formation about their effects on the organs and tissues, the less likely our judgments concerning their defects to go astray, and we must wait for a fuller knowledge of their action on the various organs before we can use them without constant fear of evil. Knowledge of the action of drugs must be combined with careful observation of their curative influence. It is the combination of pharmacology with therapeutics which gives the value to the work of this section, and we shall have several important discussions which will probably illustrate this. That on the treatment of syphilis will show the difficulties we labour under from defective knowledge of disease and drug action, but it will show, too, how patient observation, long continued, may, to some extent, make up for such defective knowledge. For nearly 300 years the use of mercury and other remedies in syphilis has been debated, but because the nature of syphilis and the action of mercury were quite unknown, the utmost divergence of opinion existed in earlier times as to its use. On both points some knowledge has been gained, and differences in view are not now so wide as heretofore, yet we shall probably find that on some points observations have led to very different results.

The discussion on the treatment of insomnia will illustrate our indebtedness to the combination of pharmacological and chemical knowledge, since for a large number of new hypnotics we are indebted to this conjoint working. Objection is sometimes taken, and with justice, to the multiplicity of similarly acting drugs brought before our notice, but it may well be that by careful observation of the exact properties of the many hypnotic agents we have now to choose from, it may be possible to fit each one into its own niche—to determine, that is, the exact conditions under which each one acts better than the rest.

The third subject for discussion, diuretics, has in recent years been illumined by pharmacological investigations, which, though they may not have cast fresh light on the effects and importance of increasing kidney secretion, have nevertheless made clear the manner in which diuresis may be brought about, and the tissues affected in the process.

By these discussions, and the information given in the many papers which are to be read, I think we may confidently hope that something will be added to the general stock of knowledge concerning the cure of disease and the relief of suffering which is the aim and end of medicine.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

FUNCTIONAL MONOPLEGIA SIMULATING EMBOLISM.

THE following case is of interest, because, occurring as it did in a young lad who had had rheumatic fever, and still has a cardiac murmur of indefinite significance, it closely simulated cerebral embolism.

E. A., aged 20, cabman, came into the out-patient room on May 20th with his left arm hanging apparently helpless by his side. He said that one week before, whilst cleaning his horse, his brush dropped from his hand, and his arm became powerless. In August, 1896, he had rheumatic fever, and was ill for four months. Since then he had had pain at times in the cardiac region, and palpitation on exertion. At the end of November, whilst still in bed, he suddenly lost power and sensation in the left arm in a similar manner, this condition lasting a month. He recovered power completely, and had been able to drive with both hands as usual up to the present time. He had had rheumatic fever previously twice.

On examination the left arm was hanging by the side, apparently helpless; the fingers were blue and swollen, and so cold that one almost instinctively felt the pulse, which was good; attempts by the patient to move the arm produced only a slight quiver. Sensation even to sharp pin pricks was lost all over the right arm and shoulders, and the postural sense was lost. No other form of motor or sensory paralysis. Heart: apex beat two-thirds of an inch outside the nipple line in fifth space; marked retraction of the third and fourth spaces with the impulse. Systolic murmur heard at the apex, not conducted, accompanying the first sound but apparently distinct; second sound at left base accentuated. The superficial reflexes of the left side exaggerated, and the left knee-jerk; hyperæsthesia of the left side below the costal margin; testing the abdominal reflexes caused contraction of the thigh extensors. Mr. Watson Griffin, who kindly examined the eyes for me, reported that there was no contraction of the fields of vision either for white or colour, and no other defect.

On May 29th the sensation had much improved, but there appeared to be some patchy anæsthesia; there was very slight improvement in motion. May 30th: Sensation and motion completely restored quite suddenly.

At first sight this seemed to be certainly a case of cerebral embolism, but on closer examination the lesions were clearly not to be accounted for on any theory of cerebral localisation. A monoplegia affecting motion and sensation, unaccompanied by any other symptoms, is, so far as we know, impossible. Moreover, the history of a previous attack, precisely similar so far as could be ascertained, and from which recovery was complete in a month, was decidedly against embolism (though repeated embolic attacks are not rare). On the other hand, the exaggeration of the left knee-jerk seemed at first to point to the leg being involved, but there was no other evidence of this. The diagnosis of functional paralysis was settled by the sudden and complete recovery. Bristowe records one case of sudden recovery from embolism,[1] but in this the symptoms had only lasted a few hours, and the brain substance was presumably uninjured; when the effects have lasted some days it is hardly conceivable that the recovery should be sudden, though it may be so complete as to leave no traces of the accident.

It is interesting to note that a brother of the patient, who has never had rheumatic fever, lost the use of his left arm four or five years ago, and has since repeatedly done so for short periods.

E. HOBHOUSE, M.D.,
Assistant Physician, Sussex County Hospital, Brighton.

INJECTION OF PILOCARPIN IN PUERPERAL ECLAMPSIA.

THE treatment of puerperal eclampsia due to albuminuria, accompanied with general œdema, by the subcutaneous injection of considerably large doses of pilocarpin nitrate (gr. $\frac{1}{3}$), a second injection sometimes being necessary at an interval of two hours from the first, has proved very successful in my obstetric practice during the past twelve years that I have used the drug, inasmuch as I have not had a fatal case.

Formerly I had recourse to the administration of chloroform and venesection in these cases, but have abandoned these for the more speedy and handy hypodermic remedy to be found in pilocarpin tabloids. The trial of this drug is deserving of wider favour at the hands of obstetricians, who must, at times, be at their wit's end, when face to face with a severe case of puerperal eclampsia, to adopt prompt and effective measures to avert a fatal result. During the period of utero-gestation if general œdema be present, 2 drachms of the acid tartrate of potash given at bedtime will act as a prophylactic, and will often avoid the supervention of eclampsia.

Devonport. GEO. A. RAE, L.R.C.P.E., L.R.C.S.E.

A CASE OF FOREIGN BODY IN THE BLADDER.

ON July 10th, 1897, B. N., a male Hindu, aged 30, came to the Sade Dispensary, Muttra, and stated that he was suffering from scalding during micturition, and that four days before, to relieve the pain, he had passed a thin, flexible, vegetable stem down his urethra, and that it had broken and more than half of it was left in the urethra. On admission he complained of pain during micturition, and his urine was tinged with blood. There was no discharge from the urethra, and no bulging could be seen or felt along the line of the urethra, but on introducing a sound, which was done with ease, a sort of "click" could be perceived as the point of the sound entered the bladder. Chloroform was therefore administered, and the usual operation for lateral lithotomy was performed. On introducing my forefinger through the wound into the bladder I could distinctly feel the foreign body, which was

[1] *Nervous Diseases*, p. 165.

partly in the bladder and partly in the urethra, and I was able to hook my finger round it and bring a loop of it down into the wound, where it was easily removed; it measured 7 inches long, and was about the thickness of a leather bootlace at its thick end, tapering away to a point at its thin end.

The patient made an uninterrupted recovery, and by the 20th of the month all urine was passed through the urethra, the wound in the perineum having completely filled up, and he was discharged cured on July 21st, after being only twelve days in hospital.

In spite of the foreign body in the bladder, there was no cystitis, which probably accounted for his speedy recovery.

This case, in many respects, resembles that reported by Surgeon-Major Phipps, A.M.S., in the BRITISH MEDICAL JOURNAL of July 17th.

J. M. CRAWFORD,
Surgeon-Captain I.M.S.

Muttra, N.W.P.

ANTIDIPHTHERIA SERUM RASHES.

IN the BRITISH MEDICAL JOURNAL of August 21st, 1897, there is mentioned an interesting case in which toxic symptoms followed the prophylactic injection of Behring's antitoxic serum, and in which case a scarlatinal rash appeared after the injection. In connection with this subject, the following notes on two cases out of a number in which the antitoxin was used are, I think, interesting:

(1) Mrs. W., aged 41, a nervous and somewhat emaciated patient, was taken ill on the morning of June 24th, 1897, feeling weak, out of sorts, and with a sore throat. On the 25th I was called, and found her with temperature 99°, and pulse 120. The right tonsil was covered with a greyish-white membrane, which covered the tonsil more or less wholly, and the submaxillary glands on the same side were slightly but distinctly enlarged and tender. The left tonsil appeared slightly injected, but the glands on that side were normal. A diagnosis of diphtheria was made (and the results of a bacteriological examination made at the "Wellcome" Laboratory subsequently corroborated this). At 7 P.M. that night 7 c.cm. of Burroughs, Wellcome, and Co.'s antidiphtheria serum was injected in the right iliac region, the temperature at the time of the injection being 99.8°, and the pulse 116. On the morning of June 26th her pulse was 88, temperature 99°, and her general condition much better. The membrane on the tonsil was in patches, and the glandular swelling had subsided, and there was no pain complained of. Her condition was the same in the evening of the same day. Next day (June 27th) her condition was very good, the membrane wholly away, the tonsil only injected, glands normal, pulse 88, and temperature 98.4°. She was up on the 29th, and I did not see her again until July 6th (eleven days after the injection), when I was called to see her, and found her complaining of a red rash on the front of both legs (from knees to ankles), the rash being intensely itchy, with sensation of burning. I have seen no rash like it, nor do I know any skin disease that could be said to resemble it, and the nearest description I can give is to call it an exaggerated measles eruption. The papular eruption was very much elevated above the surface of the skin, was very profuse, and had a tendency to form very definite circles and irregular segments of circles. It was of a distinct dusky-red colour, was accompanied by no rise of temperature nor acceleration of pulse-rate, and was only found on the front of both legs from immediately below the knee to the ankle-joint. Lead lotion allayed the itching and the rash disappeared in two or three days.

(2) A. W., a girl, aged 16, took ill on June 25th, 1897. On the morning of this day, though her general condition was fairly good, yet she had a temperature of 101.6° F. and pulse 132, and examination of the throat revealed yellow membranous patches on the right tonsil. The submaxillary glands on that side were enlarged and tender. Five grains $FeSO_4$ in solution ordered. That evening the temperature was 102.8° F. and pulse 128, and the condition of the tonsil being the same and my suspicion of diphtheria still remaining, I determined to inject antitoxin next morning. At 11 A.M. on the 26th 6 c.cm B. W. and Co.'s serum were injected into right iliac region. The temperature immediately before injection was 102.6° F., the pulse 132, and the examination of the throat revealed the patches coalesced and occupying a greater area. The submaxillary glands were still enlarged and tender. The respiration was noticed to be slightly quicker. That evening at 6 P.M. the temperature was 103.2° F. and pulse 120 and the throat the same. About 12 P.M. that night I was called for the third time (being out till then), owing to the alarm of the friends, who said the child showed signs of suffocation about 10 P.M. On my arrival I found the child sitting up in bed very flushed in the face, with eyes injected and watery, and excited. On questioning the child she said "she felt something fall from the roof of her mouth into her throat, and then she lost her breath and had to cough for some time until something came up, when she got relief." The parents were afraid of the child going off, and said, "She got blue in the face until she brought up some white matter, which they they threw in the fire." I then suspected this "white matter" to be a piece of diphtheritic membrane, which might have been growing at the post-nasal fossa, and, being loosened, fell into the larynx. Fearing that laryngeal infection might take place, I thereupon injected 7 c.cm. of serum into the right iliac region, the temperature at the time of this injection being 101.4°, and pulse 128. That morning (the 27th) in the forenoon I found the patient much better; the membrane had dwindled away to only a spot on the tonsil, and the glands were practically normal; pulse 100, and temperature 100 2°. That evening I did not manage to see the patient, but next morning (the 28th) the patient's condition was very good, with pulse 100, and temperature 99.8° F. The patient was in all respects the same that evening. On the 29th the patient's general condition was still very good, and the tonsils practically normal, except for some injection, with pulse 100, and temperature 98.4°. The next day the patient was allowed to sit up, and she made an uninterrupted recovery. On the tenth day from the first injection the girl was brought to me on account of a red rash on the front of both legs, which was very itchy. On examination the appearance of the rash at once brought to my mind the rash in the above case, to which it was identical. I at once told the mother it was due to the injection, and not to think anything of it, as it would go away in a few days of itself. In three days it was away without any treatment.

Both these cases, like most others, bear out the benefit of the serum treatment of diphtheria. The most interesting element which is common to the two cases is the development of a peculiar "exaggerated measles" rash (about the same interval after the injection of serum), intensely itchy, and in both cases on the fronts of both legs only. The only immediate cause for the development of this rash was the use of the antidiphtheria serum. A possible remote cause is a syphilitic taint in both these patients, and there is much in the character of the rash in favour of this: its dusky-red colour, its symmetrical distribution, its tendency to form circles. If this be so, then is serum injection going to light up latent syphilis, and will it diagnose a syphilitic dyscrasia? Whatever may be the remote cause of this, so much is true that after the use of antidiphtheria serum it is possible to have a localised measly rash. The appearance of a blush at the seat of injection, and the development of a scarlatinal rash more or less over the whole body, have been recorded, but what other varieties of eruption are possible after the use of antitoxin I do not know. Whatever may be the conditions necessary for the production of a rash of any kind, certain chemical changes in the state of the blood no doubt are essential. No doubt the antitoxin produces certain chemical changes in the blood plasma as a whole, or certain chemical products in it which, if in sufficient quantity, may result in a rash, and it is possible to conceive of the possibility of the aggregation of the chemical products in certain areas from some cause or other, such as stagnation of blood in dependent parts, etc. It is regrettable that physiological chemistry and therapeutical chemistry are so backward as to prevent us knowing the exact mode of action in serum therapeutics. At present we can only theorise or sigh for a State Research Laboratory.

A. G. NEWELL, M.B., C.M.Glasg., L.M.Dub.,
D.P.H.Cantab.

Glamorgan.

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

NEWCASTLE-UPON-TYNE ROYAL INFIRMARY.

POISONING CAUSED BY EATING THE HAIRY WILLOW HERB (EPILOBIUM HIRSUTUM).

(Under the care of Professor OLIVER, M.D.)

WE are not always familiar with the effects consequent upon eating some of our common wild plants, so that when poisoning occurs it is well that such should be recorded. W. E. P., aged 3 years, a well developed boy, was admitted under the care of Dr. Oliver on August 5th, 1897, in a state of complete coma and the subject of epileptiform convulsions following each other in rapid succession. He had been only a very short time ill. His temperature on admission was 100° F. It appears that immediately previous to his illness the boy, who had been quite well, had been playing with a little friend, and that they had in their possession a bunch of plants known as the hairy willow herb, some of the flowers of which the patient had eaten. Very shortly afterwards the mother found the child unconscious and in convulsions. In this condition she brought him to the infirmary. There was no history and no mark of any injury; no albumen was found in the urine, and there was no discharge from either ear. The abdomen was distended, the pupils contracted, and the patient was in a state of complete collapse.

in Jamaica. Barbadoes, etc., was three years, and then extended to four, and has now been made five. If there were or are sufficient reasons for a three years' tour, it must be absolutely wrong to make it five; both cannot be right. This is how matters stand:

Officers.	Tour in Jamaica.	Home Leave.
European Regiments	2 years	Regular.
Royal Engineers	2 and 3 years	,,
Royal Artillery	3 years	,,
A.S.C. and A.P.D.	4 ,,	,,
Medical Staff	5 ,,	None.

Without leave three years is long enough, but five is positively cruel. This is the latest concession to the Army Medical Service.

MEDICO-LEGAL.

POLICE FEES AND THE MEDICAL PROFESSION.

THE Portsmouth Medical Union are endeavouring to obtain an increase in the fees paid by the police for medical services. In that town they have been fixed at 3s. 6d. for a day, and 7s. 6d. for a night call; and this would appear the highest rate paid by any public authority, except by the Corporation of Bradford, which pays 7s. 6d. both for day and night calls.

Dr. Frederick Pearse writes that the Portsmouth Medical Union are demanding 5s. for a call between 8 A.M. and 8 P.M., 7s. 6d. between 8 P.M. and midnight, and 10s. between midnight and 8 A.M.

The profession at Portsmouth has set an admirable example by the way they have combined to uphold the general interest, and the Medical Union is to be congratulated on having done excellent work. The enterprise, however, it has now undertaken is possibly not one of the most pressing character. Few complaints reach us of the inadequacy of the present rate of payment by the police in different parts of the country. Doubtless here, as in most of the questions relating to medical fees, local considerations must be taken count of, and the authorities might reasonably be expected to pay more in some places than in others. This may be the case at Portsmouth; and, if so, the interests of the local profession could not be in better hands than those of the Portsmouth Medical Union.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF DURHAM.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE (OLD REGULATIONS).—The following candidate has satisfied the Examiners:

Chemistry with Chemical Physics.—L. H. Walsh, M.R.C.S., L.R.C.P., L.S.A., King's College Hospital.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE (NEW REGULATIONS).—The following candidates have satisfied the Examiners:

Elementary Anatomy and Biology, Chemistry and Physics.—Honours—First Class.—R. S. Hindmarch, College of Medicine, Newcastle-upon-Tyne. Honours—Second Class.—T. S. Coates, College of Medicine, Newcastle-upon-Tyne; A. Parkin, College of Medicine, Newcastle-upon-Tyne; A. H. Proctor, College of Medicine, Newcastle-upon-Tyne; W. R. D. Daglish, College of Medicine, Newcastle-upon-Tyne. Pass List.—C. C. Adeniyi-Jones, College of Medicine, Newcastle-upon-Tyne; Mary Evelyn De Rusett, College of Medicine, Newcastle-upon-Tyne; J. H. Graham, College of Medicine, Newcastle-upon-Tyne; G. Mack, College of Medicine, Newcastle-upon-Tyne; W. A. Murray, College of Medicine, Newcastle-upon-Tyne; H. Reah, College of Medicine, Newcastle-upon-Tyne; H. H. Ruffmann, College of Medicine, Newcastle-upon-Tyne; F. R. Scott, College of Medicine, Newcastle-upon-Tyne; T. Y. Simpson, Cooke's School of Anatomy.

Chemistry and Physics.—A. H. Bunting, College of Medicine, Newcastle-upon-Tyne; A. J. S. Brandan, St. Thomas's Hospital; W. S. Batten, College of Medicine, Newcastle-upon-Tyne; Lætitia Nora Ede, College of Medicine, Newcastle-upon-Tyne; J. Farrage, College of Medicine, Newcastle-upon.Tyne; Chella Mary Hankin, London School of Medicine for Women; M. Haver, College of Medicine, Newcastle-upon-Tyne; G. H. Kirby, Mason College, Birmingham; E. J. L. Kendle, B.A., College of Medicine, Newcastle-upon-Tyne; E. E. Norman, College of Medicine, Newcastle-upon-Tyne; M. J. Quirke, Mason College, Birmingham; Monica Lucien Mary Robertson, London School of Medicine for Women; F. Rowland, Mason College, Birmingham; F. W. Sime, Guy's Hospital.

Elementary Anatomy and Biology.—Annie Tombleson Brunyate, London School of Medicine for Women; H. W. Furnivall, University College Hospital, London; J. A. Giles, College of Medicine, Newcastle-upon-Tyne; A. E. Hodge, College of Medicine, Newcastle-upon-Tyne; E. L. Jenkins, Cooke's School of Anatomy: A. C. Ney, College of Medicine, Newcastle-upon-Tyne; W. W. Stainthorpe, College of Medicine, Newcastle-upon-Tyue; F. G. Wilson, College of Medicine, Newcastle-upon-Tyne.

THE Middlesex Hospital has received a further sum of £2,000 being part of a one-sixth share of the residuary estate of the late Mr. David Brandon.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,795 births and 4,089 deaths were registered during the week ending Saturday last, September 11th. The annual rate of mortality in these towns, which had declined from 29.5 to 20.7 per 1,000 in the four preceding weeks, further fell to 19.4 last week. The rates in the several towns ranged from 8.2 in Halifax, 9.5 in Croydon, 11.3 in Cardiff, and 11.4 in Swansea to 26.9 in Liverpool, 28.5 in Hull, 31.1 in Wolverhampton, and 35 3 in Preston. In the thirty-two provincial towns the mean death-rate was 21.5 per 1,000, and exceeded by 5.2 the rate recorded in London, which was 16.3 per 1,000. The zymotic death-rate in the thirty-three towns averaged 4.5 per 1,000; in London the rate was equal to 2.6 per 1,000, while it averaged 5.8 in the thirty-two provincial towns, among which the highest zymotic death-rates were 7 9 in Sheffield, 9.5 in Leicester and in Salford, 10.0 in Hull, and 17.7 in Preston. Measles caused a death-rate of 1.0 in West Ham and in Manchester, 1.4 in Oldham, and 3.6 in Preston; scarlet fever of 1.3 in Bolton; whooping-cough of 1.1 in Liverpool and 1.4 in Oldham; "fever" of 1.1 in Sunderland; and diarrhœa of 7.7 in Leicester, 8.3 in Salford, 9.3 in Hull, and 13.6 in Preston. The 48 deaths from diphtheria in the thirty-three towns included 25 in London, 4 in Birmingham, 4 in Leicester, and 3 in Liverpool. No fatal case of small-pox was registered last week, 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. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had increased from 2,380 to 3,528 at the end of the seventeen preceding weeks, had further risen to 3,579 on Saturday last; 376 new cases were admitted during the week, against 340, 356, and 371 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, September 11th, 848 births and 545 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 21.6 to 18.1 per 1,000 in the three preceding weeks, rose again to 18.3 last week, but was 1.1 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these large towns the death-rates ranged from 13.3 in Paisley and 15.3 in Perth to 19.9 in Edinburgh and 22.0 in Greenock. The zymotic death-rate in these towns averaged 3.3 per 1,000, the highest rates being recorded in Edinburgh and Leith. The 261 deaths registered in Glasgow included 29 from diarrhœa, 9 from whooping-cough, 3 from diphtheria, 3 from "fever," and 2 from scarlet fever. Fourteen fatal cases of diarrhœa, 2 of diphtheria, and 2 of scarlet fever were recorded in Edinburgh, and 2 of diphtheria in Aberdeen.

NOTIFICATION CERTIFICATES.

A LONDON correspondent writes suggesting an addition to the certificate of notification in the shape of a space for insertion of the facts as to the school attendance of children ill themselves, or, we assume, living in invaded dwellings. This is just one of these points that need not be considered in connection with the much-required Amendment Act as to compulsory notification. But, as has already been pointed out in the BRITISH MEDICAL JOURNAL, there are districts in which much desirable information is sought in a series of optional questions printed at the foot of the form of certificate. Medical practitioners know that the head of the form is all that the law compels them to fill up, though as matter of common practice we believe that the optional data are forthcoming also. Hence, we would like to see the form of certificate improved in more than one vital respect in its obligatory phases, and for the rest left to the voice of the local authority subject to the sanction of the central health department. The form might vary for certain of the notifiable diseases, milk, water, and school services finding places in the set form in addition to the present data, plus age and sex of patient, and other desired facts being either requested locally, or desire for their optional insertion expressed, as district and central authorities deem best.

CERTIFICATION OF PAUPER LUNATICS.

REFERRING to the annotation on page 623 of the BRITISH MEDICAL JOURNAL of September 4th, we notice that at the last meeting of the Sunderland Board of Guardians the report was sent back of the Special Committee appointed to consider the subject of fees paid to the district medical officers for certifying cases of lunacy. The report was to the effect that the present arrangement is the best that can be adopted. Pending further consideration of the report, we may add that there appears to be a condition of affairs in that union of which we were not previously aware—namely, that the medical men called in by the justice to examine pauper cases alleged to be insane are not paid unless certificates of insanity are signed. But as we read the Act, the justice who directs or calls in a medical man to examine such alleged lunatic has the power of ordering the guardians to pay a fee—a "reasonable remuneration"—as an expense attending the examination of the alleged lunatic, whether a certificate be signed or not.

J. T. (M.D.).—As a matter of professional etiquette and official courtesy, the medical officer of health ought not, except in case of emergency, to visit and examine a patient without prior intimation to the practitioner in attendance.

THE ETHICS OF NOTIFICATION.

T. W. N. G.—We know of no pamphlet which deals with the etiquette of notification from the point of view of the private medical practitioner. The rules of courtesy which govern the relations of one medical man

to another will cover all that is needed. Medical officers of health have often a delicate duty to perform in regard of notified cases of infectious disease, more especially if themselves in private practice, and all assistance that can be rendered to these officers with a view of maintaining harmonious relations will be of value to both parties. The medical officer of health is seldom in difficulties where a medical practitioner bent on action of a *bonâ fide* and helpful nature is concerned.

SUPERANNUATION ALLOWANCES.

C. Q.—There is no mention of public vaccinators in the Poor-law Officers Superannuation Act Amendment Act. Clause 4 of the main Act of 1896 states that the services of an officer or servant, whether continuous or not, and even though under multiple authorities, are to be aggregated and reckoned for the purposes of superannuation, whether whole or part time service be in question.

POOR-LAW SUPERANNUATION.

SUBSCRIBER.—Any officer or servant within the terms of the Poor-law Officers Superannuation Act can, under Section 2, claim pension at the age of 60 years if he has served for forty years. We do not know of any proof other than that of age and certified records of service being requisite. Failing an aggregate of forty years' service, the age of 65 must be reached before plea of old age alone can be sustained.

DISTRICT MEDICAL OFFICER AND ATTENDANCE ON INMATES OF ALMSHOUSES.

G. O., who is a district medical officer, with a fixed salary, writes to say that he has recently had additional work thrown upon him by the guardians having decided that he is to attend as paupers the inmates of some almshouses (twelve) in his district, he having been hitherto paid for his attendance by the trustees of the charity, who, having been informed by the Charity Commissioners that they are not compelled to provide medical attendance for the alms people, now decline to do so. "G. O." asks our opinion, and whether it would be of any use for him to apply to the Local Government Board.

*** We fear our correspondent will have to give his attendance on all these alms people whenever he receives a proper medical order for him to do so. A resolution of the Board that he is to do this does not dispense with the usual formalities. The making these people paupers for medical relief only is, in our opinion, an error, as it is evident that the trustees of the charity are empowered to provide medical attendance for them, but decline because they are not compelled to provide it. We do not apprehend that the Local Government Board would prevent medical orders being issued for attendance on these people if guardians so direct.

INDIA AND THE COLONIES.

INDIA.

EXCESSIVE FEVER PREVALENCE IN MADRAS.—The extraordinary increase of fever-rate has caused the Government to call for a special report on it from the Sanitary Commissioner, Surgeon-Lieutenant-Colonel King. The fever-rate in April, 1890, was 16 per mille per annum. In the following year the maximum reached 24.5, and, though this level has not since been reached, the rate has been much higher than at any time during the previous decade, ranging from 15½ in 1896 to 19 in 1895. The Sanitary Commissioner had many facts and theories to deal with. Madras has a soil saturated with filth. Surgeon-Lieutenant-Colonel King finds, in the relation between the fever returns during the past six years and the extent of rainfall the proof of a relation between subsoil water and the prevalence of fever. Dr. King says the increased introduction of house connections with the public water supply in imperfectly drained premises, and in an imperfectly drained town, has favoured moisture of the superficial soil and consequent growth of the malarial germ. The remedy suggested by the Sanitary Commissioner is to starve the malarial germ by depriving it of its pabulum of organic matter and of moisture, which is to be effected by a more efficient conservancy and by combining a system of subsoil drainage with pipe sewerage. This is all well and good, but the point is, Will the Government carry out the suggestions of its Sanitary Commissioner?

PREVENTION OF PLAGUE.—We are favoured by a printed report of the measures put in force by the authorities at the Hardwár fair in the North-West Provinces, India. Hardwár, although adjacent to such plague-stricken centres as Kumaon and Gurwal, and open to pilgrims from the plague area of the Bombay Presidency, has been protected against an epidemic of plague: nor has the holding of the fair been prevented. The sanitary work was under the able direction of Surgeon-Major S. J. Thomson, and the principles involved were medical inspection, segregation camps—in other words, rational quarantine. Some eighteen cases of imported plague occurred amongst the pilgrims to the fair, but by active interference an epidemic was prevented. This is a most hopeful statement, and the more so as all inoculations, whether for preventive or curative purposes, have not proved to be reliable.

MEDICAL REGISTRATION IN INDIA.—Intermittently a cry arises from qualified medical men in India for State registration on the lines on which that useful proceeding has been laid in this country. A measure of the sort serves to benefit and protect both the profession and the public, for reasons which it is unnecessary to explain. The need of some means of placing the hall-stamp of Government recognition on those who, having undergone a sufficient preliminary and professional education, have obtained, after proper testing, the right to practise medicine, surgery, and midwifery, is specially indicated at the present time, when India is threatened with a growth of mushroom medical schools, granting of their own motion and authority bogus diplomas. The Government of India has never taken up the question seriously, being apparently deterred by a fear—an unfounded fear—of damaging the interests of persons practising according to the old Hindu and Arabian systems. This discredited and dwindling class would not be materially injured by a system of registration which would serve to signalise men who have expended labour, time, and money on qualifying themselves to practise on rational and scientific principles.

MEDICAL NEWS.

THE total contributions to the Prince of Wales's Hospital Fund for London up to September 15th (excluding the proceeds of the sale of the hospital stamps) amount to £183,688 11s. 1d.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.—The next examination for the Certificate in Nursing and Attending on the Insane will be held on Monday, November 1st. Particulars may be obtained from the Registrar, Dr. Spence, Burntwood Asylum, near Lichfield. October 4th is the last day on which the names of candidates for examination will be received.

RABIES AT HASTINGS.—The muzzling order is to be put in force at Hastings. It appears that a dog belonging to a resident was bitten by a dog belonging to a travelling theatrical company. The animal developed symptoms of rabies, and was shot by a veterinary surgeon. Before this, however, the retriever had bitten five other dogs. Four have been traced and destroyed, but the whereabouts of the fifth is at present unknown. Quite a scare is being caused amongst dog owners of the town.

INFLUENZA AT MERV.—A telegram from St. Petersburg states that the fever, apparently an extreme form of influenza, which has been raging for many months in the district of Merv, is claiming fewer victims at the present time, but its virulence has increased rather than lessened. It leaves behind it the most serious maladies, such as affections of the heart, with dropsy, paralysis, and contraction of the limbs.

UNIVERSITY COLLEGE HOSPITAL.—In spite of the liberal way in which the public have this year responded to appeals for hospital charity, there is still urgent need in important instances for further help. The Committee of University College Hospital find themselves in the position of having to consider the possibility of closing fifty beds unless help from some unexpected quarter arrives soon. About £3,000 is needed to carry on the hospital to the end of the year.

THE SANITARY INSTITUTE.—The twenty-fourth London course of lectures and demonstrations for sanitary officers, 1897, will be given in the Parkes Museum, Margaret Street, W., on Mondays and Thursdays, at 8 P.M., commencing September 27th. The lectures will be given by well-known authorities, and will comprise the following subjects: Introductory lecture (admission free); Sanitary Law, English, Scotch and Irish; General Enactments Public Health Act, 1875; Model By-laws, etc. The Law Relating to the Supervision of Food Supply. Sanitary Laws and Regulations Governing the Metropolis. Objects and Methods of Inspection, Nuisances, etc. Factories, Workshops, and Offensive Trades. Diseases of Animals in Relation to Meat Supply; Characteristics of Vegetables, Fish, etc., Unfit for Food. Demonstration of Diseases in Meat. Infectious Diseases and Methods of Disinfection. Water Supply, Drinking Water, Pollution of Water. Ventilation, Warming, and Lighting. Principles of Calculating Areas, Cubic Space, etc.; Interpretation of Plans and Sections to Scale. Sanitary Building Construction. Sanitary Appliances. Details of Plumbers Work. House Drainage. Sewerage and Sewage Disposal. Scavenging, Disposal of House Refuse. In addition to the above lectures the course will include a number of practical inspections and demonstrations illustrating the matters with which a sanitary officer may have to deal in the course of his duties. Particulars of these are given in the syllabus. Full particulars can be obtained on application to the Secretary of the Institute, Parkes Museum, Margaret Street, W.

BEQUESTS.—Under the will of the late Mr. James Toleman, of 110, Haverstock Hill, and 17, Goswell Road, £1,000 has been bequeathed to the Royal Hospital for Diseases of the Chest, City Road; £1,000 to the Cancer Hospital, Brompton; £1,000 to the Fever Hospital, Liverpool Road, Islington; £1,000 to the Royal Free Hospital, Gray's Inn Road; £1,000 to the British Home for Incurables; and "to the Asylum for Idiots, whose offices are at 36, King William Street, in the City of London, £1,000."

WIGAN MEDICAL SOCIETY.—A meeting of the Society was held on September 9th, 1897, Mr. C. T. Street, President, in the chair. Mr. W. J. Orsman, F.C.S., analyst for the county borough of Wigan, gave a lecture on and demonstration of Roentgen rays. The lecture and demonstration were highly appreciated, and a cordial vote of thanks was passed to Mr. Orsman. A paper on Empyema and its Treatment was read by Mr. W. Cunningham Milroy, M.A., M.D.Edin. A discussion followed in which the President, Mr. Monks, Mr. Brady, Dr. White, and Mr. France took part. Dr. Milroy replied.

MEDICAL VACANCIES.

The following vacancies are announced:

ABERDEEN CITY HOSPITAL.—Resident Physician. Salary, £50 per annum, with board and residence at the Hospital. Applications to W. Gordon, Town Clerk, Town House, Aberdeen, by September 24th.

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 Anæsthetist. Salary, £40 per annum. Appointment for one year. Applications to Howard J. Collins, House-Governor, by September 25th.

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

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.

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.

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.

GUEST HOSPITAL, Dudley.—Resident Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided. No salary. Applications to the Secretary by September 23rd.

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.

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

KIDDERMINSTER INFIRMARY AND CHILDREN'S HOSPITAL.—House-Surgeon, unmarried. Salary, £140, increasing by £10 per annum to £170, with rooms in the Infirmary, and attendance. Applications to the Secretary before September 24th.

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

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Assistant Resident Medical Officer. Appointment for six months. Doubly qualified. Residence, board, and washing provided, and an honorarium given at termination of appointment. Applications to A. W. Bodger.

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.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, N.E.—Junior House-Physician; doubly qualified. Appointment for six months. Salary, £15, with full board, and residence. Applications to T. Glenton-Kerr, Secretary, 27, Clement's Lane, E.C., by October 11th.

OLDHAM INFIRMARY,—Junior House Surgeon; doubly qualified. Salary, £50 per annum, with board and residence. Applications to Rev. Philip Lancashire, Honorary Secretary, by September 23rd.

ROYAL SOUTHERN HOSPITAL, Liverpool.—Junior House-Surgeon; doubly qualified. Salary, 60 guineas per annum, with board, etc. Applications to the Chairman of the Medical Board by September 27th.

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.

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

STOCKTON AND THORNABY HOSPITAL.—Non-Resident House-Surgeon; doubly qualified. Age not to exceed 30. Salary, £200 per annum. Applications to H. G. Sanderson, Secretary, by September 30th.

SWANSEA GENERAL HOSPITAL.—House-Physician. Salary, £50 per annum, with board, apartments, laundress, and attendance. Applications to J. W. Morris, Secretary, 9, Castle Street, Swansea, by October 4th.

WEST HAM HOSPITAL, Stratford, E.—Junior House Surgeon. Appointment for one year, but candidates are eligible to the post of Senior House-Surgeon for a further year. Salary £35 per annum, with board, residence, etc., the salary of the senior post being £75. Applications to L. D. Rea, Secretary, by September 21st.

MEDICAL APPOINTMENTS.

BAILEY, John George, M.B., C.M.Edin., appointed Senior Assistant House-Surgeon to the Huddersfield Infirmary, *vice* T. Hill Jamieson, M.B., C.M.Edin., resigned.

CLOTHIER, H., M.D.Lond., M.B., reappointed Medical Officer of Health for Hornsey.

FACEY, S. H., M.R.C.S., L.R.C.P.Lond., appointed Resident Clinical Assistant to the St. Marylebone Infirmary.

FREMLIN, H. S., L.R.C.P., M.R.C.S., appointed Medical Officer of Health to the Tiverton Rural District Council.

GILCRIEST, T., L.R.C.P., L.R.C.S.I., appointed Assistant Medical Officer to the Sligo District Asylum, *vice* G. R. Lawless, F.R.C.P.

GORNALL, John Guest, M.A., M.B.Cantab, M.R.C.S., L.R.C.P., appointed Visiting Medical Officer to Lancashire County Idiot Asylum at Winwick, near Warrington.

HAWTHORN, F., M.D.Durham, B.S., M.R.C.S., L.R.C.P., appointed Medical Officer of the No. 4 District of the Newcastle Union.

LAWLESS, G. R., F.R.C.S.I., appointed Resident Medical Superintendent to the Armagh Asylum.

LLOYD, Edward J., M.D., C.M.Aberd., M.R.C.S.Eng., appointed Medical Officer to the *Clio* Industrial Training Ship, off Bangor.

LYS, H. G., M.D.Lond., reappointed Medical Officer of the Almer District.

MILLER, C. A., M.D.Edin., appointed Medical Officer for the Lochaber District of Kilmonivaig, *vice* D. G. Campbell, M.B.Edin., resigned.

STEELE, R. S., M.B., C.M.Glasg., appointed Medical Officer of Health of the Gnosall Urban District Council.

STOTT, Hugh, M.R.C.S., L.R.C.P., appointed Medical Officer of Health to the Burgess Hill Urban District Council.

WADDELOW, J. J., F.R.C.S., L.R.C.P., appointed Medical Officer of Health to the Whittlesey Rural District Council.

WILLIAMS, J. T. C., M.R.C.S., L.R.C.P., reappointed Medical Officer of Health to the Whitland District Council.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTH.

MCDOWALL.—On September 12th, at Menston, near Leeds, the wife of J. G. McDowall, M.D., of a daughter.

MARRIAGES.

THOMAS—WATKINS.—At Rehoboth Chapel, Brynmawr, on Tuesday, the 7th inst., by the Rev. J. P. Millward, brother-in-law of the bridegroom, assisted by the Rev. David Thomas, Brynmawr, John Lewis Thomas, M.R.C.S.Eng., etc., Blaengarw, son of John Thomas, Esq., C.C., Brynmawr, to Mary Jane Watkins, Glen View, Brynmawr, daughter of the late Thomas Watkins, Esq., of Brynmawr.

THORPE—RODHAM—On the 10th September, at Yateley, Hants, by the Rev. R. Oscar T. Thorpe, M.A., Rector of Anstey, Herts, father of the bridegroom, assisted by the Rev. C. D. Stooks, M.A., Vicar of the Parish, Surgeon V. Gunson Thorpe, R.N., M.R.C.S., to Maude, daughter of the late Fleet-Paymaster C. R. Rodham, R.N.

WILSON—SOUTAR.—At the Parish Church, Crieff, on the 25th ult., by the Rev. Andrew Campbell, Minister of the Parish, Robert Wilson, Mayfield, Falkirk, to Elizabeth Annie, second daughter of the late R. K. Soutar, M.D., Golspie, Sutherland.

DEATHS.

LEIGH.—On September 1st, at Brynllefrith, Llanfabon, Glamorganshire, Harriet, only daughter of the late Rev. W. Watkins, Rector of Bedwas, Mon., and widow of John Leigh, F.R.C.S., J.P., aged 79 years.

STEPHENS.—On the 11th inst., in consequence of a bicycle acciden at Preston, Richard John Stephens, M.R.C.S.Eng., L.S.A., Assistant Medical Officer, County Asylum, Whittingham, Lancashire, in his 34th year.

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. Th., 9.30. *Operations.*—M. F. S., 12.

LONDON. *Attendances.*—Medical, daily exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W., S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operations.*—M. Tu. W. Th. S., 2.

LONDON TEMPERANCE. *Attendances.*—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operations.*—M. Th., 4.30.

METROPOLITAN. *Attendances.*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operations.*—F., 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; (Obstetrical), Th., 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., 9.

NORTH-WEST LONDON. *Attendances.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations.*—Th., 2.30.

ROYAL EYE, Southwark. *Attendances.*—Daily, 2. *Operations.*—Daily.

ROYAL FREE. *Attendances.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, S., 3; Dental, Th., 9. *Operations.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.

ROYAL LONDON OPHTHALMIC. *Attendances.*—Daily, 9. *Operations.*—Daily, 10.

ROYAL 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. Th. 2.

ST. GEORGE'S. *Attendances.*—Medical and Surgical, daily, 12; Obstetric, M. Th. 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, F., 2; 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. Tu., 3; Orthopædic, W., 10; Throat, Tu. F., 3.0; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 2.30; Dental, W. S., 9.30; Children's Medical, Tu. F., 9.15; Children's Surgical, S., 9.15. *Operations.*—M., 2.30.; Tu. 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; (Gynæcological), 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.

J. H. B. asks for the names of any homes where young ladies are treated for severe forms of hysteria. Terms from £1 1s. per week.

E. S. asks for information as to the results following a prolonged use of sulphonal. Does it in time upset the whole digestive system?

INQUIRER asks: Would anyone recommend from personal knowledge a good home for a lady inebriate where only ladies are received?

M B would be glad to hear of any references in medical works, journals, etc., bearing upon the subject of hæmoptysis, the result of strain in the non-tuberculous subject.

TOO STOUT would feel much obliged to any member who could give him particulars of Mr. Banting's system of dieting, or any other system that would have the same effect.

MEDICAL OFFICER (M.B.M.A.) will be glad to be informed if there be any course of lectures for workhouse hospital probationers published; and, if so, where obtainable?

VELOX would like to know the best way of disguising the taste of cod-liver oil. Which of the many preparations now in the market is the best for this purpose?

HOMER would like suggestions as to treatment of an obstinate case of neuralgia all over the body. The patient is about 70 years of age, and there are no symptoms of brain or spinal disease. All the usual remedies, including phenacetin, antipyrin, bromides, quinine, strychnine, iodide of potassium, belladonna, gelsemium, arsenic, sodium salicylate, galvanism, and faradism have been tried without effect. The only remedy which relieves for a time is morphine hypodermically.

A QUESTION OF FEES.

A CORRESPONDENT desires to know what fees to charge for the following: (1) Attendance before magistrate and giving evidence. (2) Organic analysis of a pessary. (3) Microscopic examination of chemise of plaintiff; all the above work being done at the instance of the chief constable. A policeman tendered 10s. 6d. to our correspondent, which he refused.

*** Two guineas would be a fair charge to make both for analysis of pessary and for microscopic examination, but it is not certain that the payment of this amount could be enforced. It was unwise to refuse the tender of the half guinea, as its acceptance would not have invalidated a further claim, and no more than this is usually allowed for giving evidence before a magistrate.

MANCUNIAN writes to know what would be a fair charge for performing paracentesis abdominis in the case of a small hotel proprietor, who is also chairman of the district council.

*** Our correspondent ought to be the best judge of this, as the fees paid by patients for professional services vary greatly according to local conditions. A guinea might be a fair charge, but circumstances can easily be imagined which would justify a larger demand.

PRINCIPALS AND ASSISTANTS.

A CORRESPONDENT asks the following questions: (1) In the case of fully qualified assistants managing a practice is it usual for them to get a percentage of the inquest and court fees? (2) What is the custom with regard to relaxation from work; are they entitled each week to a day off, or any time? (3) What is the usual salary and percentage of midwifery fees given to a man of several years' experience?

*** (1) This is entirely a matter of arrangement between principal and assistant, and it cannot be said there is any custom. (2) This also will be a matter of arrangement; assistants residing with their principals very generally get an occasional evening in the week, and sometimes a Sunday off, but in the case of assistants in charge of branches it might not be easy for the principal to grant this. (3) Indoor assistants are usually paid from £70 to £80 per annum, outdoor from £120 to £150 per annum, but it is not the rule for the principal to give a percentage of the midwifery fees.

ANSWERS.

A CASE OF IDIOCY.

C.S.S.—The best place to which the patient referred to by our correspondent can be sent is the Royal Albert Asylum for Idiots and Imbeciles, Lancaster. Garstang being in Lancashire, the child is eligible for admission there. Our correspondent should write to the superintendent and ask for the terms of admission.

INTRALARYNGEAL INJECTIONS IN PHTHISIS PULMONALIS.

E.C.H.—1. In general 1 per cent. of guaiacol, and with it from 5 to 10 per cent. of menthol in olive oil, is the type of intralaryngeal injection in pulmonary phthisis or syphilis, or in fœtid bronchiectasis. Dr. Chappell, of New York, has "worked out" the two following formulæ by experimental trial in cases of phthisis—a mild and a strong. The mild is as follows: Beechwood creasote, 5j; oil of wintergreen, 3iij; hydrocarbon oil (liquid vaseline and paroleine), 5j; castor oil, 3iij; menthol, grains x.