

worked, and perhaps suffering from the malnutrition consequent upon "nervous dyspepsia," as well as mere want of rest.

In this go-ahead century it is no wonder that many are but too ready to experiment with a drug which professes to be able to remove fatigue, and to enable a man to go on working when, without its aid, weariness had become unendurable. Cocaine claims all this; and it is most dangerous just because, for a time, it seems able to keep its promise. That is how victims to cocaineism are made. Let us be honest with our overworked patients, who want us to help them with drugs; let us tell them that rest is the only safe remedy for weariness.

To combine such a drug as coca, or cocaine, with an alcoholic stimulant is to multiply the dangers of cocaineism by those of alcoholism. It would be impossible to find terms sufficiently severe in which to condemn the recklessness of those who promiscuously recommend such a compound for all who are overworked or debilitated. One firm actually has the assurance to advertise a preparation of this kind as a remedy for dipsomania. Truly this is casting out devils by Beelzebub with a vengeance. Invoking Beelzebub for such a purpose has never been a success. And I suspect that any form of coca wine will make a great many more dipsomaniacs than it will cure.

It is, in my judgment, more than doubtful whether any medical man is justified in prescribing coca, or cocaine, in the form of wine, even when he believes that the drug is indicated on satisfactory grounds. Such a form is excessively likely to lead to the abuse of the drug. If the prescription has a real or apparent success, the patient is likely to recommend it promiscuously to acquaintances, with disastrous results only too probable.

There is another combination which, though utterly absurd from a therapeutical point of view, is not in itself quite so dangerous as coca wine. It will probably do a larger amount of mischief, however, because more people take it. I refer to the various preparations, so largely advertised, which profess to be compounded of port wine, extract of malt, and extract of meat. To the medically uneducated public this doubtless seems a most promising combination: extract of meat for food, extract of malt to aid digestion, port wine to make blood. Surely the very thing to strengthen all who are weak, and to hasten the restoration of convalescents. Unfortunately what the advertisements say—that this stuff is largely prescribed by medical men—is not wholly untrue.

I do not suppose that any physician of anything like front rank would make such a mistake. But busy general practitioners may be excused if they prove to be a bit oblivious of physiology, and so become attracted by a formula which is more plausible than sound. In the first place, we all know that extract of meat is not food at all. Dogs fed on extract of meat only die rather more quickly than dogs which are not fed at all—which result is only what might have been anticipated. Extract of meat, from the manner of its production, cannot contain an appreciable quantity of proteid material. It consists mainly of creatin and creatinin and salts. These are, it is needless to say, incapable of acting as food. Extract of meat, and similar preparations, have their uses, however. Made into "beef tea" their meaty flavour often enables patients to take a quantity of bread, which would otherwise be refused: or lentil flour or some such matter may be added. In this way, though not food itself, extract of meat becomes a most useful aid to feeding. Persons who are unable to take tea or coffee at supper for fear of insomnia, or cocoa for fear of biliousness, may find some preparations of the meat extract type very useful. Extract of meat is, besides, a harmless stimulant, especially when taken (as it always ought to be) hot. It should be needless to add that to combine extract of meat with port wine is simply to ignore its real use. The only intelligible basis for such an invention must be the wholly erroneous notion that extract of meat is a food.

Extract of malt is useful by itself. But when I prescribe it I like to know both the quality and the quantity of the preparation which my patient will receive.

As to the "port wine," the medical man appears to me strangely innocent and confiding who supposes that he has recommended a good investment when he has told a patient to buy port wine, complicated with an unknown quantity of

beef extract and malt extract. Port wine is, at the best, a fluid about the composition of which it is difficult under any circumstances to pronounce with confidence. But when its flavour is confused with that of beef extract and malt extract, the most experienced connoisseur might well decline to venture so much as a guess about such a complicated problem. And when the difference between cost to vendor and cost to purchaser has to provide for a huge expense in advertising, and lavish free distribution of samples, and over all this to furnish large dividends—under these circumstances the antecedent probability in favour of a high quality of genuine wine is not such as to banish scepticism.

MEMORANDA:

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

A CASE OF VARICELLA GANGRENOSA.

A CHILD, aged seven months, has lately been under my care, suffering from a severe form of this disease. She was the youngest of five, the other four children having had chicken-pox just previously in a comparatively mild form. This particular case, though the child was well-nourished and apparently otherwise quite healthy, began with a very profuse rash over the face, trunk, and limbs, accompanied, according to the mother, by convulsions. On the third day there appeared two or three erythematous patches on the surface of the abdomen, and one on the inner side of the left thigh, and the temperature ran up to 104°, but fell for the next two days to 101° and 100° respectively. At the end of this time two or three of the pocks were noticed to be enlarging, becoming both deeper and broader, and surrounded by a broad zone of inflammation, and having a markedly punched-out appearance. Boracic ointment was applied, but they continued to enlarge, showing a yellow slough, while two or three more pocks underwent the same change, and the abdomen became very distended, the skin being shiny and inflamed. Boracic fomentations were now applied every two hours, but the inflammation went on with great rapidity; and on the eighth day the skin, which was becoming black round the inflamed pocks, sloughed *en masse*, leaving across the front of the abdomen one large gangrenous ulcer, four and a half inches long by two and a half inches broad, and one on the side of the abdomen two inches long by one and a half broad. The edges of these ulcers were steep and well-defined, and contained a yellow slough, which was in parts black and gangrenous, the whole surrounded by a broad zone of inflammation. The child became rapidly collapsed, and died on the ninth day. Dr. Goodhart, in his book on *Diseases of Children*, quotes Dr. Payne as suggesting that "possibly the existence of tubercle in a child might lead to a very severe manifestation of chicken-pox," and further that tubercle had been found to be present in the bodies to which Dr. Payne had had access.

Unfortunately in this case a *post-mortem* examination could not be obtained, but no history of tubercle in the family could be elicited; and, as stated above, the child was well-nourished and well-developed, as were the other children of the family. On the other hand, the patient was the child of poor parents; and though looked after better during its illness, its environments were certainly dirty, sordid, and unhealthy, and the rest of the children in a chronic state of dirt and grime. Dr. Goodhart says, in reference to this, that it might be thought that given the pre-existence of starvation and neglect, the outbreak of a pustular eruption such as this would be likely to engender an eethyma; but it would appear that this explanation will not hold, for Mr. Hutchinson makes special note of the fact that among his cases the affected children were—some of them, at any rate—vigorous and healthy. This particular case seems to form a compromise, and to illustrate the influence of dirt and unhealthy surroundings on an eruption in an otherwise vigorous and healthy child; and I think that, assuming the absence of tubercle, this may fairly be taken as the factor towards this very severe form of varicella and its fatal termination.

Anerley, S.E.

A. SCOTT TURNER, M.R.C.S., L.R.C.P.

PROLONGED RETENTION OF PLACENTA IN RECURRENT ABORTIONS.

On July 10th I was summoned to a woman, who had a severe uterine hæmorrhage following an incomplete abortion three weeks previously. She was in a profound state of collapse, rambling at intervals, with extremely feeble pulse and sighing respiration. There was visible proof that she had had a great loss, and on examination large blood clots were found blocking the vagina; the os was contracted, and the cervix bore evidence of long-standing lacerations. Ergot was given in full doses, and after a time the bleeding ceased.

She went to stay with friends on June 13th; while there she had a fright, and aborted on June 18th, being then in the fourth month of gestation. She was assured that everything had come away, but being sceptical as to the expulsion of the placenta, she resolved, after lying up for a few days, to return to her home here on June 24th. I saw her soon after her arrival, and enjoined absolute rest in the recumbent position. For the following three weeks she had neither loss nor fetid discharge, and latterly was feeling quite well.

The placenta was expelled by natural pains on the morning of July 11th; the membranes were degenerated, but the placenta was fresh and well formed, and no odour of decomposition could be detected.

This is the eighth abortion, and in all—with one exception—the placenta has been retained for periods varying from two to six weeks. She never goes beyond the fifth month of pregnancy, and usually makes a rapid recovery. She is strong and well-built, aged 35, and there is no history of syphilis. Her first three children were born at full time, and in each case forceps were used. At the third parturition extensive laceration took place, and ever since she has suffered from a vesico-vaginal fistula which has baffled the efforts of several hospital surgeons to alleviate; from this period also dates the commencement of her abortions.

Other important features worth noting in this case are (1) the long distance travelled soon after the fetus was expelled, the railway journey alone occupying nine hours; (2) the flaccidity of the mammary glands continuing long after the expulsion of fetus, the milk appearing on the third day after placental expulsion, when the quantity became abundant—this condition has existed in all the eight miscarriages. I can personally verify its truth, having attended her in the last four abortions; (3) absence of septicæmia.

Hoyland, Barnsley. B. WIGGINS, L.R.C.P., L.R.C.S. Edin.

POISONING BY LINIMENTUM CAMPHORÆ: RECOVERY.

THE cases recorded by Mr. Spurgin in the *BRITISH MEDICAL JOURNAL* of July 9th remind me of a case recently under my observation.

About 10 P.M. on June 14th, 1898, I was called to see T. H., a boy 2 years 9 months, who about an hour before had asked for a drink. It was nearly dark; his father poured some herb beer into a vessel containing some linimentum camphoræ. The child took a draught from the vessel, and complained of its nauseous taste. He played as usual for about fifteen minutes when convulsions set in and continued until I arrived, when I found him in the status epilepticus, deeply cyanosed, and almost moribund. With difficulty, owing to spasm of the jaw, with the assistance of Mr. Heptonstall, a gag was inserted in the mouth, the stomach tube passed, and the stomach washed out with warm water. The fluid returned smelt very strongly of camphor. Before the stomach was completely emptied we were obliged to withdraw the stomach tube to allow greater freedom in respiration. The convulsions stopped for a few minutes, and then returned when we passed the tube again, and after washing the stomach out with more warm water, passed in some milk, which was allowed to remain. The convulsions did not return, and the patient slept from 3 A.M. till 7 A.M., and remained drowsy the two following days. A little gastric irritation was treated with liquor bismuthi, and recovery was uninterrupted. I should have expected vomiting to have come on at once before the camphor could act poisonously. In my opinion the stomach pump, or siphon, should be used, if it is possible to forcibly insert the gag, when the spasms are relaxed somewhat or can be

overcome. It was pleasing to see how quickly the convulsions subsided when the stomach had been emptied.

Leeds.

S. MOORE, M.D.

TRAUMATIC PAROTITIS.

On July 1st I was called to see a boy as to whom the following history was given: The boy, 3 years of age, was running with what is known as a butter-tub stick in his hand; he fell, and the stick entered his mouth. The end, which is slightly sharp, stuck in his left cheek, and was with difficulty removed, some considerable force being required. There was a great deal of bleeding; in spitting out some blood a piece of the stick, about an inch long, came away.

Upon examining the child I found a circumscribed hard tumour, about the size of a small orange, situated just in front of the ear and extending to within an inch of the angle of the mouth. There was not much tenderness upon manipulation. Inside the mouth there was a small abrasion of the hard palate, and protruding from a wound in the left cheek a portion of the parotid gland about the size of a walnut, very congested, and not covered by any capsule. Opening the mouth caused so much pain and resistance on the part of the patient that I thought it advisable to have some assistance. I ordered ice for the child to suck, and externally equal parts of lead, opium, and spirit lotion to be applied to the cheek. Returning later with Dr. S—the child's mouth was opened with a gag, and nearly the whole glandular protrusion reduced back through the opening in the cheek. The wound could then be plainly seen extending for about an inch obliquely backwards and upwards, commencing just anterior to and half an inch above the last lower temporary molar.

The portion of gland that could not be reduced was about the size of a large pea. Thinking that there might be some suppuration, I did not put in a stitch. The mouth was well washed out with Condy's fluid, and the child put to bed. Iced milk was to be given if necessary.

The next morning I found that a small portion of the gland had prolapsed again and had begun to slough; the child evidently had bitten it. A ligature was passed round as close to the cheek as possible, and the end fixed to the cheek outside with strapping. The swelling of the whole gland was most marked; there was slight pyrexia, 102°. The next day but one that part of the gland which had been ligatured came away; the wound healed up in a day or two, and the child made an uninterrupted recovery. The swelling of the gland subsided slowly. There is still a slight degree of hardness to be felt.

REMARKS.—For the parotid gland to prolapse through a wound on the inside of the cheek is, I think, uncommon. The direction the stick must have taken to reach the gland, evidently tearing through the fibres of the buccinator, masseter, and possibly the internal pterygoid muscles, as well as the capsule of the gland. The gland itself did not appear to be damaged. Whether the stick had hooked in the substance or in the duct of the gland and so drawn it forward, or whether the gland, swelling rapidly, caused it to follow the path of the stick as it was withdrawn, I am unable to say.

Hyde.

STEPHEN INFIELD, M.R.C.S., L.R.C.P. Lond.

TRANSFUSION OF SALINE SOLUTION IN COLLAPSE. I VENTURE to record the following case, which occurred in the Weston-super-Mare Hospital on July 15th, as it illustrates among other points the rapid rise of temperature that may occur in cases of transfusion. The case eventually terminated fatally from syncope.

Mrs. L., aged 59, was suddenly seized with extreme collapse from the passage of a very large gall stone. When I saw her her condition appeared hopeless. The extremities were blue and cold, face and lips livid, eyes glazed, pulse at wrist imperceptible, breathing very shallow and feeble. She was quite unconscious, and did not respond in any way when spoken to. The temperature immediately before the transfusion was 97.2° F. As she was evidently sinking rapidly I at once proceeded to inject saline solution with brandy and liquor strychninæ. Dr. Knox, who assisted, gradually raised the temperature of the water from about 100° F. to close on 112° F. No improvement took place until over a pint and a half had been injected. Then the pulse became perceptible

at the wrist, and improvement was rapid. The hands and feet got warm, colour improved, consciousness returned, so that she replied sensibly when spoken to. The pulse became full and steady, and the temperature at the end of the injection stood at 100.2° F. The transfusion occupied about fifteen minutes, and the amount injected was three pints, with an ounce or more of brandy, and five drops of liq. strychnine.

Weston-super-Mare.

C. PERCIVAL CROUCH, F.R.C.S.

CASE OF VICARIOUS MENSTRUATION.

E. McD., domestic, aged 33, has complained for the last eighteen months of severe pain, localised in the stomach, greatly aggravated after swallowing food. The pain was especially severe after solid or semi-solid food. There were numerous attacks of vomiting, accompanied on various occasions by severe attacks of hæmatemesis.

The above symptoms pointed to gastric ulceration, and there were also distinct signs of gastric dilatation during the progress of the illness. Varicose ulceration of the left leg appeared. With rest and mild dressings the ulcer healed. Menstruation was irregular, one period often being missed on each occasion when menstruation became manifest. She complained of increased pain over the seat of gastric ulceration, which pain was followed by a copious vomiting of blood. The same condition showed itself at the seat of the varicose ulcer. On many occasions, when with careful treatment the ulcer was healed almost to the size of a threepenny piece, bleeding occurred from the raw surface, concomitant with the menstrual discharge. Epistaxis appeared also at certain periods.

Netherton, Ayr.

FERGUS MCKENNA, M.B., C.M.Glasg.

REPORTS

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

LIVERPOOL ROYAL INFIRMARY.

A CASE OF LYMPHO-SARCOMA TREATED BY COLEY'S FLUID.

(By J. H. WILLETT, M.B., Ch.B., Vict., House-Surgeon.)

THE patient, P. C., aged 22, came to the infirmary on October 2nd, 1897, complaining of a lump in the axilla, which he had noticed for about four months, and which was slowly increasing in size. When first seen it was as large as a pigeon's egg, soft, and adherent to the skin. An incision was made over it in the out-patient room, and what appeared like breaking-down lymphatic gland was scraped out. The wound showed no tendency to heal, and the surrounding skin and deep tissues became hard and indurated, so that a more complete scraping was deemed necessary, and he was therefore made an in-patient.

On October 16th Mr. Paul, to whom I am indebted for permission to publish the case, enlarged the incision and scraped out a considerable quantity of similar material to that removed in the first instance. It resembled lymphatic gland without the intervening connective tissue, and microscopically showed the characters of small round-celled sarcoma. There was such involvement of the vessels and nerves in the axilla that anything like complete eradication was impossible. There was a free purulent discharge from the wound for several weeks, the edges became hard, and the skin brawny and adherent. In this condition the patient left the hospital on December 16th.

He was readmitted on February 19th, 1898, the lump having increased to the size of an orange. It had given him very little pain, but interfered considerably with movement of the arm, which could now only be abducted to an angle of 45 degrees with the body.

Operative treatment being out of the question, it was decided to try the effect of Coley's fluid in producing sloughing of the growth. The inoculations were commenced on March 3rd, and were made into the substance of the growth:

Date.	Minims of Fluid.	Temperature.	—
		Fahr.	
March 3	1	99.0°	—
" 5	1	99.0°	—
" 7	2	99.0°	—
" 11	3	100.2°	—
" 14	Fluid was decomposed	—	—
" 19	4	100.2°	—
" 26	5	104.4°	Rigor
April 1	6	101.6°	—
" 7	7	105.2°	Rigor
" 12	8	104.4°	—
" 16	9	105.0°	—
" 23	10	104.2°	—

There was only slight febrile reaction after the first four inoculations, and with the exception of some increase in the amount of discharge, little change was noticeable in the growth. When the dose exceed 5 minims, each inoculation was followed by a rigor. The skin over the tumour now became red and erysipelatous in appearance, the exposed edges became swollen and everted, and the discharge profuse and exceedingly offensive.

The general health of the patient was fairly well maintained. As the dose was further increased there was more constitutional disturbance—*malaise* and loss of appetite—while locally the effect was to still further increase the discharge and tendency to slough.

By this time the tumour had so extended as to cause marked œdema of the arm from interference with the circulation, and as the fluid did not appear to exercise much influence in checking the growth, inoculation was stopped, the dose having reached 10 minims. Subsequently the patient sank rapidly, and died on July 27th.

Necropsy.—At the necropsy the growth was found to have ulcerated through the thoracic wall into the upper lobe of the right lung, and into the right clavicle and humerus, causing necrosis of the bones. The liver, spleen, and kidneys were undergoing lardaceous degeneration.

REMARKS.—Although the result in this particular instance was unsatisfactory, yet the case is deemed worthy of record, as there has been some recent discussion on the subject. So recently as February last, Dr. Coley records a case of undoubted sarcoma treated successfully by inoculation with mixed toxins.

ROYAL FREE HOSPITAL.

TETANUS: TREATMENT BY ANTITOXIN: RECOVERY.

(Under the care of Mr. BOYCE BARROW.)

[For the details of this case we are indebted to Mr. REGINALD HAYES, lately House-Surgeon.]

E. C., aged 21, a girl employed in housework, was admitted on December 4th, 1896, complaining of inability to open her mouth properly, sore tongue, and stiffness in neck. It was elicited that when scrubbing a dirty floor four weeks previously a large splinter penetrated the skin of right thumb near the base of the nail, and was not removed till a week before admission, having caused a good deal of pain and swelling. About this time her neck became stiff and flexion of the head was painful. Symptoms became aggravated day by day, such as difficulty in opening the mouth, pain in the back and between the shoulders, and a clonic contraction of the masseters, which causing her to bite her tongue produced the pain, which was mainly instrumental in making her seek hospital relief. It was so severe that sleep was prevented for several nights previously, as dozing was followed by the tongue being bitten, which woke her up. For the relief of this symptom she had applied at another hospital a day or two before and been ordered a mouth wash. On admission the patient was dusky-looking, with anxious expression and a marked tendency to risus sardonius. The pulse was 120 and the temperature 100.2°. There was no perspiration. The terminal phalanx of the right thumb was much inflamed, œdema and discoloration extending above it for 2 inches. She was unable to perform the following movements: 1. To separate jaws for more than a quarter of an inch. 2. To swallow, except with extreme difficulty. 3. To flex her head, which was maintained

and fitted up with every modern requirement, was formally declared open. The hospital has a fine appearance, is two storeys in height, and is supplied with verandahs on both sides. Its cost was Rs. 70,000, it accommodates 40 patients, and special arrangements have been made for maternity cases. The Parsees have separate provision made for them. Miss Arnott is the Medical Officer, and will have under her a staff of nurses. The quarters for her and for the nurses are excellent.

THE INSANITATION OF OOTACAMUND (THE NILGIRIS).—The salubrity of this well-known and attractive hill station is now in question. Last year there was a typhoid epidemic, and it has been followed this year by a still more serious outbreak. Residents are beginning to ask whether something is not radically wrong with the sanitation of the place, and whether independent inquiry by an expert into the origin and extent of the present outbreak should not be undertaken at once to re-establish public confidence.

CALCUTTA: THE HEALTH OFFICER'S REPORT.—The most noticeable feature in the report of Dr. J. N. Cook, the health officer for Calcutta, for the months of March and April, 1898, is the relation of the birth-rate to the death-rate, for the latter far outnumbers the former. The returns give for the two months 1,540 as the number of births, whereas the number of deaths stands at 3,814. This predominance of deaths over births would seem to indicate a rapid decline of the population, but it must be remembered that in all Oriental cities the number of natives is constantly recruited from the country districts, and that adults, chiefly males, seek occupation in the large cities. Vaccination seems to be well appreciated by the natives, for during the two months in question 3,725 persons were vaccinated and 637 revaccinated. Hindus and Mohammedans constituted the bulk of those vaccinated, showing that in India, at all events, the prevention of small-pox by vaccination is firmly believed in. No virulent epidemic prevailed during March and April, but there were 355 deaths from cholera, 691 from bowel complaints, and 1,728 deaths from "fever"; in other words, 2,774 deaths occurred from "preventable" causes. The average death-rate in Calcutta is always high, and compared with the rate of large cities in Britain it must be held to be very high. The average death-rate per 1,000 for the two months stands at no less than 34.45, and this too at a time when no special epidemic disease prevailed.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE EAST SUSSEX LUNATIC ASYLUM, HAYWARD'S HEATH.

ACCORDING to the thirty-ninth annual report of this asylum for the year 1897, the total number of cases under care and treatment was 1,138. The average daily number resident was 880. The total number admitted was 263, and the discharges numbered 102. Death accounted for no fewer than 101, giving a mortality of 11.4 calculated upon the average daily number resident. The cause of death in 56 cases was some form of cerebral disease; 21 died from thoracic diseases, and 9 from senile decay. The recovery-rate calculated upon the number of admissions was low, being 27.8 per cent. The average annual rate of recovery at this asylum from 1859 to the present time is given as 28.5 per cent. Dr. Saunders, in his report, gives a useful table showing the expectancy of recovery on admission, and from it we gather that of the males admitted, 59 were bad or hopeless cases, and 24 were actively suicidal, and of the females 66 were bad or hopeless, and 50 suicidal. Seventy-four suicidal cases admitted in one year means a heavy strain upon the nursing resources of an institution, and it is well to note that the committee have found it necessary to increase the staff by the addition of fifteen nurses (male and female).

Dr. Saunders justly comments upon the large number of senile cases sent to the asylum, and properly remarks that for a mere senile breakdown a person might be spared the association of a lunatic asylum with his life's history, and adds that the combined ages of 4 out of 9 females admitted during February amounted to no less than 302 years.

MR. CHARLES H. B. SHEARS, surgeon to the Liverpool Eye and Ear Infirmary, has been appointed by the Home Secretary ophthalmic referee for County Court Circuit 6 under the Workmen's Compensation Act.

ANTIRABIC VACCINATION.—It appears from a report by Professor Calabrese (*La Rif. Med.*, July 27th, 1898), that 833 persons underwent antirabic vaccination practised at the antirabic institute in Naples during 1896 and 1897. Of these 346 were bitten by dogs certainly affected with rabies, 371 by dogs which presented signs and symptoms of rabies, and 116 by animals suspected of having the disease. Of the total number 47 were bitten on the face, 452 on uncovered parts, and 334 on covered; 168 were cauterised by fire, 178 by chemical caustics, and 487 left alone; 639 were males, 104 females. Most of the cases occurred in the late summer. Only 5 cases were unsuccessful as regards results; in 2 of these the patient did not come for treatment until eleven and seventeen days after the bite. The total mortality was 0.6 per cent. Since the institute was founded (1886) there have been 2,098 cases under treatment, with a mortality of 0.8 per cent. Most of the fatal cases occurred in children, and from bites on the face. Cauterisation seemed to have no beneficial influence.

MEDICAL NEWS.

CREMATION has been officially recommended by the Indiana (U.S.) State Board of Health.

THE PRUSSIAN MINISTER of the Interior, Herr von der Recke, has issued a rescript ruling that in future female doctors are to be appointed for the examination of prostitutes brought in for the first time.

THE LORD MAYOR of Manchester will distribute the prizes, certificates, and bronze medal of the Plumbers' Company, awarded in connection with the recent exhibition of plumbers' work in Manchester on September 19th. On the same occasion a lecture on the Registration of Plumbers and Domestic Sanitation will be given by Dr. Mansel-Howe.

PROFESSOR ROBERT KOCH, accompanied by his assistants, Professor Pfeiffer and Dr. Kossel, has left Berlin for several months. His object is to study malaria in Southern Europe. A short book by Professor Koch, entitled, *Travelling Notes on Rinderpest, Bubonic Plague in India and Africa, on Tsetse or Surra Disease, Texas Fever, Tropical Malaria, and Black Water Fever* has just appeared.

MEDICAL REPORTS OF THE HISPANO-AMERICAN WAR.—According to the New York *Medical Record*, the army surgeons in the field and camps are sending in complete reports of the cases which have come under their care, both medical and surgical. Although the war was brief, the number of sick and wounded soldiers has been over 45,000. The hospital records of this war will, it is claimed, be most complete, and will be eminently satisfactory from the statistician's point of view.

THE NURSES' Co-operation, 8, New Cavendish Street, Portland Place, has received a most munificent gift from the Dowager Lady Howard de Walden. She has presented an excellent site conveniently near to the offices of the Co-operation for the erection of a Nurses' Home and Club. Lady Howard de Walden has also promised to defray a large proportion of the cost of erecting a suitable building. The plans have already been prepared by her architect, and the ground has been cleared for the new building.

THE INSTITUTE FOR MEDICO-LEGAL MEDICINE IN BUCHAREST.—In a recent number of the *Berliner klinische Wochenschrift* Professor Strassmann gives an account of a visit to the Medico-Legal Institute of Bucharest. He says that the medical profession is treated with much greater respect there, and is given a higher and more independent position in the State than in any of our European cities. Professor Minovici, who is the director of the Institute, is also coroner and director of the Morgue, where the bodies lie until identified; if not identified they are buried by order of the director. The Institute itself is fitted up in the most elaborate manner; every detail has been carefully considered. A large lecture theatre is now being erected near the Institute for teaching purposes. The *post-mortem* room is large and well ventilated, and on the walls are hung diagrams of the various parts of the body, which can be referred to when necessary. Bertillon's system of anthropometrical measurement is carried out. A bacteriological and chemical laboratory also forms part of the scheme.

THE CLIMATE OF WEI-HAI-WEI.—A correspondent of the *Times* gives an interesting account of our new possession in China, where ultimately our troops will no doubt be quartered. He says that, on the whole, the climate is an extremely good one, and most suited to Europeans, and very little sickness need be expected. British soldiers could work all the day except during July and August between 10 A.M. and 3 P.M. The water is good and fairly plentiful on the mainland from springs and wells, but the supply on the island is very limited and the quality very bad. The people are contented, healthy, and industrious. The town of Wei-hai-Wei is in the north-west corner of the bay, and is surrounded by a wall. It contains about 4,000 people. Sulphur springs are found on the beach. On the mainland are six camps composed of wooden Japanese huts, extremely neat, but unsuited for extremes of heat and cold. Each camp would accommodate about 600 men, although the Japanese had more in them. The country

taken over by the British Government extends ten miles inland, measured from the coast, and there is a twelve mile neutral zone beyond. The hills inland are devoid of trees and nearly bare. The people on the mainland are chiefly occupied in fishing and agriculture, and seemingly industrious and quiet.

ST. THOMAS'S HOSPITAL.—The following gentlemen have been appointed House Officers from September 6th:—*House-Physicians*: J. R. Charles, B.A., M.B., B.C.Camb., L.R.C.P., M.R.C.S.; E. F. Buzzard, B.A., M.B., B.Ch.Oxon. *House-Surgeons*: E. H. Cobb, L.R.C.P., M.R.C.S.; A. C. Robinson, L.R.C.P., M.R.C.S.; F. L. A. Greaves, L.R.C.P., M.R.C.S.; A. H. Greg, B.A.Camb., L.R.C.P., M.R.C.S. *Assistant House-Surgeons*: S. O. Bingham, L.R.C.P., M.R.C.S.; E. M. Corner, M.A., M.B., B.C.Camb., B.Sc.Lond., L.R.C.P., M.R.C.S.; J. A. Barnes, L.R.C.P., M.R.C.S.; J. E. Kilvert, L.R.C.P., M.R.C.S. *Obstetric House-Physicians*: (*Senior*) H. F. Shea, M.B., B.S.Durh., L.R.C.P., M.R.C.S.; (*Junior*) J. F. McClean, L.R.C.P., M.R.C.S. *Ophthalmic House-Surgeons*: (*Senior*) S. N. Babington, L.R.C.P., M.R.C.S.; (*Junior*) J. S. Hall, L.R.C.P., M.R.C.S. *Clinical Assistants in the Special Department for Diseases of the Throat*: G. B. Thwaites, L.R.C.P., M.R.C.S.; A. D. Cowburn, L.R.C.P., M.R.C.S.; (*Skin*): S. H. Belfrage, L.R.C.P., M.R.C.S.; A. E. Stevens, M.B. Durh., L.R.C.P., M.R.C.S.; (*Ear*): W. J. Galt, B.A., Oxon, L.R.C.P., M.R.C.S. Several other gentlemen who held offices before have received an extension of their appointments.

RECOGNITION OF NURSES' SERVICES.—On Saturday, August 27th, their Excellencies the Lord Lieutenant, K.G., and the Countess Cadogan received a party at the Viceregal Lodge, Dublin, when eleven nurses of the Dublin Nursing Institution were admitted Honorary Serving Sisters of the Order of St. John of Jerusalem. The distinction was conferred in consideration of the services rendered by them on the occasion of an outbreak of typhus fever in the Island of Inniskea on the West Coast of Ireland last year. There were in all 70 cases, exclusive of five nurses who contracted the disease. Dr. Pratt, Lord Justice Fitzgibbon, Mr. F. R. Davies, and Mr. Wheeler, F.R.C.S.I., having given a history of the events, the nurses were formally received into the Order. His Excellency then, on behalf of the Queen, gave to each of the following nurses the decoration: Frances Dorothy Macalister, Honora Kenny, Elizabeth Carson, Mary Simpson, Elizabeth Doyle, Flora Kathleen Fitzmaurice, Margaret Munn, Grace Simpson, Sarah Jane Caldwell, Kathleen Mary Kinsella, and May Talbot. His Excellency in a short address said their country was grateful to them, and all who were present considered it a privilege to be allowed to take a share in doing honour to them and to the noble profession which they adorned.

MEDICAL VACANCIES.

The following vacancies are announced:

BATH GENERAL OR ROYAL MINERAL WATER HOSPITAL.—Resident Medical Officer; unmarried. Salary, £100 per annum, with board and apartments in the hospital. Application to the Registrar and Secretary by September 12th.

BELGRAVE HOSPITAL FOR CHILDREN, 77 and 79, Gloucester Street, S.W.—House-Surgeon. Appointment for six months. Board, residence, and an allowance of £5. Applications to the Honorary Secretary by September 17th.

BETHLEM HOSPITAL.—Two Resident House Physicians. Appointments for six months from November 1st. Apartments, complete board and washing provided. Applications, endorsed "House Physicians," to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., before October 3rd.

BIRMINGHAM GENERAL HOSPITAL.—Pathologist. Salary, £100 per annum, with board and residence. House-Surgeon and two Assistant House-Physicians. No salary, but residence, board, and washing provided. Applications to the House Governor by September 24th.

BODMIN: CORNWALL COUNTY ASYLUM.—Junior Assistant Medical Officer; unmarried. Salary, £100 per annum, increasing to £120, with board, lodging, washing, and attendance. Applications to the Medical Superintendent by September 20th.

BRADFORD ROYAL INFIRMARY.—Honorary Physician. Applications to the Secretary by September 26th.

CARDIFF: UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE.—Temporary Assistant Lecturer and Demonstrator in Physiology. Appointment for one year. Salary, £120. Applications to the Secretary by October 1st.

CARRICK-ON-SHANNON UNION.—Medical Officer for the Jamestown Dispensary District. Salary, £100 as Medical Officer, and £20 as Medical Officer of Health. Applications to the Honorary Secretary by September 14th.

DOVER HOSPITAL.—House-Surgeon; unmarried. Salary, £100 a year, with board and lodging. Applications to the Honorary Secretary, 15, Castle Street, Dover, by September 13th.

DUNDEE ROYAL INFIRMARY.—Two Acting Medical Officers.—Applications to D. Gordon Stewart, Secretary, 10, Meadowside, Dundee, by September 15th.

ELLESMERE URBAN AND RURAL DISTRICTS.—Joint Medical Officer of Health. Salary, £50 per annum. Applications to the Clerk to the Joint Committee, Ellesmere, by October 3rd.

EXETER CITY ASYLUM.—Assistant Medical Officer; unmarried. Salary, £120 per annum, rising to £150, with board, lodging, and washing. Applications to the Medical Superintendent, Digby, Exeter, by September 13th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.—Resident House-Physicians.—Applications to the Secretary by September 28th.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Resident Medical Officer. Salary, £50 per annum, with board, residence and washing. Senior Clinical Assistant. Appointments for six months, but renewable. Applications to the Secretary by October 1st.

LEEDS CITY HOSPITAL.—Assistant Resident Medical Officer. Salary, £150 per annum, with board, lodging, etc. Applications to the Medical Superintendent, City Hospital, Beckett Street, Leeds, by September 14th.

LONDON TUBERCULOSIS HOSPITAL, Hampstead Road, N.W.—Assistant Resident Medical Officer for six months. Board, residence, and washing provided, and honorarium of five guineas. Applications to the Secretary by September 15th.

MANCHESTER CORPORATION.—Medical Assistant for the Munsell Fever Hospital. Salary, £100 per annum, with board and lodging. Applications, endorsed "Appointment of Medical Assistant," to the Chairman of the Sanitary Committee, Public Health Office, Town Hall, Manchester, by September 16th.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—House-Physician, House Surgeon, Assistant House-Physician, and Assistant House-Surgeon. Appointments for six months. Salaries for the two former at the rate of £40 per annum and the two latter at the rate of £20 per annum. Applications to the Secretary by September 12th.

NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.—Three qualified medical women as Clinical Assistants in out-patient department. Appointment for one year. Applications to Secretary by September 23rd.

NORFOLK AND NORWICH HOSPITAL, Norwich.—Assistant to House-Surgeon. Appointment for six months. Board, lodging, and washing provided, no salary. Applications to the Secretary.

NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Hartshill, Stoke-on-Trent.—House-Surgeon. Salary, £120 per annum, increasing by £10 a year at discretion of Committee, with furnished apartments, board, and washing. Applications to the Secretary by September 20th.

PRESTON ROYAL INFIRMARY.—Assistant House-Surgeon. Salary, £50 per annum, with board, rooms, washing, etc. Applications to the Secretary, 5, Winckley Street, Preston, by September 17th.

ST. ANDREWS UNIVERSITY.—Professor of Midwifery. Applications to the Secretary to the University Court by September 15th.

ST. MARY'S CHILDREN'S HOSPITAL, Plaistow, E.—Assistant Resident Medical Officer. Appointment for six months. Salary at the rate of £40 per annum, with board, lodging, and washing. Also Ophthalmic Surgeon. Applications to the Secretary by September 27th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician and House-Surgeon. Appointments for six months. Applications to the Secretary-Superintendent by September 21st.

MEDICAL APPOINTMENTS.

BOYE, B. M., M.B., C.M. Edin., appointed Medical Officer of Health to the Town Urban District Council.

BOWDEN, W. J., M.B., Ch.B. Vict., appointed Medical Officer for the Glossop District of the Glossop Union.

BRANNAN, F., M.B., B.Ch., etc., R.U.I., appointed Medical Officer, Castledermot Dispensary, co. Kildare.

CONNOR, H., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Brailford District of the Thurston Union.

DURRANT, Charles E., L.R.C.P. Lond., M.R.C.S. Eng., appointed Resident Medical Officer to the National Sanatorium for Consumption and Diseases of the Chest, Bournemouth.

HARRISON, Charles, M.D., appointed Medical Officer of Health to the Bracebridge Urban District Council.

HEDLEY, Arthur Samuel, M.B. and B.S. Durh., appointed Medical Officer for the (East) Rothbury District, and Medical Officer to the Rothbury Union Workhouse, vice J. S. Jack, resigned.

HUGHES, J. Medwyn, M.B., C.M. Edin., appointed Medical Officer for the Workhouse and the Ruthin District of the Ruthin Union.

MACQUEEN, A., M.D. Edin., reappointed Medical Officer of Health to the Blone Heath Rural District Council.

MUIR, D. R., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer and Public Vaccinator for the Walker District of the Tyrone Union.

PIRIE, A. H., B.Sc. Edin., M.B., Ch.B., appointed Resident Medical Assistant to the Dundee Royal Infirmary.

RUSTON-HARRISON, G. H., M.B. and C.M. Edin., appointed Senior Resident Surgeon to the Nottingham General Dispensary.

SHARP, Gordon, M.D. Edin., appointed Honorary Medical Officer to the Beckett Home, Meanwood, Leeds, vice C. M. Chadwick, M.A., M.D. Oxon., F.R.C.P., resigned.

STRANG, J., Ballantyne, M.B., appointed Medical Officer for the Humshaugh District of the Humshaugh Union.

TAYLOR, Henry J., M.R.C.S. Eng., L.R.C.P. Lond., appointed Junior House-Surgeon to the Manchester Royal Eye Hospital, vice Mr. W. E. Smith.

THOMAS, Dr., appointed Medical Officer for the Guilsfield District of the Llanfyllin Union.

WRYTE, George Francis, M.B., C.M. Edin., appointed Resident Medical Assistant to the Dundee Royal Infirmary.

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.

HALL.—On September 2nd, at 195, Belsize Road, N.W., the wife of W. Winslow Hall, M.D., of a daughter.

HARDYMAN.—On September 5th, at 43, Great Pulteney Street, Bath, the wife of George Hardyman, M.B., F.R.C.S.E., of a daughter.

HIGHET.—At Bangkok, Siam, on September 3rd, the wife of H. Campbell Highet, C.M., M.D., of a son.

STAVELEY.—On September 3rd, at 13, South Eaton Place, S.W., the wife of W. H. C. Staveley, F.R.C.S., of a daughter.

MARRIAGES.

DAWSON-SHEKLETON.—On September 1st, at St. Peter's Church, Dublin, by the Very Rev. the Dean of Dromore, father of the bridegroom, assisted by the Rev. A. W. Ardagh, M.A., Vicar of Finglas, and the Rev. Gilbert Mahaffy, M.A., Rector of St. Peter's, William L. Dawson, M.D., M.R.C.P., of Farnham House, Finglas, Dublin, to Florence, second daughter of Robert W. Shekleton, Esq., Q.C., of St. Fitzwilliam Square, Dublin.

DYER-PRICE.—On September 3rd, at St. Luke's Church, Uxbridge Road, W., by the Rev. W. N. Truss, Chaplain H.M. Prison, Knutsford, assisted by the Rev. W. St. Hill Bourne, Vicar of the Parish, Sidney Reginald Dyer, M.D. Brux., M.R.C.S., L.R.C.P., 15, P.H. Barrister-at-Law of the Middle Temple, Deputy Medical Officer H.M. Prison, Wandsworth, to Rose, daughter of Captain H. Talbot Price, R.N., Governor H.M. Prison, Wormwood Scrubs, niece and goddaughter of Sir Rose Lambert Price, Third Baronet of Trengwainton, Cornwall, and Hensol Castle, Glamorganshire.

EVANS-PENROD.—On September 1st, at the Parish Church, Wimbledon, by the Rev. W. N. P. Beebe, Vicar of St. Luke's, Brighton, assisted by the Rev. A. Wheatcroft, David Robert Ewell Evans, of Berth Ddu, Clynog Park, Wimbledon, eldest son of the late John S. H. Evans, of Berth Ddu, Clynog Park, Carmarvonshire, to Emily, daughter of William John Penfold, of Thornfield, Wimbledon, and niece of Major-General Sir Edward Stedman, K.C.I.E., C.B.

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*—1. p., Tu., 2.30; o. p., F., 2.
 CHAIRING CROSS. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.45; Dental, M., 9; Throat and Ear, F., 9.30. *Operations*—Th. F. S., 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*—M. W. Th. F., 2.
 GREAT NORTHERN CENTRAL. *Attendances*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Tu., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. *Operations*—M. W. Th. F., 2.
 GUY'S. *Attendances*—Medical, daily, 2; 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., 2. *Operations*—Tu. F., 1.30; (Ophthalmic) M., 1.30; Th., 2.
 HOSPITAL FOR WOMEN, Soho. *Attendances*—Daily, 10. *Operations*—M. Th., 2.
 KING'S COLLEGE. *Attendances*—Medical and Surgical, daily, 2; Obstetric, daily, 2; o. p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30, F., 2; Dental, M. Th., 10; Skin, W., 1.30. *Operations*—W. Th. F., 2.
 LONDON. *Attendances*—Medical, daily, 1. p., 2, o. p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o. p., S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu. F., 9. *Operations*—Daily, 2.
 LONDON TEMPERANCE. *Attendances*—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. *Operations*—M. Th., 4.30.
 LONDON THROAT, Great Portland Street. *Attendances*—Daily, 2; Tu., F., 6. *Operations*—Daily, 2.
 METROPOLITAN. *Attendances*—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations*—Tu. W., 2.30; Th., 4.
 MIDDLESEX. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o. p., M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations*—Daily, 1.30.
 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, daily, exc. S., 2, 8, 10; Surgical, daily, exc. W., 2, 10; 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, W., 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, 2. *Operations*—M., 2.
 ROYAL WESTMINSTER OPHTHALMIC. *Attendances*—Daily, 1. *Operations*—Daily, 2.
 ST. BARTHOLOMEW'S. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o. p., W. S., 9; Eye, M. Tu. W. Th. S., 2; o. p., M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9. *Electrical*, M. Tu. Th. F., 1.30. *Operations*—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariotomy, F., 2.
 ST. GEORGE'S. *Attendances*—Medical and Surgical, daily, 1. p., 1; o. p., 12; Obstetric, 1. p., Tu. F., 1.45; o. p., M. Th., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopaedic, F., 12; Dental, M. Tu. F., S., 12. *Operations*—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.
 ST. MARK'S. *Attendances*—Fistula and Diseases of the Rectum, males S., 2; females, W., 9.30. *Operations*—M., 9; Tu., 9.30.
 ST. MARTY'S. *Attendances*—Medical and Surgical, daily, 1.45; o. p., 12.45; Obstetric, Tu. F., 1.45; o. p., M. Th., 1.30; Eye, Tu. F., 9; Throat, Tu. F., 9; Skin, M. Th., 9; Dental, W. S., 9; Electro-therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. *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 (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, Th., 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. F., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
 SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*—Daily, 1.30. *Operations*—Gynaecological, M., 2; W., 2.30.
 THROAT, Golden Square. *Attendances*—Daily, 1.30; Tu. F., 6.30. *Operations*—Daily, exc. M., 10.
 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. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. *Operations*—Tu. W. Th., 2.
 WEST LONDON. *Attendances*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electro-therapeutics, M. Th., 2; Skin, M. F., 2; Throat and Nose, Tu., 2; S., 10. *Operations*—Daily, about 2.30; F., 10.
 WESTMINSTER. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, Tu. F., 9.30; Ear, Tu., 1.30; Skin, W., 1.30; 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, 423, 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 *Attilage, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulat, 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.

SPEX would be glad to know if there is any danger of rectal paralysis ensuing from the daily use of cold water enemata during pregnancy.

M. O. H. wishes to know where he can obtain full information as to house to house visitation with a view to detection of sanitary imperfections.

ENQUIRER would be obliged for information as to where he could obtain material for the preparation of popular lectures on public health.

E. K. wishes to get titles of works that will give him full information about the origin and history of medical words, and also about the humoral theory, and medicine as practised by the monks in the middle ages.

VIRGIN LEAD.

DR. ALFRED E. MOLE (M.O.H., Addington) writes: Would you kindly inform me if there is any danger in working with "virgin lead," and also if any precaution should be taken when a manufacturer uses the metal?

. As regards the dangers from lead the question may be answered thus. Workpeople who manipulate the raw British ore practically speaking do not run any risk. This remark does not apply to some foreign lead ores which are rich in carbonate. The danger commences with the smelting of lead where fumes are given off from the molten metal. Measures should be taken by the manufacturer to prevent workmen inhaling these both by "hooding" the furnaces, and by having the fumes removed by high chimneys. Frequent handling of metallic lead in large quantities may cause poisoning, which may be largely prevented by thorough washing of the hands. The greatest danger arises when metallic lead has become converted into compounds, for example, the carbonate, inhalation of which in the form of fine dust is a common cause of plumbism. Manufacturers should see that all dusty workrooms are well ventilated, should provide adequate washing appliances, and thereby insist upon personal cleanliness of the workpeople, who should be periodically inspected medically.

ANSWERS.

BIRMINGHAM.—Deaf-mutes are received on payment for board and education at 11, Fitzroy Square, W. (Mr. Van Praagh, director), and at the Training College, Ealing, W. (Mrs. A. Kinsey, superintendent), also by Mr. H. N. Dixon, M.A., Wickham House, East Park Parade, Northampton.

MUD BATHS IN NORTH ITALY.

H. J. W.—Our correspondent might consult the second edition of *Mineral Waters and Health Resorts of Europe*, a review of which is published in another column, for Acqui and also for mud-bath treatment. If he reads Italian he might consult P. Schivardi's book on Italian Spas, or a special book by the same author.

STATE-AIDED AND VOLUNTARY HOSPITALS.

HOSPITAL STAFF.—The following references may be of use to our correspondent: BRITISH MEDICAL JOURNAL, September 14th, 1895, p. 650 (abstract of paper read by Dr. W. Knowles Sibley at the annual meeting of the British Medical Association in London); ditto, August 14th, 1897, p. 415; *State-Aided and Voluntary Hospitals*, by W. Knowles Sibley, M.D., London: T. Burtleigh, 1896, price 4d.

BINIOXIDE OF MERCURY.

H. O. D.—The following formula was given by the late Dr. C. R. Illingworth in the BRITISH MEDICAL JOURNAL of April 6th, 1895, p. 795: "I ask my druggist for a Winchester quart marked at 80 ounces. Into this bottle I put 40 gr. of corrosive sublimate powdered, and 2½ drachms of pot. iod., and fill up with water. This makes a 1 in 1,000 solution of biniodide at once."

DEFICIENT CHILDREN.

R. M. H.—We know of no private institution in or around London where a mentally deficient child would be taken for education at less than about £60 per annum. It is possible that arrangements might be made with the Association for the Promotion of the Welfare of the Feeble-minded (Honorary Secretary, Miss Cooper, 49, Victoria Street, S.W.) to receive a case at the payment named into one of their homes. Certifiable imbeciles are not received.

THE OPEN-AIR TREATMENT OF CONSUMPTION.

A. H. B. might apply for admission to Dr. Meissen, Sanatorium Hohenhonnef, Rhenish Prussia; or to Dr. Hess, Sanatorium Falkenstein, Taunus, Germany. Both of these are admirable sanatoria for the open-air and dietetic treatment of pulmonary tuberculosis. [German is the language naturally most in use.] Further away from England, and a somewhat higher altitude, are the sanatoria at Goerbersdorf in Prussian Silesia. If, however, the case is better suited for high Alpine localities, he can apply either to the Medical Director, Sanatorium Leysin, above Aigle-les-Bains, Switzerland (where French is the language mostly spoken); or to Dr. Turban, Sanatorium Turban, Davos, Switzerland. To whichever sanatorium he goes the patient must be prepared to submit to the requisite discipline, which is such an important element in sanatorium treatment. For further details the inquirer may be referred to the "Report on the Open-air Treatment of Phthisis in Sanatoria," BRITISH MEDICAL JOURNAL, April and May, 1898.