

that "the cornea is clearing up and the anterior chamber is free from the presence of puro-lymph, but is still very deep. It is unequally deep, being deepest at the point corresponding to the site of the upper staphyloma into which the iris seems to have been dragged. The pupil, which is irregular in outline, is adherent to the anterior capsule, and lies excentrically, being well in the upper and inner quadrant of the chamber, owing to the dragging of the iris. The upper staphyloma is very distinct, and is quite 4 mm. in diameter. The lower staphyloma has diminished considerably, and leaves two dark, elongated patches level with the surrounding sclera. The tension is still + 1. Vision now amounts to the perception of objects moving in front of the eye—an improvement on the condition a month ago, when he was not conscious of a change from light to shade.

Upon June 20th it was noted that the staphyloma had greatly diminished in height, and that although the pupil was still fixed the iris seemed not to be drawn so tightly towards the staphyloma. The tension was normal, and fingers could be counted readily at 14 inches.

**Remarks.**—This case is seen to be a very typical one in every respect. A gumma of the ciliary body usually appears in one to three and a-half years after the appearance of the initial sore, according to Berger. In one case it arose about two and a-half years after infection. It is generally preceded by iritis as it was here for nearly a fortnight. The number of gummata has varied in the five former cases from one to five in each case. In this case there were two. The bulging of the sclera which results may increase and give rise to opacity in the neighbouring part of the cornea, as it has done in the case now reported, and the thinning may even go on to rupture of the gumma through the sclera. When perforation occurs, atrophy of the globe follows, but atrophy may follow even without rupture, according to Berger. In the case reported by Panas perforation occurred, and yet a cure took place. In the case now reported, the right eye has remained perfectly well since the attack of inflammation from which it suffered two months previous to the affection of the left.

**Treatment** in this case consisted of the administration of a quarter of a grain of calomel combined with opium every three hours. When the gums began to show signs of approaching salivation the dose was reduced to half a grain of calomel *per diem*. A fortnight later the iodide of potassium was commenced in addition to the calomel. Locally belladonna fomentations and atropine drops were employed throughout the first few weeks. In the course of a month, however, when it was found that the tension was remaining high and that the bulging of the staphylomata was increasing, eserine was used in place of atropine, and a compress and roller bandage were firmly applied. This soon reduced the tension, and the staphylomata ceased to enlarge.

Writing now, five months after the origin of the gumma, the visual acuity amounts to counting fingers at 18 inches.

## MEMORANDA:

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

#### THE TREATMENT OF ACUTE NASAL AND PHARYNGEAL CATARRHS.

THE frequency of nasal and pharyngeal catarrhs in this climate, and the unfortunate results when the Eustachian tubes or the bronchial mucous membranes become affected secondarily, render a condition, trivial in itself, of sufficient importance to warrant the suggestion of a treatment which my own experience leads me to think of great value.

Having tried local treatment as fully as the time-honoured practice of administering diaphoretics with hot baths and warm blankets in the acute stage, and often with disappointing results, a consideration of what I believed to be the pathology of the condition led me to adopt the following measures, with which I have increasing reason to be satisfied.

At the onset of the acute attack I give a hypodermic injection of sulphate of atropine, gr.  $\frac{1}{100}$ , combined with sulphate

of morphine gr.  $\frac{1}{4}$ , and invariably find, in the course of a few minutes, all the symptoms subside. The nasal and pharyngeal mucous membranes dry up, the irritation and frontal distress cease, and, as the effect lasts for some hours, the vessels of the mucous membrane have time to recover tone, and the nerves, no longer irritated by the local congestion and constant sneezing, rapidly quiet down, and the whole attack aborts.

The predisposing cause of these acute catarrhs is doubtless to be looked for in a lowered condition of the nervous system, and nerve tonics and improved hygienic surroundings are of the first importance, but the exciting cause is frequently a chill, or the inhalation of some irritant, such as dust, or the pollen of certain flowers, as in hay fever.

Eastbourne.

FRANK ELVY, M.R.C.S., L.R.C.P.

#### ACUTE RHEUMATISM WITH HYPERPYREXIA.

THIS is the case of a well-developed powerful young man, who previous to this attack had enjoyed good health. He was 24 years of age, and single, and was working at the factory on October 7th. The following day he felt rheumatic pains. He stayed at home, and kept warm, and took the usual domestic remedies "to sweat the disease away." As he did not recover satisfactorily, I was called in on October 12th. I found him complaining of severe pains in the ankles, knees, and wrists. The tongue was dry and thickly coated; the temperature  $102^{\circ}$ , the pulse 110. There was no difficulty in breathing and no cerebral symptoms. The affected joints were decidedly swollen and tender, and I ordered him to have them wrapped in cotton wool, and to take 15 grains of salicylate of soda every three hours.

On October 13th the symptoms were much the same in the morning, but at 11 P.M. I found him complaining of difficulty in breathing, though there was no dyspnoea manifest. The pulse was 120, the temperature  $107^{\circ}$ . There were no cerebral symptoms, and he talked quite rationally. I advised a cold pack. Dr. Duncan and Dr. Boyd, of Tyldesley, saw him with me at 12. He was then perfectly unconscious, the pulse uncountable, the temperature over  $110^{\circ}$ , probably more, as the mercury was at the very top of our thermometers, which only registered up to  $110^{\circ}$ , and he appeared dying. We immediately put him in a sheet dipped in cold ice water, and surrounded him with ice, in which he was kept for an hour. The temperature in the rectum was then  $106^{\circ}$ , and shortly afterwards he began to have tetanic convulsions, which passed away in about fifteen minutes. The risus sardonicus was well marked. Phenacetin in 10-grain doses was administered every two hours. He passed a fairly good night.

The following morning (October 14th) he was quite conscious; the temperature  $105^{\circ}$ , the pulse fairly strong and regular. Champagne and Benger's food were given frequently. At 3.30 P.M. the temperature again rose to  $107^{\circ}$ , and shortly afterwards the thermometer registered over  $110^{\circ}$ . Packing was again resorted to, and he regained consciousness. The temperature in the rectum was  $105^{\circ}$ . Tetanic convulsions of a very severe type ensued, and rendered it necessary to administer chloroform on three occasions. The rest of the day and night he was kept fairly comfortable by the application at intervals of iced cloths applied to the chest and abdomen. This treatment also kept the temperature at  $103^{\circ}$  or  $104^{\circ}$ , and there was no recurrence of the tetanic convulsions.

On October 14th the same treatment was adopted, with the addition of two doses each of 20 grains of quinine. Unfortunately towards evening symptoms of cardiac failure developed, and although the temperature was kept at  $103^{\circ}$ , he gradually sank and died at 2 A.M. on October 15th.

Although this case proved fatal it serves to show how by means of the ice pack a person may be kept alive for a period of several days. This patient was certainly drawing almost his last breath when the ice pack was resorted to. The next day he was quite capable of regulating any of his affairs had it been necessary for him to do so. The tetanic convulsions were in my opinion brought on by the pack, and it is interesting to note that they were entirely absent when the iced compresses were used. By this means the temperature was kept at a lower grade than when the entire pack was used, although

I could see plainly that it would have risen quite as high if the compresses had not been in almost constant use.

ALFRED J. LOWE, L.R.C.P. and S.Ed., L.F.P.S.G.  
Boothstown, near Manchester.

### INDIAN HEMP POISONING.

THE interesting case of Indian hemp poisoning recorded in the BRITISH MEDICAL JOURNAL of October 3rd will serve to remind the readers of the remarkable uncertainty of strength of this drug and its preparations.

The late Dr. James Anderson, in the wards of the London Hospital, where he used this drug with most encouraging results, pointed out that although 4-gr. doses of the extract may be reached in some cases with benefit, we should always begin with small doses, and in increasing the dose should take care that the same pot of extract is used by the dispenser.

Considering the difficulty of elegant dispensing with the tincture and its very uncertain strength, would it not be better to prescribe the extract, or at any rate to use no tincture unless standardised? And if standardised, let us clearly understand the active constituent we wish to use. It is not a rare experience in dispensing the tincture to spoil the mixture by making a bad emulsion, and finding the bulk of the tincture floating or adhering to the bottle inside.

The standardisation of all tinctures and wines is greatly neglected, and some hospital authorities cut down the prices of drugs—or the druggists themselves do so—to such an extent that first-class preparations are not supplied. Take, for instance, *vinum ipecac.*, in relation to which preparation we were told by a very eminent physician at the London annual meeting in the Children's Section (on Doses), that a child had taken in hospital large doses every two hours for several days, without any tendency to nausea or vomiting.

I think if he were to try a standardised preparation made from choice *ipecacuanha* the results would be very different.

Kirkby Stephen.

B. WALKER, M.D.

### SAFETY PIN SWALLOWED BY A CHILD.

THE case of a safety pin lodging in the pharynx of a child, recorded by Dr. McCullagh, recalls one that occurred in my own practice some years since.

I was hastily summoned to see an infant, aged 8 months, who had just swallowed a safety pin. The mother was too late to prevent the accident, but she placed her finger in the child's mouth and "felt it slipping down the throat." Nothing could now be done, and I counselled a policy of patience and extreme vigilance in examining the excreta. Exactly two months later the pin was voided *per anum*, without any pain or hæmorrhage; it was passed open, as in Dr. McCullagh's drawing, but was a size smaller than in his case.

The interesting features in my case were:

- a. The time the pin was retained, namely, sixty-two days.
- b. Its being open at an acute angle.
- c. The absence of a single untoward symptom.

ARTHUR H. W. AYLING, M. and L.S.A. Lond.  
Wellington, Salop.

## REPORTS

ON

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

#### RATHDRUM UNION INFIRMARY.

A CASE OF ACUTE DELIRIOUS MANIA LEADING TO MUTILATION.

(By RICHARD R. LEEPER, F.R.C.S.I., Surgeon to the Infirmiry.)

ON July 1st I was summoned at 5 A.M. to see a farmer's son who had suddenly become insane and mutilated himself. Dr. Lynch, who had sent for me, kindly waited for my arrival, and rendered me most valuable assistance in the management of the case. I found A. R., a young man belonging to a neurotic family, sitting up in bed. He had a large religious picture tied round his neck, and he was very excited and vio-

lent. He ordered us away, told Dr. Lynch "he wished to be an angel," and would "blast us with divine power." He had informed Dr. Lynch before my arrival that "he had sawn off his testicles with a hand saw," which was found in the house covered with blood, "and thrown them to his dog, who had eaten them." The latter part of this statement was afterwards found to be untrue. He was very violent, and so excited that no thorough examination of his body could be made. I had him removed by main force and placed upon a table, and as his condition was good, and there were no symptoms to contraindicate it, administered chloroform. I found an incised wound commencing in front of the pubis and above the penis. This wound was very deep, and exposed the suspensory ligament of the penis. The skin had been completely peeled off the penis, exposing the dorsal artery and vein in their entire extent; the foreskin was pulled over the glans, and appeared as a ragged cap of integument attached to the glans.

The spermatic cords were cut across at their exits from the abdominal rings, and the entire scrotum had been amputated. There were three severe lacerations situated on the under surface of the penis; but fortunately the urethra was not perforated. One of these lacerations bled freely. It ran obliquely downwards and backwards between the upper portion of the corpus spongiosum and the corpora cavernosa. I ligatured the bleeding points, which were wonderfully few, and double ligatured the cords at their exit from the rings with carbolised gut ligatures, turned back the ragged foreskin, washed out the pocket left by the amputation of the scrotum with corrosive sublimate solution, and closed the wound in the middle line, bringing the integuments together by means of deep sutures. Considerable traction had to be used to cause the edges to meet, owing to great loss of substance. The wound and the skinned penis were dusted with boric acid and dressed with boric lint, pressure being applied to control all bleeding from the penile lacerations.

I ordered his removal to the Union Infirmary, and he was admitted at 10 P.M. He was then apparently quite sane, expressed great sorrow at what he had done, but said he suffered no pain at the time. His sanity, however, was short-lived; at 3 A.M. he suddenly commenced shouting, and from this time his mental condition was one of acute delirious mania, with religious delusions. On the third day after his admission he refused all food and resisted being fed in the most determined manner. He was fed by the mouth and also by the bowel. He was wonderfully strong, and it required three men to keep him in bed, his struggles were so violent and persistent. He micturates freely, and, notwithstanding his struggles, there was no hæmorrhage from the wounds. On the fifth day of his illness he developed epileptiform fits, the pupils dilating, and froth appearing at mouth, but no convulsive stage was apparent. These fits he had once every day, and they gradually became more frequent. He had three on the ninth day, and then gradually became comatose, and died that evening. The scrotal wound had entirely healed, and the penis was covered with healthy granulations at the time of death. No *post-mortem* examination was allowed.

There are three remarkable features in this case:

1. The absence of symptoms of shock or those of collapse. Seeing him sit up in bed it was almost impossible to realise the terrible mutilation he had inflicted upon himself. A week after his admission to the Infirmary his brother found his testicles and scrotum wrapped in paper and hidden under the bed ticking. This he had done himself at time of inflicting his injuries, and his story told to Dr. Lynch "that the dog eat them," was meant, presumably to prevent any further search for the missing appendages.

2. The almost complete temporary return to sanity. I attribute this to the effect of chloroform inhalation, which was absolutely necessary to enable me to treat the case surgically.

3. This case appears to me to point to the fact that lunatics suffering from forms of acute mania are deprived of almost all sensation. I have twice observed this most markedly to be the case in lunatics with well-marked religious delusions as a prominent symptom of their psychological states.

That the brain centres of sensation must be profoundly affected in these cases by some sensorial destructive inflam-

Medical Department, and was educated at Edinburgh and Glasgow Universities, graduating in the latter in 1844. From Glasgow he also received the degree of LL.D. in 1888. He entered the Army Medical Service in 1844, and served as Assistant-Surgeon in the 91st Highlanders during the Kaffir war of 1846-47. During the Crimean war he was Surgeon of the 93rd Highlanders, and formed part of the "thin red line" in the glorious stand made by the regiment at Bala-klava. With the same corps he took part in the relief of Lucknow, and in a number of engagements during the mutiny. He was Principal Medical Officer of the Euzufzai and Umbeyla force in 1863. Altogether he took part in no fewer than fifteen battles and engagements during his service, for which he was mentioned in despatches, received a C.B. and numerous medals and orders, and a good service pension of £100 a year. We believe he declined the honour of a K.C.B. in his later years. He was Surgeon-General at headquarters under Sir William Muir (1874 to 1881), and would probably have succeeded that officer as Director-General had he not retired through age. He was an admirable representative of the old regimental surgeon, and was a supreme favourite in his regiments. But it fell to his part to largely inaugurate the unification system, which he carried out with great loyalty, notwithstanding old regimental proclivities.

He was unquestionably a most able administrator, and a master of detail. His labour connected with the new system in the medical department, while at headquarters, was enormous, especially in the elaboration of a new code of regulations which then became necessary. Those who worked with him in those days learned to appreciate his high ability and worth, as well as his great kindness and consideration.

Dr. Munro was a very accomplished man, an admirable classical scholar, and possessed of high literary ability. He wrote two books connected with his reminiscences in the 93rd Highlanders, and in the service generally, works which will prove of no small value to the military historian of the period. He leaves behind him a widow and grown up family of sons and daughters.

#### H. NEWELL MARTIN, M.B., D.Sc.LOND., F.R.S.,

Late Professor of Biology, Johns Hopkins University, Baltimore.

PROFESSOR H. NEWELL MARTIN, M.D., F.R.S., died on October 29th at Burnley-in-Wharfedale. He was a graduate of Cambridge, and a former Fellow of Christ's College. He was the author, in conjunction with Professor Huxley, of a widely-spread manual of Practical Biology. In 1876 he became Professor of Physiology in the Johns Hopkins University at Baltimore. This appointment he held until 1893, when he was compelled by ill-health to resign. He returned to England, where he has remained until his untimely death at the age of 47. A memorial edition of his physiological papers was published at the Johns Hopkins University Press, Baltimore, in 1895, as a recognition of the value of his work. This volume afforded evidence of the deep influence which as a teacher, lecturer, and investigator Dr. Martin exerted upon the character of biological instruction in America; the development of experimental research in animal physiology was, however, the object of his most earnest labour, and in this department of biology he made brilliant additions to literature.

We regret to record the death of Dr. NATHANIEL HENRY KIRKPATRICK KANE, of Kingston Hill, at the early age of 49. Dr. Kane's constitution had been shaken by severe pneumonia following influenza four years ago, and he succumbed on October 22nd to a rapid pneumonia and pericarditis of obscure septic origin. Dr. Kane graduated at Trinity College, Dublin, in 1873, having previously obtained valuable experience as assistant-surgeon to Sir William Mac Cormac in the Franco-Prussian war, where his services were recognised by the Bronze Cross. After serving 18 months as surgeon to the P. and O. Company he settled in 1876 at Kingston Hill. He was a member of the Thames Valley Branch of the British Medical Association, and was elected President in 1893-4.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have

recently passed away are Professor Smirnoff, of the University of Helsinki, Medical Director of the General Hospital of that city, aged 55; Dr. Johann Feiser, Professor of Therapeutics in the Veterinary School of Munich, aged 55; Professor August Krassnig, of Klagenfurt; and Dr. Paul Chéron, a well-known medical journalist of Paris.

## 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.*

WANTED, exchange to England with tour-expired officer, trooping season 1897-98, by Surgeon-Lieutenant-Colonel, who arrived in India, December, 1895. Address—S.M.O., Station Hospital, Nusseerabad, Bombay.

### THE NAVY.

THE following appointments have been made at the Admiralty: FREDERICK W. STERICKER, M.B., Surgeon, to the *Victory*, additional, for disposal, November 1st; CHARLES J. E. COCK, Surgeon, to the *Impregnable*, November 1st; JOHN C. B. MACLEAN, M.A., M.B., Fleet-Surgeon, to the *Revenge*, November 6th; RICHARD E. BIDDULPH, B.A., M.B., Staff-Surgeon, to the *Trafalgar*, November 6th; CHARLES J. S. KEISALL, Surgeon, to the *Revenge*, November 6th; GEORGE HEWLETT, M.B., Surgeon, to the *Acorn*, October 30th; HERBERT P. SHUTTLEWORTH, Surgeon, to the *Barracouta*, October 30th; WILLIAM H. PATTERSON, Fleet-Surgeon, to the *Dedalus*, November 6th.

### ARMY MEDICAL STAFF.

DEPUTY-INSPECTOR-GENERAL FRANCIS ROBERT WARING died at his hotel in London on October 31st, at the age of 87. He was appointed Assistant-Surgeon, March 8th, 1835; Surgeon, December 15th, 1845; Surgeon-Major, October 1st, 1858; and Honorary Deputy-Inspector-General, October 1st, 1858, on his retirement on half pay. He was in the Kaffir war in 1847, and had the medal granted for that campaign.

Brigade-Surgeon-Lieutenant-Colonel R. C. EATON, who is serving in the Bombay Command, is appointed to officiate on the administrative medical staff of the army, with the temporary rank of Surgeon-Colonel from August 29th.

### ARMY MEDICAL RESERVE.

SURGEON-LIEUTENANT-COLONEL JAMES CLARK, M.D., F.R.C.S. Edin., Surgeon-Major R. W. EDGINTON, M.D., and Surgeon-Captain J. W. BEATTIE, M.B., having resigned their Volunteer appointments, cease to belong to the Army Medical Reserve, November 4th.

Surgeon-Captain F. K. PIGOTT is promoted to be Surgeon-Major, November 4th.

### MILITIA MEDICAL STAFF.

SURGEON-LIEUTENANT-COLONEL C. C. WALKER, Kent Artillery (Eastern Division Royal Artillery), has resigned his commission, with permission to retain his rank and uniform, November 4th.

### INDIAN MEDICAL SERVICE.

SURGEON-MAJOR SIR GEORGE ROBERTSON, K.C.S.I., has been granted a gratuity of six months' pay for the wound received in the defence of Chitral Fort.

Surgeon-Colonel D. E. HUGHES, M.D., Bombay Establishment, Principal Medical Officer Bombay and Aden Districts, is appointed to officiate as Principal Medical Officer Bombay Command, with the temporary rank of Surgeon-Major-General, from August 27th.

### THE VOLUNTEERS.

LIEUTENANT W. K. PAULI, 3rd Volunteer Battalion the Bedfordshire Regiment, is appointed Surgeon-Lieutenant in the same corps, November 4th.

The Volunteer Officers' Decoration has been conferred upon Surgeon-Captain THEODORE FENNELL, 3rd Volunteer Battalion the Cheshire Regiment; Brigade-Surgeon-Lieutenant-Colonel H. M. KEMMIS, 2nd Volunteer Battalion the Prince Albert's Somerset Light Infantry; and Brigade-Surgeon-Lieutenant-Colonel C. P. SKRIMSHIRE, 1st (Brecknockshire) Volunteer Battalion the South Wales Borderers.

### THE EXPEDITION TO DONGOLA.

THE *London Gazette* of Tuesday last contains a despatch from Sir Herbert Kitchener, the general officer in command, relating to the operations of the Dongola Expeditionary Force.

In detailing the operations undertaken Sir Herbert Kitchener says: "At Koshel, during the advance of the troops, an outbreak of cholera occurred, and I have to deplore the loss of several valuable officers and men from this epidemic, which, though severe while it lasted, was not of long duration, and I attribute its being effectually stamped out to the energy and ability displayed by Surgeon-Lieutenant-Colonel Galloway and the officers of the Medical Staff. . . . During the outbreak, and in the subsequent advance on Dongola, Surgeon-Major Sloggett, assisted by the other medical officers attached to the British troops, worked with great zeal and energy in the performance of their duties, which were exceptionally onerous throughout the campaign. . . . The resources of Surgeon-Lieutenant-Colonel T. J. Galloway (Principal Medical Officer) and the six British medical officers of the Egyptian army, were strained to the utmost

in coping with the sudden and unexpected outbreak of cholera amongst the troops. Owing to the prevalence of the epidemic in Egypt, all hope of assistance from there was cut off, and it was only by their untiring energy and incessant devotion to duty, that the disease was successfully stamped out and many valuable lives saved, though I regret to record the loss by cholera of one of their number, Surgeon-Captain Trask. All officers of the medical staff worked indefatigably throughout the various other phases of the campaign.

Among the officers singled out for special mention are the following members of the Army Medical Staff: Surgeon-Lieutenant-Colonel T. J. Gallwey, M.D., Principal Medical Officer; Surgeon-Major G. D. Hunter, Senior Medical Officer; Surgeon-Captain R. H. Panton; Surgeon-Captain H. E. H. Smith, Surgeon-Captain C. S. Spong; Surgeon-Captain H. N. Dunn, M.B.; Surgeon-Captain J. E. Trask (since dead).

#### KILWORTH MANŒUVRES, CORK DISTRICT.

THE medical arrangements were as follows: Brigade-Surgeon-Lieutenant-Colonel McNamara and Surgeon-Lieutenant Vaughan Williams at Fermoy, and Surgeon-Major Donaldson and Surgeon-Captain Russell at Kilworth Camp. A searching medical inspection a week previous to the manœuvres eliminated all weakly men. All serious cases at the manœuvres were transferred to the Station Hospital, Fermoy, and those not requiring prolonged hospital treatment were kept in the field hospital at Kilworth. The health of the troops was good, the ratio of inefficients from sickness 33 per 1,000. There were twenty-three admissions to hospital, fourteen of which were trivial accidents. Two officers of the Army Medical Staff were available for each force; these had six non-commissioned officers and privates of the Medical Staff Corps under their orders, with necessary ambulances and field equipment.

#### A.M.S. MOVEMENTS.

SURGEON-COLONEL COGAN is retiring from the service. He has held the position of Principal Medical Officer, Belfast, since his promotion to the rank. Surgeon-Colonel Carew, who was transferred on promotion from Colchester to be Principal Medical Officer, Edinburgh, is under orders for India. It is almost settled that Surgeon-Colonel Cuffe, C.B., on promotion to Surgeon-Major-General's grade, will succeed to the Netley administration, *vice* Surgeon-Major-General Giraud, to be retired this month. Surgeon-Major-General W. Nash will be retained in Egypt till the spring owing to the need of continuity of the medical arrangements in that country and the probability of further active service.

#### FIELD MEDICAL STORES.

It has been decided that a senior assistant surgeon in charge of a field medical store dépôt shall be allowed a staff salary of Rs. 70 per mensem, in addition to the usual field allowance of Rs. 30 a month. This is a liberal concession to the Indian sub-medical department, whose duties are often of a very responsible nature.

#### A DICTIONARY OF PUNJABI.

A GRANT of Rs. 1,000 has been sanctioned by the Punjab Government towards bringing out Surgeon-Colonel Duke's work, *Dictionary of Western Punjabi*.

#### CHITRAL.

THE hutting accommodation for the troops at Drosh is very inadequate, and if the garrison is to be maintained at its present strength in the future steps will have to be taken to increase it. The medical officers have discovered, says the *Homeward Mail*, that the accommodation is only one-half what a fighting man is supposed by the regulations to receive; while those of the followers who are sheltered at all are for the most part in huts of a very temporary and cramped nature.

#### ALDERSHOT.

THE remarks of "A Correspondent" do not in any way controvert the main points noted in the paragraph (BRITISH MEDICAL JOURNAL, October 10th), namely: (1) That an order was issued rendering medical officers in charge of brigades available for duty in hospital, no matter with what qualification that order was issued. (2) That no such order had previously been promulgated by any former principal medical medical officer.

#### HEALTH OF THE UNITED STATES ARMY.

SURGEON-GENERAL STERNBERG, in his report for the year ended June 30th, 1896, says that all the rates that are usually considered by statisticians as throwing light on the physical condition of a community have been lower than in any previous year of the recorded history of an army. The number constantly sick was 35.89 per 1,000 of strength; 41.59 is the average annual rate of the preceding ten years. The mortality rate from all causes was 5.16 per 1,000 of strength, as compared with 6.69 in 1894, 7.85 for the preceding decade, and 6.33 in 1889, the year of lowest record.

#### MILITARY MEDICAL TITLES.

A. M. S. writes: It is said "a Lieutenant-Colonel is always spoken of as Colonel, but should a Surgeon-Colonel drop his prefix he is at once accused of concealing his rank." Not at all, he is concealing his profession; as long as the present titles exist he is a Surgeon-Colonel and nothing else. Medical officers are often spoken of, both within and without the department, by their military titles only; that is a matter of taste if done in good faith. It will be time enough to assume purely military titles when we actually get them. Our correspondent says: "A purely civil title placed before a military rank is an absurdity." Granted, but so long as it is so we have no right to alter it.

\*.\* It is of course technically wrong to separate the civil and military portions of medical officers' titles, but if many persons refuse to take the trouble to utter the compound titles it only shows that such hybrid designations are colloquially impossible. But the complaint is that the military portion of the titles is persistently ignored in the combatant

ranks, who thereby refuse to recognise the military status of medical officers. It is the compound title which makes such evasion possible; and the latter supplies the argument for a simple military one. We maintain a hybrid civil and military title will always prove a stumbling block in an army. To accompany soldiers under fire in order to minister to their physical injuries seems a civil function; but to pay, clothe, house, transport, and engineer them outside the fighting zone are combatant duties necessitating military rank and titles. Could absurd reasoning go further?

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF CAMBRIDGE.

DEGREES.—The following degrees in Medicine and Surgery were conferred on October 20th:

M.B.—H. F. Tod, M.A., B.C., Trinity (Thesis: Tuberculous Peritonitis).

M.B. and B.C.—A. B. Ward, B.A., Selwyn (Thesis: Etiology of Chorea); H. J. May, B.A., Caius (Thesis: Diphtheria as treated by Antitoxin).

PROFESSORSHIP OF SURGERY.—The proposal to assign a stipend of £300, to be hereafter raised to £500, to the chair of Surgery, was favourably discussed in the Senate on October 20th. Hopes were, however, expressed that the stipend might speedily be raised to its full amount.

#### UNIVERSITY OF EDINBURGH.

##### MEETING OF GENERAL COUNCIL.

THE statutory half-yearly meeting of the General Council of this University was held on October 30th, the Vice-Chancellor in the chair. The report of the Business Committee was read and approved.

##### COMMITTEE ON ORDINANCES.

The report of this Committee had special reference to the Draft Ordinance No. 40, Regulations for Degrees in Science, supplementary to four others. This draft had been issued in consequence of representations made to the Commissioners by the University Court and the Senatus to the effect that the rule which makes the higher standard in mathematics in the Preliminary Examination obligatory on candidates for Degrees in Science in all subjects bears hardly on those whose aptitudes lie in the direction of the biological and natural sciences rather than in that of the mathematical sciences. This draft therefore proposes to allow candidates for the B.Sc. degree in pure science, and in Public Health, to take the examination in mathematics on the lower standard, provided that they undergo examination in an additional modern language as a fifth subject. Various suggestions were made by the Committee. They desire to record their opinion that the relaxation proposed in the ordinance has been rendered necessary by the mistaken zeal of the Joint Board of Examiners in pitching the standard of the Preliminary Examination too high, and in failing to give notice, or to allow sufficient time for preparation, to the secondary schools, from which the students are mainly drawn. They point out a discrepancy between the leaving certificate and Preliminary Examination, to the disadvantage of the latter.

They state that there seems no reason to doubt that undue severity, or a want of elasticity, in the Preliminary Examination, has been mainly responsible for the decline in the number of students entering the University during recent years—a decline which, though now diminishing, has caused serious anxiety and some alarm. The Committee are very far from urging that the University standard should be lowered, in order to increase revenue; but they hold very strongly that the opposite policy of suddenly raising the standard of requirements for admission, without regard to the general public school standard, is both unjust and imprudent.

The Committee hold, further, that the unsatisfactory results of the action of the Joint Board are due mainly to its anomalous position as a body which is not subject to the supervision or control of any University authority. The representatives of each university are, no doubt, answerable to its University Court; but the Board as a whole is free to set up any standard it chooses. However extravagant may be the demands which it makes, there is no superior power to call it to account, or to redress the injury which it may inflict. When it is remembered that the action of the Board has very seriously affected the reputation and the financial condition of the Scottish Universities, it must be obvious that some change is necessary in the direction of placing it under effective control.

It seems to the Committee to be highly inexpedient, as well as anomalous, that any irresponsible body should have the power of practically closing, without appeal, the gates of the University against students entering for graduation, who may be reasonably supposed to be fit to attend the qualifying classes. This matter, in their opinion, calls urgently for the intervention of the Commissioners.

In relation to a new draft ordinance: Regulations for Degrees in Medicine supplementary to Nos. 14, 15, and 16, the latter requiring that the entire Preliminary Examination in Medicine shall be passed at one time in accordance with the requirements of the General Medical Council, it is now known that this Council will no longer enforce the condition. The Council therefore propose in this draft ordinance that "a candidate shall be obliged to pass in all the required subjects at one or not more than two examinations; provided that he may offer himself for re-examination as often as may be necessary to satisfy this condition." The Committee observe that this rule is more stringent than the proposal of the General Medical Council; but they approve of it on the ground that it assimilates the Medical Preliminary to the Preliminary in Arts and Science, and that it does not make the examination unreasonably difficult.

#### ROYAL UNIVERSITY OF IRELAND.

At the Second Examination in Medicine an Exhibition of £25 was awarded to Mr. D. J. Farnan, and one of £15 to Mr. P. Gavin, both of the Catholic University School of Medicine. The first named gentleman gained first class and the latter second class honours.

## FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

The annual meeting for the election of office-bearers was held on Monday, November 2nd. Dr. Bruce Goff, Bothwell, was re-elected President for a third annual period; Dr. Hector C. Cameron was elected Visitor. For two Examinerships in Surgery vacant there were five candidates: Dr. Alexander Patterson, Mr. Henry E. Clark, Dr. John Barlow, F.R.C.S., Mr. A. E. Maylard, M.B., B.S., and Dr. David Newman. The two first named were elected. For an Examinership in Medical Jurisprudence the candidates were Dr. Eben Duncan and Dr. R. M. Buchanan, Professor of Forensic Medicine in Anderson's College. The latter secured the appointment. Two Examinerships for the Fellowship were also contested, one between Dr. D. Campbell Black and Dr. J. McGregor Robertson, the former being appointed; and the other between Dr. J. D. MacLaren and Dr. George S. Middleton, the latter being elected.

## CONJOINT BOARD IN ENGLAND.

THE following gentlemen have passed the First Examination of the Board in the subjects indicated:

*Part I. Chemistry, including Chemical Physics (Four Years' Regulations).*—C. H. Beasley, Guy's Hospital; A. N. Leatham, Charing Cross Hospital.

*Part II. Materia Medica (Four Years' Regulations).*—E. Ashby, Guy's Hospital; F. J. A. Beringer, London Hospital; W. H. Crossley, St. Bartholomew's Hospital; W. R. Davies, Guy's Hospital; E. J. Gruchly, London Hospital; H. W. Hues, Mason College, Birmingham; L. N. Lloyd, Charing Cross Hospital; R. McKay, Middlesex Hospital; J. P. Milton, King's College Hospital; F. C. Morgan, University College, Bristol; D. L. K. Prichard, University College, London; T. B. Sellors, Middlesex Hospital; W. H. M. Smith, Guy's Hospital; J. W. Wallace, University College, Bristol; A. W. Wilkenson, St. Bartholomew's Hospital; J. H. Wilson, Middlesex Hospital; P. Wood, St. Bartholomew's Hospital.

*Part I. Chemistry and Physics (Five Years' Regulations).*—F. R. Bishop, Charing Cross Hospital; H. E. G. Boyle, St. Bartholomew's Hospital; A. J. Couzens, London Hospital; A. D. M. Cruickshank, London Hospital; H. S. Gettings, Mason College, Birmingham; W. S. Gibson, Owens College, Manchester; W. C. Haydon, St. Mary's Hospital; L. E. Hertset, London Hospital; T. H. J. E. Hughes, St. Mary's Hospital; F. A. Leah, Owens College, Manchester; C. Lee, Firth College, Sheffield, and Guy's Hospital; D. Morrow, Queen's College, Belfast; J. S. Pascoe, Charing Cross Hospital; R. C. Pitt, London Hospital; R. H. N. Smith, London Hospital; V. M. Wallis, Guy's Hospital; A. E. Whitehead, Firth College, Sheffield; F. C. Whitmore, Royal College of Surgeons, Dublin; A. C. Wright, St. Mary's Hospital.

*Part II. Practical Pharmacy (Five Years' Regulations).*—E. B. D. Adams, St. Bartholomew's Hospital; M. T. Ascough, Owens College, Manchester; A. Ashmore, Yorkshire College, Leeds; R. D. Attwood, Guy's Hospital; B. S. Bartlett, University College, London; W. F. C. Bennett, Firth College, Sheffield; S. Bentley, Firth College, Sheffield; A. H. Brewer, St. Bartholomew's Hospital; A. B. Brown, St. Bartholomew's Hospital; C. W. Davies, St. Thomas's Hospital; T. H. Dugon, London Hospital; T. R. Eames, Owens College, Manchester; G. W. H. Edgelow, London Hospital; A. T. Falswasser, Guy's Hospital; J. K. S. Fleming, St. Bartholomew's Hospital; C. A. Gill, University College, London; W. J. S. Harvey, Guy's Hospital; B. Holroyd, Yorkshire College, Leeds; P. C. P. Ingram, University College, Cardiff; W. Johnston, Charing Cross Hospital; E. G. Jones, Owens College, Manchester; W. E. Jones, Owens College, Manchester; D. H. J. Kirkton, Mason College, Birmingham; J. W. Lewellyn, University College, Cardiff; A. F. Page, St. Bartholomew's Hospital; P. G. Reilly, London Hospital; R. C. Richards, University College, London; W. B. Silas, Westminster Hospital; A. N. Symons, London Hospital; P. P. Tobit, King's College Hospital; D. D. Turner, St. Thomas's Hospital; G. A. Upcott-Gill, University College, London; J. Walters, University College, Cardiff; H. G. Webster, University College, Liverpool.

*Part III. Elementary Biology (Five Years' Regulations).*—R. N. Batterbury, King's College Hospital; H. J. Gater, Guy's Hospital; W. S. Gibson, Owens College, Manchester; F. J. C. Jeffcock, St. Bartholomew's Hospital; E. S. Littlejohn, St. Paul's School, West Kensington; G. A. Paulin, University of Edinburgh; C. T. Price, King's College and St. Bartholomew's Hospital; F. H. Rudge, University College, Bristol.

## CONJOINT BOARD IN IRELAND.

FIRST PROFESSIONAL EXAMINATION.—The following candidates have passed this examination as undernoted:

*Completed the Examination.*—A. J. W. Barnes, A. J. Connolly, C. W. Conry, P. N. Creagh, A. La Darley, G. Downing, J. F. Fitzgerald, M. Graham, C. W. Holden, J. O'Leary, J. Roberts, P. P. Ryan, T. D. Sullivan.

*Passed in Anatomy.*—C. H. Browne, T. Farrell, A. A. Ganderton, J. Harvey, A. A. Merrick, R. W. F. Myles, F. G. Sharpe.

*Passed in Chemistry and Physics.*—J. F. Hurley, A. A. W. Merrick, A. N. McC. White.

*Passed in Biology.*—A. A. Ganderton, J. J. Griffin, A. A. W. Merrick, R. W. F. Myles.

*Passed in Pharmacy.*—C. H. Browne, W. H. Dodd, L. J. Farrell, T. Farrell, Jas. Hennessy, R. W. F. Myles, H. H. Sweeney.

THIRD PROFESSIONAL EXAMINATION.—The following candidates have passed this examination as undernoted:

*Completed the Examination.*—J. A. Browne, P. Coffey, J. M. H. Conway, J. J. Cormack, M. A. Ghani, W. C. W. Glenn, F. Hall, J. McCarthy, C. J. D. Odevaine, J. J. Potter, De C. S. Potterton, C. J. Powell, W. Taylor.

*Passed in Anatomy.*—A. J. Benson, B. A. Craig, W. E. Jolliffe, T. S. G. Martin, F. J. W. T. O'Rourke.

*Passed in Physiology.*—D. B. Bradlaw, W. E. Jolliffe.

*Passed in Medicine.*—R. L. Davies, W. E. Jolliffe, D. Massey, R. A. O'Donovan, E. M. J. O'Farrell, J. Sinclair.

*Passed in Surgery.*—D. Massey, D. J. O'Meara.

*Passed in Therapeutics.*—R. L. Davies, D. J. O'Meara, J. Sinclair.

*Passed in Forensic Medicine, etc.*—R. V. Brews, R. L. Davies, D. Massey, E. M. J. O'Farrell.

FOURTH PROFESSIONAL EXAMINATION.—The following candidates have passed this examination as undernoted:

*Completed the Examination.*—U. J. Burke, G. R. Cronyn, A. S. Hayman, M. Mitchell, W. C. M'Cann, A. M'Kelvey, J. F. O'Keefe, E. W. Siberry.

*Passed in Medicine.*—H. E. V. Blake, G. G. H. Moorehead.

*Passed in Surgery.*—T. C. Mackenzie, J. M'Carthy, A. W. Sampey.

*Passed in Midwifery.*—T. E. Cotter, H. E. Eardley, L. E. Fannin, M. A. Ghani, P. D. Glynn, W. J. Keane, J. M. Longford, H. B. S. Montgomery, G. G. H. Moorehead, J. D. Murdoch, E. O'Neill, C. J. Powell, A. W. Sampey.

*Passed in Ophthalmology.*—T. E. Cotter, J. R. Hewetson, J. O. M. Irwin, E. Kennedy, H. B. S. Montgomery, J. M'Carthy, A. W. Sampey, B. Taylor.

*Passed in Forensic Medicine and Hygiene.*—H. E. V. Blake, M. A. Ghani, J. R. Hewetson, W. J. Keane, E. Kennedy, J. M. Longford, G. G. H. Moorehead.

DIPLOMA IN STATE MEDICINE.—The following candidates have obtained this qualification:

*Honours Division.*—J. T. Thomas, L.R.C.P.I., L.R.C.S.Ed.

*Pass Division.*—W. H. Hallam, L.R.C.P.Ed., M.R.C.S.Eng., D. L. Thomas, L.R.C.P.Lond., M.R.C.S.Eng., E. G. Younger, M.D.Brux., M.R.C.P.Lond., M.R.C.S.Eng.

## MEDICO-LEGAL.

## FEES TO MEDICAL WITNESSES.

A. E. C.—We are advised that the laws applicable in the Channel Islands are peculiar and not generally known in this country. It is impossible for anyone not versed in the law of the islands to advise with any certainty. Probably if a medical witness were to ignore all subpoenas with which proper conduct money was not paid or tendered, and to stay away from the court where his evidence was required, he would incur no penalty for so doing. If practitioners generally adopt this and "strike," the practice of non-payment will probably be modified.

## PUBLIC HEALTH

AND

## POOR-LAW MEDICAL SERVICES.

## THE REGISTRAR-GENERAL'S QUARTERLY RETURN.

THE Registrar-General has just issued his return relating to the births and deaths registered in England and Wales during the third or summer quarter of the current year, and to the marriages during the three months ending June last. The marriage-rate was equal to 17.2 per 1,000 of the population, and exceeded the rate recorded in the corresponding quarter of any year since 1874.

The births registered in England and Wales during the three months ending September last numbered 227,845, and were equal to an annual rate of 29.4 per 1,000 of the population, estimated by the Registrar-General to be nearly thirty-one millions in the middle of this year. This rate was 1.3 per 1,000 below the average in the corresponding periods of the ten preceding years, and with one exception below that recorded in the third quarter of any year on record. The birth-rates in the several counties ranged from 22.2 in Rutlandshire, 23.4 in Sussex, and 24.1 in Surrey, to 34.2 in South Wales, 34.4 in Staffordshire, 34.9 in Monmouthshire, and 35.1 in Durham. In thirty-three of the largest English towns, including London, the birth-rate last quarter averaged 30.1 per 1,000, and exceeded by 0.7 per 1,000 the general English rate. In London the birth-rate was 29.4 per 1,000, while it averaged 30.6 in the thirty-two large provincial towns, among which it ranged from 20.4 in Huddersfield, 23.2 in Brighton, and 23.5 in Halifax, to 34.3 in Salford, 34.7 in Liverpool, and 35.9 in Gateshead.

The births registered in England and Wales during the quarter ending September last exceeded the deaths by 101,304; this represents the natural increase of the population during that period. It appears from returns issued by the Board of Trade that 79,364 emigrants embarked during last quarter, for places outside Europe, from the various ports of the United Kingdom at which emigration officers are stationed. Of these, 35,523 were English, 6,744 Scotch, 11,813 Irish, and 25,284 were of foreign origin. Compared with the averages in the corresponding periods of recent years, the proportion to the population of emigrants from each of the three divisions of the United Kingdom showed a decline.

During the third quarter of this year the deaths of 126,541 persons were registered in England and Wales, equal to an annual rate of 26.3 per 1,000 of the estimated population; this rate was 0.5 per 1,000 below the average rate in the corresponding quarters of the ten preceding years. The lowest county death-rates last quarter were 11.4 in Rutlandshire, 11.9 in Wiltshire, and 12.2 in Berkshire; while the highest rates were 18.6 in Lancashire, 18.9 in Durham, 19.6 in Warwickshire, and 19.7 in the East Riding of Yorkshire. In the urban population of the country, estimated at nearly twenty-one millions in the middle of this year, the rate of mortality during the quarter under notice was equal to 17.6 per 1,000; while in the remaining and chiefly rural population of nearly ten millions the rate was 13.7 per 1,000. These rates were respectively 0.4 and 0.8 per 1,000 below the mean rates in the corresponding quarters of the ten preceding years. Among thirty-three of the largest English towns the mean death-rate was 19.1 per 1,000, or 2.8 per 1,000 in excess of the death-rate in the whole country. In London the rate was 18.8 per 1,000, while it averaged 19.2 in the thirty-two large provincial towns, among which the rates ranged from 13.5 in Croydon, 14.7 in Swansea and in Halifax, 14.9 in Nor-

## MEDICAL NEWS.

PROFESSOR AUGUST KRASNIGG, of Klagenfurt, who died recently, has left a sum of 150,000 florins towards the foundation of a children's hospital in that city.

PLAGUE is reported to have broken out at Tai-pei-fu in the north of Formosa. Fifteen persons have already been attacked.

THE Royal Scottish Society of Arts have awarded the Keith prize to Dr. Dawson Turner of Edinburgh, for his paper on The New Method of Photography by Kathodic Rays.

MEMORIAL TO DR. HACK TUKE.—The memorial to the late Dr. Hack Tuke will probably take the form of a library in connection with the Medico-Psychological Association, to which Dr. Tuke's library has been given. An American Committee has been formed for the collection of subscriptions towards the memorial.

DR. T. MORE MADDEN has received from the Royal University of Ireland the honorary degree of M.A.O. (Master of the Obstetric Art). Dr. Madden is Obstetric Physician and Gynaecologist to the Mater Misericordiae Hospital, and Consulting Physician to the Children's Hospital, and has written extensively on obstetrics and gynaecological subjects.

UNIVERSITY OF VIENNA.—The number of students in the Medical Faculty of the University of Vienna during the last summer semester was 2,228. Of these, 1,370 were ordinary students; the rest occasional, or entered for special courses. During the previous winter semester (1895-96), 270 courses of lectures and practical instructions were given in the University by 149 professors, *Privatdozenten*, and assistants.

LEPROSY IN RUSSIA.—In July, 1895, the Russian Government issued a decree that every case of leprosy must be notified to the authorities. In July of the present year it was found that in the course of the previous twelve months 894 cases had been notified. Of this number, 63.3 per cent. suffered from the tubercular form of the disease. As regards the age of the patients, 3 per cent. were under 5; 14.42 per cent. under 20; 28.2 per cent. over 50; and 4.1 per cent. over 70. In 18 cases the disease appeared to have been transmitted from man to wife, or *vice versa*. There are already five leper asylums and two leper colonies in Russia, and it is in contemplation to increase the number of these places of isolation.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—The autumn meeting of the South Western Division took place at Fisherton House, Salisbury, on October 20th, Dr. Mickle (President) in the chair. The following were elected members of the Association: A. Davidson, M.B., C.M.; W. Boddie, M.B. C.M.; H. J. Cardale, M.B., C.M.; C. R. Stratton, F.R.C.S. On the invitation of Dr. Soutar it was unanimously resolved to hold the spring meeting at Barnwood House, Gloucester. The scientific communications were well received, and many members joined in the discussion which followed each paper. The members were most hospitably entertained by Dr. Finch.

DR. T. W. THURSFIELD, the Mayor of Leamington, has, on the completion of the second year of his mayoralty, presented the Corporation of Leamington with a handsome mace, an official emblem which that corporation had not hitherto had among its insignia. The head of the mace combines the form of the Royal crown of the Carolingian period. On October 22nd Dr. Thurfild was entertained at a banquet, when an illuminated address was presented to him by the members of the Town Council, recording their high appreciation of his services during the two years he had occupied the civic chair.

THE annual business meeting and dinner of the Midland and South-Western Medical Society, held in Glasgow recently, was rendered interesting, in the first place, because it marked the semi-jubilee of the Society; and, in the second, because advantage was taken of the occasion to present a complimentary address, signed by the President and other office bearers, to Dr. Boyd, of Slamannan. Dr. Boyd was its first President 25 years ago, and it was very largely through his influence that the Society was formed. The President

of the year, in making the presentation, referred to Dr. Boyd's long association with the Society, and expressed the hope of the members that he might long be spared to enjoy the ease which his prolonged labours had so well earned for him.

FRENCH CONGRESSES.—The next annual meeting of the Congress of French Alienists and Neurologists will be held at Toulouse in 1897, under the presidency of Dr. Ritti, editor of the *Annales Médico-psychologiques*. The following are the questions proposed for discussion: (1) Differential Diagnosis of General Paralysis; (2) Infantile Hysteria; (3) Organisation of the Medical Service in Lunatic Asylums. The Fourth Congress of Psychology will be held in Paris in 1900, under the presidency of M. Ribot, Professor Charles Richet being Vice-President, and Dr. Janet, General Secretary. The Society of Hypnology and Psychology has decided to hold a second International Congress of Experimental and Therapeutic Hypnotism in Paris in 1900. The questions to be dealt with will relate to the psychological conditions of the suggestive action exerted upon man by man, and by his environment.

TEMPERANCE BREAKFAST TO MEDICAL STUDENTS.—On Thursday, October 29th, a breakfast meeting for medical students was held by the President and Council of the British Medical Temperance Association at the Manchester Hotel, London. Between fifty and sixty students were present from most of the metropolitan medical schools. Sir B. W. Richardson, F.R.S., presided. The President contrasted the customs and habits of medical men now as regards alcoholic liquors with those of forty years ago, and announced that during the past five months no fewer than eighty-eight new student associates had been enrolled, and that there were now nearly 200 in the Association. Addresses were given by Dr. Sims Woodhead and Mr. Eccles, earnestly advocating total abstinence. A vote of thanks to the President was moved by Dr. Heywood Smith, and seconded by Dr. Ridge, the Honorary Secretary, who announced that the Association now offered a prize of £5 for the best essay on the action of alcohol on digestion and nutrition, to be competed for by medical students in their third winter session.

NEW NURSES' HOME FOR THE CHELSEA INFIRMARY.—The guardians of the Chelsea Infirmary have just completed a very business-like home for their nurses; it stands at the corner of Sydney Street and Cale Street, and has a communication with the infirmary. The building forms two sides of a square, is five storeys high including the basement, and the exterior combines a pleasing outline, with due regard to the purpose of the erection. The accommodation provides separate bedrooms for fifty-five nurses, recreation and dining rooms, bath and lavatory on each floor, and rooms for a home sister. The top floor, at the suggestion of the matron (Miss De Pledge), is assigned to the use of the night staff, and is made sound proof. Electric light is used throughout, with an arrangement for switching off each landing separately. There was one feature which struck us as being of the utmost value in the case of fire; an iron staircase is built in communication with each floor of the new infirmary block and of the home, so that escape could be made either to or from the nurses' home. The architects are Messrs. Lansdell and Harrison.

HOLDING OF INQUESTS IN PUBLIC HOUSES.—At the recent meeting of the London County Council a report was brought up by the Joint Committee on Coroners' Courts and Mortuaries, stating that they had received a letter from the Local Government Board respecting the holding of inquests in public houses, and asking whether there was any likelihood of a special building for the holding of inquests in every parish. The Clerk to the Council had replied to this, pointing out that when the Act was passed requiring the Council to provide proper accommodation for holding inquests, a large proportion of the inquests were held in public houses, but by 1895 the Council had reduced the number to 438 out of a total of 7,527 inquests held. It was estimated that the number of inquests held in public houses would by the end of this year be reduced to 100. London consisted of thirteen sanitary districts, and special coroners' courts have been provided in ten of them. A new court would be opened very shortly in St. George's Road, Camberwell.

**THE INTERNATIONAL MEDICAL CONGRESS.**—The following are the subjects proposed for discussion in the Surgical Section of the Twelfth International Medical Congress to be held at Moscow in 1897:—(1) Methods of Treating Infected Wounds (to be introduced by Dr. E. Braatz, of Königsberg); (2) Methods of Treatment of Malignant Tumours without operation, and in particular the results of Serumtherapy; (3) Brain Surgery in cases of tumour and in Jacksonian epilepsy; results of operative procedures (to be introduced by Professor E. von Bergmann, of Berlin); (4) Surgery of the Lungs, especially in the case of tuberculous cavities and in pulmonary gangrene (to be introduced by M. Tuffier, of Paris); (5) Treatment of Cancerous Strictures of the Oesophagus, Pylorus, and Rectum; results of various procedures (to be introduced by Professor Czerny, of Heidelberg); (6) Gonorrhoeal and Syphilitic Affections of Joints (to be introduced by Professor L. Ollier, of Lyons); (7) Principles of Construction of Prosthetic Apparatus for the Lower Limbs in Joint Affections, Paralyses, Congenital Luxations of the Hip and after Operations (to be introduced by Professor Dollinger, of Budapest). The question of the Surgical Treatment of the Diseases of the Brain and Spinal Cord will be discussed at a combined meeting of the Surgical Section and the Section of Nervous and Mental Diseases.

A CONFERENCE of plumbers and sanitary authorities of South Wales and South and West of England was held at Cardiff on Saturday, October 31st. Representatives were present from Bristol, Southampton, Cheltenham, Bath, Burnham, Plymouth, Devonport, and other towns in Devon, Cornwall, South Hants, and South Wales. Dr. Davies, Medical Officer for the city of Bristol, read a paper on The Public Health in Relation to the Plumbers' Registration Movement, and declared that public health could be best served by the appointment of men as sanitary inspectors who were practically qualified in plumbing. Mr. Edwin Seward, F.R.I.B.A., read a paper on The Architect in Relation to the Plumbers' Registration Movement, who recommended that a clause should be inserted in building contracts authorising architects to let plumbing work separately to registered plumbers. Mr. W. H. Bishop, representative of the Master and Court of the Worshipful Company of Plumbers, read a paper on The Plumbers' Registration Bill: its Objects and Chief Provisions, and its Position in Parliament, and explained the provisions of the Registration Bill and the progress of the registration movement now commanding the support of one-third of the plumbers of the United Kingdom. Medals and certificates granted by the Company were presented by Alderman David Jones, Deputy Mayor, to the successful students in the recent competitions in plumbers' work, open to Wales and Monmouthshire, held at the Cardiff Exhibition which closed yesterday.

A NEW MEDICAL LODGE.—A new Freemasons' Lodge, called "The Cavendish Lodge," after the distinguished chemist, Henry Cavendish, founded mainly in connection with the West London Medico-Chirurgical Society, was duly consecrated on October 26th at the Freemasons' Hall. The ceremony of consecration was conducted by V.W. Brother Edward Letchworth, F.S.A., Grand Secretary, assisted by W. Brother Alfred Cooper, P.G.D., as S.W.; W. Brother George Cowell, P.G.D., as J.W.; V.M. Brother the Ven. Archdeacon Stevens, G. Chaplain, as Chaplain; W. Brother Frank Richardson, P.G.D., as D.C.; and W. Brother Deputy Inspector-General Belgrave Ninnis, M.D., R.N.; P.G.Std. Bearer, as I.G. The following list of officers was subsequently elected: Brother Frederick Lawrance, P.A.G.D.C., W.M.; Brother W. J. Walsham, F.R.C.S., I.P.M.; Brother Phineas S. Abraham, M.D., S.W.; Brother A. Symons Eccles, M.B., J.W.; Brother William H. Causton, M.D., Secretary; Brother Herbert J. Menzies, Treasurer; Brother John D. Mortimer, F.R.C.S., S.D.; Brother Leonard A. Bidwell, F.R.C.S., J.D.; Brother Percy Dunn, F.R.C.S., I.G.; Brother Richard Lake, F.R.C.S., D.C.; Brother F. Maitland Coffin, M.D., St.; Brother George Cathcart, M.D., St.; Brother William Nicoll, Org. His Grace the Duke of Devonshire was elected the first honorary member. Among the founders are Brothers W. H. Bourke, M.D., Alfred Edjowes, M.D., Thomas S. Tuke, M.D., Gilbert Richardson, M.D., John

MacMahon, Major R.A., F.R.S., Ernest Clarke, F.R.C.S., Whitley Stokes, M.D., Robert W. H. Jackson, M.D., Surgeon-Captain, and Brother Sir James Linton, P.R.I.

### MEDICAL VACANCIES.

The following vacancies are announced:

**BEDFORD GENERAL INFIRMARY.**—The Governors will proceed to elect an Honorary Surgeon for the above Infirmary on Monday, November 23rd. Applications to the Secretary by November 19th.

**BLACKBURN AND EAST LANCASHIRE INFIRMARY.**—Junior House-Surgeon. Salary, £50 per annum, with board, washing, lodging, etc. Applications to N. A. Smith, Secretary, Infirmary Office, 15, Richmond Terrace, Blackburn, by November 26th.

**BOROUGH HOSPITAL, Birkenhead.**—Junior House-Surgeon; doubly qualified. Salary, £60 per annum, with board, lodging, and washing, but no wine, spirits, or beer. A further sum of from £20 to £25 a year is usually obtained from notification of infectious diseases and other sources. Applications to the Chairman of the Weekly Board by November 9th.

**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.

**EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN, Glamis Road, Shadwell, E.**—Pathologist and Registrar. Salary, £40 per annum. Applications to the Secretary by November 28th.

**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, W.C.**—House-Surgeon to out-patients, must be a registered medical practitioner. Appointment for six months. Salary, 25 guineas. Applications to Adrian Hope, Secretary, by November 17th.

**HOSPITAL FOR WOMEN, Soho Square, W.**—House-Physician; doubly qualified. Appointment for six months. Salary, £30. Applications to David Cannon, Secretary, by November 11th.

**LINNEAN SOCIETY OF NEW SOUTH WALES, Sydney.**—Macleay Bacteriologist. Salary, £350 per annum. Applications to Dulau and Co., 37, Soho Square.

**LIVERPOOL STANLEY HOSPITAL.**—Junior House-Surgeon, must be fully qualified and registered. Salary, £70 per annum, with board, apartments, and washing. Applications to J. E. Bennett, Honorary Secretary, by November 12th.

**LONDON COUNTY ASYLUM, Hanwell, W.**—Fifth Assistant Medical Officer, duly registered and qualified to practise Medicine and Surgery in England. Salary, £120 per annum, rising £5 a year to £150, with board, furnished apartments, and washing. Applications by November 14th to Asylums Committee Office, 21, Whitehall Place, S.W.

**LONDON HOSPITAL, Whitechapel, E.**—Medical Registrar.—Salary, £100 per annum. Also Assistant Instructor in Anæsthetics, who must be qualified. Applications to G. Q. Roberts, Secretary, by November 27th.

**MACCLESFIELD GENERAL INFIRMARY.**—Senior House-Surgeon, doubly qualified and registered. Salary, £100 for the first year, with board and residence. Applications, addressed to the Chairman, House Committee, Macclesfield, Infirmary, by November 12th.

**MIDDLESEX HOSPITAL, W.**—Surgical Registrar; must be M. or F.R.C.S.Eng. Applications to F. Clare-Melhado, Secretary-Superintendent by November 19th.

**NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, Shore-ditch, N.E.**—Dentist, must hold a British qualification in dentistry. Applications to T. G. Kerr, Secretary, 27, Clement's Lane, E.C., by December 10th.

**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.

**PARISH COUNCIL OF INVERARY AND GLENARY AND BURGH OF INVERARY FOR THE NORTH DIVISION OF THE PARISH.**—Medical Officer. Joint salary £85, and about £30 from two Societies. Applications to the Clerk of the Parish Council, or to the Town Clerk of Inverary, by November 10th.

**PARISH OF DURNES, Sutherland.**—Medical Officer. Salary, £150 per annum, with practice and free house. Applications to Robert Sutherland, Inspector of Poor, by November 10th.

**QUEEN'S COLLEGES, Ireland.**—Professor of Natural Philosophy. Applications to the Under Secretary, Dublin Castle, by November 21st.

**ROYAL EAR HOSPITAL, Frith Street, Soho Square, W.**—House-Surgeon; non-resident. Appointment for six months at an honorarium of 12 guineas. Applications to D. Murray, Secretary, by November 10th.

**ROYAL SOUTH HANTS INFIRMARY, Southampton.**—Assistant House-Surgeon; must be qualified and willing to engage for six months, at end of which period a gratuity of £10 will be given if found satisfactory. Applications to T. A. Fisher Hall, Secretary, by November 18th.

**ROYAL VICTORIA HOSPITAL, Bournemouth.**—House-Surgeon. Salary, £80 per annum, with board. Applications to the Chairman of the Committee by November 25th.

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

**SUNDERLAND AND NORTH DURHAM EYE INFIRMARY.**—House-Surgeon, must be registered, and have a practical knowledge of errors of refraction. Salary at the rate of £100 per annum. Applications to the Chairman of the Committee, c/o J. F. Potts, Secretary, 18, Derby Street, Sunderland, by November 13th.

**WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, PARALYSIS, AND EPILEPSY,** 73, Welbeck Street, W.—Honorary Anaesthetist. Applications to B. Heckstall-Smith, Secretary, by November 13th.

**WESTERN GENERAL DISPENSARY,** Marylebone Road, N.W.—House-Surgeon, unmarried, fully qualified to practise and registered. Salary, £60 a year, with board and residence. Applications to the Honorary Secretary by November 16th.

### MEDICAL APPOINTMENTS.

**ALDERSON,** Wilfred E., M.B., B.S.Durh., appointed Assistant Medical Officer to the Newcastle-on-Tyne Dispensary.

**ASHWIN,** Richard Hamilton, L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon at the County Hospital, York.

**AVELINE,** Henry Talbot Sydney, M.R.C.S., L.R.C.P.Lond., Senior Assistant Medical Officer of the Bristol City Lunatic Asylum, Fishponds, appointed Medical Superintendent of the new Somerset County Asylum, Cotford, near Taunton.

**BOASE,** R. D., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer of Health to the Penzance Port Sanitary Authority.

**BRODIE,** W. H., M.D.Edin., D.P.H., appointed Medical Officer for the First and Second Districts of the Battle Union.

**CHAPMAN,** Walter, M.R.C.S., L.R.C.P., appointed House-Surgeon and Secretary to the Tunbridge Wells General Hospital.

**CHASTER,** George W., M.R.C.S.Eng., L.R.C.P.Lond., appointed Honorary Assistant Medical Officer to the Southport Infirmary.

**COOPER,** H. Spencer, M.R.C.S., L.R.C.P., appointed Medical Officer of Health to the Brightlingsea Urban District Council.

**FARRANT,** M., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer of Health to the St. Thomas Rural District Council.

**FITZGERALD,** G. H., M.D., reappointed Medical Officer of Health to the Castle Ward Union Rural Sanitary Authority.

**GREENWOOD,** Alfred, M.B., Ch.B.Vict., L.R.C.P.Edin., L.R.C.S.Edin., appointed House-Surgeon to the Hulme Dispensary, Dale Street, off Strtford Road, Manchester.

**HOBBS,** Mr. K. D. B., appointed Medical Officer for the Tutbury District of the Burton-upon-Trent Union.

**LOWNE,** B. T., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Third District of the Hartley Wintney Union.

**MOORE,** A. J., M.R.C.S.Eng., L.S.A., reappointed Medical Officer for the St. Lawrence District of the Reading Union.

**MORSHEAD,** E. G. A., M.D.Brux., L.R.C.P.Lond., M.R.C.S., appointed District Medical Officer to the Guildford Union.

**ROBSON,** F. W. Hope, M.B., C.M., appointed Assistant House-Surgeon to the Rotherham Hospital, *vice* Charles Alleyne Phillips, M.R.C.S., L.R.C.P., resigned.

**TIMMINS,** Daniel, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health for the Borough of Dudley.

**TRIMBLE,** Robert, L.R.C.P., L.R.C.S.Edin., appointed Medical Officer for the No. 1 District of the West Bromwich Union.

**WEARNE,** Walter, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Helston Town Council.

**WILSON,** H. Maclean, M.D., appointed Chief Inspector of Rivers under the West Riding Rivers Board, *vice* Arthur Whitelegge, M.D., resigned.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**LONDON POST-GRADUATE COURSE,** Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. A. Stanford Morton: Affections of the Eyelids. London Throat Hospital, Great Portland Street, W., 8 P.M.—Mr. George Stoker: Impaired Movements of the Vocal Cords.

**MEDICAL SOCIETY OF LONDON,** 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Clinical evening. Mr. C. B. Lockwood: Case of Gastro-enterostomy. Dr. de Havilland Hall: Case of Enlarged Glands. Mr. Clinton Dent: Case of Fragilitas Ossium. Dr. Walter Carr: Two Cases of Pseudo-hypertrophic Paralysis. Mr. D. H. Goodsall: Case of Removal of Pelvic Tumour. Mr. W. H. Battle: (1) Case of Deformity after Injury to the Hip in a Boy. (2) The Result after Operation for Excessive Genu Valgum and Genu Varum. Mr. G. R. Turner: (1) Case of Old Dislocation into the Obturator Foramen in which the Head of the Femur has been excised. (2) Case of Congenital Deformity of the Lower Jaw.

#### TUESDAY.

**LONDON POST-GRADUATE COURSE,** Bethlem Royal Hospital, 2 P.M.—Dr. Craig: General Paralysis. Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Phineas Abraham: Scleroderma and Morphea.

**HOSPITAL FOR SICK CHILDREN,** Great Ormond Street, W.C., 2.30 P.M.—Dr. Lees: Rheumatism and Heart Disease.

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC** (Albany Memorial), Queen Square, Bloomsbury, 3.30 P.M.—Dr. Buzzard: Disseminated Sclerosis and Hysteria.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY,** 20, Hanover Square, W., 8.30 P.M.—Dr. Thomas Wilson: A Case of Locomotor Ataxy

occurring in a Young Woman: Tabetic Arthropathy with Dislocation of Both Hips: Six Pregnancies occurring in the course of the Disease; (communicated by Dr. Gowers). Dr. George F. Still: On a Form of Chronic Joint-Disease in Children (communicated by Dr. Archibald Garrod).

**UNIVERSITY OF LONDON,** Burlington Gardens, W., 5 P.M.—Dr. J. Rose Bradford: The Work of the Brown Institution, with Special Reference to Rabies.

#### WEDNESDAY.

**LONDON POST-GRADUATE COURSE,** Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. E. Treacher Collins: Glaucoma.

**HUNTERIAN SOCIETY,** London Institution, Finsbury Circus, 8 P.M.—Paper by Dr. McClymont on the Etiology of Acute Rheumatism.

**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. H. P. Dunn: Eye Cases.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,** Brompton, 4 P.M.—Dr. Green: The Early Diagnosis of Pulmonary Tuberculosis.

**LARYNGOLOGICAL SOCIETY OF LONDON,** 20, Hanover Square, W., 5 P.M.—Cases and Specimens will be shown by Dr. Felix Semon, Dr. Watson Williams, Dr. Bond, Dr. St. Clair Thomson, Mr. Cresswell Baber, Dr. Edward Law, Dr. H. Tilley, Dr. F. Willcocks, Mr. W. G. Spencer, and Mr. E. C. Stabb.

#### 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: Detection of Pus, Mucus, Blood and Bile in Urine. Central London Sick Asylum, Cleveland Street, Mortimer Street, W., 5.30 P.M.—Dr. George Oliver: The Blood.

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

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM,** 11, Chandos Street, Cavendish Square, W.—Card Specimens at 8 P.M. by Messrs. Critchett, Juler, John Griffith, and others. Papers, at 8.30 P.M.: Dr. Hill Griffith: Cases of Intraocular Cysticercus, with preparations. Mr. Holmes Spicer: Electrolysis in the Treatment of Corneal Opacities. Dr. Lindo Ferguson: Note on a Stitch for Advancement or Adjustment of Ocular Muscles.

**BRITISH GYNÆCOLOGICAL SOCIETY,** 20, Hanover Square, W., 8.30 P.M.—Specimens by Mr. Christopher Martin and others. Notes by Dr. Meek (of London, Canada). Paper: Dr. Armstrong (of Buxton): The Latent Gout of the Menopause.

#### FRIDAY.

**LONDON POST-GRADUATE COURSE,** Bacteriological Laboratory, King's College, 3 to 5 P.M.—Professor Crookshank: 3 to 4, Typhoid Fever and Diphtheria. 4 to 5, Staining Sections and Cultivations.

**HOSPITAL FOR SICK CHILDREN,** Great Ormond Street, W.C., 11.15 A.M.—Dr. Penrose: Diseases of the Digestive Tract or Demonstration of Cases in the Ward.

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC** (Albany Memorial), Queen Square, Bloomsbury, 3.30 P.M.—Mr. Marcus Gunn: Investigation of Ocular Paralysis.

**CLINICAL SOCIETY OF LONDON,** 20, Hanover Square, W., 8.30 P.M.—Mr. H. B. Robinson: Suppurative Pericarditis: Resection of Sixth Rib: Drainage through left Pleura: Recovery. Mr. R. H. Mills-Roberts: A Case of Extensive Fracture of the Ribs. Mr. Walter G. Spencer: A "Ventral" Form of Inguinal Hernia. Dr. Samuel West: Two Cases of Clubbing of the Fingers, developing within a fortnight and four weeks respectively.

### BIRTHS, MARRIAGES, AND DEATHS.

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

#### MARRIAGES.

**JOHNSTON—OWEN.**—October 28th, at St. Alkmund's, Derby, by the Right Rev. the Bishop of Derby, assisted by the Rev. A. Cope and Rev. F. A. Friend, Richard Arnold, second son of Thomas Johnston, M.R.C.S., to Mary Louisa, eldest daughter of the Rev. J. Stanley Owen, Vicar of St. Alkmund's, Derby.

**MACDONALD—BALFOUR.**—At London, on October 28th, Angus Graham Macdonald, M.B., C.M., to Annie, eldest daughter of John Balfour, Bo'ness.

#### DEATHS.

**FAVELL.**—On October 31st, at Brunswick House, Glossop Road, Sheffield, William Fisher Favell, M.R.C.S., J.P., aged 64.

**KANE.**—At Lanherne, Kingston Hill, on October 22nd, of pneumonia, N. Henry K. Kane, M.D., eldest son of the late Matthew Kane, M.D., Deputy Inspector-General of Hospitals, in his 49th year.

**PAGE.**—At 1 Saville Place, Newcastle-upon-Tyne, November 3rd, Mrs. Frederick Page.

**WHITE.**—At Mountfield House, Tunbridge Wells, on October 14th, Dr. Richard White, aged 55 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.  
CHALKING CROSS. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operations*.—W. Th. F., 3.  
CHELSEA HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F., 2.  
CITY ORTHOPEDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—M., 4.  
EAST LONDON HOSPITAL FOR CHILDREN. *Operations*.—F., 2.  
GREAT NORTHERN CENTRAL. *Attendances*.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; 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. F., 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., 1.30; Eye, Tu., F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th., 9.30; Dental, M. W. F., 9.30. *Operations*.—W., 1.30; S., 2; (Obstetric), Th., 2.  
NATIONAL ORTHOPEDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—W., 10.  
NEW HOSPITAL FOR WOMEN. *Attendances*.—Daily, 2; Ophthalmic, W. S., 9.30. *Operations*.—Tu. F., 9.  
NORTH-WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Th., 2.30.  
ROYAL EYE, Southwark. *Attendances*.—Daily, 2. *Operations*.—Daily.  
ROYAL FREE. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, S., 3; Dental, Th., 9. *Operations*.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.  
ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 9. *Operations*.—Daily, 10.  
ROYAL ORTHOPEDIC. *Attendances*.—Daily, 1. *Operations*.—M., 2.  
ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily.  
ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 1.30; 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*.—Fistula and Diseases of the Rectum, males S., 3; females; W., 9.45. *Operations*.—M., 2; Tu., 2.30.  
ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; o.p., M. Th., 1.30; Eye, Tu. F., 9; Ear, M. Th., 9; Orthopedic, W., 10; Throat, Tu. F., 3.30; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 2.30; Dental, W. S., 9.30; Children's Medical, Tu. F., 9.15; Children's Surgical, S., 9.15. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.  
ST. PETER'S. *Attendances*.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—W. F., 2.  
ST. THOMAS'S. *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; 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; (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., 2; Skin, W., 1.45; S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operations*.—Tu. W. Th. S., 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.

X.Y. would be glad to know what would be the best books for a practitioner over 40 to read for the Durham M.D.

S. G. E. desires to be recommended the best practical book on massage for nurse or others to study.

A.W.H. asks to be informed of the best recent books at moderate prices on (1) vaccination, and (2) other protective inoculations.

MEMBER from country would be glad of any information as to where he could see a good deal of hospital electric treatment (surgical), nævi, polypti, throat, and nose treatment. He has a month to spend in London.

E. W. C. has been consulted by a lady who is desirous of learning massage as a profession. He would like to know what steps he should advise her to take and to whom to apply.

L. H. writes: Will some one kindly tell me where to get good court plaster? I have tried wholesale and retail druggists, and cannot get any that will stand one washing of the hands. I used to get some that would stick on for a week from homeopathic chemists, but they do not make it now; presumably it was too good to sell. I should be glad to know, too, if anything is better than plaster for the annoying little cracks which form by the side of the nails, and which are so difficult to heal.

PORTA PIA submits the following case for suggestions as to further treatment: Patient, aged 11 years, caught a chill eight months ago; next day pain and swelling over transverse colon, no fever, stools dysenteric, very frequent. Pain and swelling yielded to local iodine and tepid water pads with oil silk after six weeks. Great emaciation at that date, and astringents failed to check the loose bowels and blood. Continued treatment was hazeline, bismuth, kino co., with injections of the latter two; chalk, beta-naphthol to check decomposition, along with peptonised foods, rest, and most careful nursing. At this date (eight months) the lad is able to walk out, is well nourished and even fat, but bloody stools with looseness—never a formed motion—continue. Diagnosis and treatment?

## TREATMENT OF MIGRAINE.

M.M. asks for suggestions in the treatment of a case of migraine in a woman, aged 60. Phenacetin, gr. xv, is the only drug that has so far given relief. Antipyrin, acetanilin, exalgin, caffeine, etc., have been tried, as has also a preparation called migrainin.

## PROLONGED RETENTION OF URINE.

SURPRISED has recently had a case of an old man, aged 75, in which absolutely no urine was voided in any way between Monday morning and Friday morning, or about 100 hours. A catheter was then passed, but death occurred from general exhaustion nine days later. Does any medical man know of cases where urine has been completely retained for so long a period, or is it a record.

## A STRING OF QUESTIONS.

G. P. asks: (1) Can an assistant overseer give parish orders for free medical attendance? I know that overseers can in urgent cases. (2) What is the best recent treatise on therapeutics for a general practitioner? (3) How can paraldehyde be kept in a liquid state in a cold surgery? (4) What is the best way for dispensing phenacetin?

## SCIATIC PAINS AFTER CYCLING.

J.G.G. would be much obliged if anyone conversant with ill-results from cycling would inform him if the following is a common case: A patient, quite accustomed to the exercise, rode for some days a machine in which the stretch was too great from saddle to treadle, and suffered for a month afterwards from a painful condition of the sacral and apparently, also, sacro-iliac joints, with shooting pains down the legs and along the crista ili. These symptoms were more marked on the left side. There does not seem to have been any direct pressure on the sciatic nerve; indeed, the pains in the legs were not corresponding to a sciatica, but irregular in distribution. This trouble was for a short time so severe as to necessitate the recumbent position, and quite incapacitated him for work.

## SALARY AND SHARE OF PROFITS.

W. C. M.B. writes that he is about to join an established practitioner on the terms of a monthly salary and percentage on the net profits, and will be in the combined position of partner and assistant. He inquires whether the agreement will have to be stamped, and if so with what amount.

\*.\* If no premium is paid by our correspondent, and the agreement is underhand, only a 6d. stamp will be sufficient; if under seal a 10s. stamp will be required, and if a premium is paid an *ad valorem* duty of 10s. per cent. will be payable on the amount of the premium.

## DISINFECTATION OF ROOM.

DR. F. J. WALDO (The Temple) asks for answers to the following questions as concerning a poor and densely crowded metropolitan sanitary district:

1. Whether or no the spray system of room disinfection by means of corrosive sublimate is a reliable one.

2. Whether or no the wall paper or other articles contained in the room are injured thereby.

3. If injured, who is responsible for the damage done?