

The next step was to insert subcutaneously, in an opposite direction to each other, two needles, with an exposed surface of about an inch, into the anterior and outer part of the tumour. When in position the needles were parallel, and an inch apart. A current of 100 milliamperes was passed through for ten minutes, then, the current being stopped, the needles were withdrawn and reinserted in the anterior and inner quarter in a similar manner for another ten minutes. The posterior outer and posterior inner quadrants were also thus treated, a current of 100 milliamperes being allowed for each section. It was now found on withdrawing the needles for the fourth time that all parts of the tumour were harder, that its resiliency was absent, and the pulsation could barely be felt. The operation was somewhat prolonged, but the patient quickly recovered from the anæsthetic, and was quite comfortable the next day. On the third day the skin sutures over the seats of ligature were removed.

During the following week two new vessels enlarged at the posterior and external part of the swelling, and three weeks after the operation it was thought advisable to ligature them, and electrolysis of the part supplied by them was resorted to. The final result was quite satisfactory; she made a good recovery, and was discharged from the infirmary on September 15th, 1894. Since then she has presented herself for examination from time to time. The second illustration, from a photograph taken in January, 1895, five months after the second operation, shows her condition much as it is now (May, 1897). The tumour is very much lessened in size,



Fig. 2.—January, 1895.

the surface inequalities have disappeared, and it feels almost solid. A soft-blowing murmur can be faintly heard with the stethoscope, but it gives her no trouble. The headache has gone, the eye has returned to its place, and there is nothing unusual in her appearance. I am much indebted to Mr. H. G. Terry for superintending the battery and helping me with the operation generally.

In reviewing this case, there are one or two points of interest which deserve some observation. It will be noticed that the feeders were ligatured, a method of treatment which alone is not usually sufficient to cure cirroid aneurysm, and which has consequently fallen into disrepute. Even such severe measures as ligature of the common or external carotid have usually failed. The statistics collected by C. Heine² show that "in 32 cases out of 60 the external carotid was tied, and in 3 only with successful result, and that doubtful, and the results of ligature of both carotids in 7 cases were equally unfortunate." Although ligation on the one hand would probably have failed, I think it is open to doubt whether the result would have been quite as satisfactory on the other if electrolysis alone had been relied upon.³ It was a large mass to deal with, measuring probably if the orbital portion were included at least 7 inches by 5, and the pulsation through it was very strong. The ligatures were put on the vessels in an unusual manner, but much time was saved thereby, and no ill-results ensued from including nerves or veins in the knot, the wounds having healed painlessly in three days when the dressings were first changed. Although nothing was done directly to the orbital portion it partook in the general benefit, due probably to the starvation which ensued from distal obstruction through it, the shrinkage being sufficient to allow the eye to return to its normal position in the orbit.

REFERENCES.

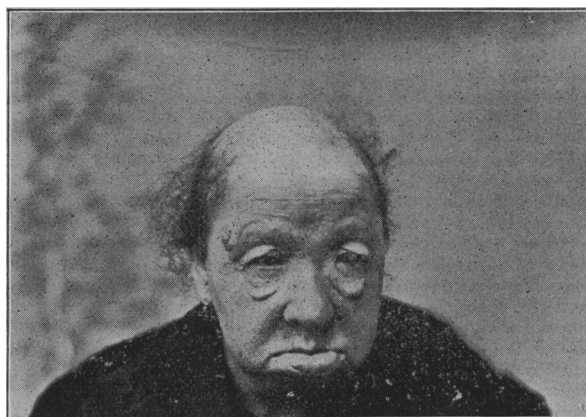
¹ *Tumours Innocent and Malignant*, 1893, p. 163. ² *Biennial Retrospect of Medicine and Surgery for 1869-70*, *New Sydenham Soc. Trans.*, p. 287. ³ J. E. Erichsen, *Science and Art of Surgery*, 9th edit., vol. ii, p. 68; J. Duncan, *BRITISH MEDICAL JOURNAL*, 1888, vol. ii, p. 984.

M. CAMBON, Governor of Algeria, has commissioned Madame Chellier, M.D., to make a tour of inspection through Southern Algeria, with the object of introducing scientific medicine and midwifery among the natives.

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

REGROWTH OF HAIR IN MYXEDEMA UNDER TREATMENT WITH THYROID TABLOIDS.

In the *BRITISH MEDICAL JOURNAL* of January 6th, 1894, I published an account, with illustrations, of the treatment of an old case of myxœdema with thyroid extract. The portraits, which were reproduced from photographs, showed the striking change that had been effected by five weeks' treatment.



I now supplement my paper of that date with the accompanying portraits, which represent the same patient, a woman aged 66, as she appeared before any treatment was attempted and as she appeared after taking two thyroid tabloids daily for fifteen months.



I would ask the question, Does not the remarkable influence of thyroid extract upon hair growth suggest that the thyroid gland in its function is largely occupied with nutrition of the skin?

THOS. F. RAVEN, M.R.C.S., L.R.C.P.

Broadstairs.

AIR EMBOLISM FROM WOUND OF THE FEMORAL VEIN.

I WAS called to perform a *post-mortem* examination on a Chinese coolie, who had died the previous afternoon from the effects of a spear wound in the right thigh. He received the wound in a faction fight; and seemed to have died about an hour after its receipt. When I examined the body *post-mortem* rigidity was absent; *post-mortem* lividity was marked over the back of the neck and over the lower part of the lumbar region and the right thigh. The only wound was a punctured one

on the right thigh, at the junction of the middle and lower third anteriorly. Dark clots distended the wound, which on probing seemed about $2\frac{1}{2}$ inches deep. The whole thigh was bluish and crepitant. On careful dissection of the thigh bloody infiltration of the muscles and connective tissue was found, and a large quantity of dark coagulated blood effused in the muscular planes. The sartorius muscle was found to be punctured, and the femoral vein opened. The femoral artery was dissected out, and found intact. On opening the thorax and exposing the heart it was found semi-collapsed, but crepitant with air. On compressing the heart air was readily forced out of the wound in the femoral vein. The chambers of the heart when opened were found quite empty of blood or clots, and they collapsed completely. The lungs were apparently healthy.

I formed the opinion that death was caused partly by hæmorrhage and partly by the entrance of air in the heart, or air embolism. Air embolism is a common cause of death in wounds of the veins of the neck and upper extremity, but I have not read of any case of air embolism from a wound of a vein of the lower extremity. The lower veins being supplied with valves these should act as a barrier to the entrance of air. I do not believe that this coolie received any surgical assistance, and the air in the heart may have been a *post-mortem* change induced by the rapid venous hæmorrhage causing collapse of the valves.

J. P. A. WILSON,
Senior Medical Officer, Johore.

DYSTOCIA DUE TO CONGENITAL CYSTIC DISEASE OF THE KIDNEYS.

THE patient, a woman aged 29, had previously had three children. The family history showed nothing unusual. She enjoyed good health, and had had no difficulty of any kind in her three previous labours, and the children were healthy, as was also the husband. I closely inquired into any syphilitic history, and am convinced there is no specific disease either of the husband or wife.

I was called to see her on the afternoon of September 30th, a month earlier than the date for which I was engaged. On making the usual abdominal and vaginal examination I found everything normal, and was not struck by any unusual shape or feeling over the abdomen. The heart sounds of the child were very distinct. The os was almost fully dilated; the head was well down, and was born in about twenty minutes without any trouble. After a number of strong, regular, and firm uterine contractions there seemed however to be no disposition for the shoulders to come down. As the child was looking asphyxiated I relieved both shoulders, but although the pains continued unusually quick and strong there was no progress made, and the trunk remained fixed. I then again examined, and found a large abdominal swelling of the child. As the child was then in danger of being completely asphyxiated I made gentle traction with my right hand, whilst I kept my left hand in the vagina to guide me as to what extent the swelling was stretching the os. Failing to make any impression I administered chloroform, and made a more careful examination, and had no difficulty in determining that the tumour was not fluid but solid.

I then sent for my friend Dr. R. O. Adamson to assist me, and on his making an independent examination he came to the same conclusion as to the solid nature of the tumour. We again tried traction, and as the child was then dead, it was carried out much more forcibly, always taking care that the os was not being stretched beyond its safe limits. Finding it quite impossible to deliver without danger of rupturing the uterus and damaging the maternal soft parts with so much interference and continual pressure, we determined to eviscerate, which was easily done. On the removal of the liver, intestines, etc., there was immediate collapse of the abdominal walls, and we determined to try again. Dr. Adamson made steady traction, whilst I kept my left hand over the abdomen of the mother and my right in the vagina to regulate the traction and guard the os. Labour was at once completed without further trouble.

It is not usual to have an obstruction to the satisfactory completion of the second stage arising from some abnormality

of the child. The only case I personally have had experience of was an enormous spina bifida.

I asked Dr. Bryce, Queen Margaret's College, to report upon the foetus and tumour, which he kindly consented to do.

The subject of examination was a female foetus, somewhat premature. Judging from external appearances it was about the eighth month. It measured from vertex to heel 50 cm. (19 $\frac{1}{2}$ inches), from vertex to tip of coccyx 34 cm. (13 $\frac{3}{4}$ inches). It weighed 6 lbs. 1 oz. 12 drms. It had been the subject of evisceration. The bowel was empty and collapsed. The liver was relatively small and compressed. The whole abdominal cavity was occupied by two immense tumours. The circumference of the trunk round the most prominent part was approximately 44 cm. (17 inches). Examination proved that the tumours were the kidneys much enlarged. The right weighed 14 ozs. 4 drms. and measured 24 cm. (9 $\frac{1}{2}$ inches) by 14 cm. (5 $\frac{1}{2}$ inches). The left weighed 16 oz. 12 drms., and measured 25 cm. (9 $\frac{1}{2}$ inches) by 15 cm. (6 inches). The ureters and bladder were of normal size, and the rest of the organs were also normal. The kidneys were the subject of cystic degeneration, the entire kidney substance being displaced by a multitude of small cysts.

Glasgow.

ARTHUR MECHAN, M.B., C.M.

REPORTS

ON

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

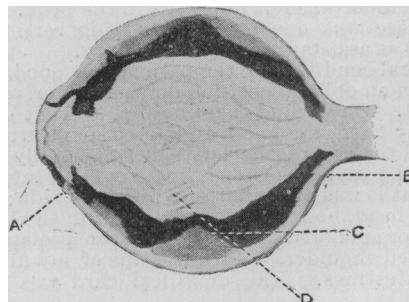
STANLEY HOSPITAL, LIVERPOOL.

SPONTANEOUS EXPULSION OF BOTH LENSES IN A CHILD.

(By ROBERT J. HAMILTON, Assistant Ophthalmic Surgeon to the Hospital.)

E. G., a child, aged 4 months, was admitted under my care on April 11th, with an apparent rupture of the right eyeball in the sclero-corneal margin in the outer and lower quadrant. The mother brought at the same time the lens of the child's right eye, with the history that it had come out of the eye as she turned the baby on her knee. She absolutely denied that a blow, fall, or other violence could have happened to the child. She had noticed nothing previously wrong with the eyes. A small piece of protruding iris was snipped off and the eye treated with cold pads. There was no sign of mischief in the other eye, though no ophthalmoscopic examination was made.

Early in the morning of April 18th the night nurse re-



A, point at which the lens escaped. B, sclerotic. C, detached cornea. D, white fibro-cellular membrane. Enlarged to a little more than twice (2) natural size.

ported that the other lens had come out. This was so, the lens being on the pillow, having evidently come out while the child was asleep. The eye presented the same appearance as the right one did on admission. The child was ill-nourished and jaundiced, and died on April 19th.

For notes of the case I am indebted to Dr. Deas, senior House-Surgeon.

Post mortem both globes were enucleated, though a general examination was not obtained. The eyes were smaller than normal. Sections were cut after preparing in formol solution, and the following appearances were noted: In the one in which a vertical section was made in the median line in the anterior-posterior diameter, the vitreous chamber was occupied by a white opaque membrane, which, attached posteriorly to the centre of the optic disc, spread out in a pear-shaped manner, and was attached at several points in its circumference to the choroid. It had in contracting almost

NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

The following appointments have been made at the Admiralty: RICHARD A. FITCH, Surgeon, to the *Barrrosa*, July 21st; PERCY V. JACKSON, Surgeon, to the *St. Vincent*, July 21st; FREDERICK W. PARKER, Surgeon, to Plymouth Hospital, undated; EDWARD CUFFEY, Surgeon, to the *Haleyon*, July 21st; FRANK BRADSHAW, Surgeon, to the Haulbowline Hospital, July 21st; RICHARD W. STANISTREET, Surgeon, to Chatham Hospital, July 22nd; JAMES BRADLEY, M.D., Surgeon, to the *Egeria*, July 22nd; DANIEL J. P. M'NABB, Surgeon, to Haslar Hospital, undated.

INDIAN MEDICAL SERVICE.

SURGEON-LIEUTENANT-COLONEL STANLEY L. DOBIE, Madras Establishment, is permitted to retire from the Service, July 6th. He was appointed Assistant-Surgeon, March 30th, 1872, and became Surgeon-Lieutenant-Colonel twenty years thereafter. During the Afghan war in 1878-80, he had medical charge of the 1st Madras Cavalry, receiving a medal for the campaign. In 1885-6 he served at Suakin with the Indian Contingent in medical charge of No. 2 Field Hospital.

Surgeon-Major GRANVILLE JAMESON, Bengal Establishment, died at Krishnagar on July 3rd. He was appointed Surgeon, March 31st, 1883, and Surgeon-Major, March 31st, 1895. He served in the Soudan Campaign in 1885, receiving a medal, with clasp, and the Khedive's star.

ARMY MEDICAL STAFF.

SURGEON-MAJOR WALTER C. BEEVOY, M.B., from the Scots Guards, is appointed Surgeon-Major, Grenadier Guards, in succession to Surgeon-Lieutenant-Colonel W. Campbell, M.B., retired, June 26th. Surgeon-Major Beevoy was appointed to the Scots Guards, November 28th, 1885.

Surgeon-Major PATRICK J. O'SULLIVAN, M.D., retires from the service, receiving a gratuity, July 28th. He was appointed Surgeon, August 5th, 1877, and Surgeon-Major twelve years later.

Surgeon-Major PATRICK H. FOX, F.R.C.S.I., also retires from the service with a gratuity, July 28th. His commissions were dated: Surgeon, March 6th, 1880; Surgeon-Major, March 6th, 1892.

ARMY MEDICAL RESERVE.

SURGEON-MAJOR GEORGE W. HATCHELL, having resigned his Militia appointment, ceases to belong to the Army Medical Reserve, July 28th.

Surgeon-Captain C. C. MOXON, having resigned his Volunteer appointment, also ceases to belong to the Reserve, July 28th.

THE VOLUNTEERS.

The undermentioned officers have resigned their commissions, dated July 28th: Surgeon-Lieutenant W. H. MURDOCH, M.D., 6th Lancashire Artillery; Surgeon-Captain J. CUNNINGHAM, M.B., 1st Argyll and Bute Artillery; Surgeon-Lieutenant J. E. J. SODEN, 3rd Glamorgan Rifles; Surgeon-Lieutenant J. F. WOODS, M.D., 1st Tower Hamlets Rifles.

Mr. JOHN W. NICHOLSON is appointed Surgeon-Lieutenant in the 1st Volunteer Battalion the Lincolnshire Regiment, July 28th.

Surgeon-Lieutenant-Colonel T. M. DOLAN, M.D., 1st Volunteer Battalion the Duke of Wellington's West Riding Regiment, has resigned his commission, with permission to retain his rank and uniform, July 28th.

REDUCTION OF PAY IN INDIA.

MEDICAL STAFF writes: I shall feel obliged if someone would inform me authoritatively whether the pay of surgeon-major-generals in India was not reduced from Rs. 2,500 to Rs. 2,200 a month about two years ago, when the army corps system was introduced, because it is not so stated in the revised lists of pay lately published in the BRITISH MEDICAL JOURNAL.

THE VOLUNTEER MEDICAL ASSOCIATION.

The competition for the challenge shield offered by the Volunteer Medical Association for the encouragement of ambulance training in Volunteer regiments took place on July 24th at St. George's Barracks. The competition, which is open to stretcher detachments belonging to any regiment or corps in the Volunteer and Yeomanry forces and the Honourable Artillery Company, consists of examinations in stretcher and wagon drill, bandaging, "first aid," and anatomy and physiology. Eight teams of four men each entered. The result of the competition was as follows: 2nd V.B. Royal Fusiliers, 252 marks; 1st squad 1st V.B. Highland Light Infantry, 245 marks; 1st Bucks V.R.C. 232 marks; 2nd V.B. Border Regiment, 222 marks; 2nd V.B. Hampshire Regiment, 221 marks; and 2nd squad 1st V.B. Highland Light Infantry, 204 marks. The highest possible marks were 300. Surgeon-Colonel O'Farrell presented the shield to the winning team, and badges to the individual members of the first three teams.

MEDICO-LEGAL.

DEFECTIVE SANITARY ARRANGEMENTS.

The action (Wright v. Butler) came on in the Queen's Bench Division on July 24th, before Mr. Justice Wills. According to the report in the *Daily Mail* it was brought by Mr. Henry Wright, carman, residing at Bexley Heath, against Mr. William Daniel Butler, residing at Sussex House, Bexley Heath, to recover damages for the loss of three children through an alleged nuisance caused by the defendant. It was stated that the defendant was the owner of a block of four cottages in Sandford Road, Bexley Heath, and in August, 1880, the plaintiff became tenant of one of them. The sewage, etc., of the four cottages flowed into a cesspool in the garden at the rear of the house adjoining that in which the plaintiff resided. When the cesspool became full, sewage, it was said, was carried

by means of pipes into a receptacle at the bottom of the same garden. Plaintiff's case was that the defendant failed to cleanse the cesspool with reasonable frequency, with the result that this garden became sodden with sewage matter. He also contended that the nuisance was aggravated by a pipe underneath his scullery being broken, and that although defendant's attention was drawn to the nuisance which existed, he refused to abate it. In the Autumn of last year four of the plaintiff's children were taken ill with diphtheria, and three of them died. Plaintiff said that the deaths of his children were due to the nuisance which the defendant had permitted to exist on the premises, and that therefore the defendant was liable to pay the expenses and damages for the loss of the services of two of the children, and for their fatal illness, assisted their mother in household work. Defendant denied that he permitted any nuisance to exist. He said he had received no complaint respecting the cesspool from any of his tenants, and that plaintiff never refused to pay his rent. Mr. Justice Wills held that the defendant was liable and gave judgment for the plaintiff for £50 and costs.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF ABERDEEN.

GRADUATION IN MEDICINE.

Degree of M.D.—C. B. Anderson, M.B., C.M. (thesis—Enteric or Typhoid Fever); A. Baxter, M.B., C.M. (thesis—Puerperal Eclampsia: its Clinical Aspect, with notes of cases); C. H. Dyer, M.B., C.M. (thesis—Peripheral Irritation and Reflex Disorder) (New Ordinances); E. M. Griffiths, M.B., C.M. (thesis—Some Notes on Whooping-cough, more especially in reference to Treatment); J. McRae, M.A., M.B., C.M. (thesis—The Function of the Thyroid Gland); E. T. Martin, M.B., C.M. (thesis—Some Observations upon certain Diets and Beverages, chiefly in Relation to their Effect upon the Urine); W. Moir, M.B., C.M. (thesis—Convulsions in Children: Causation and Treatment) (New Ordinances); D. Neil, M.B., C.M. (thesis—Some Intestinal Disorders in Infancy: their Cause and Treatment); W. R. Reith, M.A., M.B., C.M. (thesis—Delivery in Highly contracted Pelvis); J. Ritchie, M.B., C.M. (thesis—Clinical History of Enteric Fever).

Degrees of M.B. and C.M. (Old Ordinances)—J. V. Easton, M.A.; W. Hunter (with honourable distinction), W. A. Kinloch, A. R. Laing, H. F. Mitchell, J. A. Rose, M.A.

Degrees of M.B. and Ch.B. (New Ordinances)—W. Ainslie, W. H. Clark, J. Duff, H. W. Garden, W. S. Hall, A. W. Hare, A. A. Robb, J. Roger, M.A.; N. J. Sinclair, G. A. Turner.

W. D. McDougall has passed the examinations for M.B. and Ch.B., but will not graduate until he has attained the necessary age.

The John Murray Medal and Scholarship has been awarded to M. G. Robertson, M.A., M.B., C.M. *Proxime accessit* T. W. Lumsden, M.B., Ch.B. The George Thompson Fellowship has been awarded to W. Hunter.

Diploma in Public Health—D. Buchan, M.B., C.M. Aberdeen; G. Chalmers, M.B., C.M. Aberdeen; W. R. Clark, M.A., M.B., C.M. Aberdeen; Surgeon-Captain I.M.S.; G. M. Duncan, M.B., C.M. Aberdeen; J. A. R. Glennie, M.B., C.M. Aberdeen; T. Harper, M.B., C.M. Aberdeen; L. G. Haydon, M.B., C.M. Aberdeen; J. Shearer, M.A., M.B., C.M. Aberdeen; Surgeon-Major I.M.S.; J. S. H. Walker, M.B., C.M. Edin.

UNIVERSITY OF GLASGOW.

GRADUATION IN MEDICINE.—On July 22nd the annual graduation in medicine took place in the Bute Hall. Amongst the graduates were six women. One of them, an Indian lady (Merbai Ardeen Vakil) received special plaudits as she passed up to be capped. Two students gained their degrees with honours—John Allan Craigie Macewen, B.Sc. (son of Professor Macewen), and Thomas Hunter, M.A., B.Sc. The Brunton Memorial Prize for the most distinguished graduate of the year, was divided between them. Professor Gairdner, in an interesting address to graduates, spoke of the necessity they would probably find of waiting before they could reap the reward of their labours. He urged them not to let the time go by unprofitably, but to learn "how to wait"—to use the time to prepare themselves to be able to take advantage of opportunities when they came. He warned them specially against two temptations which beset those entering upon a medical career—the desire for fees, and the gratification of petty personal vanity or egotism. Character, he observed, was almost more important in medicine than brilliant acquirements, and he advised them to build up this steadily and well by using the knowledge they had gained only for the highest purposes, and by acts of personal devotion in their work. Those who have studied under Dr. Gairdner, or seen him at the bedside, could well appreciate his advice to the graduates to adopt a modest attitude in youth, and to retain it in age. In closing, Dr. Gairdner pointed out to the graduates the value to them in coming up for the highest degree of M.D., of writing a thesis on a subject chosen by themselves. This, he said, "is no longer the only test for the higher degree, but it must remain the chief test for honours even under the new regulations, and it is one of the best ways in which you can improve your time of waiting, and keep in repair and develop further your faculties."

The following is the official list of graduates:

Doctors of Medicine (M.D.)—J. J. Thomson, M.B., C.M. (thesis—Exophthalmic Goitre, with special reference to its treatment by Thyroid Gland); R. Boyd, M.B., C.M. (thesis—Notes and Observations from the experience gained from 150 cases of Abdominal Section performed in a provincial Hospital); A. Cluckie, M.B., C.M. (thesis—Suggestions for a Revised Pharmacopoeia); O. G. Jones, M.B., C.M. (thesis—Ptomaine Poisoning); R. C. Macdiarmid, M.B., C.M. (thesis—The Anæmia of Spanish Lead Miners); H. C. T. Young, M.B., C.M. (thesis—Australasia, especially New South Wales, as a Health Resort for British Consumptives).

Bachelors of Medicine and Masters in Surgery (M.B., C.M.).—†* J. A. C.

Macewen, B.Sc.; J. Rankin, B.Sc.; W. Martin, M.A., B.Sc.; N. Macnair, B.Sc.; K. Adamson, J. Allan, Agnes Jane Anderson, Annie Kirby Anderson, J. Andrew, J. M. Bonar, J. R. Brown, J. R. Burns, C. Cairnie, M.A.; J. S. Christie, W. Colquhoun, M.A.; J. Crawford, J. Donaldson, W. Duncan, C. E. Fleming, G. W. Francis, J. Graham, Mary Philip Graham, J. Hogg, J. D. Holmes, Norah Kemp, R. Kirk, G. L. Le Fevre, A. Livingston, S. Martyn, G. B. Murdoch, A. B. Murray, M. Callum, J. M. Laws, M. N. Macleod, R. Nelson, W. Park, H. J. Rankin, J. R. Ratcliffe, N. Robson, W. K. Russell, D. S. Service, Merbai Ardesir Yakil, B.A.; H. M. Watson, J. Wells, R. Wilson.

Bachelors of Medicine and Bachelors of Surgery (M.B., Ch.B.)—†T. Hunter, M.A., B.Sc.; W. S. Findlay, M.A.; J. D. Cochran, J. J. M'Queen, M.A.; J. F. J. Charteris, D. L. Cairns, W. G. Linton, J. A. Clarke, J. Alston, D. M'Kail, D. S. Smith, G. Coats, N. E. H. Scott, J. Reid, A. S. Allan, W. C. Burns, G. W. Coats, J. M. Corbett, J. F. Fleming, A. A. Forrester, T. B. Garvie, L. W. Harrison, A. Lawrie, W. M. Lindsay, J. W. Little, J. Macdonald, J. M'Haile, J. S. Ormond, R. Scott, A. B. Sloan, S. M. Sloan, Jessie Hawkesworth Smith, J. M'C. Stewart, J. B. Strang, D. R. Thomas, W. L. Thomson, W. J. A. Walker, W. Watson, E. Watt, E. R. Weir, J. Witherspoon, D. J. Young.

*Mr. Macewen and Mr. T. Hunter divide the Brunton Memorial Prize of £10, awarded to the most distinguished Graduate in Medicine of the year.

†With honours.

‡With commendation.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST. July, 1897.—The following candidates passed in:

Surgery.—J. S. Barnes, St. Thomas's Hospital; A. R. Eates, Edinburgh; T. Jones, Middlesex Hospital; F. T. Knott, London Hospital; C. H. Maskew, Birmingham; A. R. O'Flahertie, London Hospital; J. F. Porter, London Hospital; B. C. Stevens, St. Thomas's Hospital and Durham; F. H. Wilkinson, Liverpool.

Medicine.—A. R. Eates, Edinburgh; A. W. H. Edgelow, Charing Cross Hospital; R. S. Elvins, Birmingham; W. R. Kemp, Cambridge and St. Mary's Hospital; A. R. O'Flahertie, London Hospital; J. F. Porter, London Hospital; P. D. Pywell, St. Thomas's Hospital; W. F. Reckitt, Guy's Hospital, J. M. Ritchie, Birmingham and Durham; B. C. Stevens, St. Thomas's Hospital and Durham.

Forensic Medicine.—F. W. Chesnaye, St. George's Hospital; A. R. Eates, Edinburgh; R. S. Elvins, Birmingham; W. R. Kemp, Cambridge and St. Mary's Hospital; J. F. Porter, London Hospital; P. D. Pywell, St. Thomas's Hospital; B. C. Stevens, St. Thomas's Hospital and Durham; A. S. Stride, London Hospital.

Midwifery.—A. W. H. Edgelow, Charing Cross Hospital; J. M. Edwards, Charing Cross Hospital; R. S. Elvins, Birmingham; W. R. Flint, St. Mary's Hospital; G. C. Hobbs, St. Bartholomew's Hospital; W. R. Kemp, Cambridge and St. Mary's Hospital; J. F. Porter, London Hospital; P. D. Pywell, St. Thomas's Hospital; B. C. Stevens, St. Thomas's Hospital and Durham; J. M. Wood, Middlesex Hospital.

The diploma of the Society was granted to Messrs. Eates, Jones, Kemp, Knott, O'Flahertie, Porter, Reckitt, Stevens, Stride, and Wilkinson.

CONJOINT BOARD IN IRELAND.

FINAL EXAMINATION.—Candidates have passed this examination as undernoted:

Completed the Examination.—Honours in order of merit: A. I. Eades, F. J. C. Heffernan, F. Hall. Pass, alphabetically: J. M. H. Conway, Miss L. M. C. Cummins, J. M. Longford, W. M. Power, J. W. Rodgers.

In Medicine.—J. Campbell, R. L. Davies, W. C. W. Glenny, S. G. Longworth, E. M. J. O'Farrell, De C. S. Potterton, J. J. W. Prescott, W. Taylor.

In Surgery.—F. P. Lindé, F. J. O'Farrell, R. H. D. Pope, J. J. W. Prescott.

In Midwifery.—J. C. Baskin, J. Campbell, J. J. Cormack, C. A. Kenny, S. G. Longworth, F. J. O'Farrell, F. J. W. T. O'Rourke, B. R. Phillipson, R. H. D. Pope, W. Taylor.

In Mental Disease.—J. Campbell, R. L. Davies, S. G. Longworth, F. M. J. O'Farrell, F. J. O'Farrell, D. S. O'Meara, J. J. W. Prescott, W. Taylor.

In Hygiene, etc.—W. C. W. Glenny, R. Hassard, F. P. Lindé, J. F. O'Connor, W. H. O'Flinn, E. O'Neill, B. R. Phillipson, R. H. D. Pope, De C. S. Potterton.

In Ophthalmology.—C. W. Caldwell, C. A. Kenny, F. P. Lindé, S. G. Longworth, J. F. O'Connor, W. H. O'Flinn, E. M. J. O'Farrell, F. J. O'Farrell, F. J. W. T. O'Rourke, J. J. W. Prescott, W. Taylor.

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.

VERMINOUS PERSONS BILL.

THIS Bill has passed through all its stages in the House of Lords, and now bears the title of "Cleansing of Persons Bill." On the motion to go into Committee the LORD CHANCELLOR raised the question as to whether steps had been taken to identify the fund out of which the expenses of working the Act were to come. The clause in the Bill which referred to the local authority did not solve the problem.—The Earl of STAMFORD, who has charge of the measure, said that in the case of rural authorities the cost would be met out of the general purposes rate, and in the case of other authorities it would come out of the general fund.—The Earl of KIMBERLEY said it should be provided that the charge should fall on the common fund. On report of amendments, he moved the following addition to Clause 1: "And the objects of this Act may be met out of any rate or fund applicable by the authority for general sanitary purposes or the relief of the poor."—The LORD CHANCELLOR said that rates were

only made for statutory purposes. He doubted the possibility of giving effect to the amendment.—Lord HARRIS said the words had been suggested by the Local Government Board, who did not share the noble and learned lord's difficulty.—The amendment was agreed to. Subsequently the Bill was read a third time and passed.

LONDON UNIVERSITY COMMISSION BILL.

In moving the second reading of this Bill, the Duke of DEVONSHIRE declared that in substance it was the same measure as that which had passed the House with little discussion last session. Such modifications as had been introduced had been the outcome of communications which had been in progress during almost the whole of the session between persons interested, and there was reason to believe that the difficulties which had hitherto stood in the way of the progress of the measure had now been removed, and that it would now practically pass without opposition. Last year the most controversial point was the provision which it was believed would affect denominational colleges—principally King's College. The agreement which was arrived at last year had been embodied in somewhat different terms in the present Bill, and he believed it was now practically accepted by King's College and the principal bodies concerned. A glance at the list of gentlemen who were to form the Statutory Committee would show that educational interests as well as the conflicting interests which prevented the passing of the Bill last year, were adequately represented.—The Earl of KIMBERLEY, speaking as a member of the Senate of the University, declared that the present form of the Bill was the result of very careful consideration. It was really a compromise between the different interests.—The Bill has passed through Committee, and has been read a third time.

LUNACY BILL.

This Bill has been read a third time. Earl RUSSELL said that when the Bill was last before the House he explained that he had not direct authority from the London County Council to oppose Clause 14, which gave, as he contended, too much power to Commissioners to interfere in the internal management of asylums. Since then the Council had passed a unanimous resolution on the subject, and, though he did not oppose the Bill at this stage, he intimated that it would in the other House be strenuously opposed at every stage.—The LORD CHANCELLOR said the noble lord had not behaved quite fairly in not putting his objections to the Bill in the form of amendment.

HOUSE OF COMMONS.

THE PUBLIC HEALTH (SCOTLAND) BILL.

Nearly the whole of a long sitting of the House has already been devoted to the report stage of this measure. Numerous amendments have been proposed, and discussion on some of them was long. On the motion of the LORD ADVOCATE, amendments were agreed to defining the expressions "medical officer of health" and "medical officer," as meaning "a legally qualified medical practitioner appointed by the local authority," and "a qualified veterinary surgeon" as "a member of the Royal College of Veterinary Surgeons."—Captain SINCLAIR in a speech lasting an hour moved an amendment with the object of throwing on medical officers, and not on sanitary inspectors, the duty of superintending and enforcing, under the local authority, the sanitary provisions of the Act, on the ground that the former had qualifications for the discharge of that duty which many of the latter did not possess. He wished to make it clear that the medical officer was the responsible head of the sanitary staff, instead of merely sharing the responsibility with the inspector.—The LORD ADVOCATE, in resisting the amendment, after describing the length of Captain Sinclair's speech as nothing short of a Parliamentary outrage and designed to kill the Bill, said the feeling of the Grand Committee was that the local authority should be the head, and that the medical officers should be their servants; but if the amendment were carried the medical officers would practically be placed over the local authorities.—The amendment was lost on a division by 227 to 69.—On the motion of Sir C. CAMERON the following words were omitted from Clause 15 on the ground that they would lower the medical qualifications of the medical officers, and would therefore be a retrograde step, namely: "No person shall, except with the express consent of the Board, be appointed as a medical officer of a burgh unless he possesses the qualifications set forth in Section LXXVII of the Burgh Police (Scotland) Act, 1892."—On Clause 22 the LORD ADVOCATE moved an amendment providing that proceedings in regard to nuisances shall be taken "upon a certificate by the medical officer, or after a report by the sanitary inspector or otherwise."—Sir C. CAMERON preferred an amendment in the name of Sir W. Priestley, which, following the English precedent, would give the authorities a free hand.—Sir W. PRIESTLEY said he should like to cut out of the clause the reference to the medical officer and sanitary inspector. A medical certificate on the subject of a nuisance was an important matter, and if the sanitary inspectors were allowed to certify in exactly the same way as a medical officer it would be derogatory to the medical profession and often troublesome to the public. It was sometimes supposed that a mere sense of smell qualified a person to discover a nuisance, but that of course was an error. A bad smell was not necessarily injurious to health. A smell was only indicative of some decomposition which might or might not be harmful.—Sir WALTER FOSTER was glad the hon. member opposite intended to stick to his amendment, which was better than the Lord Advocate's. He hoped that some day sanitary inspectors might become qualified to discover the chemical constituents of smells, but at present they were not so qualified. Persons who had no scientific knowledge at all were often appointed inspectors. Sometimes they were expolicemen, and sometimes even blacksmiths who had failed in business. To put such men in the position of certifying as to nuisances dangerous or injurious to health would be to place them in a position for which they were not qualified. Local authorities would often be involved in difficulties if they had to act on the reports of inspectors having no medical or scientific training in respect of sanitary matters. After some further discussion the Lord Advocate withdrew his amendments, and the words requiring a certificate from the medical officer or sanitary inspector were struck out.—CAPTAIN SINCLAIR moved, in Clause 45, to leave out the words "or sanitary inspector as the case may be."—He said that this clause gave power to the medical officer or sanitary inspector to enter a

rate was 18.8 per 1,000, and was 1.2 below the rate recorded in London, which was 20.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 4.3 per 1,000; in London the rate was equal to 4.6 per 1,000, while it averaged 4.0 in the thirty-two provincial towns, among which the highest rates were 6.3 in Liverpool, 7.1 in Salford, 7.4 in Portsmouth, and 9.5 in Preston. Measles caused a death-rate of 3.0 in Manchester, 3.4 in Burnley, 5.1 in Salford, and 8.2 in Preston; whooping-cough of 1.1 in Sunderland, 1.4 in Oldham, and 1.5 in Sheffield; and diarrhoea of 3.2 in London and in West Ham, 3.3 in Birkenhead, 4.3 in Liverpool, 4.6 in Sheffield, and 5.7 in Portsmouth. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 60 deaths from diphtheria in the thirty-three towns included 42 in London and 4 in Liverpool. No fatal case of small-pox was registered either in London or in any of the thirty-two provincial towns; and no small-pox patients were under treatment in any of the Metropolitan Asylums Hospitals. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had increased from 2,380 to 2,903 at the end of the twelve preceding weeks, had further risen to 2,976 on Saturday last, July 24th; 396 new cases were admitted during the week, against 310, 349, and 381 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, July 24th, 952 births and 580 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.7 and 17.9 per 1,000 in the two preceding weeks, further rose to 19.5 last week, and was slightly above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the lowest death-rates were 12.8 in Aberdeen and 15.2 in Greenock, and the highest rates 23.9 in Perth and 25.6 in Leith. The zymotic death-rate in these towns averaged 3.4 per 1,000, the highest rates being recorded in Dundee and Leith. The 276 deaths registered in Glasgow included 4 from measles, 3 from scarlet fever, 10 from whooping-cough, 2 from "fever," and 20 from diarrhoea. Seven fatal cases of whooping-cough were recorded in Edinburgh, and 6 in Dundee; and 8 deaths from measles occurred in Leith.

VISITATION OF INFECTIOUS SICK BY SANITARY OFFICERS.

C. R. O. G.—No officer of a local authority has any right, by virtue of his office, to visit any patient of whose illness he becomes cognisant by means of a notification under the terms of the Infectious Disease (Notification) Act. Nor will it often be necessary that he should do so. If a medical officer of health regard it as essential that he should see the patient, the consent of the sufferer must, of course, be obtained; and the customs of courtesy prevailing will demand that the co-operation of the certifying practitioner be sought.

CERTIFYING PAUPER SICKNESS.

DOUBTFUL.—Under Article 205 (1) of the General Consolidated Order of July 24th, 1847, it is the duty of a Poor-law medical officer to give to his Board of Guardians any reasonable information respecting the case of any pauper who is or has been under his care, and to make any such written reports as they may call for relative to any sickness among paupers under his care. Clause 3 of the same Article lays down that he shall, when required so to do, give a certificate under his hand to the guardians or relieving officer of the sickness of any pauper patient under his charge. These requirements would seem to include information as to the nature of the illness in any individual instance.

DISTRICT MEDICAL OFFICER AND SUPERANUATION ACT.

S. C. N., who is a district medical officer, aged 60, who has held his present appointment thirty-eight years, writes to ask whether he can claim superannuation under the Act of 1896 if he were now to resign his office in consequence of his salary being reduced by the guardians.

. In order to enable S. C. N. to claim superannuation under the recent Act, he must have served forty years, or be incapacitated for further service either by old age, or mental or bodily infirmity. If not so incapacitated at the present time, he will not be able to claim superannuation until he has served for two years longer.

OBITUARY.

HENRY THOMPSON, M.A., M.D. CANTAB., F.R.C.P.,

Consulting Physician to the Middlesex Hospital.

It is with deep regret that we record the death of Dr. Henry Thompson, which took place on July 23rd at his residence in Welbeck Street at the ripe age of 82.

Dr. Thompson received his early education at Shrewsbury School under Dr. Samuel Butler, and from there he went to Cambridge, where he entered at St. John's College, of which he was the senior Fellow at the time of his death. He took his degree in 1838, and was seventh in the first class in the Classical Tripos. He then turned his attention to medicine, and became a student at St. George's Hospital, and having taken the degree of M.D. in his University, determined to practise as a physician, and was in due course elected a Fellow of the College of Physicians. He was elected Assistant-Physician to the Middlesex Hospital in 1855, and four years later became full Physician. He remained on the active staff until 1879, when he became Consulting Physician.

Dr. Thompson did not write much, but his volume of clinical lectures, published on his retirement from active hospital work, is an extremely able and valuable production. He was also a very active member of the Committee of the College of Physicians which prepared the first volume of the *Nomenclature of Diseases*.

WILLIAM HENRY CUTTS, M.D. EDIN., M.R.C.S. ENG.

Dr. CUTTS was the son of a solicitor at Chesterfield, Derbyshire, and was born in 1828. After taking his degree at Edinburgh in 1851, he decided upon going to Melbourne, Australia, in 1852. By his abilities, high character, and devotion he acquired a large practice at Melbourne, and was for many years Physician to the hospital. Dr. Cutts took an active interest in the formation of the Victorian Branch of the British Medical Association, and on a visit to England in 1876 he attended the annual meeting of the Association at Sheffield. On another visit, in 1888, when the meeting was at Glasgow, he represented the Melbourne Branch.

Dr. Cutts had retired from active practice, and took a voyage to England to recruit his health. On the voyage, Dr. Webb, the surgeon of the steamship *Aberdeen*, found that he was suffering from a large carbuncle. Treatment afforded no relief, and on reaching London on June 29th he was removed to the London Hospital, where he received every possible attention. He died there on July 3rd, and was buried at Willesden Cemetery, in the presence of his son and other English relatives.

MEDICAL NEWS.

A DEMONSTRATION of the manipulations for the immediate reduction of the deformity in Potts's disease of the spine was given at the Royal Southern Hospital, Liverpool, on July 24th, by Mr. R. Jones and Mr. Tubby.

Dr. JOHN E. JONES, J.P., Brynffynon, Dolgelly, has been appointed Deputy-Lieutenant for the County of Merioneth by Mr. W. R. M. Wynne, Lord Lieutenant of the County, and with the consent of Her Most Gracious Majesty the Queen.

THE Vice-Chancellor of the University of Cambridge, Dr. Alex. Hill, will preside at the annual distribution of prizes and certificates to the students of the St. George's Hospital Medical School, which will take place in the new Board Room of the Hospital on October 29th, at 3 p.m.

WE regret to learn that, while on the cricket field of the Hull Borough Asylum recently, Dr. Merson, Medical Superintendent, was rendered unconscious by a violent blow on the back of the head with a cricket bat, by one of the inmates. His condition for some time caused much anxiety, but he is now making slow but steady progress.

EPSOM COLLEGE.—Founders' Day was celebrated at Epsom College on July 26th, and the Head Master was able to announce that the Earl of Rosebery had sent a cheque to pay off the debt on the organ of the new chapel, and that a member of the medical profession had given anonymously a handsome screen for the east end of the chapel. The report showed that the work of the school was carried on in a most satisfactory manner, and that a gratifying amount of success had been achieved in contests for open scholarships at the universities and medical schools.

HARROGATE ROYAL BATH HOSPITAL AND RAWSON CONVALESCENT HOME.—At a meeting of the governors held on July 22nd, the President of the Home (the Hon. H. E. Butler) made the munificent offer of £5,000 to the funds of the Home on condition that a substantial reduction for three weeks' stay in the Home be made to each patient. This he was willing to do that the Home might be of the utmost benefit to the deserving poor of Yorkshire and other parts of the country. He asked that the offer might date from January 1st last, and he would give 3 per cent. on the money up to the present time. The gift was accepted with much applause, and it is hoped that the Home, which has hitherto been worked at a loss, may in the future be maintained in a more prosperous state. It is built to admit 800 patients a year, but the number has not exceeded 200.

Mr. CHARLES CLEMENT WALKER of Lilleshall, Salop, has left the whole of his residual estate, which it is expected will amount to over £100,000, to trustees and to the Chairman and Deputy Chairman of the Salop County Council for the following charitable purposes: (1) To establish or to contribute to the maintenance of any hospital, infirmary, convalescent home, or other institution, having for its object the relief of sickness, or the promotion of convalescence; (2) the provision of medical or surgical aid or appliances; (3) for the establishment of an institution for orphans; and (4) for educational purposes, not provided by the State or locality. Mr. Walker, it may be remembered, some years ago founded a quinquennial prize to be awarded by the Royal College of Surgeons for the best work in advancing the knowledge of the pathology or therapeutics of cancer, done during the periods intervening between the prizes. The prize, which in future will be a gift of £100, was first awarded in 1896 to Mr. H. J. Stiles, M.B., F.R.C.S. Edin.

MEDICAL VACANCIES.

The following vacancies are announced:

CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.—House-Surgeon. Rooms, coal, and light provided. Applications, with testimonials, to Secretary by August 9th.

BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES.—Clinical Assistant; non-resident. Appointment for three months, with honorarium of 13 guineas. Applications to J. E. Hartley, Honorary Secretary, by July 31st.

BOSCOMBE HOSPITAL, Shelley Road, Boscombe, Bournemouth.—House-Surgeon; unmarried. Salary, £60 per annum, with board (exclusive of wine or beer), lodging, and washing. Applications to the Honorary Secretary by August 1st.

CHELSEA HOSPITAL FOR WOMEN.—Clinical Assistant. Post tenable for three months on payment of £5 ss. Applications to the Secretary.

CORNWALL COUNTY ASYLUM, Bodmin.—Junior Assistant Medical Officer; doubly qualified and unmarried. Salary, £100 per annum, increasing by £10 yearly to £120 per annum. Applications to the Medical Superintendent by August 14th.

CUMBERLAND INFIRMARY, Carlisle.—House-Surgeon. Salary, £70 per annum, with board, lodging, and washing. Appointment for one year. Applications to the Secretary by August 10th.

DUDELEY GUEST HOSPITAL.—Resident Medical Officer; doubly qualified. Salary, £100 per annum, rising £10 annually to £120. Board, with residence, attendance, and washing. Applications to the Secretary by August 12th.

GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—Assistant House-Surgeon. Board, residence, and laundry found. Applications to the Honorary Secretary by August 7th.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Junior Resident Medical Officer. Appointment for six months, but eligible for re-election. Salary, £50 per annum, with board, lodging, and washing. Applications to Wm. Holt, Secretary-Superintendent, by August 7th.

LANCASHIRE ASYLUMS BOARD.—Medical Attendant for the Idiot Boys Asylum at Winwick, near Warrington. Inclusive salary, 100 guineas per annum. Must reside within three miles of Winwick Hall. Applications to Fred. C. Hulton, Clerk to the Lancashire Asylums Board, County Offices, Preston, by August 13th.

MANCHESTER: ANCOAT'S HOSPITAL.—Resident Senior House-Surgeon. Salary, £80 per annum, with board and washing. Applications to Alex. Forrest, Honorary Secretary, by August 4th.

METROPOLITAN ASYLUMS BOARD.—Assistant Medical Officer at the North-Eastern Fever Hospital, St. Ann's Road, Tottenham, N.—Salary, £160 during the first year, £180 during the second year, and £200 during the third and subsequent years of service, with board, lodging, attendance, and washing. Must be doubly qualified, unmarried, and not exceed 35 years of age. Applications on forms to be obtained at the Chief Office of the Board, Norfolk House, Norfolk Street, Strand, W.C., where they must be delivered by 10 A.M. on August 26th.

NOTTINGHAM CHILDREN'S HOSPITAL.—House-Surgeon (non-resident). Appointment for six months, but eligible for re-election. Salary at the rate of £100 per annum. Applications to the Secretary, Mr. A. F. Kirby, St Peter's Church Walk, Nottingham, by August 11th.

QUEEN'S COLLEGES, Ireland.—Professorship of Medicine in the Queen's College, Cork. Applications and testimonials to the Under-Secretary, Dublin Castle, by August 7th.

ROTHERHAM HOSPITAL AND DISPENSARY.—House-Surgeon; doubly qualified. Salary £105, with board, lodging, and washing. Appointment for three years. Applications to the Hon. Secretary by August 31st.

ST. MARY'S HOSPITAL MEDICAL SCHOOL, Paddington, W.—Demonstrator of Anatomy. Applications to G. P. Field, Dean, by September 22nd.

STOCKPORT INFIRMARY.—House-Surgeon and a Junior Assistant House-Surgeon; doubly qualified. Salary for the former, £100 per annum, with board, washing, and residence, and for the latter honorarium at the rate of £24 per annum, with residence, board, and washing. Applications to Major Tyler, Secretary, by August 3rd.

STOURBRIDGE DISPENSARY.—House-Surgeon and Secretary; doubly qualified. Salary, £120 per annum, rising £5 annually to £125, with

furnished rooms, coals, and gas, with £25 for travelling expenses. Applications to Hon. Secretary, T. F. Bland, The Firs, Norton, Stourbridge, by August 4th.

MEDICAL APPOINTMENTS.

CHIENE, George L., M.B., C.M., appointed House-Surgeon to the Edinburgh Royal Maternity Hospital.

CONNAL, James Galbraith, M.B., C.M., appointed Physician to the Throat and Nose Department of the Glasgow Central Dispensary.

DUFFY, James E., L.R.C.S.I., L.M., appointed Medical Officer of the Workhouse of the Strokestown Union.

EATON, James, M.R.C.S. Eng., L.S.A., reappointed Medical Officer for the Spittlegate District of the Grantham Union.

FLANAGAN, G. B. N., L.R.C.P., L.R.C.S.I., appointed Medical Officer for the Forest Row District of the East Grinstead Union.

FLEMING, Robert A., M.A., M.P., F.R.C.P.E., appointed Pathologist to the Edinburgh Royal Infirmary.

GILES, Oswald, L.R.C.P. Lond., M.R.C.S. Eng., reappointed Medical Officer of Health to the Sleaford Rural District.

GLYNN, Dr. Patrick, appointed Medical Officer to the Turloughmore Dispensary District, *vice* F. Mary Golding, L.R.C.P., L.R.C.S.I.

GREENWOOD, Alfred, M.B., Ch.B. Vict., L.R.C.P. Edin., L.R.C.S. Edin., appointed Resident Medical Officer to the Salford Union Infirmary, Manchester.

HAYCROFT, C. H., M.R.C.S. Eng., L.S.A., reappointed Medical Officer for the Colebrooke and Chawleigh Districts of the Crediton Union.

HAYES, W. A., appointed Railway Medical Officer at Mafeking, on the Mafeking-Palape Section C.G.R.

HUNT, T. H., M.B., B.S., appointed Senior House-Surgeon to the Royal Halifax Infirmary, *vice* J. C. Maxwell, resigned.

HUTCHINSON, Donald, M.B., C.M., appointed House-Surgeon to the Edinburgh Royal Maternity Hospital.

HYNES, Dr., appointed Medical Officer for the Workhouse of the Mohill Union.

KINGDON, WILFRED R., M.B. Durh., B.S., appointed President Medical Officer of the "Woodlands" Asylum, Ticehurst, Sussex.

LANE, Dr., appointed Junior Medical Officer at the Withington Hospital of the Chorlton Union.

LAWSON, Thomas, L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., appointed Resident Medical Officer for the St. Pancras and Northern Dispensary, 126, Euston Road, N.W.

LEITH, R. F. C., M.B., F.R.C.P.E., appointed Assistant Physician to the Edinburgh Royal Infirmary.

MCARTHUR, D. C., M.R.C.S., L.R.C.P., appointed Medical Officer for the No. 5 District of the Hertford Union.

O'CONNOR, Dr., appointed Medical Officer of Health to the Lowestoft Town Council, *vice* John T. Thomas, L.R.C.P.I., L.R.C.S. Edin., resigned.

PAKES, W. C. C., reappointed Assistant Demonstrator of Bacteriology at Guy's Hospital, with charge of the Practical Chemistry for the D.P.H. course.

RICHARDS, J. S., M.D., appointed Medical Superintendent of the St. Saviour's Union Infirmary.

STILES, Harold J., F.R.C.S.E., appointed Assistant Surgeon to the Edinburgh Royal Infirmary.

STORR, Frederick A., B.A. Oxon., L.S.A., appointed Medical Officer of Health to the Halifax Rural District.

VAUGHAN, Ethel, M.B., B.S. Lond., appointed Assistant Medical Officer to the Capenhurst Infirmary.

WILKINSON, Wm. A. Horsley, M.B., Ch.B. Vict., appointed Medical Officer of Health to the Gainsborough Urban District Council, *vice* Dr. MacKinder, resigned.

WILSON, J. S., M.D. Glasg., D.P.H. Camb., appointed Certifying Surgeon for the Walsall and Bloxwich District under the Factory Acts.

YOUNGSON, Thomas McKay, M.B., C.M. Aberd., appointed Medical Officer of Health to the Wolsanton Rural District.

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 and stamps, with the notice not later than Wednesday morning in order to insure insertion in the current issue.

BIRTH.

DIXON. On July 17th, at Eccleshall, Staffs, the wife of Thomas Dixon, M.R.C.S. Eng., L.R.C.P. Lond., of a son.

MARRIAGES.

GLOVER—GLOVER.—On July 22nd, at Union Chapel, Islington, by the Rev. Richard Glover, D.D., of Bristol, and the Rev. W. Hardy Harwood, of Islington, Lewis G. Glover, M.A., M.D. Cantab., of 1, College Terrace, Hampstead, youngest son of John Glover, J.P., of Highgate, to Mary Mildred, only daughter of James Grey Glover, M.D., J.P., of Highbury.

HALAHAN—GALTON.—On July 14th, at St. Paul's, Upper Norwood, by the Rev. H. Stevens, M.A., Vicar of Holy Trinity, Sydenham, assisted by the Rev. R. B. Ransford, M.A., Vicar of St. Paul's, E. Crosby Halahan, of Leigh Manor, Cuckfield, Sussex, eldest son of the late Colonel S. H. Halahan, of Haighlands, Sydenham, to Maud Ethel, second daughter of John H. Galton, M.D. Lond., of Chisnam, Sylvan Road, Upper Norwood. (Correction.)

DEATH.

BLACK.—Suddenly, at 95, Goldhawk Road, W., on July 19th, John Frank Black, M.B., aged 31 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.
CENTRAL LONDON THROAT, NOSE, AND EAR. *Attendances*.—M. W. Th. S., 2; Tu. F., 5. *Operations*.—Daily.
CHAMBER CROSS. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.45; 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*.—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. 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., 12.
LONDON. *Attendances*.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operations*.—M. Tu. W. Th. S., 2.
LONDON TEMPERANCE. *Attendances*.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operations*.—M. Th., 4.30.
METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operations*.—F., 3.
MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p. M. F., 2; W. F., 1.30; Eye, Tu. F., 2; 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., 2.30; Orthopaedic, M., 3.30; Dental, Tu. F., 9. *Operations*.—M. Tu. W. Th. 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; Orthopaedic, W., 2; Dental, Tu. S., 9. *Operations*.—M. Tu. Th. F. S., 1.
ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, males S., 3; females; W., 9.45. *Operations*.—M. 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., 9.30; 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., 9; 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. Th., 9.30; Skin, W., 1; Dental, W. S., 9.15. *Operations*.—M. 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. asks what mode of cocainising the skin is found best in removal of hairs by electrolysis?

DECIMUS desires to hear of a comfortable home where a lady suffering from myxœdema could be received and would be well nursed and cared for. She could not pay more than £2 a week, everything included.

POWDERED MEAT IN THE TREATMENT OF PHTHISIS.

C. L. informs us that he has received the following directions for the preparation of powdered meat, which may be of use to others: Lean meat (beef) is minced; it is then thrown into heated oil or butter for a few minutes, to "crisp" it; it is then put into a slow oven for about 24 hours; and is then ground in a coffee mill which is used for no other purpose.

SUCCESSION TO DEATH VACANCY.

SARTORIUS writes that he has succeeded to a death vacancy, and that there is absolutely no one to introduce him to the patients, and asks whether it would be strictly professional to have a circular printed and sent to all the patients on the books, informing them he has succeeded to their late doctor.

* In such a case as described by our correspondent the executor of the late doctor would be the proper person to send a circular to the patients of the deceased, and it would be his duty to do so.

PROVIDENT DISPENSARIES.

J. A. wishes to know of a place with a population of 8,000 where there is a provident dispensary conducted on right principles, as it is proposed to start one in his district, and he would be glad to avail himself of the experience of others in this matter.

* We believe there are many well conducted provident dispensaries in different parts of the country, but their rules frequently have to be varied according to local conditions. Possibly some of our readers may be able to furnish our correspondent with further information.

TREATMENT OF PRURITUS.

INQUIRER asks for suggestions as to the treatment for a desperate case of pruritus pubis, complicated by a kind of eczema and impetigo of two years' standing? The patient is about 45, healthy, temperate, and stout and active. She is of worrying disposition, cycles and walks a good deal, eats meat once or twice a day; perfectly healthy; no uterine disease. At night chiefly there is intolerable itching, scratching only giving some relief. Arsenic has been given, locally, lotio plumbi c. opio, lotio acidi carbonici, lotio calaminæ c. amylo et zinci; also menthol, huile de cade, liq. carbonis detergens, iodoform c. ichthyol, ol. olive c. sulphure, ungt. zinci ox. c. vasel, et lanolin, ol. eucalypt. c. menthol, cocaine; various tar preparations, all to no purpose. The patient threatens suicide.

MEDICAL ETIQUETTE AND SOCIAL OBLIGATIONS.

A PUZZLED MEMBER writes that an old friend who lives in his neighbourhood and employs another medical man was hurt by his not calling on her, when passing her house at times, and also that his wife did not call upon her. On her complaining to him he explained that his visits might be misinterpreted by her medical attendant. He would like to know what he ought to do under such circumstances.

* Our correspondent's conduct was doubtless dictated by the best motives, and may have been a very wise course to adopt; medical etiquette, however, does not require that a medical man should be debarred from all social intercourse with a friend because he or she happens to employ the services of another doctor.

DOMESTIC HANDBOOKS.

W. P. asks for the names of two books suitable (1) for a lady about to be married, as a guide to health in sexual and other matters, and (2) as a guide to a mother in bringing up children with reference to health?

* "W. P." might find what he requires among the following books: *Advice to a Mother on the Management of her Children*, by Mr. Pye Chavasse (London: J. and A. Churchill, 2s. 6d.); *Hints to Mothers for the Management of their Health during the Period of Pregnancy, and in the Lying-in Room*, by the late Thomas Bull, M.D., revised by Mr. R. W. Parker (London: Longmans, Green and Co., 2s. 6d.); and *The Maternal Management of Children*, by the same authors (London: Longmans, Green and Co., 2s. 6d.). A more recent work dealing with the same subjects is *The Mother's Help and Guide in the Domestic Management of her Children*, by P. Murray Braidwood, M.D. (London: The Scientific Press, 1894, 2s. 6d.). There is also the *Manual of Family Medicine and Hygiene*, written by the late Sir W. Moore (London: J. and A. Churchill, 1889, 12s.), which, although primarily written for those resident in India and hot countries, contains a great deal of information which is of general application.

PROPOSED GUIDE TO A HEALTH RESORT.

X, who is living at a health resort, wishes to know: (1) if it be contrary to etiquette, or to the regulations of the General Medical Council, or of the universities, to publish under his own name and title a *Guide* of a semi-medical and popular character, in which general advertisements are admitted; the *Guide* to be advertised and sold in the usual method applicable to such books. (2) If this plan is indefensible is it permissible to state on the title page of the *Guide* "By a Bachelor of Medicine?" (3) If (1) is answered in the affirmative would the medical man be entitled to give away the books instead of exposing them for sale?