

## MEMORANDA:

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

## FOREIGN BODY IN PHARYNX OF CHILD.

ON May 18th a child about 1 year old was brought to me by its mother, about 7 A.M., suffering from difficulty of breathing and irritating cough. The mother stated that the child had been ill all night, and thinking it "threatening croup" she

applied a poultice and gave it castor oil. Shortly before she brought the child to me it occurred to her to look in its throat, when she saw a safety pin.

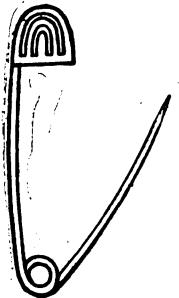
On examining the pharynx the upper portion of a  $1\frac{1}{2}$  in. brass safety pin was seen at the root of the tongue, the remaining portion apparently lying over the larynx, and grasped by the oesophagus. The pin was open, the point being to the left of the pharynx. I seized it with an artery forceps, and on attempting to remove it found the point caught in the left side of the fauces, so I was obliged to perform a partial "version," and "deliver" it hinge foremost, only slightly tearing the mucous membrane.

The mother afterwards recollects that the child was playing with the pin the previous night, and doubtless had, unobserved, put it in its mouth. Although the fact of the pin being open presented some little difficulty in its removal, yet this prevented its being swallowed completely, which probably would have happened had it been closed.

Belfast. R. C. McCULLAGH, B.A., M.D., M.R.C.S.Eng.

A CASE OF ANGINA LUDOVICI.

IN August, 1895, I was called to see a child, L. N., aged 1 year 10 months, who had been ill for two days. Her mother had noticed that she had some pain on opening the mouth and some raw surfaces on the lips. When I saw her on August 16th, the child appeared very ill, and had great pain on opening the jaws. There were three small ulcers on the floor of mouth near the frenum linguae. The whole floor of the mouth was raised, especially on the right side, where the tongue was pushed upwards. I got a good view of the tonsils and fauces, which were healthy. The right submaxillary gland was hard and enlarged, and the swelling extended up to the parotid and downwards towards the neck. The skin was not red or shiny. The temperature was  $102^{\circ}$ , and the pulse 130. The floor of the mouth was painted with boroglyceride and hot linseed poultices applied to the neck. Bromide of potash and cinchona, with small doses of tincture of opium were given. The child had a restless night, and on August 17th was in much pain. The phlegmon had spread downwards over all the right side and front of the neck, and covered the upper part of the sternum. No lung or heart trouble was detected. The temperature was  $104^{\circ}$ . She took milk and beef-tea well. The child had a good night, and the cellulitis next day had receded slightly. The temperature was  $102^{\circ}$ . Pain was less. She had a restless night, and on August 19th the temperature was  $103^{\circ}$ . The poultices were stopped, and the swelling was smeared with belladonna ointment to relieve pain. Salicylate of soda and cinchona were given, with small doses of opium. She had a good night, and next day the temperature was  $101^{\circ}$ . The cellulitis had receded to the submaxillary region, but still pushed up the floor of the mouth. She continued to eat well. On August 21st and 22nd the child had only slight pain. The temperature was  $100^{\circ}$ , and there was no change in the local condition. On August 23rd obscure fluctuation was detected. The belladonna ointment was stopped, and poultices ordered. The temperature was  $99^{\circ}$ . On the next day the temperature was  $100^{\circ}$ , and on August 25th (temperature  $99.8^{\circ}$ ) a narrow bistoury was inserted, and allowed the escape of 3 drachms of sweet pus, which lay rather deeply. From this day the child was free from pain, and the pus drained away well.



Strength improved, and in a week she was quite well, with the scar from the bistoury hardly seen.

REMARKS.—The micro-organisms apparently penetrated from the mouth through the small ulcers. The case shows the advantage of early opening of abscess in the neck while the pus is still rather deep, as there is so little scar left. Diphtheria could be excluded with certainty. The pain in this case appeared very severe. Small doses of opium, and belladonna externally, relieved it considerably.

Fulham Road, S.W.

ALEXANDER INNES, M.B.Aberd.

## CHLORAL HYDRATE IN PUPERAL ECLAMPSIA.

ON the afternoon of June 4th I was sent for to see Mrs. C., a primipara, who was shortly expecting to be confined. On arrival at the village, about four miles away, I found the patient in an unconscious condition, with the history of an epileptiform seizure. Vaginal examination at once resulted in another eclamptic fit. There were no signs of labour. Having administered a sharp purge and a draught consisting of potassium bromide and chloral hydrate, of each gr. xv, I left to see another case, leaving instructions to send again should there be any recurrence of the fits.

About 7 P.M. I was again summoned, and found the attacks more frequent; she had six fits in all, and of a more marked type. Chloroform was administered, but when stopped the attacks at once returned. Pilocarpin gr.  $\frac{1}{2}$  was introduced subcutaneously and another dose of bromide and chloral given, but all to no purpose, the seizure during the intermission of the chloroform being very severe, and consisting of the true (a) tonic and (b) clonic spasm. A hypodermic injection of morphine was then tried, without any apparent beneficial result, chloroform being the only means of arresting the convulsions.

Having called in a colleague in consultation, it was decided to empty the uterus. The os was consequently dilated and delivery effected by forceps with some difficulty. An adherent placenta was successfully removed and the uterine vessels allowed to bleed freely. No immediate return of the attacks took place, and hopes were entertained that we had seen the last of them. The intermission, however, was short, and the attacks, of an extremely exhausting and prolonged character, returned, and threatened life.

Chloroform was again resorted to, and chloral hydrate gr. xxx dissolved in water injected into the rectum. After a time the chloroform was withheld, and for a time the attacks abated both in frequency and severity, but still caused great anxiety. A further dose of chloral, gr. x, was injected, this time hypodermically, and with a much more rapid and effectual result, the restlessness subsiding and no cardiac depression of any moment resulting. The patient, although in a semi-conscious state for some hours, was never deeply hypnotised. No recurrence of the fits took place, and the patient made a rapid recovery.

The points which appear to be brought out by the foregoing case are:

1. The necessity for keeping the patient deeply under the influence of chloroform; and the length of the administration. She was under the influence of the anaesthetic with few intermissions from 6 o'clock at night until 7 next morning.

2. The marked effect of the administration of chloral *per rectum* and hypodermically, and the quantity absorbed.

3. The resistance of the system to such continued doses of the drug, in addition to the chloroform, no ill effects being experienced either after or during the continuance of administration, and the rapid recovery to health.

Brigg.

R. ATKINSON DOVE, M.B.

Dr. ASTON, the Medical Officer of Health for Eccleshill, produced at the last meeting of the district council a proof of modern sanitary progress which is sufficiently striking to deserve notice. From some old local documents he had been able to prove that, whilst the population of Eccleshill forty years ago was only one-third of what it is now, the deaths, both in the total and of children under 1 year of age, were as numerous as they are now. Life, says the *Bradford Observer*, must have been very merry in those days to compensate for its brevity.

WE regret to have to record the death, at the age of 87, of Dr. TANAT WYNNE DENTON, of Newbold, Chester. He qualified as M.R.C.S.Eng. in 1838, and graduated M.D. Glas. in 1839. He was formerly Surgeon to the Denbighshire Infirmary. He lived in the neighbourhood of Saighton for many years, and was highly esteemed by the Grosvenor family.

THE death is reported from Melbourne of Baron Sir FERNAND VON MUELLER, K.C.M.G., M.D., Ph.D., F.R.S., the famous Australian explorer and scientist, and the author of many valuable works on the flora and fauna of Australia, at the age of 71.

WE regret to have to announce the death of Mr. GEORGE EDWARD ADKINS, of Yealmpton, at the age of 65. The deceased was born at Stonehouse, and received his medical training at Charing Cross Hospital, where he became House-Surgeon. He became M.R.C.S.Eng. and L.S.A. in 1833, in which year he began practising at Yealmpton. For a good many years he was Medical Officer to the Yealmpton Sanitary Union. He contracted a cold on September 16th, and rheumatic fever supervened, which terminated fatally on September 23rd. He leaves a widow, three sons, and four daughters.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. M. von Liebeherr, Vice-Chancellor of the University of Rostock; Dr. Carl Taufert, formerly President of the Halle Medical Society; Dr. Michael Schmelew, formerly Vice-Director of the Russian Medical Department and for many years Editor of the St. Petersburg *Zeitschrift für Hygiene*, aged 62; Dr. Gil, President of the National Department of Hygiene, Buenos Ayres, aged 49; and Dr. Angerstein, of Berlin, a great advocate of gymnastics and author of several works on the subject, aged 65.

## NAVAL AND MILITARY MEDICAL SERVICES.

### ARMY MEDICAL STAFF EXCHANGE.

The charge for inserting notices respecting Exchanges in the Army Medical Department is 3s. 6d., which should be forwarded in stamps or post office order with the notice, not later than Wednesday morning, in order to ensure insertion in the current issue.

A SURGEON-MAJOR proceeding to India about January next wishes to exchange with an officer whose position would ensure him until next trooping season at home, or to exchange to Gibraltar or Egypt.—Address No. 2,979, BRITISH MEDICAL JOURNAL Office, 429, Strand, London.

### THE NAVY.

SURGEON HERBERT H. GILL has been lent to the *Jaseur* on coming as tender to the *Vernon*, undated.

### ARMY MEDICAL STAFF.

BRIGADE-SURGEON-LIEUTENANT-COLONEL H. T. BROWN, M.D., retires on retired pay, October 31st. He entered the service as Assistant-Surgeon, March 31st, 1866; became Surgeon, March 1st, 1873; Surgeon-Major, March 31st, 1878; was granted the rank of Lieutenant-Colonel, March 31st, 1886; and made Brigade-Surgeon-Lieutenant-Colonel, May 29th, 1892. He served throughout the Ashanti war in 1873-4, and has the medal for that campaign.

Surgeon-Lieutenant-Colonel W. P. BRIDGES also retires on retired pay, October 21st. His commissions are dated as follows:—Assistant-Surgeon, September 30th, 1871; Surgeon, March 1st, 1873; Surgeon-Major, September 30th, 1873; and Surgeon-Lieutenant-Colonel, September 30th, 1891. He has no war record in the Army Lists.

### INDIAN MEDICAL SERVICE.

THE date of retirement from the service of Brigade-Surgeon-Lieutenant-Colonel R. JAMESON, M.D., of the Bengal Establishment, is May 9th, not April 15th, as previously stated.

The promotion of Surgeon-Colonel HENRY COOK, M.D., Bombay Establishment, which has been already announced in the BRITISH MEDICAL JOURNAL, has received the approval of the Queen.

Brigade-Surgeon-Lieutenant-Colonel THOMAS FRENCH-MULLEN, of the Bengal Establishment, died at St. Mary's Hospital on October 12th, aged 55. He was appointed Assistant-Surgeon, October 1st, 1866; granted the rank of Lieutenant-Colonel, October 1st, 1886; and made Brigade-Surgeon, September 2nd, 1891. His retirement from the service, from August 11th, 1896, was announced in the *London Gazette* of Tuesday, October 13th.

### THE VOLUNTEERS.

\*SURGEON-LIEUTENANT J. A. CORNETT, 1st L. C. shire Artillery, is promoted to be Surgeon-Captain, October 21st.

### CADET BATTALIONS.

BRIGADE-SURGEON-LIEUTENANT-COLONEL J. H. REYNOLDS, V.C., M.B., retired, is appointed Acting Surgeon to the 1st Cadet Battalion of the King's Royal Rifle Corps, October 21st.

### EXTRA CLOTHING IN THE HOME DISTRICT.

In a district order issued by Lord Methuen, commanding the Home District, recently, he directs, on the recommendation of the principal medical officer, the issue of the extra winter blanket and waterproof coat to all troops in the command.

### MEDICAL OUTLOOK IN THE ARMY.

THE *Times of India* of Wednesday, July 22nd, has an admirable and important article under the above head, of which the following is a summary:

At this moment a conflict in which the two adversaries set their lips without exchanging words is now being carried on between the War Office and the Army Medical Department. Discipline forbids that a stand-up fight should be conducted *in personam*, but it is being admirably engineered by proxy from outside. The medical schools, our sole recruiting ground, are so shy of entering the army that vacancies cannot be filled up. Only ten men were found qualified for thirteen places last August, and nine men for seventeen places this year. The causes of this dearth have occupied our columns more than once, and we shall not rehearse them now. It will be enough to call attention to two of the means now rumoured as about to be employed to confront this serious dilemma: one of them as old as the Horse Guards, paltering, temporary, and, it may be frankly said, tricky; the other novel, radical, revolutionary, and tantamount to a clean sweep. In various ways the report has apparently been diligently spread that a satisfactory warrant is under draft at the War Office, and thus an impetus may be given to a stream of new recruits, sufficient to tide over the present emergency. If candidates flow in under the whispered assurance of better things, no more will be heard about a new warrant. If they hold back and the medical administration of the army is reduced to an *impasse*, the warrant will come forth with all the marks of panic on its face, conceding more than was asked or called for. History repeats itself. This is the history of 1878. It promises to become history again in 1896, unless, indeed, the second weapon darkly hinted at is decided on to give the finishing blow, and introduce a new departure. This is nothing less than the annihilation of the Indian career of the Medical Staff of the army. In other words, the whole of the army in India, European and native, would be handed over to the Indian Medical Service, while the Army Medical Staff would be liberated for service elsewhere. One immediate result of such a move would be what the military authorities want—a respite of independence from the thralls of medical schools by the multitude of officers thrown upon their hands, who thus would swell the cadres, and for a time defy the dearth of new blood. The hand-to-mouth policy so commends itself to the War Office in all that concerns medical content—the policy of providing for to-day while tomorrow is left to its own devices, that the rumour of so fatuous a course hardly strikes one with astonishment. It is felt that where the medical officers of the army are concerned, their treatment may transcend the ordinary limits of foolishness in business, for the first rule in business surely is that if you want an article you must be prepared to pay the vendor's price. The doctors have repeatedly formulated their grievances; happily their discontents are not about pay, and the business-like course is to meet them with sympathy, to put a stop to huckstering altogether, and to pay the price. Doctors we must have—not the residuum of their profession, but good men, to whose ability we can safely confide the health of the soldier. Nothing can be more absurd than to make the army an undesirable career for the best class of medical men, and then to cry out because the quality is inferior.

Whether it is the best thing to have the medical administration of troops unified in India is a question not unworthy of discussion, though it would probably end in a barren academical exercise.

But there is one point of view on which opinion would unquestionably be unanimous, and it is this: Any idea that it is feasible to play off one service against the other could only emanate from the deepest ignorance of the solidarity that is part and parcel of all professional life. The withdrawal of the medical staff from India would doubtless ease off for a few years the tension now caused by the dearth of candidates, but retribution, though delayed, would inevitably come, and the old weary round of outcries on the one hand and jealous resistance on the other would once more be the order of the fight. Moreover, it is not at all certain that the day is not near when the scarcity of candidates now experienced in the medical staff will not be repeated in the Indian Medical Service. Its popularity is waning, must wane, seeing the wholesale way in which, during the last twenty years, the axe has been laid at the root of most of its ancient attractions. Whatever the pay may have been in the old days, the realities of private practice were general, and moderate competencies were not, as now, the perquisites of a very few.

Doctors who formerly made money in India form a sufficient nucleus at home to maintain the shadowy traditions of the days when the pagoda tree was flourishing. But the old order changeth, and much bitter disappointment envelops the lot of the modern doctor in India, lured by the mirage of Oriental story, and heedless of the warning adage, *Omne ignotum pro mirifico*; little by little, but more rapidly now than ever before, the new light is penetrating the medical schools that India is not a fairy land, where you just step ashore and proceed to make a fortune. As soon as that light gets full play, when the multifarious drawbacks to life in the tropics, including the dismal inroads perpetually breaking up the continuity of family life, become as well known in the schools as the disabilities complained of by the officers of the Medical Staff are known at present, the same scarcity of supply will set in here, and Government will have to face the same problem—how to secure sufficient good doctors—which is now perplexing the authorities at home.

This leads up to a consideration of the leading idea which is cherished by numbers of medical men in India who do not belong to the services. It is a proper and natural wish on their part to secure for themselves as much of the loaves and fishes as persistent demonstrations may worry the Government into conceding. But the first duty of Government is not

the paregoric. Upon being analysed it was found that the paregoric was minus opium, the essential ingredient, and this took the purchase out of the Schedule of the Pharmacy Act; but, nevertheless, the defendant was liable to penalties under the Sale of Food and Drugs Act. The oxalic acid was, however, of the best quality, and clearly rendered the defendant liable to the penalty prescribed by the Pharmacy Act. Mendel's labels, as well as his shop facia, announced him as a "consulting chemist," and this was an offence within Section xv of the Act. Evidence in support of counsel's statement having been given, Judge Emden, in giving judgment for the full penalties claimed (L10), said the infringement of the Act had been aggravated by the defendant, who did not appear, in selling a compound which was to all intents and purposes a fraud. Costs were allowed on the higher scale.

## BABY FARMING IN BATTERSEA.

At the South-Western Police Court on October 17th, Mary Ann Stevens, a married woman living at Isleworth, and Caroline Davies appeared to answer an adjourned summons for being concerned for keeping more than two infants for hire in a house unregistered for the purpose. The prosecution was conducted by Mr. Seager Berry for the London County Council, and the defendants were represented by Mr. Hanne. The facts as given at the last hearing, according to the report in the *Daily News*, went to show that the defendants kept fourteen children in the house, of whom eight died, two were removed ill, and one was removed dirty. At the inquest on the death of one child, a coroner's jury found that the child's death was accelerated by neglect. The house was registered for a year, but the defendants took the children at the expiration of the year, and besides concealed some of the infants from the inspector. Mr. Francis said the prosecution was a very proper one, and he had no hesitation in concluding that the defendants wilfully broke the law. At first he thought a penalty would meet the case, but on consideration he felt that the circumstances of the case were so bad that the conduct of the defendants merited imprisonment. He would therefore order them to be sent to prison for six weeks with hard labour.

## CHARGE OF THEFT FROM CONSULTING ROOMS.

GEORGE EDWARD COLDWELL, alias Dudley, described as a publisher's traveller, of Southgate Road, Dalston, was brought before Mr. Sheil on October 20th on remand charged with stealing surgical and dental instruments, etc., from doctors. Numerous cases were, according to the report in the *Westminster Gazette*, gone into, and in every instance the same procedure was adopted by the prisoner. He called at the residences of medical men, usually when they were out visiting, and on the pretence that he was a patient requested permission to wait in consulting rooms or the surgery till the doctor return. In some cases he got servants to leave him to fetch writing materials. The property he appropriated included silver cigarette cases, plated goods, clocks, medical books, and instruments of every description. Detective Walters proved the finding at prisoner's lodgings of nineteen pawn tickets relating to stolen property, and no fewer than twelve cases of surgical instruments and fifty books, chiefly medical. A previous conviction in August, 1893, at North London Police Court was proved against the prisoner for stealing money from a dressing box at Hornsey Road baths. Mr. Sheil committed the prisoner for trial at the sessions.

## MONEY PAID BY MISTAKE.

A CORRESPONDENT writes as follows: During my absence abroad, B., my *locum*, had full charge, not only of my practice, but also of my house and private affairs, and was asked by me to let stand over any tradesmen's bills that might come in. Owing to the state of my health, I was away considerably longer than I anticipated, and B. thought it well to pay some of the accounts. Unfortunately, among the number was one to a local tradesman, although palpably not intended for me, but addressed to a man of the same name. The question is, who is to stand the loss? B. says he acted contrary to my wishes, and therefore he ought to pay; I say that he was acting on my behalf and in my interest, and I ought to be the loser. The tradesman acknowledges the account was not meant for me, but refuses to refund the money, as he says he has not an opportunity of recovering the money, as the debtor has left the town, and also says that I am the initial cause of any loss, although I point out that his delivering the account at my house was the cause of mistake. The tradesman is in a large way of business. Is he liable to refund the money?

\*\* We are surprised that the tradesman did not at once refund the money on the mistake being brought to his notice, and think that an action against him would lie for the recovery of it. We would recommend a formal demand being at once made on the tradesman to refund the money, and an intimation might be given that legal proceedings would be taken in default. Our correspondent as principal should, of course, bring the action if necessary, and as between him and the *locum tenens* we think the principal should bear the loss (if any) as the *locum tenens* admittedly acted in good faith and without gross negligence. We concur with our correspondent in his conclusion that the mistake originated with the delivery of the bill to the wrong person.

## PRELIMINARY INQUIRIES BY CORONER: FEES FOR MEDICAL STATEMENTS.

J. T. writes: A coroner writes to me for my opinion of the cause of a sudden death. He refuses to pay a fee, notwithstanding the fact that the other county coroners always do so. What is my remedy?

\*\* If the coroner in question receives the sanction of the county council to pay fees for information rendered to him by medical men previous to an inquest, presumably for the purpose of assisting him to decide whether an inquest shall be held or not, our correspondent is undoubtedly entitled to remuneration. Such allowances are not by

any means universal, as many county councils make their scale of allowances and disbursements to cover only the expenses incurred upon the holding of an inquest, and, when this is known, then medical men as a matter of courtesy frequently communicate with and give information to the coroner previous to the inquest. Under the circumstances mentioned by our correspondent, we should advise that he communicate with the county council, mentioning the facts as stated in his letter to us.

## CONTRACTS IN RESTRAINT OF PRACTICE.

A CORRESPONDENT writes: A sells his practice to B., and agrees not to settle in practice within ten miles of the place. Subsequently A. is requested by the St. John Ambulance Association to give a course of "first aid" lectures on behalf of the county council in a neighbouring village within the proscribed radius. Is A. in any way by so doing infringing the agreement with B. either in the spirit or the letter?

\*\* In our opinion the delivery of the lectures in question would not constitute an infringement of the contract either in the spirit or the letter. We assume, of course, that no practice of any kind would be involved.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF OXFORD.

The Regius Professor of Medicine gives notice that both the examinations for the degree of M.B. will commence in the Examination Schools at 10 A.M. on Friday, December 11th. Candidates must give notice to the Secretary to the Board of Faculties on or before 10.30 A.M. on Friday, November 27th.

## UNIVERSITY OF CAMBRIDGE.

APPOINTMENTS.—Dr. Gaskell, F.R.S., has been reappointed a member of the General Board of Studies; Mr. J. E. Gray, of King's College, has been appointed to work at the university table in the zoological station at Naples.

EXAMINATION IN SANITARY SCIENCE.—The following have satisfied the examiners in both parts of the examination, and are thereby entitled to receive the diploma in Public Health:

P. J. Atkey, J. R. Carver, C. H. Cayley, H. Galt, J. H. Harris, W. W. Kennedy, D. J. Lawson, T. Mitchell, A. G. Newell, T. T. Ormerod, W. C. C. Pakes, R. Pemberton, A. S. Ransome, T. Robinson, H. L. Rutter, W. Scobie, J. Stalker, R. H. Strong, C. Todd, E. T. Whitaker, H. J. E. H. Williams.

DEGREES FOR WOMEN.—The Vice-Chancellor has received two memorials on this subject from members of the Senate (1) earnestly deprecating the admission of women to membership of the University, or to any of the degrees which are conferred on members of the University; (2) supporting a proposal for conferring on women who pass a Tripos Examination some title which does not imply membership of the University. The first is signed by 1,992 members of the Senate, the second by 1,369, and both memorials by 1,124. The total number of members signing is 2,237.

THE RELATION OF THE UNIVERSITY TO ADDENBROOKE'S HOSPITAL.—The Vice-Chancellor has published to the Senate the arrangement arrived at with the governors of the hospital by which University teachers not members of the staff may be appointed clinical lecturers at the hospital. He hopes that the appointment of lecturers under this scheme will prove to be of great advantage both to the hospital and to the medical school of the University.

EXAMINATIONS FOR M.B. AND B.C. DEGREES.—The Third M.B. Examination, Parts I and II, will begin on Tuesday, December 8th, and last till Thursday, December 11th. The M.C. Examination will begin on Friday, December 11th. Names of candidates are to be sent in by November 27th. The First and Second M.B. Examinations will begin on December 14th, and last till December 22nd. Names of candidates are to be sent in by December 4th.

FELLOWSHIP.—Mr. J. H. Widdicombe, M.A., first class in Part I and Part II (Physiology) of the Natural Sciences Examination, has been elected a Fellow of Downing College.

M.C. DEGREE.—Mr. H. H. Clutton, M.A., M.B., of Clare College, Surgeon to St. Thomas's Hospital, has been approved for the degree of Master of Surgery under the new regulations.

## UNIVERSITY OF EDINBURGH.

UNIVERSITY CLINICAL TUTORS.—At a meeting of the Managers of the Royal Infirmary of Edinburgh, held on Monday, October 19th, a letter was read from Professor A. R. Simpson, as representing the Clinical Professors, submitting the names of the following gentlemen for appointment as tutors for the University Class of Clinical Medicine: Harry Rains, M.D.; George Elder, M.D.; D. A. Welsh, M.B. The letter further bore that the state of health of the third-named gentleman was meanwhile such as to prevent his beginning work, and request was made that Dr. R. A. Fleming should be allowed temporarily to discharge the duty. Professor Simpson's suggestions were all agreed to.

FINAL PROFESSIONAL EXAMINATION.—The following gentlemen have passed the Final Professional Examination for the Degrees of M.B. and C.M.:

H. de M. Alexander, J. Anderson, W. Anderson, J. G. Bailey, A. W. Bowie, A. G. Carmen, C. C. Forrester, R. M. Gibson, W. T. Grant, W. T. Hedley, R. Irvine, T. Johnstone, G. H. List, M. Mackenzie, R. L. McKirdy, M.A.; J. D. G. Macpherson, N. Mansley, C. W. Reid, A. Rutherford, G. A. Sander, G. B. Serle, H. W. Smith, F. Wilson, J. F. Wolfe, R. S. Young, A. B. Blair, H. O. Dougall, S. J. O. Grinsell, A. Hosking, J. M'Master, B. N. Mullen, B. K. Norman, H. Peck, C. Porter, A. E. Scott, J. F. Strickland, G. C. Taylor, A. E. White, and J. F. Williams.

The following candidates have passed in the subject of Zoology for the first professional M.B. and B.Ch.:

W. C. Newton, C. G. Hey, A. M. Joy.

Mr. George Scott Carnichael, Edinburgh, has gained the Vans Dunlop Scholarship after an examination in the subjects of Botany and Zoology. The scholarship is of the value of £100, and is tenable for three years.

The following candidates have passed the Second Professional Examination for the Degree of M.B., Ch.B.:

D. V. M. Adams, Tina M. Alexander, Harriet A. S. Bird, C. H. Elmes, J. M. Fraser, E. R. Grey, T. Henderson, A. H. James, M. Johnston, J. M'Gregor, D. W. MacLagan, P. E. Millard, W. J. Nutter, A. De St. L. Ferigal, F. E. Robinson, J. W. L. Spence, J. P. Sturrock, W. W. Thom, and A. Whittome.

The following have passed the Third Professional Examination for the same Degrees:

A. S. Allum, J. E. Dods, H. R. Phillips.

#### ROYAL UNIVERSITY OF IRELAND.

M.B., B.C.H., B.A.O. DEGREES EXAMINATION.—The following candidates have satisfied the examiners:

*Upper Pass.*—T. Finucane, Queen's College, Cork; E. S. Gorman, Queen's College, Belfast; R. McDowell, Queen's College, Belfast; W. J. MacKeown, B.A., Queen's College, Belfast; W. W. Moore, B.A., Queen's College, Belfast, and Catholic University School of Medicine.

*Pass.*—A. Birmingham, Catholic University School of Medicine; A. Burns, Queen's College, Belfast; S. Conner, Queen's College, Cork; J. Cowan, Queen's College, Belfast; R. E. Devitt, Catholic University School of Medicine; G. Elliott, Queen's College, Belfast; D. P. Fitzgerald, B.A., Queen's College, Cork; J. Lennon, Queen's College, Belfast; O. E. McCutcheon, B.A., Queen's College, Belfast; R. Morrow, Queen's College, Belfast; R. Nevin, Queen's College, Belfast; J. O'Neill, Catholic University School of Medicine; J. J. O'Shea, Queen's College, Belfast; H. J. Ritchie, Queen's College, Belfast; B. H. Shaw, Queen's College, Cork; R. J. Smith, Queen's College, Cork; R. C. Stuart, Queen's College, Belfast; J. F. Whelan, Catholic University School of Medicine.

M.D. DEGREE EXAMINATION.—The following candidates have satisfied the examiners:

H. L. Ormerod, J. R. Steen, and W. C. Sullivan, Royal Infirmary, Bristol.

M.A.O. DEGREE EXAMINATION.—The following candidate has satisfied the examiners:

Emily W. Dickson, M.D.

#### CONJOINT BOARD IN ENGLAND.

THE following gentlemen passed the Second Examination of the Board in the subjects indicated on Monday, October 1st.

*Anatomy and Physiology.*—N. A. Aylmers-Hughes, Yorkshire College, Leeds; H. F. Sheldon and J. Miller, Owens College, Manchester; S. Smith, University College, London, and St. Mungo's College, Glasgow; L. S. Smith, Mason College, Birmingham; P. Southam, Mason College, Birmingham, and Mr. Cooke's School of Anatomy and Physiology; H. Hemsted and P. G. Stock, University College, Bristol; E. J. Scorah, Firth College, Sheffield; M. Sheehan, Queen's College, Cork; and R. Lamb, University College, Liverpool.

*Anatomy only.*—F. C. Torbett, Owens College, Manchester; R. Holt, Royal College of Surgeons of Ireland and Mr. Cooke's School of Anatomy and Physiology; O. C. Sibley, Middlesex Hospital and Mr. Cooke's School of Anatomy and Physiology.

*Physiology only.*—L. C. Martin, Guy's Hospital and Mr. Cooke's School of Anatomy and Physiology; E. Hyde, Cambridge University and St. George's Hospital; P. G. Williams, St. Thomas's Hospital; T. L. Braintree, St. Thomas's Hospital and Mr. Cooke's School of Anatomy and Physiology.

Eighteen gentlemen were referred in both subjects, 4 in Anatomy only and 3 in Physiology only.

Tuesday, October 2nd:

*Anatomy and Physiology.*—W. F. Bennett, C. C. B. Thompson, C. C. C. K. White, W. C. Douglass, and H. Bond, St. Bartholomew's Hospital; B. S. Jones and L. S. Dudgeon, St. Thomas's Hospital; F. W. Twort, St. Thomas's Hospital and Mr. Cooke's School of Anatomy and Physiology; R. N. Watson, Westminster Hospital; E. H. B. Stanley, and A. J. Sheldon, University College, London; F. C. Rogers and R. E. B. Wilmet, St. Mary's Hospital; and H. B. Dismore, Guy's Hospital. Twenty-two gentlemen were referred on both subjects.

Wednesday, October 3rd:

*Anatomy and Physiology.*—H. Goodman, W. G. Hamilton, S. Mason, H. G. Pinker, A. B. Pugh, A. J. W. Wells, and H. G. Wood-Hill, St. Bartholomew's Hospital; R. Winterbotham, F. S. Leech, F. W. James, E. B. L. Moore, and H. C. Woodway, University College, London; W. B. Harris, W. C. C. Davies, W. L. Baker, and W. Holmes, St. Mary's Hospital; J. A. MacLeod, London Hospital; H. B. Foster and W. McIlroy, Guy's Hospital.

Twenty-three gentlemen were referred in both subjects.

Thursday, October 4th:

*Anatomy and Physiology.*—W. F. Peach, J. F. E. Bridger, and P. N. Smith, St. Mary's Hospital; R. W. H. Meredith and A. B. Vines, Middlesex Hospital; E. G. Battiscombe, London Hospital; O. E. Lemire, London Hospital and Mr. Cooke's School of Anatomy and Physiology; F. E. Manning and A. P. Watkins, University College, London; and T. W. Smith, Charing Cross Hospital.

*Anatomy only.*—H. A. Ahrens and A. H. Safford, King's College, London; J. H. Tripe, London Hospital and Mr. Cooke's School of Anatomy and Physiology; and T. McCarthy, Queen's College, Cork, and Mr. Cooke's School of Anatomy and Physiology.

*Physiology only.*—H. M. Leathes, St. Thomas's Hospital; R. Pistooujee, Ceylon Medical College; H. N. Clarke, Cambridge University and London Hospital; and V. S. A. Bell, Cambridge University and St. Bartholomew's Hospital.

Eighteen gentlemen were referred in both subjects, 3 in Anatomy only and 1 in Physiology only.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### NOTES ON WORKHOUSES.

THE INSANITARY CONDITION OF THE CAISTOR WORKHOUSE. This Board has been indulging in the unseemly wrangle of who is to blame. The facts are briefly that the inspector of nuisances was instructed by the Board to give directions to the builder to rectify some defective drains. After the completion of the work, complaints of insanitary conditions being still made, the inspector went round the system, with the result that he found that the work had been executed in a bungling manner; whereupon he asked the Board to hold back some of the money until he had given his report that all was done according to his instructions. The Board, however, elected to pay the money, and it is now confronted by a statement from the medical officer that an epidemic has resulted from the insanitary state of the drains. Now the work has to be done over again, and we presume that the builder will be paid over again.

### THE NORTH DUBLIN UNION.

THE remarks made by the coroner at the inquest on which we commented in the BRITISH MEDICAL JOURNAL of October 17th were the subject of discussion at the next meeting of the Board. We are glad to note from the tone of the discussion that the Board did not take the attitude that everything must of necessity be perfect, and in that temper we trust that it will thoroughly investigate the manner in which the night nursing is carried on in that large hospital.

### "CRITICS ON WORKHOUSE ADMINISTRATION."

WE have received another series of articles on the above subject in the columns of *Spy*, making some very serious charges against the Belmont Road Workhouse, especially in connection with the admission of tramps into the house without passing through a receiving ward. On referring to the report of our Commissioner on this house (BRITISH MEDICAL JOURNAL, June 8th, 1895), we see that there is mention of a tramps' block containing hospital wards for the treatment of all cases of illness, and that this block is to the front of the series of blocks, and nearest the gate. We draw attention to this fact in justice to the Board, for though there were many points condemned by our Commissioner, in this particular the structural arrangement appeared to be suitable. We again repeat that we welcome outside criticism, and would encourage fair discussion in the public journals.

### HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,583 births and 3,381 deaths were registered during the week ending Saturday, October 1st. The annual rate of mortality in these towns, which had increased from 15.1 to 16.7 per 1,000 in the four preceding weeks, declined to 16.3 last week. The rates in the several towns ranged from 9.4 in Leicester, 9.7 in Croydon, and 11.4 in Wolverhampton to 20.1 in Liverpool, 21.8 in Sheffield, and 23.8 in Bolton. In the thirty-two provincial towns the mean death-rate was 16.6 per 1,000, and exceeded by 0.9 the rate recorded in London, which was 15.7 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.7 per 1,000; in London the rate was equal to 1.6 per 1,000, while it averaged 1.7 per 1,000 in the thirty-two provincial towns, and was highest in Gateshead, Hull, and Plymouth. Measles caused a death-rate of 1.9 in Hull, 2.6 in Gateshead, and 2.9 in Plymouth; whooping-cough of 1.1 in Swansea; "fever" of 1.9 in Sunderland; and diarrhoea of 1.8 in Preston. The mortality from scarlet fever showed no marked excess in any of the large towns. The 92 deaths from diphtheria in the thirty-three towns included 66 in London, 6 in West Ham, and 3 in Birmingham. No fatal case of small-pox was registered either in London or in any of the thirty-two large provincial towns. There were only 2 small-pox patients under treatment in the Metropolitan Asylums Hospitals on Saturday last, October 1st, against 6, 3, and 4 at the end of the three preceding weeks; no new cases were admitted during the week. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had increased from 3,370 to 4,105 at the end of the nine preceding weeks, had declined to 4,073 on Saturday last; 372 new cases were admitted during the week, against 466, 454, and 424 in the three preceding weeks.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, October 1st, 988 births and 523 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 14.4 to 17.1 per 1,000 in the three preceding weeks, further rose to 17.9 last week, and exceeded by 1.6 per 1,000 the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 13.5 in Greenock to 20.3 in Dundee. The zymotic death-rate in these towns averaged 1.4 per 1,000, the highest rates being recorded in Aberdeen and Paisley. The 252 deaths registered in Glasgow included 8 from diarrhoea, 4 from whooping-cough, 3 from measles, and 3 from scarlet fever. Three fatal cases of scarlet fever were recorded in Aberdeen and 2 of diphtheria in Paisley.

ENGLISH URBAN MORTALITY IN THE THIRD QUARTER OF 1896. The vital statistics of the thirty-three large English towns dealt with by the Registrar-General in his weekly returns are summarised in the accompanying table. During the three months ending September last, 81,456 births were registered in these thirty-three towns, equal to an annual rate of 30.1 per 1,000 of their aggregate population, estimated at 10,840,971 persons in the middle of this year. In the corresponding periods of the three preceding years the birth-rates in these towns were

## INDIA AND THE COLONIES.

### INDIA.

**SANITARY PROGRESS IN THE MADRAS PRESIDENCY.**—Mr. Hormusji Nowroji, B.C.E., in an interesting pamphlet, reprinted from the *Madras Review*, has summarised the chief results of municipal administration during the five years ending 1894-95, which coincide with the period of Lord Wenlock's rule as Governor. He shows that municipal taxation has, during that time, advanced from annas 11-7 to annas 13-10 per head, and the revenue of municipalities risen from 16.7 lakhs to 21.6 lakhs per annum. Under the operation of Lord Dufferin's sanitary resolution of 1888 loans were given to municipalities to the extent of 9.2 lakhs and grants to the extent of 19.4 lakhs in aid of important drainage and water works. Many of these are in progress and more in contemplation, though physical circumstances exist rendering these difficult and expensive. The creation of the Sanitary Board and of the office of Sanitary Engineer to Government have been very helpful to municipalities in guiding them towards the best use of their resources. The formation of classes for the instruction of sanitary inspectors is justly extolled as an excellent measure, and the appointment of a paid secretary—an engineer by preference strongly recommended. Mr. Nowroji, while fully justifying his eulogy of Lord Wenlock's sanitary administration, by demonstrating advances in sanitary effort and achievement, contends with truth that sanitary progress depends largely, if not principally, on the promotion of agricultural and industrial pursuits, on raising the level of material well-being and social intelligence, comfort, and refinement.

**THE PASTEUR INSTITUTE FOR INDIA.**—From the proceedings at the latest meeting of the Indian Pasteur Institute, it appears that the Lieutenant-Governor of Bengal does not entirely approve of the extended programme which the promoters of the movement have set before themselves. The contribution promised by the Bengal Government depends upon the Institute confining itself to rabies and cholera, and is conditional upon the Institute undertaking to provide for the inoculation of coolies as a part of its public functions. The Tea and Mining Associations are also guarded in promising their support, and it now appears probable that unless very tempting offers are made elsewhere, the site of the Institute will be fixed upon in Bengal. Dr. Haffkine strongly supports this province. At present the annual subscriptions promised by private individuals and municipal bodies in the Punjab exceed those similarly promised in Bengal by nearly 1,000 rupees.

At the last meeting of the Faculty of Medicine of the Bombay University Dr. Accacio da Gama, Physician to the King of Portugal, was unanimously elected a Syndic in Medicine in place of Dr. Bahadurji.

### HONG KONG.

**THE PROPOSED COLLEGE OF MEDICINE.**—The *North China Herald* states that the report of the Committee appointed by the Governor to inquire into and report on the best organisation for a College of Medicine for Hong Kong was laid before the Legislative Council on August 8th. This report recommended the reconstruction of the College of Medicine for Chinese on a new basis. Its name is to be the Hong Kong College of Medicine; its governing body to consist of seven members, namely, Colonial Surgeon, Principal Medical Officer of Her Majesty's Forces, the Deputy-Inspector-General Royal Naval Hospital, the Superintendent of the Alice Memorial Hospital, and three others to be appointed by the Governor; that the Colonial Surgeon be the Principal; and that a medical man specially appointed to teach anatomy and physiology be appointed to act as Superintendent and Secretary. Also that the Lecturers to be appointed by the Governor be awarded the honorarium of 100 dollars per year; that the qualified students be given the title of Licentiate in Medicine and Surgery of the Hong Kong College of Medicine, to be contracted "L.M.S.H."; that the Civil Hospital, fever hospitals, lunatic asylum, etc., be thrown open to the college for purposes of clinical instruction, and that the authorities of the military and naval and Alice Memorial and Nethersole Hospitals be requested to similarly place those institutions at the disposal of the college. The Committee having examined the plans for a college building prepared for the Hon. E. R. Bellios, who some time ago offered to give a site and erect a building for the college as it formerly existed, considered those plans admirably adapted to the requirements of the proposed college, and the Governor accordingly addressed a despatch to that gentleman asking him if he would extend his generous offer to the college as reconstituted. But the difficulty was that when the offer was made originally there was considerable hesitation in accepting it on account of a stipulation that the Government should endow the institution with a sufficient sum (some 45,000 dollars) to keep it running. The result now is that Mr. Bellios has changed his mind, and thinks it is the duty of Government to undertake the work of educating the Chinese in sanitary matters.

## MEDICAL NEWS.

DR. C. THEODORE WILLIAMS was amongst those present at the funeral of the late Dr. Langdon-Down.

DR. H. H. PHILLIPS-CONN, of Reading and Mount Ida, near Waterford, has been appointed to the Commission of the Peace for the county of Kilkenny on the recommendation of the Lord Lieutenant of that county.

**ENTRANCE SCHOLARSHIPS.**—Science Exhibitions given by the Worshipful Company of Clothworkers at King's College, London, have been awarded to R. H. C. Gompertz (£30 a year for two years) and to M. R. C. MacWalters (£20 a year for two years).

THE annual dinner of past and present students of Charing Cross Hospital will take place on Friday, October 30th, when the chair will be taken by James Cantlie, F.R.C.S., at 7 P.M. No doubt many old students will be glad to take this opportunity of welcoming Mr. Cantlie back to London after his long sojourn in Hong Kong.

**SIR JOHN ERICHSEN'S WILL.**—Estate duty has been paid on £8,619 as the value of the personal estate of Sir John Eric Erichsen, Surgeon Extraordinary to the Queen, President of University College, who died at Folkestone on September 23rd, aged 78 years. The testator bequeaths to University College his surgical instruments and appliances, and to University College Hospital £2,000 for the rebuilding fund exclusively; to Mr. Christopher Heath and Mr. William Meredith the copyright of *The Science and Art of Surgery*, but excluding the profits of the tenth edition thereof; to the Royal College of Surgeons his bust in marble by Thornycroft; to the British Museum his gold Fothergillian medal, presented to him by the Royal Humane Society.

THE fifth annual dinner of the Bolton and District Medical Society, held last week, was attended by the Mayor, Mr. Harwood, M.P., and other representative citizens, in addition to a number of members of the medical profession. The chair was taken by Dr. James Robinson, the President, and the toast of "The Profession" was given by Mr. Harwood, M.P., who expressed the opinion that if it was advisable for solicitors and barristers to have a union it was certainly applicable to the members of the medical profession. The toast was acknowledged by Dr. Kershaw, and Dr. Johnston subsequently sang a humorous song of his own composition, having reference to the idiosyncrasies of club patients. The toast of "The Town and Industries of Bolton" was proposed by Dr. Panton, and acknowledged by the Mayor. Dr. Woodcock gave the toast of "The Society," to which the President responded.

### 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.

**CHELSEA HOSPITAL FOR WOMEN.**—Surgeon to Out-patients; must be F.R.C.S. of England, Edinburgh, or Ireland. Applications to the Secretary by October 31st.

**CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL AND DISPENSARY.**—Chesterfield. —Junior House-Surgeon and Dispenser. Salary, £50 per annum, with board, apartments, and laundress. Applications to the Secretary at the Hospital by November 5th.

**CITY ORTHOPÆDIC HOSPITAL, HATTON GARDEN.**—Assistant Surgeon on the Honorary Medical Staff; must be F. or M.R.C.S. Eng. Applications to the Committee by November 20th.

**COUNTY ASYLUM, WHITTINGHAM, LANCASHIRE.**—Pathologist. Salary, £200 per annum, with apartments, board, washing, and attendance. Applications to the Medical Superintendent.

**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.

**GESTO HOSPITAL, ISLAND OF SKYE.**—Medical Officer. Salary, £200 per annum, with furnished house, fire, and light. A knowledge of Gaelic desirable. Applications to Joshua MacLennan, Solicitor, Portree, Secretary to the Hospital Trust, by November 1st.

**GOVERNMENT LUNATIC ASYLUM, FORT BEAUFORT, CAPE COLONY.**—Medical Superintendent. Salary at the rate of £300 a year, with quarters and rations. Appointment for three years. First class passage provided. Applications to the Agent General for the Cape of Good Hope, 112, Victoria Street, London, S.W., by November 5th.

**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 DISEASES OF THE THROAT, GOLDEN SQUARE, W.**—Resident Medical Officer. Salary, £50 per annum, with board and washing. Applications to Wm. Holt, Secretary-Superintendent, by October 26th.

**HOSPITAL FOR SICK CHILDREN, GREAT ORMOND STREET, BLOOMSBURY, W.C.**—House-Physician and House-Surgeon. Appointment for six

months. Salary, £20, with board and residence in the Hospital. Must be unmarried. Applications, on forms provided, to be sent to the Secretary by October 28th.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—Assistant Physician, must be F. or M.R.C.P.Lond. and graduate of medicine of a recognised university. Applications to Charles H. Byers, Secretary, by October 31st.

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.

NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.—Clinical Assistant (qualified woman) for the Out-patient Department. Applications to Margaret Bagster, Secretary, by October 30th.

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.

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.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—Resident Medical Officer. Appointment for six months, when re-election is required. Salary at the rate of £100 per annum, with furnished apartments, board, and washing. Applications to the Secretary at the Hospital by November 4th.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM, City Road, E.C.—House-Surgeon; must be F. or M.R.C.S.Eng. Salary, £50 per annum, with board and lodging. Applications to the Secretary by November 3rd.

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

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.

WOLVERHAMPTON EYE INFIRMARY.—House-Surgeon. Appointment for twelve months. Salary, £60 per annum, with rooms, board, and washing. Applications to the Secretary by November 5th.

#### MEDICAL APPOINTMENTS.

BOASE, R. Davey, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer of Health to the Penzance Town Council, vice G. B. Millett, L.R.C.P. Lond., M.R.C.S.Eng.

CHESTWOOD-AIKEN, K. C. M.B., C.M., appointed Junior House-Surgeon to the Royal London Ophthalmic Hospital.

DURRANT, Dr., appointed Medical Officer of Health to the Oxenden Rural District Council.

FISHER, Dr. W. F., appointed Medical Officer for the Ramsey District of the Huntingdon Union.

FORBES, T. D., M.B., appointed Assistant Medical Officer to the Bethnal Green Union.

FREE, John Hy., L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health to the Rugeley District Council.

GIRDLESTONE, H. E., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Royal Eye Hospital, Southwark.

GLOVER, Lewis, M.D.Cantab., appointed Medical Officer to the Out-patients at the Hampstead Hospital.

GOSTLING, G. W., M.B.Lond., appointed House-Surgeon to the County Hospital, York, vice C. Hodgson, M.R.C.S.Eng., L.R.C.P.Lond.

HEAD, Henry, M.A., M.D.Cantab., L.R.C.P., appointed Assistant Physician to the London Hospital.

JOHNSTON, Jameson, M.A., M.B., B.Ch., Assistant Surgeon to the Richmond Hospital, appointed Surgeon to the City of Dublin Hospital.

JONES, Hugh, M.D., appointed Assistant Surgeon to the Main Bridewell, Liverpool.

KNOCKER, Douglas, M.R.C.S.Eng., L.R.C.P.Lond., appointed Resident Medical Officer to the Tower Hamlets Dispensary.

MACCORMAC, John M., M.D.Durh., L.R.C.P. & S.Edin., appointed Physician to the Victoria Hospital for Diseases of the Nervous System, Belfast.

MURRAY, C. Dickie, M.B., C.M.Edin., appointed Physician to the Victoria General Hospital, Halifax, Nova Scotia, vice D. A. Campbell, M.D., resigned.

PAGE, G. S., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer to the St. Peter's Hospital of the Bristol Incorporation.

PARSONS, Ernest, L.D.S.R.C.S.Eng., appointed Dental Surgeon to the Metropolitan Hospital, Kingsland, N.E., vice Percy L. Webster, L.R.C.P.Lond., M.R.C.S., L.D.S.Eng., resigned.

SYMONS, R. Fox, M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the Metropolitan Asylums Board Fountain Hospital, Grove Road, Lower Tooting.

WALLS, Edward G., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Revesby District of the Horncastle Union, vice G. W. Dickson, M.B., C.M.Edin., resigned.

WARE, Ernest E., M.B.Lond., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer to the Hampstead Hospital, vice G. D. Pidcock, M.D. Cantab., resigned.

WOAKES, Claud, M.R.C.S., L.R.C.P., appointed Assistant Surgeon to the London Throat Hospital.

#### DIARY FOR NEXT WEEK.

##### MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. R. Marcus Gunn: Strabismus. London Throat Hospital, Great Portland Street, W., 8 P.M.—Mr. G. C. Wilkin: Syphilis of the Pharynx and Larynx.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Dr. C. E. Jennings: Thirty Cases of Cancer of the Tongue. Mr. P. J. Freyer: On the Best Method of Removing Large Vesical Calculi.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C., 8 P.M.—Mr. Charles White: On the Infiltration Process of Osseous and Dental Tissues. Casual communications by Messrs. W. Hern and C. Robbins. The President will deliver his Inaugural Address.

##### TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Craig: Delusional Insanity; Paranoia. Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Phineas Abraham: The Tinea Group.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Mr. Hastings Gilford: A Condition of Mixed Premature and Immature Development. Communicated by Mr. J. Hutchinson.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (Albany Memorial), Queen Square, Bloomsbury, 3.30 P.M.—Dr. Ormerod: Clinical Lecture.

##### WEDNESDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Stanford Morton: Retinal Affections.

THE CLINICAL MUSEUM, 21, Great Portland Street, 4 P.M.—Demonstration by Mr. Jonathan Hutchinson.

WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M.—Dr. Whitfield: Medical Cases.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, 4 P.M.—Dr. Habershon: Bronchiectasis.

HUNTERIAN SOCIETY, London Institution, Finsbury Circus, 8 P.M.—Clinical evening. Dr. R. Hingston Fox: (1) Elephantiasis; (2) Lymphadenoma with Rheumatic Complications. Dr. A. Davies: (1) Case of Renal Calculus; (2) Hypertrophy of Breast in a Boy. Dr. Dawson and Messrs. Openshaw and Tubby will also show cases.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND, 20, Hanover Square, W., 4.30 P.M. Council.—5 P.M.—Dr. P. S. Abraham: Cases of Sarcoma Cutis, Dervergie's Pityriasis Rub. Pilaris, Idiota Aoli, and Sections of "Yaws, to illustrate paper on Yaws in India by Dr. Arthur Powell, of Cachar.

##### 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: Quantitative Estimation of Albumens Present. Central London Sick Asylum, Cleveland Street, Mortimer Street, W., 5.30 P.M.—Dr. Patrick Manson: Diagnosis of Malaria.

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

##### FRIDAY.

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

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (Albany Memorial), Queen Square, Bloomsbury, 3.30 P.M.—Dr. Taylor: General Symptomatology.

#### 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.

##### BIRTHS.

HESSEY.—On October 2nd, at 85, High Street, Hastings, the wife of James Dodson Hessey, M.R.C.S.Eng., L.R.C.P.Lond., of a daughter.

LAWSON.—On the 26th inst., at 46, Leytonstone Road, Stratford, London, E., the wife of Henry A. Wellesley Lawson, L.R.C.P. & S.Edin., and L.F.P.S.G., of a son.

##### MARRIAGES.

BROADBENT—MONROE.—On October 16th, at the Parish Church, Dalkey, co. Dublin, by the Rev. W. Henry Kerr, assisted by the Rev. Canon Carmichael, LL.D., Walter, second son of Sir William H. Broadbent, Bart., M.D., to Edith, only daughter of the Right Honourable John Monroe, Ex-Judge of the High Court of Justice in Ireland.

OLIVER—BENSTED.—On Tuesday, October 13th, at All Saints Church, Ulcombe, Kent, by the Rev. C. J. F. S. Symons, of Shanghai, China, assisted by the Rev. J. Lanphier, Rector, Charles Pye Oliver, M.D. Lond., of Westdene, Maidstone, fourth son of Dr. Oliver, J.P., to Agnes Charlotte, fourth daughter of George Bensted, Esq., of Ulcombe.

##### DEATH.

KILNER.—On 18th inst., suddenly, at his residence, The Norman House, 87 St. Edmunds, John Kilner, F.R.C.S., aged 76 years.

## 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.  
 CHARING CROSS. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operations*—W. Th. F., 3.  
 CHELSEA HOSPITAL FOR WOMEN. *Attendances*—Daily, 1.30. *Operations*—M. Th. F., 2.  
 CITY ORTHOPEDIC. *Attendances*—M. Tu. Th. F., 2. *Operations*—M., 4.  
 EAST LONDON HOSPITAL FOR CHILDREN. *Operations*—F., 2.  
 GREAT NORTHERN CENTRAL. *Attendances*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30. Skin, W., 2.30; Dental, W., 2. *Operations*—W.  
 GUY'S. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. 1; Skin, Tu. 1; Dental, daily, 9. Throat, F., 1. *Operations*—(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.  
 HOSPITAL FOR WOMEN, SOHO. *Attendances*—Daily, 10. *Operations*—M. Th., 2.  
 KING'S COLLEGE. *Attendances*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; op. Tu. W. F., 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; op. W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu. 9. *Operations*—M. Tu. W. Tu. 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; op., M. F., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Th., 9; Skin, Tu. 4; Th., 9.30; Dental, M. W. F., 9.30. *Operations*—W., 1.30; S., 2; (Obstetric), Th., 2.  
 NATIONAL ORTHOPEDIC. *Attendances*—M. Tu. Th. F., 2. *Operations*—W., 10.  
 NEW HOSPITAL FOR WOMEN. *Attendances*—Daily, 2; Ophthalmic, W. S., 9.30. *Operations*—Tu. F., 9.  
 NORTH-WEST LONDON. *Attendances*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*—Th., 2.30.  
 ROYAL EYE, Southwark. *Attendances*—Daily, 2. *Operations*—Daily.  
 ROYAL FREE. *Attendances*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, S., 2; Dental, Th., 9. *Operations*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of W. men), S., 9.  
 ROYAL LONDON OPHTHALMIC. *Attendances*—Daily, 9. *Operations*—Daily, 10.  
 ROYAL ORTHOPEDIC. *Attendances*—Daily, 1. *Operations*—M., 2.  
 ROYAL WESTMINSTER OPHTHALMIC. *Attendances*—Daily, 1. *Operations*—Daily.  
 ST. BARTHOLOMEW'S. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., S., 2; op. W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 2; 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; op. Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, F., 2; Orthopedic, M. F., 2; Dental, Tu. S., 9. *Operations*—M. Tu. Th. F. S., 1.  
 ST. MARK'S. *Attendances*—Fistula and Diseases of the Rectum, males S., 3; females, W., 9.45. *Operations*—M., 2; Tu., 2.30.  
 ST. MARY'S. *Attendances*—Medical and Surgical, daily, 1.45; op., 1.30; Obstetric, Tu. F., 1.45; op. M. Th., 1.30; Eye, Tu. F., 9; Ear, M. Th., 9; Orthopedic, W., 10; Throat, Tu. F., 3.0; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 2.30; Dental, W. S., 9.30; Children's Medical, Tu. F., 9.15; Children's Surgical, S., 9.15. *Operations*—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.  
 ST. PETER'S. *Attendances*—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*—W. F., 2.  
 ST. THOMAS'S. *Attendances*—Medical and Surgical, M. Tu. Th. F., 2; op., daily, 1.30; Obstetric, Tu. F., 2; op. W. S., 1.30; Eye, Tu. F., 2; op., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, op., 1.30; Mental Diseases, op. Th., Tu. F., 10; Dental, Tu. F., 10. *Operations*—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Tu., 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; 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.

MEMBER would be glad of any information as to the climate, society, etc., of Gondal, Bombay Presidency.

A MEMBER will be obliged for the name of a reliable collector of medical accounts residing in Hackney or Stoke Newington district, to be sent under cover to "Beacon," care of Editor, BRITISH MEDICAL JOURNAL.

MEMBER would be glad to know if there is any treatment or appliance likely to be beneficial in reducing a partial dislocation forwards of the sternal end of the clavicle of twelve months' standing.

R. H. B. asks for information as to the composition and proportions of a preparation called antexema. It is manufactured by the Antexema Company, 83, Castle Road, London, N.W.

T. B. asks: Is it advisable that every boy should be circumcised, whether the prepuce is abnormal or not? I am told the operation is becoming very "fashionable," and that a large proportion of boys at our public schools are circumcised.

S. P. S. writes: I am desired to recommend a home for a patient whose monomania—if it may be so-called—is an entirely abnormal disinclination for work. He is in good health, and otherwise quite sane. His parents are willing to pay, but would be unable to bear a very heavy expense. They consider that he is not sufficiently bad to send to an asylum, and want to find a place where he can be kept under constant control and made to work.

SENEK asks: Would Mr. Turner or any other practical cyclist give us their advice and guidance upon the choice of a tricycle? Several of my medical *confrères* in my neighbourhood would like to cycle, but being like myself over 60 years of age, and no longer active, they hesitate to face the difficulty and probable danger of learning to master the bicycle. I am told that tricycles are now made much lighter than they formerly were, and in other ways are easier to drive.

VOX CLAMANTIS asks for information on the following matters: (1) What chemical changes does calomel undergo when swallowed, and does it act as an intestinal antiseptic? (2) Under what conditions does highly acid urine strongly effervesce when boiled and nitric acid added? (3) Which is the most reliable and convenient bedside test for albumen in the urine? (4) Will an infusion of digitalis act on the kidneys if continuously applied to the skin?

INSTRUMENTS IN GENERAL PRACTICE. M.R.C.S., L.R.C.P., recently qualified, asks for a list of instruments absolutely necessary for general practice.

## CLIMATE OF GEORGIA.

L. W. writes: Two English youths, aged between 21 and 25, contemplate going to Butler's Island, Darien, Georgia. Their parents have heard bad accounts of the climate, and have asked me to ascertain the facts. Is the district malarious, or in any other way unsuited to lads of not over robust constitution and delicate nurture?

## MEDICAL TITLES.

OLD SUBSCRIBER writes as follows: I am an M.B. and C.M. Can I use a brass plate with M.B., C.M., Physician and Surgeon, as the other medics in the town being licentiates have "Physician and Surgeon" on their plates, and I find that a great number of ignorant people (not poor people at all) place a greater importance upon the title "Physician" than that of "Dr."

\* \* \* We do not think there can be any objection to our correspondent styling himself "Physician and Surgeon."

## TREATMENT OF FLATULENCE.

TEMPUS asks for advice in the following cases where routine treatment has failed: (1) Young lady, 26, unmarried, has been greatly troubled with loud borborygmi for some two years; usually constipated; small appetite; abstains from alcohol, tea, and coffee; tongue clean; slightly anaemic; leads an active life; is becoming nervous owing to her complaint; no further morbid symptoms. (2) A married woman, 66, decidedly anaemic, is a chronic sufferer from flatulent dyspepsia, with intense substernal pain, which is spasmodic and is relieved by eructation, but this seldom occurs; is subject to severe facial neuralgia, and migraine; an abstainer and small eater; bowels give no trouble; tongue usually white furled all over. Treatment has occasionally relieved both cases, but the trouble returns very soon.

## TREATMENT OF ECZEMA.

NEMO writes: I shall be glad if any member can give me help in the treatment of the following: My patient is a young man who has suffered for years from dry eczema. He has taken arsenic for months, the acid in pill, Fowler's solution, and liq. arsen. hyd., also combined with pot. iodide, but has not derived much benefit. As it is not on his hands he still keeps on at business, so does not want to use unguents on his hands. He has, however, been using the following for a long time: Liq. carbon. deterg., hyd. ammon., and vaseline, rubbing it well in at night, and washing off with warm bath in the morning. Would a course of thyroid capsules do any good? Any hints will be thankfully accepted.

## TREATMENT OF TETANUS IN CUBA.

MR. LEWIS MACKENZIE, F.R.C.S.Eng. (Tiverton, Devon) writes: In conversation with a late resident from Cuba, I hear that in that island they have a definite specific for the prevention of tetanus. So common was lockjaw there that every planter is in possession of this "embrocation," and immediately a nigger wounds his foot, as they often do barefooted in the plantation, he is carried off at once to the planter's house and treated; he is not allowed to walk or put his foot to the ground, as