

curring. In Herringham's¹⁴ case nothing was found and the patient recovered; in Sheild's case¹⁵ rupture of gall bladder. In a case, however, recorded by Murchison a perforation had all but healed when erysipelas carried off the patient, and in a case at St. Mary's Hospital in 1894 a *post-mortem* examination showed a perforation all but healed when the patient succumbed to septicæmia. Three cases of 22 recorded operations for perforated typhoid ulcers have recovered, and as operation affords a better chance of recovery than that offered by Nature, it appears to me indicated in all cases in which perforation can be diagnosed—the difficulty in the diagnosis, however, will prevent the operation being very often performed. The only other treatment affording a chance of recovery is opium.

Hæmorrhage.—Some have regarded hæmorrhage as a favourable occurrence in typhoid fever, and there is no amount of hæmorrhage that may not be recovered from; in 1882 I saw, with Dr. Wakefield, a patient who bled two chambers full, and recovered. But the more general opinion is that it is a bad omen, and that death follows 30 or 40 per cent. of cases of free hæmorrhage, though sometimes long after the bleeding has occurred. It is generally arterial, but in a case of mine in 1888 the necropsy showed that the dark blood had oozed away during life from a vein in the ileum, opened up by ulceration. In its treatment opium pressed freely, and turpentine, are useful, but often no drug is so efficacious as tincture of hamamelis; in one case at St. Mary's Hospital in 1892 (J. M., Case 1398) it checked the hæmorrhage after all other remedies had failed, and I believe it is more to be relied upon than anything else; in 5-minim doses in a little water every half-hour while the hæmorrhage lasts, with or without opium. The application of the icebag to the abdomen seems beneficial, but it is depressing if kept on long after the hæmorrhage has ceased and it freezes the abdominal wall into a leathery consistence, and probably interferes with the vitality of the subjacent intestine. I have repeatedly seen hæmorrhage occur while the icebag had been on for days. The necessity for absolute non-movement of the patient when hæmorrhage occurs is obvious.

Of peritonitis without perforation opium is indicated.

Diarrhœa.—Murchison in the edition of his work in 1862 wrote that diarrhœa occurred in 96 of 100 cases; in 1884 he found it reduced to 80 of 100 cases; since that time it is much less frequent. Of 200 consecutive cases at St. Mary's diarrhœa occurred in only 115; constipation in 48; and the diarrhœa was seldom very severe. In many cases it had been set up by a purge given before a diagnosis was made. Diarrhœa is found in a very large proportion of cases in whom hæmorrhage occurs, and in my opinion adds to the danger of typhoid fever by preventing absorption of nutriment and by draining the blood of fluid. I think purgative drugs should never be given and diarrhœa should be checked in every way possible by adapting the nature and quantity of food to the patient's powers, by giving all food warmed and by enemata of starch with or without opium rather than by drugs given by the mouth. Of the latter, salicylate of bismuth in doses of 20 or 30 gr. doses three or four times a day is very useful.

Constipation must be treated if obstinate; enemata are better than purgative drugs for this purpose, and should have some disinfectant added to them. It is very important to overcome constipation before solid food is given; if not, it often sends up the temperature and an immediate recurrence of symptoms. Some attribute relapses to the giving of solid food, others to constipation. Certainly the two combined will produce a rise of temperature and disturbance for a considerable time, though not, I think, a true relapse with fresh spots.

Tympanites is commonest when there is much diarrhœa. That form in which the belly is soft and doughy as well as swelled is due to general loss of nerve tone and treatment affects it little. Diffusible stimulants, etc., may be tried. In the form of tympanites with tense abdomen hot fomentations are, I think, preferable to the icebag. Passage of a long tube into the rectum gives relief and often also sets up retention of urine.

In many cases swelling of abdomen is due not to true tympanites but to stomach distension, the result of liquid food and the recumbent position. Food must be given in small quantities only.

Retention of urine must be always remembered—it is often

overlooked in the general distension of abdomen, or because "overflow" occurs from the full bladder. Long retention may add uræmic dangers in a typhoid patient very readily.

The question of moving a patient in cases where the sanitary conditions are bad has sometimes to be considered, for he will be likely if he remain where he is to take in fresh doses of the poison. On the other hand, as Sir W. Jenner pointed out, the cases that do worst owe it sometimes to having travelled when well on in the disease. If it is very early, careful removal will be best. If the patient is well on in the disease he had better remain where he is as the risk of moving is too great. I show the chart of a patient I saw in June with Dr. Pettifer who had repeated rigors and rise of temperature pointing to septic conditions. We moved him; only one more rigor occurred and he recovered.

In the third group the intercurrent affections of typhoid such as pneumonia are to be treated on ordinary principles; pneumonia is usually recovered from, and it is apt to begin or to end in the course of typhoid with abrupt rises of temperature or a critical fall, after which the typhoid temperature reasserts itself. Acute bronchitis in typhoid is, in my experience, more serious than pneumonia.

REFERENCES.

- ¹ *Sem. Méd.*, March, 1890. ² *Trans. Clin. Soc.*, vol. xxiv. ³ *Ibid.*, vol. xxx. ⁴ *Munch. med. Woch.*, 1891, p. 43. ⁵ *The Cold Bath Treatment*, 1898. ⁶ *Lancet*, vol. ii, 1894. ⁷ *Guy's Hospital Reports*, 1893, vol. i. ⁸ *St. Thomas's Hospital Reports*, 1878. ⁹ *Practitioner*, 1897. ¹⁰ *Treatment of Typhoid Fever*, 1892. ¹¹ *Coe, The Blood*, 1898. ¹² *Johns Hopkins Hospital Reports*, vol. iv, No. 1. ¹³ *BRITISH MEDICAL JOURNAL*, vol. i, 1897. ¹⁴ *Trans. Med.-Chir. Soc.*, vol. lxxx. ¹⁵ *Lancet*, 1895.

MEMORANDA:

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

NOTE UPON THE TREATMENT OF PNEUMONIA BY IRON PERCHLORIDE.

STEEL in the treatment of pneumonia has already many advocates, and I should like to add my testimony to its usefulness in certain forms of this rather common malady and under certain conditions. The following is an example of the kind of case in which it seems to be especially valuable: P. J. L., aged 34, came under treatment on October 18th, 1898. He was a fairly healthy looking man. He stated that he had been feeling very poorly for two or three weeks, and that on the day previous he had caught cold from getting wet while on a short railway journey. When seen on the afternoon of October 18th he complained of a tight feeling across the lower part of the chest, pain in the right side of his chest, back, and legs, and of a rather troublesome cough. There was found dullness above and below the right clavicle, bronchial breathing and bronchophony, and, in fact, the usual symptoms of apical pneumonia. Lower down there were crackling and subcrepitant *râles* to the sixth rib in front and moist sounds were also heard rather extensively posteriorly. The temperature was 102.2°, the pulse 118, and respirations 28. He was ordered carbonate of ammonia and citrate of potash in rather full doses every three hours, and hot applications occasionally to relieve pain over the right side. The following morning the temperature was 103.2°, pulse 124, and respirations 32. The tongue was still furred, the skin moist, pleuritic pains severe on moving or coughing. He had had very little sleep, and still felt very poorly. In the evening the temperature was 104.4°, pulse 126, and respirations 30; the moist sounds in the chest seemed to be extending; he felt, and evidently was, very seriously ill.

The question was whether to give a large dose of digitalis rather as a sedative than otherwise, as the first sound was still quite clear, or to give iron perchloride. I decided to give the latter, as I felt sure it would lessen secretion in the affected bronchioles, and act as a general tonic. The following mixture was prescribed: Tinct. ferri perchlor. mxx ; liq. am. acet., \mathfrak{zj} ; sp. ether chlor. mxx ; aquam ad \mathfrak{zj} , to be taken every three hours.

On the following morning he said he felt much better; he had had two or three hours' sleep; his pulse was firmer, and

slower, 108 instead of 126, and his temperature had fallen to 102°, the respirations to 24. That night the temperature rose to 103°, it was 101.2° F. the following morning, and was 102.8° at night. He had been able to sleep much better, his tongue was getting less furred, although at first a little blackened by the medicine; this was given after the first day every four instead of every three hours. The crisis occurred during the night of the fifth day, and the temperature fell from 102.8° to 97.8°; the pulse and respirations also fell to 78 and 20 respectively.

On October 24th the patient's condition was entirely satisfactory. Moist sounds were, however, still to be heard over most of the lung, and the absolute consolidation of the apex was gradually undergoing resolution. The cough was easier and more efficient.

As I have stated, the alternative to the treatment of this case by steel would have been by large doses of digitalis, with the free exhibition of stimulants. The patient has had no stimulant. Had the latter line of treatment been adopted, I think he would not have done so well, and even if the immediate requirements of his system had been so easily satisfied, we must all admit that when we can do without digitalis it is always better, especially in apical pneumonia, where a slower convalescence means a greater danger of tuberculous infection of the damaged lung.

HENRY W. KING, M.D.,

Honorary Physician to the Chester General Infirmary.

ON THE PASSAGE OF THE UTERINE SOUND INTO A FALLOPIAN TUBE.

THE following case will be of interest *apropos* of the discussion in the BRITISH MEDICAL JOURNAL on the question of the possibility of passing the uterine sound into a Fallopian tube. Some years ago I was asked to see a case with Dr. Allan of Longton with reference to the removal of a tumour which turned out to be a dermoid growth from the left ovary. When examining the case he told me that the sound passed for nearly 8 inches, and on introducing the instruments found that such was the case. On palpation of the abdomen the sound could be felt on the left side, apparently immediately underneath the abdominal wall. The passage was very easy and the sound turned somewhat to the left and gave no pain. When I was proceeding to operate for the removal of the tumour I was anxious to clear up the question of where the sound passed to, and inserted it before making my abdominal incision. On opening the abdomen I found that the sound had threaded the whole extent of the left Fallopian tube and was presenting at the orifice. This tube was removed with the ovary and growth, and the patient made a good recovery. It is satisfactory to be able to speak with absolute certainty in the matter, as the possibility of verifying the passage of a sound into a Fallopian tube by inspection must be rare.

WHEELTON HIND, M.D., B.S., F.R.C.S.

Stoke-on-Trent.

PUERPERAL PYREXIA TREATED BY ANTISTREPTOCOCCUS SERUM.

THE following cases, in which antistreptococcus serum was used, may be of interest to your readers:

CASE I.—A. R., a primipara, aged 23 years, pregnant seven months, was taken in labour—breech presentation, heralded by slight hæmorrhage, ten days before. The placenta and membranes were so adherent as to be practically incorporated with the uterine wall, and were removed under ether. The temperature fluctuated for two days, and then after a rigor rose suddenly to 105.5°, falling again, however, after a uterine douche of 1 in 8,000 perchloride of mercury. Next day it rose again with rigor to 105°, and the douche failing to reduce it, the uterus was explored, a small portion of placenta removed, and the uterine wall curetted. Notwithstanding frequent uterine irrigation and the absence of offensive discharge, the temperature on the following morning reached 105°, fell during the day, but in the afternoon rose again to 104°; the pulse was 140. An injection of 10 c.cm. of antistreptococcus serum was made into the abdominal wall; in twenty minutes the temperature fell to 100.5°. The injections were continued at intervals of twelve hours for five days, and each injection was followed by a slight fall of temperature, which only once afterwards reached 102°. They were discontinued when the

temperature had remained normal for twenty-four hours, and the patient made a good recovery.

CASE II.—A. J., aged 21, a primipara, eight months pregnant, had lived in a farmhouse, with very insanitary surroundings, during the late hot weather. She had complained of shivering the day before I saw her. The temperature was 102° and the pulse 140. There was pain on pressure over the uterus and severe headache. Next day labour came on; the temperature was 100°. She was delivered eighteen hours later, placenta and membranes coming away naturally and easily. Twelve hours later her temperature was 104.5° and the pulse 150. I injected 20 c.cm. of antistreptococcus serum, and in fifteen minutes her temperature was 102°. During the following two days 10 c.cm. were injected four times, and after each injection there was a fall of temperature as below:

	Temperature at Time of Injection.	Temperature 15 Minutes Later.
1st injection, evening	104.5°	102.0°
2nd " morning	100.0°	99.0°
3rd " evening	99.5°	98.4°
4th " morning	101.0°	100.0°
5th " evening	100.0°	98.4°

After the fifth injection the temperature remained normal and she made an excellent recovery.

ARTHUR A. PIM, L.R.C.S.E., L.R.C.P., etc.

Beaminster, Dorset.

REPORTS

ON

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

ROYAL INFIRMARY, DERBY.

A CASE OF INTESTINAL OBSTRUCTION, FROM THE IMPACTION OF
A GALL STONE, RESULTING IN DEATH.

(Reported by WINSTAN ST. A. ST. JOHN, M.R.C.S., L.R.C.P.,
Assistant House Surgeon.)

H. H., aged 54, was admitted for intestinal obstruction on Tuesday, August 23rd. He had been vomiting since the previous Friday, the vomit having become fecal on the Monday.

His medical man had seen him on the Saturday night, when he complained of gastric pain and sickness, which seemed better on the Sunday, but there was no action of the bowels. On Monday he was worse, and in the evening, being in a state of collapse, was ordered to the infirmary.

On admission his abdomen was seen to move freely on respiration. No hernia could be found, nor was there any indication to assist in diagnosing the cause of obstruction. As he was an exceedingly stout man and in a state of extreme collapse, it was decided that it would be inadvisable to resort to operative measures. He died within three hours of admission.

There was a history of alcoholism. He said he had had "congestion of the liver" some months previously. His medical man does not support this statement, and also says that he had not had jaundice or any other symptoms pointing to presence of gall stones. He had been suffering from chronic constipation for some weeks, and had been treated with purgatives and enemata.

At the *post-mortem* examination there was discovered in the small intestine, about 6 inches above the ileo-cæcal valve, a round hard mass of feces about the size of a walnut. This contained a gall stone an inch long in its longest diameter. In the jejunum, about a foot from the duodenum, there was another hard mass, but of feces only. The duodenum was firmly fixed to the liver by a dense cicatricial mass. The duo-

defence spoke he was perfectly sane and sensible. One of his worst times was at Edinburgh on July 26th and following days, yet on the 25th he attended a meeting of his committee, and not only transacted the ordinary business rationally, but made a very excellent speech of thanks, always a very difficult thing to do. The jury had heard the evidence of Dr. Farquharson, who was constantly seeing him, that he was always sane, and his conduct on the days following the alleged assault, so far as they had heard, appeared to be rational. His lordship having commented on the fact that no one had been called by Mr. Shee to prove the state of the prisoner's mind since August, said the evidence of Dr. Hair and Dr. Ramsay as to the prisoner's condition on the afternoon of August 11th was of great importance. But while those doctors said he was perfectly sober when they saw him, they had evidence that at the asylum two hours later he was very drunk. It seemed obvious that the man's condition was getting worse and worse, and that if he went on drinking he would become hopelessly insane. The question was, whether he had reached that stage on August 11th. His lordship dwelt on the strange condition of things in the asylum. Here was a man who was said to have showed signs of madness months and years before, yet who was allowed to go on without report and without observation in his place as superintendent. It was almost grotesque to think that a doctor who was himself declared to be insane should come into that court at the last assizes and give evidence as to the sanity of a man who was on his trial for murder. It would certainly be strange if the prisoner had been insane over all the period to which the witnesses spoke. Was the truth not as stated by Dr. Yellowlees, that there were moments when he was insane, and that there were periods of time when there were lucid moments? If that view was correct, was the prisoner insane or in a lucid moment on August 11th?

The jury, after being absent from court for a quarter of an hour, returned a verdict of guilty, but insane.

The learned Judge ordered the prisoner to be detained during Her Majesty's pleasure.

The trial, which commenced at about 11 in the morning, did not terminate until 8.45 at night.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

COUNCIL ELECTION.—At the biennial election on November 7th, Dr. Donald MacAlister was elected at the head of the poll to serve on the Council as a member of the Senate for a fourth term of four years. Professor Ewing, F.R.S., and Professor Forsyth, F.R.S., were at the same time elected as representatives of the professoriate.

HONORARY DEGREE.—The degree of LL.D. *honoris causa* will be conferred upon Lord Kitchener of Khartoum on November 24th.

FELLOWSHIP ELECTION.—On November 7th Mr. V. H. Blackman, Botanical Assistant at the British Museum, was elected to a Fellowship in Natural Science at St. John's College.

UNIVERSITY OF EDINBURGH.

WITH reference to the notice of the appointment of Mr. J. M. Beattie, mentioned in the *BRITISH MEDICAL JOURNAL* of October 29th, it should have been stated that he was appointed Assistant to the Professor of Pathology in the University of Edinburgh, and not as printed.

UNIVERSITY OF GLASGOW.

THE usual winter graduation ceremony took place at Glasgow University on November 3rd, when Principal Story presided. Among the Degrees conferred were the following:

Doctors of Medicine (M.D.).—I. With Commendation: J. T. Biernacki, M.B., C.M.; H. H. Thomson, M.B., C.M.; A. Webster, M.B., C.M.; II. Ordinary Degree: J. Lithgow, M.B., C.M.; W. Mason, M.B., C.M.; W. A. Mackay, M.B., C.M.; A. A. Warden, M.A., M.B., C.M.
Bachelors of Medicine (M.B.) and Masters in Surgery (Ch.B.).—J. Boyle, Martha Jane Gilmore Cox, W. M. Duff, Christina Fraser, T. A. S. Gibb, J. W. Johnstone, R. H. Meikle, G. Moreland, G. Murray, A. McGlashan, May McMillen Pearson, R. Shanks, A. J. T. Swann.
Bachelors of Medicine (M.B.) and Bachelors of Surgery (Ch.B.).—I. With Commendation: J. Barrowman. II. Ordinary Degrees: W. Bennett, J. S. Beveridge, A. Clark, R. Crawford, B. Dunlop, H. S. Heap, J. Henderson, E. F. L. de Jersey, A. Jubb, Jane Lorimer, Annie Louise M'Ilroy, Margaret Wallace Howie M'Neil, J. M'Whir, Agnes Renton Robson, J. Shaw, M.A., J. L. Simpson, D. S. Sutherland.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following is the business of which notice has been given at the annual meeting of Fellows and Members of the Royal College of Surgeons of England on November 17th, 1898, at 3 o'clock P.M.:

(1) The President to place before the meeting the report of the Council for the year ending July 14th, 1898.

(2) To be moved by Mr. George Brown, and seconded by Dr. Danford Thomas: "That this meeting congratulates the Council on the successful results of its representations in the matter of the reform of the Army Medical Service, and trusts that it will now turn its attention towards remedying the notorious abuses which exist in connection with civil medical practice." Proceedings thereon.

(3) To be moved by Mr. Joseph Smith, and seconded by Dr. Thomas Morton: "That in view of the expressed opinion of the Council that it 'represents the whole and therefore all parts of the Corporation,' and in view of the fact that, so far as it has hitherto been possible to ascertain their sentiments both individually and at general meetings, the opinion of a large number of the Members is, and has been for many years past, that they should have some share in the election of the Governing Body, this meeting requests the Council to again consider whether some means cannot be found of fulfilling this desire." Proceedings thereon.

(4) To be moved by Mr. W. G. Dickinson and seconded by Dr. Herbert Snow: "That this meeting notes with satisfaction that the Council has at

last definitely expressed its disapproval of canvassing for patients and of the employment of professional advertisements addressed directly to the lay public, and this meeting further trusts that the Council will extend its disapproval to the acting by Fellows and Members of the College as paid officials of any Association which adopts these unprofessional practices." Proceedings thereon.

(5) To be moved by Mr. Brindley James and seconded by Dr. F. H. Alderson: "That this meeting approves of the proposal to institute a gown for the Members of the College, and trusts that the Council will see its way to carry this suggestion into effect." Proceedings thereon.

(6) To be moved by Mr. R. B. Anderson, F.R.C.S.: "That this meeting supports the Council in appealing from the judgment of the Court of Queen's Bench, which decides in the words of Mr. Justice Wright, 'that in so far as its real purpose of existence is the examination of candidates' 'for certificates of proficiency in surgery,' this College is not to be regarded 'as existing for a scientific purpose, and in the words of Mr. Justice Channell, 'that as the part relating to examinations may be considered to be for the individual benefit of persons it follows that the Examination Halls cannot be exempt, and thereupon adjudging tax to be paid upon them; and will support the Council in all constitutional measures to maintain inviolate the charters of the College, which declare, as the sole object of its constitution, that 'it is of great consequence to the commonweal of this kingdom that the Art and Science of Surgery should be promoted, and that the establishment of a College of Surgeons will be expedient for the due promotion and encouragement of the study and practice of the said Art and Science,' and which provide benefits to individuals including the Diploma, the rights of Members, and the fees of Examiners, for the sole object, on the principle affirmed, but not upheld, by Mr. Justice Channell, that 'speaking generally,' 'it is the best way to carry out a particular object to give individuals a special interest in having it carried out.' Proceedings thereon.

(7) To be moved by Mr. R. B. Anderson, F.R.C.S.: "That this meeting urges the Council, by treating the chartered rights of Fellows and of Members as a trust for the promotion of science, and on that ground diligently maintaining, defending, and enhancing those rights on every occasion, in accordance with By-law XV, and by recognising the interest of Members in the benefits of the trust, the importance of their work in its execution, and their right to a voice in its administration, to act consistently upon the principle upon which it now depends for relief from injurious taxation and more injurious indignity, and for successful defence of the chartered status of the College, namely, that all benefits conferred through the College upon individuals are conferred by the Crown for, and as being essential to, 'the due promotion of the study and practice of the science and art of surgery' 'for the commonweal of this kingdom.'" Proceedings thereon.

CONJOINT BOARD IN ENGLAND.

THE following gentlemen have passed the First Examination of the Board under the Five Years' Regulations in the subjects indicated:

Part I: Chemistry and Physics.—G. H. Adam, King's College and St. Bartholomew's Hospital; J. Avery, London Hospital; E. C. E. Barnes, University College Hospital; A. R. Bourgaunt, University College Hospital; G. M. Clowes, London Hospital; C. H. R. Coltart, Westminster Hospital; J. B. Copland, Guy's Hospital; H. B. Cunningham, St. Thomas's Hospital; J. L. Goldstein, London Hospital; H. J. H. Graves, London Hospital; E. H. Griffin, Cambridge University and Guy's Hospital; R. G. E. Grote, Charing Cross Hospital; J. Howard, Owens College, Manchester; W. S. Hughes, Charing Cross Hospital; R. M. Im Thurn, Cambridge University and St. Bartholomew's Hospital; T. W. Jeffery, London Hospital; H. Johnson, Guy's Hospital; M. R. Johnson, London Hospital; J. D. S. Lloyd, Mason College, Birmingham; W. Lovell, St. Mary's Hospital; O. Marshall, University College Hospital; J. H. Porter, London Hospital; T. C. Power, London Hospital; H. A. Reatchlous, Birkbeck Institute; C. A. E. Ring, Guy's Hospital; F. E. Roberts, St. George's Hospital; W. Stansfield, Owens College, Manchester; J. L. Stephenson, University College, Glasgow; D. J. Thomas, University College, Cardiff; C. E. Waldron, London Hospital; A. S. Williams, St. Bartholomew's Hospital; R. W. S. Wood, Yorkshire College, Leeds.

Part II: Practical Pharmacy.—P. F. Alderson, Middlesex Hospital; A. H. Bateman, St. Bartholomew's Hospital; F. G. Bennett, Cambridge University and University College; A. E. Bird, Owens College, Manchester; A. C. Birt, St. Thomas's Hospital; H. Bond, St. Bartholomew's Hospital; D. Bridges, Charing Cross Hospital; J. W. A. Brookes, Mason College, Birmingham; C. E. Bulteel, King's College Hospital; H. B. Butler, St. Bartholomew's Hospital; H. N. R. Child, Dundee and Middlesex Hospital; E. Claye, Owens College, Manchester; N. A. W. Conolly, St. Bartholomew's Hospital; R. T. Cooke, St. Bartholomew's Hospital; G. E. Cope, Westminster Hospital; F. W. Cotton, University College, Bristol; G. R. H. Crozier, St. Mary's Hospital; E. W. Däll, St. Bartholomew's Hospital; W. P. Dyer, St. Bartholomew's Hospital; E. F. Ellis, University College Hospital; T. S. D. Enderby, St. Thomas's Hospital; C. H. Farquharson, St. Mary's Hospital; G. W. Fletcher, University College, Bristol; A. H. Foster, St. Mary's Hospital; C. A. H. Gee, University College, Bristol; R. K. G. Graves, St. George's Hospital; R. L. Hagger, University College Hospital; L. E. Hertslet, London Hospital; P. L. Hope, St. Thomas's Hospital; A. J. H. Iles, St. Thomas's Hospital; J. D. Keir, Glasgow University and St. Mary's Hospital; T. J. Latham, London Hospital; J. H. Lightfoot, St. Mary's Hospital; N. Lipscomb, St. Bartholomew's Hospital; D. G. Lloyd, London Hospital; G. C. Lowe, Guy's Hospital; J. A. McIlroy, Mason College, Birmingham; J. F. McQueen, University College, Bristol; F. M. Matheson, University College Hospital; G. C. B. Mieville, University College Hospital; E. R. Millar, University College Hospital; W. H. Neil, University College Hospital; W. C. Nimmo, Westminster Hospital; C. S. Parker, University College Hospital; A. S. Petrie, St. Bartholomew's Hospital; J. D. Reid, Owens College, Manchester; G. H. Richard, St. Mary's Hospital; E. F. Rose, St. Bartholomew's Hospital; T. Rose, Middlesex Hospital; E. R. Row, Guy's Hospital; H. E. Scoones, St.

Bartholomew's Hospital; M. Sheehan, Queen's College, Cork; S. Spencer, Owens College, Manchester; H. V. Swindale, Middlesex Hospital; H. S. Turner, Guy's Hospital; J. C. F. D. Vaughan, St. Thomas's Hospital; H. B. Walters, London Hospital; C. F. Watson, Guy's Hospital.

Part III: Elementary Biology.—T. H. Bishop, University College, Edinburgh; D. Le Bas, St. Mary's Hospital; J. L. Stephenson, University College, Glasgow.

The following gentlemen have passed the First Examination of the Board under the Four Years' Regulations in the subjects indicated:

Part II: Materia Medica.—P. S. Cooke, Charing Cross Hospital; J. M. Garman, London Hospital; T. F. W. Higgs, Mason College, Birmingham; T. A. King, Cambridge University and St. Thomas's Hospital; H. P. Shanks, University College Hospital; E. Whalley, Yorkshire College, Leeds.

Part III: Elementary Physiology.—R. Cope, St. Bartholomew's Hospital.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following gentlemen, having passed the requisite Examinations, have been duly elected Fellows of the College:

J. A. Dickson, L.R.C.S.E. and M.D., McGill University; E. H. Fraser, M.B., C.M. Edin.; A. A. Martin, L.R.C.S.E.; E. C. Moore, M.B., C.M. Edin.; L. J. H. Oldmeadow, M.B., C.M. Edin.; W. Ranson, L.R.C.S.E.; C. A. J. Wright, L.R.C.S.E.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

THE REGISTRAR-GENERAL'S QUARTERLY RETURN.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]

THE Registrar-General has just issued his return relating to the births and deaths registered in England and Wales during the third or summer quarter of this year, and to the marriages during the three months ending June last. The marriage-rate was equal to 17.9 per 1,000, and was higher than in the corresponding period of any year since 1874.

The births registered in England and Wales during the quarter ending September last numbered 234,665, and were equal to an annual rate of 29.7 per 1,000 of the population, estimated by the Registrar-General to be nearly thirty-one and a-half millions in the middle of this year. This rate was 0.5 per 1,000 below the mean rate in the corresponding periods of the ten preceding years. The birth-rates in the several counties ranged from 18.2 in Rutlandshire, 22.9 in Westmorland, 23.4 in Sussex, and 24.3 in Oxfordshire, to 33.5 in Monmouthshire, 33.8 in Northumberland, 35.4 in Staffordshire, and 35.5 in Durham. In thirty-three of the largest English towns, including London, the birth-rate last quarter averaged 30.4 per 1,000, and exceeded by 0.7 the general English rate. In London the birth-rate was equal to 29.5 per 1,000, while it averaged 30.9 in the thirty-two provincial towns, among which it ranged from 22.6 in Huddersfield, 22.9 in Halifax, 24.3 in Bradford, and 25.1 in Brighton to 34.4 in Salford, 35.5 in Sunderland, 36.6 in Gateshead, and 37.0 in Wolverhampton.

The births registered in England and Wales during the three months ending September last exceeded the deaths by 93,125; this represents the natural increase of the population during that period. From returns issued by the Board of Trade, it appears that 66,898 emigrants embarked during last quarter, for places outside Europe, from the various ports of the United Kingdom at which emigration officers are stationed. Of these 66,898 emigrants, 31,058 were English, 5,652 Scotch, and 10,938 Irish, while 19,250 others were of foreign nationality. Compared with the averages in the corresponding quarters of recent years, the proportion of emigrants from each division of the United Kingdom showed a marked decline.

During the third quarter of this year the deaths of 141,540 persons were registered in England and Wales, equal to an annual rate of 17.9 per 1,000 of the estimated population, which was 1.3 per 1,000 above the mean rate in the corresponding periods of the ten preceding years. The lowest county death-rates last quarter were 11.8 in Westmorland, 12.1 in Oxfordshire, 12.6 in Wiltshire, and 12.7 in Dorsetshire; while the highest rates were 20.4 in Warwickshire, 20.8 in Lancashire, 21.7 in Northumberland, and 21.8 in Durham. In the urban population of England and Wales, estimated at nearly twenty-one and a-half millions of persons, the rate of mortality during the quarter under notice was 19.3 per 1,000; while in the remaining and chiefly rural population of nearly ten millions the rate was 14.9 per 1,000. These urban and rural rates were 1.5 and 0.7 per 1,000 above their respective averages in the corresponding quarters of the ten preceding years. Among thirty-three of the largest English towns the mean death-rate was 20.3 per 1,000, or 2.4 per 1,000 in excess of the general death-rate in England and Wales during the same period. In London the rate was 19.4 per 1,000, while it averaged 21.0 in the thirty-two large provincial towns, among which the rates ranged from 15.6 in Huddersfield, 15.9 in Cardiff, 16.0 in Swansea, and 16.1 in Oldham to 25.1 in Wolverhampton, 26.3 in Liverpool, 27.5 in Sunderland, and 28.7 in Salford. In sixty-seven other large towns, with an estimated aggregate population of nearly four millions, the mean death-rate was 18.2 per 1,000, or 2.1 per 1,000 below the rate in the thirty-three great towns.

The 141,540 deaths registered in England and Wales during the three months ending September last included 22,524 which were referred to diarrhoea, 2,248 to whooping-cough, 1,927 to measles, 1,556 to diphtheria, 1,261 to "fever" (including typhus, enteric, and ill-defined forms of continued fever), 694 to scarlet fever, and 8 to small-pox; in all, 30,218 deaths resulted from these principal zymotic diseases, equal to an annual rate of 3.82 per 1,000, which was 0.99 above the average rate in the corresponding quarters of the ten preceding years. The mortality from diarrhoea showed a marked excess, while that from each of the other principal zymotic diseases was below the average. Of the 8 deaths from small-pox registered in England and Wales during the quarter under notice, 2 occurred in Lancashire, 2 in Northumberland, and 1 each in Shropshire, the North Riding of Yorkshire, Durham, and Cumberland.

The rate of infant mortality in England and Wales last quarter, or the proportion of deaths under 1 year of age to registered births, was equal to 225 per 1,000, and exceeded that in the corresponding period of any year on record. In London the rate of infant mortality was 261 per 1,000, while it averaged 284 in the thirty-two provincial towns, among which it ranged from 193 in Oldham, 204 in Huddersfield and in Halifax, and 207 in Swansea to 320 in Sheffield, 324 in Blackburn, 336 in Wolverhampton and in Sunderland, 343 in Preston, and 382 in Salford. The mortality in England and Wales last quarter among persons aged between 1 and 60 years was equal to an annual rate of 8.0 per 1,000 of the estimated population at this group of ages, and was slightly below the mean rate in the ten preceding third quarters. In the thirty-three great towns the mortality at this age-group averaged 9.3 per 1,000, and ranged from 5.9 in Croydon, 6.8 in Cardiff and in Leicester, and 7.1 in Bristol to 11.9 in Newcastle-upon-Tyne, 12.9 in Salford and in Sunderland, and 13.9 in Liverpool. Among persons aged 60 years and upwards, the death-rate in England and Wales last quarter was equal to 54.1 per 1,000 of the estimated population at this age-group, against an average rate of 53.9 in the corresponding quarters of the ten preceding years. In the thirty-three great towns the rate was 58.5 per 1,000, ranging from 38.5 in Swansea, 44.4 in Plymouth, and 45.0 in West Ham to 76.2 in Newcastle-upon-Tyne, 76.8 in Salford, and 78.3 in Manchester.

The mean temperature of the air at the Royal Observatory, Greenwich, was 62.7°, and was 3.0° above the average in the corresponding quarters of 127 years; it was 0.2° below the average in July, but showed an excess of 3.7° in August, and of 5.5° in September. The rainfall during the quarter did not exceed 2.51 inches, and was no less than 4.77 inches below the average.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,695 births and 3,663 deaths were registered during the week ending Saturday last, November 5th. The annual rate of mortality in these towns, which had declined from 24.6 to 17.9 per 1,000 in the eight preceding weeks, further fell to 17.0 last week. The rates in the several towns ranged from 6.7 in Croydon, 10.4 in Derby, 12.2 in Huddersfield, and 13.0 in Bristol to 20.7 in Blackburn, 21.3 in Salford, 21.7 in Manchester, and 22.2 in Liverpool. In the thirty-two provincial towns the mean death-rate was 17.6 per 1,000, and was 1.5 above the rate recorded in London, which did not exceed 16.1 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.0 per 1,000; in London the rate was equal to 1.6 per 1,000, while it averaged 2.2 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.6 in Wolverhampton, 4.2 in Portsmouth, 4.6 in Swansea, and 5.1 in Norwich. Measles caused a death-rate of 1.1 in Plymouth, in Nottingham, and in Sunderland, 1.7 in Portsmouth, and 1.9 in Norwich; scarlet fever of 1.4 in Norwich; whooping-cough of 2.2 in Halifax; "fever" of 1.0 in Huddersfield and 1.2 in Sheffield; and diarrhoea of 1.5 in Leicester, 1.6 in Plymouth, 2.2 in Preston, and 2.4 in Wolverhampton. The 69 deaths from diphtheria in the thirty-three towns included 28 in London, 8 in West Ham, 7 in Swansea, 5 in Portsmouth, 5 in Liverpool, 4 in Leeds, 4 in Sheffield, and 3 in Leicester. 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 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 3,032 at the end of the ten preceding weeks, had further risen to 3,092 on Saturday last, November 5th; 318 new cases were admitted during the week, against 357, 381, and 336 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, November 5th, 879 births and 571 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.0 and 20.0 per 1,000 in the two preceding weeks, declined to 18.9 last week, but was 1.3 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 17.4 in Dundee and 17.9 in Glasgow to 22.2 in Aberdeen and 28.9 in Perth. The zymotic death-rate in these towns averaged 2.7 per 1,000, the highest rates being recorded in Edinburgh and Leith. The 250 deaths registered in Glasgow included 3 from scarlet fever, 5 from diphtheria, 4 from whooping-cough, 11 from "fever," and 9 from diarrhoea. Two fatal cases of diphtheria, 2 from scarlet fever, and 10 of diarrhoea were recorded in Edinburgh; 2 deaths were referred to "fever" in Paisley and 2 in Greenock.

VACANT POOR-LAW MEDICAL APPOINTMENTS.

D. L. D. puts the following questions:

A. is a district medical officer and public vaccinator holding a life appointment. He takes a junior partner, B. Can A. retire and transfer the appointment to B.? Can the Guardians do this? C. is the only other resident in the district, and has been so for ten years. Has not C. a prior claim to the appointment, B. having been a resident only about a year? If B. is appointed by the Guardians, can C. report to the Local Government Board with any prospect of recovering the appointment?

*. There can be no transfer of any Poor-law appointment from one person to another. If A. wishes to retire he must resign the district appointment he holds, and give twenty-eight days' notice to terminate his contract in reference to public vaccination. It will then be for the Guardians to take the necessary steps to fill the vacant office. This may be done either by advertising the vacancy or otherwise by proper notice. We cannot see that ten years' residence in the district in question would give any prior claim to the vacancy, and if B. should be elected by the Guardians, the Local Government Board would in all probability confirm the appointment, notwithstanding any representations which C. might make to prevent this being done.

MEDICAL NEWS.

THE Lord Mayor of Dublin has just opened a new disinfecting house and a mortuary, in which the bodies of persons who have died of an infectious disease may be kept for a night if for any cause they cannot be interred on the day of death. Superior ambulances have also been provided. The cost of the improvements is £2,000.

AN examination of master and operative plumbers applying for registration under the National Registration of Plumbers Act was held on November 5th by the Worshipful Company of Plumbers at King's College, London. Twenty-one candidates presented themselves for examination from various parts of London, also from Cambridge, Carmarthen, Guildford, Maidstone, Ramsgate, Windsor, and Worthing. Nine succeeded in passing the examination in practical workmanship.

UNIVERSITY COLLEGE, LONDON.—Mr. Swale Vincent, M.B. Lond., M.R.C.S., has been elected to the Sharpey Physiological Scholarship (£150 per annum), which carries with it the post of chief assistant in the Physiological Laboratory; and Mr. D. J. Armour, M.B., M.R.C.P., has been appointed to the vacant Demonstratorship in Anatomy.

ENTRANCE SCHOLARSHIPS AT ST. GEORGE'S HOSPITAL.—The Entrance Scholarships in Arts have been awarded to William Roberts Harris (£150), Hugh Basil Drake (£50), and Sidney Horace Matson (£50); the Pauline Entrance Scholarship has been awarded to Reginald Winter Sprague; Entrance Scholarships in Science, of the value of £85 each, have been awarded to Arthur John Jex-Blake and George Frederick Darwall Smith, B.A., and a scholarship of £40 to Samuel Herbert Lee-Abbott.

AN ACCIDENT WITH LIQUEFIED AIR.—While experimenting with liquefied air at the Brooklyn Polytechnic Institute recently, Professor Irving W. Fay, of the Chemical Department, was hurt about the face so seriously that he will probably lose the sight of one eye. He had mixed with the liquefied air some red phosphorus, and poured out the mass upon a piece of paper on the table, and he was watching the changes take place in the phosphorus. He then took up a glass rod and separated the particles, when the explosion occurred which produced the injury. The force of the explosion wrecked the table.

EMIN PASHA'S MEDICINE CHEST.—We are informed by Messrs. Burroughs, Wellcome, and Co. that they have recently received from an officer of the Congo Free State, who recovered it from natives near Kenia in the Aruwhimi Dwarf Country, a tabloid medicine chest, which belonged to the last medical equipment of Emin Pasha, Governor of the Equatorial Soudan. It was supplied to him just before he started on his last expedition to Central Africa. The case accompanied him throughout his subsequent travels, and was taken by Arabs after his massacre at Kibungi in October, 1892. It was recaptured by Baron Dhanis, Commandant of the Congo Free State troops, after the battle of Kasongo, in which the Congo Arabs were defeated. Emin Pasha's journal and a quantity of his property were recovered at the same time, but the "tabloid" compressed drugs which had been in the chest were found to have been removed. The chest was subsequently stolen by natives, and before its final recovery was used as a village treasury chest.

FOOD POISONING IN THE GERMAN ARMY.—The recently published report of the Sanitary Department of the German Army contains accounts of outbreaks of food poisoning which have occurred from April 1st, 1894, to September 30th, 1896. The following is a brief summary of the cases: In 1894, between September 6th and 8th, 75 men of an infantry regiment taking part in the annual manœuvres near Königsberg were seized with diarrhoea so severe as to suggest cholera. They were isolated in the military hospital, and soon the clinical thermometer as well as the result of bacteriological research made it possible to eliminate cholera. It was found that all the men attacked had eaten food cooked in copper utensils, and that metal was found by chemical analysis both in the fragments left and in the dejecta. The symptoms were

clearly those of metallic poisoning, with the peculiarity that in some cases there was a considerable rise of temperature at first, followed after a day or two in severe cases by hypothermia. At Strassburg in the same year, between October 28th and 30th, 72 men belonging to the same mess were attacked with acute gastric intestinal catarrh, which was traced to the eating of preserved beef. On December 15th and 16th, 1894, 50 men of a Westphalian Artillery Regiment were attacked by an illness presenting similar features, which was traced to the eating of smoked herring. On May 25th, 1896, at Longerich Fort, near Cologne, there occurred 43 cases of slight diarrhoea caused by a potato salad. At Horb, in September, 1896, 7 men were seriously ill with gastro-intestinal catarrh, after eating sausages in which bacteriological examination revealed the presence of bacilli belonging to the group of *B. coli communis*. Among the civil population of the town and neighbourhood more than 100 persons presented similar symptoms, and the same bacillus was found in almost pure cultures in the stools. All the patients recovered.

BOLTON AND DISTRICT MEDICO-ETHICAL SOCIETY.—The annual dinner was held in the Conservative Club on November 3rd, when about forty members and guests assembled under the chairmanship of Dr. Kershaw (President). The usual loyal and patriotic toasts having been proposed from the chair and enthusiastically honoured, Dr. Mallett, J.P., proposed the toast of "The Guests," and, in responding, Mr. H. Shepherd-Cross, M.P., referred to the new Vaccination Act, justifying its passage upon the ground that it represented the views of the Royal Commission, and that whereas in 1883 the percentage of unvaccinated throughout the country was 4, in 1889 it was 9, in 1893 16, and now 33. He contended that the removal of objections to the lymph, the domiciliary visitation by public vaccinators, and the raising of the age of exemption would tend to popularise vaccination. Professor Thomas Jones, Honorary Surgeon to Manchester Infirmary, proposed the toast of the evening, and spoke very highly of the value of medical societies in promoting friendly interchange of ideas between medical men, and in smoothing away their mutual difficulties and differences. The President responded. Dr. Macfie, in proposing "The Mayor and Corporation of Bolton," referred to the fact that Bolton was the first town to adopt the Compulsory Notification Act and one of the first to establish a fever hospital. Dr. Ponton gave the toast of "The President," who replied in a racy speech full of reminiscences of Bolton and its doctors of long ago. Songs were given by Drs. Gould (M.O.H.), Laslett, Challinor, and Johnston, the last-named contributing two amusing original compositions, entitled, "The Popular Doctor" and "The Scientific Doctor." Recitations were given by the Chairman and by Drs. Mothersole, Jefferies, and Macfie, and Mr. Lancaster, F.C.O., gave a charming selection from Chopin.

MEDICAL VACANCIES.

The following vacancies are announced:

- 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.
- BIRMINGHAM GENERAL HOSPITAL.—House-Surgeon. Appointment for six months. Residence, board and washing provided. Applications to the House Governor by November 26th.
- BIRMINGHAM MASON UNIVERSITY COLLEGE.—Lecturer on Osteology and Chief Demonstrator of Anatomy. Applications to the Secretary by December 3rd.
- BRADFORD ROYAL INFIRMARY.—House-Physician, unmarried. Salary, £100 per annum, with board and residence. Applications, endorsed "House-Physician," to the Secretary by November 21st.
- BRADFORD ROYAL INFIRMARY.—Dispensary Surgeon, unmarried. Salary, £100 per annum, with board and residence. Applications, endorsed "Dispensary Surgeon," to the Secretary by November 21st.
- BRIGHTON THERAPY AND BATH HOSPITAL, Church Street, Brighton.—House-Surgeon. Honorarium, £20 for six months, with furnished apartments and attendance. Applications to the Secretary by November 17th.
- CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—Resident House-Physician. Salary, £65 per annum, with board, lodging, and washing. Applications to the Secretary by December 3rd.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—House-Physician. Appointment for six months. Salary at the rate of £30 per annum, with board and residence. Applications to the Secretary by December 2nd.
- DARLINGTON HOSPITAL AND DISPENSARY.—House-Surgeon, unmarried. Salary, £40 per annum, with lodging. Applications to the Secretaries, 80, Bondgate, Darlington, by November 17th.
- DUNDEE ROYAL LUNATIC ASYLUM.—Medical Assistant. Salary, £100 per annum, with board and lodging. Applications to the Secretary, Mr. R. C. Walker, 5, Whitehall Street, Dundee.
- EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN, Shadwell, E.—Assistant Physician. Applications to the Secretary by November 26th.
- EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road, S.E.—Junior Resident Medical Officer and Registrar. Salary, £50, with board and washing. Applications to Committee of Management by November 26th.

FINSBURY DISPENSARY, Brewer Street, Goswell Road, E.C.—Resident Medical Officer. Salary £100 per annum, with attendance, coals, and gas. Applications to the Secretary by November 30th.

GLAMORGAN COUNTY COUNCIL.—Bacteriologist. Salary, £250 per annum. Applications to the Clerk of the County Council by November 28th.

GREAT NORTHERN CENTRAL HOSPITAL.—Junior House Surgeon. Appointment for six months. Board, lodging, and washing provided. Applications to the Secretary by November 14th.

GRIMSBY AND DISTRICT HOSPITAL.—Resident House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by November 21st.

HARTSHILL, STOKE-UPON-TRENT; NORTH STAFFORDSHIRE INFIRMARY EYE HOSPITAL.—Assistant House-Surgeon. Board, apartments, and washing provided. Applications to the Secretary by November 14th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury.—Assistant Surgeon, must be F.R.C.S. Eng. Also a House-Surgeon, and a House-Physician, unmarried. Appointment for six months. Salary, in each case, £220, with board and residence. Applications (on forms provided) to the Secretary by November 15th.

LIVERPOOL DISPENSARIES.—Assistant Surgeon. Salary, £80, rising to £90 per annum, with board and residence. Applications to the Secretary by November 22nd.

LONDON HOSPITAL, Whitechapel, E.—Medical Registrar. Salary, £100 per annum. Applications to the House-Governor by November 25th.

LONDON HOSPITAL, Whitechapel, E.—Assistant Surgeon. Applications to the House-Governor by November 16th.

LONDON LOCK HOSPITAL, 91, Dean Street, W.—House-Surgeon to the Male Hospital. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary at Harrow Road by November 26th.

MANCHESTER ROYAL INFIRMARY.—Resident Medical Officer of the Convalescent Hospital at Cheshire; not less than 25 years of age, unmarried. Salary, £150 per annum, with board and residence. Applications to the Chairman of the Board by November 12th.

METROPOLITAN HOSPITAL, Kingsland Road.—Anesthetist. Salary, 25 guineas per annum. Applications to the Secretary by November 14th.

MORPETH; NORTHUMBERLAND COUNTY ASYLUM.—Assistant Medical Officer; unmarried, and not more than 30 years of age. Salary, £125 per annum, rising to £155, with board, lodging, and washing. Applications to the Medical Superintendent by November 14th.

NEWCASTLE-ON-TYNE DISPENSARY.—Two Visiting Medical Assistants. Salary, £130, increasing to £150 per annum. Applications, on forms provided, to the Honorary Secretary, 13, Grey Street, Newcastle-on-Tyne, by November 19th.

NORFOLK COUNTY ASYLUM, Thorpe, Norwich.—Junior Assistant Medical Officer, unmarried, and under 30 years of age. Salary, £110 per annum, increasing to £150, with board, lodging, and washing. Applications to the Medical Superintendent.

NORTH EASTERN HOSPITAL FOR CHILDREN, Hackney Road, N.E.—House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board and washing. Applications to the Secretary, 27, Clement's Lane, Lombard Street, E.C., by November 28th.

PERTH; JOHN MURRAY'S ROYAL ASYLUM.—Assistant Medical Officer. Applications to Dr. Urquhart, Physician-Superintendent.

ROTHERHAM HOSPITAL AND DISPENSARY.—Assistant House Surgeon. Salary, £40 per annum, with board, residence, and washing. Applications, endorsed "Staff," to the Secretary.

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 November 15th.

ROYAL ORTHOPEDIC HOSPITAL, 297, Oxford Street, and 15, Hanover Square, W.—House-Surgeon and Anesthetist, unmarried. Salary, £100 per annum, with residence and partial board. Appointment for six months, but eligible for re-election. Applications to the Secretary by November 26th.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, Strand, W.C.—Clinical Assistant. Applications to the Secretary by November 26th.

ST. GEORGE'S HOSPITAL, S.W.—Physician and Assistant Physician, must be F. or M.R.C.P. Lond. Applications to the Secretary by November 19th.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM, City Road, E.C.—Honorary Surgeon, and Honorary Assistant Surgeon. Applications to the Secretary by November 18th.

ST. PETER'S HOSPITAL, Henrietta Street, Covent Garden, W.C.—House-Surgeon. Appointment for six months, but eligible for re-election. Salary at the rate of £100 a year, with board, lodging, and washing. Applications to the Secretary by November 23rd.

ST. THOMAS'S HOSPITAL, S.E.—Assistant Physician, must be M.R.C.P. Lond. Applications to the Treasurer's Clerk by November 12th.

SEAMEN'S HOSPITAL SOCIETY (DREADNOUGHT), S.E.—House-Surgeon for the Branch Hospital, Royal Victoria and Albert Docks. Salary, £50 per annum, with board and residence. Applications to the Secretary by November 19th.

SHEFFIELD ROYAL HOSPITAL.—Resident Junior House-Surgeon. Salary, £50 per annum, with board and washing. Applications to the Honorary Secretary of the Staff by November 21st.

TIVERTON INFIRMARY AND DISPENSARY.—House-Surgeon and Dispenser; unmarried. Salary, £105 per annum, with lodgings, attendance, fire, and lights. Applications to the Hon. Secretary by November 16th.

VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea, S.W.—Assistant Physician to out-patients. Applications to the Secretary by November 26th.

WEST BROMWICH DISTRICT HOSPITAL.—Resident Assistant House-Surgeon. Appointment for six months. Gratuity, £20, with board, lodging, and washing. Applications to the Secretary.

WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.—Fourth Assistant Physician. Must be F. or M.R.C.P. Lond. Personal application to the House Committee on November 28th.

WHITEHAVEN AND WEST CUMBERLAND INFIRMARY.—House-Surgeon. Salary, £120 per year, and £30 for dispensing, with furnished apartments and attendance. Applications to the Secretary by November 26th.

MEDICAL APPOINTMENTS.

ADAM, B. J., M.B. Glasg., appointed Health Officer for the Borough of Daylesford, Victoria, vice Dr. E. B. Allan, resigned.

ATKINS, S. E., L.R.C.S.I., L.S.A., appointed Medical Officer for the Hatherleigh District of the Okehampton Union.

BENNETT, W. B., M.R.C.S., L.R.C.P. Lond., appointed Assistant Medical Officer to the Parish of Liverpool Workhouse.

BILL, G., M.B. Edin., appointed Public Vaccinator at Pyramid Hill, Victoria, and Health Officer for East Lodsworth, East Riding, Victoria, vice H. G. Kelly, deceased.

CHURCH, ANNE L., M.D. (R.U.I.), appointed Medical Officer in charge of the Victoria Hospital, Calcutta.

COLE, John W., Edward, M.R.C.S. Eng., appointed Assistant Medical Officer at the Bow Infirmary of the City of London Union.

CROWE, G. E., B.A. Dub., M.D., appointed Medical Officer to the Cottage Homes of the Chorlton Union.

DAVIES, Thomas B. P., M.D., M.S. Lond., M.R.C.S., L.R.C.P., appointed Surgeon to the Criterion Gold Mining Company, Bulawayo.

DEWITT, C. F., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Paddington Green Children's Hospital.

GEFF, Maurice, L.R.C.P., L.R.C.S. Edin., D.P.H., reappointed Medical Officer of Health for the Borough of Shrewsbury.

GOULDEN, H. E., M.R.C.S., L.R.C.P., D.P.H. Camb., appointed House-Physician to the Paddington Green Children's Hospital.

GREENE, James M.B., B.S. Dub., appointed Public Vaccinator at Wedderburn, Victoria, vice Dr. R. A. A. Manly, resigned.

HERMON, J. M., M.B., C.M. Edin., appointed Medical Officer for the Crofton District of the Wakefield Union.

HITCHON, H. H., Irving, L.R.C.P. Lond., M.R.C.S., appointed Medical Officer of Health for the Borough of Heywood, vice H. Wisken, L.R.C.P. Edin., L.F.P.S. Glasg.

HUTTON, W., Menzies, M.D., F.R.C.S. Ed., appointed Surgical Registrar to the Royal Infirmary, Edinburgh.

JOHNSON, J. B., M.D., C.M. Montreal, L.S.A., appointed Medical Officer for the Lavenham District of the Coford Union, vice E. F. Smith, M.R.C.S., L.R.C.P. Lond.,

LOVEDAY, W. D., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Hendred District of the Wantage Union.

MCDONALD, Stuart, M.B., C.M., appointed Pathologist to the General Hospital, Birmingham.

MAJOR, Herbert C., M.D. Edin., appointed a Consulting Physician to the Bradford Royal Infirmary.

MARTIN, J., L.R.C.P., L.R.C.S. Edin., appointed Health Officer for the Broad Arrow, West Australia, vice Dr. Ewing, resigned.

MOORE, H. O., M.B., appointed Health Officer for the Southern Portion of Karkaroo-shire and Public Vaccinator for Beulah, Victoria, vice Dr. F. Cheetham.

SCHOLFIELD, George E., M.D., D.P.H., appointed Medical Officer of Health to the West Lancashire Rural District Council, vice Dr. H. Peck, appointed to Chesterfield.

SEEP, W. P., M.R.C.S., L.R.C.P. Lond., appointed Resident Medical Officer and Public Vaccinator for Coolgardie, Western Australia, vice Dr. A. McNeill.

SEQUEIRA, J. H., M.D. Lond., F.R.C.S. Eng., appointed Physician to the Tower Hamlets Dispensary, vice Dr. Donkin, resigned.

SMITH, Horace, M.A., M.B., B.C. Cantab., appointed Hon. Physician to the Boscombe Hospital, Bournemouth, vice W. Scott Tebb, M.D. Cantab., resigned.

WALDEN, F. James, M.B., C.M. Edin., L.M. Kotunda Hosp. Dub., appointed Medical Officer for the Sorell District, Tasmania.

DIARY FOR NEXT WEEK.

MONDAY.

London Post-Graduate Course.
London Throat Hospital, 8 P.M.—Dr. Herbert Tilley: Demonstration of Selected Cases (Ear, Throat, and Nose).

Medical Society of London, 8.30 P.M.
Clinical Cases. The President: A patient after Gastro-enterostomy performed for Pyloric Obstruction. Mr. Openshaw: Excision of the Larynx. Dr. Hector Mac-

kenzie: Vascular Murmur of Obscure Origin Audible at the Base of the Right Lung. Dr. Seymour Taylor: Aneurysm of the Right Carotid. Dr. Hadley: Diabetes Insipidus. Mr. Battle: (1) Recovery from Sarcoma treated after Coley's method, (2) Genu Retrorsum, (3) Hepatoprotosis, (4) a patient with Three Patella.

TUESDAY.

London Post-Graduate Course.
Bethlem Royal Hospital for Lunatics, 2 P.M.—Dr. Craig: General Paralysis. Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Phineas Abraham: Scabies.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C., 3.30 P.M.—Sir W. Gowers: Degenerative Diseases of the Nervous System in relation to Causation.

West End Hospital for Diseases of the Nervous System, 78, Welbeck Street, W., 4 P.M.—Mr. James Cantlie:

Cases Illustrating the Surgery of the Brain.

Pathological Society of London, 8.30 P.M.—Mr. T. Carwardine: Tumour of Rectum. Dr. W. Hunter: Thrombus in the Heart in Enteric Fever, with Embolism of the Common Iliac Artery. Professor J. Rose Bradford: Carcinoma of Gall Bladder without Cholelithiasis. Dr. Wilfrid Hadley: Intrathoracic Sarcoma. Dr. A. C. Leatham: Multiple Abdominal Dermoids. Dr. Freyberger: Embolism of both Middle Cerebral Arteries. Card specimens will be shown by Dr. W. Hunter and Dr. Holleston.

WEDNESDAY.

London Post-Graduate Course.
Hygiene at Parkes Museum, 4.30 P.M.—Professor Wynter Blyth: Air Cubic Space, etc.

Hospital for Consumption, Brompton, 4 P.M.—Dr. Green: The Symptomatic Treatment of Pulmonary Tuberculosis.

Royal Meteorological Society, 25, Great George Street, Westminster, S.W., 7.30 P.M.

Royal Microscopical Society, 20, Hanover Square, 7.30 P.M.

West London Post-Graduate Course, West London Hospital, W., 5 P.M.—Dr. W. A. Turner: The Methods of applying Electricity in Medicine.

North-West London Clinical Society, North-West London Hospital, Kenning Town Road, 8.30 P.M.—Monthly Demonstration of Clinical Cases.

THURSDAY.

London Post-Graduate Course.
Central London School, 5.30 P.M.—Dr. George Oliver: The Pulse.

Harveian Society of London, 8.30 P.M.—Dr. St. Clair Thomson: Functional Dysphagia.

Royal College of Surgeons of England, 3 P.M.—Annual meeting of Fellows and Members.

Charing Cross Hospital, Post-Graduate Class, 4 P.M.—Dr. Amand Routh: On Puerperal Eclampsia.

Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.—Dr. Voelcker: Demonstration of Selected Cases.

Society of Anesthetists, 20, Hanover Square, W., 8.30 P.M.—Professor Ramsay: Pure Anesthesia.

London Temperance Hospital, 2 P.M.—Dr. Soltau Fenwick: Clinical and Pathological Demonstration to Senior Students.

FRIDAY.

London Post-Graduate Course.
Bacteriology at King's College, 3 to 5 P.M.—Professor Crookshank: Typhoid Fever and Diphtheria.

Epidemiological Society of London, 8.30 P.M.—Dr. Franklin Parsons: Presidential address on Half a Century of Sanitary Progress and its Results.

West London Post-Graduate Course, West London Hospital, W., 5 P.M.—Dr. W. A. Turner: The Methods of applying Electricity in Medicine. Lecture II.

Lectures on Medical Relief, Portman Rooms, Baker Street, W., 4.30 P.M.—Dr. Rayner: The Lunatic Asylum.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

BRAND.—At Driffield, East Yorks, on the 3rd ult., the wife of Dr. Brand, of a daughter.

WICKHAM.—On October 22nd, at Chernock House, Fleet, Hants, the wife of Gilbert H. Wickham, M.B. Cantab., of a daughter.

DEATHS.

HACON.—On Tuesday, September 20th, at Christ Church, New Zealand, suddenly from apoplexy, M. E. C. P. L.S.A. Lond., aged 47 years, only surviving son of Edward D. Hacon, F.R.C.S., of Hackney, Middlesex.

REYNOLDS.—November 6th, of 9, Euston Grove, Cloughton, Birkenhead, in his 77th year, Dr. J. W. Reynolds, late of the Army Medical Service, Bombay.

WOODHAMS.—On November 3rd, suddenly, at No. 1, Park Place, Gravesend, Sidney Woodhams, M.R.C.S., L.R.C.P. Lond., aged 34, fourth and dearly beloved son of W. Woodhams, The Limes, Rochester.

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.
 CHARGING 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. Th., 2.30; Throat and Ear, Tu. F. 2.30; Skin W., 2.30; Dental, W., 2. *Operations*.—M. W. Th. F.
 GUY'S. *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. *Operations*.—Tu. F., 1.30; (Ophthalmic) M., 1.30; Th., 2.
 HOSPITAL FOR WOMEN, Soho. *Attendances*.—Daily, 10. *Operations*.—M. Th., 2.
 KING'S COLLEGE. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30, F., 2; Dental, M., 10; Skin, W., 11.30. *Operations*.—W. Th. F., 2.
 LONDON. *Attendances*.—Medical, daily, 1.30; o.p., 2, o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o.p., W. S., 3; 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., 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), 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; Orthopedic, 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 Ovary, Tu., 2.
 ST. GEORGE'S. *Attendances*.—Medical and Surgical, daily, 1.30; o.p., 12; Obstetric, 1.30; 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; Orthopedic, 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; o.p., M. Th., 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., 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. F., 2.
 ST. THOMAS'S. *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, M. F., 1.30; Ear, 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; 8, 10; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electric, M. Th., 3; 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 *Atiology*, London. The telegraphic address of the MANAGER is *Atiology*, London. The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Atiology*, 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.

A YOUNG MEDICAL PRACTITIONER last year threatened with phthisis, but apparently cured by spending the winter in Switzerland, would be glad to obtain information as to the possibility and means of obtaining practices in a suitable part of North America, Cape, or Australia, if not a practice, prospects of an assistantcy. Information would be also acceptable giving particulars of medical appointments in these countries, nature of and how obtainable, or advice as to best means of finding out particulars of same.

NETTLE JUICE AS A UTERINE HÆMOSTATIC.

DR. R. E. LORD (Colwyn Bay) asks for information as to the composition of the expressed juice of the nettle, and its use as a uterine hæmostatic. A patient of his who has suffered for three years from menorrhagia during the menopause, has tried it during the last two periods with excellent effect. The only ill effect observable by her was constipation. She had previously tried various other drugs with only temporary benefit, and resorted to nettle juice after seeing it recommended in *Health Notes and Curiosities of Medical Science*, by T. L. Phipson.

INFECTIVE (?) DERMATITIS.

A. H. P. asks for suggestions as to the cause of the following affection: A patient of his, in the beginning of the summer of 1894, pricked himself in Perthshire while gathering flowers. The hand became inflamed and covered with red patches slightly umbilicated, which remained during the hot weather, and rapidly disappeared when winter set in. Each year since in May the same appearance manifests itself on the back of the hand, but never on exactly the same sites, and completely disappears in October. Cuttings have been examined microscopically by an expert, who failed to find any parasite.

WHAT IS BILIOUSNESS?

H. writes: Mr. Treves, in his very interesting paper, remarks most truly: "The physician has not yet acquired a sufficient knowledge of that organ (the liver) to define precisely what is meant by 'biliousness,' or to give any reasonable scientific account of a bilious attack." Now, I would like to ask some other "physician" to give his idea of how to define "biliousness"—its etiology, symptoms, and treatment; and, most important of all, its pathology. Is it due to excessive or lessened secretion of bile, or is it due to derangement of the liver at all, or only catarrh of the duodenum or a subacute gastritis?

HOME FOR EPILEPTIC CHILD.

DR. E. A. STARLING (Tunbridge Wells) desires to hear of a home where an epileptic girl 2 years old could be received. She is unable to walk, feeds herself with her fingers, is not clean in her habits, and subject to screaming attacks. The friends are willing to pay about 10s. or 15s. a week. Either an institution or a private home in the south or south-eastern district would be preferred.

***Our correspondent might obtain the regulations for admission to the "Meath" "Home of Comfort" (for epileptic women and children) at Godalming.

SPREADING TRAUMATIC GANGRENE.

DR. JAMES E. BLOMFIELD (Sevenoaks) writes: In the interesting account of a case of spreading traumatic gangrene published in the BRITISH MEDICAL JOURNAL of Nov. 5th by Messrs. A. H. Tubby and Southey Wright, there is an omission which detracts from its instructive value. No mention is made of the exact method and strength of solutions used for antisepticising the compound fracture. In the first portion of the article it is remarked that the disease is now very rare, due, I take it, to the existence of antiseptic surgery, and it would be distinctly instructive to know exactly what method of antiseptics failed in this particular instance. There is so much diversity of opinion as to the value of different antiseptics that records of the failure of a particular procedure are valuable, especially in a case where antistreptococcal serum did good.

DISEASES OF AUSTRALASIA.

SURGEON-MAJOR I. M. S. asks to be referred to works on diseases peculiar to Australasia, and on the modification of disease due to the climate.

***We know of no book fulfilling our correspondent's requirements. There is a book, published in 1886, by Mr. James Bonwick, F.R.G.S., *Climate and Health in Australasia*, but it only deals with Queensland. On hydatid disease, which is much more common in Australia than in any other country, our correspondent might consult *Hydatid Disease with special reference to its prevalence in Australia*, by John Davies Thomas, M.D.; and also *Hydatid Disease*, by Dr. Graham, as well as the files of the *Australasian Medical Gazette*, and the *Transactions of the Australasian Medical Congress*. Further information might perhaps be obtained from Messrs. Baillière, Tindall, and Cox., 40, King William Street, Strand, W.C., who are the agents of Mr. L. Bruck, publisher, of Sydney.

CONSUMPTIVE HOMES IN SWITZERLAND.

DR. OSBORNE D. MARRIOTT (Sevenoaks) asks for information as to any home or institution at Davos or elsewhere in Switzerland where a patient, a trained nurse, about 24, with early symptoms of tuberculosis, could be received for a small payment.

***At Davos there is an excellent institution called the Davos Invalids' Home, where patients are admitted on payment of Fr. 5 (4s.) a day, which includes medical attendance, but not wine or medicines. Apply to the Secretary, Dr. Ewart, 33, Curzon Street, W., for full particulars. At St. Moritz there is the St. Moritz Aid Fund.