turnbull (B., C.), A. E. Wainwright (B., C.), W. D. Walker (P.), R. Wallace (B., P.), P. M. Waugh (B., Z.), G. White (B., C.), G. H. Wildish (C.), D. W. Wilson (B., Z.), T. W. Wilson (B., Z.), W. W. W. Wilson (B., Z.), W. R. Wylie (B.), J. Young (Z., P.). Women: M. Adams (B., Z.), J. S. Britten (B., Z.), G. J. Campbell (P., C.), L. T. Fraser (B., Z.), L. S. Greig (B., Z.), M. F. Liston (B., Z.), J. M. F. Marshall (B., Z.), J. T. Miller (B., Z.), M. E. Potter (B., Z.), S. M. Robertson (B.), A. B. Sinclair (B., Z., P.), C. C. W. Smith (B., Z., P. C.), E. H. Smith (P., C.), M. Talbot (B., Z., P.), G. F. F. Taylor (C.).

SECOND PROFESSIONAL EXAMINATION (OLD REGULATIONS): The following have passed this examination:

S. Dunbar, T. S. Goodwin, W. K. Hutton, M.A., G. Moreland, J. M'Caig.

SECOND PROFESSIONAL EXAMINATION (NEW REGULATIONS).—The following have passed this examination in the subject or subjects indicated after their respective names (A., Anatomy; P., Physiology; M., Materia Medica and Therapeutics):

J. Aitken (M.), G. Alexander (M.), A. J. Ballantyne (M.), R. F. Ballantyne (A., P.), A. A. Barclay (M.), J. Barrowman (M.), J. N. Baxter (A., P.), W. Bennett (M.), J. S. Beveridge (M.), J. Brunton (M.), J. J. Buchan (A., P.), R. Carswell, M.A. (M.), A. H. Cassells (P., M.), A. Clark (M.), J. Cullen (A., P.), J. R. Currie, M.A. (A., P.), J. L. Davie (P., M.), R. Douglas, M.A. (M.), K. M'K. Duncan (A., P., M.), B. Dunlop (A.), J. F. Findlay (A., P., M.), R. Fullarton, M.A. (A., P., M.), A. Garrow (M.), J. G. Green (M.), H. S. Heap (M.), J. Henderson (M.), E. F. L. de Jersey (A.), E. W. R. Jones (M.), A. Jubb (A., P., M.), W. W. Keir (M.), A. S. Lang (A., P.), J. W. Leitch, M.A. (A., P., M.), A. Matheson (M.), J. B. Miller (M.), E. W. Milne (A., P.), J. Mitchell (M.), P. A. Mitchell (M.), D. M'Kinlay (M.), A. D. Macnair (A., P., M.), R. R. Macnicol, M.A. (M.), J. M'Whir (A., P.), W. G. Neill (A., P.), R. Niven (M.), P. L. Pearce (M.), J. W. Scott (M.), J. Shaw, M.A. (M.), J. L. Simpson (M.), J. M. Sloan (M.), J. J. Smith (A.), W. H. Steel, B.A. (A., P., M.), F. Stevenson (A., M.), F. E. Stokes (M.), P. D. Strachan, M.A. (A., P., M.), T. M. Strang (M.), A. Taylor (A., P.), A. D. Thompson (A., P., M.), H. N. Turner (A., P.), R. A. H. Watson (A., P., M.), W. Webster (A., P.), J. P. Wilson (M.). Women: A. Boyes (P.), M. Gardner (M.), J. Grant (A., P.), M. Longmire (M.), J. Lorimer (M.), A. L. M'Ilroy (A., P., M.), M. W. H. M'Neil (M.), M. E. M'Neil (M.), J. E. Prowse (P.), M. J. Ross (M.), S. Whiteford (A., M.).

THIRD PROFESSIONAL EXAMINATION (NEW REGULATIONS).—The following have passed the examination in the subject or subjects indicated after their respective names (P., Pathology; M., Medical Jurisprudence and Public Health):

A. S. Allan (M.), J. Alston (P., M.), T. B. Broadway (P., M.), W. C. Burns (P., M.), D. L. Cairns (P., M.), J. A. Clarke (P., M.), G. Coats (P., M.), G. W. Coats (M.), J. Crow (P., M.), J. F. Fleming (M.), T. B. Garvie (P., M.), T. Hunter, M.A. B.Sc. (P., M.), A. M. Lindsay (P., M.), W. M. Lindsay (M.), J. W. Little (P., M.), J. Macdonald (P., M.), L. A. Mackenzie (P.), J. M'Queen, M.A. (P., M.), J. S. Ormond (P., M.), J. Reid (P., M.), R. Scott (P., M.), A. B. Sloan (P., M.), J. M. C. Stewart (P., M.), J. Strang (P., M.), D. S. Sutherland (P., M.), W. J. A. Walker (P.), W. Watson (P., M.), E. Watt (P., M.), E. R. Weir (M.), J. Witherspoon (P., M.), D. J. Young (P., M.). Women: L. Buckley, B.Sc. (P., M.), J. H. Smith (P., M.).

THIRD PROFESSIONAL EXAMINATION (OLD REGULATIONS).—The following have passed this examination:

(A.) Including Pathology—E. A. Campbell, W. Colquhoun, M.A., J. Crawford, W. Duncan, J. W. Johnstone, J. Rankin, B.Sc. Women: M. J. G. Cox. (B.) Not including Pathology—J. Andrew, J. Boyle, W. F. M'Ewen, C. D. Picken, R. Rillie, J. J. Robertson, J. Sillars, E. T. K. Walker.

CONJOINT BOARD IN IRELAND.

DIPLOMA IN STATE MEDICINE.—The following have passed this examination:

Honours.—J. T. Thomas, L.R.C.S. Edin.
Pass.—W. H. Hallam, L.R.C.P. Edin., M.R.C.S. Eng.; D. L. Thomas, M.R.C.S. Eng., L.R.C.P. Lond.; E. G. Younger, M.R.C.S. Eng., M.R.C.P. Lond.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, PART II. (October, 1896).—The following candidates passed in:

Anatomy and Physiology.—A. M. Davis, Birmingham; S. J. H. M. E. Field, Royal Free; R. T. Foster, Leeds; J. Valerie, St. Bartholomew's; A. F. Weston, St. George's; C. H. F. Williams, St. George's.
Anatomy.—A. L. Bartram, Cambridge; R. Holt, R.C.S. Ireland; F. J. Keats, Middlesex; C. G. Meade, St. Bartholomew's; A. W. Powell, Guy's; H. F. Stillwell, St. Bartholomew's; E. A. Taylor, London.
Physiology.—L. Bradstock, Birmingham; S. K. Cama, Bombay; F. Carter, Edinburgh; E. A. Charlesworth, Middlesex; C. A. W. Egan, Dublin and St. Thomas's; J. Ellul, Edinburgh; A. D. Evans, Edinburgh; S. K. K. Haslam, Royal Free; J. Jones, Edinburgh; H. J. Pickering, St. Bartholomew's.

PRIMARY EXAMINATION, PART I.—The following candidates passed in: **Chemistry.**—T. J. M. Clapperton, Edinburgh; T. A. E. Fawcett, Leeds; J. Vipan, Glasgow.

Materia Medica and Pharmacy—A. E. Brown, Royal Free Hospital; K. Datta, Paris and Edinburgh; G. J. D. Davies, Leeds; K. E. Gregg, Royal Free; K. Hanley, Royal Free; I. Robson, Royal Free; S. H. Smith, Royal Free.

NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

FLEET-SURGEON RICHARD A. MOWELL, M.D., has been placed on the retired list at his own request, October 10th. His commissions were thus dated: Surgeon, November 9th, 1868; Staff-Surgeon, December 24th, 1879; and Fleet-Surgeon, December 27th, 1888. When Staff-Surgeon of the *Inflectible* in 1884 he invented and patented a "Folding Ambulance Chair," which was tried in the ship and at Haslar Hospital with great success.

Deputy-Inspector-General GEORGE VALENTINE MACDONOGH, M.D., died at Emsworth, Hants, on September 28th. He was appointed Surgeon, October 6th, 1849; Staff-Surgeon, February 28th, 1860; Fleet-Surgeon, October 3rd, 1871; and Deputy-Inspector-General on retirement from the service, November 30th, 1877. He served under Sir Charles Napier in the Russian war in 1854, and had received the Baltic medal, and afterwards in the Black Sea during the war in the Crimea.

ARMY MEDICAL STAFF.

SURGEON-CAPTAIN C. C. FLEMING, M.B., is seconded for service with the Egyptian Army, September 5th.

ARMY MEDICAL RESERVE.

SURGEON-LIEUTENANT JOHN H. STACY; Surgeon-Captain J. H. G. WHITEFORD, M.B., Clyde Division Submarine Miners, Royal Engineers (Volunteers); and Surgeon-Lieutenant THOMAS W. J. ALLEN, 1st Lincoln Volunteer Artillery (Western Division Royal Artillery), to be Surgeon-Captains, October 14th.

Surgeon-Lieutenant L. W. POCKETT, 1st Lincoln Volunteer Artillery (Western Division Royal Artillery), and Surgeon-Lieutenant MARK K. RICH, 2nd Tower Hamlets Volunteer Rifle Corps, to be Surgeon-Lieutenants, October 14th.

INDIAN MEDICAL SERVICE.

SURGEON-MAJOR C. B. MAITLAND, Bombay Establishment, has been appointed to the medical charge of the Base General Hospital of the Suakin Force.

Brigade-Surgeon-Lieutenant-Colonel A. B. SEAMAN, M.B., Bengal Establishment, Medical Officer 1st Battalion 1st Goorkha (Rifle) Regiment, and Principal Medical Officer of the Malakand Brigade, is permitted to retire from the service from October 1st. He was appointed Assistant-Surgeon, October 1st, 1869, and Brigade-Surgeon-Lieutenant-Colonel, October 22nd, 1864. He was in the Afghan war in 1879-80 (medal); with the Burmese Expedition in 1885-86, including the capture of Minhla (medal with clasp); and with the Lushai Expedition in 1889 as Principal Medical Officer to the force (mentioned in despatches).

Surgeon-Major CECIL HENDERSON, Madras Establishment, died at Sangor, Central India, on July 17th last. He was appointed to the department, March 31st, 1880, and Surgeon-Major twelve years after.

The death is also announced of Surgeon-Major GEORGE MICHAEL NIXON, M.B., of the Bengal Establishment. He died at Jhansi on August 17th. He entered the service as Surgeon, March 30th, 1878, becoming Surgeon-Major, March 30th, 1800. He was in the Afghan war in 1879-80 (medal), and with the Burmese Expedition in 1886-87 (medal with clasp).

THE VOLUNTEERS.

SURGEON-LIEUTENANT T. ST. P. TUCKEY, M.B., 1st Cornwall Artillery (Duke of Cornwall's) (Western Division Royal Artillery), has resigned his commission, October 14th.

Surgeon-Major H. THOMPSON, 1st Volunteer Battalion the East Yorkshire Regiment, is promoted to be Surgeon-Lieutenant-Colonel, October 14th.

Honorary-Assistant-Surgeon E. A. WATSON, M.D., 1st Fife-shire Artillery, has retired, October 14th.

THE PROFESSORSHIP OF MATERIA MEDICA, CALCUTTA MEDICAL COLLEGE.

SURGEON-LIEUTENANT-COLONEL E. G. RUSSELL, Civil Surgeon, Dacca, has been appointed successor to the late Dr. McConnell as Professor. Dr. Russell joined the service in 1872, and has served on general and military duty in various officiating appointments. He was Civil Surgeon at the following stations: Patna 1890, Darjeeling 1892, and Dacca 1894. He is the author of a work, *Malaria and Injuries of the Spleen*.

NETLEY.

It is now practically settled that the Professor of Pathology (Professor Wright) shall have a Surgeon-Captain as an extra assistant. (BRITISH MEDICAL JOURNAL, September 12th.) This officer will, however, be available for tours of orderly duty, in addition to his laboratory duties.

ENTERIC FEVER AT LUCKNOW AND SUBATHU.

ENTERIC fever has been prevalent amongst the troops at Lucknow. The death of an officer (Essex Regiment) from this disease has occurred.

At Subathu the Black Watch have lost between twenty and thirty men from enteric fever this summer, and this at a so-called sanatorium in the hills.

THE JOINT CIVIL SURGEON, SIMLA.

SURGEON-MAJOR H. HENDLEY has been nominated Joint Civil Surgeon in succession to Surgeon-Major Moorhead, who will vacate in November.

THE A.M.S. MESS, HONG-KONG.

REFERRING to our remarks on this subject in September (BRITISH MEDICAL JOURNAL, September 12th, 1896), a correspondent, who has received his information second-hand, states that "the mess died a natural death owing to the paucity of bachelor members." The fact is regrettable, and we trust there will be an opportunity of re-establishing the mess.

CHANGES OF STATION.

THE following changes of Station amongst the officers of the Army Medical Staff have been officially notified to have taken place during the past month:

	From.	To.
Surg.-Col. J. Williamson, M.B. ...	Chatham ...	Bengal.
Brig.-Surg.-Lt.-Col. A. L. Browne, M.D. ...	Woolwich ...	Madras.
Surg.-Lieut.-Col. G. D. Bourke ...	York ...	Punjab.
W. O. Wolsley ...	Warley ...	Madras.
Surg.-Major R. C. Gunning ...	Chester ...	Gibraltar.
" B. W. Somerville-Large ...	Malta ...	Dublin.
" W. A. Parker ...	Bombay ...	Golden Hl. Frt.
" J. I. Routh ...	Netley ...	Bengal.
" H. A. H. Charlton ...	Dublin ...	Birr.
" A. S. W. Young ...	Parkhurst ...	Punjab.
" C. B. Hill ...	Bombay ...	Portsmouth.
" R. F. Adams, M.B. ...	Chatham ...	Bombay.
" A. P. Hart, M.B. ...	Ashtn.-und.-L. ...	Birmingham.
" H. K. Allport, M.D. ...	Limerick ...	Templemore.
" J. Battersby, M.B. ...	Aldershot ...	Dublin.
" W. L. Reade ...	Birmingham ...	Ashtn.-und.-L.
" B. M. Skinner ...	Bengal ...	Punjab.
" H. S. McGill ...	Armagh ...	Bombay.
" V. E. Hunter ...	Portsmouth ...	Malta.
" D. V. O'Connell, M.D. ...	Aldershot ...	
G. Wilson, M.B. ...		Chatham.
Surg.-Capt. J. H. Brannigan ...	Madras ...	Bengal.
" G. S. Cardew, M.B. ...	Dover ...	Punjab.
" C. P. Walker, M.B. ...	Portsmouth ...	Parkhurst.
" J. Keatley ...	Enniskillen ...	Punjab.
" D. Hennessy, M.D. ...	Birr ...	Dublin.
" D. M. Saunders, M.D. ...	Salford ...	Bury.
" D. M. O'Callaghan ...	Aldershot ...	Portsmouth.
" J. Donaldson ...	Woolwich ...	Malta.
" E. A. Burnside ...	Malta ...	Scottish Dist.
" S. Macdonald, M.B. ...	Gosport ...	Portsmouth.
" D. Stiell, M.B. ...	Fort George ...	Malta.
" A. L. Borradaile, M.B. ...	Gravesend ...	Colchester.
" F. Smith ...	Gosport ...	Netley.
" G. S. Walker, M.B. ...	Cork ...	Punjab.
" T. H. J. C. Goodwin ...	Newcastle ...	
" H. E. B. Porter ...	Brighton ...	Bengal.
" H. C. French ...	Altcar ...	Bombay.
Surg.-Lieut. H. V. Prynn ...	Alderney ...	Hong Kong.
" M. Boyle, M.B. ...	Aldershot ...	Punjab.
" C. M. Fleury ...	Netley ...	Bombay.
" A. C. Fox ...	Curragh ...	Bengal.
" S. F. St. D. Green ...	" ...	
" W. Tibbits, M.B. ...	" ...	Bombay.
" W. S. Harrison, M.B. ...	Leominster ...	Bury.
" C. W. Profeit, M.B. ...	Edinburgh ...	Leith Fort.
" H. E. Staddon ...	Limerick ...	Spike Island.
" F. S. Brereton ...	Aldershot ...	Chester.

Brigade-Surgeon-Lieutenant-Colonel J. G. Williamson, retired pay, has relinquished the medical charge of the troops at Gravesend, and has been succeeded by Surgeon-Lieutenant-Colonel J. R. Fahilly, retired pay.

MEDICO-LEGAL.

INQUESTS IN PUBLICHOUSES.

THE President of the Local Government Board has caused a reply to be sent to the correspondent who called his attention to a resolution passed by a jury, at an inquest recently held at Wandsworth, protesting against the holding of inquests at publichouses. The reply states that a copy of the letter forwarded had been sent to the London County Council, and calls the attention of the correspondent to Section 92 of the Public Health (London) Act, which says: "The County Council shall provide and maintain proper accommodation for the holding of inquests, and may, by agreement with a sanitary authority, provide and maintain the same in connection with a mortuary, or a building for *post-mortem* examinations, provided by that authority, or with any building belonging to that authority, and may do so on such terms as may be agreed on with that authority."

LATE DESQUAMATION IN SCARLET FEVER.

A CASE of importance was heard at Westminster County Court recently; it was an action of Jameson v. the Metropolitan Asylums Board. Mr. Hastings, in opening the case, said the claim was for a little over £13 for expense in consequence of a girl being returned cured from the Metropolitan Asylums Board when she was desquamating or scaling. Miss Jameson, the plaintiff, was secretary to the St. Mary's Home, Notting Hill, where girls were trained as servants and lady boarders taken. One of the girls, Sophia Ellis, contracted scarlet fever, and was removed to the Western Hospital of the Board and then to Winchmore Hill, being subsequently discharged as cured. On June 5th the desquamation was discovered on the feet. Dr. Miller saw her, and ordered her removal back to the hospital. On the next day she was removed by the Board back to Fulham. In consequence of this all the house was disinfected, and the result was that the lady boarders had to leave, by which the home lost a good deal of money, while five girls who were going out had

MEDICAL NEWS.

MESSRS. MORRIS AND CO., of 392, Strand, are going to issue, for private circulation only, a portrait by J. M. Field of the late Sir John Eric Erichsen.

A MEETING of practitioners in the North-west district of London to promote the election as direct representatives of Drs. Glover, Woodcock, and Drage, will be held at the residence of Dr. Ford Anderson, 41, Belsize Park, on Wednesday next (October 21st), at 5 P.M.

We are requested to state that a meeting of the supporters of Dr. Alderson in his candidature for election as direct representative will be held at 4 P.M. on Tuesday, October 20th, at 1, Osnaburgh Terrace, Regent's Park, by permission of Dr. J. W. Mason.

THE GUILD OF ST. LUKE.—The Bishop of Stepney has undertaken, in place of the late Archbishop of Canterbury, to preach the sermon at the medical service arranged by the Guild of St. Luke in St. Paul's Cathedral. The service will take place on October 21st, and medical men desiring to attend can obtain tickets on application to the Secretary of the Guild, 10, Devonshire Street, W.

MEDICAL STUDENTS IN GERMANY.—According to the *Universitätskalender* just issued, the number of students in the medical faculties of the several German-speaking universities during the last summer semester was as follows: Munich 1,502, Vienna 1,370, Berlin 1,118, Würzburg 730, Leipzig 658, Graz 468, Freiburg 458, Erlangen 411, Greifswald 378, Kiel 368, Breslau 323, Bonn 314, Zürich 303, Strassburg 295, Göttingen 257, Marburg 247, Königsberg 232, Geneva 231, Heidelberg 227, Halle 215, Tübingen 214, Jena 211, Giessen 181, Bern 179, and Rostock 115.

THE October meeting of the Association of Registered Medical Women was held at the New Hospital for Women at 8.15 P.M. on October 6th. The President, Mrs. Garrett Anderson, M.D., was in the chair, and twenty-two members were present. Three new members were elected. A paper was read by Miss Cock, M.D., entitled, A Case of Decidua Maligna with pathological specimens and microscopic sections. The case occurred in Miss Cock's practice at the New Hospital for Women. The clinical and pathological characters of the disease were discussed, and the paper was illustrated by drawings and microphotographs.

We are asked to state that the class of Pathological Chemistry at University College, London, will commence on Monday next, October 19th. Two lecture demonstrations will be given weekly, and will be adapted to the needs of advanced and post-graduate students. The methods necessary for the differential diagnosis of diseases of the stomach will be described, and the practical examination of blood, stomach contents, feces, urine, and pathological fluids can be conducted by those attending the class at any time during which the laboratory is open (9 A.M. to 5 P.M.). The fee for the class, including all reagents, apparatus, and material, is 5 guineas. Further particulars will be supplied by Professor Vaughan Harley at the College.

CREMATION.—The remains of Mr. George Du Maurier were cremated at the Crematorium, at St. John's, near Woking, on October 10th. By the wish of the family the ceremony was of a private character, there being present only the immediate relatives of the deceased artist and author. The wooden shell in which the body was enclosed was covered with silver-grey plush, and on its lid were three beautiful wreaths from the widow and children. After cremation had been performed, the ashes of the deceased were placed in a casket and removed to Hampstead, where they were buried on Tuesday, October 13th, in the parish churchyard, in the presence of a numerous and distinguished gathering of mourners and friends.—During the last few weeks, the remains of Dr. Langdon-Down and Surgeon-General Sir William George Moore have been cremated at the crematorium of the Cremation Society of England, near Woking.

A COURSE of eight lectures on Sanitation and Hygiene for the clergy, and especially the junior clergy of London, was to have been begun on October 12th in the library of Lambeth Palace, which had been placed at the disposal of the National

Health Society by the Archbishop of Canterbury; but in consequence of the death of the Archbishop the opening lecture was delivered in the Church House. The course is to be given by Dr. Schofield, examiner and member of the Council of the National Health Society, and the lecture on October 12th was attended by an unusually large number of clergymen. The Bishop of Stepney occupied the chair, and in a few introductory remarks, referred to the grief they all felt at the Archbishop's death, and to the extraordinary response which the clergy of London had made to the invitation to attend these lectures. Nothing could be more important than the subject to which their attention was to be directed. He then introduced Dr. Schofield, who proceeded to expound the law of health and the prevention of disease.

AN UNTRAINED NURSE CENSURED.—Mr. Drew held an inquiry at Hammersmith recently respecting the death of the male child of Frederick Mitchell, a painter. The father said he engaged Mrs. Fielder, a "midwife," to attend his wife. On October 12th he heard that the child had breathed and had died. Mrs. Fanny Mitchell said she arrived at the house an hour and a-half after the confinement, and at once fetched a doctor to the mother. Ann Fielder, of 11, South Cottages, South Street, Hammersmith, said she was not a midwife, but went out to anyone who called her in. She had had no training, only what a doctor had told her. Her fees were from 5s. to 10s. 6d., and if there was any difficulty she called in a doctor. When the child was born it gasped once or twice, and witness rubbed it for five minutes to try and restore it, but found life extinct. Dr. Tatham said that *post-mortem* examination revealed indications of unskilful treatment. He thought it was more ignorance than gross carelessness. The jury returned a verdict in accordance with the medical evidence, and requested the coroner to censure the woman severely.

MEDICAL VACANCIES.

The following vacancies are announced:

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—Resident Surgical Officer. Salary, £50, with board, washing, and attendance. Applications to the Secretary, Children's Hospital, Steelhouse Lane, Birmingham, by November 4th.

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.

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.

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.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury.—House-Physician and House-Surgeon. Salaries, £20 per annum, with board and residence in the hospital. Must be unmarried. Applications to the Secretary by October 20th.

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 16th.

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.

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.

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.

NOTTINGHAM GENERAL DISPENSARY.—Resident Surgeon for a Branch Dispensary; must be doubly qualified. Salary, £200 per annum, with rooms and attendance. Applications to Charles H. Preston, Secretary, the General Dispensary, Broad Road, Nottingham, by November 16th.

POPLAR UNION.—Medical Officer for the Old Ford District. Salary, £130 per annum. Must reside within the district. Applications to G. Herbert Lough, Clerk, 45, Upper North Street, Poplar, E., by October 17th.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.—Assistant Resident Medical Officer. Appointment for four months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by October 28th.

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 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.

SEAMEN'S HOSPITAL SOCIETY.—House-Surgeon at the *Dreadnought* Hospital, Greenwich; doubly qualified. Applications to P. Michelli, Secretary, by November 9th.

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.

SUSSEX COUNTY HOSPITAL, Brighton.—Assistant House-Surgeon; doubly qualified; unmarried and under 30 years of age. Salary, £30 per annum, with board washing, and residence in the hospital. Applications to the Secretary by October 28th.

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.

MEDICAL APPOINTMENTS.

ADAMS, Percy T., M.R.C.S., L.S.A., appointed Assistant Surgeon to Kent County Ophthalmic Hospital, Maidstone.

ALLISON, S. H. B., M.B., C.M. Edin., appointed Medical Officer for the Claudy Dispensary District of the Londonderry Union.

ASHEY, Alfred, M.B. Lond., F.R.C.S. Eng., reappointed Medical Officer of Health to the Wokingham Rural District Council.

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

FARRANT, Mark, jun., M.R.C.S., L.R.C.P., appointed Medical Officer of Health to the St. Thomas Rural District Council and Medical Officer to the St. Thomas Union Workhouse.

FORBES, Thomas D., M.B., C.M. Edin., appointed Assistant Medical Officer to the Bethnal Green Union.

GRIFFITHS, J. Howell, M.B., B.S. Lond., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the Brook Hospital, Shooter's Hill, Kent.

HARDING, Richard, L.R.C.P. Edin., L.F.P.S. Glasg., reappointed Medical Officer of Health to the New Radnor Rural District Council.

HAYNES, Sydney W., M.D., C.M. Edin., appointed Anæsthetist to the General Hospital, Birmingham.

HOOD, Noel, L., B.A., M.B., B.C. Cantab., appointed House-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

HOUNSELL, F. C. W., B.A. Camb., M.R.C.S. Eng., appointed Medical Officer for the Bugbrooke District of the Northampton Union.

HOUSLEY, John, M.D. St. And., D.P.H., reappointed Medical Officer of Health to the East Retford Urban District.

JACKMAN, C. H., L.R.C.P. & S. Edin., appointed Medical Officer for the No. 10 District of the Hackney Union.

KEMPE, Arthur, M.D. Brux., M.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health to the Exmouth Urban District Council.

LOVERIDGE, William G., L.R.C.P. & S., L.F.P.S. Glasg., appointed Medical Officer of Health and Certifying Factory Surgeon for the Barton-on-Humber District, *vice* W. Harling Sissons, resigned.

MEADE, Mr. J., appointed Medical Officer for the Heworth District of the Gateshead Union, *vice* Mr. F. Kelly, L.F.P.S. Glasg., L.A.H. Dub.

ROBERTS, Dr., appointed Medical Officer of Health to the Malling Rural District Council.

RUDDOCK, William James, M.B. Durh., M.R.C.S. Eng., appointed Medical Officer for the No. 5 District of the Newcastle Union.

SANDEL, Henry William A., L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer to the Leighton Buzzard Union.

SHACKLETON, W. W., M.D. Dub., appointed Medical Officer for the Aldenham and Bushey District of the Watford Union.

SINIGAR, Henry, M.B., L.R.C.P., M.R.C.S., appointed Assistant Medical Officer to the St. Marylebone Infirmary, *vice* E. W. Bliss, L.R.C.P. Lond., M.R.C.S., resigned.

SISSONS, W. H., M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health to the Barton-upon-Humber Urban District Council.

WEIGHT, R. H., M.D. Edin., appointed Medical Officer for the Osbournby District of the Sleaford Union.

WELLINGTON, R. H., M.R.C.S., L.R.C.P. Lond., reappointed Medical Officer of Health to the Wisbech Port Sanitary Authority.

WHITE, W. R., M.D., appointed Medical Officer for the Benenden District of the Cranbrook Union.

WHITEHALL-COOKE, Cecil, M.D. Lond., M.R.C.S., L.R.C.P., appointed Surgeon to the Willesden Cottage Hospital.

WRIGHT, William Henry, L.R.C.P.I., M.R.C.S. Eng., reappointed Medical Officer of Health to the Alveston Urban District Council.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang; Cataract. London Throat Hospital, Great Portland Street, W., 8 P.M.—Dr. Woakes: Vertigo.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 4 P.M.—Harveian Oration by Dr. J. J. Payne.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Craig: Stupor. Kataonia. Dementia and Senile Insanity. Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Phineas Abraham; Syphilitic Eruptions.

PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W. Jubilee meeting 8.30 P.M.—Address by the President, Mr. H. T. Butlin. Conversazione: Historical Collection of Pathological Specimens.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C., 2.30 P.M.—Dr. Lees: On Heart Disease in Children.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (Albany Memorial), Queen Square, Bloomsbury, 3.30 P.M.—Lecture by Dr. Beevor. Cases illustrating Cerebral Localisation.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Diseases of Retina, with cases.

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

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

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, 4 P.M.—Dr. Sidney Martin: Mediastinal Tumour.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, W., 8 P.M.

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: Qualitative Tests for Albumens. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Mr. Jonathan Hutchinson: Clinical Lecture.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C., 4 P.M.—Dr. Garrod: On Hemiplegia in Children.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 to 5 P.M.—Professor Crookshank: 3 to 4, Anthrax and Malignant Oedema; 4 to 5, Staining Sections.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C. 10.30 A.M.—Dr. Penrose: On Diseases of the Abdominal Organs.

CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Mr. H. Clutton: Resection of a Dilated Sigmoid Colon. Mr. H. B. Robinson: Suppurative Pericarditis, Resection of the Sixth Rib, Drainage through Left Pleura, Recovery. Mr. F. C. Wallis: A Case of Nephrectomy for Trauma. Dr. Le Cronier Lancaster: A Case of Gastric Varix, Rupture, Fatal Hæmatemesis.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (Albany Memorial), Queen Square, Bloomsbury, 3.30 P.M.—Lecture by Dr. Taylor. Case-taking.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 6d., which sum should be forwarded in post office order or stamps with the notice not later than Wednesday morning in order to ensure insertion in the current issue.

BIRTHS.

MILLAR.—On October 10th, at Welton, Brough, East Yorkshire, the wife of William Millar, M.B., C.M. Edin., etc., of a son.

O'FARRELL.—On October 8th, at Redholme, Spencer Hill, Wimbledon, the wife of Surgeon-Colonel T. O'Farrell, Army Medical Staff, of a daughter.

MARRIAGE.

CORBOULD—WYATT.—On October 10th, at Holy Trinity, Llandudno, by the Rev. John Morgan, Rector, Victor Albert Louis Edward Corbould, M.D., L.R.C.P., M.R.C.S., of 43, Victoria Road, Kensington, son of Edward Henry Corbould, R.I., to Agnes Maud Mary, only daughter of Rev. H. C. Wyatt, of Arnesby, Leicestershire.

DEATHS.

DUNHILL.—On October 9th, at Ferndale, Bridge of Allan, Chalmers Raitt Dunhill, B.A., L.R.C.P. & S. Edin. and L.F.P. & S. Glasg., youngest son of the late Charles Dunhill, Madras, India.

HAWKINS.—On October 2nd, at Colaba House, Merton Road, Southsea, the wife of Alex. F. Hawkins, F.R.C.S.E., and daughter of the late Captain Kelso, of Horkesley Park, Essex.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*—Daily, 2. *Operations*.—Tu. F. S., 2.
CENTRAL LONDON OPHTHALMIC. *Attendances*—Daily, 1. *Operations*—Daily.
CHARYNG CROSS. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operations*.—W. Th. F., 9.
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., 9.30. *Operations*.—M. F. S., 2.
LONDON. *Attendances*.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu. 9. *Operations*.—M. Tu. W. Th. S., 2.
LONDON TEMPERANCE. *Attendances*.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operations*.—M. Th., 4.30.
METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operations*.—F., 9.
MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F. S., 9; 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., 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., 1.
ST. MARK'S. *Attendances*.—Pistula and Diseases of the Rectum, males S., 3; females, W., 9.45. *Operations*.—M., 2; Tu., 2.30.
ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; o.p., M. Th., 1.30; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopedic, W., 10; Throat, Tu. F., 3.30; Skin, M. Th., 9.30; Ophthalmic, M. Th., 2.30; Dental, W. S., 9.30; Children's Hospital, Tu. F., 9.15; Children's Surgical, S., 9.15. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
ST. PETER'S. *Attendances*.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—W. F., 2.
ST. THOMAS'S. *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—W., 2.30.
THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Th., 2.
UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operations*.—Tu. W. Th., 2.
WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. 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.

EXOPHTHALMOS desires to know the principal ingredients of Woodward's gripe water, and whether any bad results have been seen from its use?

X. Y. Z. (x) would be glad to know where he can obtain more information on the subject of remedies used as oxytocics than is given in the ordinary textbooks; (2) if the Lock Hospitals, male and female, are open to a practitioner desiring a better knowledge of venereal diseases.

A LONDON STUDENT writes: A. B. is under 40, is doubly qualified (1885), and passed the Intermediate M.B. London (1884), and now wishes to know where he can obtain a final registrable M.B. (elsewhere than London, where all the subjects have to be taken up together) without having to put in any residence or at most a modified residence, his residence and work in London being allowed to count. He would be quite willing to pay any fee.

MAGNIFYING POWERS OF CHEMICAL FLUIDS.

MEDICUS writes to draw attention to the magnifying powers of certain chemical fluids enclosed in convex glass bottles. This property opens a large future, and will probably cheapen the manufacture of magnifying lenses of hollow glass, convex, and containing chloroform, glycerine, etc.

. The fact referred to has long been known, and to some extent it has been turned to account practically.

CERTIFICATES FOR INSURANCE COMPANIES.

M.R.C.S.ENG. asks: What is the correct fee to charge for filling up a certificate of death required by a life assurance company before paying a claim?

. The usual fee is one guinea, to be paid by the representatives of the deceased. Most companies refuse to pay the fee, and stipulate that all certificates, etc., necessary to substantiate a claim must be provided free of cost to the company.

MEDICAL ADVERTISING.

A CORRESPONDENT from New Zealand sends us a cutting from a local paper in which the names of two practitioners appear in an advertisement to obtain members for the "Hawke's Bay Medical Aid Insurance Company." He asks "whether such public notice in the daily press is in accordance with the laws of medical ethics?"

. Such a proceeding as this is very reprehensible, and is widely condemned by the profession.

HOLIDAY EMERGENCIES

DE RUDA writes: A. is a practitioner in the town, who, having left for his holiday, has left his assistant in charge. A patient of A.'s comes to B. (in same town), and asks him to attend her, as she has no confidence in A.'s assistant. (1) Should B. do so; and (2) should he mention the fact to A., or charge his own fees? A. and B. are friends, B. having taken charge of A.'s practice on several occasions in A.'s absence.

. In view of the facts that B. has on several previous occasions taken charge of A.'s practice in his absence, we would counsel him to be guided by the same principle on which he then acted, and regard the would-be patient as A.'s, and thereby seek to emphasise the friendly feeling hitherto existing between them.

TREATMENT OF MUCOUS DISEASE OF THE BOWELS.

J. A. W. writes: I have a patient who passes "skins" in her motions. The uterus, apart from a slight flexion, is healthy, but menstruation is usually painful and excessive, and at times she has some shreds coming away. She complains most of the dragging and pain in the right side of the abdomen. All the remedies I can learn about have been tried, and the uterus has been replaced and supported with a pessary. I shall be glad to have the experience of others about this disease, and its relation to uterine conditions.

SCHOOL BOARD CERTIFICATES.

M.R.C.S., L.R.C.P., writes: Am I obliged to furnish a certificate of ill-health for non-attendance of a child at the board school, and if so, can I justly charge the parents for the same? I have to pay school rate to help to educate other person's children, and I fail to see why I should supply time and paper for certificates without some adequate return. Surely as parish medical officer I am not obliged to furnish any certificate to the school authorities?

. No authority but the guardians can claim certificates of health from a Poor-law medical officer. School boards do not pay for certificates; any remuneration for these must be claimed from the parents.

DOMESTIC SERVANTS AND HOSPITAL TREATMENT.

COUNTRY G.P. writes: Is the following rule as set forth on the face of the "letter" an "abuse of hospitals" or not?

"Domestic servants in place may be admitted as in-patients at a charge of 10s. 6d. a week, payable in advance."

Persons able to pay this fee with the designated promptitude would, one would imagine, be able to pay, in a reasonable time, the moderate charges of the average practitioner.

. We have referred this question to an experienced general practitioner, who writes: The mixing of the commercial element with the charitable in hospitals is very objectionable in a great many ways. If the weekly payment covers the actual expense, including a proportional payment to the medical attendant, no objection can be made. But if, as is probable, the payment is supplemented by charity, and the medical attendance is gratuitous, we have simply one of the lay com-