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spreading, and much more rapidly diminished local discomfort than carbolic acid, dusting powder, or ichthyoil.

## II.—AS AN INTERNAL REMEDY.

As an internal remedy I believe carbazotic acid has unduly fallen into disuse. Formerly its antiperiodic properties were appreciated, and it was commonly used with marked success as a substitute for quinine. In 1854 Professor Grace Calvert read a paper On the Physiological Action of Carbazotic Acid to the British Association at Liverpool. After his report it was employed in the treatment of several diseases with more or less success. It was found that, given in 1-gr. doses to adults suffering from ague, it had, in a large percentage of the cases, the same effect in reducing the fever and aborting the attacks as quinine.

The drug very rapidly causes yellow discolouration of the skin and conjunctivæ, which cannot be distinguished from that of jaundice. It is not due to any interference with the hepatic function, but to staining of the blood serum by the picric acid, which is a powerful dye. The stools and the urine are free from bile, and no unpleasant symptoms are experienced. The icteric coloration is first noticed after from 15 to 20 grains have been given, and it disappears shortly after the drug is discontinued.

Aspland<sup>2</sup> narrates the case of a soldier suffering from diabetes mellitus, who contracted ague. He was treated by picric acid. Under its influence the polyuria rapidly disappeared, and the specific gravity fell from 1032 to 1018, and in a few weeks sugar was entirely absent from the urine.

Lastly, in all those very troublesome cases of chronic simple diarrhoea, and so-called "putrid diarrhoea," with very offensive stools, I have largely employed picric acid. Often, when opiates and other astringents have failed, picric acid in grain doses has given rapid relief. The powerful astringent and antiseptic properties of picric acid diminish secretion and disinfect the intestinal canal. In this respect carbazotic acid resembles the action of carbolic acid, to which it is constitutionally related.

Thus carbazotic acid is a harmless topical agent. Although so nearly akin to carbolic acid, no apprehension need be entertained as to its absorption, even when applied to extensive surfaces. Like nitric acid, it limits its own action by coagulating the albumen of the tissues to which it is applied. As heat readily decomposes the acid, accidental stains may be removed from the underclothing by boiling. If the acid is employed internally, the patient should be warned of the discolouration which commonly follows, and it should be given to children in very small and tentative doses, as large doses are not well borne.

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

**RAPIDLY FATAL PURPURA HÆMORRHAGICA.**  
A JOINER, 42 years of age, first came under my care in March, 1895, complaining of weakness in the left arm and nocturnal headaches following a "stroke." Potassium iodide was prescribed with considerable advantage, so that he was able to return to his work. He had not taken this medicine for the last year.

On December 6th, 1896, he first noticed bleeding from his mouth, and on the following day I saw him. He presented the signs of a well-marked purpuric eruption over the whole body. On the legs the spots were small, thickly clustered and of the usual type. On the neck, they were in many cases situated around the hair follicles, while on the face, about the sides of the nose they occupied the sites of an old acne rash and were raised above the surface. There were no joint effusions or deep muscular extravasation. There was profuse oozing of dark blood from the mouth which came from several tooth sockets and from one or two fissures in the angle between the lips and gums. A bulla the size of a pea filled with black blood was seen on the dorsum of the tongue. The gums were not pulpy and very slightly swollen and the breath was not

offensive. The complexion was ruddy, the pulse was rather weak, the appetite fairly good, but there was some complaint of faintness. The urine was clear, sp. gr. 1025, and did not contain albumen, the temperature was not raised.

For the next day or two the condition remained the same and another bulla appeared on the tongue. On December 11th, the urine was deeply stained with bright red blood, sp. gr. 1010; later on the colour was almost black—about a pint of blood was oozing from the mouth in 24 hours. The temperature was 100°. There were one or two slightly enlarged lymphatic glands above the occipital region. Microscopic examination of blood showed nothing abnormal and there was no enlargement of spleen. Distinct aortic pulsation was felt in the epigastrium where a slight systolic *bruit* was heard. The motions were black. During the rest of the day he passed urine which was almost black with blood. About 6 P.M. he had an attack of vomiting and brought up a little blood. This was accompanied with violent occipital headache, which spread to the front. He became delirious with left hemiplegia, sank into a state of coma and died about midnight asphyxiated by haemorrhage from the mouth.

**REMARKS**—Treatment with ferri perchlor. arsenic, *shamamelis*, ergot and sulphuric acid in addition to lemon juice and vegetables with ice had no effect whatever in arresting the bleeding from the mouth. The case appears worth recording on account of its resemblance in some respects to scorbutus and its rapidly fatal termination, due no doubt to the occurrence of haemorrhage at the seat of the old lesion and the brain.

WM. BARKER RUSSELL, M.B.Cantab.

### THE DIAGNOSIS OF SCARLET FEVER.

THE difficulty of diagnosis of certain cases of scarlet fever, more especially its discrimination from some forms of German measles, is generally admitted; and any unequivocal sign which would assist in arriving at an early and definite opinion would be much appreciated.

In the most recent work on infectious diseases by Drs. Goodall and Washbourn (1896), great reliance is placed on the fact that the rash of scarlet fever does not appear on the face, while that of German measles invariably does. If this be true and reliable, we have an invaluable guide on which we may depend. But is it? I have made an investigation on this point in the works of the various authors to which I have access with the following result. (The figures refer to the date of the edition from which I have quoted):

Watson (1845). They (that is the minute points) begin on the face, neck and breast.

Willis (1841). Plates. Shows the rash fully developed on the face as well as on the trunk and arms.

Tanner (1861). The eruption shows first on the face and neck.

Trousseau (1860). The eruption comes out everywhere pretty nearly at the same time, but it is generally visible on the neck, chest, and arms before it shows itself on the face. The character which it presents on the face and trunk is similar; it is streaky, with a bright red in some places alongside of white streaks. On the face, which is swollen, the skin seems as if it bore the marks of a smart slap with the fingers of the open hand.

Von Ziemssen (1875). The eruption rarely affects the face in the same degree as measles. Undoubtedly there are exceptional cases in which the face is as much affected as the head and trunk.

Aitken (1880). The efflorescence is first perceptible on the face. (He makes this a principal point on which to depend for diagnosis.)

Hooper (1882). A bright scarlet efflorescence shows itself on the face and neck.

Bristowe (1884). It is rarely distinct on the face.

Strümpell (1887). The rash begins on the neck, and on the chest and face.

McCall Anderson (1887). The face is usually spared.

Finlayson (1891). Appears first on the chest, abdomen, etc.

Moore (1892). The rash spreads to part of the face.

Thomas of Leipzig (quoted by Moore) insists that only the forehead and temples are invaded by the rash, the cheeks showing only the ordinary flush of fever.

Quain's Dictionary (1894), article by Squire. The sides of the neck, the face, and the chest first show the rash.

Fagge (1891). The face often remains free; and when present the rash is in most cases limited to the forehead and temples.

Such a divergence of opinion is somewhat bewildering. My own observations have led me to the opinion that the remarks of Thomas of Leipzig are strictly accurate.

As the hectic flush disappears on the termination of the fever the upper margin of the true exanthem may be seen on the neck just below the ramus of the jaw, and occasionally on the temples of the forehead at the roots of the hair, the lobes of the ears being almost always affected. This, however, does not affect the value of Goodall and Washbourn's opinion as to

the diagnostic importance of the sign, as there is no difficulty in recognising the difference between the rash in that situation and that of German measles which appears on the cheeks and the base of the nose. I think that this symptom may be relied upon for discriminating between these two diseases; and in some instances it is the only one. So many cases of mild scarlet fever occur without pyrexia, sore throat, or typical tongue that there is only the appearance of the rash to depend upon. The enlargement or not of the lymphatic glands, though a valuable means of separating the two varieties of measles, is not of the same value where scarlet fever is in question; for, although the glands are invariably affected in German measles, this also happens in some cases of scarlet fever, the axillary and inguinal regions being equally affected with the cervical.

H. G. ARMSTRONG.  
Medical Officer to Wellington College.

**PTOSIS PRODUCED BY INTRACRANIAL LIPOMA.** On the kind invitation of two colleagues (Drs. Frazer and Webster) I was present at a *post-mortem* examination on a woman aged 44. She had been for years subject to periodical attacks of severe pains in her head. She derived no benefit from treatment. About two years ago the left upper eyelid began to droop. This gradually increased, until in about twelve months there was complete ptosis. These were practically the only symptoms she presented. The sight of the eye itself was not affected, neither was there any paralysis of the eyeball. In this condition she remained, with the exception of a slight stroke about six months ago, which left no additional results, and which was supposed to be due in a great measure to alcohol, a partiality for which developed itself to an abnormal degree since her ocular disfigurement commenced.

The body was well nourished. There was a deep layer of adipose tissue all over the body, and the heart and other organs were burdened with fat. On removing the brain a tumour was found occupying the sella turcica and surrounding the pituitary body, besides covering fully the inner half of the left middle fossa of the base of the skull. It also masked the left anterior clinoid process, and extended over the left upper aspect of the body and lesser wing of the sphenoid bone, and through the sphenoidal fissure on the same side. Upwards it projected into the Sylvian fissure, pushing aside the middle lobe, and left an appreciable dent on the left crus cerebri and the neighbouring structures. The tumour encapsulated between the layers of the meninges was about the size of an ordinary hen's egg, and was found to consist wholly of fat. The tumour may, in some measure, perhaps, account for the fatal cerebral haemorrhage which was the cause of death. In close proximity behind and on the upper surface of the tumour was a large recent blood clot, and just in front of this traces of an organised clot, which doubtless had its origin in the first attack of apoplexy to which I have referred above.

The interest of this case lies in the paucity of the symptoms, notwithstanding the extent of the lesion. The reason why the branch of the third nerve supplying the levator palpebrae superioris muscle, and this alone, was implicated, though sought for, was not found. Another lipoma, somewhat smaller, was present at the level of the anus on the inner side of the left gluteal region, stretching across the middle line.

Brighton.

R. HILL SHAW, M.B., B.Ch.Dub.

#### INFLUENZA COMPLICATED BY MULTIPLE ARTHRITIS: RUPTURED APEX AND EMPHYSEMA: RECOVERY.

G. W., a labourer, aged 25, was first seen on February 6th, suffering from slight influenza. He had had rheumatic fever a year earlier, but otherwise had had good health. When seen he complained of stiffness in the right shoulder.

On February 11th, it was noted that the temperature had never been above 100°. Nearly all the large joints were becoming swollen, tender and full of fluid; full doses of salicylate gave no relief but produced salicysm.

By February 20th all the joints had subsided except the shoulder which was painful and swollen.

On March 9th the right shoulder was still stiff and slightly tender.

On March 12th the temperature, which had been normal for the previous fortnight, rose to 102°, the respiration to 24. The outer and upper half of the right chest was red, swollen, and doughy, especially in the anterior fold. Breath sounds were normal.

On March 13th the redness gradually disappeared, leaving a purplish lump in the anterior fold.

On March 15th, the patient had a dry hacking cough, with no expectoration at night; on coughing he heard a "splashing sound" on the right side; on expiration a loud shrill whistling sound was heard in the axilla close to the lump.

On March 18th the former area of redness was swollen and felt like a cushion, bubbles of air being displaced by the fingers. The apex was dull on percussion behind where there was tubular breathing and prolonged expiration.

By March 25th this cleared up and the patient got well, and in May was able to work hard.

The points of interest seem to be (1) slight influenza with a multiple arthritis, not yielding to salicylates. (2) Cause of the ruptured apex (a) an inflamed gland leading to local pleurisy and pneumonia; (b) an apical pneumonia bursting through an old adhesion and causing cellulitis; (c) phthysical consolidation; against this is absence of signs and complete recovery.

South Petherton.

MARK R. TAYLOR.

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

#### ETAWAH DISPENSARY, NORTH-WEST PROVINCES, INDIA.

##### CASE OF TRAUMATIC TETANUS TREATED WITH ANTITOXIN UNSUCCESSFULLY.

(Under the care of Surgeon-Captain GEO. H. BAKER, I.M.S.) D. S., a well-built, middle-aged Thakur, applied at the Eetawah Dispensary for treatment of a wound in his groin inflicted by the horn of a buffalo. The wound, which was lacerated, was on the right side almost immediately below and parallel to Poupart's ligament, and in extent almost equal in length to that ligament. The injury had been inflicted some few days prior to his applying for treatment. The femoral vessels and nerves had escaped injury, and there had been but little hemorrhage. No attempt at cleanliness or protection had been made, but the granulations looked healthy. He was admitted as an in-patient on September 27th. The limb was put on a Macintyre's splint, and the wound dressed with boracic acid and carbolic oil.

On October 1st stiffness of the muscles of mastication and of the neck was complained of. The jaws could not be opened to their full extent, and there was some difficulty in swallowing. Tetanus was obviously commencing. A draught composed of chloral hydrat. gr. xxx, bromide of potassium gr. xxx, with tincture of henbane 3*j*, was given every six hours. The next day, as there was no improvement, hypodermic injections of physostigmine, gr.  $\frac{1}{50}$ , were tried. Six injections in all were given, but without any change in the symptoms except that vomiting occurred after each. Recourse was then had to the original draughts. For two or three days his condition was practically unaltered, trismus being perhaps more marked, and there was hypersecretion of saliva. There were no spasms, no rise of temperature, and the pulse remained steady at about 96.

On October 7th a supply of tetanus antitoxin of the British Institute of Preventive Medicine having been obtained from Calcutta, 1 g. was injected subcutaneously, and the chloral and henbane draught limited to two doses daily.

On October 8th the symptoms had increased in severity. The temperature was 101.5°, and the pulse 108. At times spasms of a clonic character convulsed the limbs, and there was risus sardonicus. Speech was becoming inarticulate, with dribbling of saliva from the mouth. Swallowing was

## PROMOTION IN THE ARMY MEDICAL SERVICE.

PERTINENT comments have appeared in the military press on the promotion to administrative rank of an officer who had already been passed over, but who, on appeal to the Commander-in-Chief, achieved success and advancement to surgeon-colonel's grade. In this particular case the comments in the military press do not lay stress on the fact that the medical officer so promoted has neither been reinstated in his proper place in the *Army List*, nor does he draw back pay of rank from the time he should have been promoted had justice been done him on the fresh consideration of his case by the Promotion Board. Loss of back pay and position in the *Army List* mean much.

INFLUENZA AT THE ROYAL MILITARY COLLEGE, SANDHURST. The Governor of the College, in reporting at the half-yearly inspection by the Commander-in-Chief on the health of the cadets, stated that there had been forty-two cases of influenza, followed in five instances by jaundice. The actual number of admissions from all diseases among the students is not reported, it is, therefore impossible to judge of the general health irrespective of the prevalence of influenza.

## MEDICO-LEGAL.

## M.D., U.S.A.: SENTENCE OF HARD LABOUR.

At the Central Criminal Court on December 1<sup>st</sup>, before Mr. Justice Lawrence, John Ferdinand, aged 53, described as a doctor, was indicted for having committed wilful and corrupt perjury at an inquest upon Sophia Louise Holliday. Mr. C. F. Gill and Mr. Bodkin, instructed by Mr. Frayling, for the Treasury, prosecuted. Mr. Abinger defended.

According to the report of the *Daily Chronicle*, the prisoner had attended Mrs. Holliday, the wife of a labouring man at Battersea, for cancer, he having held himself out as able to cure the disease. Mrs. Holliday died on August 3<sup>rd</sup> last, and in the course of the inquest proceedings the prisoner swore that he was M.D. of the United States of America. He ultimately produced what he said was his diploma, supposed to have been granted in Pennsylvania. It was, however, discovered that the prisoner's right name was Henry Woodland, that he was the son of a plumber and glazier, living near Bridgwater, and that the prisoner was living with his father at the time he was supposed to be studying medicine in America for the purpose of gaining the diploma which he had in his possession. The name in the diploma had undoubtedly been tampered with, and the prisoner explained that he once lost the document, that the person who found it altered the name to his own name, and that on his (prisoner) recovering possession of the document he altered the name back to the proper name.

Mr. Gill said the diploma was bogus, and was displayed by the prisoner for the purpose of imposing upon and deceiving the ignorant; and he added that the only connection which the prosecution could discover that the prisoner ever had with medicine was that he had been in the habit of collecting herbs in the fields near his own home. There was no doubt that at Chelsea the prisoner, by circulars and advertisements, held himself out as "Dr. Ferdinand," and that he claimed to be able to cure lung and chest complaints and cancer. He gave a certificate of death when Mrs. Holliday died, signing it "Albert Woodland," and when asked to explain this he said he was "Albert Woodland" when a patient died, and "Dr. Ferdinand" when he was attending patients. Mr. Gill said it was necessary to safeguard the granting of certificates of death, and they could only be issued by duly qualified medical men. The Legislature had made it a serious offence for any unqualified person to grant a certificate.

Mr. Abinger submitted when the evidence as to the diploma was tendered that it could not be accepted, as the prisoner only produced it before the coroner under the threat of committal, and after the fact that he had been, as he (Mr. Abinger) contended, illegally committed for refusing to give evidence.

Mr. Justice Lawrence overruled the objection, and also an objection that the qualification of the prisoner was not essential to the inquiry then going on before the coroner, which was simply as to the cause of death of the deceased.

The jury found the prisoner guilty.

Mr. Gill said the prisoner left the neighbourhood of Bridgwater after a conviction for larceny. He then took up the business of a quack doctor, and this he had followed in Stockton, Manchester, Birmingham, and Swindon. In the last-mentioned place he succeeded in failing with liabilities amounting to £10,000. His assets were put down at a little over £1,000, but he never thought it worth while to apply for his discharge. Since he had been in London the prisoner had been fined the full penalty for using the initials of "M.D." after his name. There was a charge of giving, in another case, a false death certificate, which the Registrar, believing in its genuineness, had acted upon. The matter, therefore, was most serious. As to the college abroad issuing the diploma produced, it was described in the directory as "fraudulent," and also it was stated that the college had long since ceased to exist.

Mr. Justice Lawrence sentenced the prisoner to twelve months' hard labour.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF CAMBRIDGE.

## THIRD EXAMINATION FOR MEDICAL AND SURGICAL DEGREES, PART II.

The following candidates have satisfied the Examiners:

Auden, B.A., Christ's; Baird, B.A., Gonv. and Cai.; L. P. Black, B.A., Trin. H.; W. L. Brown, M.A., Joh.; A. G. Butler, B.A., Joh.; J. N. Gardiner, B.A., Trin. H.; Hadow, M.A., Gonv. and Cai.; L. K. Harrison, B.A., Gonv. and Cai.; Haslam, B.A., Gonv. and Cai.; Hutchinson, M.A., Trin. H.; T. L. Jackson, B.A., Joh.; Langdon, B.A., Gonv. and Cai.; Lillie, B.A., Joh.; C. E. Marriott, B.A., Cai.; J. M. Martin, B.A., Pet.; Maturin, B.A., Gonv. and Cai.; Milsome, B.A.,

Trin.; Muriel, B.A., Down.; A. S. J. Pearse, M.A., Trin.; Rawling, B.A., Gonv. and Cai.; Roper, B.A., Christ's; Salt, B.A., Emm.; Shoyer, B.A., Trin. H.; Stawell, B.A., Trin. H.; F. G. Thomas, B.A., Gonv. and Cai.; Tyrrell, B.A., Cai.; Waithman, M.A., Magd.; Wakefield, M.A., Trin.; H. Williamson, B.A., Joh.; Wills, B.A., Gonv. and Cai.; H. W. P. Young, B.A., Gonv. and Cai.

## SECOND EXAMINATION FOR MEDICAL AND SURGICAL DEGREE, PART II.

The following candidates have satisfied the Examiners:

*Human Anatomy and Physiology*.—Alder, B.A., Pemb.; Ascherson, non-coll.; Bainbridge, B.A., Trin.; Barham, B.A., Gonv. and Cai.; Bayly, B.A., Cai.; Boucher, B.A., Trin.; Bradford, B.A., Emm.; H. P. Bradley, B.A., Gonv. and Cai.; W. P. S. Branson, B.A., Trin.; F. E. Brunner, B.A., Gonv. and Cai.; Burfield, B.A., Emm.; Burnand, Jes.; Carver, B.A., Cai.; H. N. Clarke, B.A., Trin.; Curl, B.A., Down.; Davies, B.A., Gonv. and Cai.; H. St. C. Elliott, B.A., Trin.; Fraser, B.A., Jes.; Graham-Smith, Pemb.; T. B. Hardie, Trin.; Harwood, B.A., Trin.; Hawkins, B.A., Emm.; J. L. Lock, B.A., Gonv. and Cai.; McCaskie, B.A., Gonv. and Cai.; J. C. Matthews, Joh.; Mayo, Gonv. and Cai.; Mumford, Gonv. and Cai.; Nelson, B.A., Cai.; Pearson, B.A., Sid. Suss.; Pettinger, B.A., H. Selv.; Powell, B.A., Emm.; J. H. Roberts, B.A., Joh.; A. R. Roche, Queens'; R. N. Salaman, B.A., Trin. H.; Sanger, Joh.; R. E. Sedgwick, B.A., Gonv. and Cai.; Shufflebotham, B.A., Trin.; W. C. P. Smith, B.A., Down.; T. S. Taylor, B.A., King's; Telford, Gonv. and Cai.; Trevor, B.A., Cai.; Truman, Trin. H.; Tucker, B.A., Gonv. and Cai.; Waits-Silvester, B.A., Gonv. and Cai.; Willoughby, Gonv. and Cai.; Wingate-Saul, B.A., Trin.; Winton, B.A., Cai.

## FIRST EXAMINATION FOR MEDICAL AND SURGICAL DEGREES, PART II.

The following candidates have satisfied the Examiners:

*Elementary Biology*.—Adams, Gonv. and Cai.; J. F. Alexander, Trin.; C. A. Anderson, Trin.; Bennion, Joh.; Bryan, King's; Byles, King's; Cole, Trin.; Droop, Trin.; Etherington-Smith, Trin.; W. H. Fisher, Emm.; Forsyth, Gonv. and Cai.; Freshwater, Trin.; G. W. Greene, Down.; Heath, Down.; H. D. Hoffman, Trin.; J. H. Kellgren, Trin.; Kitchen, Sid. Suss.; R. O. Lee, Emm.; Leighton, Joh.; Loveday, Gonv. and Cai.; Lowe, Gonv. and Cai.; Lucas, Gonv. and Cai.; Mathias, Trin.; Nathan, B.A., Trin.; Nedwill, Trin.; Newman, Jes.; Noon, Trin.; Paton, B.A., Gonv. and Cai.; Payne, Pet.; Pipkin, Emm.; R. M. Ranking, Pemb.; Riddle, Pet.; H. Robinson, Trin.; Sephton, B.A., Gonv. and Cai.; Shone, Emm.; B. Spearman, Gonv. and Cai.; Statham, Christ's; Stocker, Trin.; Wales, Sid. Suss.; Wild, Jes.; H. C. Williams, B.A., Pemb.; A. B. Wilson, Pemb.; Wollaston, B.A., King's.

## UNIVERSITY OF EDINBURGH.

## THE UNIVERSITY COURT.

The Court met on December 16<sup>th</sup>. It was reported that Lord Stormonth-Darling had been appointed the Rector's Assessor.

*Sir Douglas MacLagan*.—A letter from Professor Sir Douglas MacLagan was read, requesting to be allowed to retire from his chair on a pension as from September 1<sup>st</sup> last. In granting the application the Court, as we stated last week, expressed to Sir Douglas their deep regret at the loss of his services, and their high estimation of the distinguished manner in which he had conducted the duties of his important chair for 34 years. They would especially refer to the great development which he has given to the teaching of Public Health in the University, and to the organisation of a laboratory in connection with its teaching. The Court would venture to hope that he may be spared for many years to enjoy the repose to which he is entitled at the end of a long and well-spent life of activity and usefulness.

*Examiners*.—The following additional examiners were appointed for a period of four years from January 1<sup>st</sup>, 1897: Dr. W. H. Perkin (Chemistry); Dr. G. Sims Woodhead (Pathology), and Dr. J. Crawford Renton (Surgery). The following additional examiners were appointed for a period of three years from January 1<sup>st</sup>, 1897: Professor Johnson Symington (Anatomy), and Dr. C. D. F. Phillips (Materia Medica). Dr. J. O. Aylett was appointed additional Examiner in Medicine for Public Health for one year, and in Clinical Medicine for a period not exceeding four years from January 1<sup>st</sup>, 1897. It was agreed to advertise the additional examinerships in Botany, Physiology, Medicine, and Midwifery, vacant as from January 1<sup>st</sup>, 1897.

*Extramural Teachers*.—The Court granted applications by the following gentlemen for recognition as teachers whose courses of instruction qualify for graduation: R. J. A. Berry, M.D. Edin. (Anatomy); D. Wallace, M.B., F.R.C.S.E. Edin. (Surgery); and J. Edgar, M.D., B.Sc. Glasg. (Midwifery).

## VICTORIA UNIVERSITY.

*EXAMINERS*.—The following appointments to vacant external examinerships have been made by the Council: *Physics*, A. W. Reinold, M.A., F.R.S.; *Chemistry*, J. Millar Thomson, F.R.S.E.; *Anatomy*, Johnson Symington, M.D.; *Obstetrics*, William Duncan, M.D.; *Pathology*, Joseph Coats, M.D.; *Forensic Medicine*, Thomas Stevenson, M.D.; *Surgery*, Bilton Pollard, M.D.; *Medicine*, Donald MacAlister, M.D.; *Physiology*, W. D. Halliburton, M.D.

## PUBLIC HEALTH

AND

## POOR-LAW MEDICAL SERVICES.

## HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,434 births and 3,780 deaths were registered during the week ending Saturday last, December 19<sup>th</sup>. The annual rate of mortality in these towns, which had been 19.4 and 18.9 per 1,000 in the two preceding weeks, further declined to 18.2 last week. The rates in the several towns ranged from 11.3 in Derby, 13.8 in Halifax, and 14.3 in Birkenhead to 23.3 in Swansea.

## MEDICAL NEWS.

THE New York Academy of Medicine will celebrate its jubilee on January 29th, 1897. It came formally into existence on January 6th, 1846.

AN anonymous donor has sent £500 to the Queen Charlotte's Lying-in Hospital, Marylebone Road, in aid of the Extension and Improvement Fund.

PRESENTATION.—Dr. Neech, of Tyldesley, has been presented with a handsome afternoon tea service, in recognition of his services as lecturer to the Nook and Ginpit Ambulance Class of the Astley and Tyldesley Coal and Salt Company.

THE Royal Humane Society have rewarded attendants Keane and Buller of the Ennis Lunatic Asylum, Ireland, for their bravery in rescuing a patient who had attempted to drown himself; they have respectively received testimonials on vellum and parchment.

CHARING CROSS HOSPITAL.—The Hon. W. F. D. Smith, M.P., has promised £200 yearly for five years towards the special appeal fund of £100,000 now being raised in aid of the maintenance and improvement of the hospital. Another friend of the hospital has promised £1,000 provided nine other similar amounts are promised before June 20th next.

BRITISH MEDICAL TEMPERANCE ASSOCIATION.—At a meeting of the Council of the British Medical Temperance Association on December 19th, Dr. Norman Kerr in the chair, a vote of regret at the loss of their distinguished President for seventeen years, Sir B. W. Richardson, was agreed to on the motion of Dr. Ridge, seconded by Dr. Marton. The unprecedented number of 110 new members and associates were then elected.

THE MILK TYPHOID EPIDEMIC AT KIRKCALDY.—In the report bearing on the late typhoid epidemic at Kirkcaldy, recently submitted by Sir Henry Littlejohn, of Edinburgh, he states that in this epidemic just brought to a close there were 193 cases, with a mortality of 20, or 10.4 per cent. The origin of the outbreak was, in his opinion, clearly traced to a dairy. The Kirkcaldy Town Council have awarded to Dr. Mackay, medical officer of health, and Dr. Curror, £100 each, and Mr. Braid, sanitary inspector, £50 for the services rendered by them during the epidemic. Sir Henry Littlejohn, in his report, highly praises the ability and energy displayed by Dr. Mackay in coping with the epidemic.

THE professional jubilee of Dr. Roussel, who twenty-two years ago carried a Bill for the protection of infants placed out to nurse in France, was celebrated at the Sorbonne on December 20th. The law has had very important results, and the reports presented by the medical inspectors appointed under it contain a great mass of information with regard to the prevention of conditions inimical to infant life. The subject is of the more importance in France owing to the great prevalence of the custom of putting infants out to nurse, but many of the features of the legislation initiated by Dr. Roussel, and much of the information gathered by the inspectors, are of general application.

THE FORTHCOMING INTERNATIONAL MEDICAL CONGRESS.—In the Section of Obstetrics and Gynaecology the following subjects are proposed for discussion: I. (a) The Relation of Gonorrhœal Affections to *Post-partum* Disorders; (b) External Examination in Midwifery; (c) The Use of Antitoxin in Septic Diseases following Delivery. II. (a) Gonorrhœa in Non-pregnant Women and its Treatment; (b) Colpotomy in Affections of the Uterus and Appendages; (c) The Surgical Treatment of Perimetritis; (d) The Comparative Value of the Different Surgical Methods adopted in the Treatment of Carcinoma Uteri, with Special Reference to the Modes of Prevention of Relapses.

INFIRMARY MEDICAL SUPERINTENDENTS' SOCIETY.—The December meeting of this Society was held at the City of London Infirmary on December 19th. Under the guidance of the Medical Superintendent, Mr. W. D. Buncombe, the institution was inspected. In the subsequent discussion the President (Mr. Walter Burney) occupied the chair, and the importance of the establishment of training schools for nurses at all infirmaries was specially dwelt upon. Mr. H. E. Harris

(St. Saviours), Mr. J. R. Lunn (Marylebone), and Dr. F. S. Toogood (Lewisham), reported in most favourable terms upon the scheme as working in their institutions.

THE EVELINA HOSPITAL.—The Evelina Hospital, Southwark Bridge Road, was reopened on December 16th. Early in the year Baron Ferdinand Rothschild announced his intention of giving to it the princely benefaction of £10,000. Of this sum £3,000 was devoted to clearing off debts and embarrassments, £3,500 was set apart for a projected enlargement, which will raise its accommodation from 66 beds, as at present, to 100; and the last £3,500 has been spent on perfecting the whole interior arrangements, and rendering the building the best model of a children's hospital that could be planned. The wards were entirely closed for three months.

THE ENTOMBMENT OF M. PASTEUR.—The ceremonies connected with the entombment of the body of M. Pasteur in the mausoleum which has been erected in the Pasteur Institute will commence at 8 A.M. on December 26th at Notre Dame; the service will be attended only by members of the family and intimate friends. The second part of the ceremony, which will take place at the Pasteur Institute, will be attended by members of the French Government and by numerous representatives of learned societies. Among the representatives from England will be Sir Joseph Lister, representing the Royal Society; Sir William Priestley, M.P., representing the Universities of Edinburgh and St. Andrews; and Sir Dyce Duckworth, representing the Royal College of Physicians of London.

POISONING BY MISADVENTURE.—The death of a young woman from the effects of a dose of bichromate, taken in mistake for potassium bicarbonate, was the subject of a recent inquest by the Crewe district coroner, and a question was raised as to whether the "poison" label should not have been placed on the bichromate by the chemist who supplied the article. Bichromate is poisonous, though it is not a scheduled poison, and consequently its sale without a "poison" label is not a breach of the law. But it is probable that if a "poison" label had been used in this instance the misadventure would have been prevented, and as chemists are the legally recognised vendors of poisons, it may be suggested that they would do well in all cases of the sale of poisons to adopt the precaution of attaching a "poison" label so as to give the public the benefit of their special knowledge even to a greater extent than the law requires.

CREMATION AND NECROPSY.—A few days ago a gentleman died in Paris, and, his friends being anxious that his body should be cremated at Woking, it was brought to London accompanied by the certificate of two French doctors, which stated that the death was from natural causes. The Cremation Society discovered that no *post-mortem* examination had been made, and it being strictly against the rules to cremate a body which has not been subjected to a necropsy, the matter was reported to Mr. Hicks, the North Lambeth coroner, who at once gave directions for one to be made. The *post-mortem* examination made in London verified the French doctors' certificates as to the death being from natural causes, yet the actual cause of death was found to be apoplexy, whereas the French certificates ascribed it to embolism of the heart, and the coroner allowed the body to be removed for cremation on December 18th.

THE ROYAL INSTITUTION.—The Royal Institution lecture arrangements before Easter include Christmas lectures on Light, Visible and Invisible, by Professor Silvanus P. Thompson, D.Sc., F.R.S., M.R.I., six lectures (adapted to a juvenile auditory) on December 29th (Tuesday), December 31st, 1896, January 2nd, 5th, 7th, 9th, 1897. On Animal Electricity, by Professor Augustus D. Waller, M.D., F.R.S., Fullerian Professor of Physiology, R.I.; twelve lectures, on Tuesdays, January 19th, 26th, February 2nd, 9th, 16th, 23rd, March 2nd, 9th, 16th, 23rd, 30th, April 6th. On the Relation of Geology to History: (1) The Incoming of Man, (2) the Frontier of History in Britain, (3) Roman Britain, by Professor W. Boyd Dawkins, M.A., F.R.S., F.S.A., F.G.S.; three lectures, on Thursdays, March 25th, April 1st, 8th. On Electricity and Electrical Vibrations, by the Right Hon. Lord Rayleigh, M.A., D.C.L., LL.D., F.R.S., M.R.I., Professor of Natural Philosophy, R.I.; six lectures, on Saturdays, March 6th, 13th,

20th, 27th, April 3rd, 10th. The lectures are at 3 o'clock. The Friday evening discourses include: January 22nd, Professor Dewar, M.A., LL.D., F.R.S., M.R.I., Properties of Liquid Oxygen. February 5th, Professor Jagadis Chunder Bose, M.A., D.Sc., Professor of Presidency College, Calcutta, the Polarisation of the Electric Ray. March 5th, Shelford Bidwell, M.A., LL.B., F.R.S., M.R.I., Some Curiosities of Vision. March 12th, Professor Arthur Smithells, B.Sc., F.I.C., the Source of Light in Flames. March 26th, Sir William Turner, D.C.L., LL.D., F.R.S., Early Man in Scotland.

**THE RICHMOND ASYLUM, DUBLIN.**—The improvements in this institution and the erection of a new asylum at Portrane, near Dublin, are estimated to cost £400,000. To procure this sum it is necessary to apply to the Treasury, but it is found that the sum can be raised in the open market at a much lower rate, and at a saving of £7,500 a year. Last week a deputation waited upon Mr. G. W. Balfour, Chief Secretary for Ireland, and asked him on behalf of the Government to assist in the promotion of a Bill which would enable the Board of Governors to pursue the more economical course. Mr. Balfour, in reply, said he was entirely with the views put forward by the deputation. He had already made representations to the Treasury with regard both to the rate of interest and the system of payment by annual instalments of the principal instead of by annuities. He had not got a satisfactory reply. But on the special request that the Government should support the proposed Bill he was by no means so clear. It was a new departure. It proposed to make the governors of the asylum a fiscal body raising a loan, the security for which was given by other bodies, namely, the corporations and grand juries. At the same time he had to say that the Government would not oppose the Bill as it stood. It was his intention to introduce a Bill giving power to bodies in Ireland entitled to levy rates to go into the market and borrow money. It was for the governors to consider whether they would proceed with their Bill under the circumstances. The Treasury was considering the whole subject, and it was possible that that department might at no distant date lower the rate assessed on many local bodies.

#### MEDICAL VACANCIES.

The following vacancies are announced:

**BALLINASLOE DISTRICT ASYLUM.**—Second Assistant Medical Officer. Salary, £120 per annum, with allowances of furnished apartments, board, etc. Doubly qualified, unmarried, and not more than 30 years of age. Applications to the Medical Superintendent by January 8th.

**BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon. Salary, £150 per annum (with an allowance of £30 per annum for cab hire), and furnished rooms, fire, light, and attendance. Applications to E. W. Forrest, Secretary, by January 18th, 1897.

**BOROUGH OF BRADFORD.**—Resident Medical Superintendent at the Fever Hospital. Salary, £200 per annum, with board and residence; doubly qualified, not more than 30 years of age. Applications, endorsed "Resident Medical Superintendence," to George McGuire, Town Clerk, Town Clerk's Office, Bradford, by January 4th, 1897.

**DERBYSHIRE ROYAL INFIRMARY, Derby.**—Assistant House-Surgeon. Appointment for six months. Honorarium of £10 after six months' satisfactory service will be given, and board, residence, and washing provided. Applications to Walter G. Cartt, Secretary, by December 28th.

**DUNGARVAN UNION.**—Medical and Sanitary Officer for the Ringville Dispensary District. Salary, £120 for the former and £15 per annum for the latter position, exclusive of vaccination and registration fees. Must reside in the district. Applications to Arthur J. Anthony, Honorary Secretary, by 12 o'clock on December 28th.

**EVELINA HOSPITAL FOR SICK CHILDREN, Southwark, S.E.**—Surgeon to Out-patients (must be M. or F.R.C.S.Eng.), four Qualified Clinical Assistants, and eight Unqualified Clinical Clerks. Applications to the Honorary Secretary of the Medical Committee at the hospital by January 16th, 1897.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.**—Resident House-Physicians. Applications to the Secretary by December 30th.

**HOSPITAL FOR WOMEN, Soho Square, W.**—Assistant House-Physician (Non-resident). Appointment for three months. Applications to David Cannon, Secretary, by December 29th.

**NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.**—Three Female Assistant-Physicians and one Clinical Assistant in the Out-patient Department. Applications to Margaret M. Bagster, Secretary, by December 30th.

**NORTHERN INFIRMARY, Inverness.**—House-Surgeon and Dispenser. Salary, £70 per annum, with board, etc. Applications to Mr. Duncan Shaw, Honorary Secretary, by January 4th, 1897.

**ROYAL ALBERT HOSPITAL, Devonport.**—Honorary Ophthalmic Surgeon. Must reside either in Devonport or Stonehouse. Applications to Captain R. Matheson, Secretary, by January 9th 1897.

**ROYAL COLLEGE OF PHYSICIANS, Pall Mall East, London, S.W.**—Milroy Lecturer for 1898. Course must comprise of not less than three or more than six lectures. Applications to the Registrar by January 9th, 1897.

**ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.**—Resident Medical Officer, doubly qualified. No salary, but board, residence, and washing provided. Appointment for six months, but eligible for re-election. Applications to the Secretary by January 4th.

**ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge Road, S.E.**—Anæsthetist and Registrar. Salary, £30 a year. Applications to Geo. H. Southern, Secretary, by December 29th.

**STAFFORDSHIRE GENERAL INFIRMARY.**—Assistant House-Surgeon. Salary, £30 per annum, with board, lodging, and washing. Applications to the House-Surgeon by January 2nd.

**UNIVERSITY OF GLASGOW.**—Four Examinerships for Degree in Medicine: one to examine in Pathology, one in Physiology, a third in Surgery (Systematic and Clinical), and a fourth in Medicine (Systematic and Clinical). Annual fee in each of first two cases is £50, and in the latter £45. Applications to Allan E. Clapperton, Secretary to the Court, 91, West Regent Street, Glasgow, by December 31st.

**WESTMINSTER GENERAL DISPENSARY, Gerrard Street, Soho, W.**—Resident Medical Officer. Appointment for one year. Applications to J. H. Madge, Secretary, by December 28th.

**YSTRADYFODWY URBAN DISTRICT.**—Medical Officer of Health. Appointment for one year. Salary, £450, including travelling expenses. Must devote his whole time to the duties. Applications, endorsed "Medical Officer of Health," to W. H. Morgan, Clerk, Treforest, Glamorganshire, by January 11th, 1897.

#### MEDICAL APPOINTMENTS.

**CLARKE, J. Jackson, M.B.Lond., F.R.C.S.Eng.**, appointed Assistant Surgeon to the City Orthopaedic Hospital.

**COOPER, Henry S., L.R.C.P.Lond., M.R.C.S.Eng.**, appointed Medical Officer of Health to the Brightlingsea Urban District.

**CRISP, Anthony, M.R.C.S.Eng.**, reappointed Medical Officer for the Horsey District of the Smallburgh Union.

**EDWARDS, L. C., M.B., C.M.Edin.**, appointed Junior House-Surgeon to the Chesterfield and North Derbyshire Hospital.

**FORBES, W. J., M.B.**, appointed Medical Officer for the Scriven District of the Knaresborough Union, *vice* A. O. Wiley, L.R.C.S.Eng., L.R.C.S.I., resigned.

**LACE, Dr.**, appointed Certifying Factory Surgeon for the Cleator District, *vice* W. Speirs, L.R.C.P.Eng., M.R.C.S.Eng., deceased.

**LANGWORTHY, Mr. W. S.**, appointed Medical Officer for the No. 4 District of the Plympton St. Mary Union, *vice* J. E. Adkins, M.R.C.S.Eng., L.S.A., deceased.

**MORGAN, John, F.R.C.S.Eng., L.R.C.P.Lond.**, reappointed Medical Officer of Health to the Langport Rural District Council.

**PACKER, W. Herbert, M.D.Brix.**, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer to the Atcham Workhouse Infirmary, Shrewsbury.

**THOMPSON, Mr. William R.**, appointed Medical Officer of Health to the Shelf Urban District, *vice* W. J. Adam, M.B., resigned.

**TUBB, Thomas J., L.R.C.P.&S., D.P.H.Irel.**, reappointed Medical Officer of Health for the Borough of Lowestoft and the Port Sanitary Authority; also Physician to the Borough Sanatorium, Lowestoft.

**WATTS, Thomas, M.B., B.S.Durh.**, M.R.C.S.Eng., L.R.C.P.Lond., appointed Certifying Factory Surgeon for Hyde, *vice* G. W. Sidebotham, M.R.C.S.Eng., L.S.A., resigned.

**WILLIAMS, C. W., M.R.C.S., L.R.C.P., L.S.A.**, appointed Surgeon to the Workhouse and Medical Officer for the Smallburgh District of the Smallburgh Union.

#### BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 2s. 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.

**ABRAHAMS.**—On December 18th, at 14, Welbeck Street, Cavendish Square, W., the wife of Bertram L. Abrahams, M.B., B.Sc., M.R.C.P., of a daughter.

**CUFFEY.**—On December 14th, at Haulbowline, co. Cork, the wife of Edward Cuffey, Surgeon R.N., of a son.

**MULOCK-BENTLEY.**—On November 19th, the wife of Dr. T. Mulock-Bentley, Government District Surgeon, Vrede, O.F.S., South Africa, of a son.

##### MARRIAGE.

**BACA—VERANO.**—On December 14th, at Mrs. Verano's residence, Gibraltar, B.P., by the Right Rev. G. Canilla, D.D., Bishop of Lystra, Vicar Apostolic of Gibraltar, Arthur Cajetan, eldest son of the late Joseph Baca, Esq., Knight Commander of the Royal Spanish Order of Isabella the Catholic, to Helene Victorina, youngest daughter of the late Manuel Verano, Esq.

##### DEATHS.

**DALTON.**—On December 17th, at Ormaston Road, Derby, Charles Bernard Dalton, M.R.C.S., son of the late Rev. Canon Dalton, of Whitehaven, aged 45 years.

**MALCOLM.**—On December 19th, at 421, Holloway Road, London, N., after a few hours' illness, Marjorie Nööd, younger daughter of W. A. Malcolm, M.B., C.M., aged 5 years and 11 months.

**PADLEY.**—On December 14th, at Lilliput Hall, near Swansea, George Padley, L.R.C.P.Lond.

**PURNELL.**—On December 17th, at Woodlands, Streatham Hill, John James Purnell, F.R.C.S.Eng.

## HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCELL, 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. 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 OPHTHALMIC. *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., 1.30; Throat and Ear, Tu. F. 2.30; Skin, W., 2.30; Dental, W., 2. *Operations*.—M. W. Th. F. 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. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, M. F. S., 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, 1.30; Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., W. S., 9; Eye, M. Th., 1.30; Ear, S. 9; Skin, Th., 9; Dental, Tu., 9. *Operations*.—M. Tu. W. Th. S., 2. LONDON TEMPERANCE. *Attendances*.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operations*.—M. Th., 4.30. METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operations*.—F., 3. MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F. 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th., 9.30; Dental, W. F., 1.30. *Operations*.—W., 1.30; S., 2; (Ophthalmic), Th., 2. NATIONAL OPHTHALMIC. *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*.—Tu., 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 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., 2.30; Orthopaedic, 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., 2; Ear, Tu. 2; Skin, W., 2; Throat, F., 2; Orthopaedic, 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., 3; Orthopaedic, 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. F. W., 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, exec. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2. SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—W., 2.30. THROAT, GOLDEN SQUARE. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Th., 2. UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operations*.—Tu. W. Th., 2.

WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopaedic, 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.

C. M. asks for particulars with regard to the health and circumstances of Colonial medical officers serving at Lagos.

M.D. writes that a doctor in Liverpool published some time back a paper on the production of Gastric Ulcer by the use of corsets. Could any member kindly say who the author was, and where his paper was read?

Pes would be glad to hear of a practical and reliable remedy for what are known as "soft corns" between the toes, astringent powders and lotions having so far had no effect, and the patient being nearly crippled in consequence.

I.O.U. asks: (1) Can I claim a fee for filling in an insurance company's certificate of death schedule? (2) If a man dies from alcoholic paralysis and secondary pneumonia, would a doctor be justified in certifying that death did not take place by his own hands?

### READY-MADE STAINING REAGENTS.

ASSISTANT M.O. asks where reliable ready-made preparations of haematoxylin, picricarmine, Ziehl-Neelsen's tubercle bacillus stain, etc., can be procured.

### THE PREPARATION OF OXYGEN GAS.

DR. WALLER GRIPPER (Wallington, Surrey) wishes to know if there is any sufficiently practical way of preparing oxygen for use at short notice in the country, as, he believes, most railway companies now refuse to convey cylinders of compressed gas by any passenger train.

### BICYCLING AS A RECREATION FOR CHILDREN.

INQUIRER writes: May I venture to ask for advice, through the medium of your columns, on the following question submitted to me by one of my patients: "I wish my little girl to take to bicycling but my wife is opposed to the idea. She thinks the use of the machine will throw a great strain on the back, and be otherwise injurious. What do you think, bearing in mind the child is only 6½ years old?"

### BICYCLE URETHRITIS.

BAFFLED asks for advice on the treatment of the following case. A healthy married man, after an extra long bicycle ride, develops a urethral discharge. Potash and buchu, iodides, sandal wood oil, cubeb, phosphorus, cannabis indica, medicated bougies have been prescribed in varied forms; piperazine, sanmetto, lithia, salicylates have also been given but without success. This case is one of nine which have come under treatment; all of them have been the result of bicycle rides and all equally intractable.

### THE COURTESY CALL.

D. propounds the following question: A., B., and C. were in partnership; C. retires and A. and B. carry on the practice by themselves, putting D. a qualified assistant, into C.'s old house to endeavour to redevelop that branch of the practice. D. has a salary and percentages, and is promised a greater interest in the practice in the future. It is asked whether D. ought to call on his professional brethren in the district.

\*\* It is not, we believe, usual for qualified assistants in charge of branches to call on neighbouring practitioners.

### MEDICAL ORGANISATION.

W., who writes to complain of the lowness of the fees offered by many insurance societies and clubs, makes the following suggestion: "I wonder whether appointed agents (of course, medical men) would not work the matter better if they were to go round their appointed districts and sound every practitioner, and preside, if necessary, over a meeting of the neighbouring medical men," so as in this way to bring about a more complete organisation of the profession.

\*\* Local organisation is best done by local men. Representative men, experienced in medical defence, such as the officials of medical defence societies, would doubtless assist by their advice, and, if necessary, by their presence if invited by the profession of any particular district to do so.

### ANSWERS.

CYMRIO.—Thirty shillings a week would possibly be a fair payment.

P. N.—The address of the British Institute of Preventive Medicine is 101, Great Russell Street, W.C., and the Secretary is Dr. A. MacFadyen.

J. B. M.—A correspondent writing from Cornwall, whose initials we thus read, has omitted to enclose his name.

M.B. is not, perhaps, expecting too much in looking for an acknowledgment of his application for a medical appointment, but he cannot demand it as a right.

A. B. asks a number of questions concerning the examinations for a diploma in public health. He should consult the Educational Number of the BRITISH MEDICAL JOURNAL, published on September 5th, 1896.

MEMBER.—In regard to private cases the certification by principal and assistant is prohibited, but not in other cases, in England and Wales. There is nothing to "expose" unless persons are known to act illegally in the matter of lunacy certification.

H. MELVILLE GREEN.—We are told that the preparation referred to has not been analysed, and are informed that the only preparations that have been analysed for the Pharmaceutical Society are those suspected to contain scheduled poisons.