

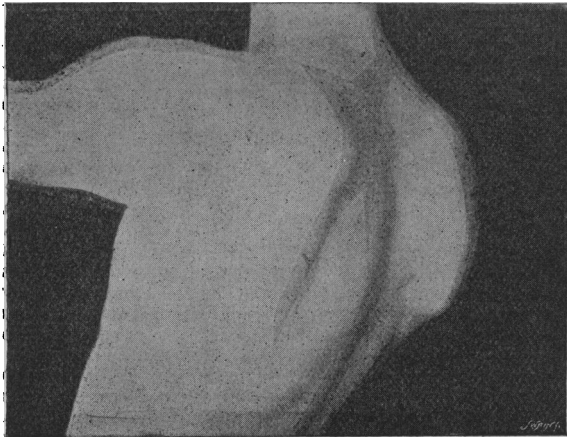
These were among the most favourable results observed from this treatment, which had been employed in a considerable number of cases. Without in any way advising it as a universal panacea, Dr. McBride judged from his experience that cupric electrolysis in certain cases gave better results than any previous treatment.

## MEMORANDA:

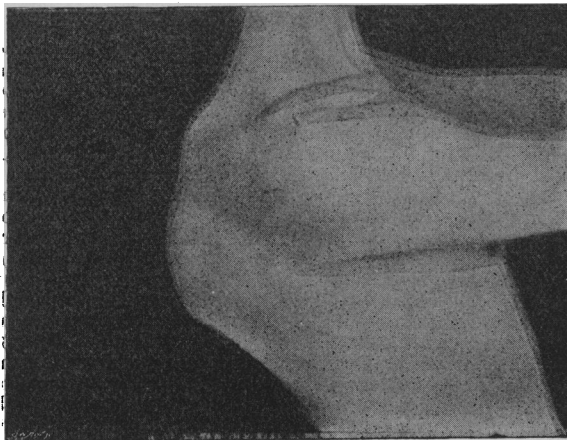
### MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

#### A CASE OF WINGED SCAPULA.

THE accompanying photographs well illustrate the rare condition known as "dislocation of the scapula," formerly attributed to slipping of the latissimus dorsi muscle from the angle of the scapula, but now shown to be due in most cases to a paralysis of the rhomboid and serratus magnus muscles from a peripheral neuritis. Briefly, the history of the present case is as follows:



The patient, a clergyman, was under my care for appendicitis last Easter, and then had an intercurrent attack of severe pain in the right shoulder, the back, and the arm as low as the elbow; this rapidly subsided under salicylate of soda, he being a rather rheumatic subject. Nothing further occurred at the time, but after convalescence he noticed, while leaning back in his chair, that he was unable to lift a cup to his lips without sitting forwards; no other disability



was then apparent, but at the end of August his wife noticed that his right shoulder projected somewhat posteriorly, and this led him to again consult me. The deformity was most apparent on extending the arms forward, at right angles to the trunk in the position indicated in the photographs,

when the scapula projected in an alar manner. The forward reach of the right arm was less than that of the left. There was not much reaction of the serratus magnus to the interrupted current, however applied; the right side of the chest appeared rather flatter than the left, and the skin over it was supersensitive.

I sent the patient on to Mr. Rose, of King's College Hospital, who expressed his interest in the case, and concurred with me both as to its origin in peripheral neuritis, terminating in a paralysis of the muscles, and as to treatment. We decided on the internal administration of small doses of iodide of potassium and strychnine, with the local application twice daily of weak faradic currents to the nerve and muscles. As many works on surgery do not even mention this affection, and none that I am acquainted with illustrate it, while it is so rare that many surgeons do not see a case in a lifetime, I thought this one of sufficient importance to bring under the notice of the profession, especially as I have been fortunately able to adequately illustrate it with photographs.

Fulham.

W. J. T. BARKER,

M.R.C.S.Eng., L.R.C.P.Lond. L.S.A.Lond., D.P.H.Camb.,  
formerly Physicians' Assistant, Bristol General Hospital.

#### MORPHINE POISONING IN AN INFANT.

On the evening of August 24th a woman sent to a druggist for a pennyworth of fluid magnesia. A teaspoonful of the liquid which was supplied was given on the following morning to her baby 3 months old. About ten minutes afterwards the child was suddenly seized with convulsions. A neighbour put the child into a hot bath. As there was no sign of recovery the doctor was sent for. When seen about an hour after the administration of the drug, the child was suffering from violent tetanic convulsions with periods of cessation of breathing. As the pupils had the characteristic pin-point contraction of opium poisoning, it was suspected that liquor morphinæ had been given instead of, or along with, fluid magnesia. What was left in the bottle, too, had an acetous smell and the taste of morphine. As the child was comatose the administration of an emetic was impossible, and the convulsions made the use of the stomach pump equally so. Artificial respiration was instantly resorted to; and here I may say that this had to be done constantly for three, and occasionally for the succeeding six or seven, hours. On several occasions I had to say to the anxious parents that I feared the child was gone, but on listening the heart sounds could be heard faintly as the artificial respiration was continued. At first the pulse was unnaturally strong.

Within an hour after the child was seen  $\frac{1}{10}$  grain of atropine was injected subcutaneously, and as there was no impression on the pupil in half an hour  $\frac{1}{10}$  grain was used. The pupils then lost some of their contraction and the spasms were less intense. Twice afterwards  $\frac{1}{10}$  grain was administered. About an ounce of a strong decoction of coffee was given by the rectum, at first every half hour and latterly, alternately with the same quantity of peptonised milk, every hour. The child had been stripped from the first, and the fomentations were applied over the epigastrium. The face, upper part of chest, and any other available part were slapped with a cold wet towel. It was twenty-four hours before the child could be got to open its eyes, and even then in a very languid manner. By that time we got it to swallow a little, but it was well on to forty-eight hours before it would suckle from the mother.

The temperature then began to rise. This was ascribed to reaction from the shock, but later on a cough led to the chest being examined, and evidence of right broncho-pneumonia was found. The temperature reached 104° F. At the end of ten days the child was quite well, and now, three weeks after, with the frayed cuticle, the result of the slapping, all away, it would be difficult to find a more healthy-looking baby.

The remainder of the so-called fluid magnesia had been secured, and I sent some of it to Duncan, Flockhart, and Co. for analysis. The report was that it was "a solution of hydrochlorate of morphine, evidently B.P." On measuring the spoon which had been used it was found to contain 75 minims. Allowing for a little being lost during administration the child would have one fluid drachm of liquor

**morphinæ B.P.** I am wondering if there is any other case on record of a young baby surviving such a dose.

Motherwell.

J. FOTHERINGHAM, M.B.

### GREEN STOOLS IN ENTERIC FEVER.

HAVING failed to find in the accredited English textbooks of medicine any mention of the occurrence of "green stools" in enteric fever, I venture to think that the following case is worthy of record.

Private —, aged 24, was admitted to hospital in Mhow, Central India, on August 15th, 1895.

**History.**—He had been feeling ill since August 9th, but had remained at duty, hoping to shake off his illness.

**Condition on Admission.**—He looked very ill, his face was pale, the expression anxious, the pulse 140, temperature 102°, tongue moist and fairly clean. There was slight abdominal pain and tenderness, but very acute pain in the "small of his back," which distressed him greatly, and was indeed his chief cause for complaint.

**Progress of Case.**—On August 16th superadded to the acute back pain there was frequent vomiting of bright green fluid looking like bile and two copious motions of the same greenish liquid. Pulse 148, respirations 36, temperature 103°, no spots. On August 17th the motions became very frequent and consisted of a bright green fluid mixed with curdled milk and slime. Pulse 124; respirations 48, temperature 103.6°. Acute back pain still continued, but there was no abdominal pain to speak of. On August 18th he was manifestly sinking, the motions now being loose and brown. Death followed on same evening, the acute back pain being to the last his main cause of complaint.

**Post-mortem Examination.**—A very fine muscular man, no wasting. The spleen greatly enlarged, weighed 3 lbs. The solitary glands of the large intestine, generally enlarged, especially in the ascending colon, where they had the appearance of a number of small red peas. The cæcum was the seat of much ulceration, one of the sloughs was very large and of a bright ochre colour. Throughout the ileum and jejunum the solitary glands were congested and very prominent. Peyer's patches were very extensively affected; twenty-two enlarged and prominent patches were counted in the ileum and jejunum, varying in length in their long axis from  $\frac{1}{4}$  inch to  $\frac{1}{2}$  inch. The smallest patches were those nearest to the cæcum; only a few of the lower patches were ulcerated, the large majority being remarkably elevated above the intestinal mucous membrane, having the appearance of islands, so distinctly were they mapped out. One or two of the lower patches had the "shaven-beard" appearance very well marked. Nothing else abnormal was found.

I am not prepared to explain why the green stools present in this case should have substituted themselves for the usual pea-soup motion; nor can I offer any explanation for the acute and persistent back pain, which caused intense agony during the few days the patient was under observation in hospital.

RICHARD H. QUILL, M.D.,  
Lieutenant-Colonel R.A.M.C.

Chatham.

## REPORTS

ON

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

#### KING'S COLLEGE HOSPITAL.

#### A CASE OF ANEURYSM OF THE AORTA: OPERATION: CEREBRAL EMBOLISM: DEATH.

(By P. C. E. TRIBE, M.B.Lond., Medical Registrar.)

**History.**—H. P., male, aged 42, was admitted on May 30th, 1898, under the care of Dr. Burney Yeo. The patient was a married man, and his occupation that of a steam crane driver. He had contracted syphilis twenty years earlier. He had been attending the out-patient department for six weeks previous to admission for cough and pain in the chest. He stated that about a week before admission he had noticed a swelling in the upper part of the chest, and had experienced a good deal of pain there. For the last few weeks he had had shortness of breath on exertion.

**Condition on Admission.**—The patient looked a healthy man; the tongue was clean, the skin cool and dry, and the pupils equal. A rounded pulsating swelling was noticed at the region of the sternal end of the left clavicle, which appeared somewhat dislocated forward. There was slight redness over the tumour. The swelling was soft on palpation and the pulsation of an expansile character; the pulsation could be felt in the suprasternal notch. No vessel could be made out coming from the tumour. The radial pulses were apparently equal, and the rate 100 per minute. The left external jugular vein was noticed to be more prominent than the right. While at rest in bed there was no

dyspnoea, and swallowing was performed without difficulty. The voice was unaffected. On auscultation no *bruit* was audible over the tumour and no alteration in the breath sounds was discernible; if anything, they were rather feeble on both sides. Slight "tracheal tugging" was obtained. The temperature was normal, as was the urine. The abdominal organs appeared to be normal, and there was no oedema of legs or arms.

**Treatment.**—He was put on potassium iodide, gr. x, three times a day, which he took for a fortnight. After having been in hospital for ten days he complained of more pain in the swelling, which was evidently increasing in size. The radial pulses and pupils continued equal, and there was no cough.

**Operation.**—Mr. Watson Cheyne was asked to see the patient, and on June 15th ligatured the left common carotid artery. After the operation the left pupil became smaller than the right and there was also slight conjunctivitis of the left eye. On June 21st the stitches were removed from the operation wound, which had run a normal course, the temperature never having risen above the normal.

**After-History.**—Two days after the pupils were again equal and the conjunctivitis much better. On June 25th the temperature rose to 100° and there was a good deal of irritating cough. The breath sounds were greatly diminished on the left side and there was tubular breathing and dullness about the left scapular angle. The cough was hard and brassy. The voice had become weaker. The aneurysm was decidedly larger and the pulsation was more marked in the suprasternal notch; there was still no audible *bruit* over it. During the next week the condition of the patient generally was somewhat better, the cough was easier and the temperature only once reached 100°. But the aneurysm was evidently increasing markedly in size and extent. On July 2nd at 3 p.m. the patient was suddenly seized with hemiplegia. There was absolute loss of power in the left arm and partial loss in the left leg with conjugate deviation of the head and eyes to the right. The man was drowsy and became afterwards comatose. The temperature rose soon after this to 100° and the next day reached 103°. The coma continued and he died at 9.45 A.M. on July 4th without recovering consciousness.

**Post-mortem Examination.**—The examination was made thirty hours after death. The pericardium was normal, and the heart also, except for hypertrophy of the right ventricle. An aneurysm was found springing from the end of the ascending part of the aortic arch. The opening of the innominate artery was situated within the sac, in its left wall, and close beside it, and also within the sac was the orifice of the left common carotid. The origin of the left subclavian was just beyond the sac. The opening of the sac was about the size of a hen's egg, and for a short distance within the opening the aortic wall, with its smooth lining, could be made out. Further on the wall was rough, and covered by laminated clot. The sac was elongated, and extended from right to left (in front of the arteries) and upwards, reaching about as high as the third tracheal ring. The trachea was compressed, but showed no signs of ulceration. The left common carotid had been effectively ligatured; there was practically no thrombus on either side of the ligature. The aorta was generally atheromatous. There was some bronchitis, and recent pneumonia of the left lower lobe. The abdominal organs were normal. In the right hemisphere of the brain there was a large area of softening, which had destroyed nearly all the corpus striatum. Higher up, and just beneath the cortical grey matter, there were several areas of softening, particularly under the arm area. The softened areas were more or less pyramidal in shape, and in colour were mottled red and white.

**REMARKS.**—This case, besides furnishing an example of the importance of syphilis and laborious occupations in the etiology of aneurysm—especially the aortic variety—illustrates the difficulty of accurately estimating the dimensions and relations to vessels of aneurysms of the aortic arch. In this case the sac of the aneurysm, extending as it did across the origins of the great vessels springing from the transverse arch, rendered it especially difficult to say which of them was chiefly involved, and to what extent. The rapid increase in the size of the aneurysm and the absence throughout of a *bruit* over it are also special features in this case. The ligature of the carotid may have precipitated matters by increasing

pealed by the Local Government (Ireland) Act) "to grant to such officer or servant (whether incapable from sickness, age, or infirmity, or having been an officer or servant in the asylum for not less than fifteen years, and being not less than 50 years of age) such annuity in the way of superannuation as they think proportionate to the merits and time of service of such officer or servant. Provided always that the annual amount paid in the way of superannuation to any retired officer or servant of any such asylum shall not exceed the sum of two-thirds of the annual salary and two-thirds of the annual value of the lodgings, rations, and other allowances payable to or enjoyed by the person superannuated at the time of his or her retirement."

Reading the foregoing section, together with Sections LXXXIV and CXVIII of the Local Government (Ireland) Act, we are of opinion that, while any "existing officer" of a lunatic asylum is entitled, under Section CXVIII, to receive a superannuation allowance, he must be content with one calculated on the Civil Service scale. For, it will be observed, the grant and amount of a superannuation allowance was left discretionary with the Board of Guardians of a lunatic asylum. If the grant is compulsory, the amount will assuredly not exceed that provided by the Civil Service scale.

#### PROSECUTION UNDER THE APOTHECARIES' ACT.

At the Greenwich County Court on October 7th, before His Honour Judge Addison, Q.C., an action was heard against Mrs. Patricia Hobbs of 8r, High Road, Lee, for having acted as an apothecary without a licence from the Society of Apothecaries. Mr. Turner, instructed by the solicitors to the Medical Defence Union, appeared for the plaintiffs, and Mr. Schlutess Young appeared for the defendant.

From the report of the case which appeared in the *Lewisham Independent* of October 13th, His Honour asked Counsel to define what an apothecary was, and Counsel replied that an apothecary was one who treated people by judging from external symptoms.

His Honour: One unqualified can open a shop and sell medicines, but is well within the law provided no poisons are sold or treatment of patients undertaken.

Mr. T. W. Tyrrell gave evidence that on two occasions he called on Mrs. Hobbs and was treated for a cold.

The other witnesses, a Miss Chen and Mrs. Agnes Reader, gave similar evidence, but all but the first witness admitted, in cross-examination by Mr. Schlutess Young, that they suggested the medicine required—a tonic advertised.

Mrs. Hobbs having given evidence, and Counsel on both sides having addressed the jury, His Honour commented upon the facts of the case, and the jury retired to consider their verdict, and after a short deliberation returned with a verdict that Mrs. Hobbs had not acted as an apothecary.

Judgment was then given for defendant, His Honour refusing leave to appeal.

#### UNQUALIFIED MEDICAL PRACTICE.

THE following is a cutting from the *Cornishman* of last week, and is presumably an advertisement:

##### PENZANCE HOMOEOPATHIC DISPENSARY.

Was opened on 29th ult., at 26, Clarence Street.

Hours:—Tuesdays and Thursdays, 3 to 5.

Attending Physician:—MARY J. HALL WILLIAMS, M.D. (Boston).

Women, 18; Children, 6d.

The name of Mary J. Hall Williams does not appear in the *Medical Register*, and presumably she is not legally qualified to practise medicine in this country. It is essential in the public interest that medical dispensaries should not be established and conducted by persons who do not possess a qualification to practise in this country, and we would commend the matter to the attention of the authorities empowered to deal with such cases.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

ENTRY OF MEDICAL STUDENTS.—From returns kindly made by the College tutors, it appears that 127 of the freshmen entered this term have elected to become medical students.

APPOINTMENTS.—Dr. Donald MacAlister has been appointed to act for Professor Allbutt during his absence this term in reference to medical degrees. Dr. Bradbury has been reappointed Assessor for the M.D. Acts.

HISTORY OF PHYSIOLOGY.—Professor Foster announces a course of lectures on Some Points in the History of Physiology. The first lecture on October 24th will be on Claude Bernard.

MUSEUM OF ANATOMY.—A fine collection of Egyptian skulls and bones from Hierakonopolis has been presented to Professor Macalister's Museum by Professor Flinders Petrie. The University collections representative of Egyptian anthropology are probably now the largest in Europe. They include specimens illustrative of all periods from the prehistoric ages to that of Tel el Kebir.

AFFILIATION OF SYDNEY UNIVERSITY.—The University of Sydney is about to become affiliated to Cambridge. The privileges will be open to Sydney students in Arts or Science who have passed the first and second year examinations in the Colonial University.

### UNIVERSITY OF LONDON.

MEETING OF CONVOCATION.—At the meeting of Convocation to be held on Tuesday, October 25th, the business to be transacted is limited to two

resolutions which Mr. R. W. Hinton will propose: (1) "That the new Regulations for the Matriculation Examination tend to discourage the study of modern languages in schools, by making them entirely optional and alternative to science; and (2) that the obligatory examination in elementary practical science should be restricted to the first part of the subject, and comprised in one paper; the second part to be made optional with the other sciences, and modern languages to form a separate and obligatory section taking its place."

### UNIVERSITY OF GLASGOW.

THE following have passed the First Professional Examination for the degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated (B., botany; Z., zoology; P., physics; C., chemistry):

J. R. S. Anderson (P.), W. K. Anderson (B., P.), T. Ballantyne (B., Z., P.), A. G. Banks (B., P.), A. F. Bell (B., P.), T. F. Bowie (P.), J. C. Brangan (B., Z., C.), R. Bruce (B.), R. H. Campbell (B., P.), D. L. Carmichael (C.), A. A. Carruthers (P., C.), H. W. Crawford (B., Z., P., C.), J. Cross (P.), A. Dick (B., P.), H. M. M. Donaldson (C., A. R. Dow (P., C.), W. Dow (B., C.), W. Elder (C.), J. Ferguson, M.A. (P., C.), T. Forsyth (Z., C.), J. R. Gilmour (P., C.), W. M. Gilmour (B., P.), J. M. Gordon (C.), W. Harvey (B., P.), R. D. Hodge (B., P., C.), G. Hume (P.), J. B. D. Hunter (B., P.), N. M. C. Hutchison (B., J. G.), E. D. Jackson (B., Z., P., C.), W. F. Kay (B., P., C.), J. T. Kelly (Z.), A. D. Kennedy (B., P., C.), A. M. Kerr (B., P.), D. R. Kerr (P.), R. Lauder (B., C.), R. Laurie (Z., P.), R. W. Leckie (B., P.), A. Leitch (B., P.), S. E. Lewis (C.), T. W. Love (B., Z., P.), T. Lovett (B., Z.), J. P. Lusk (B., C.), R. Makins (Z., C.), R. H. Manson (P., C.), H. S. Martyn, M.A. (B., Z., P., C.), W. A. Milne (B., C.), A. J. Mitchell (B.), S. Mort (B., P.), J. B. McCabe (B., Z.), J. D. McCulloch (B., P.), C. Macdonald (C.), D. D. McDougall, M.A. (Z., P., C.), A. A. Macfarlane (B., P.), G. Macgregor (B., Z.), A. Macintyre (B., P.), J. M. McKellar (B., Z.), I. McKenzie, M.A. (B., Z.), J. C. McKenzie (B., Z., P.), T. McLaren (P., C.), J. M. Lean (C.), D. H. Macphail (B.), J. R. M'Vail (Z.), A. A. M'Whan (P., C.), J. S. Nicolson (B., P.), D. Penman (Z., C.), T. Rankine (B., P., C.), A. Reid (B., P.), J. M. Reid (B., P.), T. Richmond (B.), D. Riddell (B., Z., P., C.), P. H. Robertson (B., P.), R. T. C. Robertson (B., P.), C. J. Ross (B.), J. Russell (B., C.), L. D. Shaw (B., Z., P., C.), J. J. Sinclair (P., C.), J. W. Smith (B., Z., P., C.), R. C. Smith (Z., P.), J. Stevenson (P., C.), W. D. H. Stevenson (B.), A. W. Sutherland (B., C.), P. L. Sutherland (B., P.), J. A. Thom (P.), J. R. Thomas (B., Z., P., C.), W. W. Turner (B., P.), J. Unsworth (B.), J. Walker (B., C.), G. Wallace (B., Z.), H. F. Warwick (B., C.), W. N. W. Watson (B., P.), A. B. Watt (Z.), J. Wilson (B., P.).

Women.—J. Auld (B., Z.), A. W. Cameron (Z.), J. Campbell (Z.), E. L. Chapman (B., Z.), E. M. Lochhead (B., Z.), J. S. M'Lauchlan (B., Z., P., C.), E. J. M. Pryce (B., Z.), M. H. Smart (Z., C.), E. T. Talbert (Z.), J. G. Waddell (Z., P.).

The following have passed the Second Professional Examination for the degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated (A., Anatomy; P., Physiology; M., Materia Medica and Therapeutics):

M. Aikman, M.A. (A., P., M.), J. Anderson (P.), G. Arthur (M.), G. Barbour (P., M.), J. O. Barclay (M.), T. T. Bathgate (M.), A. Binning (M.), A. Birch (P., M.), H. E. Brown (M.), W. H. Brown (M.), J. D. Brownlie (M.), G. F. Buchan (P., M.), P. T. Cairns (M.), E. P. Cathcart (M.), J. T. Clark (P., M.), R. Clark (M.), J. Craig (P.), C. P. G. Crichton (P.), C. C. Cuthbert, M.A. (M.), G. H. G. Davie (P.), J. Dick, M.A. (P., M.), A. Doig (A., P.), J. Downie (A., P., M.), J. P. Duncan, B.Sc. (M.), G. B. Eadie (A., P., M.), L. Findlay (M.), J. Forrest (M.), A. Fraser, M.A. (M.), M. W. Fraser (P., M.), G. Garrey (P., M.), D. G. S. Gartshore (P., M.), J. Gemmell (A.), E. Gillespie (M.), W. Girvan (M.), H. Goodman, M.A. (A.), C. A. Gourlay, M.A. (A., P., M.), J. D. Gourlay (A., P.), J. Gracie (P.), G. H. Gunson (A., P., M.), G. P. Harlan (M.), J. M. Henry (M.), C. M. Hope (A., P.), T. H. Jack (M.), J. Kennedy (M.), W. B. Kerr (M.), A. King (A.), J. D. Laidlaw (A., P.), J. J. Lambie (M.), A. Leitch (A., P.), N. M. Leys (P., M.), J. D. Lickley (M.), D. M'F. Livingston (M.), J. Lockhart (A., P., M.), A. Logan (M.), D. D. Logan (A., P.), D. Longwill (A., P.), J. Mains (M.), A. Mair (M.), R. MacN. Marshall (M.), A. Martin, M.A. (M.), J. Millar, M.A. (A., P., M.), P. Moir (M.), A. Munro (A., P., M.), J. W. M'Dougall (A., P.), W. J. M'Feat (A., P.), G. S. M'Kinnon (A., M.), J. Mackinnon (M.), B. M'Phee (A., P.), J. M'Pherson, M.A. (A., P.), D. M. MacRae, M.A. (A., P., M.), J. Patrick (A., P., M.), P. M. Reid (P., M.), J. D. Richmond (M.), D. Russell (M.), D. Shannon (P., M.), A. Stewart (M.), J. Strathearn (A., P., M.), R. B. Thom (P.), J. C. Turnbull (M.), A. E. Wainwright (M.), W. D. Walker (A., P.), G. White (A., P., M.), G. H. Wildish (P.), T. W. Wilson (M.), W. W. W. Wilson (A.), M. G. Wright (P., M.), J. Young (M.).

Women.—A. Boyes (A.), G. J. Campbell (M.), H. M. Gordon (P.), L. S. Greig (M.), C. S. Howden (A., P.), M. A. T. Ritchings (P.), A. B. Sinclair (P., M.), E. H. Smith (A., P.), M. Talbot (M.).

The following have passed the Third Professional Examination for the degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subject or subjects indicated (P., pathology; M., medical jurisprudence and public health):

J. F. Bennett (M.), A. Brownlie (P., M.), T. B. Calland (P.), J. R. Chalmers (M.), D. M. Cowan (P., M.), J. Craig (P., M.), G. M. Crawford (P., M.), W. Crerar (M.), J. A. Dickie (P., M.), J. Drummond (M.), H. C. Ferguson (M.), G. Gardner (P., M.), J. Gardner (P., M.), W. Gibson (M.), N. Jamieson (P., M.), A. Kerr (M.), A. Love (P., M.), R. Millar (M.), H. Miller (M.), E. W. Milne (M.), E. Mitchell, M.A. (P., M.), J. H. MacDonald (M.), P. M'Fadyen (M.), J. McGilchrist (M.), A. G. M'Kendrick (P.), C. F. Maclean (M.), G. T. Maclean, M.A. (P., M.), N. F. Macleod (M.), W. J. Macleure (P., M.), T. S. Picken (P., M.), R. Rennie (P., M.), W. A. Riddell (M.), A. Robin (M.), D. Ap Simon (M.), D. J. Smith (M.), J. S. Smith (P., M.), W. S. Stalker (P., M.), P. A. Stephen (M.), A. G. Stewart (M.), F. R. Stewart, M.A. (P., M.), C. P. Thomson (M.), W. B. Thomson (M.), T. B. Tierney (P., M.), A. L. Watson, M.A. (M.), A. S. Wells, M.A. (M.), R. O. Whyte, M.A. (M.), A. Wilson (P.), W. Wright (M.).

**Women.**—S. Davidson (P., M.), M. Spencer (P., M.), E. M. S. Walker (P., M.).  
Mr. Stewart Dunbar has passed the third professional examination (regional anatomy and materia medica and pharmacy) for the degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.).

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen having previously passed the necessary examinations, and having now attained the legal age of 25 years, have been admitted "Fellows" of the College:

W. A. Nuthall, L.R.C.P.Lond., Mason University College, Queen's, and General Hospitals, Birmingham, and St. Bartholomew's Hospital; J. D. Russell, M.D.Lond., L.R.C.P.Lond., University College Hospital.

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

R. Pestonjee, L.M. & S. Ceylon, Exams. for L.R.C.P.Lond., of Ceylon Medical College and University College Hospital; J. B. Wood, M.B. & C.M.Edin., Exams. for L.R.C.P.Lond., of Edinburgh University.

#### CONJOINT BOARD IN ENGLAND.

THE following gentlemen have passed the Second Examination of the Board in the subjects indicated:

**Anatomy and Physiology.**—T. Hutchinson, Mason University College, Birmingham; J. K. Lund, Mason University College, Birmingham, and Owens College, Manchester; W. S. Gibson, Owens College, Manchester; C. Monks, L.R.C.S.Irel. (Surgeon-Lieutenant-Colonel, I.M.S.), Ledwith School of Medicine, Dublin; A. L. B. Green, St. Bartholomew's Hospital and Aberdeen University; B. Capon, University College, Liverpool; J. Ward, Firth College, Sheffield; P. S. Stokes, Firth College, Sheffield, and Mr. Cooke's School of Anatomy and Physiology; E. P. G. Causton, Cambridge University; E. D. Townroe, St. George's Hospital; H. A. Ehrlich, and C. B. Penny, Guy's Hospital; D. W. Smith, Edinburgh University and Guy's Hospital; G. Maw, University College, London; B. I. Rahim, King's College, London; R. Cope, St. Bartholomew's Hospital, and H. E. Flint, St. Bartholomew's Hospital; and Mr. Cooke's School of Anatomy and Physiology; C. Dix, T. M. Body, H. H. Raw, H. Whitwell, E. W. Price, W. P. Miles, L. M. Morris, and W. G. G. Johnson, St. Bartholomew's Hospital; F. Morgan, Westminster Hospital; A. R. Schofield, E. C. Pitt, W. McD. Macdowell, A. N. Symons, London Hospital; D. M. Jones, St. Mungo's and Anderson College, Glasgow, and London Hospital; T. H. F. Roberts, and W. O. Roberts, Guy's Hospital; B. Hood, Charing Cross Hospital; A. Blanc, King's College, London; B. M. Sampson, and W. T. Harris, St. Thomas's Hospital; W. J. D. Innes, St. Mary's Hospital; A. W. Levy, Cambridge University and St. Mary's Hospital; S. de Carteret, C. I. C. Owen, J. A. West, E. E. Young, N. Leonard, and H. H. Butcher, St. Bartholomew's Hospital; H. F. Bodvet-Roberts, Cambridge University and St. Bartholomew's Hospital; C. D. A. Downman, St. Bartholomew's Hospital and Mr. Cooke's School of Anatomy and Physiology; J. Lake-man, C. H. Allen, London Hospital and Mr. Cooke's School of Anatomy and Physiology; C. T. Holford, St. Thomas's Hospital; L. J. Hughes and W. H. Bowen, Guy's Hospital; W. W. Campbell, King's College, London; H. F. Bellamy, Charing Cross Hospital; J. E. Skeay and F. D. Martyn, Westminster Hospital; W. W. Browne, R. E. Lloyd, and A. N. Stevens, University College, London.

**Anatomy only.**—R. McK. Skinner, Edinburgh University; G. H. L. Wright, University College, Bristol; J. W. Bennett, Owens College, Manchester, and Mr. Cooke's School of Anatomy and Physiology; D. T. Jones, Middlesex Hospital and Mr. Cooke's School of Anatomy and Physiology; W. G. D. Miller, Cambridge University and University College, London, and C. T. Fox, University College, London.

**Physiology only.**—J. E. Jones, University College, Bristol.

Forty-seven gentlemen were referred in both subjects, and 2 in physiology only.

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the annual stated meeting of the Royal College of Physicians in Ireland, held on St. Luke's Day, 1893, the following officers were elected for the ensuing year:

**President.**—John William Moore, M.D., F.R.C.P.I.

**Vice-President.**—W. J. Smyly, M.D., F.R.C.P.I.

**Censors.**—W. J. Smyly, M.D., F.R.C.P.I., H. C. Drury, M.D., F.R.C.P.I., J. Murphy, F.R.C.P.I., A. K. F. McCutcheon, M.D., F.R.C.P.I.  
**Examiners for the Licence in Midwifery.**—A. J. Horne, F.R.C.P.I., E. H. Tweedy, F.R.C.P.I.

**Additional Examiners** (to take the place of an absent Censor).—Medicine: W. Langford Symes, F.R.C.P.I. Medical Jurisprudence and Hygiene: A. N. Montgomery, F.R.C.P.I. Midwifery: F. H. Wilson, F.R.C.P.I. Additional Examiners under the Conjoint Examination Scheme.—Biology: E. McDowell Cosgrave, M.D., F.R.C.P.I. Chemistry and Physics: H. T. Bewley, M.D., F.R.C.P.I., and Edwin Lapper, F.R.C.P.I. Materia Medica and Pharmacy: F. J. B. Quinlan, M.D., F.R.C.P.I., and Ninian Falkiner, F.R.C.P.I. Physiology: J. Malet Purser, M.D., F.R.C.P.I. Pathology: Wallace Beatty, M.D., F.R.C.P.I. Medicine: H. C. Tweedy, M.D., F.R.C.P.I., and E. Lennon, F.R.C.P.I. Hygiene and Forensic Medicine: S. T. Gordon, F.R.C.P.I.

**College Examiners for the Conjoint Diploma in Public Health.**—Meteorology: Ninian Falkiner, F.R.C.P.I. Hygiene: F. J. B. Quinlan, M.D., F.R.C.P.I. Chemistry: Edwin Lapper, F.R.C.P.I.

**Examiners in Preliminary Education.**—Languages: William Kennedy, B.A., Sch.T.C.D. Sciences: C. Joly, F.T.C.D.

**Representative on the General Medical Council.**—Lombe Atthill, M.D., F.R.C.P.I.

**Representatives on the Committee of Management under the Conjoint Examination Scheme.**—John Magee Finny, M.D., F.R.C.P.I., Sir Christopher J. Nixon, M.D., F.R.C.P.I., James Craig, M.D., F.R.C.P.I.  
**Treasurer.**—Lombe Atthill, M.D., F.R.C.P.I.  
**Registrar.**—James Craig, M.D., F.R.C.P.I.

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

#### SOCIETY OF APOTHECARIES OF LONDON.

**PRIMARY EXAMINATION, PART I.**—The following candidates passed in:

**Biology.**—F. W. March, Durham; Z. Rowlands, Royal Free Hospital.  
**Chemistry.**—W. P. Allen, Birmingham; E. M. Forsyth, Royal Free Hospital; F. P. Joscelyne, Leeds; J. S. Ward, Sheffield.

**Materia Medica and Pharmacy.**—G. M. Crockett, Royal Free Hospital; H. C. Jones, St. Mary's Hospital; M. E. Martin, Royal Free Hospital; L. G. Simpson, Royal Free Hospital; J. S. Ward, Sheffield; A. F. Weston, St. George's Hospital.

**PRIMARY EXAMINATION, PART II.**—The following candidates passed in:

**Anatomy.**—A. O. Ashe, King's College Hospital; J. B. Bradley, Birmingham; J. Brownrigg, Liverpool; E. J. Crew, Guy's Hospital; B. M. Dunstan, St. Thomas's Hospital; C. A. W. Egan, Dublin; L. C. Ferguson, St. Bartholomew's Hospital; V. J. Glover, Liverpool; K. Heanley, Royal Free Hospital; B. I. Rahim, King's College Hospital; J. E. Skeay, Westminster Hospital; L. K. Tickner, Durham; E. D. Townroe, St. George's Hospital; J. Waters, Middlesex Hospital; J. H. Williams, London Hospital; H. F. Willington, Manchester; E. Yoxall, Birmingham.

**Physiology.**—A. O. Ashe, King's College Hospital; J. C. Baggs, St. Thomas's Hospital; J. Brownrigg, Liverpool; L. C. Ferguson, St. Bartholomew's Hospital; V. J. Glover, Liverpool; D. R. T. Griffiths, Guy's Hospital; K. Heanley, Royal Free Hospital; W. J. H. Hepworth, Edinburgh and St. Mary's Hospital; G. J. W. Keigwin, London Hospital; D. A. H. Moses, St. Bartholomew's Hospital; B. I. Rahim, King's College Hospital; H. H. Serpell, St. Bartholomew's Hospital; J. E. Skeay, Westminster Hospital; H. O. Sutcliffe, Cambridge; E. D. Townroe, St. George's Hospital; J. Waters, Middlesex Hospital; H. F. Willington, Manchester; E. Yoxall, Birmingham.

## PUBLIC HEALTH

AND

## POOR-LAW MEDICAL SERVICES.

#### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,442 births and 4,091 deaths were registered during the week ending Saturday last, October 15th. The annual rate of mortality in these towns, which had declined from 24.6 to 20.5 per 1,000 in the five preceding weeks, further fell to 19.0 last week. The rates in the several towns ranged from 10.2 in Brighton, 11.7 in Croydon, 13.1 in Portsmouth, and 13.2 in Cardiff, to 25.1 in Manchester, 25.6 in Salford, 25.7 in Sunderland, and 28.5 in Norwich. In the thirty-two provincial towns the mean death-rate was 19.4, and was 0.9 above the rate recorded in London, which was 18.5 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.9 per 1,000; in London the rate was equal to 2.2 per 1,000, while it averaged 3.3 in the thirty-two provincial towns, among which the highest death-rates were 5.4 in Hull, 6.0 in Salford, 7.2 in Sunderland, and 11.2 in Norwich. Measles caused a death-rate of 1.1 in Sunderland and 1.2 in Norwich; scarlet fever of 1.0 in Derby; whooping-cough of 1.1 in Halifax; "fever" of 1.1 in Sunderland and 1.2 in Salford; and diarrhoea of 3.6 in Manchester, 4.3 in Sunderland, 5.2 in Hull, and 6.1 in Norwich. The 74 deaths from diphtheria in the thirty-three towns included 41 in London, 8 in Leeds, and 3 each in West Ham, Cardiff, Swansea, Birmingham, and Sheffield. One fatal case of small-pox was registered in London, but not one in any of the thirty-two large provincial towns; and no small-pox patients were under treatment in any of the Metropolitan Asylum Hospitals. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had increased from 2,178 to 2,606 at the end of the seven preceding weeks, had further risen to 2,728 on Saturday last, October 15th; 357 new cases were admitted during last week, against 288, 300, and 358 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, October 15th, 954 births and 625 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.1 and 20.6 per 1,000 in the two preceding weeks, further rose to 20.7 last week, and was 1.7 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the rates ranged from 12.6 in Aberdeen and 18.6 in Dundee to 22.6 in Glasgow and 28.1 in Greenock. The zymotic death-rate in these towns averaged 3.5 per 1,000, the highest rates being recorded in Glasgow and Greenock. The 315 deaths registered in Glasgow included 4 from scarlet fever, 3 from diphtheria, 12 from whooping-cough, 9 from "fever," and 27 from diarrhoea. Fourteen fatal cases of diarrhoea and 3 of measles were recorded in Edinburgh; and 3 deaths from diphtheria occurred in Dundee.

#### VACCINATION IN ONE PLACE.

SOME delay has arisen in the appointment of Dr. J. C. Potter as Public Vaccinator for the Tudhoe District. Dr. St. George Mivart, Medical Inspector for the Local Government Board, recently reported as follows: "In the course of my inspection of the Whitworth District of Auckland, Public Vaccinator Anderson complained to me of the conduct of Dr. J. C. Potter, of Tudhoe Grange, in the Durham Union. Dr. Potter is the Public Vaccinator-elect for Tudhoe District (his contract not being executed yet),

in place of Dr. Stritch, resigned. Tudhoe Grange and Spennymoor are practically one place, and form long lines of small houses. Dr. Anderson has a weekly vaccination station at his residence in Spennymoor on Tuesday afternoons. Dr. Potter, at his Spennymoor surgery, situated close to Dr. Anderson's house, exhibits a conspicuous notice, stating that vaccination is performed by him every Tuesday, at 2 P.M., namely, the same day and the same hour as fixed by Public Vaccinator Anderson's contract. Dr. Anderson further complains that for the vaccination thus privately performed, Dr. Potter made only the very small charge of 1s. 6d. or 1s., and that he made only one insertion of lymph. By thus exhibiting a misleading notice, and charging a trivial fee for an insufficient vaccination, Dr. Potter was able, he (Dr. Anderson) believed, to entice a large number of patients away from the vaccination station, where four insertions of lymph were invariably made by him."

Dr. Potter replied in the following terms to the clerk to the guardians who had communicated with him on the subject: "Since I have been public vaccinator I have always put four marks on each child, according to the Local Government Board regulations, and also when I acted in the capacity of deputy vaccinator. As to the Board requiring a written assurance that their instructions shall be carried out, I take this opportunity of stating that I will always act up to the requirements of the Local Government Board, and perform all vaccinations according to their rules. In regard to vaccination at Spennymoor, I myself personally have never vaccinated there, but there are a certain number of patients who object to go to a public vaccinator, and thus they used to come at all times to have their children privately vaccinated. This being a great inconvenience, my partner, Dr. McCulloch, arranged to do all those wishing to be done privately on a certain day and hour. The fee for such vaccination varies according to the circumstances of the people, and also whether the child was done from another child or from calf lymph."

Nothing would be more likely to bring both vaccination and vaccinators into contempt than any appearance of playing fast and loose with the question of efficiency and sufficiency of operative procedure. We cannot doubt that in future neither Dr. Potter nor his partner will be responsible for private vaccinations consisting of any less number or area of marks than is required for public vaccinations. If a parent objects to four marks, he can appeal to the Petty Sessions for relief under Clause 2 of the new Act.

#### RECOGNITION FOR AN IRISH POOR-LAW MEDICAL OFFICER.

THE Loughrea Board of Guardians have unanimously approved the recommendation of the Woodford Dispensary Committee, recommending an increase of salary of their medical officer, Dr. P. Raymond Keary. This increase of salary, it is stated, has been rendered just by the large increase in the number of "red tickets" given in the district, but it is also intended to be a recognition of the heroism displayed by Dr. Keary during a recent outbreak of typhus fever. He carried the fever-stricken patients on his back from the mountain side to the road below, and placed them safely in the ambulance, which he accompanied to the hospital, a distance of some 20 miles. As the *Freeman's Journal* points out, this act, apart from the devotion displayed, which must appeal to everyone who knows what typhus fever is, actually saved the pockets of the ratepayers a large sum of money, since it rendered it possible to stamp out the fever.

#### BOLTON EXTENSION ACT: COMPENSATION TO MEDICAL OFFICERS.

By a recent Act the boundaries of the Borough of Bolton have been extended so as to include a population of 160,000, the former population having been 118,000, and among the officials displaced by the Act are Dr. James Barr, Medical Officer of Health to the County Council, and Physician to the County Hospital, and Dr. Robert Settle, Medical Officer of Health to the Astley Bridge Local Board, the salary of the former having been £200, and that of the latter £20 per annum.

At the last meeting of the Town Council Dr. Barr was awarded £1,000, and Dr. Settle £150, as compensation for the loss of their respective offices. At the same meeting the salary of Dr. Gould, Medical Officer of Health for the borough, was increased from £400 to £600 per annum; the appointment of Public Analyst, previously held by him at a salary of £50 a year, being taken from him, with his sanction, and made a separate appointment.

#### SUPERANNUATION UNDER THE LOCAL GOVERNMENT (IRELAND) ACT.

DISPENSARY asks whether superannuation to Poor-law medical officers has been made compulsory, or whether it is still optional with the Boards of Guardians to grant it.

\*.\* We have been at some pains to point out on several occasions that Section CXVIII of the Local Government (Ireland) Act 1898, entitles a Poor-law medical officer of a certain age and standing, and whose record is favourable, "to receive a superannuation allowance on the scale and according to the Acts and rules relating to Her Majesty's Civil Service." With this exception, the Local Government Act seems to leave the question of superannuation pretty much where it was before the passing of the Act.

#### SERVICE RECKONED FOR SUPERANNUATION UNDER ACT, 1896.

RETIRED writes to say that the reply given at p. 1110 of the *BRITISH MEDICAL JOURNAL*, October 8th, 1898, in answer to a question put by "Incertus" appears to him to be incorrect, as he was informed on his own retirement at the age of 65, after having served in three different unions, that dual appointments could not be recognised.

\*.\* Notwithstanding the decision given to "Retired" in reference to his own case, we do not hesitate to say that our reply to "Incertus" was correct. "Retired," as we understand him, had served in one union only for thirty years immediately previous to his retirement. He of course could have no claim on any union in which he served before

that, though in reference to duration of service, even that time could be, and no doubt was, reckoned. "Incertus," on the other hand, held two appointments up to the time of his resignation, which gives him a claim against both unions. "Retired" says he got nearly £60 on resignation. Does he mean this sum only, or £60 a year? We hope the latter.

#### COMPENSATION FOR LOSS OF APPOINTMENT.

SANITAS was appointed medical officer of health to a rural sanitary authority in 1891, at a salary of £80. His district included four parishes in a Welsh county. In 1894 these four parishes were made into a rural district, and our correspondent became their medical officer of health at £84s., receiving £71 16s. from the remaining portion of the original district. The smaller district has since, by a county council order of August, 1896, confirmed by Local Government Board in December, 1897, been added to another and different rural district, and new officers appointed. His old appointment was an annual one, and he asks if he has any claim to compensation.

\*.\* We think that, unless "Sanitas" has declined service when offered, he has a claim under Section LXXXI of the Local Government Act, 1894, which incorporates *mutatis mutandis* Section CXX of the Local Government Act, 1888. He should make out a full statement of his claim, showing amount received and expended by himself or predecessors in office for previous five years, distinguishing the offices for which same has been received, stating time he has held appointment, and accompanying the application by a statutory declaration as to accuracy. This should be sent to the district council to whom the parishes have been transferred. If the council refuse, he can appeal to the Commissioners of the Treasury. The weak points in our correspondent's case are: (1) the temporary nature of the appointment (see, however, R. v. Norwich, Mayor, etc., of, 8 A. and E., 633); and (2) the short time he had held it. He could only hope to receive a part of the £8 4s.

## MEDICAL NEWS.

DR. GRAY, of West Hartlepool, was recently presented with a marble clock and bronzes by the members of his ambulance class.

SUCCESSFUL VACCINATION.—Dr. Henry Caudwell, public vaccinator for Nos. 1 and 2 Districts of the Woodstock Union, has for the third time been awarded the Government grant for efficient vaccination.

AMONG the latest additions to the Prince of Wales's Hospital Fund is the sum of £212 12s. 1d. contributed during the present year by the Post Office staff in London and in the Surveyor's Department on the invitation of the Postmaster General.

VENTILATION OF WAR SHIPS.—With a view to improve the ventilation of lower deck spaces of modern vessels, the Admiralty have decided on a programme of experiments with electric fans at Devonport dockyard. The experiments will be attended by a large number of officials representing the engineering and constructive branches at the Admiralty and the other dockyards.

THE HEALTH OF THE ITALIAN NAVY.—The report of the public health department of the Italian navy contains a series of diagrams, tables, and graphic charts of disease as it manifested itself in the Italian navy during the years 1895 and 1896. Venereal disease stands on a bad eminence all its own, it being far and away the most frequent. For many years venereal disease and syphilis seem to have been in inverse ratio to each other as regards frequency, but for the last three or four years the curve of their relative frequency appears to have progressed concurrently. In 1896 venereal disease was about 9 per cent., and syphilitic 3 per cent.

PRESENTATION.—Dr. Francis J. Waring, of Hove, Honorary Physician to the Police Seaside Home, Hove, has been presented with a black marble timepiece from many of the convalescents at the Home. The clock bears the following inscription: "Presented to Francis J. Waring, Esq., M.D., M.R.C.S., by many of the visitors to the Convalescent Police Seaside Home, Hove, in recognition of his unwearied and voluntary services to them and their comrades for nearly nine years. September, 1898."

MEDICAL MEN AND MUNICIPAL WORK.—We learn that Dr. John Horron Davies is contesting one of the wards at the coming municipal election at Leicester. Dr. Davies refers

pointedly to sanitary questions in his address, and especially to the danger of introducing water from a goitrous district of Derbyshire as a supplement to the present Leicester supply. Medical men may often do good service in town councils by emphasising and supporting from their special knowledge the recommendations of the responsible health officers, which too often fall on unwilling ears.

**KING'S COLLEGE, LONDON, MEDICAL SCHOOL.**—The following scholarships in the Medical School have been awarded:—Medical Entrance (Universities) Exhibitions: 70 guineas, Charles Harrison Barber; 60 guineas, Herbert S. Flook. Warneford Entrance Scholarships (Arts): £25 a year for two years, Thomas Henry Jones; £25 a year for two years, John James and Eardley Lancelot Holland (equal). Sambrook Medical Exhibitions (Science): £60, Albert Angelo Myers; £40, Harold Benjamin Day. Rabbeth Medical Scholarship (Science): £20, Harold Benjamin Day and Albert Angelo Myers (equal). The Clothworkers' Science Exhibition (open to all Faculties of the College): £30 a year for two years, Arthur Wright; £20 a year for two years, William Marden.

**THE SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.**—At the usual quarterly court of directors of this Society held on October 12th, the chair was occupied by Dr. Pollock. Two new members were elected and applications for relief were read from forty-nine widows, eleven orphans, and six recipients from the Copeland Fund. It was resolved that the sum of £1,197 11s. should be distributed amongst them at the next court. There were no fresh applications for grants, and it was reported that one orphan had through age become ineligible for further assistance. The audited accounts for the last half year were read, and it was resolved to apply the surplus to making a Christmas present of £10 to each of forty-nine widows, £3 to each of twelve orphans, and £5 each to five persons receiving assistance from the Copeland Fund; in all £551.

**THE HOWARD ASSOCIATION.**—The Howard Association advert in its report (issued October, 1898) to the passing of the Inebriates Act as a practical recognition of the essential element of time in the successful treatment of habitual drunkards. It comments at some length upon the "Hooligan" upheaval which has of late disturbed the social order of so many of our large centres of population. From replies received to a circular of inquiry addressed to magistrates and other persons in authority, the Association notes a consensus of opinion that the existing powers of the magistracy and of School Boards may, if fully exercised, materially repress juvenile and other ruffianism. It is incidentally stated that, in spite of the compulsory education law, about one-eighth of the child population of the country do not attend school; and in London at least much of this irregularity is due (according to Dr. Macnamara) to the excessive laxity and delay of the magistrates with regard to Board summonses. The training of prison officers, the sacrifice of infant life in order to obtain insurance money, and the abolition of the death penalty for infanticide, are some of the other topics discussed.

**THE KASHMIR MEDICAL MISSION.**—The operations of this mission have always been characterised by ability and success, under a succession of enthusiastic and skilful men—Drs. Elmslie and Downes and the brothers Neve. The report for 1897 gives evidence of increasing activity and enterprise. The Kashmir State is undergoing a rapid change for the better in matters political, economical, intellectual, moral, and sanitary, and this institution, though it does not obtain much help from the State, has benefited by the improved conditions of government and life prevailing in the happy valley. Thirty-six thousand four hundred and thirty-three out-patients attended, 1,365 were taken into the hospital as in-patients, 44,324 free meals were supplied, and 3,567 surgical operations performed; the latter included 88 cataract cases, of which 81 were successful, 28 amputations with 1 death, 67 operations for epithelioma, 55 nerve stretchings, 15 operations for the cure of hernia without a death, and 25 for calculi, also without a fatality. The State Leper Hospital constitutes a part of the charge of the mission. It accommodates 45 patients, and is supported by the State. Admission is voluntary, and patients come from places beyond the valley. Sixty-six lepers had

between them 616 relatives, and of this number only 2 were said to be lepers. The mission is supported by contributions in India and in England. As a mission of medicine it is well worthy of encouragement. The report under notice gives evidence of religious and moral benefit attained through the ministrations of those in charge, and apart from the question of the propriety of making medicine a handmaiden of religion, there can be no doubt that this mission exercises a humanising and elevating influence in Kashmir.

**MAIDSTONE VOLUNTEER MEDICAL STAFF CORPS.**—It will be remembered that at the time of the Maidstone typhoid fever epidemic, great service was rendered in undertaking night nursing by the Volunteer Medical Staff Corps in Maidstone. The corps consisted of some sixty members, and their services during the epidemic were fittingly recognised on October 12th, when they were presented with medals at the Town Hall, Maidstone. The medals, which were presented by the Corporation, were inscribed with the motto, "With gratitude for loving services, 1897." The corps is under the command of Surgeon-Captain C. Pye Oliver. At the same ceremony those members of the corps who did service in London on Jubilee Day were presented with the Queen's Jubilee Medal.

**HOSPITAL ABUSE AT COVENTRY.**—The Coventry *Daily Telegraph* of October 13th reports a meeting of the General Committee of the Coventry Hospital, in which this subject came under discussion. A subcommittee had been appointed to consider this question, and had reported on May 2nd last; but the report had been referred back, with the object of enabling the subcommittee to bring forward some scheme which would be really efficacious in restraining hospital abuse. The subcommittee reported that they had carefully considered the matter, and had put various questions to the working men's committee, which had been satisfactorily answered. A number of cases had been further investigated by the latter committee, but out of these only two in the opinion of the latter were improperly in receipt of hospital relief. The subcommittee, however, did not consider the report of the working men's committee conclusive in this matter, for they were convinced that in many cases the patients were in receipt of wages sufficient to enable them to pay to a dispensary, a medical service, or a club. The subcommittee also thought that the ticket system should be strictly adhered to, and that all applicants, as far as possible, should be required to obtain a ticket before getting relief. They had revised the existing ticket, and recommended that the tickets as revised should be brought into use. They believed the strict enforcement of the ticket system would be productive of great good to the hospital by causing its benefits to be more confined to deserving cases. The chairman, the Rev. G. Sedgwick, in moving the adoption of the report, said that as long as dishonesty existed hospital abuse would exist. He could not but think that anyone who came to the hospital, when he was able to pay to a medical service, a dispensary, or a sick club, was guilty of something like dishonesty. After a considerable amount of discussion the report was adopted.

**BOLTON AND DISTRICT MEDICO-ETHICAL SOCIETY.**—At the annual meeting of this Society, held at the Infirmary on October 13th, Dr. Kershaw (the President) in the chair, a vote of condolence with the widow of Mr. Ernest Hart was passed. The Secretary (Dr. Beesley), in presenting his report, congratulated the Society upon a successful session, and the Treasurer (Dr. Mothersole) upon its financial condition. On the motion of Dr. Macfie, seconded by Dr. Johnstone, a vote of thanks was accorded to the President and to the Committee for their services during the past year. The following officers were elected for the ensuing year:—*President*: Dr. Kershaw. *Vice-Presidents*: Dr. Robinson and Dr. F. B. Mallett. *Secretary*: Dr. Beesley. *Treasurer*: Dr. Mothersole. *Librarian*: Dr. Thompson. *Committee*: Drs. Brazil Jefferies, Bryce, Laslett, R. Patrick and Panton. *Special Consultative Subcommittee*: Drs. Robinson, Macfie, Mothersole, and F. B. Mallett. *Auditors*: Drs. Mawson and Patchett. The annual dinner is arranged for November 3rd, when Professor Tom Jones of Manchester and Dr. Berry (President of the Wigan Medical Society) will be the guests of the Society.

**BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY.**—The first meeting of the session will be held at 20, Hanover Square, W., on Monday, October 31st, at 9 p.m. Dr. William Vicary Snow (Bournemouth), the retiring President, will vacate the chair, which will be taken by the President-elect, Dr. Fortescue Fox (Strathpeffer Spa), who will deliver an address on the Province of the Spa Physician. Medical men interested in balneology and climatology are invited to attend this meeting.

### 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. Applications to the Secretary by October 31st.
- BIRMINGHAM CITY ASYLUM.**—Resident Clinical Assistant. Board and residence provided, but no salary. Apply to the Medical Superintendent.
- BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon. Salary, £150 per annum (with an allowance of £30 for cab hire), with rooms, fire, light, and attendance. Applications to the Secretary by November 14th.
- CAMBRIDGE: ADDENBROOKE'S HOSPITAL.**—Resident House-Physician. Salary, £85 per annum, with board, lodging, and washing. Applications to the Secretary by December 3rd.
- CANCER HOSPITAL (FREE), Fulham Road, S.W.**—House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by October 31st.
- CARMARTHENSIRE INFIRMARY.**—Resident Medical Officer, unmarried. Appointment for twelve months. Salary, £100 per annum, with furnished apartments, board, attendance, fire, gas, and washing. Applications to the Secretary by November 1st.
- CHATTERIS URBAN DISTRICT COUNCIL.**—Medical Officer of Health. Salary, £20 per annum. Applications to the Clerk to the Council by November 5th.
- CITY OF LONDON UNION INFIRMARY.**—Assistant Medical Officer for the Infirmary, Bow Road; unmarried or widower without children; between 25 and 35 years of age. Salary, £150 per annum, with furnished apartments, rations, and washing. Applications, on forms provided, to F. W. Crane, Clerk to the Guardians, 61, Bartholomew Close, E.C., by October 24th.
- GRIMSBY AND DISTRICT HOSPITAL.**—Resident House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by November 21st.
- HASTINGS, ST. LEONARDS, AND EAST SUSSEX HOSPITAL.**—Assistant House-Surgeon. Appointment for six months, but renewable. Gratuity £10, with residence, board, and laundry. Applications to the Secretary by October 25th.
- HERTFORDSHIRE COUNTY ASYLUM, Hill End, near St. Albans.**—Medical Superintendent. Salary to commence £500 per annum, and, after completion of asylum, furnished residence, light, vegetables, fuel, washing, milk and butter. Applications to C. E. Longmore, Clerk of the Hertfordshire County Asylum, Clerk of the Peace Office, Hertford, by October 24th.
- HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.**—Resident Medical Officer. Salary, £50 per annum, with board, residence and washing. Applications to the Secretary-Superintendent by November 5th.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury.**—House-Surgeon, and a House-Physician, unmarried. Appointment for six months. Salary, in each case, £20, with board and residence. Applications (on forms provided) to the Secretary by November 15th.
- LEICESTER INFIRMARY.**—House Surgeon. Tenure of office not exceeding three years. Salary, £120 for the first year, rising at the rate of £10 per annum until the third year, with board, apartments, and washing. Applications to the Secretary, 24, Friar Lane, Leicester, by October 24th.
- LONDON LOCK HOSPITAL, 91, Dean Street, W.**—Surgeon to out-patients. Must be F.R.C.S. Eng. Applications to the Secretary, at Harrow Road, W.
- LONDON SCHOOL BOARD.**—Medical Practitioners to give Lectures on First Aid, etc., to evening classes. Fee, 3 guineas for course of six lectures. Applications, on forms provided, to the Clerk of Subcommittee on Evening Continuation Schools, School Board for London, Victoria Embankment, W.C.
- LONDON THROAT HOSPITAL, 240, Great Portland Street.**—Non-resident House-Surgeon. Appointment for six months. Salary at the rate of £25 per annum. Applications to the Honorary Secretary of the Medical Committee by October 25th.
- NATIONAL DENTAL HOSPITAL AND COLLEGE, Great Portland Street, W.**—Anaesthetist. Applications to the Secretary by October 26th.
- NORTH-WEST LONDON HOSPITAL, Kentish Town Road, N.W.**—Resident Medical Officer and Assistant Resident Medical Officer. Appointments for six months. Salary of £30 per annum attached to the senior post. Personal application on November 1st, at 5 p.m.
- OLDHAM INFIRMARY.**—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications to the Hon. Secretary by November 1st.
- PORTSMOUTH: ROYAL PORTSMOUTH, PORTSEA, AND GOSPORT HOSPITAL.**—Assistant House-Surgeon. Appointment for six months, but renewable. Board and residence provided and honorarium of £15 15s. Applications to the Secretary by October 27th.
- RICHMOND BOROUGH AND HESTON AND ISLEWORTH URBAN DISTRICT JOINT ISOLATION HOSPITAL COMMITTEE.**—Resident Medical Officer at the Mogden Isolation Hospital. Salary, £100 per annum, with furnished apartments, rations, and washing. Not less than 25, or more than 40, years of age, unmarried. Applications (on forms provided) to P. C. Greville Smith, Clerk to the Joint Committee, 172, High Street, Hounslow, by November 7th.
- ROTTERHAM HOSPITAL AND DISPENSARY.**—Resident House-Surgeon. Salary, £105 per annum, with board and washing. Applications, endorsed "Staff," to the Secretary.
- ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.**—House-Surgeon. Appointment for six months. No salary, but board will be provided. Applications to the Secretary by October 31st.
- ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge Road, S.E.**—Resident Medical Officer. Salary, £70 a year, with board, lodging, and washing. Applications to the Secretary by October 22nd.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.**—Resident Medical Officer. Salary at the rate of £100 per annum, with furnished apartments, board, and washing. Applications to the Secretary by October 25th.
- ROYAL ORTHOPÆDIC HOSPITAL, 297, Oxford Street, and 15, Hanover Square, W.**—House-Surgeon and Anaesthetist, unmarried. Salary, £100 per annum, with residence and partial board. Applications to the Secretary by October 29th.
- ST. PANCRAS AND NORTHERN DISPENSARY, 126, Euston Road.**—Honorary Physician. Applications to the Hon. Secretary, 23, Gordon Street, W.C., by October 31st.
- ST. THOMAS'S HOSPITAL.**—Assistant Physician. Applications to the Treasurer's Clerk by October 29th.
- TORQUAY, TORBAY HOSPITAL PROVIDENT DISPENSARY AND EYE HOSPITAL.**—House-Surgeon, not less than 25 years of age. Salary, £80 per annum, with board, lodging, washing, and attendance. Applications to the Secretary by November 1st.
- WORK DISPENSARY.**—Resident Medical Officer, unmarried. Salary, £150 per annum, with furnished apartments, coals, and gas. Applications to W. Draper, Esq., De Grey House, York, by November 1st.

### MEDICAL APPOINTMENTS.

- BENNETTS, A. J., M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Assistant Medical Officer to the Lambeth Infirmary.
- COLLIER, Alfred C., M.D., B.Sc. Public Health (Edin.),** appointed Medical Officer of Health to the Urban District Council, Winton, Bournemouth.
- CUFFEY, Edward, M.B., R.U.I.,** appointed Surgeon to the Lady Strangford Hospital, Port Said.
- DAVIS, Arthur N., L.R.C.P., L.R.C.S. Edin.,** appointed Medical Superintendent to the Devonshire County Asylum, Exminster.
- ESKRIDGE, R. B., L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Medical Officer of Health to the Royston Urban District Council.
- EYRE, John, M.S., M.D. Durh., M.R.C.S., L.R.C.P.,** appointed Honorary Ophthalmic Surgeon to St. Mary's Children's Hospital, Plaistow.
- GOODBODY, E. C., M.B. Dub.,** appointed District Medical Officer to the Dunmow Union.
- JONES, Dr. T.,** appointed Medical Officer for the Amlwch District of the Anglesey Union.
- JONES, Dr. Thomas O.,** appointed Medical Officer of Health to the Ruthin Rural District Council.
- SCOTT, Joseph, M.B., C.M.,** appointed Medical Officer to the Indo-European Telegraph Company.
- WELLS, T. F. G., L.R.C.P., L.R.C.S. Edin.,** appointed District Medical Officer to the St. Alban's Union.
- WILSON, A. T., L.F.P.S. Glasg.,** appointed District Medical Officer to the Alcester Union.
- WINDLE, J. Davenport, M.B., Ch.B. Vict., M.R.C.S. Eng.,** reappointed Medical Officer of Health for the Southall Norwood Urban Sanitary District.

### DIARY FOR NEXT WEEK.

#### MONDAY.

- Medical Society of London, 8.30 P.M.** Mr. Shield: Four cases of Abdominal Section for Severe Injuries, without External Wound. Dr. F. L. Benham: On the Advantage of Venesection in Acute Pneumonia, with cases in illustration.
- London Post-Graduate Course, London Throat Hospital, 8 P.M.**—Dr. George Stoker: Chronic Glandular Disease of the Nose and Naso-pharynx.

#### TUESDAY.

- National Hospital for the Paralysed and Epileptic, Queen Square, W.C., 3.30 P.M.**—Dr. Ferrier, F.R.S.: Hemiplegia.
- Royal Medical and Chirurgical Society, 8.30 P.M.**—Dr. H. Lambert Lock: Fibrinous or Membranous Rhinitis and its Relation to Diphtheria (communicated by Dr. Allan Macfadyen). Dr. Edmund Cautley: Congenital Hypertrophic Stenosis of the Pylorus.
- London Post-Graduate Course, Bethlem Royal Hospital for Lunatics, 2 P.M.**—Dr. Craig: Katatonia, Dementia, and Senile Insanity. Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Phineas Abraham: Psoriasis.
- West End Hospital for Diseases of the Nervous System, Welbeck Street, W., 4 P.M.**—Dr. T. D. Savill: Cases illustrating the Different Forms of Hysterical Attack, their Pathology and Treatment.

#### WEDNESDAY.

- Hospital for Consumption, Brompton, 4 P.M.**—Dr. Habershon: Bronchiectasis.
- West London Post-Graduate Course, West London Hospital, W., 5 P.M.**—Mr. Bidwell: The Application of Potassium Chloride and other Salts.
- Dermatological Society of Great Britain and Ireland, 20, Hanover Square, W., 5 P.M.**
- London Post-Graduate Course, Central London Sick Asylum, 5.30 P.M.**—Dr. Mitchell Bruce: Clinical Lecture.
- London Post-Graduate Course, Hygiene at Parkes Museum, 4.30 P.M.**—Professor Wynter Blyth: House Drainage, etc.
- Hunterian Society, 8.30 P.M.**—Clinical Evening. Cases will be shown by Dr. F. J. Smith, Dr. Chaplin, Dr. J. H. Sequeira, Mr. Tubby, and other Fellows of the Society.

#### THURSDAY.

- Neurological Society of London, 11, Chandos Street, W., 8.30 P.M.**—Cases will be shown by Dr. Ormerod, Dr. Batten, Dr. Beevor, Dr. Mott, Mr. Lake, Mr. Ballance, Dr. James Taylor, and Dr. Lunn.
- Charing Cross Hospital, Post-Graduate Class, 4 P.M.**—Dr. Galloway: Dermatological Demonstration.
- Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.**—Dr. Barlow: Clinical Lecture or Demonstration of Recent Specimens.

#### FRIDAY.

- Clinical Society of London, 8.30 P.M.**—Clinical Evening. Patients in attendance at 8 P.M. The following cases will be shown: Dr. W. S. Colman: Syringomyelia. Mr. Jackson Clarke: Rachitis Adolescentium. Dr. Norman Dalton: Double Atheroma in a Boy. Mr. Watson Cheyne: Repair of the Bridge of the Nose by Rabbit Bone. Dr. Sidney Phillips: A case of Chyluria. Mr. Page: Ankylosis of Lower Jaw Treated by Removal of a Wedge from the Neck. And other cases.
- British Laryngological, Rhinological, and Otological Association, 11, Chandos Street, Cavendish Square, 8 P.M.**—Inaugural Address by the President, Dr. Middlemass Hunt. Cases will be shown by Dr. Dundas Grant, Dr. Milligan, Dr. Lambie, Mr. Lennox Brown, Mr. Wyatt Wingrave, Dr. Furniss Potter, and others.
- London Post-Graduate Course, Bacteriology at King's College, 3 to 5 P.M.**—Professor Crookshank: Anthrax and Malignant Oedema.
- West London Post-Graduate Lectures on Medical Relief, Course, West London Hospital, W., 5 P.M.**—Dr. H. Cheate: The Application of Splints to the Lower Extremity.

### BIRTHS, MARRIAGES, AND DEATHS.

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

#### BIRTHS.

- CHEYNE.**—On October 12th, at 75, Harley Street, W., the wife of W. Watson Cheyne, F.R.C.S., F.R.S., of a son.
- GULLAND.**—On the 14th inst., at 6, Alva Street, Edinburgh, the wife of G. Lovell Gulland, M.D., F.R.C.P.E., of a son.
- STANFORD.**—On October 13th, at Islington Infirmary, St. John's Road, the wife of W. Bedell Stanford, M.R.C.S. L.R.C.P., of a son.

#### MARRIAGES.

- BREWS-STREEL.**—On the 12th inst., at Christ Church, Gateshead, Edward J. Brews, M.D., to Laura, only daughter of the late James Murdo Steel.
- BROWN-MAGUIRE.**—On October 13th, at the Parish Church, Castleknock, by the Rev. Canon Hogan, assisted by the Rev. E. Benson Redding, George Brown, L.R.C.S.I., L.R.C.P.I., Woodlands, Denby Dale, Yorkshire, to Frances Marian, eldest daughter of the late Dr. Ross Ferrier Maguire, Mount Hybla, Castleknock, Ireland.
- CORNER-DRAKE.**—On October 18th, at Trinity Church, Walthamstow, Albert Corner, of Forest Gate, to M. M. Drake, L.R.C.P., of F. M. Corner, M.R.C.S., L.C.A., to Nellie, second daughter of W. J. S. Drake, of Forest Gate.
- FRANCIS-O'BRIEN.**—On the 6th July, at St. John's Pro-cathedral, Brisbane, by the Venerable the Archdeacon of Brisbane, Thomas William Francis, L.R.C.P. Lond., M.R.C.S. Eng., of Bundaberg, Queensland, to Mary (Mollie), second daughter of the late Michael O'Brien, of Rocksavage, Castletownroche, Ireland.

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.  
CHASING 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., 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., 2.30; Dental, M. Th., 10; Skin, M., 1.30. *Operations*.—W. Th. F., 2.  
LONDON DISPENSARY. *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., 9.  
NORTH-WEST LONDON. *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. Tu. 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. F., 1.30. *Operations*.—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, 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., 8.  
ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, males S., 2; females, W., 9.30. *Operations*.—M., 9; Tu., 3.30.  
ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, Tu. F., 1.45; o.p., M. Th., 1.0; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; 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; F. (Women and Children), 2; S., 4. *Operations*.—W., 9.  
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, Th., 2; S., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electric, M., 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 notices 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.

J.S.B. desires to hear of a home where a young woman, aged 23, paralysed (eight years) in the lower limbs, can be accommodated. She is able to pay only 12s. 6d. a week.

P.J.C.S. asks for information as to the value of citrate of ergotinum in post-partum hemorrhage, and as to the dose to be used hypodermically.

M.B. asks for suggestions in the treatment by internal medicines, not by hypodermic injection, of a case of excessive nocturnal perspiration in a boy, aged 8 years, with no lung mischief.

## WEST AFRICAN MALARIA.

W.F., being about to return to West Africa, would like information as to the value of pambotan (calliandra houstonii) as a substitute for quinine.

## POST-MORTEM BLEEDING.

DR. R. P. LAWSON (Openshaw, Manchester) writes: On September 29th I was called to see a young man, aged 22, who was complaining of pain in the abdomen. The case turned out to be one of typhoid fever, which ended fatally on the eighth day. The temperature was never higher than 101.6°, but the pulse reached 164 two hours before death. One hour after death took place blood commenced to flow from the right ear, the nostrils, and the mouth, and continued for more than forty-eight hours, until the coffin was sealed up. The blood was not dark and frothy like ordinary post-mortem oozing, but was quite fresh, bright-red, arterial blood, and more than a cupful in quantity. The consultant who saw the case with me can offer no satisfactory explanation. I should like to ask if any of your readers can state a parallel case, or could give me any explanation of the bleeding?

## ANSWERS.

COLONIAL SURGEON is requested to communicate his address in this country to the Editor.

C.A.—There is no reason to suppose that white woollen knitted night-socks would be in any way injurious to a person of a delicate constitution.

S. W. A.—So far as we are aware, the Royal Colleges of Physicians and Surgeons in England, Scotland, and Ireland have no by-laws forbidding their Fellows to act as surgeons to clubs, benefit or trade societies, although they have on various occasions expressed the opinion that such appointments should not be held except under suitable conditions. We may refer our correspondent to the report of the meeting in the BRITISH MEDICAL JOURNAL of October 22nd, p. 1265, of the Council of the Royal College of Surgeons.

## PRACTICAL INSTRUCTION IN THE USE OF FORCEPS.

IODIFORM writes in reply to "Forceps": I would state that many years ago, when a qualified assistant, I had great fear of the forceps operation. Having a fortnight's holiday I consulted the house-surgeon of a maternity hospital, and expressed a desire to pay the fees of the hospital if he would let me put on the forceps should a chance occur. The house-surgeon said that he wanted all the forceps cases, therefore I paid no fees. I went to a bookshop and bought Leishman's *Midwifery*. After reading the article on the forceps in that book, I shortly afterwards used them in the high operation without bungling. In the same book the directions how to pass a female catheter will be found very plain to the beginner.

## LADY DISPENSERS.

MUNICIPALS.—It is possible for ladies to earn a living by acting as dispensers to medical men, hospitals, etc. The demand for their services at hospitals is not great. To become a qualified pharmacist, it is necessary to pass the Minor Examination of the Pharmaceutical Society. To do this a preliminary examination must be passed, a three years' apprenticeship served, and further study in some school of pharmacy is always required. The Apothecaries' Society, Blackfriars, grant certificates for competency in dispensing upon passing their examination in Chemistry, Materia Medica, Pharmacy, and Dispensing. This certificate has no legal value, but it suffices for some hospital dispenser-ships. Instruction in the subjects of the Apothecaries' Hall examination can be obtained at the various schools of pharmacy in London and also in the country. The advertisements of these schools can be seen in the *Pharmaceutical Journal*.

## RHEUMATISM.

We have received the following further answers to "Member," who asked a question on this subject in the BRITISH MEDICAL JOURNAL of September 24th:

"B.A." writes: 1. Promote perspiration by the Turkish bath, etc. 2. Diuretics—whey made by adding citric acid to warm milk is useful. 3. Antiseptics—guaiacol carbonate is one of the best. 4. Electric baths, a continuous current battery placed at the head of the bath, the positive pole in the water behind the patient's neck. The negative pole may be held in the hand under water, or if necessary applied to the feet by an attendant. This bath is not as frequently used as it should be. Lastly, do not trifle with rheumatic arthritis with the hope that it will cure itself.

"G. C." (London) writes: It is absolutely necessary that he spend at least three weeks at some inland watering place, such as Buxton; but if his home be in the north or in some colder part then Bath, or Cheltenham, or Leamington (perhaps). The stiffness and the pain are increased during the first week of treatment, but the third week makes up for it in the suppleness and unwonted ease. He may have to repeat this prescription in ten to fifteen months. Meanwhile I would suggest