

should not surpass the wit of man to find a remedy. I am quite aware of the difficulties that meet the individual practitioner. I have been too long a general practitioner, before specialising, to have missed my share of those experiences, and perhaps it may raise a smile if I say, from that point of view, "that the gossips being uneasy," in the language of Smellie, is one of the real difficulties in the way of reform, if by "gossips" we mean those interested in the patient, who may have some sort of right to ask questions, or claim the privilege of offering well-meant but ignorant suggestions concerning the "exhausted" condition of some vigorous young woman in the first hours of a normal labour. It is only the formation of a strong professional opinion, and then a public opinion that will enable the individual practitioner to hold on to the proper course without ruinous injury to his professional position and character. But I believe that just as twenty years ago we met with men who feared to suture a spontaneously lacerated perineum, lest they should be blamed for producing the injury, and now among their successors we meet with few who would not fear to be blamed if they did not suture such a lacerated perineum, so the same process of formation of opinion by the practice of men of clear views and strong will, with regard to the use of the forceps, would bring about a similar reform.

Among the causes which give rise to the present abuses must be put in a high place our over-confidence in antiseptics. Too many of our practitioners think that they can do anything in the way of manipulation, digital or instrumental, if only they use some chemical solution with sufficient copiousness. This, I am afraid, is a fatal delusion. Such, at least, is the conclusion I am compelled to draw from my own experience of cases of puerperal fever seen in consultation. It is a pathetic and humiliating sight to see a healthy young woman dying in childbed, with her little wedding presents as yet untarnished around her, because the medical attendant has thought it right to risk the production of injuries in a first and normal labour under the mistaken impression that he can prevent bacterial invasion by means of some weak solution of permanganate of potash or mercury or other chemical which he calls an antiseptic. I believe in antiseptics certainly, but my faith does not carry me to the extreme point of the schoolboy's definition as the faculty of believing what we know cannot be true.

But the great difficulty in the way of either prevention or reform of abuses is the want of systematic practical instruction in our maternity hospitals, the absence of the precept and example of the best available men at the bedside. The consequence is that our young medical practitioners at the commencement of their careers have to learn midwifery by a process which amounts to involuntary experiment upon their patients. While the German medical student learns midwifery and gynaecology as he learns surgery, and the subject ranks with medicine and surgery in the examinations, we are still content to insist, as far as practical instruction in obstetrics is concerned, merely upon a formal compliance with certain regulations which do not necessarily imply practical knowledge worthy of the name.

The solution of the problem before us must sooner or later be attempted. That problem is, How are we to proceed in order to reconcile the avoidance of injuries to our patients which may carry important consequences to life and health in their train with the use of the scientific resources of our generation, which should enable us, under proper safeguards, to soothe and curtail the mental and physical sufferings which at the best are inherent in the process of parturition?

**CREMATION IN GREAT BRITAIN**—According to Mr. A. Spencer, Chief Officer of the Public Control Department of the London County Council (as quoted in the *Daily News* of August 18th), cremation seems to make slow progress in this country. "Public opinion," he says, "on the subject of cremation in this country can be gauged by the fact that there are only four public crematoria in Great Britain. The number of cremations at these in the year ending March 31st last were: Woking, 137; Manchester, 52; Glasgow, 11; and Liverpool, 2. The crematorium at Liverpool was only opened in September last."

## NOTE ON THE ANTIVENOMOUS AND ANTITOXIC QUALITIES OF THE BILE OF SERPENTS AND OF OTHER ANIMALS.

By PROFESSOR FRASER, M.D., F.R.S., F.R.C.P.E.

IN a paper recently published in the *BRITISH MEDICAL JOURNAL* (July 17th, 1897), in which it was shown that bile is able to prevent death from lethal doses of venom, the conviction was expressed that bile would be found also to possess antitoxic properties against the toxins of disease, such as of diphtheria, tetanus, etc. Experimental evidence in confirmation of this conviction has since been obtained.

Thus there was given by subcutaneous injection to a rabbit 0.15 c.cm. per kilo. of diphtheria toxin mixed with 0.05 gramme per kilo. of the dried bile of normal rabbits, and to a second rabbit also 0.15 c.cm. per kilo. of diphtheria toxin, but mixed with 0.025 gramme per kilo. of rabbit's bile. No remarkable symptoms were produced except a temporary rise of temperature, and both animals are now in good health (a month after the injections had been made), and both have gained in weight.

The toxin employed was kindly given to me by Dr. Noel Paton, Superintendent of the Research Laboratories of the Edinburgh Colleges. Portions of the same toxin were also injected without bile under the skin of three rabbits, one receiving 0.15 c.cm., the second 0.075 c.cm., and the third 0.05 c.cm. per kilo.; and all these rabbits have died, the first in from two to three days, the second in from eight to nine days, and the third in from ten to eleven days.

In the paper referred to it was shown that there is present in the bile of serpents a constituent or constituents, the process for whose separation was described, which possesses in a concentrated form the antidotal qualities of the bile itself. By a similar process there has now been separated from the bile of the ox a constituent which likewise possesses antivenomous qualities in a more powerful degree than the original bile. Experiments with this product have as yet been made only on white rats. They show that slightly larger than the minimum lethal dose of Indian cobra venom can be rendered non-lethal when mixed with so small quantities of this ox bile product as 0.004 g., 0.003 g., 0.002 g., and 0.001 g. per kilo. These quantities, though small, are not, however, so minute as the quantities effectively antivenomous in similar circumstances of the product derived from the bile of venomous serpents.

The evidence already obtained, no doubt suggesting extension and elaboration in various directions, seems, therefore, sufficient to establish that in addition to its generally recognised functions bile possesses the power of rendering inert such organic poisons as venoms and disease toxins.

## MEMORANDA:

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

#### CASE OF CARBOLIC ACID POISONING TREATED WITH VINEGAR: RECOVERY.

THE patient was a servant girl, aged 18. On August 3rd, 1896, a medical man was called in to see her at 8.30 A.M. He was told that she was subject to "fits," and that she had just had one. She was then in a semiconscious condition, frothing at the mouth. She had vomited slightly; the vomit, it is stated, having a sour smell, but no carbolic acid odour was observed. She appeared to be coming round, and a "bromide draught" was administered. She was then sent home in a cab. She gradually got worse, and another medical man who was passing the house was called in. He diagnosed carbolic acid poisoning. Failing to rouse her or get her to swallow anything, he ordered her to the hospital.

On admission at 11.45 she was quite unconscious, cyanosed, and nearly pulseless. The lips and tongue were discoloured, and the breath had a slight carbolic acid odour. I gave her a

hypodermic injection of strychnine gr.  $\frac{1}{80}$ . Then, as she could not swallow, I passed a soft stomach tube, and washed her out with vinegar and water (equal parts), following this up with about six pints of warm water. I then gave her  $\frac{3}{4}$  milk and  $\frac{3}{4}$  brandy, and left this in the stomach. She was put into bed and kept warm.

She gradually regained consciousness, and could speak at 4 P.M. She was fed on Benger's Food and milk and soda water for the next three days. She never vomited or complained of any pain. Carboluria was present for two days. It is now a year since it happened, and she has never felt any discomfort.

REMARKS.—I was led to use vinegar in this case on account of Professor Carleton's suggestion quoted in the *Practitioner* of August, 1896. I cannot say definitely what quantity of carbolic acid was taken. A bottle of Calvert's commercial carbolic was found in her room, out of which  $\frac{3}{4}$ ss had been taken, but I do not know if it was full before. The long period of unconsciousness, the rapid recovery with no discomforting after-effects, I think, speak well for the vinegar, and I think it should be given a fair trial, as it is a remedy which can be obtained in any house.

A. PAGET STEAVENSON, M.D.,  
Late Senior House-Surgeon,  
District Hospital, West Bromwich.

Hurworth-on-Tees.

#### SUPERFETATION IN A CASE OF TWINS: PREMATURE.

On May 31st, 1897, Mrs. J. O., married, aged 26, called at the surgery and wished to engage with me to attend her in her fifth pregnancy due in the following October. She told me she had quickened on the preceding day, and also complained that she was "unusually large," and experienced much more difficulty than at former times in getting about, etc.

On June 28th, at 10 A.M., she sent for me, and on examination I found her with little or no labour pains, the os uteri dilated to about the size of a two-shilling piece and very flaccid, with the membranes presenting. I gave her pil. opii, gr. j, telling her to send for me when the labour pains became more urgent. At 1 P.M. I was sent for in a great hurry, and on my arrival found a shrivelled 10-weeks-old male foetus lying in the bed, still connected to the woman *per vaginam* by a thin cord, which I divided. The os uteri had dilated somewhat since the morning, and the membranes were now more tense, but no presentation could be made out. She had very few pains. I ordered her a simple milk diet (there was no vomiting), and 10-minim doses of tinct. opii in a simple saline solution every four hours. At 10 P.M. I called round to see the woman and found the symptoms unchanged.

At 1 A.M. on June 29th I was again sent for, and on my arrival found the woman having severe pains every few minutes, with violent uterine contractions. I then ruptured the membranes, thereby liberating an unusually large quantity of the liquor amnii, which at once accounted for the size and inconvenience complained of by the woman when she first came to see me. This relieved her very much. I then made out a breech presentation of a medium-sized foetus, so immediately got hold of the feet and delivered it. It proved to be a male child of about 6 months' gestation. I was surprised to find a few minutes afterwards a third foetus being expelled unaided, that also a breech presentation and a male child of the same size as the last.

Both these two 6-months children had a separate existence, and breathed for several minutes. There was only one placenta, which was a large one, with two cords attached. Unfortunately I did not notice the placenta of the 10-weeks' foetus; it evidently came away earlier, and was passed unnoticed amongst the blood clots. The woman made a good recovery. I may mention that her first pregnancy was premature—seven months; her second a case of twins, also premature, which died; her third and fourth were full term, and are both living.

I find that all authorities agree that superfetation is well nigh impossible after the third month of pregnancy; this apparently took place at about that period. The fact of the superfetation occurring in a woman pregnant with twins is, I think, unique, and must be my excuse for publishing an account of it.

Hanley, Staffs., August 20th. W. DOWLEY EDDOWES, L.R.C.P.

## REVIEWS.

THE SURGICAL DISEASES OF CHILDREN. By EDMUND OWEN, M.B., F.R.C.S., Senior Surgeon to the Hospital for Sick Children, Great Ormond Street; Senior Surgeon to, and Lecturer on Surgery at, St. Mary's Hospital. 3rd edition. London: Cassell and Co., Limited. 1897. (Roy. 8vo, pp. 504, 5 chromolithographs, 120 engravings. 21s.)

THIS work reappears, as stated on the title page, in a revised and enlarged form, still essentially practical as before, and of a size compatible with the requirements of the modern student. In the descriptions of the causation of disease full advantage is taken of bacteriological investigations, and in the diagnosis of bone lesions the *x* rays are made to play an important part. Every chapter teems with suggestions advantageous to the practitioner, and derived from the author's wide experience. In the remarks on syphilis we would certainly agree that syphilitic dactylitis is more often described than met with, but the question of the infectiousness of congenital syphilis, a matter which recently has been somewhat controversial, is settled in very positive terms.

The value of craniectomy for microcephalus is summed up at its proper value, and the operation is consigned to the limbo of the past.

The author's practical advice for the treatment of hare lip and cleft palate is very valuable, and in the latter especially the advantage gained by cutting through the aponeurosis of the soft palate, according to the lines laid down, is pointed out. In tuberculous disease of the spine preference is given to Sayre's plaster jacket, which latterly has not been so much used, over the poroplastic jacket.

Whatever may be the merits of litholapaxy in boys, the writer seems unduly hard on suprapubic lithotomy as an operation, in spite of the dire results recorded in the book. Most surgeons would consider that crushing or suprapubic lithotomy were the two alternatives, and that the old lateral operation, which is strongly advocated, would hardly be entertained.

The treatment recommended for tuberculous testis is at variance with that of some surgeons, but the author, in his recommendation of early removal, although the vesicula be affected, has a strong case when he shows the frequency of dissemination in such disease. Perhaps the most interesting chapter is that dealing with the septic diseases of bone. The account of acute septic diaphysitis is very forcibly put, and well worthy of perusal.

FOOD IN HEALTH AND DISEASE. By I. BURNBY YEO, M.D., F.R.C.P. New and revised Edition. London: Messrs. Cassell and Co. 1896. (Demy 8vo, pp. 592. 10s. 6d.)

TO every student of dietetics Dr. BURNBY YEO's standard work is so valuable that a new and revised edition will be welcomed. The new volume contains two chapters not included in the first edition, namely, on Diet in Affections of the Circulatory and Respiratory Organs, and on Food in Acute and Chronic Rheumatism and in Rheumatoid Arthritis, in Skin Diseases, in Insanity, and Certain Other Affections of the Nervous System; in the appendix will also be found an account of the sterilisation and pasteurisation of milk.

In acute rheumatism, milk containing from 30 to 40 grs. of sodium bicarbonate and 10 to 20 grs. of common salt to the pint is recommended, while all meat extracts or animal broths are condemned in the febrile stage and when the urine is dense and highly-coloured; except in exceptional cases alcohol is proscribed. General directions are given as to the dietary in chronic rheumatism and arthritis, and the distinction is made that, whereas in chronic rheumatism meat should be taken in strict moderation, in rheumatoid arthritis animal food of the best quality and the most generous diet are recommended.

In skin diseases, in so far as they are dependent on dyspepsia, the dyspepsia must be treated by the usual dietetic measures, but Dr. Yeo quotes Mr. Malcolm Morris to show that diet has no influence on parasitic diseases of

For the following particulars of Dr. Braxton Hicks's last illness we are indebted to his medical attendant, Dr. A. D. Pithie:

"Since influenza began its ravages in our islands he contracted frequent and severe attacks of this disease, seeming peculiarly susceptible to its infection. These attacks evidently depreciated to a great extent the cardiac muscular fibre, which never subsequently recovered its tone. About three months ago he consulted a medical friend, who found him suffering from glycosuria, passive congestion of both lungs behind, enlarged liver and œdema of the lower extremities, with an intermittent pulse of 46. Under treatment the glycosuria and œdema of the legs disappeared, so also to a great extent did the lung congestion; but the rally was only temporary, as the lungs again became congested and the limbs œdematous—the effect of weak cardiac power. The pulse dropped to 36, and eventually before death to 28 per minute. Death was due to cardiac failure, the result of depreciated muscular fibre, most probably an influenzal sequela."

#### CLAUDIUS FRANCIS DU PASQUIER, F.R.C.S.ENG.

We regret to record the death of Mr. Du Pasquier at his residence, Upper Norwood, on August 20th. He was born in London on November 23rd, 1811. His father was a native of Neufchatel, Switzerland. He received his education at Brompton. Subsequently he served his apprenticeship to Mr. John Nussey, of Cleveland Row, St. James's, and entered as a student at St. George's Hospital. In due time he became a Licentiate of the Society of Apothecaries and a Member of the Royal College of Surgeons. He was then appointed Assistant Apothecary to St. George's Hospital, where he remained between two and three years, when he was admitted into partnership with Mr. Nussey. He afterwards became Apothecary to H.R.H. the late Prince Consort, and in 1862 was appointed Surgeon Apothecary to Her Majesty. Later he was gazetted Surgeon Apothecary to H.R.H. the Prince of Wales's Household. At that time, and whilst he remained in practice, he lived at 62, Pall Mall. After being in practice forty years he retired from the profession and went to reside at Norwood. He was for some years on the Court of the Society of Apothecaries, and was offered the Mastership, which he declined.

Du Pasquier was very skilful with his fingers, and fond of working with the microscope. In his early years he was a great collector of butterflies and ferns. Later, in his years of retirement, he became devoted to his garden and beds of rose trees. In his later years he suffered frequently from attacks of eczema. He had been failing very much in health during the last twelve or eighteen months, and had recently become very feeble. A week before his death occurred he had to take to his bed, owing to a gouty attack from which he never rallied.

He married the youngest daughter of Mr. John Bidwell, of the Foreign Office, who survives him.

Mr. Edward Tegart writes as follows: "The late Mr. Du Pasquier deserves more than a mere formal notice, because he was so excellent a representative of that class which socially is so important—the trusted family adviser. A gentleman in feeling and conduct, incapable of anything ungenerous and unhandsome, he was one in whom thorough confidence could be placed. With his sensitive disposition, he shrank from seeking the prominent position which he might have taken, but those who knew him best valued him all the more. He had resources in himself besides his profession. He was fond of natural history. He had retired from practice many years before his death; indeed, his health required this. From his advanced age, he survived most of his old friends, and those who remain will think of him with affection and regard. I had known him intimately for so long, that I deem it a duty to offer my tribute to his memory."

DR. J. B. LUYs,  
Paris.

DR. JULES BERNARD LUYs, whose death was recently announced in the BRITISH MEDICAL JOURNAL, was born in Paris in 1828, and had just completed his 69th year when he died. He gained the position of *interne* of the Paris hospitals in

1853, took his degree in 1857, and became *professeur agrégé* in 1863, having been appointed Physician to the hospitals in 1862. He was first attached to the Salpêtrière, then to the Charité; he was also Director of the Lunatic Asylum of Ivry. He was elected a Member of the Academy of Medicine in 1877, and in the same year received the decoration of the Legion of Honour, being promoted to the grade of officer in 1895. In 1893 he retired. M. Luys founded, and for many years directed, *L'Encéphale*, a periodical devoted to nervous and mental diseases. He was the author of a number of works on neurology and the anatomy of the nervous system, for some of which prizes were awarded him by the Académie des Sciences. Among his works the principal are the following: *Recherches sur le Système Nerveux Cérébro-spinal* (1865); *Leçons sur les Maladies du Système Nerveux* (1875); *Le Cerveau et ses Fonctions* (1878); *Traité Clinique et Pratique des Maladies Mentales* (1881); and *Traitement de la Folie* (1894).

In his later years M. Luys devoted himself to researches on hypnotism, his views on the subject being given to the world in two works, *Les Emotions chez les Hypnotiques* (1888), and *Leçons Cliniques sur les principaux Phénomènes de l'Hypnotisme* (1889). In this field of investigation M. Luys was not successful. He allowed himself to be imposed upon by the "subjects" on whom he experimented, and the tricks of which he was the victim were trenchantly and decisively exposed by Mr. Ernest Hart in the *Times* and in the *JOURNAL*. The *Progrès Medical* of August 28th says of M. Luys in relation to this matter: "Luys wished in this province to push beyond Charcot, and undertook the study of these questions—too subtle for his mind, which was but little accustomed to the rigorous methods of pure science—without any suspicion of the gulf into which they were to plunge him. Misled by certain appearances he let himself be carried away, and 'the action of remedies at a distance' robbed him of a part of the scientific reputation which it had taken him forty years to acquire." Those who knew him never doubted of his good faith, but in dealing with the mysteries of hypnotism the investigator has more need of the wisdom of the serpent than the simplicity of the dove.

MR. J. H. TAYLOR, of Bradwell and Hathersage, whose death is announced, was one of the oldest practitioners in Derbyshire, having commenced to practise in Bradwell fifty-seven years ago. For more than forty years he was medical officer and public vaccinator for the Hathersage and Eyam District of the Bakewell Union, and for more than fifty years for the Welcome Traveller of the Peak Lodge of Oddfellows, at Bradwell, and friendly societies at Hope and Hathersage.

MR. GEORGE WARRACK JOHNSTONE of Upholland, near Wigan, whose death is announced, studied at Aberdeen, Edinburgh, and Glasgow, taking in 1867 the L.R.C.P. and L.M. of Edinburgh, and the L.F.P.S. and L.M. of Glasgow. Two years later he began practice in Upholland. He was a member of the British Medical Association and one of the oldest members of the Wigan Medical Society. Mr. Johnstone was also a Fellow of the British Institute of Public Health, and held several public appointments.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are: Dr. Frithiof Holmgren, Professor of Physiology in the University of Upsala, whose name is associated with tests for colour blindness; Dr. Emmerich Poor, Emeritus Professor of Dermatology in the University of Budapest, aged 74; Dr. Pirotte, President of the Medical Syndicate of the Western District of Belgium; Dr. Cesare Fumagalli, Consulting Surgeon to the Ospedale Maggiore, Milan; Dr. Pietro Ambrosoli, physician to the same hospital, aged 54; Dr. T. Debrou, surgeon to the Hôtel-Dieu of Orleans, author of numerous contributions to surgical literature, aged 83; Professor Carl Liebmann, head of the Gynecological Department of the Municipal Hospital of Trieste; Dr. Eduard Ritter Von Hofmann, Professor of Forensic Medicine in the University of Vienna, aged 60; and Dr. Eugène Vigneron, lecturer in the Medical School of Marseilles and author of several contributions to surgical literature on diseases of the bladder and urinary passages, aged 35.

and C and D Sections of No. 50 Native Field Hospital. With the divisional troops, consisting of 1 squadron native cavalry, the guides cavalry, 3 British mountain batteries with sappers and miners, there are Section B of No. 13 British Field Hospital and Sections A and B No. 35 Native Field Hospital.

The lines of communication are provided with No. 34 Native Field Hospital and one Field Veterinary Hospital. The concentration to take place at Malakand. With the principal medical officer, Surgeon-Colonel G. Thomson, I.M.S., is authorised a staff surgeon as a collateral charge. Each corps unit is equipped according to Appendix I Field Service Departmental Code, and first field dressing packets are taken by every officer and soldier. The collateral medical charges for batteries and companies of sappers and miners will be found by the principal medical officer.

A strict medical examination of officers, troops, and followers is made in accordance with Paragraph 49 of the Field Service Departmental Code. The following field hospitals are mobilised: 1 British (Peshawar); 13 British (Section B) at Umballa; 37 Native at Mian Mir; 34 Native Meerut; 50 Native at Meean Meer.

A British general hospital with 50 beds for men and 10 for sick officers is established at Nowshera, and a native general hospital also with 150 beds.

The Reserve Brigade is composed of 2 British corps, 2 native regiments, 6 guns of a field battery with sappers and miners. With this Reserve Brigade is No. 14 British Field Hospital and 45 Native Field, and a Field Medical Depot. Brigade-Surgeon-Lieutenant-Colonel J. Ring is Senior Medical Officer. The hospitals to be mobilised at Rawal Pindi.

The losses at Malakand were 23 killed and 123 wounded.

#### THE HEALTH OFFICER, HYDERABAD.

SURGEON-CAPTAIN HEHR, health officer, has been ordered by the Government of India to join his regiment, though the Nizam's Government applied for a five years' extension of his services.

#### THE HEALTH OF THE ARMY, INDIA.

A SOCIETY called the Army Purity Association has already been started, and is at work. It has issued a circular to all officers and chaplains asking their co-operation, and as much help has been earnestly asked to aid the Association as has been extended to the Army Temperance Association.

#### ENTERIC IN ISLAND BRIDGE BARRACKS, DUBLIN.

THE *Army and Navy Gazette* of August 28th has some strong remarks on the occupation of these barracks by the Remount Depot and married families after the barracks (Island Bridge) had been vacated by the Royal Dragoons, owing to the prevalence of enteric fever. Enteric fever has again appeared in the families, and the *Army and Navy Gazette* very properly remarks that if the barracks were unfit for the Dragoons, they were surely also unfit for the families and other soldiers. No structural or sanitary improvements have been attempted. The Island Bridge barracks are, it may be stated clearly, beyond sanitary redemption, and no tinkering or patching can make them fit for housing our troops. They were practically condemned years ago by the principal medical officer in Ireland.

#### MIXED BOARDS.

OBSERVER writes he is unable to agree with "H. B. C.," who advocated medical officers sitting as president or members of mixed boards on soldiers' injuries. It would throw too much on the medical officer without benefit to the soldier. As it is, the opinion of the Board is always based on medical evidence. The proceedings of such Boards, however, should be reviewed by the principal medical officer on the general's staff by his "order" and for his final decision.

SENEX writes: Medical Boards on native soldiers in India are, according to the Indian regulations presided over by a combatant officer. It is an old custom, and is still practised in the royal navy, in medical Boards over sailors. It is now out of date, and should be abolished.

#### EMPLOYMENT OF CIVIL PRACTITIONERS.

A. M. D. writes: The permission to employ civilian practitioners in order that medical officers may get leave is, like most War Office concessions to the department, delusive, for civilians can be employed provided the medical establishment of the district is under strength; and as medical officers while on leave and those under orders for foreign service are kept on the strength of a district till embarkation, it follows that the strength of a district may be complete on paper and yet in need of civil assistance to enable leave to be given.

#### LORD NELSON ON HEALTH.

NATALIS writes: It is well to remind our modern military and naval heads how advanced Nelson was in placing the health of his men in the very forefront. How successful he was in that is splendidly instanced in his wonderful cruise 1803-5, where, after nineteen months literally buffeting the stormy seas without entering a port, his own *Victory* had only one man sick out of 840. He wrote to a medical friend: "The great things in all military service is health, and you will agree with me that it is easier for an officer to keep men healthy than for a physician to cure them." Nelson's care for his men was rewarded by a devotion on their part which proved the very salvation of our country.

#### CANDIDATES AND THE MEDICAL SCHOOLS.

A CORRESPONDENT suggests that, after the names of the successful candidates at the entrance examinations for the Navy, Army, and Indian

Medical Services the medical schools at which they studied should be inserted. That would give increased interest to the lists.

\*.\* The suggestion is one which could be easily carried out if the naval and military authorities concerned agreed to furnish the information. In official documents it is the medical qualification rather than the place of study that is registered.

## MEDICO-LEGAL.

#### NOVEL ADULTERATION OF BEER.

THE *Standard* of August 17th reports a curious action recently brought at the Edmonton County Court. From the evidence it would appear that the plaintiff bought a dozen bottles of beer of the defendant, a beer retailer, and in one of them was found the decomposing body of a mouse. Both the plaintiff and his sister partook of the beer containing the mouse, and became ill on the following day. Dr. Jones, who was called on their behalf, gave evidence that the illness was due to the beer in question; he said he found them suffering from "nausea, irritation, and swelling of the iris, the lips, jaws, and tongue, and there were some symptoms of gastritis." After some legal argument between the solicitors as to whether the defendant was responsible, the judge found there was no negligence on the part of the latter; but he held that under Section 14 of the Sale of Goods Act there was an implied condition that the beer in the bottle was reasonably fit to drink, and as it proved to contain beer tainted with poison the defendant must be held liable. His Honour accordingly gave the plaintiff judgment for the amount claimed.

#### CROSS-EXAMINATION OF MEDICAL WITNESSES.

IN the course of the trial of an action on August 27th in the City of London Court, in which a working man was claiming damages for being knocked into a coal barge, Dr. Hillyard, of Bromley, was called to testify to the poor man's injuries, which were extensive and serious. While the doctor was being cross-examined by the counsel for the defendants, Mr. Commissioner Kerr said he was always sorry to see a medical practitioner in the witness-box and treated as a partisan. In his view the doctor ought to sit with the judge on the Bench and advise the Court as to the injuries of the particular litigant. He did not like to see doctors cross-examined. The sooner the system was stopped the better it would be for the public at large.

#### PROSECUTION UNDER THE MEDICAL ACT.

At the Accrington Police-court last week, according to the report in the *Lancashire Express*, John Haworth was summoned at the instance of William Geddie for falsely implying that he was recognised by law as a physician under the Medical Act, 1858, Section XL. Evidence was given to the effect that at Haworth's house on the fanlight over the door the words "Dr. Haworth, Homeopathic Physician," appeared, and on the brass plate the words, "Dr. Haworth. Homeopathic Dispensary and Massage Institute." It was contended that these words were sufficient to bring the defendant under the penal section of the Act. The defence raised was that the word "Canada" was placed upon the brass plate referred to after the name and title. The defendant had a medical diploma from Canada, it was alleged, and that he had never given himself out to be anything more than he really was. It was submitted that he had a right to assure the whole world he was a doctor so long as he showed that his qualifications came from Canada. The Bench retired, and on their return the Chairman announced that there would be no conviction, the magistrates being equally divided. It appeared in evidence that the defendant had been convicted in April last year on a similar summons.

#### PROCURATORS-FISCAL AND DEATH-CERTIFICATES.

J. T. F.—1. If our correspondent could not certify the cause of death in this case, he should, in writing, have stated his inability to do so without a *post-mortem* examination.

2. On the other hand, if from the symptoms during life and the history of the case, together with the absence of marks of violence or suspicion of poisoning, it was reasonable to suppose that death was due to natural causes, our correspondent should have reported this in short and decisive terms. The report furnished by him appears to us to be too wordy. Any irregularity on the part of a procurator-fiscal should be reported privately to the Crown Office, Edinburgh, when the circumstances would at once be inquired into. The letter of the procurator-fiscal in this case appears to us, however, to be a reasonable one. Should the doctor report in the manner we have indicated, he will receive the usual fee.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY COURT OF ST. ANDREWS.

At a meeting of the University Court, on August 11th, it was reported that the Universities Commissioners had notified that Ordinance General No. 39 had been laid before Parliament, and also that Ordinances St. Andrews Nos. 27, 28, 29, 30, 31, and 32, and General Nos. 40 and 41 had been transmitted to the Secretary for Scotland to be laid before Parliament. A letter from the Secretary of Commissioners of August 7th was submitted, stating that the Commissioners cannot advise as to the proper action for the Court to take with regard to the appointments to the five new Medical Chairs enumerated in Schedule III of Ordinance No. 45, and pointing out that it is necessary that some arrangements be made as to the disposal of the Parliamentary grant apportioned to the University by that ordinance; also, that the Commissioners consider that as the said ordinance is under challenge it would not be their duty to pay to the University Court the accumulations of the grant, so long, at least, as the Court refuses its assent to the provisions of the Ordinance. The letter further stated that

as the work of the University could not be carried on were all payments from public monies to be withheld, the Commissioners are prepared to pay to the University the sum of £6,300, the amount named as the St. Andrews share of the grant under the Act of 1889 in Ordinance No. 46, and that, were the Court formally to intimate to the Commissioners its assent to the terms of the union embodied in the Ordinance, the Commissioners would be prepared to consider whether any further payment should be made out of the accumulation in their hands. After consideration the meeting resolved to transmit to the Commissioners a statement of the financial requirements for the ensuing year, and to request them to make payment of a further sum from the accumulations in their hands, pointing out that if the amount is limited to £6,300 it would be impossible for the Court to carry on efficiently the work of the University; also to repeat that the Court is willing to make the appointments to the five medical professorships, and begs the Commissioners to pay to the Court the sum allocated by them in this regard. Minutes of the Business and Finance Committee of date 19th ult. which had been printed were approved of. The Marquess of Bute indicated that he wished to confirm the gift previously intimated by him, and stated that he was prepared to provide from £7,000 to £8,000 for the erection of medical buildings, without any condition as to security for repayment of the money in certain events, but that he desired that the gift should be considered a conditional one, the condition being that the buildings should be used exclusively for teaching practical anatomy and other subjects necessary to give the full courses required for the two first *anni medicæ*. The Court resolved to accept the gift, subject to the condition referred to, and undertook that the buildings should in all time coming be used for the said purposes only. The Court further resolved to record their grateful appreciation of Lord Bute's munificence. The Committee appointed as to the medical buildings reported that the cost would be upwards of £10,800, and the Court empowered them to proceed with the erection thereof, and resolved that the balance required to complete the buildings, after taking into account Lord Bute's gift should be borrowed or provided out of the University funds. The Lecturer on Botany was reappointed for one year. The Court appointed the following gentlemen to be Examiners for the three years commencing January 1st next, namely: Mathematics and Natural Philosophy, the Rev. J. G. M'Pherson, M.A., Ph.D.; Chemistry, Mr. James Wallace Walker, M.A., Ph.D.; Physiology, Dr. W. Ernest Thomson.

#### SOCIETY OF APOTHECARIES OF LONDON.

The following candidates passed in:

*Surgery*.—L. L. Allen, St. Bartholomew's Hospital; P. S. Blaker, Calcutta; J. B. Cantley (Section I), St. Bartholomew's Hospital; J. W. F. Rait, University College Hospital; L. Tong, Manchester; C. A. Trouncer, Cambridge and Guy's Hospital; E. M. Vernon (Section II), Royal Free Hospital.

*Medicine*.—E. L. Anderson, Liverpool; S. R. Bhagtani, King's College Hospital; E. C. Corfield, St. Bartholomew's Hospital; D. F. Maunsell, St. Thomas's Hospital; C. C. Poole, Guy's Hospital; G. Steel, Cambridge University; C. A. Trouncer, Cambridge and Guy's Hospital; E. M. Vernon (Section II), Royal Free Hospital; S. K. Vines, Birmingham; A. M. Weir, Royal Free Hospital.

*Forensic Medicine*.—H. A. Ahrens, King's College Hospital; E. L. Anderson, Liverpool; E. C. Corfield, St. Bartholomew's Hospital; D. F. Maunsell, St. Thomas's Hospital; C. C. Poole, Guy's Hospital; W. A. H. B. Smith, King's College Hospital; G. Steel, Cambridge University; C. A. Trouncer, Cambridge and Guy's Hospital; S. K. Vines, Birmingham; J. H. Wilson, Middlesex Hospital.

*Midwifery*.—E. L. Anderson, Liverpool; S. R. Bhagtani, King's College Hospital; E. C. Corfield, St. Bartholomew's Hospital; D. F. Maunsell, St. Bartholomew's Hospital; C. C. Poole, Guy's Hospital; G. Steel, Cambridge University; C. A. Trouncer, Cambridge and Guy's Hospital; S. K. Vines, Birmingham; A. M. Weir, Royal Free Hospital.

The diploma of the Society was granted to the following candidates, enabling them to practise Medicine, Surgery, and Midwifery: E. C. Corfield, J. W. F. Rait, G. Steel, C. A. Trouncer, E. M. Vernon, and S. K. Vines.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

#### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,796 births and 6,058 deaths were registered during the week ending Saturday, August 21st. The annual rate of mortality in these towns, which had increased from 14.7 to 29.5 per 1,000 in the seven preceding weeks, declined again to 28.7. The rates in the several towns ranged from 12.0 in Halifax, 12.8 in Huddersfield, 17.2 in Swansea, and 18.9 in Bristol, to 42.9 in Birmingham, 45.2 in Hull, 45.3 in Preston, and 52.6 in Wolverhampton. In the thirty-two provincial towns the mean death-rate was 31.8 per 1,000, and exceeded by 7.6 per 1,000 the rate recorded in London, which was 24.2 per 1,000. The zymotic death-rate in the thirty-three towns averaged 11.0 per 1,000; in London the rate was equal to 7.7, while it averaged 13.3 per 1,000 in the thirty-two provincial towns, among which the highest zymotic death-rates were 20.7 in Birmingham, 24.5 in Wolverhampton, 25.7 in Hull, and 28.1 in Preston. These exceptionally high rates were principally due to the excessive fatality of summer diarrhoea. Measles caused a death-rate of 1.6 in Blackburn, 1.9 in Birmingham, 2.5 in Manchester, and 15.9 in Preston; scarlet fever of 1.8 in Wolverhampton; whooping-cough of 1.0 in Gateshead; and diarrhoea of 14.2 in Burnley, 14.4 in Salford, 14.9 in Leicester, 17.9 in Birmingham, 19.7 in Wolverhampton, and 24.8 in Hull. The mortality

from "fever" showed no marked excess in any of the large towns. The 48 deaths from diphtheria registered in the thirty-three towns during the week included 23 in London and 3 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 on Saturday, August 21st. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had increased from 2,380 to 3,341 at the end of the fourteen preceding weeks, had further risen to 3,400 on August 21st; 340 new cases were admitted during the week, against 360, 376, and 347 in the three preceding weeks.

During the week ending Saturday last, August 28th, 6,828 births and 5,180 deaths were registered in thirty-three of the largest English towns. The annual rate of mortality in these towns, which had been 29.5 and 28.7 per 1,000 in the two preceding weeks, further declined to 24.6 last week. The lowest rates in these towns were 14.4 in Huddersfield, 15.5 in Bristol, 17.2 in Swansea, and 18.5 in Bolton; the highest rates were 32.5 in Salford, 34.5 in Birmingham, 41.9 in Hull, and 47.6 in Preston. In the thirty-two provincial towns the mean death-rate was 27.4 per 1,000, and exceeded by 7.0 the rate recorded in London, which was 20.4 per 1,000. The zymotic death-rate in the thirty-three towns averaged 8.5 per 1,000; in London the rate was equal to 5.4 per 1,000, while it averaged 10.5 in the thirty-two provincial towns, among which the highest zymotic death-rates were 13.5 in Birmingham, 15.7 in Salford, 22.7 in Hull, and 25.4 in Preston. Measles caused a death-rate of 1.4 in Birmingham and in Oldham, 1.5 in Manchester, 2.4 in Blackburn, and 9.1 in Preston; whooping-cough of 1.5 in Sunderland; "fever" of 1.1 in Halifax and 1.2 in Hull; and diarrhoea of 11.2 in Birmingham, 12.0 in Leicester, 13.9 in Salford, 14.9 in Preston, and 21.1 in Hull. The mortality from scarlet fever showed no marked excess in any of the large towns. The 39 deaths from diphtheria registered in the thirty-three towns included 28 in London. 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 on Saturday last, August 28th. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had increased from 2,380 to 3,400 at the end of the fifteen preceding weeks, had further risen to 3,448 on Saturday last; 356 new cases were admitted during the week, against 376, 347, and 340 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

In eight of the principal Scotch towns 1,004 births and 643 deaths were registered during the week ending Saturday, August 21st. The annual rate of mortality in these towns, which had been 20.5 and 19.0 per 1,000 in the two preceding weeks, rose to 21.6, but was 7.1 per 1,000 below the mean rate during the same period in the thirty-three large English towns. The lowest rates in these eight towns were 13.6 in Perth and 16.9 in Aberdeen, and the highest rates 24.2 in Dundee and 31.3 in Greenock. The zymotic death-rate in these towns averaged 6.3 per 1,000, the highest rates being recorded in Glasgow and Greenock. The 320 deaths registered in Glasgow included 80 from diarrhoea, 16 from whooping-cough, 4 from scarlet fever, and 3 from "fever." Eight fatal cases of diarrhoea and 2 of diphtheria were recorded in Edinburgh, and 21 deaths from diarrhoea occurred in Greenock.

During the week ending Saturday last, August 28th, 867 births and 585 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.0 and 21.6 per 1,000 in the two preceding weeks, declined to 19.6 last week, and was 5.0 per 1,000 below the mean rate during the same period in the thirty-three large English towns. The lowest rates in these eight towns were 17.3 in Leith and 17.4 in Edinburgh, and the highest rates 23.7 in Greenock and 23.8 in Paisley. The zymotic death-rate in these towns averaged 4.6 per 1,000, the highest rates being recorded in Paisley and Greenock. The 271 deaths registered in Glasgow included 50 from diarrhoea, 12 from whooping-cough, 5 from "fever," and 2 from scarlet fever. Four fatal cases of scarlet fever and 12 of diarrhoea were recorded in Edinburgh, and 5 of whooping-cough in Dundee.

#### MONAGHAN WORKHOUSE.

The following letter appeared in the *Monaghan Northern Standard* of August 21st:

"Dear Sir,—I have just heard that a pauper in the workhouse has lost his reason, and has been sent to the asylum. That some weak-minded inmates should be made fit subjects for the asylum I do not wonder at. The beds are literally alive with vermin, and the food is anything but what it should be. Let any guardian go and examine the beds, or better still, have some of the inmates stripped and see for themselves the state they are in, and they will see that sleep is almost impossible. I trust some guardian will ask for and obtain a return of when fresh straw was supplied for beds previous to the date of this letter: and also how often during the past twelve months fresh bedding of this kind has been procured for them. It is all very well to have a big balance to the credit of the Guardians at the bank, but some consideration should be shown towards the poor paupers. I have often wondered at the horror expressed by people I have advised to go into the workhouse, but since my visit, I, with them, would prefer dying behind a hedge. "A LADY VISITOR."

When our Commissioner two years ago reported upon very similar conditions in the adjoining Unions of Castleblaney, Cootehill, and Clonis, our statements were characterised by the Guardians as "wilful perversions of facts," and "grossly misleading assertions." We are therefore not a little pleased to find that others besides our Commissioner are able to see the condition of filth, squalor, and misery in which the poor live in some of these Ulster workhouses.

Is there any hope that the letter of "A Lady Visitor" will effect any change for the better? We fear not. It is easy to forecast what will happen. The letter will be read at the next Board meeting. A Committee of guardians will be appointed to go and inspect the inmates; by that



## MEDICAL NEWS.

THE trustees of the University of Illinois have decided to admit women to the College of Physicians, Chicago.

THE USE OF POISONOUS SUBSTANCES IN DENTISTRY.—A Bill on this subject is to be submitted to the General Court of Massachusetts. The following are its provisions:—Section 1. The use of any of the amalgams of mercury as a filling for dental cavities, or the use of red or pink rubber plates which contain mercury or any of its compounds, is hereby prohibited. Section 2. Any dentist who shall violate the provisions of this Act shall be punished by a fine of not less than fifty or more than one hundred dollars, or by confinement for a period of three months in a county gaol, or both, for each and every offence.

THE Plymouth correspondent of the *Morning Advertiser* telegraphs that the P. and O. mail steamer *Britannia*, which arrived at that port on August 26th from Bombay, reported that since leaving Brindisi there had been no further development of the cholera outbreak, which was confined to the native crew. The death reported at Brindisi was that of a native who died a day out from Suez, and the other case of the disease was now convalescent. The names and addresses of the passengers landing at Plymouth were taken by the port sanitary authority, and the *Britannia* left Plymouth for London.

INFANT LIFE PROTECTION.—In a London County Council return just issued relating to the Infant Life Protection Act and its enforcement 60 houses were registered by the Council in the year ending March 31st last for the keeping of more than one infant under a year old. By the Act as amended the age has been raised to 5 years, but the new law only comes into operation next January. The two male inspectors of the Council under the Act made 2,437 investigations during the year with a view to detect unlawful baby farming; 404 infants were found at unregistered houses, 142 of whom were over and 262 under the age of 12 months; only 185 infants under 12 months were kept in the registered houses and benefited by the supervision provided by the Council.

MEDICAL PRACTITIONERS IN THE GERMAN EMPIRE.—Statistics recently published show that the proportion of medical practitioners to population in the leading towns of the German Empire is as follows: In Charlottenburg the ratio is 1 doctor to every 624 inhabitants; in Halle-on-Saale, 1 to 684; in Munich, 1 to 778; in Frankfurt-on-the-Main, 1 to 785; in Königsberg, 1 to 792; in Berlin, 1 to 807; in Stuttgart, 1 to 810; in Breslau, 1 to 834; in Dresden, 1 to 943; in Hanover, 1 to 974; in Stettin, 1 to 1,042; in Danzig, 1 to 1,064; in Leipzig, 1 to 1,082; in Aachen, 1 to 1,162; in Brunswick, 1 to 1,203; in Düsseldorf, 1 to 1,227; in Cologne, 1 to 1,250; in Hamburg, 1 to 1,284; in Nuremberg, 1 to 1,336; in Magdeburg, 1 to 1,339; in Bremen, 1 to 1,364; in Dortmund, 1 to 1,566; in Altona, 1 to 1,752; in Elberfeld, 1 to 1,960; in Chemnitz, 1 to 1,987; in Barmen, 1 to 2,082; in Crefeld, 1 to 2,145.

THE *London Gazette* of August 27th announces that Surgeon-Major H. H. Pinching, who retired from the Army Medical Staff last year, has been allowed to accept the order of the Second Class of the Star of Ethiopia, conferred upon him by the Emperor Menelek II. of Abyssinia. The undermentioned officials of the Zanzibar Government are permitted to accept the honours specified, conferred upon them by the Sultan of Zanzibar in recognition of their services in His Highness's employ: Alfred H. Spurrier, Leper Superintendent and Medical Officer, and Editor of the Government Gazette, the order of the Hamondieh of the Third Class; George A. Macdonald, Zanzibar Government Medical Officer in charge of the hospital during the bombardment, the Hamondieh of the Fourth Class; and Pestonji B. Nariman, Zanzibar Government Hospital Surgeon, the Hamondieh of the Fifth Class.

A YEAR'S INQUESTS.—A London County Council return issued shows that, in 1896, 7,300 inquests were held in the County of London, at a total cost of £15,227 19s. 11d., or £2 18s. 8d. per inquiry. The average cost of each inquest varied considerably in the different districts. It was least in the Eastern district—namely, £1 9s. 4d.—and most in the

Clapham district—£2 17s. 6d.; 3,606 *post-mortem* examinations were made, the average percentage to inquest being 57, after deducting hospital cases. The largest number of inquests took place in the central district, of which Dr. G. Danford Thomas is coroner, namely, 1,674, being 238 in excess of the number of the Eastern district. The minimum number of 5 occurred in the Savoy district. The quinquennial revision of two of the coroner's salaries, those of Dr. Thomas, and Mr. W. E. Baxter of the Eastern district, resulted in a reduction of a basis on which they were fixed from £1 10s. to £1 6s. 8d. per inquest, with an allowance of £150 and £100 respectively in lieu of travelling expenses. Dr. Thomas's salary is thus fixed at £2,263 18s. 4d., and that of Mr. Baxter at £1,952 16s.

CAMBRIDGE MEDICAL SOCIETY.—At a meeting on May 7th, Dr. Holden (President) in the chair, Mr. Deighton showed a case of large Axillary Aneurysm cured by Ligature of the Subclavian Artery.—Mr. Wherry related the case of a servant, aged 43, who could no longer follow her occupation, being anæmic and feeble in consequence of Uterine Fibroids. Cystic ovaries and uterine fibroids were removed, the patient making a good recovery. Mr. Wherry elicited from those present at the meeting that no one had tried any preparation of ovarian tissue as a remedy in the flushings of the menopause, or artificial menopause. The important clinical fact was mentioned that menorrhagia was often associated with cystic ovarian disease.—Dr. Griffiths showed a little girl from whom he had removed the greater part of the Horizontal Ramus of the Lower Jaw for a Recurrent Cystic Growth. At the time of the removal an artificial jaw made of vulcanite was substituted and left in position for some weeks, when another and permanent jaw bearing teeth was fixed on. The resulting deformity was very slight, the chin retaining almost its normal degree of projection. The mechanical part of the work was done by Messrs. Jones and Lennox.—Dr. Griffiths also exhibited the Skull and Brain of a child upon he had recently performed two operations (Linear Craniectomy) for smallness and deformity of the skull associated with defective mental development. The child after the first operation distinctly improved; after the second he died in five days from infective meningitis.

## MEDICAL VACANCIES.

The following vacancies are announced:

BATH ROYAL UNITED HOSPITAL.—House-Surgeon; must be M.R.C.S. Eng. Appointment for one year. Salary, £60 per annum, with board, lodging, and washing. Applications to W. Stockwell, Secretary, by September 14th.

BETHLEM HOSPITAL.—Two Resident Clinical Assistants; doubly qualified. Appointment for six months. Apartments, board, and washing. Applications, endorsed "Clinical Assistantship," to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., before October 4th.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.—Assistant House-Surgeon; must be M. or F.R.C.S., England, Ireland, or Scotland. Salary, £50 per annum, with apartments and board. Applications to the Chairman of the Medical Board by September 9th.

BOURNEMOUTH ROYAL VICTORIA HOSPITAL.—Ophthalmic Surgeon; must be F.R.C.S. Applications to the Chairman by October 15th.

BRITISH INSTITUTE OF PREVENTIVE MEDICINE.—Bacteriologist to the Antitoxin Department at Sudbury. Salary, £200 per annum, with dwelling accommodation on the premises. Applications to Allan Macfadyen, Honorary Secretary and Director, 101, Great Russell Street, London, W.C., by September 15th.

BELGRAVE HOSPITAL FOR CHILDREN, Gloucester Street, S.W.—House-Surgeon. Appointment for six months. Board, lodging, etc. Applications to the Secretary by September 18th.

EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN, Shadwell, E.—House-Surgeon. Board, residence, etc., are provided, with honorarium of £15 15s. at completion of six months' approved service. Applications to Thomas Hayes, Secretary, by September 11th.

EDINBURGH: ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.—Two Resident Physicians. Applications to Messrs. Henry and Scott, 20, St. Andrew's Square, Edinburgh, by September 15th.

GLASGOW EYE INFIRMARY.—Resident Assistant House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to W. G. Black, Secretary, 88, West Regent Street, Glasgow, by September 15th.

GROVE HALL ASYLUM, Bow, London, E.—Junior Assistant Medical Officer. Salary at the rate of £120 per annum, with board, lodging, and washing. Applications, to be made personally, to the Medical Superintendent.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Junior Resident Medical Officer. Salary, £50 per annum, with board.

lodging, and washing. Applications to Wm. Holt, Secretary, by September 25th.

**HOSPITAL FOR WOMEN**, Soho Square, W.—Non-Resident House-Physician. Appointment for three months. Applications to David Cannon, Secretary, before September 15th.

**HUDDERSFIELD INFIRMARY**.—Junior House-Surgeon. Salary, £40 per annum, with board, lodging, and washing. Applications to Mr. Joseph Bate, Secretary.

**ISLE OF MAN ASYLUM**.—Assistant Medical Officer, doubly qualified. Salary, £100 per annum, with board, residence, and washing. Applications to Dr. Richardson, Lunatic Asylum, Isle of Man.

**LENZIE BARONY PAROCHIAL ASYLUM**, Woodilee.—Junior Medical Officer. Salary, £100 per annum, with board, apartments, etc. Applications, marked "Assistant Medical Officer" to J. R. Motion, Barony Parish Council Chambers, 38, Cochrane Street, Glasgow, by September 6th.

**LINCOLN LUNATIC ASYLUM**.—Assistant Medical Officer. Salary, £5 per month, with board, lodging, and washing. Applications to Medical Superintendent immediately.

**LIVERPOOL INFIRMARY FOR CHILDREN**.—Assistant House-Surgeon. Appointment for six months. No salary; board and lodging. Applications to C. W. Carver, Honorary Secretary, by September 6th.

**MANCHESTER ROYAL INFIRMARY**.—Resident Surgical Officer; unmarried, and not under 25 years of age; doubly qualified. Appointment for twelve months from October 1st next. Salary, £150 per annum, with board and residence. Applications to W. L. Saunder, General Superintendent and Secretary, by September 11th.

**METROPOLITAN HOSPITAL**, Kingsland Road, N.E.—House-Physician, House-Surgeon, Assistant House-Physician, and Assistant House-Surgeon; doubly qualified. Appointments tenable for six months. Salary of the House-Physician and House-Surgeon at the rate of £40 per annum; Assistant House-Physician and Assistant House-Surgeon at the rate of £20 per annum. Applications to C. H. Byers, Secretary, by September 18th.

**NORTHAMPTONSHIRE**.—Medical Officer for the County. Salary at the rate of £700, and allowance for travelling and other out-of-pocket expenses. Must reside at a place approved by the Sanitary Committee. Applications to H. P. Markham, Clerk to the Council, County Hall, Northampton, by September 8th.

**SALOP INFIRMARY**, Shrewsbury.—House-Surgeon; must be doubly qualified.—M.R.C.S. Eng., Edin., or Dub. Salary, £100 per annum, with board and residence. Applications to Joseph Jenks, Secretary, by October 1st.

**SLIGO DISTRICT LUNATIC ASYLUM**.—Assistant Medical Officer; doubly qualified, unmarried, and under 30 years of age. Salary, £150 per annum and allowances for furnished apartments, fuel, light, washing, and attendance, valued at £50 per annum. Applications to the Chairman of the Board of Governors by September 8th.

**SOUTHAMPTON, ROYAL SOUTH HANTS INFIRMARY**.—House-Surgeon; must be M.R.C.S. and L.S.A., or Graduate of Medicine of a University. Salary, £100 per annum, with board and lodging. Applications to T. A. Fisher Hall, Secretary, by September 8th.

**TOXTETH PARK WORKHOUSE INFIRMARY**.—Junior Assistant Resident Medical Officer; doubly qualified. Salary, £175 per annum, with washing, board, and apartments. Applications endorsed "Junior Assistant Medical Officer," to J. Moulding, Clerk to the Guardians, 15, High Park Street, Liverpool, by September 8th.

**TYNEMOUTH VICTORIA JUBILEE INFIRMARY**, North Shields.—Resident House-Surgeon; doubly qualified. Salary, £120 per annum, of which £55 will be required for board, lodging, and washing. Applications to John W. Meadows, Secretary, 43, Howard Street, North Shields, by September 18th.

### MEDICAL APPOINTMENTS.

**ABBOTT**, F. W., L.R.C.P.Lond., M.R.C.S.Eng., appointed Resident Obstetric Physician to Charing Cross Hospital.

**ADAMS**, William Francis, M.R.C.S.Eng., L.R.C.P.Lond., appointed Senior Assistant Medical Officer to the Cornwall County Lunatic Asylum at Bodmin.

**ARKLE**, G. M., L.S.A., appointed Medical Officer of the North Part of the No. 2 District of the West Derby Union.

**BANHAM**, C. W. R., M.R.C.S., L.R.C.P., appointed Medical Officer of the No. 8 District of the Weymouth Union, *vice* Mr. J. Bartlett, resigned.

**BEADLES**, H. S., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Grimsby and District Hospital.

**BROWNING**, B. M.D., D.P.H., reappointed Medical Officer of Health for the Urban District of Weymouth for twelve months from August 12th.

**CLAY**, John, M.B., B.S., appointed Surgical Registrar to the Royal Infirmary, Newcastle-on-Tyne.

**CLOWES**, Ernest F., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Royal Hants County Hospital, Winchester.

**CROSBIE**, R. P., M.B., B.Ch., appointed Extern Surgeon to the South Charitable Infirmary, Cork, *vice* N. H. Runciman, resigned.

**CROWE**, George E., B.A.Dub., M.D., B.Ch., appointed Medical Officer of the No. 2 District of the Chorlton Union.

**EWING**, B. G., M.B., C.M. Edin., appointed Medical Officer of Health to the Ardsley East and West Urban District.

**FENTON**, W. R., B.A., M.B.Dub., appointed Police Surgeon at Salisbury, Mashonaland.

**FERGUSON**, R. Bruce, M.A., M.D.Cantab., appointed Surgeon to the Y Division of Police at New Southgate.

**FERNIE**, J. F., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Staffordshire General Infirmary.

**GIBSON**, Thomas, M.B., C.M. Edin., appointed Resident Assistant Medical Officer of the Birkenhead Union Workhouse.

**GORING**, Charles, M.R.C.S., L.R.C.P., appointed Senior House-Physician to the Great Northern Central Hospital, London.

**GOWING**, B. C., M.R.C.S.Eng., L.S.A., appointed Medical Officer of the No. 5 District of the Wortley Union.

**GRAHAM**, William, M.D., R.U.I., Medical Superintendent, Armagh County Asylum, appointed Medical Superintendent to the Belfast District Lunatic Asylum.

**GREENWOOD**, A., M.B., L.R.C.P.E., appointed Medical Officer of the Salford Union Infirmary.

**HANNAY**, Mary B., M.B., C.M.Glasg., appointed Medical Officer for the Islands of Flotta and Flara, Orkney.

**HARTLEY**, J., M.B., Ch.B. Vict., appointed House-Surgeon to Ancoats Hospital, Manchester.

**HEATH**, Arthur, M.B.Lond., M.R.C.S., L.R.C.P., appointed House-Physician to St. Bartholomew's Hospital.

**HIRST**, W., L.R.C.P. Edin., L.R.C.S., appointed Medical Officer of the Howden District of the Auckland Union, *vice* Mr. W. R. Tough, resigned.

**HOWARD**, A. D., B.A., M.D.Brux., appointed Medical Officer of the New Hampton District of the Kingston Union.

**KENDALL**, H. W. M., M.R.C.S.Eng., appointed House-Surgeon to the Central London Ophthalmic Hospital.

**LEIGH**, W. W., L.R.C.P. Edin. & L.M., M.R.C.S.Eng., L.S.A., appointed Medical Officer and Public Vaccinator to the District of Llanfabon.

**MACLAREN**, John, M.B., C.M. Edin., appointed Medical Officer of the No. 3 District of the Wortley Union, *vice* Mr. P. E. Barker, resigned.

**MADDEN**, Frank C., M.B., B.S.Melb., F.R.C.S.Eng., appointed Medical Superintendent to the Hospital for Sick Children, Great Ormond Street, W.C.

**MATHIESON**, A. L., M.B.Glasg. & C.M., appointed Medical Officer of the Children's Homes, Sheffield.

**MUNDEN**, C., M.R.C.S.Eng., L.S.A., appointed Medical Officer of the No. 2 District of the Chard Union, *vice* Mr. C. H. M. Mules, deceased.

**MURRAY**, W. A., B.A.Camb., M.B., appointed Medical Officer of the Carlton and Drax District of the Selby Union, *vice* Mr. T. Perkins, deceased.

**NEWTON**, R. E., M.B.C.M.Glasg., appointed Medical Officer of the Fra n sham District of the Mitford and Launditch Union.

**PERKINS**, J. J., M.A., M.B.Cantab., M.R.C.P.Lond., appointed Assistant Physician to the City of London Hospital for Diseases of the Chest.

**PIMBLETT**, W. H., M.B., C.M. Edin., appointed Medical Officer of the No. 7 District of the Preston Union.

**PINHORN**, R., L.R.C.P.Lond., M.R.C.S.Eng., L.S.A., appointed Honorary Medical Officer of the Dover Hospital, *vice* Dr. R. E. England.

**THOMSON**, W. Ernest, M.A., M.D., appointed Examiner in Physiology to the University of St. Andrews.

**SIMPSON**, W., M.B., C.M., appointed Assistant Medical Officer to the Newcastle-on-Tyne Union Workhouse.

**SWEETON**, Benjamin, M.B.C.M. Edin., appointed Medical Officer of the Mexborough and Bolton-upon-Deane Districts of the Doncaster Union.

**WILKIN**, R. H., M.R.C.S., L.R.C.P., appointed Medical Officer to the No. 3 District of the Newmarket Union.

**WOODHOUSE**, W. M., M.R.C.S., L.R.C.P., appointed Medical Officer of the Vale District of the Wantage Union.

### 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.*

#### BIRTHS.

**HAMMOND**.—On August 27th, at the Hollies, Croxteth Road, Liverpool, the wife of Thomas Hammond, Surgeon, Her Majesty's Prison, Liverpool, of a son.

**SELBY**.—On August 31st, at 20, South Parade, Doncaster, Edith, wife of E. W. Selby, M.D., B.S.Lond., F.R.C.S.Eng., of a son.

**WEAR**.—On August 18th, at 8, Hanover Place, Park Lane, Leeds, the wife of Algernon Wear, M.D., of a son.

#### MARRIAGES.

**LOGAN**—DOUGLAS.—On August 25th, at Free Church of Scotland, Scone, N.B., by the Rev. A. K. McMurchy, M.A., James Logan, youngest son of the late James Logan, of Green Vale, Kelso, N.Z., to May, eldest daughter of T. Kennedy Douglas, M.B., C.M., Scone, and formerly of Tapanui, N.Z.

**SURRIDGE**—BIRTWELL.—On August 31st, at St. Elizabeth's Church, Ashley, by the Rev. H. A. D. Surridge, M.A., Vicar of High Leigh, father of the bridegroom, assisted by the Rev. Canon Quennel, M.A., Rector of Shenfield, uncle of the bridegroom, and the Rev. C. J. K. Bowstead, M.A., Vicar of Pitlochry, N.B., Edward Ernest North Surridge, B.A., M.B., B.C. Cantab., of Knutsford, to Edith Winifrede, eldest daughter of the Rev. Geoffrey Birtwell, B.A., Vicar of Ashley, Cheshire. No cards.

#### DEATH.

**HODGSON**.—At Green Street, Darwen, on the 25th August, Thomas Moore Hodgson, M.B., Surgeon, aged 36 years.