

A third theory is that carrying heavy loads up and down hills may cause thyroid enlargements. Many Bhutias earn their livelihood in this way, but the sepoys do no such work, and are by no means exempt.

The liability to goitre is evidently much less before the age of puberty than later; 55 per cent. of children below 12 had no goitre, yet they had lived all their lives in a malarious district. The sepoys, who had only been here twenty months, were attacked as above.

Is it not possible that goitre may spring from an animal or vegetable rather than from a mineral cause? Why should limestone or iron cause goitre? Many people take iron for months and get no goitre, and if every baby that drank lime water developed goitre some other diluent for milk would have been discovered long ago.

Why, again, should goitre be affected by the seasons, if it be due to a mineral poison? Personally, I believe it is due to an animal poison—say of an amoeba type, and resembling the malaria organism. We see the enlargement of the spleen against the malarial organism, the lymphatic glands against streptococcus or the tubercle bacillus; why should not the same process go on in the thyroid gland?

An organism with a selective power against the thyroid gland or its secretion enters the blood; for a time the system battles against it, and in a certain number of cases successfully. In other cases the organism is too strong for the phagocytic resources of the system, and we have the thyroid enlarging (? hyperplasia) in an effort to combat the poison. This latter argument is, I think, strengthened by the results of treatment. The ordinary endemic or parenchymatous goitre may be treated in two ways: (1) By counter-irritation with iodine or red iodide of mercury; (2) by thyroid feeding.

The first of these methods might be applied to almost any (non-inflammatory) swollen gland. It simply means counter-irritation, a larger blood supply to the part, and consequently increased activity and phagocytosis on the part of the gland, plus a certain "alterative" action from the mercury or iodine.

Thyroid feeding is also an effectual method of treatment in most cases of parenchymatous goitre. I have records of sepoys' neck measurements diminishing from $\frac{1}{4}$ to $\frac{1}{2}$ an inch weekly in circumference under two thyroid tabloids daily. These were B. and W. 5-gr. tabloids. How does this come about? Simply, I take it, that the goitre poison is overcoming gradually the resistance of the system; the thyroid hypertrophies in an attempt to overcome the poison; additional resisting power is administered in the shape of thyroid glands; with this help the system can keep the poison in check, and the thyroid diminishes to its normal size. When the thyroid feeding is stopped the gland may again enlarge. All these facts tell in favour of an organismal as opposed to a purely mineral theory.

It is also, I believe, recognised that epidemics of goitre occur at times in the Punjab and North-Western Provinces. I have no literature available here on the subject, but a sudden outbreak seems to be more associated with a specific organism than with a mineral poison, which would probably take some time to act, and then act slowly.

These views as to etiology are advanced with the utmost diffidence. I have no microscopical or bacteriological data with which to support them, but taken in conjunction with the above statistics, a bacterial theory seems much more likely to be correct than does a mineral one.

REFERENCE.

¹ BRITISH MEDICAL JOURNAL, October 3rd, 1896, p. 974.

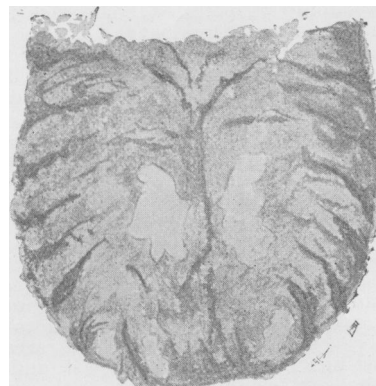
NOTES OF A CASE OF CHRONIC SUPERFICIAL DISSECTING GLOSSITIS.*

By E. MANSEL SYMPSON, M.D., M.R.C.S.,
Surgeon to the Lincoln County Hospital.

As cases of the kind about to be described are not very common, possibly the sketch and description will not be uninteresting.

* Read at the annual meeting of the Midland Branch, British Medical Association, at Leicester.

H. C., aged 21, a non-smoker, first consulted me as to the state of his tongue in November, 1896. There was no history or appearance of syphilis. He had suffered in the same way with his tongue for some five or six years past. It improved and then relapsed. He was not addicted to drink, taking occasionally only a little beer, but he had had attacks of dyspepsia, and when these were on, the tongue was sore also, as might very naturally have been expected. The tongue was large, and gave the impression of being swollen, the surface smooth (save for the furrows to be noted presently) and glossy red. On each side of the median fissure, however, there were whitish leucomatous patches on the dorsum and two or three at the tip of the tongue, looking, to use the late Mr. Marrant Baker's expressive phrase, as if they had been touched with nitrate of silver. There were deepish fissures running in for half an inch or so from the edge of the tongue; these though not ulcerated were extremely tender, as was the rest of the surface of the tongue. His teeth were fairly good, he was rather anæmic, and, as was mentioned above, subject to indigestion. His diet was reduced to a very simple one, allowing no condiments or salt meat, or anything, in short, which could irritate the tongue, and he was permitted to take a little claret. He was put on a mixture of potassium chlorate, tincture of nux vomica, and gentian for over two months; then he took for another month a mild pre-



Photographed from a painting by Dr. E. Mansel Sympton.

paration of iron. In local application he had glycerine of borax as a mouth wash. Later his tongue was painted with a solution of chromic acid (gr. x-3j), and for about eight or nine times with a solution just double the strength.

The improvement, though slow, was very marked. His tongue became much smaller, the islands of leucoma (?) vanished, and the cracks closed. In less than three months' time he had almost a normal tongue.

The late Mr. Baker did not allude to any fissures in his admirable article on the Diseases of the Tongue in Heath's *Dictionary of Surgery*, and these fissures do not seem so deep as those in Wunderlich's true "dissecting glossitis" but I think the chronicity, the superficial nature of the complaint, and the fissuring of the tongue may justify the conglomeration of names at the head of this note.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERA- PEUTICAL, PATHOLOGICAL, Etc.

TONSILLITIS ACCOMPANIED BY RAPIDLY FATAL PYÆMIA.

ON August 9th, L. B., aged 17, a strong, healthy girl, went into service in a village a few miles from her home, and on August 13th developed a sore throat, accompanied by pains in the back and limbs, but continued to do her work until Sunday, the 15th, when, though the throat was no worse, the pains in her limbs had become so severe, that, as she said, she had to go upstairs on her hands and knees.

On Monday, 16th, she was brought home,^f and remained in bed without fresh symptoms until Tuesday night, when great pain set in in the left forearm and wrist, and in both thighs. I was called to see her on Wednesday, and found the left wrist-joint distended with pus, and some phlebitis and redness in the course of the left internal saphena vein. The temperature was 101° F., pulse 120; the throat injected and the tonsils covered with a slight, ragged, greenish slough, and the submaxillary glands very slightly enlarged and tender. I evacuated the pus from the wrist, but, as the temperature remained the same, injected 30 c.cm. of dried antistreptococcus serum into the abdominal wall.

Next day temperature was 102°, pulse 130, both saphena veins blocked and red with great tenderness, and the right elbow-joint swollen and painful: 30 c.cm. of serum were again injected but with no result, and that night and on Friday the temperature remained between 102° and 104°.

On Saturday morning, at 11 A.M., I found her much cyanosed and evidently sinking, though the lungs remained unaffected. At noon she suddenly became maniacal, and struggled violently to get out of bed and then suddenly fell back, and, with a few muscular twitchings, died.

REMARKS.—I hear from a brother practitioner that he has lately attended two maids in the same house for slight sore throats, and there have been similar slight cases in an adjoining house. The drains do not appear to be defective, but the water supply is polluted. The case is peculiar in that there were never any rigors beyond a sense of chilliness during the first two days' illness, and again in the virulence of the septic poisoning accompanying very mild throat symptoms. During last winter I saw a similar case, but the septic condition was marked by continual and severe rigors, and lasted for over three weeks, with no joint trouble or pus formation. I regret that I did not examine the blood when I first saw the case. A drop taken on the day of death was swarming with streptococci in chains and separate. The serum in this case had no effects of any kind, but in my previous case always reduced the temperature to normal for from five to seven hours, and my patient always expressed himself as feeling much better after an injection. It is usually recommended that the injection should be made into the back, which I have learned never to do, as I find that invariably the injection produces an area of extreme tenderness, lasting for three days at least, and when on the back this causes very severe discomfort to the patient.

W. LONGWORTH WAINWRIGHT, M.B., B.S.Lond.
Brixworth, Northampton.

MENSTRUATION IN A NEWBORN INFANT.

On August 19th I performed Cæsarean section on a primipara with a badly-contracted pelvis. The child, a female, weighing 6½ lbs., was asphyxiated, as is usual in these cases, but soon came round under artificial respiration. She is a well-formed, healthy child. On August 24th, a bloody discharge was noticed on her napkin. On making a careful examination, I found it was coming from the vagina. It was bright red in colour; it lasted about two days. The child did not seem to suffer in any way. It will be interesting to note if it recurs. The mother is making a good recovery, and has been able to nurse her child.

ROBERT JARDINE, M.D.,
Physician to the Glasgow Maternity Hospital.

A CASE OF TETANUS TREATED WITH ANTITOXIN.

On July 1st, 1897, a boy, aged 15, fell from a horse, and was either kicked or fell on a stone, causing a wound about 5 inches long, extending from the bregma to half way down the forehead in the middle line, raising the scalp on the right side and exposing the bone. The wound was carefully cleaned, and the edges brought together with four stitches.

On July 2nd the wound was dressed. On July 3rd the face was swollen, and there was purulent discharge. Three stitches were removed, and a drainage tube put under the scalp. Temperature 102°. July 4th to 7th. The wound improved in appearance and there was less discharge, temperature varying from 100° to 102°. On the 8th he complained of the jaws being stiff; the masseters were hard but the mouth

could be opened about ¼ inch; temperature 98°, pulse 75. My partner, Mr. Audland, saw him with me, and we decided to inject antitoxin.

In the afternoon 10 c.cm. of Pasteur's antitoxin were injected under the skin in the right lumbar region. Four hours later he was asleep, perspiring freely. Temperature 97.8°, pulse 60. On the 9th the condition was the same. Injection of 10 c.cm. Temperature 98.4°, pulse 58. On the 10th there was stiffness down the right side of the neck and under the jaw. He bit his tongue in the night. As the stiffness was increasing we decided to inject 20 c.cm.—half in the morning, half at night. Temperature 96.7°, pulse 64. July 11th. Bad night; broke a tooth in a spasm; lips hard; sterno-mastoids and anterior cervical muscles all stiff. One injection of 20 c.cm. Temperature 98°, pulse 54. July 12th. Bit tongue in the night; lips less hard; throat does not hurt so much. Injection of 10 c.cm. Temperature 97.8°, pulse 64. July 13th. Bit tongue again; lips harder; head turned towards right shoulder; all the cervical muscles stiff. Injection of 10 c.cm. Temperature 97.4°, pulse 64. July 14th. Neck stiffer; mouth cannot be opened at all. Two injections of 10 c.cm. each. Temperature 97.4°; pulse 74. July 15th. Says he is more comfortable. Injection of 10 c.cm. Temperature 97°, pulse 70. July 16th. Bad night; severe spasm when swallowing; throat hurts very much. One injection of 20 c.cm. Temperature 98°, pulse 70. July 17th. Better night; right side of neck softer; can move lips slightly; urticaria over lower part of back and loins. Injection of 10 c.cm. Temperature 97.5°, pulse 62. July 18th. Rather better. Injection of 10 c.cm. between scapulae. Temperature 97°, pulse 74. July 19th. Can separate lips. Temperature 97°, pulse 74. July 20th. Wound stitched again; lips separated better. July 21st. Urticaria all over body. July 22nd. Urticaria worse over legs. Injection of 10 c.cm. July 23rd. Says he can open his mouth a little. July 24th. Urticaria fading.

From this date he improved rapidly; the jaws were soon opened sufficiently for him to take semi-solid food; the muscles of the neck lost their stiffness entirely before those of the jaw. Now (August 31st) the wound is healed, no stiffness remains, and the boy is getting fat. He was always able to take a fair amount of milk, eggs, and beef tea poured between the lips and teeth. No drugs of any kind were given him. Whether the antitoxin (160 c.cm. in all) was or was not the cause of his recovery I cannot say, but he always seemed more comfortable for some hours after the injections, and usually went to sleep.

Wellingborough.

H. HOLLIS, M.B., B.C.

INCIPIENT ACUTE MANIA ARRESTED BY HYOSCINE.

On January 17th, 1897, I was called to see Mrs. H., aged 45, who was suffering from maniacal excitement. She had been under my care in an asylum sixteen years previously. Her first husband died insane on the day of her admission to the asylum, her youngest child being then aged 4½ years. Some years after her recovery she had remarried, having in the meantime supported herself and her three children by her own exertions. She had had no children by her second husband, to whom she had been married three years. No insane heredity was acknowledged, and she presented no degenerative stigmata, but her sister seemed to me to be peculiar, of the nervous temperament, and had somewhat irregular ears.

Early in 1896 Mrs. H. became possessed of the idea that she was pregnant. According to her own account and that of a midwife who then saw her, her breasts were enlarged, her abdomen was swollen, and she had various sensations (nausea, abdominal fluttering, etc.) suggestive of pregnancy. The menses were for a time profuse and very irregular ("dodging-time" of menopause), and for some months had ceased altogether. On being told definitely by a gynaecologist on January 11th, 1897, that she was not pregnant she was disappointed and became excited. Since then she had been excited and talkative at night, and had slept little. Her face was flushed, her conjunctivæ were glistening, and she was loquacious, with exalted memory, but fairly coherent, being able to describe with great accuracy of detail persons and events connected with her residence in the asylum years ago.

She heard all sorts of voices in the front wall, and sometimes saw faces. Besides these hallucinations there were illusions, and she was apprehensive that something was going to happen. Pulse 80. I gave her a bromide and cannabis indica mixture and a chloral night draught.

When seen the next day (18th) she had slept only two hours. She was pale and angry-looking with corrugated forehead, bent brows, and retracted upper lip. She was panting with excitement, threatening and reviling her daughter and husband, extremely restless, throwing things about, and shouting loudly. She knew me and could answer questions, but could not be kept to any subject as she could on the previous day. Chloral was again given at night, a larger dose being used, but without procuring sleep. Pulse 92, temperature 97.2°. Pupils unequal.

On the 19th she was still more talkative, noisy, and violent, striking out at people wantonly, and alternately laughing, weeping, upbraiding, and talking obscenely. She dashed the fluid food out of the hands of those offering it to her, and once when so doing broke a cup, cutting her hand. Pulse 100, temperature 96.6°. I injected a hundredth of a grain (two $\frac{1}{2}$ gr. B., W. and Co.'s tabloids) hyosine at 4.15 P.M. This began to take effect in twenty minutes, and in half an hour the patient was fast asleep. She slept six hours, and remained quiet and dozing throughout the night.

Next day she was quiet and took nourishment well. Her tongue was moist and less furred than it had been. At 9 P.M. the pulse was 92 and the temperature 98.2°. The pupillary inequality was increased, and there was some tremor of the right hand. The patient had a frightened, restless look, and asked to be taken away. There was some bronchial wheezing. A diaphoretic and diuretic mixture with bark was given; also an aperient draught to be taken in the morning. When seen on the 21st she had slept all night without any hypnotic. She looked better and the oral droop had disappeared, though there was still some tremor of the right hand at times. Frightened facial expression much diminished. The patient was able to converse coherently about present and past events. Less desirous to be sent away. Pulse 84, temperature 97.4°.

On the 24th she looked, and said she felt, very much better. She slept well every night and a little in the daytime. She gave me a coherent account of her past life, and of the symptoms which led to the erroneous idea that she was pregnant, said she was being very kindly treated at home, and was anxious not to be taken away. She remains well mentally at time of writing (August).

Liverpool.

JAMES SHAW, M.D.

REPORTS

ON

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

STATION HOSPITAL, NAINI TAL, INDIA.

SEVERELY MAULLED AND CLAWED BY A WOUNDED TIGRESS:
RECOVERY.

(By Surgeon-Captain M. O'HALLORAN, A.M.S.)

A., aged 27, wounded a tigress with a 0.303 Jeffrey's bullet, on December 8th, 1896, in a jungle about fourteen miles from Jubbulpore. The bullet entered the chest on the left side "over the heart," and passed obliquely in a backward direction. The animal rushed through the jungle for a short distance. A. immediately proceeded to follow her up, accompanied by a friend, when he soon found her lying down among some brushwood. He fired a second shot with a 0.303 rifle. The bullet struck the abdomen, causing the infuriated beast to charge, during which she received two more bullets from the friend's 0.500 Express, one of which hit her in the chest, and the other blew away a fore claw while she was in the act of springing through the air towards the subaltern, whom she knocked down and seized by the right elbow. She mauled and clawed him until she was shot (at very close

range) through the head by A.'s friend. Shock was almost nil, but he felt most acute pain during the mauling. There was considerable bleeding from the elbow, which unluckily was quite bare, as he had previously taken off his coat and rolled up his shirt sleeves. He was brought to hospital on a native bed, and was seen about 9.30 P.M., nearly seven hours after he received his injuries. Hæmorrhage had practically ceased, but the elbow and forearm were very much swollen and painful. A hypodermic injection of morphine was given at once. Though the joint was exceedingly painful on passive motion, no fracture could be detected. He had several deep punctured and lacerated wounds around the elbow, caused by the animal's canine and lateral incisor teeth, and in most places the lacerated muscles were protruding. One of the wounds, which was about 3 inches in length, was situated across the front of the elbow-joint. It was more superficial than the rest, and almost completely denuded the brachial artery, which was seen pulsating. The arm was carefully washed with carbolic acid lotion (1 in 20), and all the wounds thoroughly syringed with mercury perchloride lotion (1 in 1,000). In a few cases I divided the skin and subcutaneous tissue between adjoining wounds on a director, as they were found to communicate freely, thus facilitating the application of antiseptics and providing for the free discharge of pus which was certain to follow. He bore the pain remarkably well without an anæsthetic. Iodoform and antiseptic dressings were then applied, and the arm was bandaged in a semiflexed position.

Attention was next directed to the claw wounds, which were not so severe. Four of these wounds were situated on the posterior aspect of the middle third of the right thigh; though extending well into the hamstrings it was not considered necessary to make incisions. The wounds were carefully syringed and dressed antiseptically, as in the case of the elbow. One superficial claw wound, about the size of a shilling, was found on the chest wall, to the right of the sternum, and there was a smaller one in the lower portion of the epigastric region on the left side, which did not penetrate the abdominal wall. Both of these wounds were washed with antiseptic lotion, cauterised with silver nitrate, and dressed with iodoform. There were a few bruises about his body and extremities. The pulse was 62 per minute and fairly strong; the temperature 100.4° F., probably due to malaria, brought on by a chill while he was being carried to hospital. Injectio morphinæ hypodermica $\frac{1}{4}$ iiij was again given for the relief of pain, and during the night he got pulv. opii. gr. j, but slept little.

All claw wounds were completely healed in less than a fortnight without suppuration. The elbow wounds suppurated on the fourth day, and fever continued till December 30th. At one time it rose to 103.4° F., and there was intense inflammation of the entire arm with marked œdema of the hand. It was feared that septicæmia was about to set in, but the discharges, though profuse, continued to be healthy, and all inflammatory symptoms rapidly disappeared. All wounds were quite healed on January 30th, 1897. During the course of the disease antiseptic dressings were employed.

When the wounds were healed there remained great loss of motion and some swelling, due no doubt to the inflammation of soft tissues, periostitis which chiefly affected the upper portion of the ulna, and synovitis of the elbow-joint. Passive motion was begun within a fortnight after the injury, and kept up almost daily until March 8th, when he left for England on medical certificate. During this time he made wonderful progress. The arm was getting stronger daily and deformity was decreasing. The forearm could be almost completely flexed and pronated, but extension and supination were more limited. After all adhesions are broken down he should have a very useful arm.

REMARKS.—The chief points of this case are (1) the escape of the brachial artery; (2) the absence of fracture, although the incisors, which were driven home, measured over 2½ inches in the upper and 2 inches in the lower jaw; (3) the absence of septicæmia, which is about the most common cause of death in tiger bites; (4) non-suppuration of claw wounds. A common idea prevails among sportsmen that claws are even more dangerous than teeth owing to the presence of dirt and decayed animal matter; in this case it is probable that protection was afforded by the clothing; (5) the saving of the

number of adjournments there may be our correspondent cannot legally claim more than the sum mentioned. With regard to special chemical analyses and bacteriological examinations, medical men should obtain before doing so a special order from the coroner, and make an arrangement as to extra remuneration for such work; otherwise, if made without an order, they would probably be included as part of the *post-mortem* examination, and the statute fee only allowed. With regard to the payment of all fees in connection with inquests, the coroner is directed by law to advance and to pay the same, immediately upon the termination of the inquest.

BOOK DEBTS IN THE PURCHASE OF A PRACTICE.

M.B. asks for an opinion on the following point: A. purchases from B. "his share and interest in the goodwill of a practice and business of medical practitioners carried on by— and—," "and in the assets and property of the said partnership, and in the profits thereof," as from a certain day. No separate mention is made of book debts. Is A. right in claiming as part of the assets debts which are owing at the time the practice is handed over?

. Book debts are clearly included in the "assets and property of a partnership," so that if A. purchased B.'s share of "the assets and property of the said partnership," he would certainly seem entitled to B.'s share of the book debts.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,071 births and 4,632 deaths were registered during the week ending Saturday last, September 4th. The annual rate of mortality in these towns, which had declined from 29.5 to 24.6 per 1,000 in the three preceding weeks, further fell to 20.7 last week. The rates in the several towns ranged from 10.4 in Swansea, 15.0 in Plymouth, and 15.5 in Bristol to 30.8 in Salford, 33.5 in Wolverhampton, 37.5 in Hull, and 44.4 in Preston. In the thirty-two provincial towns the mean death-rate was 23.2 per 1,000, and exceeded by as much as 6.2 the rate recorded in London, which was 17.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 6.0 per 1,000; in London the rate was equal to 3.2 per 1,000, while it averaged 8.0 in the thirty-two provincial towns, among which the highest zymotic death-rates were 13.5 in Salford, 16.1 in Wolverhampton, 17.8 in Hull, and 24.0 in Preston. The high rates in the last-mentioned towns were principally due to the excessive fatality of summer diarrhoea. Measles caused a death-rate of 1.1 in Oldham, 2.4 in Blackburn, and 11.3 in Preston; scarlet fever of 1.0 in Salford; whooping-cough of 1.1 in Plymouth and 1.2 in Wolverhampton; "fever" of 1.1 in Sunderland and 1.5 in Burnley; and diarrhoea of 9.1 in Blackburn, 9.5 in Leicester, 11.5 in Salford, 11.9 in Wolverhampton, 13.6 in Preston, and 16.7 in Hull. The 57 deaths from diphtheria in the thirty-three towns included 35 in London, 5 in Liverpool, and 4 in Birmingham. No fatal case of small-pox was registered, either in London or in any of the thirty-two large provincial towns; and no small-pox patients were under treatment in any of the Metropolitan Asylums Hospitals during the week ending Saturday last, September 4th. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had increased from 2,380 to 3,448 at the end of the sixteen preceding weeks, had further risen to 3,528 on Saturday last; 371 new cases were admitted during last week, against 347, 340, and 356 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, September 4th, 881 births and 538 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.6 and 19.6 per 1,000 in the two preceding weeks, further declined to 18.1 last week, and was 2.6 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 6.8 in Perth and 15.1 in Edinburgh, and the highest rates 23.5 in Leith and 23.6 in Dundee. The zymotic death-rate in these towns averaged 4.3 per 1,000, the highest rates being recorded in Paisley and Leith. The 248 deaths registered in Glasgow included 38 from diarrhoea, 13 from whooping-cough, 2 from scarlet fever, 2 from "fever," and 1 from small-pox. Four fatal cases of scarlet fever were recorded in Edinburgh and 3 in Dundee, and 2 deaths were referred to diphtheria in Paisley.

UNIVERSITIES AND COLLEGES.

THE MIDDLESEX HOSPITAL MEDICAL SCHOOL.

As already announced the foundation stone of a new wing of the Middlesex Hospital, intended exclusively for the reception of female cancer patients, was laid recently by Her Royal Highness the Princess Christian of Schleswig-Holstein. A joint Committee, composed of members of the Weekly Board and honorary staff, has been appointed to consider how the space made available by the removal of the female patients from the present cancer wards may best be utilised. The Board has sanctioned the erection in the hospital garden of a temporary building to enable the school authorities to carry on the work of the anatomical and chemical departments while the proposed alterations and extensions to the medical school are being carried out. Mr. John Murray has been appointed surgical tutor in the medical school. The Board has approved

with other hospitals a scheme for the formation of a Central Association of Representatives of London Hospitals with Medical Schools. This association will consist of representatives of nine of the large hospitals power being reserved to admit at any future time representatives of other hospitals on conditions to be hereinafter defined; each of the hospitals is to appoint three representatives, one of whom must retire annually. The object of the association is to consider any matter in which the hospitals have a common interest, and to promote joint action in regard thereto.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE LONDON HOSPITAL.

At the last quarterly general Court of Governors of the London Hospital, the Chairman, in moving the adoption of the report, said that there was no fear that those who wished to move the northern hospitals to the south, would attempt anything of the kind with the London Hospital. The report presented plainly showed whether that part of London was over-hospitalised. The report referred to the pressure in the receiving room. If this went on increasing as it had done for some long period, more adequate accommodation would have to be provided. In the meantime, everything possible in the way of increasing the efficiency of the hospital was done. Twenty beds had been allotted to the assistant surgeons, and it was believed that great benefit would result both to the hospital and to the medical school. The question of building a second operating theatre had engaged the attention of the committee for a long time. The committee had decided to allot a room in one of the wards and to fit it up as an operating room. It was hoped that in the near future they would be able to light a small portion of the hospital, especially the operating theatres, with the electric light. The new nursing home had been completed, and was a very great success. Referring to the question of a central hospital board, he was opposed to such an organisation. The Prince of Wales's Fund had not had the effect they had anticipated in the direction of a reduction of subscriptions, but, nevertheless, it had had some effect. Although their expenditure at the London Hospital was £60,000 per annum and their assured income was only £20,000, he was confident they would carry on their work with the same efficiency as in the past.

MEDICAL NEWS.

SUICIDE BY CARBOLIC ACID.—Liverpool has this week afforded a painful proof of the necessity of legislation in connection with the sale of carbolic acid. Quite an epidemic of suicides has taken place, and at the last inquest the coroner expressed his regret that there was no restriction on the sale of the acid. The jury, in returning the usual verdict, endorsed the coroner's remarks.

FRENCH CONGRESS OF INTERNAL MEDICINE.—The fourth French Congress of Internal Medicine will be held at Montpellier on April 12th, 1898, and following days. The questions proposed for discussion are the following: (1) Clinical Forms of Pulmonary Tuberculosis, to be introduced by MM. Bard (of Lyons), Vergely (of Bordeaux), and Revillod (of Geneva); (2) Microbic Association and Mixed Infections, to be introduced by MM. Spillmann (of Nancy), Widal (of Paris), and Malvo (of Liege); (3) The Therapeutic Utilisation of Organs with an Internal Secretion, to be introduced by MM. Lemoine (of Lille), Mosse (of Toulouse), and Cerenville (of Lausanne).

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, GENERAL HOSPITAL.—Two Assistant House-Surgeons. Appointment for six months. No salary, board, residence, and washing provided; and also Anesthetist. Salary, £40 per annum. Appointment for one year. Applications to Howard J. Collins, House-Governor, by September 25th.

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

BRISTOL ROYAL INFIRMARY.—Resident Casualty Officer. Appointment for six months. Conditional honorarium of £10, with board, lodging, and washing. Applications to the Secretary before September 21st.

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.

CORNWALL ROYAL INFIRMARY, Truro.—House-Surgeon, doubly qualified and unmarried. Salary, £120 per annum, increasing by £10 per year to £150, with furnished apartments, fire, light, and attendance. Applications to the Secretary before September 21st.

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.

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

MANCHESTER SOUTHERN AND MATERNITY HOSPITAL.—Resident House-Surgeon. Honorarium at the rate of £50 per annum, with board. Applications to G. W. Fox, Honorary Secretary, 53, Princess Street.

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.

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.

SOUTHPORT INFIRMARY.—Senior House Surgeon. Salary £80, tenable two years. Also Junior House and Visiting Surgeon. Salary, £30 tenable six months, and renewable. Doubly qualified and registered. Applications to J. Worrall, Secretary, Infirmary Office, before September 18th.

STAFFORDSHIRE GENERAL INFIRMARY, Stafford.—Assistant House-Surgeon. Salary, £30 per annum, with board, lodging, and washing. Applications to the House-Surgeon by September 20th.

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.

BABINGTON, S. N., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

BOSTOCK, E. Bernard, M.B., B.S.Lond., M.R.C.S., L.R.C.P., appointed House-Physician to the General Hospital, Birmingham.

COBB, E. H., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Skin, St. Thomas's Hospital.

COCKILL, T. T., M.R.C.S., L.R.C.P., appointed Assistant Honorary Physician to the North Staffordshire Infirmary.

COLEMAN, J. G. B., M.R.C.S., L.R.C.P., appointed Medical Officer of the Sutton Bridge District of the Holbeach Union.

CURLING-HAYWARD, W., M.R.C.S., L.R.C.P., appointed House-Physician to Charing Cross Hospital.

DIXON, W., M.B., C.M., appointed Medical Officer of the No. 2 Hougham District of the Dover Union.

FAIRBAIRN, J. S., B.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S., appointed Obstetric House-Physician to St. Thomas's Hospital.

FRAZER, W. D., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Ear at St. Thomas's Hospital (extension).

GILBERT, L., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

GOODE, H. N., L.R.C.P., M.R.C.S., appointed House-Physician to St. Thomas's Hospital.

GREEN, Reginald, M.D., B.Hy. (Dunelm), reappointed Medical Officer of Health and Medical Superintendent to the Fever Hospital to the County Borough of Gateshead.

GROSVENOR, W. Clayton, M.A., M.D., appointed Surgeon to the Royal Schools for the Deaf and Dumb, Old Trafford, Manchester.

HALL, J. S., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

HINDLEY, G. D., B.A.Oxon., L.R.C.P., M.R.C.S., appointed Obstetric House-Physician to St. Thomas's Hospital.

HOPKINSON, E., B.A.Oxon., L.R.C.P., M.R.C.S., appointed Ophthalmic House-Surgeon to St. Thomas's Hospital.

HUNTER, G., M.D.Edin., appointed Medical Officer of the Aberdeen Dispensary.

JONAS, H. C., L.R.C.P., M.R.C.S., appointed House-Physician to St. Thomas's Hospital.

LAWRENCE, G., M.B., C.M.Edin., appointed Resident Medical Assistant to the Dundee Infirmary.

LLOYD, D., L.R.C.P. & S.Edin., appointed Medical Officer of Health for the Newcastle Emlyn Rural District Council.

MCCLEAN, J. F., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

M'DOUGALL, A., M.B., Ch.B.Vict., M.R.C.S., appointed Resident Medical Officer at the Manchester Royal Infirmary.

MCDUGALL, W., M.A., M.B., B.C.Camb., appointed House-Physician to St. Thomas's Hospital.

MARMION, E. J., M.B., L.F.P.S.Glasg., appointed Medical Officer of Health of the Milton Urban District Council.

MARRIAGE, H. J., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

MORGAN, Thos., L.R.C.P.I., L.R.C.S.I., appointed Medical Officer of Health to the Borough of Montgomery.

MORGAN, W. H., M.R.C.S., L.R.C.P., appointed House-Surgeon to Charing Cross Hospital.

MYERS, W., M.A., M.D., B.C.Camb., B.Sc.Lond., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Throat of St. Thomas's Hospital.

O'CONNOR, J. E., M.B., B.Ch., appointed Medical Officer of Health for the Borough of Lowestoft.

OSBORN, E. C., L.R.C.P., appointed First Assistant Medical Officer to the Kensington Infirmary.

PATERSON, W. H. J., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

PEARSE, A. W., M.R.C.S., L.R.C.P., appointed Second Assistant Medical Officer to the Kensington Infirmary.

PHILLIPS, Harry Harding, L.R.C.P.Lond., M.R.C.S.Eng., appointed Divisional Surgeon to Police (P Division) stationed at Penge, *vice* W. J. Lory, deceased.

ROUILLARD, J. A. A., L.R.C.P., M.R.C.S., appointed Clinical Assistant to the Special Department for Diseases of the Throat of St. Thomas's Hospital.

SANGUINETTI, H. H., B.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

SCOTT, H. Harold, M.R.C.S., L.R.C.P.Lond., appointed Resident House-Surgeon to the Teignmouth Hospital, South Devon.

SELIGMANN, C. G., L.R.C.P., M.R.C.S., appointed House-Physician to St. Thomas's Hospital.

STAINER, E., M.A., M.B., B.Ch.Oxon., appointed Clinical Assistant in the Special Department for Diseases of the Skin of St. Thomas's Hospital.

TUKE, A. W., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

TURNER, S. D., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Ear of St. Thomas's Hospital.

TYRRELL, F. A. C., B.A., M.B., B.C.Camb., L.R.C.P., M.R.C.S., appointed Ophthalmic House-Surgeon to St. Thomas's Hospital.

WICKHAM, H. T., M.D.Edin., reappointed Medical Officer for the Second District of the Newport Pagnell Union.

WOOLLS-CROFT, W. W., M.R.C.S., L.R.C.P., appointed House-Surgeon to Charing Cross Hospital.

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.

MARRIAGES.

FULLER-COCKS.—At St. Mathias Church, Richmond, John Reginald Fuller, M.B., B.S., M.R.C.S., etc., of Tollington Park, N., to Sarah Margaret (Daisie), second daughter of the late Robert Cocks, Esq., of Altrincham, Cheshire.

MILLS-HIRST.—On the 1st inst., at Stoke Bishop Church, by the Rev. S. N. Tebb, B.D., assisted by the Rev. T. Clark, M.A., Yarnold Hubert Mills, M.B. (Lond.), F.R.C.S. (Eng.), youngest son of the late Thomas Reid Mills, to Mildred Venables, second daughter of the late John Henry Hirst, of Sneyd Park, Bristol.

SODEN-SMITH.—On 25th ultimo, at St. James's, Wednesbury, Thos. A. B. Soden, M.R.C.S.Eng., of Coventry, son of the late Rev. C. W. Soden, M.A., Vicar of Kirkwhelpington, to Louie, only daughter of Captain and Mrs. Edward H. Smith, of "Arundel House," Wednesbury.

YOUNG-STRANG.—On September 1st, at All Saints, Blackheath, by the Rev. Hamilton S. Cobb, M.A., of St. Mark's, Lewisham, assisted by the Rev. W. L. Groves, M.A., Hugh Corbett Taylor Young, M.B., C.M., of Sydney, N.S.W., to Annie Rankin, only surviving daughter of William Strang, of Blackheath, S.E. Australian and New Zealand papers please copy.

DEATH.

TURNBULL.—On the 6th September, at Tunbridge Wells, James Muter Turnbull, M.D., F.R.C.P., late of Liverpool, Consulting Physician to the Royal Infirmary, aged 79 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.
CHARING 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 ORTHOPÆDIC. *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. Tu., 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., 9.
MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p. M. F., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th., 9.30; Dental, M. W. F., 9.30. *Operations*.—W., 1.30; S., 2; (Obstetric), Tu., 2.
NATIONAL ORTHOPÆDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—W., 10.
NEW HOSPITAL FOR WOMEN. *Attendances*.—Daily, 2; Ophthalmic, W. S., 9.30. *Operations*.—Tu. F., 5.
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 ORTHOPÆDIC. *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; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operations*.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Tu., 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; Orthopædic, 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., 2; Tu., 2.30.
ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; o.p., M. Th., 1.30; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 3.30; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 2.30; Dental, W. S., 9.30; Children's Medical, Tu. F., 9.15; Children's Surgical, S., 9.15. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
ST. PETER'S. *Attendances*.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—W. F., 2.
ST. THOMAS'S. *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p. W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, o.p. Th., 2; Mental Diseases, o.p. Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—W., 2.30.
THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Th., 2.
UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 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; Orthopædic, 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.

DUNELM would be glad to know of any book on popular hygiene.

A. S. would be glad to know where he can procure the best and latest literature on purpura hæmorrhagica.

C. E. R. would be glad to be informed of any institution where a pauper child aged 6 years would be received on payment. The child is slightly deficient mentally, but has had only one fit within the last six months.

W. F. F. will be glad if any member can give him information about Davos Platz—how best to set about getting accommodation, and what is the usual cost per week of living there. Would it be a suitable place for a lung left contracted after pleurisy?

M. D. wishes to know whether there is a hospital where ladies can receive a short course of instruction in practical nursing, not to train them as certificated nurses, but to give them sufficient useful knowledge for ordinary home requirements.

C. B. C. wishes to know of a permanent home where he could send an idiot, aged 15½ years, with not much use in his lower limbs, whose mother (a widow entirely dependent on her own labours) could afford about £20 per annum as payment for his care.

N. S. P. would be glad to be informed of some simple effective antiseptic lubricant for catheters, and also of some simple effective antiseptic catheter wash. There is very little information given on these points generally in treatises on urinary affections, and what there is, is not always reliable.

F. W. S. would be glad to know of a suitable person to act as nurse and companion to an elderly lady in a weak mental condition. She would be required to take charge of the lady's house and look after servants. The residence is in Berkshire. The lady has no one residing with her but her bachelor son.

T. N. wants to know a bracing English watering place for winter residence in a case of chronic phthisis.

* * Bournemouth and Falmouth are suitable, and the climate is sufficiently fresh during winter. All cases, however, of chronic phthisis, need individual consideration.

CYCLIST would feel much obliged to any member who can recommend him where to procure a flannel shirt for riding in which will not shrink. He has tried many kinds of flannel shirts, including those made of what is called "circular webbing," but they have all shrunk after a few washings and have become too small. Perhaps someone can suggest a material with the virtues of flannel, but without its shrinking propensities; a white material preferred.

R. H. B. writes: Would any of your readers kindly inform me of the most suitable local application to employ to promote the healing and to lessen the dragging pains of a large cancerous ulceration of the breast in a woman aged 43? I have given opiates and used ointments composed of aïrol and vaseline and eürophen, and I am now using ol. carbol. but without much effect in promoting the healing process.

D. C. writes: I send you two flies which were brought to me by a patient who was stung by a similar fly. The back of the arm, which showed the seat of puncture, and hand were swollen, red, and painful, with absorbent inflammation extending up into the axilla. The patient came last year with his arm swollen, produced under similar conditions. His fellow workman this year was stung in the arm through his cotton and flannel shirts, that is, through two thicknesses, but his arm did not swell much. The man, a worker in the woods, says the fly is found in sunny, sheltered spots, where there is no wind, that it has a very sharp sting "in its head and not in its tail like the wasp."

* * The insects in question are mosquitoes.

UNPROFESSIONAL CONDUCT.

A CORRESPONDENT asks advice on the following case: A. and B. are medical practitioners resident about nine miles apart. C. is a patient of B.'s, who was once attended by A., when he resided in the latter's neighbourhood. B. is in attendance on C., and a consultation is required, and A. is suggested as the consultant. A. is asked to meet B., and declines to make a definite appointment, but says "perhaps he will come down some day," and the next day he calls on C., without giving B. any notice of his intention. The same evening C. sends to B. for medicine, but the latter declines to give any of the ground that C. is now under the care of A. 1. Was B. justified in refusing further attendance? 2. What should be his line of action towards A. in the future with regard to meeting in consultation. 3. What should be his action, if again asked to attend C.'s family?

* * 1. B. was not justified in refusing further attendance, as C. was in no way responsible for A.'s unprofessional conduct. (2) A medical practitioner may rightly decline to meet in consultation a professional neighbour who acts in the way A. is reported to have done. (3) There is no reason why B. should not attend C.'s family if the latter see fit to ask him again.

ANSWERS.

W. C. D.—We know nothing of the ophthalmic refractometer referred to, and inquiries made of various well-known opticians have been fruitless.

MEDICAL WITNESSES AND THEIR FEES

G. R. L.—1. When a prisoner is committed for trial the witnesses are usually bound over to appear and give evidence. If a witness fail to