

Table III shows that the earlier the antitoxin is given the better are the results obtained. But it also shows that it is of value even when given late in the disease.

TABLE III.—*Day of Disease Antitoxin was given.*

No. of Cases.				Cured.	Died.	Death-rate.
1st day	...	...	9	9	—	Nil.
2nd "	...	...	43	41	2	4.6
3rd "	...	...	62	49	14	22.2
4th "	...	...	57	42	15	26.4
5th "	...	...	31	27	4	12.9
6th "	...	...	20	17	3	15.0
7th "	...	...	48	34	14	29.1
8th "	...	...	9	7	2	22.2
9th "	...	...	6	4	2	33.3
10th "	...	...	6	6	—	—
11th "	...	...	3	1	—	—
14th "	...	...	5	3	2	—
Totals	...	...	300	240	60	

An erythematous rash appeared in 100 out of the 300 cases. It varied very much in form, position, and severity. Sometimes it produced no symptoms, sometimes it gave rise to considerable elevation of temperature and much discomfort for a few hours. The shortest time for its appearance after the injection of serum was 3 days, the longest time 15. Average time, 7 days. Joint pains were very seldom noticed.

The Kind of Serum Used:				Cases.
Ruffer's (British Institute of Preventive Medicine)...	...	...	...	167
Behring's	...	...	...	114
Pasteur Institute	...	...	...	19
Total	...	...	...	300

Out of the 60 fatal cases, 10 died within 24 hours of admission; and I find that, taking an average, it was not until the fifth day of disease that those cases that proved fatal came into hospital. In these cases then, the serum treatment cannot be said to have had a fair trial. 5 cases died of toxæmia; 36 of asphyxia from extension of membrane; 8 of bronchopneumonia; 6 of post-diphtheritic heart failure.

#### CONCLUSIONS.

A reliable antitoxin must be used. It must be given in sufficient quantity. It should be given early in the disease. Given under these conditions we may confidently expect a favourable result. Given almost at any period in the disease it lessens the mortality.

In about 20 per cent. of laryngeal cases, even where there is dyspnoea, it obviates the necessity for tracheotomy. The membrane disappears from the throat on or about the third day. No ill-effects were noticed in any of these cases, even after the injection of very large quantities (6,000 units have occasionally been used).

Since the above was written another 100 cases (the fourth hundred) have been treated in this hospital with serum; 81 were cured; 19 died.

## MEMORANDA:

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

#### DEATH FROM LIGHTNING STROKE.

ON April 28th, 1897, about 4 P.M., during a thunderstorm of unusual severity, I was called out to see G. C., farmer, aged 54, who, it was stated, had apparently been struck dead by lightning about half an hour before. On arrival about half an hour later I found the man dead, and lying on the kitchen floor where he had been placed when brought in. I was told that at the commencement of the storm he had said to his wife that he would go out to the field just behind the house to drive in some cattle to shelter. Shortly afterwards he was found about thirty yards from the house lying dead at full length with his face downwards, his right hand in his trouser's pocket; a small pool of blood was under his head, his hat

(a black felt one) was lying about a yard away, and was torn almost to pieces. Both cloth leggings were torn almost from top to bottom, and a small piece of one was lying near.

On proceeding to examine the body, I found over the situation of the upper anterior angle of the left parietal bone a wound the size of a penny, the soft structures of which were quite disorganised down to the bone, but the bone appeared uninjured. The hair round the wound was burnt, and a good deal of blood was coagulated in the hair around. From the direction of this wound a red line of hyperæmia about a quarter of an inch broad could be distinctly seen running in an oblique direction down the neck and over the middle of the clavicle to the epigastrium. The hair of the neck and body was burnt and singed along this line, and there was a strong smell of burning when the clothes were removed. At the epigastrium this line merged into a diffused hyperæmia, which involved the whole of the lower half of the trunk and both the thighs. The hyperæmia ended at the knees, but a red line similar to that above described ran down the outer side of the right leg and foot to the little toe (the inner surface of the right boot was torn along a line corresponding to this). On the under surface of the left foot, just below the instep, was a fresh bleeding wound the size and shape of a threepenny piece. There were two bullæ about the size of a man's thumb in the left groin. On removing the body upstairs the wound on the head began bleeding again, so freely, that a considerable pool of blood (about half a pint) was formed on the floor; this would appear to indicate an abnormally fluid state of the blood. The face was very livid. There was no watch or any other article whatever found in the pockets. There was an iron wire round the brim of the hat, apparently used for stiffening purposes; the hat itself was torn to pieces, leaving this exposed.

Hatherleigh.

C. F. GLINN.

#### COMPLETE INVERSION OF UTERUS WITH COMPLETE PROCIDENTIA OF THE ORGAN.

A. S., aged 27, somewhat anæmic, fair and thin, very active habits, was confined of her third child on January 13th, 1896. In both previous confinements there was marked uterine inertia, with a tendency to *post-partum* hæmorrhage, the first confinement being in January, 1893, the second in July, 1894; in the latter delivery forceps were necessary. The present and third confinement passed off normally though it was tedious; the placenta being easily removed, there was little hæmorrhage, and the uterus was well contracted.

The patient was seen by me daily, and everything progressed satisfactorily until the afternoon of the fourth day, when I was suddenly summoned by the nurse. I ascertained from her that the patient had been slightly raised to defæcate, and whilst straining a mass had descended external to the vulva, with profuse hæmorrhage. Constipation was not marked.

On careful examination, I found this to be the uterus completely inverted. Examination was made *per rectum* and a catheter also passed. The patient was markedly collapsed, very pale, with quick thready pulse, dilated pupils, and cold sweats, the general appearance and condition denoting grave mischief. I may here add that the patient was seen on the morning of this date, January 16th, when her condition appeared to be quite satisfactory.

I attempted reduction, but the uterus was very friable, and considering the very grave condition, I decided carefully to place the inverted uterus inside the vagina (after careful antiseptic treatment), and plug with boracic wool. This was successfully done, the patient being placed on her back, with the nates well raised and the head dropped.

On the following morning (17th) I requested Dr. Brown, of Preston, to see the case with me; when he confirmed my diagnosis, and the condition having materially improved, with stimulants, position, and rest; it was considered advisable to give chloroform and attempt reduction by taxis. This was unsuccessful, for the uterus was found very friable and inclined to lacerate under moderate pressure. The condition being very grave, it was considered unwise to attempt any further present operative interference. From this date, January 17th, to February 22nd, the patient was regularly dieted, position maintained, vagina washed out daily with

antiseptics and afterwards plugged, iron with stimulants and tonics being freely administered. The general condition was now much improved, and the inverted uterus much less. I decided to try Aveling's apparatus (sigmoid repositor). This I found most difficult to keep in position, to maintain a steady and uniform pressure on the inverted organ. After a careful trial for twenty-four hours, I decided to replace the sigmoid repositor by a straight-stem repositor; this I found with elastic rings and tapes to answer splendidly, and after replacing three different-sized cups, the uterus was successfully replaced, after steady pressure, in forty-eight hours, the patient being kept with the head low and the nates raised, the rectum and bladder being kept well empty. The patient soon regained strength, and is now able to follow her employment as a farmer's wife. The condition of the uterus is normal, both as to position and size, but as yet the menstrual functions have not been resumed.

*General Remarks.*—The above rare case is interesting, more especially as the complete inversion did not take place until the fourth day, and that during defæcation. Knowing the predisposition of my patient I administered ergot after the birth of the child, and also compressed the uterus and applied the binder and pads myself. There being no reason to examine the uterus *per vaginam* until the fourth day I did not do so. This case rather confirms the opinion that it is not wise to attempt to reduce an inverted uterus in its early stage unless such reduction is at once successful, and done immediately after it has taken place. Considering the very grave symptoms attending such a case, very careful immediate treatment is required lest increased shock should result and possible death. With regard to the cause of the inversion in this case, evidently the patient is predisposed by lax uterine muscular fibre, and, in my opinion, the fundus of the uterus had no doubt relaxed, resulting in a cup-like depression, and in this predisposed state the muscular effort of defæcation brought about the mishap. There was no rise of temperature and no definite constitutional symptoms except those of shock and loss of blood, and a constant feeling of dragging and bearing down.

Garstang.

THOMAS FISHER.

#### PNEUMONIA TREATED SUCCESSFULLY WITH INHALATIONS OF OXYGEN GAS.

A. W., a well-nourished girl of 18, was taken ill on February 26th, 1897. She gave a history of cough lasting about four or five days, and, just previous to being seen, she had had a bad shivering attack. Her temperature then was  $102^{\circ}$ , and there was slightly impaired resonance at the base of the right lung, with a few scattered *râles* over both sides of the chest.

The next day there was complete dulness with well-marked bronchial breathing over a large area of the right chest behind. On the third day nearly the whole of the right lung was involved, and by the end of the sixth day the lower lobe of the left lung was affected.

The physical signs continued more or less the same for a month, the temperature during this time ranging for the first fortnight between  $101^{\circ}$  in the morning and  $104.5^{\circ}$  in the afternoon, and during the second fortnight between  $99^{\circ}$  in the morning and  $103^{\circ}$  in the afternoon.

The pulse at times ran up to 150, and the respirations kept from 30 to 60 per minute. During this time the patient varied considerably; at times she was very ill with delirium, especially at night, at others she was quite bright. The cough was very severe, with profuse muco-purulent expectoration. There was no rusty sputum at any period of the illness.

*Treatment.*—Milk diet, with occasionally a little raw meat juice; from 1 to 4 ounces of brandy per diem. Quinine was the only drug used. Inhalations of oxygen gas were given every three hours (after the first four days), and certainly proved very beneficial. Each time it was used it had a markedly good effect on the respirations and on the patient herself; in fact, it is probable that her ultimate recovery was in a great measure due to the gas.

The acute trouble was at an end by the thirty-second day, and the patient then made a rapid and complete recovery, and is now, six months later, in perfect health. The chest is in every way perfectly normal.

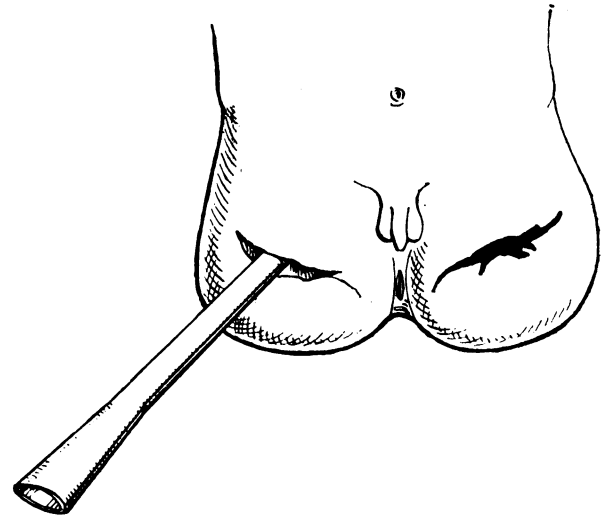
Lewes.

FRANK LOUD.

#### CASE OF SPONTANEOUS AMPUTATION OF BOTH LOWER EXTREMITIES IN A NEWBORN INFANT.

IN July, 1896, a healthy-looking young Burmese woman, aged about 22 years, brought her male child, aged 2 months, to the General Hospital. She said that the labour was natural, and the child healthy and well-formed. The day after birth she noticed some black and blistered blotches on the backs and fronts of both thighs, and the lower extremities were very cold. The lower extremities swelled and became black, and "the smell was like that of a dead body some days old." The lower extremities gradually separated, and there was no hæmorrhage. She had had three children before, and all were healthy.

The child was healthy and well nourished, but both lower extremities were wanting. On the left side there was an oblique, firm, depressed scar over the face of the stump. On the right was a similar scar, but projecting from its centre and surrounded by a small area of ulceration was the black shaft of the femur, which was easily separated by twisting. The rough diagram shows the state of affairs. The heart sounds were normal, and all organs were apparently healthy.



I am not able to discover any reports of similar cases. The case is probably one of moist gangrene resulting from sudden obstruction of the lower end of the inferior vena cava, occurring either during labour or soon after delivery; but further explanation seems difficult. Unfortunately the mother was not asked whether the child moved its legs. The natural separation of two fully developed lower limbs without a fatal result is also worthy of note.

C. DUER, Surg.-Capt. I.M.S., M.B., F.R.C.S.,

Rangoon.

Junior Civil Surgeon.

#### TONSILLITIS WITH PERICARDITIS WITHOUT ARTHRITIS OR OTHER RHEUMATIC SIGNS.

IN the BRITISH MEDICAL JOURNAL of January 2nd, 1897, I reported a case of this kind, one of a condition of which Dr. Cheadle, in his Harveian Lecture (1888), on Rheumatism in Childhood, stated that he had no certain knowledge. The following are notes of another:

P. S., aged  $6\frac{1}{2}$  years. March 18th, 1897: She is a pale nervous child, but not anæmic; complains of being tired and cold. Temperature  $100.6^{\circ}$ , axilla, 5 p.m.; pulse rapid (nervous), tonsils enlarged, pharynx hyperæmic, as also is the uvula, which is also elongated. No secretion seen at mouths of tonsillar crypts, and none on palate. There is no complaint of pain, no cough, no rash. She was put to bed and given sodii salicyl. gr. iij every four hours. Next morning the throat was a little better; temperature normal. At the base of left lung there are heard a few *râles*, but no pleuritic friction. There is no pericardial friction detectable; no increase in cardiac dulness.

March 21st. Throat better; uvula retracts now. Pericardial

friction heard over a large area. Pulse 132; no pleurisy; no pain in joints on rough manipulation. This sudden super-vent of pericardial friction heard over an area which excludes endocarditis as the cause of the *bruit* associated with tonsillitis of a very moderate degree should lead to the heart being examined as a routine duty, so that the early detection of pericarditis may give the patient the best chance.

June 30th. The area of friction sound had diminished but a little from its size of March 21st. The child has now no palpitation on exercise, and feels well.

W. CAMPBELL M'DONNELL,  
Medical Officer Sixth District Hackney Union, etc.

#### CASE OF SPINA BIFIDA: ULCERATION: ESCAPE OF CEREBRO-SPINAL FLUID, AND RECOVERY.

H. B., born on December 26th, 1895, was a full term child, large, and well above the average size. There was nothing noticeable about the confinement. The mother was over 40, and had had a large family, all well and healthy.

The baby had a lumbo-sacral spina bifida, about the size of an ordinary orange. It was oval in shape, very tense, covered with normal skin, and presented a certain degree of transparency. Increased tension could be distinctly recognised at the anterior fontanelle on pressing the tumour.

From the first the spina bifida rapidly increased in size until it was nearly as large as the child's head, the skin becoming thinner and redder. The parents would have nothing done in the way of tapping or injection. Bathing with carbolic lotion and a dressing of boric lint spread with boric ointment was applied, with a certain amount of pressure. The skin finally ulcerated and gave way, the tumour collapsing. The same treatment was continued, and the greatest care exercised to prevent septic meningitis.

The cerebro-spinal fluid continued to be discharged for about ten days in large quantity, and then gradually ceased. After the first forty-eight hours the collapsed mass became very red and inflamed, and gradually thickened. The child's temperature went up to 102.5°, and remained up more or less until the day following the cessation of the excessive flow of cerebro-spinal fluid. The opening amid the thickened tissue granulated, and at the end of the tenth day had almost completely closed.

For the next few weeks the swelling remained the same size, and then began to get smaller and paler, and at the end of three months had contracted into a hard corrugated mass.

From this time the child began to improve in health, and now at the age of a year and a-half is well and healthy in every respect. There were no symptoms of convulsions or paralysis at any time, and the child now attempts to walk. The cerebro-spinal fluid escaped in large quantities and soaked the dressings in spite of the pressure applied to the tumour, and when pressure was removed would trickle from the opening.

When the child was 4 months old my attention was directed to the large size of the child's head, and the parents feared that it had water on the brain. The head had certainly enlarged, but did not continue to do so, and now appears almost normal.

W. SYDNEY FINCHAM, M.R.C.S. Eng., L.R.C.P. Lond.  
Brentford.

#### INCISED WOUND OF THE MEMBRANA TYMPANI.

The following case seems worthy of record because of its medico-legal interest. A few months ago I was called one evening to see a man who was said to have been injured in a fight. On getting to the house I found the patient—a young working man aged 18—in bed. He was bleeding from the right ear, and there was a bloodstain, about the size of a dinner plate, on his pillow. The blood was dripping at the rate of two or three drops a second. Although dazed, the patient was able to give a clear account of the occurrence. He said that half an hour before, he was fighting, when he suddenly saw, in his opponent's upraised right hand, a white-handled knife. He turned towards his left to run away, and then felt something strike him on the right ear. He at once became unconscious, and had to be carried home. I syringed the ear with an antiseptic lotion, and plugged it with cyanide gauze.

The next morning I removed the dressing and examined

with the otoscope. I then found an incised wound of the tympanum, about a fifth of an inch in length, just posterior to the handle of the malleus. The edges were in contact. There was no injury of the external ear or meatus.

The man with whom the patient had been fighting was arrested and charged at the police court with committing an assault with intent. In my evidence I said: "The wound must have been caused by some sharp instrument such as a fine-bladed knife. It is possible for this to have happened without there being an external wound."

The points which led me to this opinion were the character of the wound, the fact of its edges being in apposition, and the amount of bleeding. The only other evidence in the case was that of the friends of the accused, who swore that no knife was used nor could any be discovered. On this, and considering the improbability of the wound being caused by a knife without injury to the meatus, the Bench discharged the prisoner.

Now comes the sequel. A few weeks after the occurrence, a policeman found under a stone, within a few yards of the scene of the fight, a small white-handled knife with an old blade ground down very fine, so that at the end it was not more than a-quarter of an inch in width. No further action was taken.

A. STANLEY BARLING,  
Honorary Surgeon to the Royal Lancaster Infirmary.

## REPORTS

ON

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

JULLUNDUR CIVIL HOSPITAL, PUNJAB.

NOTES OF SURGICAL CASES.

(By Surgeon-Captain HENRY SMITH, M.D., I.M.S.)

*Horsehair as a Suture and as a Ligature.*—I am not aware that this substance has been used as a suture material or as a ligature material except in single hairs. I would like to advocate the use of it in bundles of two, three or more hairs for those purposes according to the strength required. In a hospital here I have used this substance extensively; in fact, I now use no other suture, and when a ligature more enduring than catgut is required I use no other ligature. When one hair seems to me not strong enough I have threaded in the needle two, three, four, or five, as the case may require, untwisted for either a buried or an unburied suture; used so it is as well to be relied on for tying an ovarian stump as the best whipcord as far as strength and tying qualities are concerned. Bulk for bulk it is at least as strong as silkworm gut, and for tying qualities it is much superior; any number of hairs tie as well as a single hair. Used as a suture untwisted it ties as a band, and hence it has less tendency to cut through the tissues when tension is put on it than any other material of an enduring nature I know of. If four or five hairs in an untwisted bundle be tied round the finger this band-like quality will at once be evident. It is not absorbed by the tissues, and consequently is valuable when a more enduring material than catgut is required. It does not absorb the fluids, and when left long *in situ* it does not act as a seton or as an irritant. It has all the good qualities of silkworm gut; it ties better, it has less tendency to cut through the tissues when tension is put on it; it is cheaper, and is to be had in any out-of-the-way place, which latter in itself is a consideration of no small importance. It requires no preparation more than to be washed and steeped in an antiseptic solution.

*The Douche versus the Sponge in Certain Operations.*—I wish to suggest the use of a constant stream of water to clear away the blood during the performance of certain operations instead of the sponge. I am not aware that a stream of water has yet been used for this purpose. The operations in which it is most useful are in tumour excisions and other dissecting operations in the neck region, also in operations on bones, in the operation for ligature of arteries in cases of

of the climate there. In addition to professional work he bought a small fruit farm, and everything seemed to augur well for a full return of health and strength. Unfortunately, after a hard day's work, he was seized with an attack of intestinal obstruction, which carried him off in three days, at the early age of 38.

DR. JAMES BUNTON BARR, M.B., C.M., of Port Glasgow, died there on October 10th, in his fifty-third year. He was the son of a Lanarkshire farmer, and at first studied for the ministry, for which, indeed, he qualified before finally taking to medicine. He was a prominent citizen of Port Glasgow, of the School Board and Parochial Board of which he had been a member. He was also Surgeon to the local company of Rifle Volunteers. He is survived by a widow and family. At the funeral, which took place on October 13th, representatives from the various societies and orders with which the deceased was connected, were present.

## NAVAL AND MILITARY MEDICAL SERVICES.

### ARMY MEDICAL STAFF EXCHANGE.

*The charge for inserting notices respecting Exchanges in the Army Medical Department is 3s. 6d., which should be forwarded in stamps or post office order with the notice, not later than Wednesday morning, in order to ensure insertion in the current issue.*

A SURGEON-CAPTAIN, on leave in England from Hong Kong, will exchange, to remain at home.—GIB, 2, Victoria Mansions, Western Parade, Southsea, Hants.

### THE NAVY.

THE following appointments have been made at the Admiralty: HERBERT P. SHUTTLEWORTH, Staff-Surgeon, to the *Daphne*, October 21st; JAMES J. WALSH, M.B., Staff-Surgeon, to the *Edgar*, October 21st, and to the *Archer*, undated; RICHARD L. PRICE, M.B., Surgeon, to the *Edgar*, October 21st, and to the *Linnet*, undated; PATRICK W. MACBEAN, M.B., Surgeon, to the *Edgar*, October 21st, and to the *Peacock*, undated; THOMAS C. MEIKLE, M.A., M.B., and HUGH BURNISTON, M.B., Surgeon, to Hong Kong Hospital, October 21st; CHARLES J. E. COOK, Surgeon, to the *Active*, October 21st; JEROME BARRY, M.D., Surgeon, to the *Impregnable*, October 21st; WILLIAM L. MARTIN, Surgeon, to the *Northampton*, October 21st; MOYLE BRETON, Surgeon, to the *Spider*, October 21st; JOHN C. G. REED, Surgeon, to the *Rodney*, October 21st; M. JOHN C. MICHEL, to be Surgeon and Agent at Lynmouth, October 14th.

### ARMY MEDICAL STAFF.

BRIGADE-SURGEON-LIEUTENANT-COLONEL R. BLOOD is appointed to officiate as Principal Medical Officer Sirhind district, *vice* Surgeon-Colonel E. Townsend, M.D., appointed Principal Medical Officer Mohmand Field Force.

### INDIAN MEDICAL SERVICE.

BRIGADE-SURGEON-LIEUTENANT-COLONEL F. A. SMYTH, Bengal Establishment, is appointed to officiate as Principal Medical Officer, Peshawur District, *vice* Brigade-Surgeon-Lieutenant-Colonel G. McE. Davis, D.S.O.

Brigade-Surgeon-Lieutenant-Colonel G. MCB. DAVIS, D.S.O., Bengal Establishment, P.M.O. Peshawur District, is appointed to officiate as P.M.O. Lahore District, *vice* Surgeon-Colonel G. Thomson, C.B., M.B., appointed Principal Medical Officer Malakand Field Force.

All the medical officers belonging to the Indian Medical Service now on leave at home have been recalled to duty, with the exception of those who are about to retire on the completion of their leave.

It is announced from the India Office that an examination for appointments to the Indian Medical Service will be held in London in February.

### THE VOLUNTEERS.

SURGEON-LIEUTENANT E. M. CALLENDER, 12th Middlesex (Civil Service) Rifles, is promoted to be Surgeon-Captain October 20th.

### THE TIRAH EXPEDITIONARY FORCE.

SINCE the Afghan war 1878-80 no such complete or extensive medical mobilisation has taken place as that for the Tirah Field Force. The arrangements made by the Principal Medical Officer of Her Majesty's Forces have received the approval of his Excellency the Commander-in-Chief, and are published in pamphlet form at headquarters for general circulation. The force consists of (a) the main column, consisting of the First and Second Divisions, each division having two brigades and divisional troops; (b) the Peshawur Column; (c) the Marai-Zera Force; (d) the Kurram Movable Column; (e) the Rawal Pindi Reserve Brigade. The following Principal Medical Officers are sanctioned: For the Army Staff, Surgeon-Colonel (with temporary rank of Major-General) G. Thomson, C.B., I.M.S., with Surgeon-Major W. A. Morris, A.M.S., as Secretary. For the First Division, Surgeon-Colonel E. Townsend, A.M.S. For the Second Division, Surgeon-Colonel G. McE. Davis, D.S.O., I.M.S. The Line of Communication, Brigade-Surgeon-Lieutenant-Colonel W. E. Saunders, A.M.S. The Peshawur Column, Brigade-Surgeon-Lieutenant-Colonel R. G. Thomsett, A.M.S. With the Marai-Zera Force the Senior Medical Officer will conduct the duties of Principal Medical Officer. The Kurram

Movable Column has Brigade-Surgeon-Lieutenant-Colonel W. R. Murphy, D.S.O., I.M.S. The Pindi Reserve Brigade, while at Rawal Pindi, will have the medical administrative duties carried out by the Principal Medical Officer of the district; and, if the Brigade moves forward, the administration will come under that of the Principal Medical Officer of the force to which it may be attached. Most of the field hospitals have already been equipped, with the exception of a few to be mobilised at various Indian stations. General hospitals are to be established as follows:

No. 1	British of 500 beds at	Rawal Pindi.
No. 3	" "	100 " Nowshera.
No. 2	Native of 500 "	Pindi.
No. 4	" "	150 " Nowshera.
No. 5	" "	200 " Kohat.

The general hospitals at Pindi will receive the sick and wounded, British and native, from the First and Second Divisions, and the British sick from the Kurram Column. The general hospitals at Nowshera will receive the sick and wounded from the Peshawur Column, and the Native General Hospital at Kohat will receive the native sick and wounded from the Kurram Column and the Marai-Zera force. Various hospitals are established on the line of communications and a rest depot hospital (European privates' tents) is to be formed at Kushalpur, and also one at Gumbut if deemed necessary, to receive both British and native troops and followers. Field medical store depôts. No. 1, already equipped and attached to the Malakand field force, will supply the medical units of the First Division; and No. 2, Field Medical Store Depot, mobilised at Meean Mir, will supply those of the Second Division. Both depôts will be provided with a special reserve of 100 lbs. of quinine, and will be moved forward under orders issued by the Quartermaster-General. All field hospitals detailed for the expeditionary force, with the exception of those on the lines of communication and in the reserve brigade which will be supplied with tongas and dandies, will be equipped with riding mules or ponies (with saddles) and dandies. The force will move along Pindi, Kushalpur, Kohat, Haugu, and Thul. There is a tonga road to Kohat some thirty miles. The line of communications will be some fifty miles beyond Kohat to the foot of the Samana range. Tirah is a high plateau of very difficult access. The passes are difficult, and wheeled transport cannot go much beyond Kohat.

No. 11 British Field Hospital mobilised at Lucknow proceeded to Kohat on September 30th; the following officers of the Army Medical Staff are attached for field service: Surgeon-Lieutenant-Colonel S. H. Carter, in medical charge, and Surgeon-Captains Trotter, Withers, and Morphew.

### THE NEW WARRANT.

QUALIS AB INCEPTO writes: I have always maintained that the fixed policy of the War Office is to keep the Medical Department in an undefined, anomalous, and, if possible, ridiculous position. The titles foreshadowed in a supposed new warrant show a continuance of this unworthy policy: such a title as Surgeon and Captain is preposterous. Imagine a man announced as Surgeon and Colonel Jones! Two individuals would naturally be looked for. The messes would be delighted with the fun of it. Truly the fatuity of the authorities should be knocked out of them by an indignant public. What ought to be a flourishing department goes begging for recruits. The Secretary of State for War should think for himself, and not with the brains of his military advisers. The cry goes forth, Make the "good doctors" the butt of all and sundry at the sweet will of the heaven-born combatant! I have seen the surgeon of a regiment treated in the ante-room of a mess with the utmost indignity by a bumptious subaltern, who was all deference to the captain of his company. So much for rank. I maintain that what is needed is the resignation of the so-called "Reserve," which would bring the matter before the public, and the authorities to their senses.

## MEDICO-LEGAL.

### RECOVERY OF CHARGES.

R. P., writing from Ireland, inquires as to the best course to be taken by him for the recovery of fees for attendance on the wife and family of a gentleman who resides in India.

"\*Our correspondent, we gather, expects some difficulty in the matter, the gentleman declining to recognise his responsibility for the debt. We have no doubt that the practice in Ireland is similar to that in England, and that our correspondent might commence proceedings in the proper court in Ireland, and make application, which will be of a special nature, for service of the writ on the defendant out of the jurisdiction. If and when judgment is obtained, such judgment could, we believe, be enforced in India in a summary manner. It is not impossible that the defendant may defend the action on the ground which we understand he has taken up; but, unless he had given sufficient notice that he would not be responsible for his wife's debts, we doubt if such defence could be successfully maintained.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

PROFESSORSHIP OF PATHOLOGY.—The Electors to this Chair will meet on Saturday, November 6th, at Downing College Lodge, for the purpose of filling up the vacancy caused by the death of Professor Roy.

ADDENBROOKE'S HOSPITAL.—Mr. E. H. DOUTY, M.B., having found it necessary on account of the state of his health to resign the office of Assistant-Surgeon to the hospital, a vacancy has been declared. The nomination of candidates, of whom four or five have already announced

themselves, will take place at a special Court of Governors, to be held on Monday, November 8th.

**ANATOMY.**—Mr. Hubert Higgins has been reappointed a Demonstrator of Human Anatomy for a period of five years.

#### UNIVERSITY OF GLASGOW.

##### UNIVERSITY COURT.

**Portrait of Lord Lister.**—At the last meeting of the University Court it was announced that Dr. James Finlayson and Dr. Hector C. Cameron had presented to the University a replica of the portrait of Lord Lister, painted in 1895. The Court directed a formal expression of its thanks to be conveyed to the donors.

**Queen Margaret College.**—The resignation of Dr. Hawthorne from his Lectureship on *Materia Medica* at Queen Margaret College was received with regret.

**The Course in Pathology.**—Leave of absence was granted to Professor Coats, and arrangements sanctioned for the carrying on of the class of Pathology during the winter.

**Honours in Medicine.**—Grant by the *Bellahouston Trustees*.—The suggestion of the General Medical Council that regulations regarding honours in Medicine should appear in the *Calendar* was approved. The Court also considered another representation of the Council as to honours in connection with the medical degree, and it was intimated that the Bellahouston Trustees had been approached, and had intimated that they were willing to give a sufficient sum annually during their pleasure to provide suitable gold medals, not exceeding three in number in any one year, to be awarded to such candidates in the medical faculty as should prove themselves by thesis, or otherwise, as may be arranged, worthy of such special honour and distinction. The Secretary was instructed to convey the cordial thanks of the University Court to the Bellahouston Trustees.

**Examiner in Anatomy.**—The Secretary was instructed to advertise for an additional examiner in Anatomy for the period from December 31st, 1897, to December 31st, 1899.

#### ROYAL UNIVERSITY OF IRELAND.

**M.B. DEGREE EXAMINATION.**—The following candidates have passed this Examination:

J. B. Coleman, M.B., W. D. Donnan, M.B., Queen's College, Belfast; D. Sommerville, B.A., M.B., King's College, London, and private study.

**M.B., B.Ch., B.A.O. DEGREES EXAMINATION.**—The following candidates have passed this Examination:

**Upper Pass Division.**—N. J. Blaney, Catholic Union School of Medicine; \*M. Henry, Queen's Colleges, Galway and Belfast, and Edinburgh School of Medicine; \*G. A. Hicks, Queen's College, Belfast; \*C. E. McDade, B.A., Queen's College, Belfast; C. J. Moore, Catholic University School of Medicine; \*P. M. O'Meara, B.A., Catholic University School of Medicine; \*E. C. T. Smith, Mason College, Birmingham; R. W. G. Steward, Queen's College, Belfast.

Those marked with an asterisk may present themselves for the Further Examination for Honours.

**Pass.**—M. Burke, Queen's College, Cork; W. Canning, Queen's College, Belfast; J. H. C. Daly, Queen's College, Galway, and Catholic University School of Medicine; D. Fleck, Queen's College, Belfast; B. P. Healy, Catholic University School of Medicine; W. G. Jordan, Catholic University School of Medicine; J. McCarty, Queen's College, Cork, and Catholic University School of Medicine; F. J. McGlade, Catholic University School of Medicine; R. R. McLean, Queen's College, Belfast; A. Montgomery, Queen's College, Belfast; H. J. Monypenny, Queen's College, Belfast; M. T. Moran, Queen's College, Belfast; T. P. O'Carroll, Catholic University School of Medicine; J. K. O'Kane, Catholic University School of Medicine; E. T. O'Sullivan, Catholic University School of Medicine; R. S. Ryce, B.A., Queen's College, Cork; T. H. Scott, Queen's College, Belfast; J. Shinkwin, Queen's College, Cork; J. R. Sinton, Catholic University School of Medicine; G. K. Smiley, Queen's College, Belfast; C. Turner, Queen's College, Cork.

#### CONJOINT BOARD IN ENGLAND.

**SECOND EXAMINATION.**—The following gentlemen have passed this Examination in the subjects indicated:

**Anatomy and Physiology.**—S. E. Atkinson, B. Holroyd, J. E. Bolton, E. J. Crawshaw, and T. C. Mitchell, students of Yorkshire College, Leeds; C. Price, of University College, Cardiff, and St. Mary's Hospital; M. Arango, of Bogota University, Columbia, and St. Mary's Hospital; E. J. Harbison and W. S. Dickie, of St. Mungo's College, Glasgow; W. M. Hunter, of Queen's College, Belfast; L. A. Moore, of University College, Bristol; M. F. Foulds, of Owens College, Manchester; G. A. Carter, of Surgeons' Hall, Edinburgh; H. M. Cory, of Mason College, Birmingham; F. G. Quinby, of University College, Liverpool; R. E. Hodgson, of St. Mary's Hospital; J. Valerio, of St. Bartholomew's Hospital; C. E. Van Rooyan, of Ceylon Medical College; T. Young, L. E. Whitaker, G. W. Stone, and W. E. L. Davies, of St. Bartholomew's Hospital; J. S. Clarke, of Cambridge University and St. Thomas's Hospital; W. E. Denniston and C. J. E. Edmonds, of St. Thomas's Hospital; E. M. W. Hearn and G. S. Ward, of London Hospital; C. A. E. Hingston and H. V. Swindale, of Middlesex Hospital; W. Johnson, of Guy's Hospital and Mr. Cooke's School of Anatomy and Physiology; K. V. Trubshaw and F. C. Wetherell, of Guy's Hospital; J. W. Lawson, of Charing Cross Hospital; H. A. Colwell, H. N. Marrett, E. V. Lindsey, K. C. Bowden, D. S. Sandiland, and R. Bigg, of St. Bartholomew's Hospital; C. M. Headley, of St. George's Hospital; J. C. B. da Silva, A. C. Lewis, and H. A. Higgins, of Guy's Hospital; H. B. Carr, of Firth College, Sheffield, and Guy's Hospital; G. L. Parsons, of Westminster Hospital and Mr. Cooke's School of Anatomy and Physiology; W. A. Steen, G. Griffin, E. McL. Perkins, and F. Challans, of London Hospital; E. H. Hogg, of Middlesex Hospital; E. F. Mitchell, of Guy's Hospital; P. D. Hunter and H. V. Bagshawe, of Guy's Hos-

pital and Mr. Cooke's School of Anatomy and Physiology; C. H. Francis-Williams, of St. George's Hospital; W. S. Armstrong, of St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology; F. G. Bowen, G. O. Taylor, and T. F. G. Mayer, of London Hospital; H. E. D. Lloyd, C. Fisher and J. E. Griffith, of St. Bartholomew's Hospital; F. J. Gómez, of King's College, London; C. I. Grabtree and E. H. Bullen, of St. Mary's Hospital; E. C. Foster, of University College, London; G. O. Hughes, of University of Virginia and Mr. Cooke's School of Anatomy and Physiology; R. J. Johnstone, of Queen's College, Belfast.

**Anatomy only.**—E. R. L. Thomas, of London Hospital; O. S. Kellett, of London Hospital and Mr. Cooke's School of Anatomy and Physiology; F. A. Hort, of Mr. Cooke's School of Anatomy and Physiology and Middlesex Hospital.

**Physiology only.**—A. Farrington, of St. Bartholomew's Hospital; H. J. Butler, of St. George's Hospital; H. Charles, of Middlesex Hospital.

Sixty-two gentlemen were referred back to their professional studies in both subjects for three months and one for six months, and two in Physiology only for three months.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen, having passed the necessary examinations and having now conformed to the by-laws and regulations, have been admitted Members of the College:

Welch, W. B., L.S.A. Lond., St. Bartholomew's Hospital.

Wood, C. R., M.B., B.S. Durh., University of Durham and University College Hospital.

From the report of the Council about to be issued to the Fellows and Members of the College it appears that the names of 34 Fellows and 230 Members have been removed from the list published in the College Calendar during the past collegiate year in consequence of death.

During the past year the supply of new books and periodicals has been well kept up. Several old books have been presented by Mr. E. H. Lucy, F.R.C.S. Mr. Longmore has presented an engraving of Bransby Cooper, which had formerly belonged to Sir Thomas Longmore. During the past year the Library has been open 271 days, during which time the number of readers has been 10,965.

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the annual stated meeting of the Royal College of Physicians of Ireland, held on St. Luke's Day, the following officers were elected for the ensuing year:

**President:** Sir George Duffey. **Vice-President:** Wallace Beatty. **Censors:** Wallace Beatty, E. E. Lennon, S. T. Gordon, R. A. Flynn.

**Examiners for the Licence to Practise Midwifery.**—W. J. Smyly, Andrew J. Horne.

**Additional Examiners to take the Place of an Absent Censor or Examiner.**—Medicine: A. K. F. McCutcheon. Medical Jurisprudence and Hygiene: H. C. Tweedy. Midwifery: Ernest H. Tweedy.

**Additional Examiners under the Conjoint Examination Scheme.**—Biology: E. MacDowell Cosgrave. Chemistry and Physics: Henry T. Bowley, Edwin Lapper. *Materia Medica* and Pharmacy: Ninian Falkiner, Francis J. B. Quinlan. Physiology: John Mallet Purser. Pathology: H. T. Bewley. Medicine: John Murphy, H. C. Drury. Hygiene and Forensic Medicine: Conolly Norman.

**College Examiners for Conjoint Diploma in State Medicine.**—Meteorology and Climatology: John William Moore. Hygiene: F. J. B. Quinlan. Chemistry: Edwin Lapper.

**Examiners in Preliminary Education.**—Languages: E. J. Gwynn. Science: C. Joly.

**Representative on the General Medical Council.**—Lombe Atthill.

**Representatives on the Committee of Management under the Conjoint Examination Scheme.**—John Magee Finny, Sir Christopher J. Nixon, James Craig. Treasurer: Lombe Atthill. Registrar: James Craig.

In the evening the annual banquet of the President and Fellows was held in the College Hall.

#### CONJOINT BOARD IN IRELAND.

**FIRST PROFESSIONAL EXAMINATION.**—Candidates have passed this Examination as undernoted:

**Completed the Examination.**—H. L. A. Barry, C. H. Browne, H. A. Cecil, P. L. Crosbie, M. T. Donovan, J. J. Hart, M. J. Loughry, R. P. McDonnell, R. F. MacMahon, A. J. Nicolls, C. J. O'Connell, C. R. M. Pattison, G. H. Powell, and J. C. Ryan.

**In Anatomy.**—T. Archdeacon, F. W. Brunkes, F. H. Cooke, W. L. Day, P. Donnellson, Miss H. A. Driver, Miss M. E. M. Logan, J. Nash, and C. F. P. Plunkett.

**In Biology.**—F. W. Brunker, F. H. Cooke, W. L. Day, C. F. P. Plunkett, Miss Driver, Miss Logan, J. Nash, and C. R. Richardson.

**In Chemistry and Physics.**—F. J. Cahill, P. Donnellson, C. F. P. Plunkett, S. H. Raverty, and T. J. Wright.

**In Pharmacy.**—F. W. Brunker, F. H. Cooke, W. L. Day, Miss Driver, Miss Logan, J. Nash, and R. K. Taylor.

**SECOND PROFESSIONAL EXAMINATION.**—Candidates have passed this Examination as undernoted:

**Completed the Examination.**—G. Canilla, A. L. Darby, A. D. Dunwoody, C. H. Falvey, A. Fitzgerald, J. L. Jones, G. W. Little, D. J. F. O'Donoghue, J. J. O'Halloran, J. O'Leary, C. J. Sullivan, H. J. Westropp, J. Whelan.

**In Anatomy.**—J. S. Lane, J. P. Ryan, T. D. Sullivan.

**In Physiology.**—W. F. Cormack, G. Downing, C. W. Holden, J. S. Lane, J. Roberts, T. D. Sullivan, A. L. Tyndall.

**In Materia Medica.**—W. Adrian, A. J. C. Connolly, W. H. Dodd, P. A. Frazer, J. J. Gibney, C. W. Holden, T. F. Kennedy, E. R. Townsend.

**In Histology.**—W. F. Cormack, G. Downing, A. H. W. Ganderton, C. W. Holden, J. S. Lane, J. Roberts, T. D. Sullivan.

The Mercers' Company has sent a donation of fifty guineas to the Royal Chest Hospital, City Road, E.C.



## MEDICAL NEWS.

**MEDICAL MAGISTRATE.**—Dr. J. Comyns Leach, of Sturminster Newton, Coroner for North Dorset, has, on the nomination of the Lord Lieutenant, been appointed to the Commission of the Peace for the county of Dorset.

**NURSING EMERGENCIES AT MAIDSTONE.**—Now that the attention of the charitable public has been directed to the wants of Maidstone we may hope that the terrible distress which the epidemic of typhoid fever is causing there will be in some degree mitigated. The loyal co-operation of all the inhabitants of the stricken town in their efforts to help the sufferers is beyond all praise, and they are now being well supported by money from outside. Typhoid fever is a malady which is full of emergencies, and the very fact that the charity and monetary help which are now being dispensed are considerable in amount involves the necessity for organisation, for certain formalities, and thus for a certain amount of delay in obtaining things which may be absolutely necessary at the moment. A sudden necessity will arise for a change of linen when none is to be had without obtaining a signature to an order. Urgent symptoms may arise requiring extra crockery, thermometers may be broken and require to be replaced immediately, and water pillows or macintosh sheeting may be wanted so urgently that to obtain an order may take away half the benefit of the gift. Under these circumstances, someone with absolute power, someone who knows all the nurses, and is able without asking anybody's leave to give out of hand the thing that is required, is an enormous assistance. There can be no doubt that in this way the Nurses' Stores which has been established in Maidstone is doing a large amount of good, for by its means the nurses are able in emergencies to obtain many things at once and without question which are immediately necessary in the management of the sick. The ladies who manage these stores have been entrusted with certain moneys absolutely, and have used them to the best of their ability in providing for the emergencies which must arise in the nursing of a disease which of all others is most full of urgent and sudden complications; and amid the stream of charity flowing to Maidstone a little may usefully be turned into the already exhausted coffers of the Nurses' Stores. Contributions of clothing and money will be thankfully received by Miss Gethen, the Nurses' Stores, Maidstone.

## 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.
- BRADFORD EYE AND EAR HOSPITAL.**—Surgeon. Applications to the Chairman of the Committee of Management by November 1st.
- BRIDGE OF WEIR: CONSUMPTION HOSPITAL AND ORPHAN HOMES OF SCOTLAND.**—Resident Medical Officer; knowledge of Bacteriology. Salary, £80 per annum, with furnished apartments, board, etc. Applications to the Honorary Secretary, D. Hill Jack, 104, St. Vincent Street, Glasgow, by November 15th.
- 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.
- CAMBRIDGE: ADDENBROOKE'S HOSPITAL.**—Assistant Surgeon. Applications to the Secretary.
- CHELtenham 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.
- CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL AND DISPENSARY,** Chesterfield.—Resident Junior House-Surgeon and Dispenser. Salary, £50 per annum, with board, apartments, and laundry. Applications to the Secretary the Hospital by November 4th.

- 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.
- CHORLEY DISPENSARY, AND COTTAGE HOSPITAL.**—House-Surgeon; doubly qualified. Commencing salary, £30 per annum, with board and lodging. Applications to the Rev. Thomas Lund, Honorary Secretary, by October 30th.
- DEPTFORD MEDICAL MISSION.**—Medical Officer and Superintendent. Applications to the Rev. F. A. Pring, M.R.C.S., St. Luke's Clergy House, Deptford, S.E.
- 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.
- DONCASTER GENERAL INFIRMARY AND DISPENSARY**—Indoor Dispenser and Assistant to the House-Surgeon. No salary, but board, lodging, and washing provided. Applications to the Honorary Secretary, the Infirmary, Doncaster, by November 6th.
- DUNDEE COMBINATION POORHOUSES.**—Resident Medical Officer. Salary, £80 per annum, with board and furnished apartments. Applications to James Kyd, Clerk to the Council, Parish Council Chambers, Dundee, by November 11th.
- DURHAM COUNTY ASYLUM.**—Pathologist and Assistant Medical Officer. Salary to commence at £150 per annum. Applications to Dr. Smith, Durham County Asylum, Winterton, Ferryhill, by October 27th.
- KENT AND CANTERBURY HOSPITAL, Canterbury.**—Assistant House-Surgeon, unmarried. Salary, £50 a year, with board and lodging. Applications to the Secretary by October 20th.
- KING'S COLLEGE, London.**—Sambrook Surgical Registrar. Applications from King's College students only, to Walter Smith, Secretary, by November 1st.
- LIVERPOOL DISPENSARIES.**—Assistant Surgeon; unmarried. Salary, £80 for the first year and £90 per annum afterwards, with apartments, board, and attendance. Applications to R. R. Greene, Secretary, 34, Moorfields, Liverpool, by October 26th.
- LIVERPOOL STANLEY HOSPITAL.**—Junior House-Surgeon. Salary, £70 per annum, with board, residence, and washing. Applications to the Chairman, Medical Board, by October 20th.
- 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 STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Harts-hill, Stoke-upon-Trent.**—Assistant House-Surgeon. Appointment for six months. Board, apartments, and washing provided; no salary, Applications to Ralph Hordley, Secretary, by October 25th.
- 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 LONDON OPHTHALMIC HOSPITAL, Moorfields.**—House-Surgeon. Applications to the Secretary by November 3rd.
- 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.
- 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 UNION.**—Second Assistant Medical Officer at the Infirmary, Fulham Road, S.W. Appointment for one year. Salary, £50, with board, residence, and washing. Duties may be learnt on personal application to Dr. H. W. Webster at the Infirmary.
- 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.
- ST. THOMAS'S HOSPITAL.**—Physician; must be M.R.C.P. Lond. Applications to Mr. E. M. Hardy, Treasurer's Clerk, by October 30th.
- SHREWSBURY: COUNTY ASYLUM.**—Junior Assistant Medical Officer; not over 27 years of age. Salary to commence at £100 per annum (and £8 in lieu of beer, etc.), with board, lodging, and washing, rising to £120 at the end of two years' service. Appointment for four years, but eligible for re-election. Applications to the Medical Superintendent of the Asylum by October 23rd.
- 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 1st.
- WEST LONDON HOSPITAL, Hammersmith Road, W.**—Assistant Physician; must be F. or M.R.C.P. Lond. Applications to R. J. Gilbert, Secretary-Superintendent, by November 3rd.

**WIGAN: ROYAL ALBERT EDWARD INFIRMARY AND DISPENSARY.** Junior House-Surgeon. Salary, £83 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.

**WREXHAM INFIRMARY AND DISPENSARY.**—House-Surgeon. Salary, £80 per annum, with furnished rooms, board, gas, coal, and attendance. Applications, which must be made on forms to be obtained from the Secretary, to Mr. George Wheelhouse, Secretary, 27, Regent Street, Wrexham, by October 30th.

### MEDICAL APPOINTMENTS.

**BERKELEY, Comyns, M.B., B.C.Cantab., M.R.C.P., M.R.C.S.,** appointed Out-patient Physician to the Chelsea Hospital for Women.

**CROWTHER, Thomas, M.D., M.R.C.S., L.S.A.,** reappointed Medical Officer of Health to the Midgley Urban District Council.

**DIXON, Dr. T.,** appointed Medical Officer of Health to the Earsdon Urban District Council.

**GARDINER, H. Bellamy, M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Assistant Anaesthetist to Charing Cross Hospital, and Anaesthetist to the Male Lock Hospital.

**HAMILTON, William R., L.R.C.P., L.R.C.S.I.,** appointed Medical Officer to the Workhouse of the Edenderry Union.

**HANCOCK, G. C., L.R.C.P.Lond., M.R.C.S.,** appointed Assistant Medical Officer to the Port of London Sanitary Authority.

**HARRIS, Dr. F.,** appointed Medical Officer of Health for the Borough of St. Helens, *vice* J. Robertson, M.D., resigned.

**HOPE, George, L.R.C.P., M.R.C.S., L.S.A., D.P.H.,** appointed Medical Officer of Health for the Haswell Urban District Council, *vice* Dr. R. G. Burton, resigned.

**KENYON, G. A., M.B.Lond., L.R.C.P., M.R.C.S.,** appointed Medical Officer of Health to the Malpas Rural District, *vice* W. N. Thursfield, M.D. Edin., resigned.

**LECHE, Arthur V., L.R.C.P.Edin., M.R.C.S.Eng.,** appointed Medical Officer of Health to the Axbridge Rural District Council.

**MARTIN, F., M.R.C.S., L.R.C.P.,** appointed Medical Officer of Health for the Borough of Brighouse, *vice* M. Young, M.B., C.M.Edin., resigned.

**PAGET, C. E., M.R.C.S.Eng., L.R.C.P.Lond., D.P.H.Eng.,** appointed County Medical Officer of Health for Northampton.

**POTTER, E. Furniss, M.D.Brux., M.R.C.S., L.R.C.P.,** appointed Assistant Surgeon to the London Throat Hospital.

**STOTT, Hugh, L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Medical Officer of Health to the Seaford Urban District Council.

**SWINDALE, John Aston, M.B., B.S.Durh.,** appointed Assistant House-Surgeon to the Guest Hospital, Dudley, Worcestershire, *vice* H. A. Belbin, resigned.

**WAGGETT, Ernest, M.B.,** appointed Assistant Surgeon to the London Throat Hospital.

**WIGIN, G. W., M.R.C.S.Eng., L.S.A.,** appointed Medical Officer of Health to the Methley Urban District Council.

**WRIGHT, William Henry, L.R.C.P.I., M.R.C.S.Eng.,** reappointed Medical Officer of Health to the Alveston Urban District Council.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**LONDON POST-GRADUATE COURSE, London Throat Hospital, 204, Great Portland Street, W., 8 P.M.**—Dr. George Stoker: Chronic Glandular Disease of the Nose and Naso-pharynx.

**MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.**—Dr. T. Churton (Leeds): Some Observations on the Localising Factors in Rheumatism and Chorea, with cases.

#### TUESDAY.

**LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital for Lunatics, 2 P.M.**—Dr. Craig: Stupor, Katatonia, Dementia, and Senile Insanity. Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Abraham: Alopecia.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.**—Dr. Sidney Phillips: A case of Calcareous Metamorphosis of Tracheal Glands; formation of Mediastinal Abscess and Bronchial Fistula; subsequent perforation of the arch of the aorta, with long-continued hæmoptysis and death. Dr. George Thin: A further contribution towards the Pathology of the Pernicious Malarial Fevers of Sierra Leone and our knowledge of the Parasite with which they are associated. Demonstration at 8 P.M. of Microscopic Specimens, showing the Infection of the Capillaries of the Brain, and illustrating the pathological changes in the Liver which are caused by the debris of the parasites.

**HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, Welbeck Street, W., 4.30 P.M.**—Dr. Harry Campbell: Cases of Hemiplegia.

#### WEDNESDAY.

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

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W., 4 P.M.**—Dr. Symes Thompson: Phthisis in relation to Life Assurance.

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

**THE CLINICAL MUSEUM, 211, Great Portland Street, 4 P.M.**—Demonstration by Mr. Jonathan Hutchinson.

**DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND, 20, Hanover Square, W., 4.30 P.M.**—Council meeting. 5 P.M.—Cases and papers.

**WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M.**—Dr. Drummond Robinson: Metrorrhagia.

**EVELINA HOSPITAL, Southwark Bridge Road, S.E., 4.30 P.M.**—Dr. George Carpenter: On Infant Feeding. Post-Graduate Course.

**HUNTERIAN SOCIETY, London Institution, Finsbury Circus, 8.30 P.M.**—Clinical evening: Dr. Cotman: Disease of the Ankle. Dr. F. J. Smith: Osteitis Deformans. Sir H. Beevor: Congenital Heart Disease. Mr. A. H. Tubby: Cases. Patients will be shown by Dr. J. H. Sequeira and others.

#### THURSDAY.

**LONDON POST-GRADUATE COURSE, Central London Sick Asylum, 5.30 P.M.**—Mr. Jonathan Hutchinson, F.R.S.: Clinical Lecture.

**NEUROLOGICAL SOCIETY OF LONDON, 11, Chandos Street, W., 8.30 P.M.**—Pathological Meeting: Dr. Sanger Brown and Dr. Adolf Meyer: Morbid Anatomy in a case of Hereditary Ataxy of the type described by Sanger Brown. (Communicated by Dr. J. A. Ormerod.) Dr. Samuel Gee and Dr. H. H. Tooth: A case of Hæmorrhage in the region of the pons Varolii almost entirely on the right side. Dr. W. A. Turner: Symmetrical Softening of the Pyramids and Interolivary Strata. Dr. F. E. Batten: The Effect of Marchi's Fluid on Nervous Tissue which has undergone *post-mortem* change. Dr. James Taylor and Mr. C. A. Ballance: A case of Tumour of the right Lateral Lobe of the Cerebellum. Dr. Risien Russell: Contributions to the Study of some of the Tracts in the Spinal Cord.

**HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C., 4 P.M.**—Dr. Batten: Muscular Atrophy.

#### FRIDAY.

**LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.**—Professor Crookshank: Anthrax and Malignant Oedema.

**BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION, 11, Chandos Street, W., 3.15 P.M.**—Exhibition of Throat and Nose Cases by Dr. Pegler, Mr. Wilkin, the President, and others. Papers: Dr. Tresilian: Throat Lesions in Enteric Fever. Dr. Pegler: Post-septal Lymphoma (with microscopical preparations). Presidential Address: Some Lines of Progress in Laryngology, Rhinology, and Otolaryngology. Exhibition of Ear Cases by the President, etc. Mr. F. Marsh: Notes of Five Cases of Cerebral Abscess due to Ear Disease. Mr. Mayo Collier: Nasal Stenosis and Tinnitus. Mr. Wyatt Wingrave: Tuberculous Disease of Middle Ear complicated by Optic Neuritis. Mr. St. George Reid: Traumatic Rupture of Tympanic Membrane.

### BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which sum should be forwarded in post-office order and stamps with the notice not later than Wednesday morning in order to insure insertion in the current issue.*

#### BIRTHS.

**ABRAM**—On October 12th, at 106, London Road, Reading, the wife of G. Stewart Abram, M.B.Cantab., M.R.C.S.Eng., of a daughter.

**COUPER**—On October 18th, at South Shore, Blackpool, the wife of Sinclair Couper, M.B., C.M.Aberd., of a son.

**HILL**—On September 3rd, at Pak-hoi, South China, the wife of Leopold G. Hill, M.R.C.S., L.R.C.P., Church Missionary Society, of a son.

#### MARRIAGES.

**MUSGRAVE-PRENTIS**—On October 16th, at All Saints, Kensington Park, Cecil Musgrave, M.D., of Cromer, elder surviving son of the late Colonel Walter Musgrave, formerly of the Cape Mounted Rifles, H. M.'s 8th Regiment, also of the 15th Bengal Lancers, and the 5th Bengal Cavalry, to Ethel Combe, only daughter of the late Surgeon-Major Charles Prentis, B.M.S., and of Mrs. C. Prentis, 29, Colville Terrace, W.

**PEAKE-JAMES**—On October 14th, at the Parish Church, Hendon, by the Rev. C. Hose, William Harland PEAKE, M.D., B.S., of Marden, Kent, to Etheline, youngest daughter of the late Robert James, Esq., and Mrs. James, of Hendon, Middlesex.

**SPACKMAN-NEWTON**—On October 12th, at St. Saviour's, Paddington, by the Rev. Marshall Tweddell, M.A., vicar, Coniston Spackman, M.R.C.S., L.R.C.P., of Gloucester House, Faringdon, Berkshire, to Ada, third daughter of Frederick Newton, of 9, Warrington Crescent, Warwick Road.

**STANFORD-PRINCE**—On October 7th, at St. Peter's Church, Ealing, by the Rev. Canon Blagden, uncle of the bride, assisted by the Rev. W. Bedell Stanford and the Rev. E. B. Prince, W. Bedell Stanford, M.R.C.S., L.R.C.P., to Lucy Gertrude, second daughter of the late T. T. Prince, of Laurel Lodge, Barnet, and of Mrs. Prince, Cornwall House, Ealing. New Zealand papers please copy.

#### DEATHS.

**BARRY**—On October 12th, suddenly, at the Grand Hotel, Birmingham, aged 46, Frederick William Barry, D.Sc., F.R.S.E. of Trowmers, Down, Kent, Chief Medical Inspector of the Local Government Board, London.

**FOSTER**—On October 5th, at 58, Horton Lane, Bradford, aged 69, John Foster, M.D., F.R.C.S.Eng.

## 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, Tu. 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; op. 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; op. 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; op. M. F., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th., 9.30; Dental, M. W. F., 9.30. *Operations*—W., 1.30; S., 2; (Obstetric), 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*—Tu., 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; op. W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operations*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Tu., 2.  
**ST. GEORGE'S.** *Attendances*—Medical and Surgical, daily, 12; Obstetric, M. Th., 2; op. 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., 1.  
**ST. MARK'S.** *Attendances*—Fistula and Diseases of the Rectum, males S., 3; females, W., 4.45. *Operations*—M., 2; Tu., 2.30.  
**ST. MARY'S.** *Attendances*—Medical and Surgical, daily, 1.45; op. 1.30; Obstetric, Tu. F., 1.45; op. M. Th., 1.30; Eye, Tu. F., 9; Ear, M. Th., 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*—Medical and Surgical, M. Tu. Th. F., 2; op. 2; F. (Women and Children), 2; S., 4. *Operations*—W. F., 2.  
**ST. THOMAS'S.** *Attendances*—Medical and Surgical, M. Tu. Th. F., 2; op. daily, 1.30; Obstetric, Tu. F., 2; op. W. S., 1.30; Eye, Tu. F., 2; op. daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, op. Th., 2; Mental Diseases, op. Th., 10; Dental, Tu. F., 10. *Operations*—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.  
**SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Attendances*—Daily, 1.30. *Operations*—W., 2.30.  
**THROAT GOLDEN SQUARE.** *Attendances*—Daily, 1.30; Tu. F., 6.30. *Operations*—Th., 2.  
**UNIVERSITY COLLEGE.** *Attendances*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45; S., 9.15; Throat, M. Th., 9. Dental, W., 9.30. *Operations*—Tu. W. Th., 2.  
**WEST LONDON.** *Attendances*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10; F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operations*—Tu. F., 2.30.  
**WESTMINSTER.** *Attendances*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, Tu. F., 9.30; Ear, M. Th., 9.30; Skin, W., 1; Dental, W. S., 9.15. *Operations*—M. Tu. W., 2.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with duplicate copies.

## QUERIES.

G.H. would be glad to know what is the best method of treatment in cases of redundant hair growth on the upper lip and chin in young women.

SPERO desires to hear of a district where a retired invalid member could without much difficulty rent a cottage, with stable, etc., and attached paddock, in a bracing climate. If within a mile or two of a good market town in England preferred. Rent not to exceed £18 to £20.

A. T. has a patient with incipient phthisis, and it is decided that he should winter in the South of England. Could he be informed as to the most suitable locality for such a case (aged 30), whether he should live in a boarding house, and if there is any special line of treatment he ought to follow besides a medicinal one?

MR. C. C. WEEKS (Pinchbeck, Lincolnshire) asks if any reader can lend him Harris's American (second edition) of Playfair's *Midwifery*, or refer him to a library where it can be seen.

\*\* The fifth American edition from the seventh English is in the Library of the British Medical Association.

ENQUIRER wishes information as to the laws under which chemists and druggists dispense medicines in Scotland, with special reference to the penalties to which "prescribing chemists" render themselves liable by dispensing signed prescriptions to others than those for whom they were ordered, by prescribing for trivial ailments—headaches, insomnia, hæmorrhoids, etc.—by dressing wounds, and by extracting teeth under cocaine.

\*\* We are informed that there are no legal penalties under the Scottish law except in the case of poisonous drugs. The person, of course, runs the risk of civil action.

## IS ACQUIRED DEAFNESS HEREDITARY?

A MEMBER of the B.M.A. would be much obliged for the opinion of any member on the following case: Would a young lady who is very deaf, and whose deafness was acquired after birth, and is not hereditary, in the event of marrying be likely to have deaf children?

## EDUCATION OF DEAF CHILD.

M.D. wishes to know what should be done with a girl, aged 5½ years, who lost her hearing about six months ago through post-scarlatinal supuration of both ears. She can read and write words of one and two syllables, but her speech is beginning to be impaired. Expense would be an object to her parents.

## TREATMENT OF PSORIASIS.

CUTIS asks for suggestions as to the treatment of a case of chronic simple psoriasis in a girl, aged 18. Arsenic in large doses internally and tarry preparations externally seem to be of little service. Latterly there has been some improvement under Donovan's solution internally, and pin. sylvestris externally, but the progress is very slow and unsatisfactory.

## MONTHLY NURSES.

FLEAM writes that a patient of his has made a mistake of a fortnight or three weeks in the probable date of her confinement, and has engaged an obstetric nurse later than it is now expected she will be required. He asks what compensation, if any, should be paid to the nurse.

\*\* The custom is, we believe, to give the nurse half the fee agreed upon.

## PROPOSED NEW CLUB.

W. B. writes to say that he has been asked to start a private club by a member of one of a medical neighbour's clubs, who states that their doctor is disliked by nearly all the members. If he were to start such a club, most of the members would probably be recruited from his neighbour's club. Would such conduct on his part be a breach of professional etiquette?

\*\* To start a private club under such circumstances would be very unneighbourly.

## MICROSCOPES.

M.R.C.S. writes: What is the best moderate-priced English microscope to give to a young student? One that will be of use to him afterwards in his work as a general practitioner. Price, £8 to £12.

\*\* "M.R.C.S." cannot do better than get a good firm stand by a well known maker—one that can be added to as occasion demands. Messrs. R. and J. Beck, of Cornhill, supply in their biological microscope a stand that is necessary at a moderate price. The Edinburgh Students' Microscope as made by Messrs. Watson is also a reliable instrument. It should be obtained with the English form of foot. We should advise "M.R.C.S." to get Leitz's lenses; a No. 3 and No. 7 will be ample. A 1½th oil immersion can be added when required for bacteriological work.

## DEATH CERTIFICATES FOR INSURANCE COMPANIES.

QUID PRO QUO wishes to be informed what is the usual fee charged for filling in death certificates for life insurances. In the present case all connected are in good circumstances, and the life offices well-known ones.

\*\* We understand that the usual fee for filling in death certificates for life assurance is one guinea. Most offices have a stipulation that death certificates must be supplied free of cost to the office, hence it is to the representatives of the deceased that application for the fee should be made.

## ANSWERS.

DR. W. A. WANNAN (Arbroath) writes, in reply to "M. T." (BRITISH MEDICAL JOURNAL, October 9th, 1897, p. 1039), to suggest the use of the