

Table of Measurements.

	Aug. 25th.	Sept. 1st.	Sept. 19th.	Sept. 25th.	Sept. 26th.	Sept. 30th.
Liver: distance of lower edge from level of umbilicus, in inches ...	2½	3	3½	4	4½	4½
Spleen: distance of lowest tip from umbilicus, in inches ...	1½	1½	1½	1½	—	2½

*Post-mortem Examination* (abdomen only).—Liver much shrunken, weighed 15 ounces; flabby, but tough; pea-sized nodules covering surface. Gall bladder flaccid, contents dark, inspissated; cystic duct occluded. On section of liver, numerous bright tawny-yellow nodules, pea-sized, on dirty-grey firm matrix. Spleen congested, weighed 9 ounces. Intestines: No definite typhoid cicatrices in ileum.

*Microscopic Examination*.—Dr. A. A. Kanthack, St. Bartholomew's, reported as follows: "The liver is extremely cirrhotic; the cirrhosis is both lobular and intercellular in type; in the thick fibrous tissue there are a large number of bile ducts, so that it is possible the cirrhosis began along the bile ducts. Further the liver is extensively vacuolated. . . . The constriction of the bile ducts is most likely due to the infantile cirrhosis, which is frequently of this type."

The points of special importance in the case, as bearing on the natural history of acute yellow atrophy, are: (1) That it was grafted upon infantile cirrhosis; (2) that the intercurrent typhoid fever may have been a factor; and (3) that the enlarged liver had begun to atrophy at least 10 days before jaundice set in, and 37 days before death.

## MEMORANDA:

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

#### A CASE OF BLOOD POISONING.

On November 4th, about 8 A.M., a strongly-built bricklayer came with his employer into my consulting room. The cause of his extremely critical condition was an immensely swollen right arm, serious œdema extending from fingers to shoulder. The wound was on the external side, just below the elbow, and this had, it seemed, been inoculated about ten days previously by the arm being thrust down a stopped-up drain pipe for the purpose of removing the cause of obstruction. In doing so he may have scratched the elbow, or he may previously have had an abrasion there.

Superficial lancing, followed by careful dressing, were promptly and extensively carried out, soothing medicine given, and the patient sent home to bed. At 3 P.M. I visited him, and lanced his arm more freely, treated the seat of inoculation with strong solution of permanganate, fomented and bandaged, gave two cathartic liver pills, an antifebrin powder, and a pill containing perchloride of mercury, as well as his anodyne medicine to be taken every three hours.

According to my wish, Dr. Bruce met me at night. The patient was a little better, but the pulse was still over 120, respirations 45, temperature 102° F. He had been delirious, and the arm was enormous. The heart was very weak; there was some bronchitis, even suspicion of pulmonary congestion; the urine was heavily loaded with urates; and the pupils were small and did not react.

Serum had flowed copiously from the incisions, and yet the œdema seemed likely to spread. At night I lanced and dressed the arm again, and gave a sleeping draught.

Next morning (November 5th) the pulse numbered 96, the respirations 40. At night Dr. Bruce and I decided to lance the site of inoculation, which was now of an ominous blackish hue, freely and much more deeply. It seemed that if the swelling were not checked it would soon press dangerously on the important structures in the neck. The wound I

treated with lotion of biniodide of mercury, and most carefully dressed it three or four times a day. Medicine containing a little morphine, bromides, and belladonna, salicylate of ammonium, bicarbonate of potassium, and perchloride of mercury was given, together with a few antifebrin powders and effervescing salines. Afterwards, when the temperature was lower, he had a mixture of spirit of chloroform and perchloride of iron.

On November 6th it was clear that there had been an excessive discharge owing to the bold incisions. The bowels were open, pulse and respiration much better, temperature 101°, swelling much less. It was, however, necessary to incise the wound again. The arm was thrice daily dressed, covered with warm boracic lint, and sleeping draughts given at night. There were still restlessness and delirium. To dress the wound thoroughly took up as much as an hour, and the smell was most offensive.

On November 7th the œdema had subsided greatly, the wound was clean, the patient still delirious. Temperature in morning 100.5°, at night 102°.

On November 8th the temperature both morning and evening was 100°. The wound itself was doing very well, but the arm had broken out higher up, above the elbow.

On November 13th further operation was necessary in regard to the different sores which had burrowed their way into the arm, and drainage tubes had to be inserted from the upper to the forearm. A large core was extracted from the cavity which had broken out in the upper arm. The pulse was now 72, temperature normal; there was a daily evacuation, the wound clean and granulating at the edges; but on the outside of the arm there was a flap of skin undermined by the acrid excretions discharged from the sore. A drainage tube was inserted through the bottom of this skin, and by careful cleansing and syringing the flap soon became adherent. The solutions used were of permanganate, biniodide, and perchloride of mercury, carbolic acid, and tincture of iodine. The granulating sores were well cleansed, and covered with protective, the arm then swathed with warm boracic lint and bandages thrice a day. The windows had to be opened, and fumigating powder burnt. Exuberant granulations were cauterised with sulphate of copper.

About the second week of December, the open surface being so very large as to occupy nearly two-thirds of the surface of the forearm, I laid a few skin-grafts on the wound.

On January 21st the nearly healed sore was dressed by myself for the last time, and about February 1st the patient went out of doors. At first he could not raise the arm properly, but massage aided to produce good power of movement.

Treatment was concluded March 20th, recovery being complete. The nurse was untrained, but indefatigable, and beyond praise.

GEORGE GRESSWELL,

Grimsby.

M.A.Oxon. and Cape, L.R.C.P. and S.E., L.F.P.S.G.

#### MEASLES: THE RASH APPEARING ON THE FIRST DAY.

SOME weeks ago I was called to see a patient, aged 9 years, who had suffered from measles when 6 months old. He had eaten a hearty breakfast, and later bathed in the sea. At 1 o'clock on the same day he felt ill, and could not eat his dinner, when I was immediately sent for. On arriving I found his temperature to be 101.5° F., eyes suffused, and the characteristic rash of measles present in the lumbar region only. That same evening I saw the boy again, when his temperature was 102°. The rash was well marked all over the back, and a few spots were to be seen on the abdomen. Watering of the eyes, running from the nose, and the ordinary symptoms of measles were present. There was no sore throat. Next morning the rash was thickly distributed over the abdomen and face, with a few spots on the limbs. His temperature was 102°.

On the third day his temperature was normal, and the lad made a rapid recovery without any complications or sequelæ.

I have given a very brief description of this case, as my only object is to draw attention to the early appearance of the rash, and the order of the regions in which it appeared. Had not this case been otherwise so typical, it might pos-

sibly have led to some difficulty in the diagnosis. The treatment of the disease in this instance does not call for any comment.

Bridlington Quay.

A. KAYE JARRATT, M.B., C.M.

**SUTURE OF EXTENSIVELY SEPARATED TENDONS.**  
A PISTOL in a boy's hand accidentally went off, the bullet passing through the soft structures on the flexor side of the little finger over the second phalangeal joint. It was important to save the finger, as the boy was intended for a military career.

Two months after this accident I first saw the case. There was dislocation of the second phalangeal joint, causing an apparent hyperextension of that joint. The little finger was so flabby that to save the finger seemed impossible.

Over the joint the flexor tendons were not represented even by the thinnest fascia, for the dislocated head of the second phalanx was merely covered by transparent skin as thin as tissue paper.

An incision was made extending from the tip of the finger to the middle of the palm. To reduce the dislocation was found impossible, so that the head of the second phalanx was removed, causing the hyperextension to disappear. The joint so formed was then found freely movable.

Two inches of the flexor tendons were then dissected out in the palm and divided longitudinally from the proximal side, but not separated at its free end, as one might tear down a piece of string, making 6 inches of string into 12 inches. The other end of the ruptured tendon was then dissected out near the pulp of the finger, quite 2 inches apart, and sutured with catgut.

The skin sutures were inserted, and rest on a splint and passive motion was the after-treatment. The result is satisfactory. I quite believe that but for the unfortunate dislocation requiring osteotomy, the result would have been perfect, and I am sure that this method is worth a more extensive trial.

Guernsey.

HENRY KAY RAMSDEN.

#### MYXOMATOUS TUMOUR OF VAGINA IN A CHILD 1 YEAR 9 MONTHS OLD.

A LADY consulted me regarding her daughter, 1 year and 9 months old, who had "something showing from her parts, accompanied with bleeding." I found protruding from the vagina a soft, friable tumour, pale reddish in colour, which had commenced to ulcerate. There seemed to be some difficulty in micturition. The following day, with the assistance of my friend, Dr. Mahony, who anaesthetised our little patient, I found the tumour to be about the size of a walnut, occupying the whole of the vagina, the walls of which were distended. The tumour was of a mulberry character, resembling most markedly a bunch of grapes. It was but slightly vascular, and was adherent by a broad pedicle to the anterior wall of the vagina high up. The smallness of the vagina somewhat interfered with a rapid removal. The patient made an uninterrupted recovery, and next morning was running about the house playing with her doll. Dr. Warrington, of the Pathological Laboratory, examined the specimen and pronounced it to consist of myxomatous and mucous tissue.

Liverpool.

A. IVOR THOMAS, M.R.C.S., L.R.C.P. Lond.

## REPORTS

ON

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

#### STROUD GENERAL HOSPITAL.

A CASE OF CÆSAREAN SECTION.

(Under the care of Mr. STORRY.)

ON July 17th at 10 P.M., Mr. Storry was asked to see a case of obstructed labour in consultation. The patient, a small, rather emaciated woman, aged 32, had been in labour since 7 A.M. of the same day, the head presenting at the brim of

the true pelvis. Forceps had been applied under chloroform, but the head could not be induced to move.

The antero-posterior diameter of the pelvis was gauged at  $2\frac{3}{4}$  inches, and the child, being alive, the question to be decided was whether Cæsarean section, symphysiotomy, or craniotomy should be resorted to. Cæsarean section was finally decided on, and the woman, being in poor circumstances and living in a cottage, was removed to the Stroud Hospital to undergo the operation.

On July 18th the patient was put under ether. The vagina was thoroughly douched with a 1 in 2,000 solution of perchloride of mercury, and the skin of the abdomen was cleansed with a 2 per cent. solution of "lysol and liquor potassæ." An incision was then made in the middle line from 2 inches above the umbilicus to within 2 inches of the pubes, and the peritoneal cavity was opened in the usual manner. The body of the uterus was gently manipulated through the abdominal wound, and two temporary silver sutures were passed through the upper part of the wound and tightened to prevent the escape of intestines. The uterus, well packed round with flat sponges, was allowed to rest on the abdominal wall. A rubber band was passed round the lower segment of the uterus and held tightly by an assistant. A 2-inch incision was made through the middle line of the uterine wall, and the placenta not being found attached anteriorly, the incision was prolonged downwards for another 4 inches. The child was rapidly extracted through the incision and handed over to a nurse, the cord being divided between catch forceps. The placenta was found attached to the posterior uterine wall, and was easily removed. There was very little hæmorrhage, and the uterus commenced to contract after some minutes; upon which the rubber band was removed, contraction afterwards being rapid. A hypodermic of ergotine was given as a precautionary measure.

The uterine wound was closed with silkworm gut sutures passed at half-inch intervals, which did not include the decidua lining membrane. The uterine peritoneal covering was brought together by a continuous silk modified Lembert suture. The temporary sutures in the abdominal wound were then removed, and the uterus returned to the abdomen. Nothing abnormal was found, except that the sacral promontory appeared to be more prominent than usual.

The pelvis being found free from blood the abdominal wound was closed layer by layer. Continuous silk sutures were used for each layer. No drainage tube was used. The vagina was again douched and the patient sent back to bed. She made an uneventful recovery; the abdominal wound healed by first intention, and she was allowed to sit in a chair on the twenty-second day.

At birth the child, a boy, weighed  $7\frac{1}{4}$  lbs., and measured 21 inches, and is now thriving.

Seven years ago this patient is said to have been delivered of a child at term without any surgical assistance.

#### BEDFORD GENERAL INFIRMARY.

PENETRATING WOUND OF CHEST AND ABDOMEN.

(By S. J. ROSS, M.B., Ch.B. Vict., House-Surgeon.)

A CASE of perhaps more than usual interest occurred on September 26th. An old man, aged 80 years, was trimming a hayrick, when he fell from the ladder 12 feet from the ground, falling on his "trimming knife," a knife with a blade 25 inches in length.

On admission there was a wound 15 inches in length, extending from the middle of the left clavicle to 2 inches below the seventh left rib; this wound led to the bones, cutting through the seventh, eighth, ninth, and tenth ribs. Through the eighth intercostal space there was a hernia of the left lung. There was a wound through the left side of the diaphragm, through which penetrated the lacerated apex of the spleen. The wound was sutured; a firm pad applied over the left side; a milk diet allowed. Tr. opii,  $\mathfrak{m}\mathfrak{x}$ , given. Four hours and a half after admission the patient died. I might add that the patient had come in a farmer's cart from a place two and a half miles distant, thus losing a quantity of blood.

moorside on October 2nd. His remains were followed to the grave by a large crowd of sorrowing friends and patients. He leaves a widow and three children—a daughter and two sons; one of the latter is now studying medicine at Cambridge, but has not yet completed his curriculum.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are: Dr. Francesco Vigna, Senior Surgeon to the Civil General Hospital, Venice, aged 67; Dr. Hjalmar Heiberg, Professor of Pathological Anatomy in the University of Christiania, aged 60; Dr. L. Auerbach, Professor of Histology in the University of Breslau, aged 68; Dr. Hermann Welcker, sometime Professor of Anatomy in the University of Halle, and a distinguished anthropologist, aged 75; Dr. Rudolf Berlin, Professor of Ophthalmology in, and sometime Rector of, the University of Rostock, aged 64; Dr. Rafael Branchat, of Vime-Prada, Professor of Hygiene in the Medical Faculty of Granada; Dr. Max Burchardt, Professor of Ophthalmology in the University of Berlin, and successor of von Graefe in the charge of the ophthalmic clinic of the Charité; Dr. Joseph Brasseur, Editor of the *Gazette Médicale de Liège*, and formerly President of the Fédération Liégeoise des Syndicats Médicaux, and of the Cercle Médical Liégeois, aged 57; Dr. F. Castells y Ballespi, Editor of the *Revista de Higiene de Barcelona*, and a leading sanitarian in Spain; Dr. Lombard, formerly Deputy for the Jura Department, and Vice-President in the French Conseil Général, aged 73; and Dr. Louis Camuset, Medical Director of the Lunatic Asylum of Bonneval in the department of Eure et Loire, author of essays on general paralysis and other subjects connected with diseases of the nervous system, aged 55.

## NAVAL AND MILITARY MEDICAL SERVICES.

### ARMY MEDICAL STAFF.

**SURGEON-MAJOR HORATIO R. O. CROSS**, from the Royal Horse Guards, is appointed Surgeon-Major 1st Life Guards, *vice* Surgeon-Lieutenant-Colonel J. S. Forrester, F.R.C.S. Edin., who exchanges, October 13th. Surgeon-Major Cross entered the service, August 4th, 1878, and became Surgeon-Major, August 11th, 1897. He was appointed to the Grenadier Guards, December 17th, 1884; was transferred to the Scots Guards, May 4th, 1892; and thence to the 1st Life Guards, September 26th, 1894. He was in the Zulu war in 1879, with the Mounted Infantry of the Flying Column, and with the Cavalry Patrol until the capture of King Cetwayo (medal with clasp), and in the Boer war of 1881 with the Mounted Infantry of the Natal Field Force.

**SURGEON-LIEUTENANT-COLONEL JAMES S. FORRESTER**, F.R.C.S. Edin., from the 1st Life Guards, is appointed Surgeon-Lieutenant-Colonel Royal Horse Guards, *vice* Surgeon-Major H. R. O. Cross, who exchanges, October 13th. Surgeon-Lieutenant-Colonel Forrester was made Surgeon, September 30th, 1874; Surgeon-Major, October 25th, 1894; and Surgeon-Lieutenant-Colonel, October 25th, 1894. He was appointed to the Royal Horse Guards, January 18th, 1885, and transferred to the 1st Life Guards, October 25th, 1894, when he was promoted to be Surgeon-Major and Surgeon-Lieutenant-Colonel. He was in the Egyptian war of 1882, being present at the engagement at Tel-el-Mahuta, in the two actions at Kassassin, and at the battle of Tel-el-Kebir, receiving a medal with clasp and the Khedive's bronze star.

**SURGEON-LIEUTENANT W. A. WARD** is under orders to embark for India in December.

**BRIGADE-SURGEON-LIEUTENANT-COLONEL FREDERICK LYONS**, M.D., retires on retired pay, October 13th. Entering the service as Assistant-Surgeon, October 1st, 1867, he became Surgeon, March 1st, 1871; Surgeon-Major, October 1st, 1879; and Brigade-Surgeon-Lieutenant-Colonel, November 4th, 1893. He served in the Afghan war in 1878-80, and has the medal granted for that campaign.

**BRIGADE-SURGEON-LIEUTENANT-COLONEL R. BLOOD** has been appointed to officiate as Principal Medical Officer Sirhind district, *vice* Surgeon-Colonel E. Townsend, appointed Principal Medical Officer Mohmand field force.

### ARMY MEDICAL RESERVE.

**SURGEON-MAJOR R. M. P. LOW**, M.B., has resigned his commission, October 13th.

**SURGEON-CAPTAIN F. W. GIBSON**, Surgeon-Captain A. B. WADE, M.B., and Surgeon-Major W. S. CHEYNE, M.B. (of the 2nd Volunteer Battalion the Gordon Highlanders) are appointed Surgeon-Majors, October 13th.

### INDIAN MEDICAL SERVICE.

**BRIGADE-SURGEON-LIEUTENANT-COLONEL G. MCB. DAVIS**, M.D., D.S.O., Bengal Establishment, Principal Medical Officer Peshawur district, has been appointed to officiate as Principal Medical Officer Lahore district, *vice* Surgeon-Colonel G. Thomson, C.B., Indian Medical Service, appointed Principal Medical Officer Malakand field force.

The undermentioned probationers for the Indian Medical Service are appointed Surgeon-Lieutenants from July 28th:—J. G. P. MURRAY, Bengal; S. ANDERSON, Punjab; F. H. G. HUTCHINSON, Bombay; J. L. MARJORIBANKS, Bombay; A. FENTON, Madras; J. A. DREDGE, Madras; R. W. KNOX, Madras.

### THE VOLUNTEERS.

**SURGEON-LIEUTENANTS L. E. SHORE**, M.D., 4th (Cambridge University) Volunteer Battalion the Suffolk Regiment, and **F. C. ROGERS**, 4th Volunteer Battalion the Cheshire Regiment, are promoted to be Surgeon-Captains, October 13th.

### MILITIA MEDICAL STAFF CORPS.

We are requested to call attention to the fact that under recent regulations an officer on joining can have five or six months' employment if desired during his first year of service. The terms of service, pay, and allowances are fully set out in the Military Regulations, 1897. Owing to increase of establishments there are now three vacancies. Application should be made to the Officer Commanding Militia Medical Staff Corps, Aldershot.

### CHANGES OF STATION.

The following changes of Station amongst the officers of the Army Medical Staff have been officially notified to have taken place during last month:

	From.	To.
Brig.-Surg.-Lt. Col. J. M. Beamish, M.D.	Woolwich	Bombay.
" W. J. Fawcett, M.B.	"	"
" J. McNamara, M.B.	Fermoy	Malta.
Surg.-Lt. Col. J. C. Dorman, M.B.	Cork	Fermoy.
" M. R. Ryan, M.D.	Aldershot	Malta.
" W. T. Johnston, M.D.	Okehampton	Devonport.
Surg.-Major G. F. A. Smythe	Woolwich	Egypt.
" A. P. O'Connor	Tipperary	Dublin.
" A. Asbury	Malta	York.
" S. J. Rennie	Ross	Hulme.
" R. H. S. Sawyer, M.B.	Dublin	Egypt.
" R. P. Bond	Altcar	Bury.
" E. H. Lynden-Bell, M.B.	Maryhill	Malta.
" W. C. Beevor, M.B.	Scots Guards	Punjab.
" G. B. Russell, M.B.	Dublin	Tipperary.
" J. M. F. Shine, M.D.	Malta	Crete.
" B. A. Maturin	Tower of London	Colchester.
" A. P. H. Griffiths	Hulme	Chester.
" H. R. O. Cross	1st Life Guards	R. H. Guards.
Surg.-Capt. T. H. Corkery	Cork District	Spike Island.
" A. R. Aldridge, M.B.	Netley	Malta.
" C. J. W. Tatham	Woolwich	Mauritius.
" R. W. Wright	"	Malta.
" D. Hennessy, M.D.	Dublin	Bengal.
" R. J. Windle, M.B.	Aldershot	Bombay.
" G. Scott, M.B.	Jersey	Jamaica.
" W. H. Horrocks, M.B.	Colchester	Netley.
" T. McCulloch, M.B.	Dover	Punjab.
" C. W. Reilly	Woolwich	Hong Kong.
" A. L. Borradaile, M.B.	Eastern District	Weedon.
" W. W. O. Beveridge, M.B.	Western District	Devonport.
" G. A. T. Bray	Madras	Colchester.
" J. T. Clapham	Weedon	"
" G. W. Tate, M.B.	Punjab	Woolwich.
" C. W. Duggan, M.B.	Dublin	Curragh.
Surg.-Lieut. W. S. Harrison, M.B.	Bury	Chester.
" R. Fawcett	Portsmouth	2nd Life Gds.
" F. E. Gunter, M.B.	Netley	Madras.
" J. A. Murison, M.B.	Dublin	"
" J. Grech	Curragh	"
" F. S. Breerton	Chester	Scots Guards.
" E. T. F. Birrell, M.B.	Worthing	Dover.
" R. W. Clements, M.B.	Cork	Limerick.
" M. M. Rattray, M.B.	Edinburgh	Glasgow.
" S. L. Cummins, M.B.	Aldershot	Cork.
" J. McArdle, M.B.	"	Dublin.
" C. H. Hopkins	"	Portsmouth.
" L. J. C. Hearn, M.B.	"	Dublin.
" P. McKessack, M.B.	"	Netley.
" J. McD. McCarthy	"	"
" E. Brodribb	"	Dover.
" J. Poe, M.B.	"	Curragh.
" H. L. W. Norrington	"	Chester.
" H. G. F. Stallard	"	Colchester.
" R. D. Jephson	"	Curragh.
" A. W. N. Bowen	"	Woolwich.
Quartermstr. C. Crawley	Malta	Crete.
" H. G. Hasell	Netley	Malta.

**BRIGADE-SURGEON-LIEUTENANT-COLONEL T. J. P. HOLMES**, M.B., retired pay, has been posted to Kingston, and Surgeon-Lieutenant-Colonel J. F. Brodie, M.D., retired pay, to Seaforth.

### OUR ARMY DEPARTMENTS.

The *Court Journal*, usually well informed in army matters, remarks: "Indeed, throughout the entire army we are notoriously short of Army Service Corps and Medical Staff Corps companies. The regular units do not suffice to supply the needs of the line, and even in our mobilisation scheme for home defence many of the divisions have to rely for medical aid on the Volunteer Medical Staff." That is quite true, and a real scandal. The volunteers are denuded of their own medical officers to make up a fictitious reserve, and the system of robbing Peter to pay Paul is unblushingly encouraged. A purely paper and bogus mobilisation is thus effected, and between the two stools both regulars and volunteers are bound to come to grief should they ever be put to the ultimate test of their existence.

### MEDICAL ARMY DISCONTENT.

In an article with the above heading the *Times of India* lately observes: "At the present moment, as if so grave a matter were capable of concealment, a miserable device is resorted to in order to throw dust in the

public eyes, by advertising only thirty-six vacancies in the Medical Staff, while there are much more than twice that number. In the Indian Medical Service, for eighteen vacancies only nineteen candidates offer, an occurrence which is probably unprecedented in this distinguished service. Thus the canker works through the whole profession. Unless Parliament interposes and compels the employment of common sense and business principles in dealing with the Medical Department, the deterioration it is undergoing must end in effacement. Whenever it suits the clap-trap of the moment the Horse Guards echo the wishes of the country about 'good doctors' for the army, while they persist in every effort to keep a good self-respecting, highly qualified stamp of men from coming in."

This is an admirable summary of the present situation.

#### MILITARY REVIEWERS AND ARMY MEDICAL WRITERS.

ONE cannot but be struck with the unreasoning and loose methods with which reviewers in the military press deal with articles on military medical matters. Surgeon-Major Foreman contributes an article to the *United Service Magazine* for October on the A.M.S. in war, and in dealing with certain statistics as to sickness and mortality alludes to the need of homogeneity in the Medical Staff and army rank for the medical officers, pointing out also that the Medical Staff is insufficient, and that civilian aid would be, in the main, valueless. The reviewer in our military contemporary says that the contention for army rank is "nonsense. Military command next, we suppose." Now, where or when does the army surgeon ask for military command outside his corps? The reviewer in another military contemporary says: "Civilians in proper proportion should be able to help most efficiently and more economically in dealing with sickness." Has this reviewer studied the expense entailed in former wars by the employment of civilians?

#### MALARIAL FEVER ON THE INDIAN FRONTIER.

News from Kohat at the end of September reports that malarial fever of a mild type has appeared among the troops at Doaba and Sadda.

#### THOUGHTS IN INDIA.

A CORRESPONDENT writes: The ignoring of the recent Army Order regarding Mixed Boards is much commented on. It is deliberate. The increase of pay in India to medical officers is regarded as pure moonshine. The grade pay *plus* the extra staff pay takes all the gilt off. It is held that the great reason why the War Office ignores complaints from medical officers is the system of volunteering for the so-called Army Medical Reserve.

#### THE ARMY MEDICAL RESERVE.

WE are reluctant to reopen this question, but to prevent misunderstanding must reply to a correspondent whose criticism we value. Under a misapprehension he applies a remark of ours to the actual members of the Army Medical Reserve, and takes strong exception to the statement that we always regarded the institution of the reserve as "a medical betrayal of the regular Army Medical Staff." We were not in this referring to the members of the reserve, but only repeating an old argument urged on its author, a former Director-General, that its inception would probably prove a betrayal of his own department. This was based on the forecast that the mere existence of such a volunteer reserve would be made the ground of refusal by the War Office of reasonable concessions to medical officers; after ten years' experience, it can hardly be said this prophecy has been belied.

Again, our correspondent asks whether we construe the acceptance of War Office "contract rates" as improper professional conduct. Certainly not. But we regard these rates as so inadequate and even shabby that, if there was less readiness to accept them, they would soon be materially raised. So much money is saved by the working of these rates that they form a financial inducement to those who have little regard to efficiency towards keeping the regular Army Medical Service in the wretchedly undermanned condition it is now in. Of course the rates and the reserve are not necessarily bound up, because the former existed long anterior to the inception of the reserve, and still operate where it does not exist, as in Ireland. But the members of the reserve have a "prior claim" on these rates, and the War Office regard it as part of the bargain that they should accept them. The bargain is such a good one (financially) for the War Office that we wonder what it would say if the reservists should as a body—and as our correspondent says he means to do when next asked to take charge of troops—demand the "regular" pay of their rank in the reserve. They argue, if they do the duty for why should they not get the pay of the regular officer whose place they fill? The argument is logically unassailable, but, if translated into action, would end, we venture to say, in the "prior claim" of the reservist getting the go-bye.

The truth is that under present conditions the medical reservist seems to have placed both his private and public professional services at the disposal of the War Office to an extent no other class of volunteer officer has done or is likely to do. A lawyer colonel of volunteers, for instance, is not asked to place his professional services at the disposal of the State at contract legal rates; it is enough if he gives his time and money to the service of his corps, which is his sole military *raison d'être*; but a medical volunteer is expected not only to give his time and money to his corps, out of which he holds no military status, but to do duty with regular troops, not as an officer, but as a pure civilian at a purely civil rate.

Our correspondent further mentions that he joined the reserve upon the chance of a forlorn, he admits—of seeing "active service," but while his zeal and patriotism are commendable, how could he ever cherish such a hope? If ever called up in "great national emergency" it can only be with his corps, to which he must stick, or leave it in the lurch; for when he ceases to belong to a corps he also ceases to be a reservist. Herein lies the gross anomaly of the so-called reserve, which is truly none at all; all its members are part and parcel of the volunteer establishment, and yet are somehow supposed to be available, even in the field, it seems, with regular troops. We defy a medical volunteer, more

than any other "bird," to be in two places at once. They may be counted as efficient twice in the *Army List*, but only towards an unreal paper reserve.

We have always maintained that the proper place of the medical volunteer is with his corps, from which he can no more be spared for duty with regular troops in "great national emergency" than can volunteer majors, captains, and subalterns.

#### MIXED BOARDS.

OBSERVER suggests that our correspondents on this matter should quote the exact order assembling such Boards. In this way a basis would be given to those who mean to bring the matter before Parliament for fixing the responsibility upon those who take upon themselves the deliberate evasion of army orders. Here is one:

"District Orders by Lieutenant-Colonel F. G. T. Welch, Commanding Poona District, August 30th, 1897.—Board will assemble at Kirkee on certain men of the Bombay Sappers and Miners. President: Major C. T. Robinson, R.A. Members: Major L. A. Gordon, and Bombay Lancers. 2. Surgeon-Lieutenant F. Kiddle, A.M.S., will attend the Board.

#### THE ARMY SANITARY COMMITTEE.

LEX writes: It would be interesting to know how many of the nine members of this body attended to select the site of the new military hospital at Portsmouth. In not a few cases only one member and the secretary have been in attendance in similar instances. Worked as it is, the Committee often serves as a shield for War Office muddling. When a medical officer points out a sanitary defect, he is often shut up by the Royal Engineers declaring that the Sanitary Committee had approved of so-and-so, although he may have his doubt if the matter has ever been properly before that body.

#### TITLES.

PRECEDENT objects to our questioning the value of the new titles in a rumoured new warrant, surgeon and captain, etc. He says there are many precedents for such titles, such as quartermaster and captain, captain and brevet-major, in which case the person is always addressed as major. Where precedent is so marked, there would be no difficulty in applying the military portion of the title to medical officers. What has killed the compound titles is their novelty, and consequent absence of precedent.

#### COMBINED EXAMINATION.

A CORRESPONDENT wants to know whether candidates under the new combined Medical Staff and Indian examination will be allowed to compete more than three times for either of these services provided, of course, they are not over the age limit.

\* \* We cannot say; no orders we know of have been issued on this point, but we presume the "many tries" hold good. The scheme seems framed to meet two points: 1. To cloak the scandal of a deficiency of candidates for the Army Medical Service; 2. To obtain by hook or by crook for that service the leavings of the Indian service. To what subterfuges is the War Office driven!

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF GLASGOW.

FIRST PROFESSIONAL EXAMINATION FOR THE DEGREES OF BACHELOR OF MEDICINE (M.B.) AND BACHELOR OF SURGERY (CH.B.).—The following have passed this examination in the subject or subjects indicated (B., Botany; Z., Zoology; P., Physics; C., Chemistry):

T. Anderson (B., C.), W. Archibald (B., C.), W. Armitage (B.), J. S. Barr (B., P.), T. T. Bathgate (Z.), G. T. Bogle (B., P.), W. Macalister-Brown (B., C.), J. J. Burke (B.), H. C. Cameron (B., P.), R. D. Campbell (B.), D. L. Carmichael (Z.), E. S. Chapman (B., Z., P.), W. B. Chapman (B., P.), G. H. Clark (B., P.), J. B. W. Cook (B., P., C.), S. C. Cowan (B., P.), J. Craig (B., Z.), E. H. Cramb (Z., C.), A. Currie (B., C.), J. S. Dale (Z., P.), D. B. Davidson (B., P., C.), G. H. G. Davie (B., Z.), J. Dick, M.A. (B., C.), H. M. Donaldson (P.), A. R. Dow (B., Z.), G. H. Downie (B., C.), E. N. Dunlop (B., C.), G. Ferguson (Z., P.), G. Garrey (Z., C.), D. G. S. Gartshore (P., C.), W. Gemmill (B., Z., C.), W. W. George (Z.), J. R. Gilmour (B., Z.), W. Girvan (C.), G. Gordon (B., P.), J. M. Gordon (B.), A. Gow (B., C.), A. P. Granger (B., C.), J. Guthrie (B., P.), G. P. Harlan (B., P.), S. H. Harris (P.), F. J. Henry (B., C.), C. M. Hope (B., P.), D. W. Hunter (B., Z., P., C.), N. M. C. Hutchison (Z.), W. J. Isbister (B.), G. R. Jeffrey (B., P.), D. R. Kilpatrick (P., C.), A. King (B.), J. Lambie (B., Z., P.), R. Lauder (Z.), A. Linn (B., Z., P., C.), F. Lochrane (B., P.), J. Lockhart (B., C.), A. Logan (Z., C.), W. J. Logie (B., C.), J. P. Lusk (Z., P.), E. Magoveny (B., C.), W. A. Masson (B., Z., P., C.), R. Menzies (B., P.), J. G. Millar (B., C.), R. J. Mills (B., C.), W. A. Milne (B., C.), J. Morison (P., C.), A. H. Muir (B., C.), J. Muir (B., Z.), C. Macdonald (B.), D. D. McDougall (B.), W. F. McGlashan (B., Z., P., C.), T. M'Laren (B., Z.), A. Maclean (P., C.), H. A. M'Lean (B.), A. McG. M'Millan (P., C.), J. M'Pherson (Z., P.), J. R. M'Vail (B., P.), J. D. Nisbet (C.), J. Paton (C.), A. M. M. Pollock (P.), J. N. Prentice (P.), T. H. Rankin (P.), P. M. Reid (C.), T. Richmond (Z., P., C.), W. Robertson (B., C.), T. R. Rodger (B., Z.), W. G. Rodger (B., C.), N. C. Rogers (B., Z.), A. T. Ross (B., C.), C. J. Ross (Z., C.), D. Sandler (B., P.), F. D. Scott (Z.), J. J. Sinclair (B., Z.), M. B. G. Sinnette (B., C.), D. Steel (B.), J. Strathearn (B., C.), R. R. Swan (C.), J. N. Todd (B., C.), J. G. Tomkinson (B., C.), J. W. Turner (B., C.), J. Unsworth (Z.), R. W. Valentine (B., C.), W. D. Walker (B.), G. S. Wallace (B., C.), T. I. Wallace (B., P.), H. F. Warwick (Z., P.), J. F. Weston (Z., C.), D. A. Wilson (Z., C.), D. W. Wilson (C.), J. Wilson (B., C.), T. W. Wilson (P., C.), W. W. W. Wilson (P., C.), W. R. Wylie (Z., P., C.), J. Wyper (Z.), J.

Young (C.), J. Young (B., C.), W. Young (B., P.). Women: M. E. Bryson (B., Z.), M. Edgar (B., Z.), H. M. Gordon (C.), I. Hill (Z.), J. T. Miller (P., C.), A. Moorhouse (B., Z.), J. S. M'Ewen (B., Z.), M. J. Pirret (B., Z.), M. A. T. Ritchings (B.), E. N. MacB. Ross (B., Z., P., C.), M. H. Scott (B., Z.), A. B. Sloan (B., Z.), E. M. Sloan (B., Z.), E. C. Wallace (B., Z.), H. F. Young (B., Z., P.).

**FIRST PROFESSIONAL EXAMINATION FOR THE DEGREES OF BACHELOR OF MEDICINE (M.B.) AND MASTER IN SURGERY (C.M.).**—The following have passed this examination:

R. Cumming, B.D.; W. H. Ferris.

**SECOND PROFESSIONAL EXAMINATION FOR THE DEGREES OF BACHELOR OF MEDICINE (M.B.) AND BACHELOR OF SURGERY (CH.B.).**—The following have passed this examination in the subject or subjects indicated (A., Anatomy; P., Physiology; M., Materia Medica and Therapeutics):

J. F. Bennett (M.), W. Broad (A., P., M.), A. Browlie (M.), T. B. Calland (A., M.), T. Carruthers, M.A. (A., P.), J. R. Chalmers (M.), D. M. Cowan (A., P.), J. Craig (A., P., M.), G. M. Crawford (A., P.), W. Crerar (P., M.), C. P. G. Crichton (A., M.), C. C. Cumming (M.), J. A. Dickie (P.), F. L. Dickson (M.), D. C. Douglas (P., M.), J. Drummond (M.), H. C. Ferguson (M.), G. Gardner (A., P.), J. Gardner (A., P.), G. Garry (M.), W. Gibson (M.), H. Goodman, M.A. (M.), A. W. Harrington (A., P., M.), I. M. Huey (M.), T. Inglis (A., M.), N. Jamieson (M.), A. Kerr (M.), A. Love (A., P., M.), R. Millar (P., M.), H. Miller (M.), N. M. L. Miller (M.), E. Mitchell, M.A. (A., P.), D. Morrison (A., P.), A. MacCulloch (A., P., M.), J. H. MacDonald (M.), P. M'Fadyen (M.), J. M'Gillchrist (M.), A. G. M'Kendrick (A., P.), C. F. Maclean (P., M.), G. T. Maclean, M.A. (A.), N. F. MacLeod (M.), W. J. Macleure (A., P.), J. M'Millan (M.), T. Neill (A., P.), J. Patton (M.), T. S. Picken (A., P.), J. Reid, (A., P., M.), R. Kennie (A.), W. A. Riddell (M.), A. Robin (M.), J. Scott, M.A. (M.), J. Shearer (M.), A. J. Smith (A.), D. J. Smith (M.), W. S. Stalker (P., M.), P. A. Steven (M.), A. G. Stewart (M.), F. R. Stewart, M.A. (A., M.), J. D. B. Stewart (M.), R. Taylor (A., P.), C. P. Thomson (M.), W. B. Thomson (P., M.), T. B. Tierney (A., P., M.), J. S. Townley (A., P.), A. Vost (A., P., M.), A. L. Watson, M.A. (A., P., M.), A. S. S. Wells, M.A. (M.), R. O. Whyte, M.A. (A., P., M.), A. Wilson (A., P.), W. Wright (P., M.), J. D. Young (M.). Women: A. Boyes (M.), S. Davidson (M.), M. K. H. Fleming (M.), M. Hardie (M.), J. S. B. Hunter (A.), I. L. M'Neill (M.), S. M. Robertson (P., M.), M. Spencer (M.), G. F. F. Taylor (P.), E. M. S. Walker (A., P.).

**SECOND PROFESSIONAL EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE (M.B.), AND MASTER IN SURGERY (C.M.).**—The following have passed this examination:

T. Holmes, R. H. Hunter, J. J. Lowell.

**THIRD PROFESSIONAL EXAMINATION FOR THE DEGREES OF BACHELOR OF MEDICINE (M.B.) AND BACHELOR OF SURGERY (CH.B.).**—The following have passed this examination in the subject or subjects indicated (P., Pathology; M., Medical Jurisprudence and Public Health):

R. F. Ballantyne (P., M.), J. Barrowman (P., M.), W. Bennett (M.), J. G. W. Boleyn (M.), J. Brunton (P., M.), J. J. Buchan (P., M.), R. D. Campbell (P., M.), J. Carruthers, M.A. (P., M.), R. Carswell, M.A. (P., M.), J. R. Currie, M.A. (P., M.), J. F. Findlay (P., M.), R. Fullerton, M.A. (M.), A. Garrow (M.), J. G. Green (M.), D. S. Harvey (P., M.), H. S. Heap (M.), E. F. L. de Jersey (P., M.), E. W. R. Jones (P., M.), A. Jubb (P., M.), A. S. Lang (P.), J. W. Leitch, M.A. (P.), P. A. Mitchell (P., M.), A. T. Macewan (P., M.), D. M'Kinlay (P., M.), A. D. Macnair (P., M.), W. G. Neill (P., M.), P. L. Pearce (M.), W. H. Steel, B.A. (P.), F. Stevenson (P.), F. E. Stokes (P., M.), T. M. Strang (P., M.), A. Taylor (P., M.), H. N. Turner (P., M.), R. A. H. Watson (M.), and W. Webster (P., M.). Women: M. Gardner (P., M.), J. Lorimer (P.), M. W. H. M'Neill (M.), M. E. M'Neill (P., M.), and J. E. Frowse (P.).

**THIRD PROFESSIONAL EXAMINATION FOR THE DEGREES OF BACHELOR OF MEDICINE (M.B.) AND MASTER IN SURGERY (C.M.).**—The following have passed this examination:

A., Including Pathology.—W. K. Hutton, M.A.; C. E. S. Stanford, B.Sc.  
B., Not Including Pathology.—L. M. Mackay, W. Shearer.

#### SOCIETY OF APOTHECARIES OF LONDON.

**PRIMARY EXAMINATION, PART II.**—The following candidates passed in: *Anatomy*.—W. P. Allen, Birmingham; J. R. Bentley, Middlesex Hospital; M. B. Dawson, Middlesex Hospital; J. D. Graham, Belfast and Glasgow; A. T. Harvey, London Hospital; N. Hodgetts, Birmingham; B. Holroyd, Leeds; F. J. F. Jones, Guy's Hospital; H. G. Lewer, Edinburgh; A. D. Nicolson, Glasgow; J. Notley, Birmingham; S. Page, Birmingham; L. W. Roberts, Cambridge; H. M. Serjeant, Royal Free Hospital; L. S. Shoosmith, St. Mary's Hospital.

*Physiology*.—N. C. Beaumont, St. Bartholomew's Hospital; T. Burdakin, University College Hospital; J. D. Graham, Belfast and Glasgow; K. E. Gregg, Royal Free Hospital; N. Hodgetts, Birmingham; B. Holroyd, Leeds; A. D. Nicolson, Glasgow; J. Notley, Birmingham; L. W. Roberts, Cambridge; H. M. Serjeant, Royal Free Hospital; L. S. Shoosmith, St. Mary's Hospital; F. W. Whyte, Belfast.

**PRIMARY EXAMINATION, PART I.**—The following candidates passed in: *Biology*.—H. M. Huggins, St. Bartholomew's Hospital.

*Chemistry*.—J. Freeman, Bristol; F. B. Hargreaves, Manchester; K. Heanley, Royal Free Hospital.

*Materia Medica and Pharmacy*.—A. E. Gilford, Royal Free Hospital; R. Gillett, Royal Free Hospital; C. Hind, Royal Free Hospital; H. M. O. Jones, Royal Free Hospital; D. E. Lockwood, Royal Free Hospital; L. R. Marshall, St. Mary's Hospital; L. S. Molony, Royal Free Hospital; F. M. Payne, Royal Free Hospital; H. F. Stilwell, St. Bartholomew's Hospital; R. Storrs, St. Bartholomew's Hospital.

**MEDICAL MAGISTRATE.**—On the recommendation of the Lieutenant of the County of Sligo, the Lord Chancellor has appointed Eflingham C. Macdowel, M.D., F.R.C.P.I., of Mall House, Sligo, a magistrate for the county of Sligo.

## MEDICO-LEGAL.

### PROCEEDINGS IN BANKRUPTCY.

THE first meeting of the creditors of Dr. George John Wilson, of 14, St. Giles's, Oxford, was held in Oxford on October 5th. From the observations of the Official Receiver it appears that the debtor attributes his insolvency to payments in connection with the *Medical Magazine*, and to interest on borrowed money. The debtor did not attend the meeting, and the Official Receiver stated that his whereabouts was not known. It appeared that he had at various times borrowed money from several persons, among others from a money lender named Isaac Gordon. From this man, the Official Receiver stated according to the report in the *Oxford Journal*, that Dr. Wilson had received in cash £2,442 10s., that he had repaid principal moneys amounting to £3,234 8s. 6d., and that there still remained due to Gordon on judgments obtained the sum of £1,443 11s. 6d. The Official Receiver said that he could not ascertain that the debtor had been guilty of any breach of the criminal law, and in his opinion he had left Oxford because he did not wish to face his public examination and the exposure of his affairs in the money-lending transaction. A trustee and committee of inspection was appointed, and the meeting closed.

### PROFESSIONAL SECRETS AND THE LAW.

MR. BERTRAM THORNTON, J.P. (Margate), sends us the following opinion expressed by the *Justice of the Peace* in regard to questions raised by him in the *BRITISH MEDICAL JOURNAL* of September 11th, 1897, page 687: "There is nothing to prevent police authorities from requesting medical practitioners (other than police surgeons) to give them information which they may have obtained in their professional capacity in medically attending a person who had committed a crime. But their doing so has no legal authority attached to it, and the duty of the practitioner will be regulated by the ordinary rules of professional conduct. The same observation applies in the event of a medical practitioner who definitely knows that a crime has been committed by his patient failing either to volunteer information to the police authorities or to give this information at their request. The question of being an accessory need not be entertained, for 'if a physician or surgeon professionally attend a felon sick or wounded, although he knows him to be a felon' (1 Hale, 332); or if one 'know of the felony and do not disclose it' (1 Hale, 371, 618), 'none of these acts would be sufficient to make the party an accessory after the fact.' The case of a medical practitioner subpoenaed to appear as a witness differs from the above. He is not protected by the plea of privilege."

### CRITICISM RESENTED.

M.O.H.—It is extremely doubtful if any legal proceedings by the persons referred to would be successful, assuming, of course, the accuracy of the statements made. We think it would be necessary for them in such a case to prove that the words were spoken maliciously (that is, without lawful occasion); also that they had actually suffered pecuniary loss. It is always desirable, however, that words of the kind should only be spoken on a privileged occasion, for example, in the performance of a duty.

### LIABILITY OF MASTER FOR MEDICAL ATTENDANCE ON SERVANT.

CARMEL (writing from Scotland) asks the following question: Is the trustee of the estate of a gentleman who died about mid-term bound to pay for medical attendance and medicines supplied to the housekeeper after his death?

"\* According to the law of England, it may be taken as a general rule that a master is not liable for medical attendance on his servant unless such attendance is made at his express request. In the present case, assuming the attendance was made on the master's request, we doubt extremely if a claim on the executors could be successfully established for attendances made and medicines supplied after the master's death, unless the executors in some way expressly or implicitly authorised the attendance to be continued.

### FEE FOR CERTIFICATION OF LUNATIC.

A.M.—If by "lunacy form" our correspondent means medical certificate, the plan adopted was not in regular course, and "A.M." appears to have no legal claim. If and when done in regular course, the magistrate may order payment of fee to the medical practitioner.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### ENGLISH URBAN MORTALITY IN THE THIRD QUARTER OF 1897.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]

THE vital statistics of the thirty-three large English towns dealt with by the Registrar-General in his weekly returns are summarised in the accompanying table. During the three months ending September last 85,141 births were registered in these thirty-three towns, equal to an annual rate of 31.1 per 1,000 of their aggregate population, estimated at 10,992,524 persons in the middle of this year. In the corresponding periods of the three preceding years the birth rates in these towns were 29.8, 31.1, and 30.1 per 1,000 respectively. In London the birth-rate last quarter was 30.3 per 1,000, while it averaged 31.6 in thirty-two provincial towns, among which it ranged from 23.6 in Huddersfield, 23.8 in Halifax, 24.9 in Bradford, and 25.1 in Croydon to 34.6 in Wolverhampton, 34.9 in Salford,



Measles caused a death-rate of 1.1 in Sunderland, and 2.0 in Burnley; scarlet fever of 1.5 in Huddersfield; whooping-cough of 1.0 in Gateshead and 1.1 in Plymouth; "fever" of 3.6 in Wolverhampton; and diarrhoea of 1.8 in Preston, 2.1 in Oldham, and 2.4 in Wolverhampton. The 86 deaths from diphtheria in the thirty-three towns included 53 in London, 6 in Cardiff, 5 in West Ham, 3 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 been 3,653, 3,697, and 3,677 at the end of the three preceding weeks, had risen again to 3,621 on Saturday last, October 9th; 400 new cases were admitted during the week, against 376, 358, and 349 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, October 9th, 983 births and 590 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.8 and 19.4 per 1,000 in the two preceding weeks, further rose to 19.8 last week, and was 3.6 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 8.5 in Perth and 15.9 in Leith to 22.0 in Greenock and 24.2 in Dundee. The zymotic death-rate in these towns averaged 2.4 per 1,000, the highest rates being recorded in Dundee and Paisley. The 288 deaths registered in Glasgow included 15 from diarrhoea, 7 from "fever," 7 from whooping-cough, 5 from scarlet fever, 2 from measles, and 2 from diphtheria. Three fatal cases of scarlet fever were recorded in Edinburgh and 3 in Aberdeen, and 2 deaths from diphtheria occurred in Dundee.

## MEDICAL NEWS.

We are informed that the War Office has determined to give an extensive trial to Aymard's sterilising apparatus. In describing this invention in the BRITISH MEDICAL JOURNAL of October 10th, 1896, we expressed the opinion that it was well suited for dealing with large quantities of milk which were required for immediate consumption, and we are glad to find that the War Office are giving attention to this important subject.

**SUSPENSION OF AN IRISH DISPENSARY DOCTOR.**—The Longford Board of Guardians have suspended their medical officer, Dr. Robert Cochrane. He had made a report about the mother of an illegitimate child, and expressed a hope that an inquiry would be held as to the ability of her relatives to pay, and he alleged that some of the guardians were aware of this but had passed the matter over in silence. The Local Government Board then ordered an inquiry into the suspension. All the guardians admitted that Dr. Cochrane had done his duty as medical officer, without fault, but some complained that the language in his letter was insulting. Dr. Cochrane declared that he had not intended to offend. The decision of the Local Government Board has not been communicated.

**CHARTERHOUSE SCIENCE AND TECHNICAL SCHOOLS AND ROGERS MEMORIAL INSTITUTE.**—The winter session of this, one of the largest science schools in the United Kingdom, commenced on Saturday, October 2nd, under the presidency of the Rev. Henry Swann, M.A. During the late session upwards of 1,000 students, mostly elementary teachers, availed themselves of the privileges afforded by this Institution, and of this number upwards of 700 presented themselves for examination. The students prepared for the Lond.B.Sc. (Int.) Examination highly distinguished themselves. Instruction of a practical character is given in most of the sciences at a very nominal fee. Those who have leisure can attend, at a very moderate charge, the day science classes. Day classes will also be held to prepare candidates for matriculation (London), clerical, medical (including dental), legal, and other examinations. Students who aim at becoming proficient in physics and chemistry have the opportunity of working in well-fitted laboratories. Full particulars of the classes may be obtained from Mr. C. Smith, organising secretary.

#### MEDICAL VACANCIES.

The following vacancies are announced:

**BIRMINGHAM GENERAL HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. No salary, but residence, board, and washing provided.—Surgical Casualty Officer. Appointment for one year, but eligible for re-election. Salary, £50 per annum (non-resident). Applications to Howard J. Collins, House-Governor, by October 30th.

**BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL.**—House-Surgeon. Appointment for six months. Honorarium of £21 on completion of appointment, and board, lodging, and washing. Applications to the Honorary Secretary of the Medical Committee by October 20th.

**BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN.**—Additional Out-patient Surgeon. Applications to the Honorary Secretary, John S. Nettlesford, Beechenhurst, Selly Hill, Birmingham, by October 23rd.

**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.

**BRADFORD EYE AND EAR HOSPITAL.**—Surgeon. Applications to the Chairman of the Committee of Management by November 1st.

**BRIDGWATER INFIRMARY.**—House-Surgeon. Salary, £80 per annum, with board and residence. Applications to Mr. John Coombs, Honorary Secretary, Bridgwater Infirmary, Bridgwater, by October 28th.

**BRIGHTON THROAT AND EAR HOSPITAL.** 23, Queen's Road, Brighton. —Non-resident House-Surgeon. Salary at the rate of £52 per annum. Applications to the Secretary by October 30th.

**CALCUTTA CORPORATION OF, Bengal, India.**—Health Officer for the Town of Calcutta. Salary not less than Rs.1,200, and not more than Rs.1,500, a month. Also reasonable horse allowance for outdoor inspection, not exceeding Rs.100 a month. Must be a duly qualified practitioner, and hold diploma in Public Health from the University of Cambridge or similar qualifications. Applications to W. R. MacDonald, Secretary to the Corporation, to be received in Calcutta by November 10th.

**CHELLENHAM GENERAL HOSPITAL.**—Resident Surgeon for the Branch Dispensary; unmarried, or, if married, without family. Salary, £180 per annum, with partly furnished house, coal and gas. Applications to the Honorary Secretary and Treasurer, General Hospital, Cheltenham, by October 30th.

**CHESTER GENERAL INFIRMARY.**—Visiting Surgeon, doubly qualified. Appointment for six months. Salary at the rate of £90 per annum, with residence and maintenance in the house. Applications to the Chairman of the Board of Management, Secretary's Office, 29, Eastgate Row North, Chester, by October 25th.

**DEVON AND EXETER HOSPITAL.** Exeter.—House-Surgeon, doubly qualified. Salary, £120 per annum, increasing £10 per year till it rises to £150, with board and lodging. Applications to Albert E. Boyce, Secretary, by October 25th.

**DUNDEE ROYAL LUNATIC ASYLUM.**—Medical Assistant. Salary, £100 per annum, with board, lodging, and washing. Applications to Dr. Rorie, Royal Asylum, Dundee.

**GATESHEAD UNION.**—Assistant Medical Officer (resident) at the Work-house, unmarried, and doubly qualified. Salary, £100 per annum, with furnished apartments, rations, and washing valued at £52 per annum. Applications to George Craighill, Clerk to the Guardians, Poor-law Union Offices, Prince Consort Road, Gateshead, by October 10th.

**INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST.** 26, Margaret Street, Cavendish Square, W.—Physician in Ordinary. Applications to William Henry Johnson, Secretary.

**KENT AND CANTERBURY HOSPITAL.** Canterbury.—Assistant House-Surgeon, unmarried. Salary, £50 a year, with board and lodging. Applications to the Secretary by October 25th.

**KING'S COLLEGE.** London.—Sambrook Surgical Registrar. Applications from King's College students only, to Walter Smith, Secretary, by November 1st.

**LANARK, COUNTY OF (Districts of the Lower and Middle Wards).**—Resident Physician for Lightburn Joint Hospital for Infectious Diseases, Shettleston, near Glasgow. Applications to William H. Hill, Clerk to the Joint Committee, 194, Ingram Street, Glasgow, by October 22nd.

**NEW HOSPITAL FOR WOMEN.** 144, Euston Road, N.W.—Three female Clinical Assistants, must be qualified. Applications to the Secretary by October 27th.

**NEW SOUTH WALES, LINNEAN SOCIETY OF.** Sydney.—Macleay Bacteriologist. Salary, £400 per annum. Full particulars to be obtained of Messrs. Dulau and Co., 37, Soho Square, London, W. Applications to the Council of the Society by mail not later than November 12th.

**NORTH-WEST LONDON HOSPITAL.** Kentish Town Road.—Resident Medical Officer and Assistant Resident Medical Officer. Appointments for six months, but junior officer is eligible for election as senior. Salary at the rate of £50 per annum is attached to the senior post. Applications to Alfred Craske, Secretary, by October 30th.

**ROYAL PORTSMOUTH HOSPITAL.**—Assistant House-Surgeon. Appointment for six months, and renewable for a further period of six months. Board and residence provided, and an honorarium of £15 15s. Applications to J. A. Byerley, Secretary, by October 28th.

**ROYAL SEA BATHING INFIRMARY.** Margate.—Assistant Resident Surgeon. Salary, £52 per annum, with board and residence. Applications to the Secretary, 30, Charing Cross Road, by October 23rd.

**RYDE: ROYAL ISLE OF WIGHT INFIRMARY AND COUNTY HOSPITAL.**—House-Surgeon, doubly qualified. Will be required to act as Secretary to the Institution. Salary, £60 per annum, with board, lodging, and washing. Applications to F. H. Blatchford, Secretary, by November 2nd.

**ST. GEORGE'S AND ST. JAMES'S DISPENSARY.** 60, King Street, Regent Street, W.—Surgeon; must be F. or M.R.C.S.Eng., but must not practise midwifery or pharmacy. Applications to the Secretary by October 25th.

**STOKE-UPON-TRENT UNION.**—Resident Medical Officer of the Work-house; must undertake dispensing and instruct probationer nurses in their duties. Salary at the rate of £100 per annum, with board, washing, and furnished apartments. Applications to C. Daniel, Clerk to the Guardians, Union Offices, Stoke-upon-Trent, by October 22nd.

**SUFFOLK GENERAL HOSPITAL**, Bury St. Edmunds.—House-Surgeon. Salary, £100 a year, with board, lodging, and washing. Applications to Henry Bonner, Secretary, by November 16th.

**SYDNEY, UNIVERSITY OF**, N.S.W., Australia.—Demonstrator of Physiology. Salary, £350. Passage money allowed, £60. Applications to the Acting Agent-General for New South Wales, Westminster Chambers, 9, Victoria Street, Westminster, by October 31st.

**WESTERN OPHTHALMIC HOSPITAL**, 155, Marylebone Road, W.—Secretary and Registrar. Salary, £40 a year, with a commission on subscriptions and donations. Applications to the Visitors, 155, Marylebone Road, W., by October 20th.

**WIGAN ROYAL ALBERT EDWARD INFIRMARY AND DISPENSARY**.—Junior House-Surgeon. Salary, £8 per year, with apartments and rations, exclusive of wines, spirits, and washing. Must be doubly qualified. Appointment for one year. Applications to Will Taberner, General Superintendent and Secretary, by October 27th.

**WINDSOR ROYAL INFIRMARY**.—House-Surgeon, unmarried. Salary commencing at £100 per annum, with residence, board, and attendance. Applications to George P. Cartland, Secretary, 13, High Street, Windsor, by October 20th.

### MEDICAL APPOINTMENTS.

**CAMERON, A. G. R.**, M.B., B.S.Durh., M.R.C.S.Eng., L.R.C.P.Lond., D.P.H.Camb., Assistant Medical Officer to the Gore Farm Hospital, Metropolitan Asylums Board, appointed by the Government of India to act temporarily as Medical Officer in the Sanitary Department.

**DAVIES, John E. H.**, M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer of Health to the Wrexham Rural District Council.

**DE BUTTS, Stanley B.**, M.D.Brux., M.R.C.S., L.R.C.P., appointed Medical Officer to Messrs. J. Cook and Son's (Egypt) Nile Steamship Service.

**EWENS, H. L.**, M.D.Durh., M.R.C.S.Eng., appointed Medical Officer for the St. Peter District of the Maldon Union.

**FARRANT, —**, reappointed Medical Officer of Health to the St. Thomas Rural District Council.

**HEWLING, Dr. W. F. McA.**, appointed Medical Officer of the Third District of the Leicester Union.

**JELLETT, John C.**, B.A.Dubl., L.R.C.P., L.R.C.S.Irel., reappointed Medical Officer for the Swinhope District of the Caistor Union.

**KERR, —**, appointed Medical Officer for the Stallingborough District of the Grimsby Union.

**KNAPP, E. M. M.**, L.R.C.P.Edin., M.R.C.S., reappointed Medical Officer of Health to the Hereford District Council.

**LONG, T. F.**, M.R.C.S., L.R.C.P., appointed Medical Officer for the No. 8 District of the Aylesbury Union.

**MCDONALD, Stuart. M.B.**, C.M. Edin., appointed House-Surgeon to the Cumberland Infirmary, Carlisle.

**MORTON, Hugh M.**, M.B., C.M. Edin., appointed Assistant House-Surgeon to the Cumberland Infirmary, Carlisle.

**MURRAY, J. H.**, M.B.Lond., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the North-Eastern Fever Hospital, Metropolitan Asylums Board.

**PATCH, Winifred S.**, M.B., appointed Junior House-Surgeon to the Infirmary, Huddersfield.

**PEARCE, John P.**, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health for Lewes.

**PEATLING, A. V.**, L.S.A.Lond., appointed Clinical Assistant to Out-Patients at the Chelsea Hospital for Women, Fulham Road.

**PRIOR, Samuel. M.B.**, appointed Non-resident House-Surgeon to the Western Infirmary, Glasgow.

**SANDERS, Thomas, F.R.C.S.Eng.**, L.S.A., reappointed Medical Officer to the Workhouse of the South Molton Union.

**SCOTT, J. G. C.**, M.B., appointed Medical Officer for the Brafield District of the Hardingsstone Union.

**SEYLER, Clarence A.**, B.Sc., F.I.C., F.C.S., appointed Public Analyst to the Glamorgan County Council.

**SHACKEL, George A.**, M.R.C.S., L.R.C.P., appointed Medical Officer of Health to the Ludlow Rural District Union.

**SHIRREFFS, Wm.**, M.B., C.M.Aberd., appointed Medical Officer to the Employés of the Water Department of the Aberdeen Town Council.

**SNELL, E. H.**, M.D.Lond., D.P.H.Camb., appointed Medical Officer of Health for the City of Coventry.

**SPICER, Frederick. M.D.Durh.**, appointed Surgeon to the Metropolitan Ear, Nose, and Throat Hospital.

**TAYLOR, Dr. F. H. A.**, appointed Medical Officer for the Kidlington District of the Woodstock Union.

**TEMPLETON, P.**, M.R.C.S., L.R.C.P., appointed Medical Officer for the Pirbright District of the Guildford Union.

**THORP, C. W.**, L.R.C.S., L.K.Q.C.P.Irel., reappointed Medical Officer of Health to the Todmorden Town Council.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**LONDON POST-GRADUATE COURSE**, London Throat Hospital, 204, Great Portland Street, W., 8 P.M.—Dr. Herbert Tilley: Examination of the Throat and Nose.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON**, Pall Mall, S.W., 4 P.M.—The Harveian Oration by Sir William Roberts.

#### TUESDAY.

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC**, Queen Square, W.C., 3.30 P.M.—Dr. Ferrier, F.R.S.: Clinical Lecture.

**LONDON POST-GRADUATE COURSE**, Bethlem Royal Hospital for Lunatics, 2 P.M.—Dr. Craig: Melancholia and Hypochondriasis. Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Abraham: Abnormalities and Pigmentation.

**PATHOLOGICAL SOCIETY OF LONDON**, 20, Hanover Square, W., 8.30 P.M.—Introductory address by the President, Dr. J. F. Payne. Dr. G. F. Still: The Bacteriology of the Simple Posterior Basic Meningitis of Infants. Mr. Charles Spurrell: Specimens from a Case of Multiple Spontaneous Fracture.

**HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM**, Welbeck Street, W., 4.30 P.M.—Dr. T. D. Savill: On the Clinical Investigation of Diseases of the Nervous System.

#### WEDNESDAY.

**LONDON POST-GRADUATE COURSE**, Parkes Museum, 74A, Margaret Street, W., 4.30 P.M.—Professor Wynter Blyth: Construction of Dwelling Houses, etc.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**, Brompton, S.W., 4 P.M.—Dr. Habershon: Angina Pectoris.

**ROYAL MICROSCOPICAL SOCIETY**, 20, Hanover Square, W., 8 P.M.

**WEST LONDON POST-GRADUATE COURSE**, West London Hospital, W., 5 P.M.—Mr. S. Paget: Surgical Cases.

**NORTH-WEST LONDON CLINICAL SOCIETY**, North-West London Hospital, 8.30 P.M.—Annual address by Sir William Broadbent.

#### THURSDAY.

**LONDON POST-GRADUATE COURSE**, British Institute of Preventive Medicine, 3.30 P.M.—Dr. Allan Macfadyen and Mr. A. G. Foulerton: On the Clinical Significance of Proteid Substances in the Urine of Disease, etc. Central London Sick Asylum, 5.30 P.M.—Dr. Patrick Manson: Diagnosis and Treatment of Dysentery.

**HOSPITAL FOR SICK CHILDREN**, Great Ormond Street, W.C., 4 P.M.—Dr. Voelcker: Demonstration of Selected Cases.

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM**, 11, Chandos Street, Cavendish Square, W., 8 P.M.—Card Specimens will be shown by Mr. Adams Frost, Mr. Arnold Lawson, and Dr. Rayner Batten. 8.30 P.M.—Introductory address by the President (Mr. Henry R. Swanzy): On some Congenital Anomalies of the Eye, as illustrated in the *Transactions* of the Society. Papers:—Mr. Ernest Clarke: Some Experiments on the Union of Corneal Wounds. Mr. Thomas Bickerton: Spontaneous Dislocation of Lens into the Anterior Chamber: Replacement by operation.

**HARVEIAN SOCIETY OF LONDON**, Stafford Rooms, Titchborne Street, W., 8.30 P.M. Dr. Clifford Beale: Recent Experience of the Use of Creasote in Phthisis. Clinical Cases.

**HOSPITAL REFORM ASSOCIATION**, St. Martin's Town Hall, 4.30 P.M.—Conference on Hospital Reform, the Earl of Stamford in the chair.

#### FRIDAY.

**LONDON POST-GRADUATE COURSE**, Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Professor Crookshank: Examination of Air, Soil, and Water, etc.

**CLINICAL SOCIETY OF LONDON**, 20, Hanover Square, W., 8.30 P.M.—The following cases will be shown:—Dr. St. Clair Thomson: (1) Very Distensible Nævus of the Frontal Region, with defect in the subjacent bone, in a man, aged 150. (2) A young Woman with Primary Tuberculosis of the Interior of the Nose and Secondary Infection of the Pharynx: with microscopic specimens. Dr. Bertram Abrahams: Hemiplegia in a Child of Two Years. Dr. J. K. Fowler: A Case of Functional Tremor. Patients in attendance at 8 P.M.

### BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 2s. 6d., which sum should be forwarded in post-office order and stamps with the notice not later than Wednesday morning in order to insure insertion in the current issue.*

#### BIRTH.

**DONALD**.—At Sutton Lea, Bowdon, Cheshire, on October 10th, the wife of James Donald, M.B., C.M.Glasg., of a daughter.

#### MARRIAGES.

**SIMMONS-HIGGINBOTHAM**.—At Christchurch, Sutton, on Saturday, October 9th, by the Rev. J. R. Courtenay Gale, Gerald Allpress Simmons, M.D., B.S.Lond., to Ann, third daughter of the late John Edwards Higginbotham, of Glasgow, and Mrs. Higginbotham, of Meadowcroft, Sutton, Surrey.

**WOOD-CRAWFORD**.—On October 5th, at Cockburn Hotel, Glasgow, by Rev. Dr. Ewen, minister of Kinning Park Parish, Robert Tait Wood, M.B., C.M., Dennistoun, to Jennie Colquhoun, only daughter of the late James Crawford.

**BLUMER-KITCHING**.—October 7th, at St. Maurice's Church, York, by the Rev. T. L. Brashaw, M.A., vicar of Wortley, brother-in-law of the bride, assisted by the Rev. H. Robinson, M.A., rector of the parish, Frederick Milnes Blumer, B.A., M.B., of Stafford, third son of Luke Blumer, M.D., of Sunderland, to Isabel, eldest daughter of the late Rev. Robert Kitching, M.A., vicar of Westow, Yorks, and of Mrs. Kitching, West View, Bootham Crescent, York.

**MACKINTOSH-MCKENZIE**.—At Free Church, Cults, Aberdeenshire, on October 6th, by the Rev. Hugh Morrison, F.C., Cults, assisted by the Rev. A. H. Moir, M.A., Aboyne, Duncan D. Mackintosh, M.B., C.M., Aboyne, to Elizabeth, eldest daughter of Archibald McKenzie, Esq., J.P., Dunmail, Cults.

## 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 ORTHOPEDIC. Attendances.**—M. Tu. Th. F., 2. **Operations.**—M., 4.

**EAST LONDON HOSPITAL FOR CHILDREN. Operations.**—F., 2.

**GREAT NORTHERN CENTRAL. Attendances.**—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2.30. **Operations.**—M. W. Th. F., 2.

**GUY'S. Attendances.**—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 1; Skin, Tu. F., 1; Dental, daily, 9; Throat, F., 1. **Operations.**—(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.

**HOSPITAL FOR WOMEN, Seho. 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., 1.45.

**LONDON. Attendances.**—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W., 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; (Obstetrics), Th., 2.

**NATIONAL ORTHOPEDIC. Attendances.**—M. Tu. Th. F., 2. **Operations.**—W., 10.

**NEW HOSPITAL FOR WOMEN. Attendances.**—Daily, 2; Ophthalmic, W. S., 9.30. **Operations.**—Tu. F., 2.

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

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

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

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

**ROYAL ORTHOPEDIC. Attendances.**—Daily, 1. **Operations.**—M., 2.

**ROYAL WESTMINSTER OPHTHALMIC. Attendances.**—Daily, 1. **Operations.**—Daily.

**ST. BARTHOLOMEW'S. Attendances.**—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopedic, 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. S., 2; Skin, W., 2; Throat, F., 2; Orthopedic, 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., 2; Ear, M. Th., 3; Orthopedic, W., 10; Throat, Tu. F., 8; 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., 2; 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; Orthopedic, W., 2; Diseases of Women, W. S., 2; Meotric, 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 directed will found under their respective headings.

## QUERIES.

M.B. desires to know whether Ceylon is likely to suit a young man with aortic regurgitation and a history of rheumatism. He would go in for tea planting.

POST-GRADUATE, who is desirous of doing six months' work in Vienna, wishes to know if there would be any risk in taking his wife, who, though well herself, has a strong family history of phthisis.

E. H. S. desires to hear of an institution that would take in for the winter months an ex-schoolmistress, aged 30, suffering from lateral curvature of the spine and chronic phthisis. She is at present able to get out of doors for a short time each day. She could pay about 10s. per week.

B. G. would be glad to know what is the most useful handbook on teeth extraction.

\* \* Our correspondent might consult *Extraction of the Teeth*, by J. F. Colyer, L.R.C.P., M.R.C.S., L.D.S. London: Ash and Sons. 3s.

## PROVIDENT DISPENSARIES AND DISTRICT NURSING.

DR. JAMESON B. HURRY (Abbotsbrook, Reading) will be glad to hear of any provident dispensaries which provide district nursing as well as medical attendance for their members, or which contract with district nursing associations for the supply of such nursing.

## EDUCATION OF FEEBLE-MINDED CHILDREN.

A MEMBER asks for information regarding an institution for the training to a useful trade or occupation of a boy who is mentally weak—approaching to imbecility.

\* \* The large English institutions for imbeciles—Earlswood (Redhill), Royal Albert (Lancaster), and Western Counties (Starcross)—make excellent provision for training such of their inmates as are capable to useful trades or occupations. Tailoring, shoemaking, carpentering, basket making, gardening, and farm work are thus taught. In Scotland, tailoring and outdoor work are taught at the Larbert Institution, and garden work at Baldovan. Application as to terms should be made to the respective Secretaries; they vary from 25 guineas to 100 or more, according to the accommodation required. A small farmhouse for feeble-minded (not imbecile) boys has recently been opened at Braintree, Essex, by the Society for the Promotion of the Welfare of the Feeble-minded, Honorary Secretary, Miss Cooper, 8, Ashley Place, S.W.

## "CHRONIC GENERAL PERIOSTITIS"?

DR. GEORGE STEELE-PERKINS (Wimpole Street, W.) writes: The above is the name I have given for want of a better to a case that has been under my care since April, 1896, the symptoms of which are unlike any that I can find recorded, and which being unable to permanently benefit I am now describing in the hope that some medical man who has or has not come across a similar case would be kind enough to give me the benefit of his advice.

The patient is a young lady, aged 20, with a family history of rheumatism, gout, and neuroses. Since childhood, if not since infancy, she has suffered from pain and tenderness in every bone of the body without exception, and she is gradually getting worse. There is no perceptible thickening of any bones except slight thickening of bones and joints of the fingers. There is no pain in any of the joints of the body or extremities except that produced by pressure on the bony parts similar to what is produced by pressure on the shafts of all the long bones. Exercise increases pain, as also does cold weather, whether dry or wet; the pain is always better in warm weather even if wet. The patient has not lost weight and all the organs are healthy; the urine is normal except that at times it is over acid. During the last eighteen months she has had the following treatment, and many of the remedies have apparently relieved her for a time, but in no case have I felt certain that the temporary relief was due to the treatment adopted: Alkalies, iodide of potassium, mercury, arsenic, salicylate of sodium, bromide of potassium, gelseminum, hot baths, soda baths, general massage daily carried out for a month by an experienced masseuse (this did no good whatever), and counter-irritation by means of small mustard plasters over the most painful bones—this undoubtedly relieved. Warm clothing has duly received attention, and the effects of a warm climate have been tried as far as possible, but climatic treatment, owing to certain difficulties, has not been thoroughly carried out. I hope to receive some suggestions.

## ANSWERS.

ALPHA.—The matter is one for the police, and our correspondent might bring the circumstances to the notice of the Chief Commissioner of Metropolitan Police, Scotland Yard.

VERAX.—The rule which guides the medical profession in such matters is that it is undesirable to recognise in any way remedies the nature of which is not disclosed to the profession at large.

M.B.—We cannot say what would be a "fair offer" where an assistant wishes to purchase a bicycle supplied by his principal to assist him in doing the work of the practice. Our correspondent might consult a reputable cycle agent.

## LOSS OF HAIR.

DR. GEORGE STEELE-PERKINS (Wimpole Street, W.) writes: In answer to "M. T." in the BRITISH MEDICAL JOURNAL of October 9th, p. 1039, I would suggest the application to the scalp twice a week of the cou-