

upper fragment of the tibia in accurate position. The after-result of division of the femur in this case was good.

I have to thank Dr. Chapman, House-Surgeon of the General Hospital here, for the skiagraphs.

## MEMORANDA:

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

#### ANTERIOR DISLOCATION OF FOOT.

A PAINTER fell from the roof of a two-storeyed house on August 5th, 1897, and the feet struck the ground first. I found the right foot displaced forward and inverted. The surface of the astragalus forming the articulation with the tibia was prominent, and lay against and in front of the tibia, and the external malleolus projected. There was no fracture. Reduction was easy under chloroform by traction on the foot and eversion by the right hand, and pressure on the prominent astragalus by the left thumb.

The patient remained in bed with lateral splints and foot-pieces for six days, when his ankle was put in a plaster case, and he was allowed to get about on it. Though the external lateral ligament must have been extensively if not completely ruptured very little swelling followed. The plaster case was removed after being worn seventeen days. The joint was found painless, and with normal mobility. There was, however, a slight increase in circumference, which had not disappeared when I saw him last, seven days after. It was so slight that he would not pay any attention to it, as he said he felt the ankle as strong to walk on as the other.

I see Erichsen<sup>1</sup> says the above accident is so rare as seldom to have been witnessed, and Treves<sup>2</sup> says that in the few reported cases one or both malleoli were broken.

C. L. MARTIN, M.R.C.S., L.R.C.P.Lond.

Umtali, Rhodesia, South Africa.

#### A CASE OF SPURIOUS ABORTION.

THE patient was a multipara (six children), the youngest being 2½ years old. Menstruation was perfectly regular until the end of March, 1897, and she calculated from this time that she was pregnant. As time went on there was a perceptible swelling of the abdomen. On July 8th, 1897, I was called on account of hæmorrhage having set in. This discharge was similar to that described by Dr. Eden in the case of Dr. Dakin, that is, a brownish discharge streaked with blood. The symptoms during the amenorrhœa were slight—slight morning sickness and only slight alterations in the appearance of the breasts. As they had been slight also in past pregnancies, they were of little diagnostic value. The uterus on bimanual examination was firm and enlarged, the fundus being felt just above the rim of the pelvis. The ovaries and tubes were apparently normal. The case appeared to be a case of threatened abortion at thirteen or fourteen weeks.

After six days, in which the patient was kept in bed and the uterine muscles kept as quiet as possible, a cast, not so large as those described by Dr. Eden, was passed. It was 2½ inches long and 1 inch broad. Its outer surface was rough, but there was no apparent placental site or any chorionic structure. On examination microscopically it was found to be decidual tissue, and so far as I was able to see, no tissue of any other character except blood vessels. The patient made an uninterrupted recovery; bleeding ceased on the day following the expulsion of the cast. No pain was experienced during the whole time.

In considering the case, my first idea was of a fertilised ovum which in some way had perished; my second was, whether the fact that the patient was anxious not to be pregnant (which was in reality the case) had anything to do with it.

It would be interesting to know what the desires of the three cases cited by Dr. Eden were with reference to their being pregnant or not. Knowing the influence these conditions have in cases of pseudocyesis, it is within the bounds of

reason that it may be a cause or aid in spurious abortion.

Birkenhead.

J. HERBERT DIXON, M.B., C.M. Edin.

#### DISLOCATION OF THE UNGUAL PHALANX.

THE above dislocation is apparently so rare that Erichsen, in the eighth edition of his *Surgery*, says: "I do not think that simple dislocation of the ungual phalanx from the second is possible," and I can only find the record of one case in medical literature. An account of such a dislocation may not be without interest: A young man, a compositor, came to me on October 31st, stating that while playing cricket and standing at slip, in attempting to catch a ball, he was struck by it straight on the end of the second finger of the right hand, the fingers at the time being extended. The terminal portion of the finger was extended while the metacarpal phalanx was somewhat flexed. On examination, the base of the ungual phalanx was both seen and felt resting upon the dorsal surface of the head of the second phalanx. Slight traction upon the terminal phalanx and a little pressure on its base at once restored the bone to position.

Grahamstown, Cape Colony.

JAMES T. BAYS, M.D. Lond.

#### WALCHER'S POSITION IN OBSTETRICS.

THE following case, in which this position was useful, resembles that recorded by Dr. Mitchell in the *BRITISH MEDICAL JOURNAL* of July 3rd, 1897, and some of those previously described by me in the *JOURNAL* of October 31st, 1896. The patient was aged about 30, and had had four previous pregnancies. The first and second labours ended in craniotomy; the third labour was induced at the seventh month, but the child was dead when extracted. At the fourth labour the head was crushed during extraction with forceps, so that the patient had never had a living child. When she was in labour for the fifth time at full term her attendant remembered the utility of Walcher's posture, and sent for me as soon as dilatation was complete. She refused to have chloroform, but consented to lie on her back, her legs hanging down over the edge of the bed, her feet not touching the floor. Axis traction forceps were applied, and a living child was delivered after a stiff pull. The head was much moulded, but not injured, and in a few days it recovered its shape. Its measurements were then of very fair size, namely—Diameters: O.M., 5½ inches; O.F., 5 inches; S.O.B., 4 inches; B.P., 3½ inches; B.T., 3 inches. Circumferences: O.M., 15 inches; O.F., 14½ inches; S.O.B., 13½ inches. The child was 18 inches in length at birth, and has done well. The pelvic measurements of the mother are as follows: Inter-spinous diameter, 10 inches; intercrural, 9½ inches; intertrochanteric, 12 inches; external conjugate, 5½ inches; diagonal conjugate, 3 inches. The pelvis is therefore very flat, and the true conjugate must be about ¾ inch less than the diagonal, or 3½ inches less than the external conjugate—namely, about 2½ inches, or 1½ inch less than normal. I might have turned and delivered in Walcher's position, but preferred the forceps. I am convinced, however, that apart from the use of this position, the head in question could not have passed uninjured through the pelvis in question without symphysiotomy.

Manchester.

W. E. FOTHERGILL, M.D.

#### CASE OF RIGIDITY OF THE OS UTERI TREATED BY HOT BATHS.

I WAS called one evening to attend a primipara, aged 40, who had been in labour for thirty hours. I found her in bed, having very severe bearing-down pains both in the back and abdomen. I was told that the waters had all drained away in the morning, and that she had been having very severe pains for three hours. On vaginal examination I found the head presenting and the vagina very small. The cervix was hard and rigid, and the os completely closed, so much so that I was quite unable to pass a sound into the cervical canal. I ordered warm douches and gave chloroform. Unfortunately had no chloral with me, so was unable to try the effect of that drug. The chloroform had no effect. The pains became more frequent and more severe, the whole uterus being forced down with each pain, without any dilatation of the cervix. The patient showed signs of rapid exhaustion, and I had almost determined to make lateral incisions into the

<sup>1</sup> *Science and Art of Surgery*, 8th Edition

<sup>2</sup> *Surgical Anatomy*, 2nd Edition.

cervix, when it occurred to me to try the effect of a very hot bath. The patient was kept in the bath for fifteen minutes, the water being kept as hot as she could bear it. The pains ceased, and did not return for three-quarters of an hour. On making a vaginal examination after her return to bed I was delighted to find that I could easily pass two fingers into the canal and further dilate it. The child was delivered with forceps. I had a little difficulty with the perineum, which was extremely rigid, in spite of continuous treatment with hot fomentations for two hours.

I venture to forward these notes in the hope that they may be of some use to a practitioner who has the misfortune to attend a primipara of such an advanced age.

Geraldine, New Zealand.

P. W. HISLOP, M.B. Edin.

## REPORTS

ON

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

#### EDINBURGH ROYAL INFIRMARY.

##### A CASE OF VERY ACUTE ULCERATIVE ENDOCARDITIS WITH DIFFUSED SUPPURATIVE FOCI.

(Under the care of Dr. ALEX. JAMES.)

[Reported by Dr. E. E. PORRITT.]

##### HISTORY OF CASE.

W. B., a healthy-looking, well-grown, and well-developed lad aged 18, a mason by trade, was admitted on Saturday, July 31st, 1897, at 5.30 P.M., complaining of pain in the back of his head and down his neck.

There was nothing of importance in the family history. The patient had always been in the best of health, but as will be mentioned later, the sanitary arrangements at his home had been extremely defective. The history of his illness given by his father was as follows: Up to the previous Monday he had been at his work all day. On the Tuesday morning he got up and went to his work as usual, but returned at 9 A.M., and complained of being chilled, and stated that he had a severe pain in the back of his head. He took a dose of salts at night, and next day (Wednesday) he looked better and described himself as feeling so. On the Thursday he still complained of the headache, but nevertheless got up and sat about in the house. On Friday he was in the same state, but on Saturday, feeling himself not so well, he kept in bed. During the day he felt sick and vomited once. A doctor was then sent for, and he was advised to come to the infirmary.

On admission he appeared flushed and feverish, and he complained only of pain in the back of the head; his temperature was  $103^{\circ}\text{F.}$ ; pulse 100, regular, but soft and compressible; respirations 34. On auscultating the heart a well-marked blowing systolic murmur was heard at the mitral area; elsewhere the sounds were somewhat muffled. As regards the lungs there was nowhere any dulness, but there was harsh breathing with crepitation at both bases posteriorly, especially at the right. The urine was febrile, and contained albumen, 0.656 gr. per oz. There was no squinting, and the pupils were equal and reacted to light, although a little sluggishly. It was thought to be an early pneumonia with meningitis. An icebag was applied to the head, and calomel (4 gr.) was administered at once, and a mixture of chloral, ammonium bromide, and digitalis was ordered to be given every four hours.

Half an hour after admission, however, the patient became markedly delirious, and the urine, etc., was passed in bed. He was given gr.  $\frac{1}{10}$  of hyosine, but he did not sleep at all. On the Sunday morning the pupils were unequal and dilated, the right markedly so; and there were continued irritative movements of the left arm and leg, and occasional spasms of the left arm. The patient otherwise was quieter, and took a little milk, etc., when put to his mouth, but never spoke at all. His temperature was  $103.8^{\circ}\text{F.}$ ; respirations 48, and pulse 120, and very weak. In spite of stimulants, etc., he became weaker and weaker in the course of the day; and the

temperature rose to  $106.6^{\circ}\text{F.}$ , pulse to 132, and respirations to 60. He died about 12 o'clock the same night.

##### POST-MORTEM REPORT BY DR. MUIR.

*Thorax.*—Pericardium contained about 4 ounces of chocolate-coloured fluid, a mixture of blood and seropurulent exudation. Left pleura contained about 5 ounces of clear serum; right pleura normal. Posteriorly at the base of the heart there is slight fibrinous exudation on its surface, and in the left ventricular wall there are several deep-red patches. On section these are found to be septic foci with early suppurative changes in their centre. These foci are confined to the outer part of the heart wall. The mitral valve segments are deeply blood-stained, and on the anterior segment towards the left side there is a recent ulcerated opening about 1 in. diameter, with soft irregular margins. On the posterior cusp, towards the right side, there is a rounded area of early ulceration covered with a soft pinkish thrombus. There are no true vegetations, and there is no evidence of pre-existing valvular disease. The other valves are healthy. In one of the papillary muscles of the left ventricle there is a small abscess about the size of an oat seed. The cavities of the heart are of normal size, and their walls of normal thickness. At the base of the right lung posteriorly the tissue is almost airless owing to semi-collapse, oedema, and diffuse hæmorrhage; no actual pneumonia. Left lung extremely congested at base. No suppurative foci in either lung.

*Abdomen.*—The liver weighed 3 lbs. 13 ozs. Its upper surface is congested, and shows a large number of yellow points of suppuration under the capsule. On section these are found to be confined to the superficial parts. The liver substance shows advanced cloudy swelling, with some fatty change. The spleen weighed 8 ozs., and was in a state of acute congestion. The left kidney weighed 7 ozs. On the surface is a large number of small round areas, the centres of which show a pale colour. On section a similar condition is seen both in the cortex and medulla. There are small secondary suppurative foci, with a great amount of hæmorrhage around them. The kidney substance shows marked cloudy swelling and early catarrh. Right weighs 6 ozs., in a similar condition. Throughout the small intestine are found in the mucous membrane small rounded elevations of a dark crimson colour, which on section show a pale yellow centre. These are vessels with purulent plugs, and at one or two places the small vessel could be seen to be thrombosed for some distance, and surrounded by hæmorrhage. These secondary foci in the mucous membrane had no special relation to the mesenteric attachment. None are found in the stomach or in the large intestine. The pancreas and suprarenals show nothing abnormal.

*Brain.*—Weight, 3 lbs. 8 ozs. On its surface are found several commencing suppurative foci in the small vessels with much congestion and hæmorrhage around them. Several are situated on the posterior point of the mid- and upper frontal convolutions on the right side, and also a group of them over the top of the right occipital lobe. On the left side there are several on the upper Rolandic area, and also at the anterior margin and tip of the occipital lobe. There is no meningitis. In the suppurative foci numerous micrococci are found, which on cultivation prove to be the staphylococcus pyogenes aureus. There was no ulcer nor breach of surface found which could be looked upon as the primary path of infection.

##### REMARKS BY DR. JAMES.

Ulcerative endocarditis occurring in a patient previously healthy is a comparatively rare disease. Presenting in addition a course so acute and rapid as was the case with this lad it is well worthy of being recorded. It is to be noted that our patient, although out of sorts for three days previously, was acutely ill for only 48 hours. As regards rapidity of course, therefore, this case will bear comparison with any that have been recorded. How the staphylococcus pyogenes aureus had obtained an entrance into the system is not very easily explained, but subsequent careful inquiry has elicited the following facts:

1. That the watercloset arrangements at his home had been extremely defective.
2. That four days before the commencement of his first symptoms he had, in the attempt to improve the watercloset, thrust his hand and arm as high as the shoulder into the exit pipe. He had, however, noticed no abrasion of the skin.
3. That about a week before the beginning of his illness he had had several small boils on the back of his neck.

The diagnosis also merits remark. The doctor who sent him to the infirmary suspected meningitis, and I at that time inclined to think it would turn out to be a case of influenza pneumonia and meningitis. The mitral systolic murmur was rather a difficulty; it was too loud and distinct for a functional murmur, whilst at the same time the heart's action seemed too slow (100 per minute), quiet, and regular for acute endocarditis.

The symptoms generally were such as the pathological conditions would explain, and the very rapid course and collapse are to be ascribed to the tremendous potency and diffusion of the poison. Remembering that among the symptoms unilateral irritative movements of the left arm and leg had been manifested, we, at the *post-mortem* examination, inspected carefully the condition of the cortex at the Rolandic areas on the two sides. We thought that the number of suppurative foci was rather greater on the right side, but the difference was very slight.

this inquiry with an open mind on this question, but facts such as these, and two others of the same kind, must carry considerable weight against the theory of aerial convection, unless facts of corresponding value can be advanced on the other side. It was for such that I ventured to ask.—I am, etc.,

Berkeley Street, W., Nov. 30th.

THOS. D. SAVILL.

## OBITUARY.

HENRY WILLIAM FREEMAN, F.R.C.S.I., M.R.C.S.ENG.,  
L.R.C.P.LOND.

It is with deep regret that we chronicle the death of Mr. H. W. Freeman, of Bath, which took place at his residence on November 21st at the comparatively early age of 55. For some weeks past it had been noticed that Mr. Freeman did not seem to be in his usual health, but he continued to work as assiduously as ever, and on October 19th he exerted himself strenuously during the visit of the Duke of Cambridge at the opening of the Pump Room extension. Shortly after this he had an attack of syncope, but he continued to work till November 11th, when signs of severe anæmia and cardiac disorder compelled him to take to his bed; the disease made rapid strides, and in spite of the most unremitting attention proved fatal.

Henry William Freeman was born in 1842 in the neighbourhood of Westward Ho! North Devon, and was educated at Bideford Grammar School; subsequently he passed through the usual pupilage with a medical practitioner. He then entered as a student at the Middlesex Hospital, and became a Member of the Royal College of Surgeons in 1864. The next year he obtained the post of Resident Medical Officer at the Royal United Hospital, Bath, which appointment he retained for one year, when he began to practise in the town. He rapidly acquired a large practice, and always took a keen interest in surgery, but it was not until 1881 that he had any real opportunity for following out his inclination in this direction; in that year he was elected Honorary Surgeon to the Royal Bath United Hospital, and at once began to practise operative surgery in its modern aspects with great activity and success, and devoted during the remainder of his life much time to the welfare of the patients and the improvement of the hospital; almost the last of his professional acts was the performance of a major operation at the hospital very shortly before the final seizure which laid him low, so that he may be said to have died in harness. As an illustration of his activity it may be mentioned that on his appointment as Honorary Surgeon to the hospital the condition was made that he should have a Surgical Fellowship. In spite of the claim of a very large practice he set to work, and in a short time obtained the necessary diploma. This was in 1882, and after he had been nearly twenty years in practice.

He afterwards turned his attention very seriously towards developing the resources of the baths of Bath, and with this object he made a large number of visits to the chief continental health resorts, especially Aix-les-Bains, and those of Bohemia, Germany, France, and Austria. In 1887 he made a journey to the springs of Saratoga and Virginia. In these journeys he made a large number of personal observations which became of great value in guiding the Baths Committee in the enlightened policy of rejuvenating, so to speak, the ancient thermal baths of Bath, and enabling that city to take her old rank as the Queen of Baths. It is no small measure due to Mr. Freeman's activity, counsel, and persistency that Bath to-day can boast the most useful and luxurious system of warm bathing which it now possesses. That his earnestness in this cause was appreciated by the profession at large was well demonstrated in June, 1889; in that year Mr. Freeman, as Mayor of Bath, entertained H.R.H. the Duchess of Albany at the "City of the Warm Vale" on the occasion of the ceremony of opening the new massage baths, and, in addition to the leading people of the county, he was supported by the presence of a large number of physicians and surgeons from London, the chief provincial towns, Scotland and Dublin. In all his municipal work, Mr. Freeman was ably seconded by his amiable, courteous, and devoted wife, and the great success of the opening ceremony was a source of deep gratification to both.

It is impossible to conclude a memoir of Mr. Freeman's life without mentioning his hobby, namely, the breeding of thoroughbred horses. He had a large stud farm, and possessed some valuable animals. His love for the horse was intense, but he never allowed this interest ever to interfere with his practice, and for many years a quiet visit to the farm was a source of great recreation and pleasure to him, and few breeders had a more intimate knowledge of the pedigree of horses than Mr. Freeman.

It is surprising that with the many demands upon his time he should find time for literary work. His best effort was a book on the *Thermal Baths of Bath*, including their history, literature, medical and surgical uses and effects.

It required some perseverance and the possession of no small degree of self-reliance for a man who went to Bath absolutely unknown to obtain such a large practice and the highest honour his adopted city could bestow; but such was the man, and whatsoever he was called upon to do he did with all his might, and by his death Bath loses a devoted citizen, and one who did an enormous amount of good for his adopted city.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Joachim Voss, Professor of Anatomy and Medical Jurisprudence in the University of Christiania, President and founder of the Association of Norwegian Medical Practitioners, and one of the first who performed ovariectomy in Norway, aged 82; Professor Victor Hüter, for many years Lecturer on Gynecology in the University of Marburg; Dr. Nikolai Kleinberg, Professor of Comparative Anatomy in the University of Palermo, aged 57; and Dr. M. A. Olivet, Professor of Psychiatry in the University of Geneva, and author of numerous publications on subjects relating to mental diseases, aged 76.

## NAVAL AND MILITARY MEDICAL SERVICES.

### THE NAVY.

THE following appointments have been made at the Admiralty: HENRY L. CROCKER, Fleet-Surgeon, to the *Britannia*, November 12th; HERBERT H. PEARSE, Surgeon, to the *Forle*, November 27th; WALTER S. H. SEQUEIRA, Surgeon, to the *Nile*, November 27th; WALTER B. MAURICE and WALTER H. O. GARDE, Surgeons, to the *Victory*, additional; and RICHARD MILLER, Surgeon, to the *President*, additional, for temporary service at R.N. rendezvous and the Medical Department at the Admiralty, November 27th.

### ARMY MEDICAL STAFF.

BRIGADE-SURGEON-LIEUTENANT-COLONEL F. W. TREVOR, M.D., who is serving in the Bombay Command, has taken charge of the current duties of the Principal Medical Officer, Sind District, from October 27th, as an additional duty.

### INDIAN MEDICAL SERVICE.

BRIGADE-SURGEON-LIEUTENANT-COLONEL C. W. CALTHROP, M.D., Bengal Establishment, is granted the temporary rank of Surgeon-Colonel from October 28th, while officiating as Principal Medical Officer, Presidency District.

### MILITIA MEDICAL STAFF CORPS.

MESSEURS ALFRED H. BENSON and WILLIAM FLETCHER, M.B., are appointed Surgeon-Lieutenants, December 1st.

### THE VOLUNTEERS.

SURGEON-LIEUTENANT J. G. THOMSON, 1st Ayrshire and Galloway Artillery, has resigned his commission, December 1st. Surgeon-Lieutenant R. C. BROWN, M.D., and Volunteer Battalion the Duke of Wellington's West Riding Regiment, has resigned his commission, December 1st; and Messrs. LOUIS PETRO DEMETRIADI, and HENRY W. WILLIAMS are appointed Surgeon-Lieutenants in the same corps, from the same date.

Surgeon-Lieutenant C. S. TICEHURST, 3rd (Duke of Connaught's Own) Volunteer Battalion the Hampshire Regiment, is promoted to be Surgeon-Captain, December 1st.

### THE CHARGE OF SOLDIERS' WIVES AND CHILDREN AT ALDERSHOT.

WITH regard to our remarks in the BRITISH MEDICAL JOURNAL of November 20th, as to the charge of soldiers' wives and children at Aldershot, we may observe that the words "Dutch Auction" appeared in the leading article in the *Times* on the Medical Department some days ago. The nomination to the charge was stated in the terms used by the correspondent of the *United Service Gazette*, and appeared in inverted commas, showing them to be quoted. The concluding comments were based on the fact that the duties of the charge were of soirksome and harassing a nature

that successive Directors General have found it difficult, if not almost impossible, to get army surgeons to accept these appointments, even although they carried "fixity of tenure" for some years.

#### CIVIL PRACTITIONERS AND MILITARY DUTIES.

**SURGEON-LIEUTENANT-COLONEL (Retired)** writes: On my return from foreign service twelve years ago I was sent to a large station, where a civil practitioner had been in charge for some months. I soon discovered that though the local doctor had treated the sick in hospital, the real officer in medical charge was the sergeant of the medical staff corps. It was only after a display of tact and firmness that he resumed his proper place. Just before my arrival the hospital store room had been broken into at night, and a quantity of liquor abstracted. A court of inquiry ordered the loss to be made good by the "hospital authorities." My mild request that this term should be defined led to the hushing up of the whole matter, and I understand that the loss was borne by the regimental canteen fund.

#### MILITARY TITLES.

A **SURGEON-CAPTAIN** sends us the envelope of a letter addressed to him as follows, which he very justly thinks must be quite a new variety in nomenclature: "Jno. ———, Esq., Surgeon Chaplain," etc.

## MEDICO-LEGAL.

#### WITNESSES' FEES.

##### SUBPOENA ON BOTH SIDES.

**M.D.**—If a person is subpoenaed by both parties, before giving evidence, he is entitled to be paid by the party actually calling him, all the expenses, after exhausting what he may have received from the opposite side. It is laid down by an eminent writer on the subject (with some hesitation, however) that if a witness chooses to give his evidence without being first paid:

1. He can only maintain an action against the party who has subpoenaed him, if an express or implied contract on the subject can be shown.

2. The jury may, according to the better opinion, in some circumstances reasonably infer a promise to pay from the mere fact of the attendance of the witness at the trial, and where such an inference is drawn the action can be supported by the implied contract.

Referring to the particular case submitted to us by our correspondent, we are not aware of any rule where there is a subpoena on both sides, for the witnesses only to be entitled to claim from each party one-half the fees. There is an element of doubt, however, as to whether in the case in question an action could be successfully maintained against the defendant in the action for the full fees of £33s. per diem and travelling expenses, although we think there should be no hesitation on his part under all the circumstances of the case to meet so reasonable a demand.

We cannot too strongly impress on medical practitioners the desirability in all cases where they are requested to attend to give evidence in a single action, first, that they should be properly subpoenaed, and secondly, that there should be an express undertaking either of the party subpoenaing or of his solicitor to pay the usual fee of £33s. per diem exclusive of travelling expenses.

#### CONTRACTS IN RESTRAINT OF PRACTICE.

**OROYA** submits to us the following point: Six years ago he was assistant to a doctor since deceased. There was no "usual bond," and after a service of nine months the employer gave to our correspondent the following letter to write and sign, and it was dated to cover the whole time he had been in his service:

"I agree to act as your assistant and manager of your branch practice at a salary of £ and half midwifery fees, a month's notice on either side to terminate the engagement. Further, I agree not to start practice within seven miles of — after leaving your service."

After signing the above document our correspondent received a month's notice, and now inquires:

1. If the foregoing unstamped letter is binding?

2. If it protects the late principal's successor?

3. Whether, if our correspondent bought a practice within the seven mile limit, he lays himself open to action for breach of contract at the hands of the successor?

In reply to the above questions:

\* \* 1. The fact of the letter being unstamped would not of itself render the contract invalid. It could not, however, be put in evidence without being properly stamped, and it could not be so stamped except upon payment of a penalty of £10.

2. There is some question as to whether the benefit of such a contract accrues to the successor to a practice; we are inclined to think that, assuming the validity of the contract, it would accrue to his benefit.

3. The reply to this question depends upon (1) whether the contract is valid, and (2) whether it accrues to the benefit of the successor.

It is a general rule, according to the law of this country, that there are two essentials to the validity of such a contract: (a) The restraint must be partial and reasonable; and (b) there must be a good consideration. In the case in point it does not appear to us that there was any consideration for the contract in restraint of practice, and the terms might be held to be unreasonable as inferentially applying for all time, and we think it doubtful if the successor to the practice could obtain an injunction if our correspondent now entered into practice within the prescribed limit. It would, however, be a very serious matter if our correspondent purchased a practice within the

limit prescribed, if it should be discovered that under all the circumstances of the case he was bound by the contract, and therefore we think he should only purchase such practice after having been advised by counsel, with all the facts laid before him, that he can safely do so.

#### ACTION AGAINST A MEDICAL MAN.

THE case *Kettle v. Brisbane* was heard recently before Mr. Justice Mathew and a special jury. It was the second trial of the action for damages alleged to have been sustained by the plaintiff through the negligence of the defendant. In the first trial the jury disagreed and gave no verdict. As reported in the *Times*, the plaintiff's case was supported by Mr. Crispe and Mr. Raymond; the defendant, Dr. Brisbane, was represented by Mr. Dickens, Q.C., and Mr. R. W. Turner, instructed by Mr. W. Hempsen, solicitor to the Medical Defence Union, of which society Dr. Brisbane was fortunately a member.

From the evidence it appeared that Miss Kettle, residing in Finchley Road, met with an accident in October, 1895, cutting her wrist in consequence of a fall through a glass partition. She alleged that the defendant in his attendance failed to notice that the median and ulnar nerves were divided, and that in consequence of his neglect she had later to go to the Middlesex Hospital and have two operations for the secondary suturing of these nerves, and that even now the sensory and motor powers of the hand were deficient.

Dr. Septimus Gibbon, of Finsbury Pavement, was called on behalf of the plaintiff.

For the defence, Mr. Victor Horsley, F.R.S., F.R.C.S., Mr. Ballance, F.R.C.S., Dr. Campbell Pope, F.R.C.S., and Dr. Norman Kerr were called, and stated that in their judgment Dr. Brisbane had done everything that a reasonable man would have done. When he found motion and sensation in the hand at the time of the accident he was justified in considering that the nerves were not severed, and he would not have been justified in doing more than suturing the divided tendon. It was quite possible, the experts considered, that the median and ulnar nerves were only partially severed at the time of the accident, and that later they became wholly severed owing to the contraction of the cicatrix in which they were embedded.

The jury found for the defendant. Judgment was given accordingly.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF CAMBRIDGE.

**THE JOHN LUCAS WALKER FUND.**—Mr. J. W. W. Stephens, B.A., M.B., B.C., Caius and Gonville, has been elected John Lucas Walker Student in Pathology, vice Mr. L. Cobbett, M.A., M.B., Trinity; and Mr. H. K. Wright, M.D., C.M., McGill University, Montreal, has been awarded an Exhibition of the value of £50 from the John Lucas Walker Fund. The Managers express their approval of the work done by Mr. L. Cobbett, M.D., during his tenure of the studentship.

**PROFESSORSHIP OF SURGERY.**—The General Board recommended that this professorship, which was suspended until January 1st, 1898, be further suspended until the beginning of the Easter Term in order to give further time for making definitive arrangements in regard to it. Meanwhile, Dr. Joseph Griffiths will continue to fulfil the duties of the professorship.

**STATE MEDICINE.**—Dr. Anningson, Dr. Collingridge, Professor Kanchack, Dr. J. Lane Notter, and Dr. Stevenson have been appointed Examiners for the Diploma in Public Health under the State Medicine Syndicate.

**DEGREES.**—At the congregation on November 25th, the following degrees in Medicine and Surgery were conferred. *M.D.*: L. B. Hayne, B.A., Caius; H. M. Stewart, M.A., Christ's. *M.B. and B.C.*: G. T. Watson, B.A., St. Peter's; T. L. Jackson, B.A., St. John's.

#### UNIVERSITY OF LONDON.

THE *Calendar* of the University of London for the year 1897-98 has just been issued. From a table contained in it, it appears that the total number of persons who have passed the matriculation examination since the foundation of the University is 33,456, of whom 4,188 are women. During the seven years 1890-96 inclusive, the number who passed the matriculation was 10,890, of whom 2,487 were women. The total number of persons who have obtained the degree of M.B. since the foundation of the University is 1,917, of whom 55 are women. The number of persons who obtained this degree in the seven years 1890-96 inclusive was 613, of whom 45 were women. The *Calendar*, which contains the papers set at the examinations, will be sent post free on application to the University, Burlington Gardens, London, W., enclosing the net price, 5s.

#### UNIVERSITY OF EDINBURGH.

In the Faculty of Medicine 48 candidates passed the recent University Preliminary Examination, 11 passed partly with outside exemptions, 65 passed entirely with outside exemptions, 5 were exempted by the M.A., and other qualifications. Thus there completed the Preliminary Examination in November, 1897, 129 candidates, as against 148 at the same date in 1896; 77 candidates formerly completed the preliminary examination or are otherwise accounted for, thus giving the total number of first year students of medicine as 206.

There are at this date 54 extra-academical graduation women students of medicine, and 1 matriculated woman student. The total number of women students attending the University for this session is 285, two more than last year.

**THE MEDICAL COLLEGE FOR WOMEN, MINTO HOUSE, CHAMBERS STREET, EDINBURGH.**—For session 1896-97 there were 80 students enrolled, and of these 54 were studying for the degrees of the University of Edinburgh. For session 1897-98 (at November 30th) there were 85 students enrolled, of whom 60 are studying for the degrees of the University of Edinburgh.

**THE SCHOOL OF MEDICINE FOR WOMEN: SURGEONS' SQUARE, EDINBURGH.**—For session 1896-97 there were 22 students enrolled, and of these 11 were studying for the degrees of the University of Edinburgh. For session 1897-98 (at November 30th) 17 students were enrolled, of whom 6 are studying for the degrees of the University of Edinburgh.

**THE NEW SCHOOL OF MEDICINE, EDINBURGH.**—At the New School of Medicine, Bristo Street, Edinburgh, 780 students had down to November 30th enrolled in the various classes.

**ENTRIES AT THE EDINBURGH UNIVERSITY.**—The following are entries in the Medical Faculty at November 30th:

Session.	1st Year.	2nd Year.	3rd Year.	4th Year.	5th Year.	Total.
1896-97	218	223	202	239	279	1,161
1897-98	205	208	228	193	333	1,167
	Decrease. 13	Decrease. 15	Increase 26	Decrease. 46	Increase. 54	Increase. 6

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

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

Anderson, W. M.	Grove, E. G.	Palgrave, E. F.
Anning, G. P.	Guthrie, J.	Palser, J. E. F.
Aubrey, S. E.	Guthrie, T. C.	Pearson, T.
Baylis, H. E. M.	Hancock, A. E.	Poole, C. C.
Beath, D. L.	Hawkesworth, T. A.	Prance, C. H. G.
Beavis, J. D. W.	Henshaw, H. W.	Prescott, T.
Beit, F. V. O.	Hewitt, H. E.	Raper, H. E.
Bell, R. H.	Hine, H. F. N.	Relph, H. J.
Bell, T. H.	Hornbrook, R. W.	Richmond, R. T.
Bennett, N. G.	Hutcheson, G.	Rogers, R. J.
Bidwell, C. H.	Jackson, H. H.	Roman, A. H.
Black, C.	James, F. W.	Rowe, W. T.
Bottomley, T. A.	Johnson, A.	Scott, J. G.
Boulton, H.	Johnston, W.	Shea, H. F.
Bousfield, S.	Jones, E. S.	Small, A. A.
Brickwell, F.	Jones, T. C. L.	Smith, M.
Chatterton, E.	Judd, F. W.	Smith, W. H. M.
Chenery, A.	Leake, J. W.	Starling, H. J.
Cholmeley, M. A.	Lectezio, G. E.	Stevens, A. E.
Clark, R. W.	Littlejohn, T. P.	Stevenson, W. B.
Clarke, F. A. H.	Lloyd, E.	Street, A. E.
Cole, J. W. E.	Lucas, G. H.	Sykes, J. L.
Corfield, E. C.	McAnally, E. A.	Taw, Moung Pha
Cowburn, A. J.	Mackay, D. M.	Thorneley, M. H.
Crossley, H. J.	Macnair, N.	Trewhy, H. W.
Cruddas, H. M.	Macnamara, E. D.	Tyndale, W. F.
Evans, D. E.	Markby, H.	Tyrrill, F. A. C.
Evans, F. H.	Martin, F. R.	Verdon-Roe, S.
Evans, J. H.	Maughan, W. S.	Wall, R. C. B.
Evans, W.	Maunsell, D. F.	Walton, H. B. G.
Falwasser, A. T.	May, S. W.	Waterhouse, R.
Fanning, W. J.	Mayo, E. G.	Watt, J. G.
FitzHugh, R. T.	Modi, S. H.	Weaver, F. H.
Forge, G. B.	Mossop, C. H.	Wells, L. T.
Foulerton, H. P.	Nabarro, D. N.	White, F. H.
Fremantle, F. E.	Novis, T. S.	White, H. E.
Gough, B. B.	Oldfield, J.	Wilkinson, F. H.
Greaves, F. L. A.	Page, F. W. T.	Williams, J. D. E.
Gregory, H. L.		

## INDIA AND THE COLONIES.

### INDIA.

**NEW ZENANA HOSPITAL.**—The Bengal Government have sanctioned an estimate amounting to 1 lakh and 21,000 rupees for the construction of a new zenana hospital in Calcutta, the foundation stone of which will be laid by Lady Mackenzie in the cold weather.

**REORGANISATION OF RAILWAY MEDICAL STAFF.**—The medical staff of the South Indian Railway has recently been reorganised, and consists now of one superintending physician and nineteen apothecaries. At the more important stations on the line, where the apothecaries are stationed, there is a hospital completely fitted with the necessary medical and surgical apparatus, so that help is ready to hand on any portion of the line. To each hospital is attached a compounder qualified to dispense medicines during the absence of the apothecary on duty on the line.

**THE PLAGUE AMONG THE HARDWAR MONKEYS.**—A correspondent writes to *The Pioneer* of November 5th, drawing attention to what he calls "the very serious nature of the position" and points out that there is a perfect and regular communication between the monkeys at the head of the canal at Hardwar and its tail at Cawnpore. Nothing seems to stop them in their migration, not even fair-sized rivers, which they swim. The fact of plague having broken out among these monkeys, the writer thinks, may be attributed to their haunting deserted plague-infested rooms in the town of Hardwar. The *Indian Medical Record* says that if this be true there is only one thing to be done, and that is to make a clean sweep of the animals in affected districts. No doubt there will be an outcry from the ignorant and disloyal classes, but it is not a moment for trifling; the danger is serious enough to justify the strongest measures.

**ENTERIC FEVER AT AGRA.**—The Government of India have for-

warded to the India Office extracts from the report of Surgeon-Major Todd, A.M.S., on the outbreak of enteric fever among the British troops at Agra at the beginning of the summer. There were 89 admissions to hospital and 20 deaths, the majority of which occurred in the York and Lancashire Regiment, which had only been a short time in India. The outbreak is ascribed to the contamination of the municipal water supply, the typhoid bacillus being found in the Jumna river near the intake for the filtering beds.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### EDINBURGH ROYAL INFIRMARY.

For the year ending September 30th last the ordinary income of the Edinburgh Royal Infirmary was £30,620. On students' hospital tickets there was a decrease of £112. In detail this meant a decrease of £148 on male students' tickets but an increase of £36 on female students' tickets. The extraordinary income for the year amounted to £10,205.

### NEW CITY HOSPITAL FOR EDINBURGH.

A PREMIUM of £50 had been offered for the most suitable scheme for the heating and ventilation of the new Edinburgh City Hospital for Infectious Diseases, and thirteen schemes have been sent in. They have been handed over to a subcommittee of the Public Health Committee, who, with the aid of an expert, will examine, judge, and report.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,409 births and 4,258 deaths were registered during the week ending Saturday last, November 27th. The annual rate of mortality in these towns, which had been 19.0 and 18.6 per 1,000 in the two preceding weeks, rose again to 20.2 last week. The rates in the several towns ranged from 11.0 in Cardiff, 12.5 in Croydon, 13.1 in Portsmouth, and 15.5 in Hull to 23.7 in Sheffield. 24.1 in Burnley, 28.2 in Oldham, and 28.6 in Swansea. In the thirty-two provincial towns the mean death-rate was 21.0 per 1,000, and was 1.3 below the rate recorded in London, which was 19.7 per 1,000, and was 2.6 below the rate recorded in London, which was 21.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.6 per 1,000; in London the rate was equal to 3.3, while it averaged 2.2 per 1,000 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.6 in Oldham, 4.9 in Burnley, 5.4 in Halifax, and 8.3 in Blackburn. Measles caused a death-rate of 1.5 in Huddersfield, 3.1 in Swansea, 8 in Halifax, and 7.9 in Blackburn; scarlet fever of 1.0 in Burnley, whooping-cough of 1.2 in Sheffield; and "fever" of 1.3 in Bristol, 1.4 in Preston, and 1.9 in Birkenhead. The 97 deaths from diphtheria in the thirty-three towns included 63 in London, 8 in Leeds, 4 in West Ham, 4 in Burnley, and 3 in Manchester. No fatal case of small-pox was registered during the 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 these hospitals and in the London Fever Hospital, which had been 3,680, 3,777, and 3,792 at the end of the three preceding weeks, had further risen to 3,818 on Saturday last, November 27th; 375 new cases were admitted during the week, against 339, 460, and 397 in the three preceding weeks.

### HEALTH OF SCOTCH TOWNS

DURING the week ending Saturday last, November 27th, 897 births and 581 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 20.1 and 18.5 per 1,000 in the two preceding weeks, rose again to 19.5 last week, but was 0.7 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 14.5 in Leith and 17.5 in Dundee to 22.2 in Aberdeen and 25.4 in Greenock. The zymotic death-rate in these towns averaged 2.5 per 1,000, the highest rates being recorded in Greenock and Dundee. The 263 deaths registered in Glasgow included 9 from measles, 5 from scarlet fever, 2 from diphtheria, 15 from whooping-cough, 2 from "fever," and 8 from diarrhoea. Two fatal cases of diphtheria were recorded in Edinburgh and 3 of scarlet fever in Dundee.

### DIPHTHERIA IN LONDON.

THERE was a very considerable increase last week in the mortality from diphtheria in London. The deaths referred to this disease, which had been 59, 46, and 37 in the three preceding weeks, rose again to 63 during the week ending November 27th, and were 13 above the average. The number of notifications of diphtheria in London, which had been 314, 293, and 305 in the three preceding weeks, declined again to 293 during the week ending Saturday last. Compared with the preceding week, there was an increase in the prevalence of diphtheria in West, North, and Central London, while in East and South London there was a decline. Among the sanitary areas of West London, there was a further decline in the number of new cases in Fulham, while in Kensington and in Chelsea they were above those recorded in any recent week. Among the districts of North London the prevalence of diphtheria showed a further increase in Islington, 20 new cases being notified against 9 and 14 in the two preceding weeks. In Marylebone and in Hackney there was also a slight increase in the number of new cases. In East London there was a very marked decline in the prevalence of the disease, especially in Bethnal Green, Limehouse, and Poplar. In Whitechapel and in Mile End New Town, however, there was a slight further increase in the number of new cases.



In most of the sanitary areas of South London there was a decline in the prevalence of diphtheria. In Lambeth, however, the new cases, which had been 15, 17, 14 in the three preceding weeks, rose to 24 last week, and in Camberwell 23 new cases were notified against 20 in each of the two preceding weeks. The admissions of diphtheria patients into the Metropolitan Asylums Hospitals during last week were 157, against 163, 148, and 150 in the three preceding weeks; and 1,042 patients remained under treatment in these hospitals on Saturday last.

#### AGE AT VACCINATION.

C. A. W.—The vaccination of a child is required within three months of its birth, unless it have been attacked by small-pox, or its vaccination have been postponed on medical certificate, renewable every two months, or three unsuccessful attempts at vaccination have been made; but in districts where there is no weekly public vaccination, it suffices if the child be vaccinated at the periodic attendance next given after it shall have attained the age of 3 months. (See Sections XVI and XII of the Vaccination Act, 1867.)

#### MEASLES AT MANCHESTER.

DR. NIVEN seems to have inherited the happy knack of his predecessor, Dr. Tatham, of securing the willing co-operation of outside bodies in his efforts in behalf of the public health. We now learn that the school attendance officers aid in serving certificates of exclusion from school of children from infected houses both at the houses of the children and on the teachers in the affected schools, and that each Monday Dr. Niven receives a list of all school children known to be attacked by measles or whooping-cough, enabling him to despatch his sanitary inspectors to each house represented, with instructions and warnings which cannot but be efficacious in preventing the spread and fatal issue of these diseases. Such a system is highly commendable; but why not a daily list of cases from the schools?

#### NOTIFICATION OF INFECTIOUS DISEASE.

M. B. (Vict.).—If B. is the paid official, responsible for the correctness of the diagnosis, and A. in the position of his assistant, then (unless in a matter of urgency) B. should make the report. If, however, B.'s post is honorary, while A. is paid, then the usage would be the other way. The words of the Section are, "Every practitioner attending or called in to visit the patient shall forthwith," etc.

#### INCOME TAX AND POOR-LAW SALARY.

POOR-LAW MEDICAL OFFICER, who holds both a workhouse and a district appointment, writes to say that his salary for these two is £106 per annum, and that he is charged income tax on £102. He asks whether he cannot claim a further deduction, as he has to keep a horse and supply drugs.

\*.\* In our opinion our correspondent can claim a further deduction, as all necessary expenses must be allowed by way of abatement. We cannot tell what these actually are, but we should imagine about 10 per cent. for drugs on both district and workhouse appointments would be quite reasonable. The same percentage might probably be claimed off the district appointment for horse expenses, but whether off the workhouse appointment as well we cannot say, as the distance our correspondent has to travel to attend to his workhouse duties is not stated.

## MEDICAL NEWS.

A SERIOUS outbreak of typhus fever of a virulent type has occurred at the hamlet of Sconser in the Island of Skye, and already one death has taken place.

DR. MASIUS, Professor of Clinical Medicine at Liège, has been elected Rector of that University for the three years 1897-1900.

AN International Congress of Balneology will be held in Vienna in March, 1898. Notice of communications must be sent to the General Secretary, Dr. Brock, of Berlin, before December 31st, 1897.

LEPROSY IN RUSSIA.—According to an enumeration recently made by Dr. W. Grebenschikoff, the total number of lepers in the Russian Empire in the period from May, 1895, to May, 1897, was 1,200. Of these, 633 were males and 567 females.

INFANTILE SCURVY IN THE UNITED STATES.—The American Pediatric Society has instituted a collective investigation of infantile scurvy as it is met with in North America. The Chairman of the Committee is Dr. J. P. Crozer Griffith, of Philadelphia.

UNIVERSITY OF INNSBRUCK.—During the winter semester of 1896-97 the total number of students on the books of the University of Innsbruck was 1,009, of whom 285 belonged to the medical faculty. In the last summer semester there were 945 students in all the faculties, of whom 225 were students of medicine.

THE late Mr. Thomas Hardy, of Bulwell Hall, Notts, has by his will bequeathed £200 to the Nottingham General Hospital, and £50 each to the Dispensary, the Children's Hospital, the Eye Hospital, and the Women's Hospital, all of Nottingham.

THE foundation stone of the Passmore Edwards Convalescent Home for members of friendly societies at Herne Bay, of which we recently gave some account, was laid recently by Mr. Passmore Edwards. The building will contain accommodation for about fifty patients, and will have a spacious garden.

THE Hackney Vestry, at a recent meeting, determined to appoint a lady as sanitary inspector, whose special duty it would be to look after the sanitary condition of the workshops, workrooms, and laundries where women and girls are employed. It is stated that the number of women thus employed in Hackney is very large.

THE late Sir Thomas Elder, Adelaide, Australia, has by his will bequeathed £3,000 to the Adelaide Hospital; £1,000 each to the Children's Hospital in North Adelaide, the Convalescent Hospital, St. Margaret's, Adelaide, and the Port Augusta Hospital; £20,000 to the Medical School of Adelaide University; and £25,000 to the Adelaide University.

SUCCESSFUL VACCINATION.—Dr. J. Wright-Grant, of Woburn Sands, has for the second year in succession received the Government grant for efficient vaccination. This is all the more creditable to Dr. Grant, inasmuch as the local guardians make no pretence of enforcing the vaccination laws.

DR. G. LOVELL GULLAND, F.R.C.P.E., has been appointed a physician to the Victoria Dispensary for Consumption and Diseases of the Chest, Edinburgh, in the room of Dr. Ralph Stockman, resigned.

THE monthly meeting of the South-West London Medical Society will be held at Stanley's Restaurant (Lavender Hill) on December 8th, at 8.30 P.M., when Mr. Victor Horsley will read a paper entitled "The Medical Acts of Parliament—What They Are and What They Ought to Be."

THE PRINCESS LOUISE, accompanied by the Marquis of Lorne, opened a nurses' home at Paisley on November 30th. The institution was founded by the late Mr. Peter Brough, merchant, of Paisley, who left his entire fortune (£160,000) or philanthropic, charitable, and educational purposes.

THE CORPORATE AND MEDICAL REFORM COMMITTEE.—We have received from the Corporate and Medical Reform Committee a series of letters and other documents referring to the matter of certain petitions presented to the General Medical Council. From these it appears that the number of petitions sent in to the General Medical Council was 68, and that they bore altogether 149 signatures. The petitions appear to have been identical, with the exception of one presented independently by Mr. R. B. Anderson. The petitions or some of them dealt with the question of the mode in which representatives of corporations electing members to the General Medical Council are chosen. In commenting upon the matter the Secretaries of the Committee observe that "the importance of the issue raised will be realised when it is recollected that this right to 'choose' a member of the General Medical Council is the sole right by law—as yet ever possessed by the Members of the Royal College of Surgeons of England—in control of their own Corporation; and that, by open confession, the privation of this right is now ascertained to be assisted by the faulty form of return framed and wilfully maintained by the majority of the General Medical Council."

ICE CREAM POISONING.—In further illustration of the need for legislation on the matter of ice cream manufacture and distribution, Dr. Arnold Evans states that during last year there occurred one death and thirty or forty cases of serious illness as the result of the consumption of a particular conignment of the confection in Bradford. Although unable to make examination of the implicated article, Dr. Evans traced it to the place of manufacture, and found that the ice cream had been made "close to the open mouth of a drain, under such conditions as would not be permitted if there existed powers to register people engaged in the business."

A MEETING of the Hospitals Association will be held at the Westminster Hospital on Thursday, December 9th, at 4.30 P.M., when the chair will be taken by the President, Mr. H. Cosmo Bonsor, M.P., Treasurer of Guy's Hospital. A paper on the Work and Aims of the Hospital Saturday Fund will be read by Mr. R. B. Acland, Chairman of that Fund; a paper on Existing Systems of Distribution will also be read by Mr. G. A. Cross.

**HARVEIAN SOCIETY OF LONDON.**—A large party of members and guests assembled at the annual dinner of the Harveian Society, held at the Café Monico on Thursday, November 25th. Dr. R. H. Milson, President, occupied the chair. Mr. Keetley proposed "The Harveian Society" in an amusing facetious speech, which was much applauded. The President returned thanks, and spoke of the advantages the Society offered to all its members. Dr. R. Boxall, in proposing "The Kindred Societies," six of which were represented at that board by their Presidents, said that there were now 70 medical societies in London. Of the six "sister" societies there represented, the oldest was the Medical, born in 1773. "The Royal Medical and Chirurgical Sister" was also getting on in years, having first seen the light in 1805. She was the aristocratic member of the family, having been presented at Court when 29 years old. In similar terms he described the "Hunterian Sister," born in 1819; the "Pathological and Clinical Sisters," the former over 50 and the latter just 30 years of age; and the "West London Medico-Chirurgical Sister," not yet out of her teens. All were worthy daughters of worthy parents—medical science and medical art—and all were engaged in doing good work. Dr. Sansom, President of the Medical Society, returned thanks. The Harveian Society had, he said, two sides—the scientific and the social—and its members had well followed Harvey's injunctions in these two respects. Dr. Potter, President of the West London Medico-Chirurgical Society, also replied. Letters from Sir S. Wilks, Lord Lister, Mr. Cadge, Sir W. Broadbent, and others, regretting their inability to attend, were read. The President proposed "The Health of Dr. C. J. Hare," who fifty years before had been elected with Mr. Erichsen, Joint President of the Harveian Society, at a time when Dr. Marshall Hall, Dr. C. J. B. Williams, Dr. Theophilus Thompson, and Dr. Anthony Todd Thompson were all members of that Society. Dr. Hare thanked all very heartily for the honour done him. He stated that very few of his companions of those early days were now left; especially he mourned the loss of his friend Sir John Erichsen, his colleague in the Presidency in 1847. During those fifty years the cycle of events had been quite bewildering. Mr. E. Owen proposed "The Health of the President." The President proposed "The Honorary Secretaries," to which Dr. F. W. Cock and Mr. Jackson Clarke replied. A good programme of music was given in the course of the evening by the Crichton Part Singers, and two much-applauded violin solos by Dr. Arthur Haydon.

### MEDICAL VACANCIES.

The following vacancies are announced:

- ABERDEEN: UNIVERSITY OF.**—Two additional Examiners: (1) Materia Medica for a period of three years; (2) Medical Jurisprudence and Public Medicine for a period of one year. Applications to Robert Walker, Secretary, by January 4th, 1898.
- BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES.**—Clinical Assistant. Appointment for three months. Applications to J. E. Hartley, Honorary Secretary.
- BOURNEMOUTH ROYAL VICTORIA HOSPITAL.**—Ophthalmic Surgeon; must be F.R.C.S. Applications to the Secretary by February 1st, 1898.
- BRECKNOCK COUNTY AND BOROUGH INFIRMARY.**—Resident House-Surgeon, unmarried, who will also undertake dispensing. Doubly qualified. Salary, £70 per annum, with furnished apartments, board, attendance, fire, and gas. Applications to H. Powell Price, Secretary, 6, Bulwark, Brecon, South Wales, by December 15th.
- BRIGHTON AND HOVE LYING-IN INSTITUTION AND HOSPITAL FOR WOMEN.**—House-Surgeon, unmarried, and under 30 years of age. Salary, £80 per annum, with furnished apartments, board, gas, coals, and attendance. Applications to the Clerk, 76, West Street, Brighton, before December 10th.
- 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 December 6th.
- CAMBERWELL: PARISH OF ST. GILES.**—Assistant Medical Officer for the Infirmary at Havil Street, Camberwell, and the Workhouse, Gordon Road, Peckham, also for relief duty at the Constance Road Workhouse of the parish. Appointment for one year. Salary, £50

- with apartments, board, and washing. Applications on forms provided to Charles S. Stevens, Clerk to the Guardians, Guardians' Offices, 29, Peckham Park Road, S.E.
- CAMBRIDGE: ADDENBROOKE'S HOSPITAL.**—Resident Assistant House Surgeon. Board, lodging, and washing provided, but no salary. Applications to be sent under cover to the Secretary by December 14th.
- CATERHAM ASYLUM,** Caterham, Surrey.—Assistant Medical Officer, doubly qualified, and must not exceed 35 years of age. Appointment for three years, and afterwards subject to annual re-election. Salary, £120, rising at the discretion of the Committee to £150 per annum, with board, lodging, attendance, and washing. Applications, on forms to be obtained at the Chief Office of the Metropolitan Asylums Board, Norfolk House, Norfolk Street, Strand, W.C., where they must be received by December 9th.
- CHORLTON UNION.**—Junior Resident Medical Officer at the Workhouse Hospitals, Withington, Manchester. Doubly qualified. Salary, £120 per annum, with furnished apartments and attendance (but not rations) in the workhouse. Appointment for twelve months. Applications endorsed "Junior Resident Medical Officer" to be sent to David S. Bloomfield, Clerk to the Guardians, Chorlton Union Offices, All Saints, Manchester, by December 14th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—House-Physician. Appointment for six months. Board and residence provided, and salary at the rate of £30 per annum. Applications to the Secretary at the Hospital, by December 11th.
- DERBYSHIRE ROYAL INFIRMARY,** Derby.—Assistant House-Surgeon. Appointment for six months. Honorarium of £10 after six months' satisfactory service, together with board, residence, and washing. Applications to Walter G. Carnit, Secretary, by December 11th.
- EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN,** Glamis Road, Shadwell, E.—House-Physician. Board, residence, etc., provided, and an honorarium of 15 guineas at completion of six months' satisfactory service. Application to Thomas Hayes, Secretary, by December 11th.
- HACKNEY UNION.**—Second Assistant Medical Officer for the Workhouse and Infirmary at Homerton, N.E., unmarried, doubly qualified. Salary, £100 per annum, with rations (no beer), furnished apartments, washing, and attendance. Applications, on forms to be obtained at the Clerk's Offices, to be sent to Frank R. Coles, Clerk to the Guardians, Clerk's Offices, Hackney Union, Homerton, N.E., by December 8th.
- HERTFORD UNION.**—Medical Officers for the Second and Third Districts. Salary for the former £29 10s., and for the latter £50. Doubly qualified. Applications, on forms to be obtained at the Clerk's Office, to be sent to T. J. Sworder, Clerk, by December 22nd.
- LEEDS: YORKSHIRE COLLEGE.**—Joint Lecturer on Forensic Medicine. Applications to the Registrar.
- LIVERPOOL DISPENSARIES.**—Head Surgeon. Salary, £200 per annum, Assistant Surgeon, at £80 per annum for the first year and £90 per annum afterwards. Board, apartments, and attendance provided in each case. Must be unmarried. Applications to R. R. Greene, Secretary, 34, Moorfields, Liverpool, by December 7th.
- LIVERPOOL: UNIVERSITY COLLEGE.**—Senior Demonstrator of Physiology. Salary, £125. Applications to the Dean of the Medical Faculty by December 7th.
- MACCLESFIELD: CHESHIRE COUNTY ASYLUM.**—Junior Assistant Medical Officer, doubly qualified, unmarried, and not over 26 years of age. Appointment for three years. Salary, £120, rising £10 yearly to £140, with board (no alcohol), lodging, and washing. Applications to the Medical Superintendent.
- MANCHESTER: CORPORATION OF.**—Third Assistant Medical Officer. Appointment for one year, and then renewable. Salary, £100 per annum, with board and lodging. Applications endorsed "Appointment of Third Medical Assistant" to be sent to the Chairman of the Sanitary Committee, Public Health Office, Town Hall, Manchester, by December 17th.
- QUEEN CHARLOTTE'S LYING-IN HOSPITAL,** Marylebone Road, N.W.—Assistant Resident Medical Officer. Appointment for four months. Salary at the rate of £50 per annum, with board, residence, and washing. Applications to the Secretary by December 6th.
- RADCLIFFE INFIRMARY,** Oxford.—Honorary Physician. Applications to the Secretary by December 11th.
- READING: ROYAL BERKS HOSPITAL.**—House-Physician. Salary, £60 per annum, with board, lodging, and washing. Assistant Medical Officer; appointment for six months. Board, lodging, and washing provided, and an honorarium of 10 guineas if duties are performed satisfactorily. Applications to the Secretary before December 6th.
- ROYAL COLLEGE OF PHYSICIANS.**—Milroy Lecturer for 1899. Applications to the Registrar, Royal College of Physicians, Pall Mall East, by January 10th.
- ROYAL LONDON OPHTHALMIC HOSPITAL,** Moorfields, E.C.—Non-resident Assistant House-Surgeon in Out-patient Department. Salary, £75 per annum. Applications to the Secretary by December 6th.
- STROUD GENERAL HOSPITAL.**—House Surgeon, doubly qualified. Salary, £80 per annum, with board, lodging, and washing. Applications to W. J. Naley Marling, The Hospital, Stroud, by December 14th.
- UNIVERSITY COLLEGE, LONDON.**—Surgical Registrar. Applications to J. M. Horsburgh, M.A., Secretary, by December 14th.
- VICTORIA HOSPITAL FOR CHILDREN,** Queen's Road, Chelsea, S.W.—Dental Surgeon; must be L.D.S. Applications to the Secretary by December 11th.
- WALLINGFORD UNION.**—Medical Officers for the Aston District, for the Cholsey District. Salary for the former £65 per annum, and for the latter £25 per annum. Will also be appointed Public Vaccinators for the respective districts. Applications to George F. Slade, Clerk, by December 13th.

the respective districts. Applications to George F. Slade, Clerk, by December 16th.

**WEST BROMWICH DISTRICT HOSPITAL.**—Resident Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided. No salary. Applications to the Secretary at the hospital.

**WEST LONDON HOSPITAL, Hammersmith Road, W.**—House-Physician and House-Surgeon. Appointments tenable for six months. Ophthalmic Surgeon, must be F.R.C.S. of London, Edinburgh, or Dublin; and Assistant Anaesthetist (honorary and non-resident). Applications to R. J. Gilbert, Secretary-Superintendent, by December 8th.

**WIRRAL CHILDREN'S HOSPITAL, Woodchurch Road.**—House-Surgeon. Salary, £30 per annum, with board, apartments, and laundry. Applications to F. Henton Carver, Honorary Secretary, 5, Rumford Place, Liverpool.

### MEDICAL APPOINTMENTS.

**BATEMAN, W. H., M.B., Ch.B. Vict.,** appointed House-Physician to the Manchester Royal Infirmary.

**BELCHER, H. E., L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Medical Officer for the North and South Wilford, West Bridgford, and Gamston District of the Basford Union.

**BENNETT, Dr.,** appointed Medical Officer for the Ruddington District of the Basford Union.

**BRODRICK, C. C., L.R.C.P., L.R.C.S. Edin.,** reappointed Medical Officer of Health to the Tavistock District Council.

**CLARK, W. W., M.D. Edin., M.R.C.S.,** reappointed Medical Officer of Health to the Wellingborough Urban District Council.

**DICKSON, John D., M.D. R.U.I., M.Ch.,** reappointed Medical Officer of Health to the High Wycombe Urban District Council.

**DYSON, Mr. Malcolm G.,** appointed Second Assistant Resident Medical Officer of the St. John's Road Workhouse of the Parish of Islington.

**ECCLES, C. H., M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Medical Officer for the Naverton District of the Driffield Union, *vice* H. J. Slane, M.B., C.M., resigned.

**EDGE, Frederick, M.D., F.R.C.S., M.R.C.P., B.Sc. Lond.,** appointed Surgeon to the Out-patients at the Birmingham and Midland Hospital for Women.

**FLETCHER, James, M.B., C.M., D.P.H. Aberd.,** appointed Physician Superintendent of the Lightburn Joint Hospital for Infectious Diseases, Shettleston, Glasgow.

**FREEMAN, A. R. S., M.R.C.S. Eng., L.R.C.P. Lond.,** reappointed Resident Medical Officer at the Convalescent Hospital, Cheadle, of the Manchester Royal Infirmary.

**FRYER, G. E., M.R.C.S., L.R.C.P.,** appointed Assistant Medical Officer to the Manchester Royal Infirmary.

**KNAPP, Edward M. M., L.R.C.P. Edin., M.R.C.S. Eng.,** reappointed Medical Officer of Health to the Ross Rural District Council.

**LIGHTFOOT, J. P., M.R.C.S., L.R.C.P.,** appointed Medical Officer to the Bedale District of the Leyburn Union, *vice* Dr. T. Horsfall, resigned.

**MULLICK, Sarat, M.B., C.M. Edin.,** appointed Resident Medical Officer to the National Hospital for the Diseases of Heart and Paralysis, Soho Square, London, W.

**PALIN, Henry Venables, M.B., C.M. Edin.,** appointed Public Vaccinator for No. 1 District, Wrexham, and Divisional Surgeon, Police, Wrexham.

**RICHARDS, Dr. B.,** reappointed Medical Officer for the No. 3 District of the Ross Union.

**ROBERTS-DUDLEY, F. J., M.R.C.S. Eng., L.S.A.,** appointed Certifying Factory Surgeon for the Borough of Stalybridge.

**SCOTT, Dr.,** appointed House-Surgeon to the Teignmouth Hospital, *vice* A. V. Chapman, M.R.C.S., L.R.C.P.

**SHELDON, G. H., M.B., Ch.B. Vict.,** appointed House-Surgeon to the Manchester Royal Infirmary.

**SINCLAIR, Norman J., M.B., Ch.B. Aberd.,** appointed House-Physician and Surgeon to the Aberdeen Royal Hospital for Sick Children.

**WILSON, Alexander, F.R.C.S.,** reappointed Senior Anaesthetist to the Manchester Royal Infirmary.

**WOODHOUSE, H. C., M.R., Ch.B. Vict.,** appointed House-Surgeon to the Manchester Royal Infirmary.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C.** 8 P.M.—Communications by Mr. Charles Tomes, Mr. Russell Barrett, Mr. George Thomson, and Mr. H. Lloyd Williams.

#### TUESDAY.

**PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.**—Professor Rose Bradford: Experimental Atrophy of the Kidney. Mr. S. G. Shattock: Negative Action of Sewer Air in Raising the Toxicity of Non-virulent Diphtheria Bacilli. Mr. H. C. Haslam: A Note on the Morphology of the Colon Bacillus. Mr. Strangeways Pigg: Four Unusual Cases of Melanotic Sarcoma. Mr. F. C. Abbott: Congenital Abnormality of the Sternum and Diaphragm with Downward Displacement of the Heart. Dr. Parkes Weber: A Heart with Extreme Calcification of the Aortic and Mitral Orifices from a Case which presented Exceptional Physical Signs. Dr. F. W. Andrewes and Mr. James Berry: Nose and Lung from a Case of Glanders—Human. Professor McFadyean: Lung from a Case of Glanders—Horse.

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.**—Mr. Ballance: Surgery of the Nervous System.

**HOSPITAL FOR NERVOUS DISEASES, 73, Welbeck Street, 4.30 P.M.**—Dr. Fletcher Beach: On Cases of Epilepsy and other Convulsive Disorders of the Nervous System.

**ROENTGEN SOCIETY, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.**—Mr. A. A. Campbell Swinton: On Adjustable x-ray Tubes.

#### WEDNESDAY.

**NEUROLOGICAL SOCIETY OF LONDON, 11, Chandos Street, W., 8.45 P.M.**—Dr. Hughlings Jackson: The Hughlings Jackson Lecture: Remarks on the Relations of Different Divisions of the Central Nervous System to one another and to Parts of the Body.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.**—Mr. Alfred Willett: The Bradshaw Lecture On the Operative Treatment of Certain Bony Deformities with special reference to Genu Valgum and Ankylosis of the Hip.

**LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.**—Cases and specimens will be shown by Dr. Jobson Horne (for Dr. A. Musehold, of Berlin), Dr. Pegler, Mr. Wyatt Wingrave, Mr. de Santi, Dr. J. W. Bond, Dr. Scanes Spicer, and Dr. H. Lambert Lack.

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

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W., 4 P.M.**—Dr. Hector Mackenzie: Mitral Stenosis.

**HUNTERIAN SOCIETY, London Institution, Finsbury Circus, E.C., 8.30 P.M.**—Clinical Evening. Cases will be shown by Drs. Appleford, A. T. Davies, Kelson, and G. H. Sequeira.

**WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M.**—Dr. Donald Hood: Albuminuria.

#### THURSDAY.

**BRITISH GYNÆCOLOGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.**—Specimens by Mr. O'Callaghan. Papers: Dr. J. A. Shaw Mackenzie: Hæmorrhagic Endometritis. Dr. Purcell: On the Risks to the Uterus in Performing Hysterectomy.

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 11, Chandos Street, Cavendish Square, W.**—Clinical Meeting. Patients and specimens at 8 P.M.—Cases will be shown by Messrs. W. J. Cant, Hartridge, Holmes Spicer, Morton, Lawford, and others.

**HARVEIAN SOCIETY OF LONDON, Stafford Rooms, Tichborne Street Edgware Road, W., 8.30 P.M.**—Mr. Juler: Harveian Lecture: Diseases of the Eye and its Appendages.

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

#### FRIDAY.

**CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.**—Mr. A. Pearce Gould: A Case of Acute Intestinal Obstruction relieved by Operation; Death from Intestinal Toxæmia on the Ninth Day after Operation. Mr. C. B. Lockwood: A Case of Radical Cure of Inguinal Hernia. Injury to the Bladder; Formation of Phosphatic Calculi; Lithotripsy; Recovery. Mr. A. E. Barker: Fifteen Consecutive Cases of Acute Intussusception.

### BIRTHS, MARRIAGES, AND DEATHS.

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

#### BIRTHS.

**FREELAND.**—On November 17th, at 22, Beaumont Street, Portland Place, the wife of E. Harding Freeland, F.R.C.S., of a son.

**JONES.**—On November 25th, at Heathmont, Aberavon, Glamorgan, the wife of J. Arnallt Jones, M.R.C.S., etc., J.P., of a son.

**MILLHOUSE.**—November 27th, the wife of George Millhouse, M.R.C.S., L.R.C.P., Kirkstall, Leeds, of a son.

**WILSON.**—At Rochdale, Lancashire, on November 22nd, the wife of S. Wilson, L.R.C.P., L.R.C.S., etc., of a daughter.

#### MARRIAGES.

**GOOD—WILLIAMS.**—On November 18th, at Holy Trinity Church, Wallington, Surrey, by the Rev. G. H. Pole, J. Ernest Good, M.B., C.M., of Adelaide, South Australia, to Minnie, second daughter of H. E. Williams, of the Home Office, Whitehall.

**MACLAREN—ANDERSON.**—On the 26th inst., at 3, Lorne Terrace, Dundee, by the Rev. Colin Campbell, D.D., John MacLaren, M.B. Edin., Oughtibridge, Sheffield, to Agnes Jane Anderson, M.B. Glasg., second daughter of A. B. Anderson, Esq., Dundee.

**STANWELL—COX.**—On November 24th, at St. Matthew's Church, Ealing, by the Rev. C. Stanwell, M.A., Vicar of Ipsden, uncle of the bridegroom, assisted by the Rev. H. C. Douglass, M.A., Vicar of the Parish, Charles Oliver Stanwell, L.R.C.P. and S. Edin., Darwin, second son of the late William Stanwell, M.R.C.S., of Rochdale, to Sarah Katharine, youngest daughter of the late Henry Rix Cox, Rathmines, Dublin.

**YOUNG—LAIRD.**—At St. Andrew's Presbyterian Church, Wellington, New Zealand, on September 14th, by the Revs. C. S. Ogg, M.A., and J. K. Elliott, B.A., William Young, M.D. Edin., to Bessie Morrison, elder daughter of Alexander Laird, Esq., Glasgow.

#### DEATHS.

**CARTER.**—On November 10th, 1897, at 70, St. Helen's Road, Hastings, Charles Henry Carter, F.R.C.S., aged 80 years (late of Pewsey, Wilts).

**FREEMAN.**—November 28th, at his residence, 24, The Circus, Bath, Henry William Freeman, in his 56th year.



## HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). Attendances.—Daily, 2. Operations.—Tu. F. S., 2.	
CENTRAL LONDON OPHTHALMIC. Attendances.—Daily, 1. Operations.—Daily.	
CENTRAL LONDON THROAT, NOSE, AND EAR.—Attendances.—M. W. Th. S., 2; Tu. F., 5. Operations.—Daily.	
CHARING CROSS. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.45; Dental, M. W. F., 9; Throat and Ear, F., 9.30. Operations.—W. Th. F., 3.	
CHELSEA HOSPITAL FOR WOMEN. Attendances.—Daily, 1.30. Operations.—M. Th. F., 2.	
CITY 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. Operations.—M. W. Th. F.	
GUY'S. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. Operations.—(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.	
HOSPITAL FOR WOMEN, Soho. Attendances.—Daily, 10. Operations.—M. Th., 2.	
KING'S COLLEGE. Attendances.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. 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., 2.	
LONDON. Attendances.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; 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., 2; 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 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., 9.	
NORTH-WEST LONDON. Attendances.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. Operations.—Th., 2.30.	
ROYAL EYE, Southwark. Attendances.—Daily, 2. Operations.—Daily.	
ROYAL FREE. Attendances.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, S., 3; Dental, Th., 9. Operations.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.	
ROYAL LONDON OPHTHALMIC. Attendances.—Daily, 9. Operations.—Daily, 10.	
ROYAL 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; Orthopaedic, M., 2.30; Dental, Tu. F., 9. Operations.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.	
ST. GEORGE'S. Attendances.—Medical and Surgical, daily, 12; Obstetric, M. Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, F., 2; Orthopaedic, 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., 9; Ear, M. Th., 3; Orthopaedic, W., 10; Throat, Tu. F., 3.30; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 2.30; Dental, W. S., 9.30; Children's Medical, Tu. F., 9.15; Children's Surgical, S., 9.15. Operations.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.	
ST. PETER'S. Attendances.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. Operations.—W. F., 2.	
ST. THOMAS'S. Attendances.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. Operations.—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynecological), Th., 2.	
SAMARITAN FREE FOR WOMEN AND CHILDREN. Attendances.—Daily, 1.30. Operations.—Gynecological, M., 2; 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. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu., 1.30; F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. Operations.—Tu. Th., 2.	
WEST LONDON. Attendances.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 9; Ear, Tu., 10; Orthopaedic, 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.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Atiology*, London. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate*, London.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are directed will be found under their respective headings.

## QUERIES.

## NEW ZEALAND.

A MEMBER asks for information concerning medical practice in New Zealand. Are fees good? What appointments are going? Are medical schools attached to the colleges which are affiliated to the University of New Zealand? What facilities exist for combining medical practice with farming, and where?

## LUNATIC ASYLUM FOR PAYING PATIENTS.

VIATOR, who has a female patient, aged 30, a monomaniac, whose friends cannot afford to pay a guinea a week, and who do not wish her to be transferred to the pauper side of the county asylum, inquires whether there is any lunatic asylum or licensed house where patients are admitted at 12s. to 15s. a week.

\* \* The only places are the licensed hospitals such as St. Andrew's Hospital, Northampton. Our correspondent might write to the Secretary there, and state the case to him.

## THE INEBRIATES ACTS.

A MEMBER asks where he can obtain reliable statistics and general information bearing on the subject of the treatment of inebriates.

\* \* Our correspondent might consult *Notes of Evidence, English Departmental Committee on Inebriates, 1893*; *Departmental Committee (Scotland) on Habitual Offenders, Inebriates, etc., 1895*; *Kerr's Treatise on Inebriety*, third edition (London, H. K. Lewis).

## A NEW METHOD OF FILTERING PUBLIC WATER SUPPLIES.

MEDICAL OFFICER OF HEALTH asks for further particulars as to the method of filtering public water supplies devised by Mr. Fischer (BRITISH MEDICAL JOURNAL, November 20th, p. 1543), and inquires whether it would be likely to be of use in improving the colour of peaty waters?

\* \* Mr. Fischer, of Worms, would probably be willing to furnish full particulars. It is not probable that the system would be of much service in the improvement of peaty waters; for these, limestone filters appear to be the best. The Medical Officer of Health for Keighley gave his experience on the subject in his annual report for 1896.

## MOTOR CARS.

DEVON would be glad to know if any country practitioner has tried a motor car in his daily rounds over rough and hilly rounds? If so, what kind was used, and what were the results? Also is there any pamphlet published on the relative merits and cost of working the various motors?

\* \* An answer to "Devon" will be found in the reply to "Progress," given in the BRITISH MEDICAL JOURNAL of April 3rd, 1897. Mr. James C. Tukey, of Burleigh Villa, Harrogate, from a letter by whom the reply in question is quoted, offers to send an illustrated pamphlet on application. We should be glad to hear the experience of practitioners who have used motor cars.

## HOPEINE.

WE have received from a medical correspondent in New Zealand a sample of a powder which he states is sold under the name of hopeine in New Zealand. Our correspondent informs us that the symptoms produced clinically seemed to him to be precisely those of morphine, and he requests that the substance should be analysed.

\* \* The analyst reports as follows: "This substance consists of at least 99 per cent. of morphine, but whether it may contain a small quantity of atropine or cocaine, or whether the rest is merely an impurity it is impossible definitely to say from the small amount of material at disposal for examination." We may draw our correspondent's attention to a paper by Dr. B. H. Paul, published in the *Pharmaceutical Journal and Transactions* April 17th, 1886, page 877 under the title of *Notes on a Sample of Hopeine*. Dr. Paul says in this paper: "The general result that I have arrived at is that the greater part of the substance called 'hopeine' is really morphine, and that if it be not morphine obtained from opium it is so like morphine derived from that source as to be indistinguishable from it."

## ANSWERS.

W.A.R.—The ninth International Congress of Hygiene and Demography will take place in Madrid next year, 1898, from April 10th to April 17th.

RUSTICUS.—The *Code of Medical Ethics*, by Jules de Styrup, M.K.Q.C.P.I., is published by Messrs. H. K. Lewis, 136, Gower Street, W.C., price 3s. 6d.

M.B., who inquires as to books to be read in studying for the diploma in Public Health, is recommended to consult the Educational Number of the JOURNAL, published on August 28th, pp. 547-8.

M.D.—It is not usual, we believe, for a separate charge to be made (in detailing an account) by a practitioner for the ordinary examination of a patient's urine, even where the microscope has been used. It might be otherwise where the examination had been of a special character.

## SURGICAL ADVERTISING.

J.—We may refer our correspondent to the answer given under this head to a correspondent in the BRITISH MEDICAL JOURNAL of November 13th, page 1467.