

surroundings, and detached from the environment in which he continues to lose ground or to remain stationary.

At all events it is most essential that at first he should be left entirely to the doctor and nurse, until indeed he is fully settled in the new way of life. The influences of friends, however intelligent and well intentioned, are in the majority of cases undesirable. It must naturally be so, for the friends know nothing of the patient's needs and supply him with sympathy when he wants only rest and quiet; and those whose needs are the greatest, who must refrain from conversation and mental exertion, who must conserve in short their diminishing vital energy are often visited for the very reason that they are ill in bed.

The way of life in the great health resorts is of course worse still. Such a place as Davos reproduces and perhaps adds to all the evils of the home surroundings. Hotel life in a town, with "caretakers," that is, untrained friends in attendance upon the invalids, brings with it temptations of all kinds in the shape of amusements, theatres, balls, even violent exercises, which so far from conducing to the patient's health in many cases produce "chill" after "chill," that is, relapse after relapse, so that what may have been an early and curable case becomes perhaps well nigh hopeless. Even amongst these however I have seen the most extraordinary arrests produced under the régime of Nordrach, arrests that one would have deemed incredible had not one observed their whole course.

The physicians at most of the high altitude resorts are practically consultants, although I understand that many arrange now for a season fee in order to see their patients as often as they like. That is a step in the right direction, but the control is very slight, and however good advice may be it is impossible to be sure that the patient carries it out. No wonder we find medical writers seeking a refuge in a list of contraindications. "Pyrexial cases," says Dr. Theodore Williams, "should not go to high altitudes, for as a rule the climate augments the pyrexia." Why? Is it indeed the climate that is to blame, or is it the mode of life the patient leads in that climate? In the few cases I have investigated in high altitudes the persistence of pyrexia was simply due to the fact that the patients were walking about with active disease.

Von Jaruntowsky says that the "action of the climate is too strong for the late stages of phthisis." Perhaps his remark had been better altered in translation to "the treatment is not usually strong enough for such cases." Amusements, in the usual acceptance of the term, are not so necessary when the treatment is efficacious, for then the patient's mind takes a positive emotional tone from the hopeful character of his surroundings, the disease loses its terrors as its curability is demonstrated, and he finds an occupation and interest in "working out his own salvation."

It is certainly a plausible theory that amusements are harmless in moderation, and even necessary for the patient's comfort. Unfortunately human nature, especially consumptive human nature, is not firm enough to draw the line at strict moderation. Even in a small institution it is difficult enough to regulate individual temperament unless amusements are very limited and unexciting, as Brehmer himself well knew. One of his sayings was—and there is no truer maxim in his writings—"Der Mensch stirbt an seinem Character." And again, in quoting from the *Davoser Blätter*, he says: "What kills us at last is not usually consumption but our temperament." In fact, at many health resorts one would imagine that the patient's business there was to be amused, rather than to be cured.

For this reason, also the principle laid down by Dr. Léon Petit—that access to a sanatorium should be easy and not far from a railway station—is thoroughly bad in practice. Easy access means the proximity of that civilisation which it is so necessary to avoid if absolute quiet is to be obtained, and the nearer the civilisation the more difficult is rendered that *al fresco* and unconventional life which the patient ought to lead.

DIET.

There are other points which might be touched upon, more especially the great question of diet. It will, however, suffice for the present to say that in many sanatoria there is no proper guidance for the patients in the selection of their

food, and too many meals are usually provided. Only three meals a day are given at Nordrach, and yet a much greater improvement of nutrition is usually brought about there than in other institutions. Forty or 50 lbs. (German) is by no means an uncommon increment. In one case a patient weighing under 100 lbs. (German) went away 190 lbs. In another case a lady who weighed 60 lbs. went away over 150 lbs. Both these cases were most serious; the latter was for weeks subject to profuse diarrhoea, probably tuberculous. They have been both cured, the latter for the last seven years.

DISCIPLINE.

The methods of a rightly-conducted sanatorium are, then, strictly analogous to the splint, which in surgical cases of tuberculosis keeps the diseased part continuously at physiological rest. The methods of a populous health resort hardly constitute a splint at all, and whatever restraint the treatment affords is customarily applied only in the winter. What surgeon would commit the folly of treating a tuberculous ulcer in the winter only, allowing the patient to be practically free from treatment during the summer months? And yet this is precisely what happens to many a similar case of tuberculous ulceration of the lungs, owing to our fallacious notions about climate.

In a sanatorium much depends, as I have already said, on the degree to which theoretical principles are put into practice. The splint may be so loosely applied that it may only be effective in comparatively slight cases. The best climate, then, is not, as has been poetically said, that which woos one most into the open air, but that in which this "splinting" is most effectively carried out.

It has been said that English people do not care to submit to the rigid discipline practised abroad. An observation of the faces gathered around the dining table at Nordrach will entirely dispel this idea, and will demonstrate that hope is more effectual than dissipation and distractions in making the invalid contented with his temporary lot.

MEMORANDA:

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

ANOTHER CASE OF POISONING BY LINIMENTUM CAMPHORÆ: RECOVERY.

B. MACG., a girl, 2 years, was brought to me on September 1st, at 1 P.M., her mother explaining that she had taken at least two tablespoonfuls of "camphorated oil" half an hour previously. No symptoms had arisen until the child had taken several mouthfuls of her dinner, consisting of meat and potatoes, when she suddenly "went in a fit." Her mother then found that she had burnt her gums, that the breath had a strong smell of camphor, and that the bottle of oil with which the child had been meddling showed the above quantity deficient. On examination the patient was unconscious, pupils dilated, deeply cyanosed, limbs and trunk rigid, and pulse hardly perceptible. I administered 5 gr. of sulphate of zinc in solution, and introduced my finger into the pharynx. The recently-taken food was ejected with a strong odour of camphor. I then had the child placed in a hot bath, applied cold to the head, and repeated the dose of the emetic. The child vomited several times in the bath, the fluid ejected having the characteristic odour of the poison. The rigidity subsided, and consciousness gradually returned. The child then slept for three hours, and when I saw her again at 6 P.M. was quite herself. There were no convulsions throughout. No after-trouble.

This is the second case I have had in this year with the same alarming symptoms. I attribute their severity to the fact that mothers like to keep the oil "by them" for external use in any and every complaint, and that as time goes on the camphor collects near the bottom of the bottle, converting the fluid there into a strong poison. As Dr. Moore remarks in his case reported in the *BRITISH MEDICAL JOURNAL* of September 10th, so in both my cases, the camphor acted as a poison on the circulatory and nervous systems, rather than as a gastro-

intestinal irritant. I consider that pharmacists should not supply this application without a poison label, although it is not in the schedule of drugs requiring that label under the Act.

J. H. FREDERICK WAX, M.R.C.S., L.R.C.P., L.S.A.
Southsea.

TOXIC SYMPTOMS PRODUCED BY A "HEADACHE POWDER."

As acetanilide and its allies are now so extensively used, the following case of toxic symptoms produced by an ordinary dose may be of interest:

On September 5th last I was called at 9.30 P.M. to Mrs. B., a young married woman, who was suffering from symptoms alarming to her friends. She had complained of feeling unwell for some days past, and on September 5th had purchased a headache powder, which she took at 1 P.M. It quickly cured the headache, but soon produced effects of a most unpleasant kind. These included a feeling of numbness and "pins and needles" in the limbs, faintness, lividity, coldness of the extremities, and a feeble pulse, with other symptoms of collapse. The temperature was normal, and the mental condition unaffected. As an emetic would probably have been useless, the lady was successfully treated by stimulants, inhalation of ether, and the application of warmth to the extremities. The next day she was feeling fairly well, though hardly fit to perform her usual duties.

R. E. P. SQUIBBS, M.R.C.S.Eng., L.R.C.P.Lond.
Lenton, Nottingham.

SLOUGHING OF ABDOMINAL WALL AND PROLAPSE OF FŒTAL INTESTINE IN A TRANSVERSE PRESENTATION.

On Wednesday, August 24th, at 9.30 A.M., I was called to see a primipara, who was stated to have been in labour since the morning of the previous Monday. I found her having severe and almost continuous labour pains. The nurse in attendance showed me in a diaper a long stringy substance, which she said had been coming from the vagina. Examination showed that the os uteri was high up, in fact, only just to be reached by a pretty long examining finger. Abdominal examination showed an evidently small fœtus lying transversely. Under chloroform I was enabled to introduce the right hand into the vagina, when I found the membranes ruptured, and the os dilated to about 3.2 centimetres in diameter, and a soft pulpy mass with a hole in the centre presenting. Passing the finger through the hole, I felt what seemed to be long thin webbed fingers. On getting between the presenting mass and the edge of the os I was able to bring down a leg. In a short time, the pains continuing, a small fœtus of about seven months' development was born, and soon afterwards the placenta. The fœtus had a round opening, about an inch in diameter with soft ragged edges, situated on the right side just above the iliac crest. Through this hole the finger passed into the abdominal cavity, and felt the free ends of the lower ribs. The skin of the fœtus was peeling in places, and the head was pulpy. The infant had undoubtedly been dead for some days; labour had set in, and presenting transversely, on account of the severity of the pains and the length of time—some forty-eight hours—which had elapsed since the commencement, the part encircled by the partially dilated os had sloughed with the result above mentioned. What had been coming away from the mother before I saw her was now recognised to be the intestines of the fœtus. The woman made an uninterrupted recovery.

Tamworth. H. P. BARLOW, M.B. Edin.

DEATH FROM LIGHTNING.

It may be of interest to note the marks observed on the body of a workman, who died while on his way to work from the effects of lightning, on the afternoon of August 21st. The body was found on the highway, face downwards. The lower lip had been cut in the centre to the depth of an inch, and the tip of the nose denuded of skin. The hairs on the left side of the body, beginning with the left eyebrow, were very slightly singed, more so on the left side of the chest, and most on the front of the left thigh to a few inches below the knee. The clothes bore not the slightest trace of singeing.

Both pupils appeared to be slightly dilated. The palms of the hands were quite clean. A small patch of *post-mortem* discoloration was seen on the chest, immediately below the neck. From evidence produced he could not have been dead more than two hours before the body was found.

Fochriw, Aug. 23rd.

E. DAVIES, L.R.C.P. and S. Edin.

"MEASLES IN AN INFANT: POSSIBLE INFECTION AT BIRTH."

UNDER the above heading, in the BRITISH MEDICAL JOURNAL of May 7th, Dr. Carstairs Douglas records an interesting case. I am enabled to give particulars of a similar case.

On May 7th I attended Mrs. F., aged 38, in her fifth confinement, and delivered her of a healthy female child. The puerperium was normal, and the mother nursed her baby. On May 13th, seven days from birth, the infant was sneezing, coughing, eyes running, and very restless; and on May 15th appeared a well-marked characteristic rash of measles covering the greater part of the body. The rash commenced to fade on May 17th, and had all disappeared by May 20th. The infant remains perfectly well.

The interest in this case lies in the fact that measles was already present in the house, in the person of a child of 3 years, whom I attended, and upon whom the mother was in close attendance until her confinement.

The contagion in this case may have been received by the infant either by contagion or inoculation. As to the latter, however, I may say that I disinfected my hands carefully.

Limerick.

F. CHARLES FITZGERALD, L.R.C.S.I., etc.

A CASE OF HÆMOPHILIA.

E. L., aged 7 years, has attacks of hæmatemesis at intervals varying from two to four weeks. I have never measured the quantity vomited, but it is considerable and of a bright colour. The first attack occurred when she was still in long clothes. Her motions are usually dark coloured and several times there has been decided melæna. A very slight pinch causes bruising, and the mother states that she noticed this characteristic within a few days after birth.

When the little patient first came under my notice in January last she had slight swellings of both knees and wrists, which became discoloured a day or so later. A small pin prick in February bled for 24 hours and about the same time one of her teeth came out, 36 hours afterwards the blood was still oozing from the gum. I was informed that the bleeding lasted for nearly a week when another tooth was extracted the previous year.

The midwife who attended at the birth of the child tells me there was nothing abnormal at the confinement, but that a few days later some bleeding occurred "round the insertion of the cord."

This is evidently a case of true hæmophilia. The two features that render the case noteworthy are—first, the sex; secondly, an absence of any family history of bleeding on either parents' side.

Bunbury, Tarporley.

C. ROYDS JONES.

ECZEMATOUS ERUPTION PRODUCED BY ATROPINE.

On August 9th H. H., aged 55, consulted me regarding defective vision in his left eye. On ophthalmoscopic examination a satisfactory view of the fundus oculi could not be obtained, so I instilled two or three drops of liq. atropinæ sulph. (*B.P.* 1885) and asked him to return the following evening for further examination. On his return he presented a curious condition. The left side of the nose, the left cheek, and the left half of the upper lip exhibited an acute eczematous condition. After the atropine had been instilled the tears had trickled down that side of the face, no doubt carrying some of the atropine with them, and within a few hours he complained to his wife of feeling a burning sensation all over the area subsequently affected. The treatment consisted in covering up the affected area with starch paste, to which a few grains of boric acid powder had been added, and in four or five days the condition had disappeared. Throughout the pulse and temperature remained normal, and the local condition was the only cause of complaint.

On further inquiry I find that he is very susceptible to the action of belladonna. Four months ago he sprained his right

wrist, which was treated with a liniment containing belladonna, and this gave rise to a similar eruption all over the part. He is also subject to lumbago, which can be relieved by the application of a belladonna plaster, but the eruption caused by this is so bad that he declares the cure is worse than the disease.

During the last nine years I have used atropine almost daily, but never before have I met with a similar experience.

Glasgow.

WILLIAM BRYCE, M.D.

REPORTS

ON

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

CHILDREN'S HOSPITAL, BRADFORD.

ECTROPION OF THE FEMALE URETHRA.

(By ISAAC MOSSOP, F.R.C.S. Edin., Honorary Surgeon to the Bradford Children's Hospital.)

ECTROPION, or prolapse of the female urethra, is not often met with, and is, in children, usually ascribed to irritation from intestinal worms, especially ascarides, less frequently to vesical calculus and other conditions. Its occurrence cannot well be overlooked, because, on careful examination, the urethral opening is at once visible in the centre of the rounded projection, its complete disappearance on reduction, and reappearance when the support is withdrawn. The symptoms are frequent and painful micturition, with occasional bleeding on straining.

NOTES OF CASE.

The following notes of a typical cases are by Dr. J. H. Patterson, house-surgeon to the hospital:

"Patient, a well-nourished girl, aged 9, attended out-patients with a history of frequent and painful micturition, and passing of blood, of from two to three weeks' duration. Patient has never suffered from cough, worms, or constipation, and no history of any straining can be elicited, and no predisposing cause could be ascertained.

"On examination, a small rounded swelling the size of a cherry, and of a dark-red colour, was seen situated around the orifice of the urethra, the meatus being in its centre. The swelling appeared to be very tender to the touch, and bled slightly. Careful examination revealed that it could be reduced. This was done repeatedly by means of a small piece of cotton wool on sinus forceps. The swelling immediately returned as soon as the pressure was removed. The urine had a specific gravity of 1020, and there were no abnormal constituents. Astringent lotions were ordered, which slightly altered the character of the swelling; it became more flattened, somewhat reduced in size, had lost its congested appearance, and resembled a rosette.

"The bladder was sounded for stone; no stone was detected, and it was decided to operate. Under chloroform Mr. Mossop removed an elliptical portion from either side of the prolapse, and stitched the opposing surfaces together.

"There was no difficulty of micturition after the first day, no pain, and the frequency diminished.

"When seen three weeks after the operation the condition was completely relieved."

REMARKS.—My reason for drawing attention to this case is that, from a very considerable experience of children's ailments, I have not previously met with this condition. Several cases have been recorded within recent years, and it is described in some of the modern works on gynaecology and children's diseases. I have been informed by several well-known authorities of wide experience that they have never met with a case of this disease. I am inclined, therefore, to think that its occurrence is somewhat rare. A point of interest is that there was no assignable cause.

SIR WILLIAM BROADBENT, Bart., will open the Huddersfield Sanatorium, Mill Hill, on October 22nd, at 2.15 P.M.

REVIEWS.

A TEXTBOOK OF THE PRACTICE OF MEDICINE. By JAMES M. ANDERS, M.D., Ph.D., LL.D., Professor of Medicine and of Clinical Medicine in the Medico-Chirurgical College, Philadelphia, etc. Two volumes. London: Rebman Publishing Company. 1898. (Roy. 8vo, pp. 1,287; 78 illustrations. 36s.)

THIS book differs notably from the majority of American textbooks of medicine which are at present multiplying in so prolific a manner. These are in the main written from a rigidly scientific standpoint, and frequently suffer from the abstract view which is taken of disease. Dr. ANDERS's book, on the contrary, is essentially and avowedly clinical, the definitive teaching of a careful and experienced physician. The pathology of each disease is briefly given before its etiology, and due stress is laid upon bacteriology, though the author certainly gives the impression that his information under this head is not original. The clinical pictures of the various diseases are, as a rule, clear, and often striking, and their value is enhanced by a number of comparative tables illustrating differential diagnosis; no fewer than fifty-six of these will be found scattered through the work, and most of them are stated to be original. A considerable number of formulæ are introduced, and the doses in these are printed according to both the English and the metric system of weights and measures.

While the general scheme of the book and much of its application are to be praised, it must be confessed that the section relating to the nervous system is neither adequate nor accurate. The author has obviously failed to grasp some of the leading conceptions which underlie the fabric of modern neurology, and at the same time he has sought to incorporate these new scientific principles with the clinical study of the nervous system by older and in general less valuable means. The result can only be described as unfortunate; the description of the pyramidal tract on page 1020, for instance, is brimful of errors, even the direction in which it conducts being—possibly by accident—wrongly described.

The rest of the book is, as already indicated, of much greater value, and the clear and definite way in which it is paraphrased and classified make it well adapted for teaching purposes. The Latin and Greek terms employed require, however, careful revision, and the English reader is likely to be irritated by a particularly barbarous-looking system of orthography, which appears to have been extended in some measure to proper names. The work is printed in two volumes though continuously pagged; it has, consequently, an advantage as regards portability over most of the other books in the series to which it belongs.

MATERIA MEDICA, PHARMACY, PHARMACOLOGY, AND THERAPEUTICS. By W. HALE WHITE, M.D., F.R.C.P. London: J. and A. Churchill. 1898. (Crown 8vo, pp. 621. 7s. 6d.)

IT is scarcely necessary to attempt to review exhaustively a textbook which has reached a third edition in a comparatively short time, more particularly when the changes made in the volume are those necessitated by the publication of the new *Pharmacopœia*. In the present work, Dr. HALE WHITE has introduced the various changes so far as they concern the subjects dealt with in his textbook. He has therefore incorporated the alterations in strength, in doses, and to some extent in modes of preparation; moreover, he has reprinted from the *Pharmacopœia* the lists of drugs which have either been added to the present edition, or having been official in the 1885 *Pharmacopœia*, have now been omitted, or else transferred to the appendix for testing purposes. In the preface, in which these lists are placed, he also includes some instances in which the names of pharmacopœial substances have been altered altogether, with indications of the more important alterations of composition and of strength. It must not, however, be considered that this textbook embodies the whole of the alterations in the *British Pharmacopœia*; in fact, Dr. Hale White definitely states that the alterations

We regret to announce the death of JOHN THOMAS NICHOLSON LIPSCOMB, J.P., of St. Albans, on September 21st, in his 80th year. He received his medical education at Guy's Hospital, and was admitted a Member of the Royal College of Surgeons of England and a Licentiate of the Society of Apothecaries in 1841. He took the M.D. degree at St. Andrews in 1844, and was elected a Fellow of the Royal College of Surgeons in 1856. Dr. Lipscomb was Consulting Physician to St. Albans Hospital, Physician to the Marlborough Almshouses, Surgeon to Her Majesty's Prison at St. Albans, Medical Visitor of the Lunatic Asylum at Harpenden, and a Certifying Factory Surgeon. He was a Fellow of the Medical Society of London and a Member of the British Medical and St. Andrews Graduates Associations.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Ubald Laurier, of Quebec, brother of Sir Wilfrid Laurier, Prime Minister of Canada; and Dr. Max Wiener, Extraordinary Professor of Midwifery in the University of Breslau, aged 48.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL NAVY MEDICAL SERVICE.

The following appointments have been made at the Admiralty: BENJAMIN G. HEATHER, Surgeon, to the *Pembroke*, additional, for disposal, September 20th; ANDREW CLUCKIE, to be Surgeon and Agent at Stranraer and Cairn Ryan, September 26th; WELBY J. ANSON, M.B., to be Surgeon and Agent at Whitehaven, September 26th.

ROYAL ARMY MEDICAL CORPS.

LIEUTENANT-COLONEL W. H. MACNAMARA, M.D., is promoted to be Colonel, *vice* C. F. Pollock, retired, September 7th. Colonel Macnamara entered the service as Assistant-Surgeon, October 1st, 1867; became Surgeon, March 1st, 1873; Surgeon-Major, October 1st, 1878; was granted the rank of Lieutenant-Colonel, October 1st, 1887; and made Brigade-Surgeon-Lieutenant-Colonel, July 6th, 1893. He served in the Egyptian war in 1882 attached to the 1st Battalion of the Royal Irish Fusiliers, and was present at the battle of Tel-el-Kebir, receiving a medal with clasp and the Khedive's bronze star. He was also with the Nile Expedition in 1898 as Principal Medical Officer to the British Brigade, and was mentioned in despatches for his services.

Colonel R. DE LA C. CORBETT, M.D., D.S.O., who is serving in the Bengal Command, is appointed Principal Medical Officer, Oude and Rohilkund Districts.

INDIAN MEDICAL SERVICE.

LIEUTENANT-COLONEL C. W. CARR-CALTHROP, M.D., Bengal Establishment, is appointed to officiate as Principal Medical Officer, Assam District.

The retirement from the service of Surgeon-Colonel Sir GEORGE THOMSON, K.C.B., Bengal Establishment, dated July 6th, has received the approval of the Queen.

Lieutenant-Colonel JOSEPH O'BRIEN, M.D., Bengal Establishment, has retired from the service, August 10th. He joined the department as Assistant-Surgeon, April 1st, 1870, and became Brigade-Surgeon-Lieutenant-Colonel, May 6th, 1896. He was with the expedition against the Naga Hill tribes in 1879-80, and was present at the assault of Konoma, receiving the Frontier medal with clasp.

Surgeon-Lieutenant-Colonel KALI PADA GUPTA, M.B., Bengal Establishment, has also retired from the service, from June 26th. His first appointment dated from April 1st, 1879; that of Surgeon-Lieutenant-Colonel, April 1st, 1889.

The retirement from the service, dated September 8th, is also approved of Major ALEXANDER F. FERGUSON, M.D., who was appointed Assistant-Surgeon, October 2nd, 1880, and Surgeon-Major twelve years after. He served with the Burmese expedition in 1885-87 (medal with clasp).

THE VOLUNTEERS.

SURGEON-LIEUTENANT R. L. CLARK, M.B., 1st Cumberland Artillery, is promoted to be Surgeon-Captain, September 21st.

Mr. JOHN ALFRED FOX is reappointed Surgeon-Lieutenant in the 1st Cornwall Artillery (Duke of Cornwall's) (Western Division Royal Artillery), September 28th.

Surgeon-Lieutenants J. A. CLARK, M.B., A. MACDONALD, M.B., C. B. KER, M.B., and J. PRIE, M.B., the Queen's Rifle Volunteer Brigade, the Royal Scots (Lothian Regiment), are promoted to be Surgeon-Captains, September 28th.

Surgeon-Lieutenants C. J. JACOMB-HOOD, 1st Volunteer Battalion the Royal Sussex Regiment, and A. A. ABRAHAM, 5th Volunteer Battalion the Durham Light Infantry, are also promoted to be Surgeon-Captains, September 28th.

VOLUNTEER MEDICAL STAFF CORPS.

THE REV. C. G. DUFFIELD, M.A., is appointed Acting Chaplain to the Maidstone Company, September 21st.

THE RELIEF SEASON: ROYAL ARMY MEDICAL CORPS.

HOMEWARD.	
Nubia, October 7th.—	Majors Lucas and Stables, Captains Mason and Potter.
October 14th.—	Majors Russell and Baird, Captains Poole and Faichnie.
Delwara, November 11th.—	Majors Gerrard and Birch, Captains Knaggs and Begbie.
Dunera, November 26th.—	Majors Kirkpatrick and James, Captains Tacker and Buist.
Nubia, December 8th.—	Majors Winter, Anderson, and Hathaway, and Captain Alexander.
Simla, January 3rd, 1899.—	Majors Nichol, Johnston, and Daly; [Captain Crawford.
Delwara, January 13th.—	Majors Nicholson, Burtchap, and Fryer; Captain Symons.
Dunera, January 26th.—	Lieutenant-Colonel Thomsett, Majors Miles and E. Davies, Captains Holt and Lawson.
Nubia, February 10th.—	Lieutenant-Colonel Bennett, Majors Cree and Skinner, Captains Buchanan and Hennessey.
Simla, March 3rd.—	Majors Poole, Keogh, and Melville; Captains Pilcher and Tyacke.
Delwara, March 18th.—	Lieutenant-Colonel May, Majors Wills and Woodhouse, Captains Faichnie and Kellie.
Dunera, March 25th.—	Lieutenant-Colonel Anderson, Majors Fitzgerald and A. M. Davies, Captains Witness and Martin.

THE RANGE OF THE NEW TITLES.

We have received a number of letters on the subject of the permissive use of the new military titles. Our answers to such inquiries must, of course, be taken as purely speculative, having no official inspiration or authority. We are asked, Are medical officers of the Indian Medical Service, liable to recall, entitled to use them? We should say decidedly so; although we are not aware of any official authority so to use them, as in the case of army medical officers liable to recall. We think it would clear up doubt if the India Office would issue such authority.

The permissive use of the new titles by medical officers just retired, and yet not liable to recall, opens up a distinct question. It seems hard that such officers should be debarred from using them; yet we presume a line must be drawn. For instance the old surgeon-majors who received the title after twenty years' service only were considerably handicapped when the designation was conferred on those promoted after twelve years' service, because the old hands ranked as lieutenant-colonels and the new ones as majors. In the same manner, when the title surgeon-general was revived, the old inspectors of hospitals could not claim it. There are even anomalies connected with the new titles; there is, for instance, nothing in the rank of lieutenant-colonel to distinguish those in the superior former rank and still recognised rank of brigade-surgeon from an unpromoted and unselected lieutenant-colonel who has just completed twenty years' full pay service. These anomalies will probably in time call forth some official ruling; meanwhile they are undoubtedly perplexing.

The accident of employment under a certain clause of the Pay Warrant confers the new titles on retired officers, and of course those who may be employed in the near future will also assume them, but those not so employed continue, as our correspondent puts it, "weighed down" with the cumbersome compound titles. He suggests that the new titles should at least be permissive to all, whether retired, liable to recall or not, who on retirement bore the compound titles, and the suggestion is worthy of consideration.

SICK TRANSPORT IN INDIA.

The following comments appear in the course of a leading article in the *Times of India* on The Transport Problem. They are worth reproduction, as they substantiate what has already been stated in the *BRITISH MEDICAL JOURNAL*, and they should be instructive to the Committee now sitting at Simla to inquire into these matters: "The great problem of transport for the sick and wounded will have to be taken up by the Committee. And here again, apart from the question of stretchers and ambulance, the great and all-important item of the personal element comes in. It is not of the least advantage to have the most carefully-devised appliances, if there are no men, or not the right sort of men, to carry them. This want has been much felt in recent campaigns, and a remedy will have to be found. The Transport Department, which is at present responsible for the recruitment of the bearers, declares that the old class of *kahars* is extinct, and that, therefore, resource has perforce to be made to inferior material. The medical authorities, on the other hand, declare that there are many thousands of *kahars* who would gladly enter the Government service under more popular conditions. What these conditions are it will be for the Committee to thresh out: but one point stands out clear, that whether the bearer establishment remains under the Transport Department, or is transferred to the Medical Department, the personal element, the actual feeling of protection which the close control of a British officer ensures, must be insisted on."

VOLUNTEER AMBULANCE INSTRUCTION.

THE Volunteer Ambulance School of Instruction has issued a syllabus of courses of instruction and classes for training of stretcher-bearers. Two classes will be held, an elementary and an advanced, both of which commence on October 3rd, and are to be held at the London Rifle Brigade Headquarters. Prizes are offered for competition in both classes, that for the senior being given by the senior medical officer. Entries may also be made for the Challenge Bowl presented by Surgeon-General Hamilton, which is at present held by the Commanding Officer of the London Scottish R.V. At the competition, those members obtaining half marks are allowed to go up for the official examination for the Army Ambulance Certificate, which entitles them to wear the new permanent badge

for regimental stretcher-bearers. Medical men serving in the ranks are eligible for the official examination, but are not allowed to enter for the prize competition.

GERMAN VOLUNTEER AMBULANCE SERVICE.

According to the *Standard*, the German Emperor has ordered a new organisation, uniform, and equipment for the male volunteers for the ambulance service in time of war. They are to be organised in four classes—namely, those attached to the military hospitals, those who accompany the troops, those entrusted with the transport of the sick and wounded, and those attached to magazines. They are to be further organised in bodies consisting of two sections each of twelve men. The uniform is to be a blouse of grey cloth with shoulder pieces, the collar bearing a red cross on a white ground. Trousers and cloak are also to be grey, and the hat white with a black band. The leaders are to have silver badges indicating their rank. Each man is to have a knapsack or satchel of brown waterproof cotton, a bread bag and aluminium water bottle, and a cup and cooking utensils. Tools and materials for erecting tents are to be distributed among the men.

GALLANT CONDUCT OF A NAVAL SURGEON.

A PRIVATE account of the fighting at Candia by an officer on board H.M.S. *Astrea*, published in the *Times* of September 19th, says: "The *Hazard's* men behaved magnificently, and I hope they get something out of it. Their doctor should get the V.C. His clothes were shot through in at least a dozen places whilst he was helping the wounded, and he escaped marvellously without a scratch."

The "doctor" here alluded is, according to the official *Navy List* for April, Surgeon William J. Maillard, H.M.S. *Hazard* (Mediterranean service) appointed in August, 1897.

THE VICTORIA CROSS.

MILES writes: With reference to the editorial remarks in the *BRITISH MEDICAL JOURNAL* of September 17th on "Surgeon-General's (Retired)" letter drawing attention to a paragraph in the *World* of August 31st, I am able to throw some light on the subject. The writer in the *World* is perfectly correct in what he has stated. I am in constant touch with men who know what is going on, and I have been informed from a very reliable source that the present Commander-in-Chief has expressed a view that the V.C. was never intended for doctors; and I have little doubt that this feeling on the part of the present Commander-in-Chief will be carried out to its practical conclusion, at all events as long as he occupies the chair.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF ST. ANDREWS.

THE St. Andrews University Court have appointed Robert Muir, M.A., M.D. Edin., Professor of Pathology, and J. A. C. Kynoch, M.B., C.M., Dundee, Professor of Midwifery.

UNIVERSITY OF DURHAM.

THIRD EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.—The following candidates have satisfied the Examiners:

Second Class Honours.—J. R. Burn, College of Medicine, Newcastle-upon-Tyne; F. W. Lambelle, College of Medicine, Newcastle-upon-Tyne; R. H. Dix, College of Medicine, Newcastle-upon-Tyne; T. S. P. Parkinson, College of Medicine, Newcastle-upon-Tyne; R. Peart, College of Medicine, Newcastle-upon-Tyne.

Pass List.—R. Alderson, College of Medicine, Newcastle-upon-Tyne; C. H. Brookes, St. George's Hospital; H. Eggleston, College of Medicine, Newcastle-upon-Tyne; J. J. French, College of Medicine, Newcastle-upon-Tyne; D. M. Johnston, St. Bartholomew's Hospital; F. Stuart, College of Medicine, Newcastle-upon-Tyne; Eleanor Shepherd, London School of Medicine for Women; W. J. Symes, Sheffield School of Medicine; L. S. Smith, Mason College, Birmingham; R. H. Vincent, St. Bartholomew's Hospital; E. S. Wilkinson, St. Bartholomew's Hospital.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, September, 1898.—The following candidates passed in:

Surgery.—G. H. Bedford (Section I), Guy's Hospital; F. P. Bush, Guy's Hospital; H. H. Cotman (Section I), Aberdeen and London Hospital; H. L. Heath (Section II), Toronto and Cambridge; J. W. King (Sections I and II), Charing Cross Hospital; E. C. Scarlett (Section I), Royal Free Hospital; A. E. Shaw, Cambridge and St. Thomas's Hospital.

Medicine.—C. G. Catterall (Section I), Leeds and Westminster Hospital; H. Cooper, Aberdeen; H. H. Cotman (Section I), Aberdeen and London Hospital; H. L. Heath (Section II), Toronto and Cambridge; W. M. Hocken, Liverpool.

Forensic Medicine.—C. G. Catterall, Leeds and Westminster Hospital; W. M. Hocken, Liverpool.

Midwifery.—C. G. Catterall, Leeds and Westminster Hospital; H. H. Cotman, Aberdeen and London Hospital; E. L. D. Dewdney, King's College Hospital; L. Liebster, Vienna; A. H. Safford, King's College Hospital.

The diploma of the Society was granted to Messrs. H. L. Heath and J. W. King.

THE annual meeting of the Reading Pathological Society will be held on Thursday, October 6th, when Mr. Malcolm Morris will deliver an address on the Use and Abuse of Internal Remedies in the Treatment of Skin Diseases.

MEDICO-LEGAL.

EMPLOYERS' LIABILITY ACT.

J. A. G.—The paragraphs in question were only intended to point out that an employer could not insist on his injured employee being attended by his own doctor, though he could demand that the injury should be certified by the latter.

SUPERANNUATION UNDER LOCAL GOVERNMENT (IRELAND) ACT.

W. J. S. writes: With reference to the various explanations of the provisions of the recently passed Local Government Act for Ireland dealing with the superannuation of Poor-law medical officers which have appeared in the *BRITISH MEDICAL JOURNAL*, would it not be well if you quoted in detail the portion of the Acts and rules relating to, and the scale governing superannuation in Her Majesty's Civil Service? I have been informed that a medical officer who will have completed ten years' service or upwards on the "appointed day," namely, March 31st, 1899, will be entitled to a superannuation allowance according to this scale, if he then or at any future time resigns his office. I should be glad to know if this is the case. If it is, the position of Poor-law medical officers in Ireland has been very much improved by the Local Government Act.

. It has already been pointed out in the *JOURNAL* that Section CXVIII of the Local Government (Ireland) Act, 1898, applies to a medical officer who is entitled to a superannuation allowance under the Medical Officers' Superannuation (Ireland) Acts of 1865 and 1869, and apparently to him alone. As regards the claim of such a medical officer to a retiring allowance on the scale of Her Majesty's Civil Service, Section II of the Superannuation Act, 1859 (22 Vic., c. 26) provides as follows: "Subject to the exceptions and provisions hereinafter contained, the superannuation allowance to be granted after the commencement of this Act to persons who shall have served in an established capacity in the permanent Civil Service of the State, whether their remuneration be computed by day pay, weekly wages, or annual salary, and for whom provision shall not otherwise have been made by Act of Parliament, or who may not be specially excepted by the authority of Parliament, shall be as follows (that is to say): To any person who shall have served ten years and upwards and under eleven years, an annual allowance of ten-sixtieths of the annual salary and emoluments of his office. For eleven years and under twelve years, an annual allowance of eleven-sixtieths of such salary and emoluments. And in like manner a further addition to the annual allowance of one-sixtieth in respect of each additional year of such service, until the completion of a period of service of forty years, when the annual allowance of forty-sixtieths may be granted; and no addition shall be made in respect of any service beyond forty years."

SUPERANNUATION UNDER THE ACT OF 1866.

POOR LAW writes: In the event of a Poor-law officer having (on appointment many years ago) made an error in stating his age, would there be any trouble when at 65 he claims his superannuation under the Act?

. We think it not unlikely that there would be some trouble in such a case. We gather that "Poor Law" has made one statement about his age which he then expected the guardians to accept, and he now contemplates making another at variance with the first. It is probable that the guardians will regard as correct the one which best suits their side of the question. As "Poor Law" knows better than we do what class of guardians he has to deal with, he can best judge of the difficulty which he has now to face.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,520 births and 5,072 deaths were registered during the week ending Saturday last, September 24th. The annual rate of mortality in these towns, which had been 24.6 and 24.0 per 1,000 in the two preceding weeks, further declined to 23.6 last week. The rates in the several towns ranged from 15.9 in Portsmouth, 16.2 in West Ham, 16.4 in Swansea, and 18.5 in Leicester, to 32.4 in Manchester, 35.8 in Salford, 37.0 in Sunderland, and 38.7 in Gateshead. In the thirty-two provincial towns the mean death-rate was 24.9 per 1,000, and exceeded by 3.3 the rate recorded in London, which was 21.6 per 1,000. The zymotic death-rate in the thirty-three towns averaged 6.8 per 1,000; in London the rate was equal to 5.1 per 1,000, while it averaged 7.9 in the thirty-two provincial towns, among which the highest zymotic death-rates were 13.2 in Bolton, 13.3 in Salford, 14.9 in Sunderland, and 16.1 in Gateshead. Measles caused a death-rate of 1.1 in Plymouth; whooping-cough of 1.1 in Sunderland; "fever" of 1.8 in Sunderland; and diarrhoea of 10.9 in Hull, 11.2 in Norwich, 11.8 in Salford, 12.0 in Sunderland, 12.3 in Bolton, and 15.1 in Gateshead. The mortality from scarlet fever showed no marked excess in any of the large towns: The 51 deaths from diphtheria in the thirty-three towns included 29 in London, 5 in Swansea, and 4 in Liverpool. No fatal case of small-pox was registered during the week under notice, either in London or in any of the thirty-two large provincial towns; and only 1 small-pox patient

was under treatment in the Metropolitan Asylums Hospitals on Saturday last, September 24th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had increased from 2,178 to 2,319 at the end of the four preceding weeks, had further risen to 2,353 on Saturday last; 288 new cases were admitted during the week, against 238, 273, and 242 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, September 24th, 957 births and 595 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 23.0 and 18.8 per 1,000 in the two preceding weeks, rose again to 19.7 last week, but was 3.9 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 13.6 in Perth and 14.1 in Aberdeen to 21.4 in Edinburgh and 21.4 in Glasgow. The zymotic death-rate in these towns averaged 5.2 per 1,000, the highest rates being recorded in Paisley and Greenock. The 298 deaths registered in Glasgow included 5 from diphtheria, 10 from whooping-cough, 4 from "fever," and 55 from diarrhoea. Four fatal cases of scarlet fever and 20 of diarrhoea were recorded in Edinburgh, and 6 deaths were referred to "fever" in Paisley.

DOMESTIC WATER SUPPLIES.

M.O.H. wishes to know if it is his duty to test a sample of water from the water supply to every new building in his district before the sanitary inspector gives his certificate. His District Council wish him to be responsible.

. The question of actual testing is one to be determined in each case by "M.O.H." himself. Some supplies are obviously bad and chemical tests can only measure the proportion of organic pollution at the time the sample was taken. Any water subject even to occasional pollution from animal excreta is unfit for a drinking supply, whatever proportion of organic ammonia or oxidised nitrogen a single analysis may reveal. It is right to condemn such waters even without an analysis. A few waters are so obviously above suspicion that an analysis may be dispensed with. Where a legal contest is likely to arise it is better to suggest to the authority that the services of the public analyst, and in some cases even of the professional bacteriologist, should be invoked. It is certainly the duty of the medical officer of health to make himself acquainted with the nature of the water supply in his district. A qualitative analysis is often of assistance, supplemented occasionally by a quantitative estimate of ammonia and organic ammonia, chlorine, and oxidised nitrogen. The most important evidence, however, is not that of the test tube.

MEDICAL NEWS.

DINNER TO DR. EDGAR FLINN.—On Saturday last Dr. Edgar Flinn, who has recently been appointed a medical inspector on the permanent staff of the Irish Local Government Board, was entertained at dinner in the Royal Marine Hotel, Kingstown, by his friends. The toast of the evening was proposed by Mr. Swan, President of the College of Surgeons, who paid a fitting tribute to Dr. Flinn's marked abilities, and congratulated him upon his appointment to the high office which he now holds. The toast was received with enthusiasm, and Dr. Flinn replied.

DR. W. G. GRACE AND THE BRISTOL GUARDIANS.—Dr. W. G. Grace, the cricket champion, has, it is stated, a little difference with the Bristol Board of Guardians. The Board recently re-arranged their medical officers' districts, and required those taking appointments to be at a surgery in a district away from their residence. Dr. W. G. Grace, who was one of the old officers of the Board reappointed, declines to accept office under the altered conditions, and has intimated to the guardians his intention to send in a claim for superannuation and compensation.

THE GUILD OF ST. LUKE.—The Medical Service in State at St. Paul's Cathedral originated by the Guild of St. Luke has been such a success in the two previous years that apparently it may now be regarded as an annual function. We understand that this year it will take place on October 19th at 7.30 P.M., when the Bishop of London will preach and the London Gregorian Association will provide the music for the service. Graduates and Fellows of the Colleges are requested to attend in academical costume, but practitioners not wearing robes are equally welcome. All medical men residing in London will receive letters of invitation, but provincial practitioners wishing to attend are asked to apply for tickets to the Registrar of the Guild, Dr. Russell Wells, 24, Somerset Street, Portman Square, W. This year's service will be

notable as furnishing the first opportunity in London for Fellows of the Royal College of Surgeons to appear in the special gowns granted them by the Council of the College.

MORPHINOMANIA IN PRUSSIA.—According to official statistics recently collected as to the prevalence of the morphine habit in Prussia, it appears that of 92 male victims of the habit under treatment in institutions in Prussia in the year 1895, nearly one-third (30) belong to the medical profession. Among 18 married women under treatment for the same habit, there are 3 wives of medical men.

A LADY INSPECTOR UNDER THE INFANT LIFE PROTECTION ACT.—Mrs. S. A. Lofthouse, of Newlands Park, Sydenham, the widow of a physician and surgeon, has been appointed Inspector of the Kingston Union under the new Infant Life Protection Act at a salary of £100 per annum. There were 177 applicants for the post, of whom 31 were from ladies.

CORNELL UNIVERSITY.—The Medical Department of Cornell University has received from Colonel Oliver H. Payne a donation of one and a-half million of dollars (£300,000) for the erection of new buildings. These are to be erected in New York. This magnificent gift will, it is said, place the Cornell Medical Department among the foremost in the United States. The curriculum will be of four years, the first two of which may be taken at Ithaca.

SOCIETY FOR THE STUDY OF INEBRIATES.—A quarterly meeting of this Society will be held in the rooms of the Medical Society on Thursday, October 6th, at 4 P.M.; Dr. Norman Kerr, President, in the chair. The President will read a paper entitled a Reply to Dr. Archdall Reid's Biological Attack on the Temperance Movement. A report on the Therapeutic Prescription of Alcohol in the Trinidad Hospitals will be presented by Surgeon-General the Hon. F. H. Lovell, C.M.G.

THE GRESHAM LECTURES.—Dr. E. Symes Thompson, Gresham Professor of Medicine, will deliver four lectures in Gresham College, Basinghall Street, E.C., on October 4th, 5th, 6th, and 7th, at 6 P.M. The subject of the lectures will be the Borderland between Health and Disease. The first lecture will deal with the Borderland between Sleep and Waking, the second with Pain and Ease, the third with Normal and Abnormal Nerves, and the fourth with the Borderland between Sanity and Insanity.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—This Society has secured considerably extended accommodation for its members in the new wing of the West London Hospital, through the kindness of the authorities. Its membership of over 500 produced such a large attendance during the last year that the space afforded by the Board room of the hospital was wholly inadequate. The first meeting of the winter session 1898-99 will be held on Friday, October 7th, at 8.30 P.M., when the President, Dr. S. D. Clippingdale, will deliver his opening address on Some Considerations of the Life and Work of a General Practitioner.

RAILWAY ACCIDENTS IN AMERICA.—From statistics furnished by the Interstate Commission it appears that the total number of casualties to persons on account of railway accidents in the United States for the year ending June 30th, 1897, was 43,168. Of these casualties, 6,437 resulted in death, and 36,731 in injuries of varying character. Of railway employees, 1,693 were killed and 27,667 were injured during the year. The total number of passengers killed during the year under review was 222, injured 2,795; 93 passengers were killed and 1,011 injured in consequence of collisions and derailments. Other than employees and passengers the total number of persons killed was 4,522, injured 6,269. Included in these figures are casualties to persons classed as trespassers, of whom 3,919 were killed and 4,732 were injured. From summaries showing the ratio of casualties it appears that 1 out of every 486 employees was killed, and 1 out of every 30 employees was injured during the year. One passenger was killed for every 2,204,708 carried, and 1 injured for every 175,115 carried. Basing ratios upon the number of miles travelled, it appears that 55,211,440 passenger miles were accomplished for each passenger killed, and 4,385,309 passenger miles for each passenger injured.

THE Russian Minister of Public Instruction has, it is announced, issued a decree forbidding young girls studying in the universities and schools of music and art of Russia to wear stays. In explanation of his decision, the Minister states that, from a careful inspection of girls' schools, he has been led to the conclusion that the wearing of stays is injurious to health and hinders physical development.

MEDICAL VACANCIES.

The following vacancies are announced :

- 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 AND MIDLAND EAR AND THROAT HOSPITAL.** Edmund Street, Birmingham.—House-Surgeon. Appointment for six months. Honorarium, £21 on completion of appointment, with board, lodging, and washing. Applications to the Honorary Secretary of the Medical Committee by October 15th.
- BRIGHTON: SUSSEX COUNTY HOSPITAL.**—Fourth Resident Medical Officer. Unmarried, and under 30 years of age. Salary, £30 per annum, with board, washing, and residence.—Applications to the Secretary by October 5th.
- CAMBRIDGE: ADDENBROOKE'S HOSPITAL.**—Resident House-Physician. Salary £65 per annum, with board, lodging, and washing. Applications to the Secretary by December 3rd.
- CARMARTHEN JOINT COUNTIES ASYLUM.**—Second Assistant Medical Officer: age not to exceed 30 years. Salary, £120 per annum, increasing to £140, with board, residence, attendance, and washing (5 allowed in lieu of stimulants). Applications to the Medical Superintendent, by October 8th.
- CANTERBURY: KENT AND CANTERBURY HOSPITAL.**—Assistant House-Surgeon: unmarried. Salary £50 per annum, with board and lodging. Applications to the Secretary by October 15th.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.** Gray's Inn Road, W.C.—House-Surgeon. Board and residence provided. Applications to the Secretary by October 8th.
- CROYDON GENERAL HOSPITAL.**—House-Surgeon. Salary £100, increasing to £120 per annum, with board and residence. Applications to the Secretary by October 4th.
- ELLESMERE URBAN AND RURAL DISTRICTS.**—Joint Medical Officer of Health. Salary, £30 per annum. Applications to the Clerk to the Joint Committee, Ellesmere, by October 3rd.
- HOSPITAL OF ST. FRANCIS.** New Kent Road, S.E.—Assistant Physician and Assistant Surgeon. Applications to Philip Tovey, Hon. Secretary.
- HOSPITAL FOR SICK CHILDREN.** Great Ormond Street, Bloomsbury.—Resident Medical Superintendent. Salary, £105 per annum, with board and residence. Applications (on forms provided) to the Secretary by October 18th.
- KENT COUNTY ASYLUM.** Chartmarn, near Canterbury.—Third Assistant Medical Officer: unmarried and under 30 years of age. Commencing salary, £120, with board, washing, and furnished apartments. Applications to the Medical Superintendent by October 10th.
- LEEDS: GENERAL INFIRMARY.**—Resident Ophthalmic Officer. Salary £50 per annum, with board and lodging. Applications to the Secretary to the Faculty by October 4th.
- LIVERPOOL: UNIVERSITY COLLEGE (VICTORIA UNIVERSITY).**—Professor of Midwifery and Gynecology. Applications to the Registrar by October 8th.
- LONDON COUNTY ASYLUM.** Claybury, Woodford Bridge, Essex.—Junior Assistant Medical Officer, between 23 and 30 years of age. Salary, £150 per annum, with board, furnished apartments, and washing.—Applications to R. W. Partridge, Clerk, Asylums Committee Office, 21, Whitehall Place, S.W., by October 5th.
- LONDON HOSPITAL.** Whitechapel, E.—Assistant Surgeon. Applications to House Governor by October 14th.
- MACCLESFIELD GENERAL INFIRMARY.**—Senior House-Surgeon. Salary, £100 the first year and £110 the second year, with board and residence. Applications to the Secretary by October 12th.
- MIDDLESBOROUGH-ON-TEES: NORTH RIDING INFIRMARY.**—House-Surgeon. Salary, £100 per annum, with lodging, board, and washing, and £5 a year instead of beer. Applications marked "Application for post of House-Surgeon," to the Secretary by October 11th.
- NORTHAMPTON GENERAL INFIRMARY.**—Junior Assistant House Surgeon. Appointment for six months. Board, lodging, washing, and honorarium of £10.—Applications to the House-Surgeon by October 8th.
- OLDHAM INFIRMARY.**—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications to the Rev. Philip Lancashire, M.A., Honorary Secretary, by October 11th.
- PADDINGTON GREEN CHILDREN'S HOSPITAL.** W.—House-Physician and House-Surgeon. Appointments for six months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by October 8th.
- PLYMOUTH: SOUTH DEVON, AND EAST CORNWALL HOSPITAL.**—Assistant House Surgeon for six months, but renewable. Salary at the rate of £50 per annum, with board and residence. Applications to the Honorary Secretary by October 5th.
- 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 October 5th.
- ROYAL FREE HOSPITAL.** Gray's Inn Road, W.C.—Senior Resident Medical Officer. Salary £100 per annum, with board, residence, and washing. House Physician and Casualty House Surgeon, appointments of two latter for six months. No salary, but board, etc., provided. Applications to the Secretary by October 10th.
- ROYAL HOSPITAL FOR CHILDREN AND WOMEN.** Waterloo Bridge Road, S.E.—Resident Medical Officer. Appointment for twelve months. Salary, £70 per annum, with board, lodging, and washing. Applications to T. S. Conisbee, Secretary, by October 12th.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST.** City Road, E.C.—House Physician. Appointment for six months. Salary at the rate of £40 per annum, with board, lodging, and washing. Applications to the Secretary by October 5th.
- ROYAL ORTHOPÆDIC HOSPITAL.** 297, Oxford Street, and 15, Hanover Square, W.—House Surgeon and Anesthetist: unmarried. Appointment for six months, but eligible for re-election. Salary £100 per annum, with partial board and residence. Applications to the Secretary by October 8th.
- ST. THOMAS'S HOSPITAL.**—Surgeon: must be F.R.C.S. Eng. Applications to E. M. Hardy, Treasurer's Clerk, by October 1st.
- SOUTHAMPTON: ROYAL SOUTH HANTS INFIRMARY.**—House Surgeon. Salary £100 per annum, with apartments, board, and washing. Applications to the Secretary by October 5th.
- SOUTHPORT EYE, EAR, AND THROAT HOSPITAL.**—Honorary Surgeon to the Throat Department. Applications to the Honorary Secretary, 8, Scarsbrick Street, Southport, by October 10th.
- SWANSEA GENERAL AND EYE HOSPITAL.**—House Surgeon. Appointment for one year. Salary, £50 per annum, with board, apartments, washing, and attendance. Applications to W. D. Hughes, Secretary, by October 10th.
- VENTNOR, ISLE OF WIGHT: ROYAL NATIONAL HOSPITAL FOR CONSUMPTION.**—Assistant Resident Medical Officer: unmarried. Salary £80 per annum, with board and lodging. Applications to the Board of Management, 34, Craven Street, Charing Cross, by October 6th.
- WEST HAM HOSPITAL.** Stratford, E.—Junior House Surgeon. Appointment for one year, but eligible for election as Senior. Salary £50 per annum, with board, residence, etc. Applications to the Secretary by October 3rd.

MEDICAL APPOINTMENTS.

- BUIST, R. C., M.D.**, appointed Medical Officer in the Department of Obstetrics and Gynecology of the Dundee Royal Infirmary.
- CAIRNS, L. M., M.B., C.M. Edin.**, appointed House-Surgeon to the Cumberland Infirmary, Carlisle.
- CROSSLEY, H. J., M.R.C.S. Eng., L.R.C.P. Lond.**, appointed Junior Resident Assistant Medical Officer to the Crumppall Workhouse Infirmary, Manchester.
- DOMMISSE, F., M.B., Ch.B.**, appointed Clinical Assistant to the Chelsea Hospital for Women.
- GAMAN, F. R. S., M.R.C.S. Eng., L.R.C.P. Lond.**, appointed Medical Officer of Health to the Caistor Rural District Council and Medical Officer for the No. 1 District and the Workhouse of the Caistor Union, *vice* Alex. Cameron, M.D. Glasg.
- GODSON, John H., M.B.**, reappointed Medical Officer of Health to the Cheadle and Gable Urban District Council.
- GRIFFITHS, John Crisp, M.B., B.Sc. Lond., M.R.C.S., L.R.C.P.**, appointed Medical Officer and Public Vaccinator for the Tealy District of the Caistor Union.
- KERR, P. Murray, M.B., C.M. Edin.**, appointed Surgeon to the Dumfries and Galloway Royal Infirmary, *vice* Dr. Lorraine, resigned.
- KYNCH, J. A. C., M.B., C.M.**, appointed Medical Officer in the Department of Obstetrics and Gynecology of the Dundee Royal Infirmary.
- MOLESWORTH, T. H., M.B., B.C., M.R.C.S.**, appointed Senior House-Surgeon to the Stockport Infirmary.
- PATON, B. Lewis, B.A., M.B., C.M.**, appointed Clinical Assistant to the Chelsea Hospital for Women.
- PECK, Herbert, M.B.**, appointed Medical Officer of Health to the Chesterfield Urban District Council.
- PERROT, Dr. C.**, appointed Medical Officer for the Kingswood, Oldland, and Hanham Abbot District of the Warmley Union, *vice* R. W. Brimacombe, M.R.C.S. Eng., L.R.C.P., resigned.
- RAY, J. H., M.B. Vict., Ch.M.**, appointed Medical Officer to the Salford School Board.
- REID, Stuart B., M.A. Cantab., M.R.C.S. Eng., L.R.C.P. Lond.**, appointed House-Surgeon to the East London Hospital for Children, Shadwell, E., *vice* W. Evans, M.R.C.S., L.R.C.P., resigned.
- RICHARDS, H. Meredith, M.D. Lond.**, appointed Medical Officer of Health to the Dronab District of the Caistor Union, *vice* A. Mackintosh, M.D.
- RICHMOND, Reginald T., B.A. Cantab., M.R.C.S. Eng., L.R.C.P. Lond.**, appointed Assistant House-Surgeon to the Salisbury General Infirmary, *vice* S. Gross, resigned.
- ROWLANDS, Hugh P., M.D. Durh.**, reappointed Medical Officer for the Llanegryn District of the Dolgelly Union.
- STRATTON, Percy H., M.R.C.S. Eng., L.R.C.P. Lond.**, appointed House-Surgeon to the Children's Hospital, Bradford.
- TURNER, P., M.B., B.Sc. Durh., M.R.C.S., L.R.C.P.**, appointed House-Surgeon to the Kent County Ophthalmic Hospital, Maidstone.
- WILSON, George, M.D.**, reappointed Medical Officer of Health to the Meriden Rural District Council.

DIARY FOR NEXT WEEK.

TUESDAY.

- Gresham College.** Basinghall Street, E.C., 6 p.m.—Dr. E. Symes Thompson: On the Borderland between Health and Disease. Gresham Lecture I.

WEDNESDAY.

- Obstetrical Society of London.** (8 p.m.)—Specimens will be shown. Papers:—Drs. J. and A. R. Walters: Case of Puerperal Septicæmia treated by Antistreptococcus Serum. Dr. Cullingworth: Early Ectopic Gestation.
- Gresham College.** Basinghall Street, E.C., 6 p.m.—Dr. E. Symes Thompson: On the Borderland between Health and Disease. Gresham Lecture II.

THURSDAY.

- Society for the Study of Inebriety.** 11, Chandos Street, Cavendish Square, W., 4 p.m.—Dr. Norman Kerr: Reply to Dr. Archdall Reid's Biological Attack on the Temperance Movement. Surgeon-General the Hon. F. H. Lovell: Report on the Therapeutic Prescription of Alcohol in the Trinidad Hospitals.
- London Temperance Hospital.** 2 p.m.—Dr. Soltan Fenwick: Clinical Demonstration to Senior Students.
- Gresham College.** Basinghall Street, E.C., 6 p.m.—Dr. E. Symes Thompson: On the Borderland between Health and Disease. Gresham Lecture III.

FRIDAY.

- West London Medico-Chirurgical Society.** W. London Hospital, Hammer-smith, W.—Opening Address by the President, Dr. S. D. Clippingdale: On Some Considerations of the Life and Work of a General Practitioner.
- Gresham College.** Basinghall Street, E.C., 6 p.m.—Dr. E. Symes Thompson: On the Borderland between Health and Disease. Gresham Lecture IV.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 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.

MARRIAGES.

- BLABER—DAWSON.**—On September 22nd, at St. Patrick's Church, Hove, by the Rev. B. Daniel-Tyssen, M.A., Vicar, assisted by the Rev. T. H. Hall, M.A., Curate, Percy Leonard Blaber, M.R.C.S. Eng., L.R.C.P. Lond., of Sunnyside, Shootup Hill, West Hampstead, youngest son of William Blaber, of 34, Cromwell Road, Hove, and "Beckworth," Lindfield, Sussex, to Agnes Frances (Ellie), second daughter of Richard Dawson, M.B. Lond., of 15, Brunswick Square, Hove.
- BRICE—CARMICHAEL.**—On September 24th, at the Parish Church, Aldridge, by the Rev. C. M. Roberts, B.D., Rector of Aldridge, Ernest Brice, L.R.C.P., L.R.C.S., L.F.P.S., of Chaseterrace, seventh son of the late John Brice, of Leicester, and of Warkworth, Derbyshire, to Olive Gorrice, eldest daughter of Peter Carmichael, of Chaseterrace, near Walsall. No cards.
- CHAMBERS—CANNINGTON.**—On September 21st, at Wesley Chapel, Waterloo, by the Rev. H. J. Pope, D.D., of London, uncle of the bridegroom, assisted by the Rev. T. Hardwick Mawson, of Newcastle-on-Tyne, Albert John Chalmers, M.D., F.R.C.S., younger son of the late Rev. James Chalmers, M.A., to Alice, second daughter of Edwin Cannington, J.P., of Beach Lawn, Waterloo, Lancashire.
- DEAN—GERRIE.**—At the Free Church Manse, Banff, on September 16th, by the Rev. and McWille, D.D., Edinburgh, uncle of the bride, George Dean, M.A., M.B., C.M., British Institute of Preventive Medicine, London, to Laura Hope, daughter of the Rev. J. Watson Geddie, B.A., Free Church, Banff.
- WALLERS—HOLT.**—On September 21st, at the Parish Church, Blackburn, by the Right Rev. Bishop Cramer Roberts, D.D., assisted by the Rev. F. W. E. Chadwick, B.A., William Wallers, M.R.C.S., Blackburn, youngest son of the late Thomas Wallers, of Manchester, to Lily, only daughter of Geo. H. Holt, A.M. Inst. C.E., Helmsley, Blackburn. At home Thursdays and Fridays, October 20th, 21st, 27th, and 28th.

DEATHS.

- LIPSCOMB.**—On September 21st, at St. Albans, John Thomas Nicholson Lipscomb, M.D. St. Andrews, F.R.C.S. Eng., in his 86th year.
- WILLIS.**—On September 15th, at Oak House, Monmouth, George Willis, M.D., J.P. County of Monmouth, in his 76th 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*—1-p., Tu., 2.30; o-p., F., 2.
CHARING 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.
CHURCH 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. Th., 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., 2; o-p., W. S., 1.30; 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., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu., 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., 3.
NORTH-WESTERN. *Attendances*—Medical, daily, exc. S., 2 S., 10; Surgical, daily, exc. W., 2, W., 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 Ovarian, 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. S., 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., 2.30.
ST. MARY'S. *Attendances*—Medical and Surgical, daily, 1.45; o-p., 12.45; Obstetric, Tu. F., 1.45; 10; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-therapeutics, M. Th., 9.30; 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; 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, F., 2; o-p., 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., 2; Electric, 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, 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 *Articulate, 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.

HEMIPLEGIC.—A member who is a right hemiplegic of nine months' standing would be glad of suggestions as to treatment.

J. HERBERT DIXON, M.B., C.M. Edin. (Birkenhead) would be glad to have any information in reference to the Pacific Islands' drug, "kava-kava," or to know from what source he could obtain any information.

M.B. will be grateful for information as to (a) the best books to read for the B.S. Lond.; (b) the amount of anatomy which it is requisite to read for this examination.

X. Y. Z. asks if anyone can inform him if there are published any large printed sheets or circulars with instructions as to precautions to be taken against lead poisoning, suitable for posting up in works where lead is used in such a form as is likely to be a source of danger to the employer.

A. B. C. asks to be referred to any account of instances where it has been shown that, owing to milch cows drinking sewage-polluted water, their milk became vitiated and caused illness among persons consuming it. The idea of drinking milk from such a source is repulsive; but the average bucolic mind resents fault being found with the milk on this score, among others, that a cow will take such water in preference to that from a pure spring.

PRACTITIONER OF FIFTEEN YEARS' STANDING will be grateful if a candidate who has recently obtained the M.D. Durh. for practitioners will advise him (a) as to the work required for the Latin, Greek, Moral Philosophy, etc., part of the examination, and the nature of that examination; and (b) as to the books recommended for reading for the second part; (c) if it is advisable to read with a tutor?

KING WILLIAMSTOWN, SOUTH AFRICA.

INQUIRENS asks for information about the suitability or otherwise of King Williamstown, South Africa, for a patient in the commencing stage of phthisis.

*We have referred our correspondent's question to Dr. Alfred P. Hillier, who writes as follows: King Williamstown is approximately about 800 feet above sea level. It is among those districts which I classify as "coast terraces," and by no means so adapted to phthisical cases as the towns of the interior plateaux. In deciding whether any particular district is or is not suitable, however, one has to be guided by the stage of phthisis reached in the subject under consideration.

BLACKWATER FEVER AND HÆMOGLOBINURIA.

W. S. writes: In Dr. Moffat's interesting letter on the above subject he states as his opinion that the only treatment for malaria is quinine, but adds that patients say: "It (quinine) makes me deaf," "gives me a head," "upsets my stomach," "nauseous taste." It would be of interest to hear from Dr. Moffat if he has observed any variations in the effects of the different salts of quinine, as I have lately used a tasteless salt of this drug called equinine, which, though as efficacious as the bitter salts, does not appear to possess the objectionable characteristics named. I have not, however, been able to try it in malaria, and though the literature states that excellent results have been obtained, it would be interesting to hear the opinion of independent observers.

ANSWERS.

COMPONERE LITES.—Each of such cases must be judged on its own merits. There seems to be no objection in the case submitted for judgment.

A. T. S.—We can only suggest that the attention of the university and college from which the practitioner whose name figures in the advertisement referred to holds his qualification be called to the circumstances.

F. E. H.—Full information as to the conditions of practice in Klondyke may be found in the Educational Number of the BRITISH MEDICAL JOURNAL, published August 27th, p. 572. The Registrar of the Territories is Dr. H. N. Bain, Prince Albert, N.W.T.

W. K. D.—The indication of a specialist's department of practice on his dooplate is contrary to the ethical laws of our profession, and is a very unusual course to adopt. We make our reputation by deeds not by dooplates.

M.O.H.—The Associateship and Fellowship of the Institute of Chemistry—A.I.C. and F.I.C.—are obtainable by fulfilling the requirements of the Institute as to the study of theoretical and analytical chemistry, physics and mathematics (at least three years' systematic training in approved institutions for admission to the Associateship examination), and passing the examinations of the Institute, which are held twice yearly. The regulations can be obtained from the Secretary at 30, Bloomsbury Square, W.C. Fellowship of the Chemical Society may be obtained by election on the written recommendation of a certain number of Fellows. The elections are by ballot. The Fellowship of the Chemical Society is not a qualification.