

The position was that recommended by Mr. Godlee—that is, with the buttocks projecting over the end of the table, with the left knee flexed at the side of the table resting on a stool. A clean incision was made over the coccyx and that

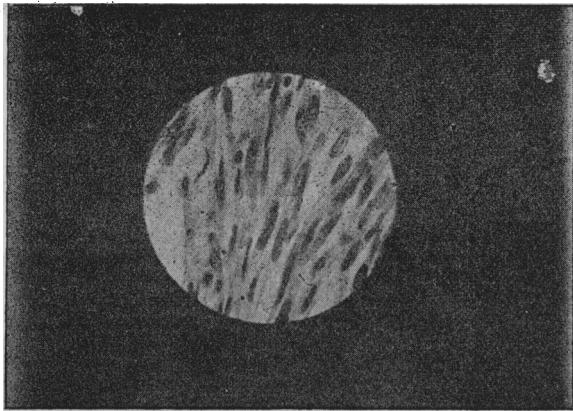


Fig. 2.

bone excised *subperiosteally*. The sphincter was then stretched and a sharp bistoury passed through the anus, transfixing at the upper part of the incision, and all the retro-rectal tissues cut through mesially with a rapid cut (Fig. 3). The tumour at once bulged into the wound, and it

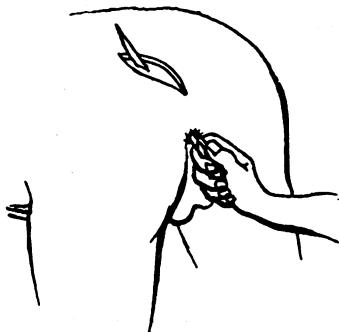


Fig. 3.—Mesial retro-rectal section after subperiosteal resection of coccyx (median subperiosteal proctotomy).

was found necessary to excise the lower part of the sacrum *subperiosteally*. The rectum was then dissected horizontally with scissors just above the sphincter, and then on either side, the whole circumference of the bowel being raised except a narrow strip of healthy mucous membrane. The peritoneum was fully exposed for 3 inches by separation of the rectum from it, and the mucous membrane was divided transversely about  $1\frac{1}{2}$  inch above the growth (Fig. 4). This left a thick

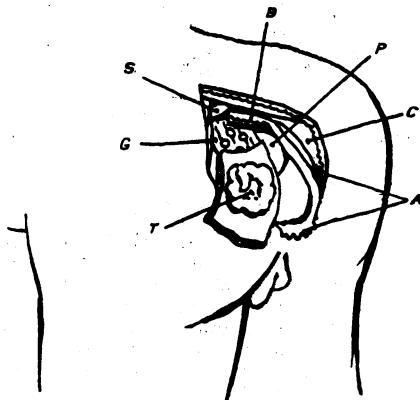


Fig. 4.—A, sphincter ani, right half; B, bowel, upper end; C, coccygeal periosteum; T, tumour; G, glands in presacral tissue; S, third piece of sacrum; P, peritoneum.

band of perirectal tissue, comprising that between the sacrum and peritoneum, in which were about a dozen enlarged glands. This tissue was separated high up into the hollow of the sacrum, where by means of a right-angled double-edged palate knife it was divided across. A few catgut sutures were applied to the mucous membrane, iodoform gauze was inserted into loose spaces, and the sacral wound stitched up with silkworm-gut sutures except for a small gauze drain below.

*After-History.*—After the third day the lower bowel was irrigated daily with iodine water through the lower colotomy orifice. The sacral wound healed by first intention, the stitches being removed on the ninth day. During this time the temperature touched  $99^{\circ}$  on one occasion only. On August 19th, Mitchell Banks's method for reducing the colotomy spur was employed, and on August 23rd an extra-peritoneal operation was done for closure of the colotomy opening. A month later rectal sensation and control returned, and continued to improve so that he was able to walk about and control his motions. When he left on October 13th, much improved in appearance and weight, there was no sign of stricture, he had control over his faeces, and the finger in the anus was gripped by the sphincter, which exhibited muscular action on straining. The sacrum was completed, and a partial coccyx had reformed from the periosteum. A small colotomy fistula remained, and will require subsequent closure.

#### REMARKS.

Whilst this method, which we may call subperiosteal proctotomy, can have no disadvantages except those incidental to a preliminary colotomy, it seems to have numerous advantages, and to give great freedom of exposure without the very grave risks of Kraske's operation. Some of the advantages may be enumerated.

1. The purity and visibility of the empty and cleansed rectum, enabling all the parts to be clearly seen, and the peritoneum retracted as the dissection of the rectum from it proceeds.
2. The very free exposure of the whole, and the ability to dissect up the presaeral tissue in continuity and divide it high up.
3. The asepticity of the operation performed as described.
4. The preservation of the sphincter ani with its mucous membrane, and thus of the rectal sense with subsequent faecal control.
5. The preservation of the nerve supply to the coccygeus levator, and sphincter ani by subperiosteal resection of the coccyx and mesial proctotomy.
6. The renewal of the bony coccyx and sacrum from the periosteum, and thus the preservation of the natural coccygeal attachments of the coccygeus, levator, and sphincter ani.
7. The satisfaction to an operating surgeon of simple, safe, clean, and complete procedure.

#### REFERENCES.

<sup>1</sup> Ball, *Rectum and Anus*, 1894, p. 342. <sup>2</sup> Cooper and Edwards, *Rectum and Anus*, 1892, p. 206. <sup>3</sup> Cripps, *Diseases of Rectum*, 1890, p. 336. <sup>4</sup> Ball, *Op. cit.*, p. 342. <sup>5</sup> Cooper and Edwards, *Op. cit.*, p. 206. <sup>6</sup> See also discussion, Pathological Society, BRITISH MEDICAL JOURNAL, November 19th, 1898, p. 1555.

## MEMORANDA:

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

#### INTESTINAL ANTISEPTICS IN DIABETES.

DR. MONCKTON's memorandum on the above subject in the BRITISH MEDICAL JOURNAL of November 19th is very interesting, and, as he has started the subject, it may be opportune to give the details of two cases treated on similar lines.

The first was our coachman, a fair-haired man of about 23, who fainted when driving me in October, 1895. I then found that he had been suffering for some weeks from neuralgia, constipation, frequent micturition, and progressive debility. He said he could hardly sit up when driving, and that a friend had been doing stable work for him. He had not named his symptoms as he was afraid of losing his situation. I found

the urine contained a good deal of sugar, and began treatment with a mixture containing strychnine and boracic acid, the latter being given to relieve irritability and pain in the bladder, and without any idea then that it would relieve the disease. I found it impossible to diet the man to any extent, and comforted myself with a casual remark of Sir William Broadbent, years before, to the effect that it was difficult to see what good could result from restraining the ingestion of carbohydrates; the more given by the mouth the more would appear in the urine, but that probably only showed that digestion was not efficiently performed. At any rate, the man was not dieted, and the sugar steadily decreased in amount. He complained that the medicine prevented his eating, and a small quantity of liquor arsenii hydrochlorat was added. The bladder trouble having ceased, an iron and arsenic mixture was given, and the improvement continued until, in two months' time, there was usually no sugar. After a three months' holiday he returned to work, and has been driving me ever since, nearly three years, in all weathers, with only a very slight relapse two years ago. He took tabloids or jujubes of Blaud, arsenic, and strychnine, for three months longer.

The second case was a dark-haired boy of about 18, then (January, 1897) employed on a farm. He was so weak when first seen that he could not turn round in bed by himself. He was passing very large quantities of urine, sp. gr. 1045. The yeast test brought the specific gravity down to 1002-1005. He was cyanosed and in a most alarming condition. I ordered skimmed milk as diet and the following mixture: R. Acidi borici gr. xx, glycerini 3j, liq. arsenici hydrochlor. 1/2v, liq. strychninæ hydrochlor. 1/2x, aquam (calentem) ad 3j. He steadily improved and the later treatment was the same as in the first case—namely, pills or tabloids of Blaud, arsenic, and strychnine in large doses. In three months he was quite well, has had no return yet, and is now coachman to a medical neighbour.

The first case was much the least severe, but Dr. Carlyon, of Truro, very kindly looked at the man for me, and gave a grave prognosis on account of his age, aspect, and the large quantity of sugar passed.

The complaint is rare here, and I have not seen a well-marked case since; but in a case of polyuria in a girl of 20, who passed daily 4 to 6 quarts or more, free from sugar, the same treatment had no effect. My partner, who is treating her, finds that large doses of antipyrin control the polyuria to some extent and improve the general health.

Newquay, Cornwall. N. E. NORWAY, M.R.C.S., L.R.C.P.

#### PHLEGMONOUS ULCERATION OF THE MOUTH TREATED WITH ANTISTREPTOCOCCUS SERUM.

ON October 22nd I saw a somewhat delicate-looking lad, aged 16, who complained of toothache. He was apprenticed to a carpenter, but had done no work for a fortnight, as he had not felt well. Finding no carious teeth, I ascribed the pain to neuralgia, and prescribed quinine, potassium bromide, and gelseminum. This seemed to give temporary relief, but the pain returned the following night, and gradually grew worse. On October 24th I found him in great pain; the temperature was 103°, pulse 130, the tongue dry and thickly furred; the lips swollen, and the gums of a blue-black colour. The breath was particularly offensive. A mixture of quinine was prescribed, and a colocynth and hyoscyamus pill administered, the latter soon causing a free evacuation of the bowels.

The following day all the symptoms were aggravated, and the breath was horribly offensive. The gums were hanging in shreds, and rapidly sloughing. A continuous stream of dirty watery saliva was running from the mouth. The face was swollen, and the lymphatic glands in the parotid and submaxillary regions greatly enlarged and tender. Iron and quinine were given, and a powder of boracic acid and iodiform dusted on the gums, the boy being directed to wash out the mouth from time to time with a weak solution of potassium permanganate; liquid nourishment was taken well.

The condition of the patient gradually becoming more serious, Dr. S. H. Snell saw the case in consultation on October 29th, but to both of us it was inexplicable.

For some days the patient remained in a very critical condition, and then the symptoms suddenly subsided, and rapid

improvement took place. The temperature came down to 99°, the tongue became clean and moist, and the foetor entirely disappeared. All went well, and the boy seemed on the high road to recovery, until November 16th, when there was a rise in the temperature to 102°. On November 17th he was much worse; the temperature was 104°, the pulse 140, and the breath horribly foetid. I found the soft palate sloughing, deep ulceration on the left side of the tongue, and a large oval sloughing ulcer on the dorsum. *Râles* and crepitations were heard on examining the lungs, with impaired resonance behind; a low septic type of pneumonia having evidently set in. Towards evening the boy became delirious, and I injected 10 c.cm. of antistreptococcus serum. A remarkable improvement took place, and at 11 P.M. the lad sat up in bed, was quite cheerful, and drank a large cup of cocoa, afterwards passing a good night. Next day (the 18th), about noon, a relapse ensued, and I injected another 10 c.cm. of the serum. This time no effect was observed, the patient gradually sinking; death taking place at noon on November 20th.

REMARKS.—Whist attending the above case I have searched the works of most leading authorities, but can find no case at all resembling this. On first seeing the boy I naturally thought of acute mercurial poisoning, but on investigating the case found that theory quite untenable. The family history was good, there being no trace of either syphilis or tubercle. My former teacher, Mr. Moynihan, of Leeds, tells me that Mikulicz, in his recently published book (which I have not had an opportunity of seeing) describes a somewhat similar case, which he terms "phlegmonous stomatitis." In my case there was no trace of periostitis, and the disease, so far as I can see, must have been produced by some virulent micro-organism, and be closely allied to cancrum oris. This theory would be borne out by the effect of the first injection of anti-streptococcus serum. I regret I did not try the serum earlier, when possibly it would have been more efficacious.

Grays, Essex.

OLIVER SMITHSON, M.R.C.S.

#### A CASE OF SEROUS CATARRH OF THE MIDDLE EAR PRODUCED BY THE ADMINISTRATION OF POTASSIUM IODIDE.

IN the autumn of 1897 I was consulted by a patient who was suffering from secondary syphilis. He had contracted a primary sore four months before, and had been treated by mercurial inunction. When I saw him he was covered with a secondary syphilitic rash and had a typical syphilitic sore throat. He also complained of deafness of the right ear, and said he had had a discharge from the ear at times as long as he could remember, and had been slightly deaf, but that since the rash had come out on his body the deafness had increased and there had been more discharge.

I found the meatus filled with a thick purulent discharge, and on clearing this out a large perforation could be seen. The left ear was quite sound and the hearing perfect. I put him on a mixture containing potassium iodide, gr. iiij, to be taken three times a day, and ordered a pill of mercury and chalk (gr. iiij) at night. In five days he came back to me complaining of a "bad cold." There was profuse discharge from the eyes and nose and also a great deal of watery discharge from the right ear. He also complained of being completely deaf in the left ear, and on examining this ear I found all the conditions of serous catarrh. The upper part of the membrane appeared to be in-drawn, while the lower portion was dark, and there was the appearance of a darker line separating the upper from the lower part of the membrane about the level of the handle of the malleus.

The patient stated that his hearing seemed to alter with the movements of his head. On inflation the hearing greatly improved but the improvement was soon lost. On examination of the ear after inflation, what appeared to be bubbles were to be seen. He stated that the deafness came on suddenly after he had been taking the medicine for three days, and at the same time that he began to run at the nose and eyes.

I discontinued the potassium iodide, and at the end of the week I again saw him, and he was then hearing again well, and all symptoms of iodism had disappeared. I put him on gr. vi of potassium iodide but the deafness and symptoms all returned, so I put him on sodium iodide, commencing with

3-gr. doses three times a day. The patient did well. He continued this treatment and had no return of the symptoms, and I increased the dose gradually to 20 gr. three times a day.

I think that this result of potassium iodide is unusual. The case is of interest also as showing one fact which I have often noticed—that sodium iodide is well borne when potassium iodide is not tolerated. I have also found that symptoms of iodism are produced with small doses of potassium iodide which is not the case when the dose is increased, but in this case the symptoms were rather worse with 6 gr. than they were with 3 gr.

Hertford Street, W. HERBERT M. RAMSAY, F.R.C.S.Edin.

#### A FATAL CASE OF HYDATIDIFORM MOLE.

ON October 18th, 1898, I was consulted by Mrs. H. B., aged 35, whose only complaint was slight swelling of the ankles and legs. As she believed herself to be about 5 months pregnant, I considered her condition nothing unusual, so only prescribed a saline laxative and enjoined rest.

On the afternoon of October 19th, severe flooding suddenly set in, and on the next morning a hydatidiform mole the size of a large placenta came away. When I was called in I found the patient blanched, faint, and almost collapsed, and on thoroughly exploring the uterus bimanually, it was found to be practically empty, only a few vesicles being brought away. I administered a full dose of ergot in brandy, and she began gradually to recover.

To assist involution a course of ergot was given, and on October 20th she seemed better in every way, and on the next day was able to sit up in bed for a few minutes. She did not seem so well on October 23rd, and complained of slight dyspnoea, which I took to be anaemic, so that saline solution was administered by the rectum. The dyspnoea gradually increased, and on October 25th she was much worse and had to sit up in bed owing to the breathlessness, which was now quite apparently due to embolism and subsequent thrombosis of the pulmonary arteries. Ether, ammonia, and brandy were given to stimulate and maintain the action of the heart, which had become feeble and irregular, but the patient gradually sank and died the same afternoon in great distress. There was no post-mortem examination.

Kingsland Road, N.E.

DAVID ROSS, M.D.

## REPORTS

ON

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

#### BRISTOL ROYAL INFIRMARY.

##### A CASE OF CIRRHOSIS OF THE RIGHT LUNG, WITH REMARKS.

(Under the care of HENRY WALDO, M.D., M.R.C.P., Physician to the Infirmary.)

A DELICATE-LOOKING boy, aged 10 years, admitted on August 31st, 1898, complained of having had a cold and cough for a long time. The family history was good. He had never been exposed to dust. A moderate amount of fetid phlegm was expectorated, chiefly in the early morning. There was no haemoptysis.

The chest was narrow and the right shoulder much lower than the left. The vocal fremitus and resonance was increased all over the right chest, which was much contracted. The percussion note was much impaired over the right side as well as over the left apex in front. There was a friction sound with a little sibilus all over the right lung. At both apices behind harsh breathing with rhonchus and sibilus could be heard. At an area just inside the angle of the scapula on the right side there were signs of a cavity. The expectoration was stained for tubercle bacilli upon five occasions with a negative result. The heart's apex was beating outside and an inch below the right nipple, and the cardiac dulness was limited to the right side. There was sometimes a systolic murmur audible over the apex, with the second sound sharp and distinct. The pulse, 72, was regular and equal in both wrists. The appetite was good, the bowels regular, and the

tongue clean. The urine was acid, specific gravity 1025, and contained no albumen or sugar.

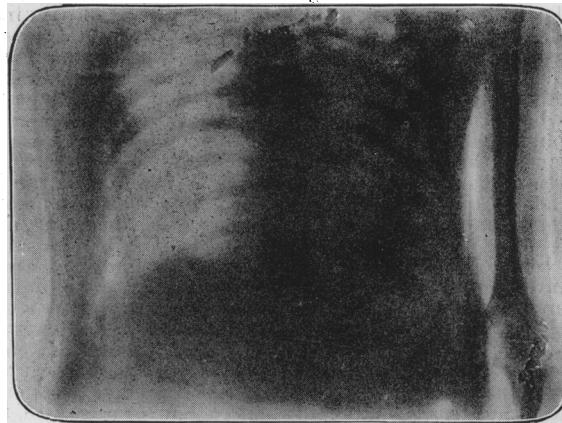


Fig. 1.—Skiagraph of chest from the back.

The term "cirrhosis of the lung" was first used in 1838 by Sir Dominic Corrigan for an affection of the pulmonary tissue, consisting in a replacement of its alveolar structure by a fibroid material, histologically analogous to that which in the liver causes the disease known as cirrhosis of that organ. Cirrhosis of the lung is either local or diffuse. Local fibroid change in the lungs is common. It is a constant accompaniment of tubercle, and in every case of phthisis the chronic interstitial changes play a very important part. This is quite distinct from the fibrosis or cirrhosis as it occurs in the right lung of this patient. In this case the fibrosis is diffuse and affects nearly the whole lung, and it is probably quite unconnected with tubercle, being, in fact, a diffuse interstitial pneumonia.

The fact that we have failed to find tubercle bacilli in the sputum would not, of course, prove that this case is non-tuberculous. Since the discovery of the tubercle bacillus in 1882 by Koch writers upon this subject differ somewhat as to whether diffuse cirrhosis of the lung is tuberculous or non-tuberculous, but the majority are of opinion that it has nothing to do with tubercle. One cannot see why fibrosis quite apart from tubercle should not occur in the lung as it does in the liver, or in the kidney as chronic interstitial nephritis, or as it does in the spinal cord in sclerosis. It has been suggested that the fibroid process begins with tubercle, which subsequently aborts. The cirrhosis in some cases appears to follow lobar pneumonia in which resolution does not take place; a gradual process of organisation goes on in the fibrinous plugs within the air cells, and the alveolar walls become greatly thickened by the new growth. Wilks and

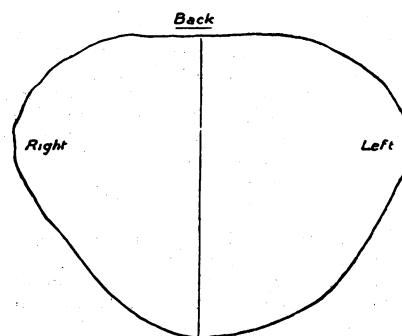


Fig. 2.—Cystometric tracing two inches below level of nipple.

Moxon state decidedly that this cirrhotic process commences in the alveoli and their walls. It may also follow bronchopneumonia, the fibrosis extending from the bronchi. Or the lung may be invaded from the pleura, the lung substance being invaded from the surface by extension along the interlobular septa. This form is called by Charcot pleurogenous interstitial pneumonia, or it may be brought about by both

which was lowered into the hold by means of a crane. While thus employed, one of the cases which contained percussion caps exploded and killed him, and his widow sought compensation. The county court judge held that the term "dock" included a ship in the dock, and gave judgment for the plaintiff for the agreed sum of £270. From this judgment the defendants appealed. It was urged by Mr. Joseph Walton, Q.C., who appeared on their behalf (a) that the word "dock" only comprised the land part of the dock, and (b) that the accident did not arise while the deceased was employed "about" the crane. The word about did not mean mere physical proximity, but meant that the workman must have some connection with the working of the machinery. Without calling on the respondents the Court dismissed the appeal, on the ground that the accident happened while the deceased was employed about the crane. They did not decide the more important point upon which the county court judge had based his decision—as to whether the ship formed part of the dock.

In *Billings v. Holloway* the meaning of the expression "building which exceeds 30 feet in height" was discussed. The Act applies only to buildings answering that description. It appeared that a hodman had been injured by a brick falling from the scaffold of a building in the course of erection, which, at the time of the accident, had not reached the height of 30 feet. The county court judge decided that the Act did not apply in such a case. Before the Court of Appeal it was contended by the appellants that the Act applied if the building in the course of erection was, when finished, to exceed 30 feet in height. The Court, however, dismissed the application.

In *Smith v. Lancashire and Yorkshire Railway Company*, the meaning of "an accident arising out of and in the course of the employment" was discussed. A porter had been killed on the railway. He had been collecting tickets from the passengers, and just as the train was leaving the station he stepped on to the footboard to speak to a young lady of his acquaintance. H. S. Honour, Judge Bompas, had decided that the accident arose "out of" or "in the course" of the employment, and that in the absence of serious and wilful misconduct on the part of the deceased his relations were entitled to succeed. In this case the Court allowed an appeal on behalf of the company, having regard to the fact that the porter got on the footboard merely for his own pleasure, and not for any object of the company.

In the last English case which has been reported it was decided that, if an accident happen to a workman engaged in loading a cart belonging to a factory outside the gate, he can claim under the Act.

Inasmuch as the Act applies to the United Kingdom, cases decided in the Scottish courts will often be of value to English lawyers. We hear of a decision at Paisley upon the meaning of the words "serious and wilful misconduct." It appears that one John M'Nicol lost his sight owing to the explosion of a delayed shot in a mine. One of the regulations provided that no one should return to a delayed shot until after the lapse of thirty minutes. In the absence of proof that the workman was aware of this rule—although the Coal Mines Regulation Act, 1881, was posted up outside the mine—the Court held that there was no "serious misconduct" and awarded damages. These words have often been discussed in the English courts, and this would seem to be a correct interpretation of the law.

Having regard to the comparative ease with which the above decisions have been arrived at, it would appear that those who termed the Act "an Act for the employment of lawyers" were a little out in their reckoning.

#### INQUESTS WITHOUT MEDICAL EVIDENCE.

LETTERS to inform us that in the district where he resides, inquests are frequently held and verdicts arrived at, without medical evidence being called, the hospital porter or the police constable supplying all the evidence of the cause of death that seems to be required. A case lately occurred in which the deceased person in a state of delirium tremens was seen to cut his throat with a razor and inflict other injuries upon himself, and when admitted to the hospital he was dead. No medical evidence was required at the inquest, and a verdict of suicide was returned. In another case a man reported to have died suddenly in the street was brought to the hospital, and the death duly reported to the coroner. No inquest was held or *post-mortem* examination made, the coroner being satisfied that, as stated by the friends, he had died from heart disease, and the death was so registered.

\*\* It is possible and probable that in both the above cases the conclusions arrived at were correct as to the causes of death, and that the absence of medical evidence, or more scientific witnesses, did not in these instances interfere with the due course of justice—the coroner and jury being satisfied with the statements of the ordinary witnesses and the circumstances and surroundings in connection with each case—and so the verdicts were arrived at.

We are, however, of opinion that whenever an inquest is held the evidence produced should be complete, and this cannot be so in the absence of medical evidence. We know of a case in which a medical practitioner who had attended the deceased during life was quite prepared to certify the cause of his death as from heart disease, on his being found dead one morning on the floor of his bedroom, and everything was done by relatives to avoid an inquest. On *post-mortem* examination it was found that he had died from a revolver shot through the heart. If coroner's juries are content to arrive at verdicts without medical evidence as to the cause of death, it may happen that in verdicts of natural death, or from the visitation of God, cases of manslaughter, or even of murder, may pass undiscovered.

#### CONTEMPT OF COURT.

VINDEX wishes to know if, when the coroner's court room is cleared for the jury to consider their verdict, he may freely express himself amongst the witnesses and the public who are waiting readmittance, as to the action of the coroner, without fear of consequences?

\*\* The coroner possesses all the powers of a judge as to contempt of court, and these continue so long as the court is sitting, until the jury have returned their verdict, all the business of the court concluded, and the court properly and formally closed. We are advised that any language or conduct which, if it occurred in the court-room might be considered a contempt of court, would be equally so if expressed in the precincts of the court amongst witnesses and others, during the sitting of the court; and as the powers of the coroner are summary, we would venture to advise anyone likely so to offend, to consider his ways and be wise.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

EXAMINER.—Dr. G. N. Pitt has been appointed an additional examiner in Medicine.

DEGREES.—At the Congregation on December 8th the following medical degrees were conferred:

M.D.—E. S. St. B. Sladen, M.A., B.C., Caius.  
M.B. and B.C.—H. Williamson, B.A., St. John's; H. B. Roderick, B.A., Emmanuel.

### ROYAL UNIVERSITY OF IRELAND.

THIRD EXAMINATION IN MEDICINE.—The following candidates have passed this Examination:

Upper Pass.—J. E. MacIlwaine, Queen's College, Belfast; J. A. D. Radcliffe, Queen's College, Belfast; J. C. Rankin, Queen's College, Belfast.

The above may present themselves for the Further Examination for Honours.

Pass.—J. Brangan, Catholic University School of Medicine; J. W. Brown, B.A., Queen's College, Belfast; Emily M. Crooks, Queen's College, Belfast; J. P. Dee, Queen's College, Cork; B. R. Dennis, Queen's College, Cork; H. Donnelly, Queen's College, Belfast; M. J. Forde, Queen's College, Galway; A. J. Frost, Catholic University School of Medicine; J. McC. Gibson, Queen's College, Belfast; G. Graham, Queen's College, Galway; T. Gray, Queen College, Belfast; A. J. Hewitt, Queen's College, Galway; R. Lee, Queen's College, Cork; J. J. Lynch, Queen's College, Cork, and Catholic University School of Medicine; Everina S. J. Massy, Royal College of Surgeons and Catholic University School of Medicine; R. Mathewson, Queen's College, Belfast; P. G. Moran, Catholic University School of Medicine; W. Nicholson, Queen's College, Galway; P. L. O'Driscoll, Queen's College, Cork; J. H. Reford, B.A., Queen's College, Belfast; J. J. Robb, Queen's College, Belfast; H. E. Rutherford, Queen's College, Belfast; H. B. Steen, Queen's College, Belfast; H. Stevenson, B.A., Queen's College, Belfast; J. Stewart, Queen's College, Belfast; M. G. Taaffe, Catholic University School of Medicine; J. Tierney, Queen's College, Belfast; J. J. Waters, Queen's College, Galway; A. Welply, Queen's College, Cork.

## PUBLIC HEALTH

AND

## POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,692 births and 3,835 deaths were registered during the week ending Saturday last, December 10th. The annual rate of mortality in these towns, which had increased from 17.0 to 19.1 per 1,000 in the three preceding weeks, declined to 17.8 last week. The rates in the several towns ranged from 12.4 in Derby, 12.6 in Croydon, 13.2 in Huddersfield, and 13.6 in West Ham to 22.0 in Liverpool, 23.0 in Swansea, 23.2 in Sunderland, and 27.2 in Bolton. In the thirty-two provincial towns the mean death-rate was 18.5 per 1,000, and exceeded by 1.8 the rate recorded in London, which was 16.7 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.9 per 1,000; in London the rate was equal to 1.7 per 1,000, while it averaged 2.0 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.4 in Portsmouth and in Bolton, 3.8 in Nottingham, 4.0 in Preston, and 5.1 in Swansea. Measles caused a death-rate of 1.1 in West Ham, 1.3 in Manchester, 1.7 in Bolton, and 2.0 in Nottingham; whooping-cough of 1.0 in Bristol, 1.5 in Swansea, and 2.2 in Preston; and "fever" of 1.2 in Sheffield and 1.3 in Bolton. The mortality from scarlet fever showed no marked excess in any of the large towns. The 92 deaths from diphtheria in the thirty-three towns included 43 in London, 9 in Leeds, 7 in West Ham, 5 in Swansea, 5 in Sheffield, 4 in Portsmouth, and 4 in Liverpool. One fatal case of small-pox was registered in Liverpool, but not one in any other of the thirty-three 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 declined from 3,259 to 3,142 at the end of the three preceding weeks, had further fallen to 3,090 on Saturday last, December 10th; 276 new cases were admitted during the week, against 319, 234, and 264 in the three preceding weeks.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, December 10th, 908 births and 633 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.7 and 21.0 per 1,000 in the two preceding weeks, was again 21.0 last week, and was 3.2 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

rom the service, November 28th. He entered the service as Surgeon March 31st, 1877, becoming Surgeon-Lieutenant-Colonel March 31st, 1897. He was with the Burmese Expedition in 1885-7, and has the Frontier medal with clasp.

Lieutenant-Colonel MALACHI O'DWYER, Bengal Establishment, has also retired from the service from November 30th. His first commission dates from September 30th, 1878; that of Lieutenant-Colonel from September 30th, 1898. He was engaged in the Afghan war in 1879, and has the medal granted for that campaign.

The date of retirement of Lieutenant-Colonel JAMES J. MORAN, M.D., Madras Establishment, notified in the *London Gazette* of November 1st, is October 10th.

The correct name of Captain R. H. CASTOR, promoted to be Major in *London Gazette* of November 22nd, is as now stated.

#### CHANGES OF STATION.

THE following changes of station amongst the officers of the Royal Army Medical Corps have been officially reported to have taken place during the last month :

	From	To
Surgeon-General W. Taylor, M.D., C.B. ....	Egypt ...	Head Quarters
Lieut.-Colonel M. R. Ryan, M.D. ....	Malta ...	Crete.
J. L. Peyton, M.B. ....	Holywood ...	Curragh.
B. W. Somerville-Large ....	Dublin ...	Portsmouth.
Major E. H. Myles, M.B. ....	Portsmouth	Punjab.
R. O. Cusack ....	Curragh	Limerick.
R. H. Forman, M.B. ....	Dover	Madras.
P. M. Carleton, M.D. ....	Cork	Templemore.
C. R. Woods, M.D. ....	Home District	Egypt.
T. Archer, M.D. ....	Egypt	Chester.
R. Jennings, M.D. ....	Portsmouth	Chatham.
S. Townsend, M.D. ....	Ballincollig	Queenstown.
R. E. R. Morse ....	Warley	Madras.
W. G. Birrell, M.B. ....	Egypt	Landguard Fort.
E. V. A. Phipps ....	Landguard Fort	Warley.
W. C. Beevor, M.B. ....	Coldstream Gds.	Scots Guards.
H. N. Thompson, M.B. ....	Woolwich	Bombay.
S. F. Freyer, M.D. ....	Punjab	Shorncliffe.
A. Stables, M.B. ....	Bengal	Aldershot.
F. W. C. Jones, M.B. ....	Dover	Crete.
J. M. F. Shine, M.D. ....	Cork	Cahir.
R. I. Power ....	Shoeburyness	Ballincollig.
H. E. Cree ....	Limerick	Madras.
F. J. W. Stoney ....	Madras	Kinsale.
B. L. Mills, M.D. ....	Haulbowline	Pemb. Dock.
W. R. Crooke-Lawless, M.D. ....	Scots Guards	Coldstrm. Gds.
R. J. D. Hall ....	Egypt	Lydd.
Captain G. A. Wade, M.B. ....	Portsmouth	West Africa.
A. Hosie, M.D. ....	Shorncliffe	C. of G. Hope.
E. G. Browne ....	Chatham	Punjab.
C. R. Elliott, M.D. ....	Kinsale	Madras.
J. W. Bullen, M.D. ....	Dublin	West Africa.
A. P. Blenkinsop ....	Egypt	Dover.
R. J. Copeland, M.B. ....	Preston	Netley.
J. Gilvin ....	Gibraltar.	
T. Birt ....	Dover	Strts. S. I. Mts.
H. E. Winter ....	Bombay	Colchester.
H. D. Mason ....	Bengal	
F. J. W. Porter ....	Woolwich	West Africa.
Lieutenant L. Addams-Williams ....	Malta	Crete.
M. M. Rathray, M.B. ....	"	"
T. H. M. Clarke, M.B. ....	Egypt	West Africa.
L. J. C. Hearn, M.B. ....	Woolwich	
F. S. Penny ....	Kilworth	Bengal.
S. de C. O'Grady, M.B. ....	Egypt	Portsmouth.
N. H. Ross, M.B. ....	Aldershot	Gosport.
W. H. S. Nickerson, M.B. ....	"	Colchester.
G. S. Nickerson, M.B. ....	"	Portsmouth.
R. S. H. Fuhr ....	"	Netley.
W. Jagger, M.B. ....	"	Dover.
A. B. MacCarthy, M.B. ....	"	Dublin.
G. J. S. Archer, M.B. ....	"	Colchester.
S. O. Hall ....	"	Woolwich.
A. E. Weld ....	"	Edinburgh.
J. S. Gallie ....	"	Dublin.
F. J. C. Heffernan ....	"	Chester.
A. E. Thorp ....	"	Dover.
C. W. Mainprise ....	"	Curragh.
H. Herrick ....	"	Belfast.
J. Cowan, M.B. ....	"	West Africa.
A. R. O'Flaherty ....	"	
H. B. G. Walton ....	Egypt	
Quartermaster J. B. Short ....	Dublin	Crete.
G. L. Allen ....	"	Netley.

#### THE BATTLE OF GEDARIF.

THE *London Gazette* of December 9th contains a despatch from Lord Kitchener, Sirdar of the Egyptian Army, reporting the operations in the Soudan subsequent to the defeat of the Khalifa at Omdurman. The principal event described is the advance to Gedarif by the force under Lieutenant-Colonel Parsons on September 7th. This was entirely successful, the country being practically cleared of the Dervish forces. Among others, mention is made of the services rendered by Lieutenant-Colonel J. A. Clery, Major G. D. Hunter, D.S.O., and Captain C. C. Fleming, all of the Royal Army Medical Corps. Of the last named, who had charge of the medical arrangements and baggage guard, it is said that a detachment under him "found themselves heavily engaged by greatly superior numbers."

## MEDICAL NEWS.

CLINICAL RESEARCH ASSOCIATION.—The offices of the Association are not at the address erroneously published in the BRITISH MEDICAL JOURNAL of December 10th, but are at 1, Southwark Street, London Bridge, S.E.

SUCCESSFUL VACCINATION.—Dr. James G. Roberts, Public Vaccinator for the No. 3 District of the Royston Union, has obtained the Government grant for successful vaccination in his district.

DR. CROSBY, who has been for twenty-one years a member of the Langbourne Ward of the city of London, was on December 8th unanimously elected Alderman of the Ward on the motion of Sir John Lubbock, M.P., seconded by Mr. Fortescue Flannery, M.P.

PRESENTATION.—Dr. H. T. Sylvester, V.C., who has lived and practised in Westminster for more than a quarter of a century, has been presented by his friends and patients with a picture of the incident in the Crimean war which gained him the Victoria Cross. In addition to the picture, Dr. Sylvester was presented with a silver teapot and an album containing the names of the subscribers and a suitable address. Mr. Burdett Coutts, M.P., made the presentation.

VICTORIA COTTAGE HOSPITAL, KINGSTON-ON-THAMES.—This memorial of the Queen's Diamond Jubilee, the site for which in Coombe Road was presented by the Duke of Cambridge, was opened by his Royal Highness on December 12th in the presence of the Mayor (Dr. Finny), the members of the Corporation, and the authorities of the hospital. The Duke afterwards inspected the building, which has been erected on a site of nearly two acres, and has accommodation for ten patients, and was subsequently entertained at luncheon in the Town Hall.

AT AN EXAMINATION for Inspectors of Nuisances, held by the Sanitary Institute, in London, on December 2nd and 3rd, 1898, 128 candidates presented themselves, of whom 74 were certified, as regards their sanitary knowledge, competent to discharge the duties of inspectors of nuisances. At an Examination in Practical Sanitary Science on the same days, 6 candidates presented themselves, of whom 1 was granted a certificate.

SIOUX INDIAN NURSES.—At the Third Division Hospital, Jacksonville, Florida, there are many patients who will be able to say that they have been nursed by four sisters who are direct descendants of some of the Sioux tribes of Indians of the Dakotas. These women belong to the order of American Sisters, as it to-day exists in the United States. Only Indian girls are admissible to it. The order volunteered for the front when the war broke out, with the intention of following up the line of battle, and of taking care of the fallen and wounded on the battlefield. It was only recently that their services were accepted.

LEEDS SCHOOL OF MEDICINE.—The twentieth annual dinner of past and present students was held on December 8th, at Powolny's Restaurant. The chair was occupied by Dr. James Braithwaite, Honorary Obstetric Physician to the Leeds General Infirmary, the vice-chairmen being Dr. J. Dobson and Mr. Edmund Robinson. A large number of the staff of the medical school and infirmary were present, including Mr. Littlewood, Mr. Brown, Dr. Griffith, Dr. Trevelyan, and Mr. Moynihan. About 100 gentlemen sat down to dinner. After the loyal toast had been duly honoured, Mr. Hugh Keeling proposed "The Staff," which was replied to by Dr. Braithwaite and Mr. Robinson. Mr. W. H. Brown, in the absence of Dr. Barrs, proposed "The Students, Past and Present," which was replied to by Dr. Dobson and Mr. Collinson. The toast of "The Visitors," proposed by Dr. Griffith, was replied to by Mr. Hutton on behalf of Owens College, Manchester, and by Mr. Ouranofski on behalf of University College, Liverpool. Selections of music were played during dinner, and songs were contributed during the evening by students both past and present.

MUNIFICENT BEQUESTS.—The late Mr. John Wansey Nathaniel Bentley, of Camden Square, has by his will made the following among other bequests: To Charing Cross, Guy's, St. Thomas's, and Poplar Hospitals, £500 each; London Hos-

pital, £1,000; Metropolitan Hospital, Kingsland Road, £1,000; German Hospital, Dalston, £1,000; St. Mary's Hospital, Paddington, £1,000; North-West London Hospital, Kentish Town Road, £1,000; Hospital for Sick Children, Great Ormond Street, £1,000; Chelsea Hospital for Sick Children, £1,000; Brompton Hospital for Consumption and Diseases of the Chest, £1,000; Society for the Prevention of Cruelty to Children, £1,000; Royal Sea Bathing Infirmary at Margate, £1,000; Asylum for Idiots, Earlswood, £2,000; Royal Hospital for Incurables, £2,000; London Orphan Asylum, £2,000; Cancer Hospital, Fulham, £2,000; Great Northern Central Hospital, £2,000.

**THE LONGEVITY OF SPANISH NUNS.**—The Spanish Minister of Justice has sent a circular to all the bishops of Spain calling their attention to a fact which he appears to think remarkable, namely, the extraordinary longevity of the nuns in the convents of Spain. Does the Minister propose to ask the bishops to put down this bad habit of long living which these cloistered ladies have got into, for fear it should induce large numbers of women to follow their example, and thus lead to the depopulation of Spain? Or is he simply inviting the bishops to discover and reveal to him the secret of the nuns' longevity?

**THE SHAH AND HIS AMERICAN PHYSICIAN.**—According to the New York *Medical Record*, the Shah has recently conferred upon George W. Holmes, M.D., the decoration of the Order of the Lion and Sun, which is the highest in his gift, except one which is reserved exclusively for the Prime Minister. Dr. Holmes went to Persia in 1874, and is now in charge of the Presbyterian Medical Mission in Hamadan, Persia. Formerly he resided in Tabriz, where for a number of years he was the chief consulting physician to the present Shah, who was then Crown Prince. Since ascending the throne, the Shah has repeatedly invited Dr. Holmes to become his personal physician, and to have charge of the health of the royal harem.

**AMBULANCE WORK AMONG RAILWAY MEN.**—It is encouraging to note the active interest which our great railway companies are taking in ambulance work. Prominent among these is the Lancashire and Yorkshire Railway Company, which has now organised an ambulance centre of its own, with Manchester as its headquarters; Mr. Bolland, its president, and Mr. R. H. Selbie as its secretary-in-chief. During the last ten years classes in connection with the L. & Y. Railway Station at Bolton have been held under the instruction of Dr. Johnston, honorary surgeon to the Bolton Infirmary. These, now affiliated with the railway centre, have been recently organised as a local ambulance corps. On November 25th the Mayor (Alderman Nicholson, J.P.) distributed the certificates to the 38 members of the last two classes, who, out of the 40 presented, satisfied the examiner.

**THE INTERNATIONAL CONGRESS OF DERMATOLOGY.**—The fourth International Congress of Dermatology and Syphilography will be held in Paris from August 2nd to 9th, 1900. The meetings will take place in the Hôpital St. Louis. Notice of communications should be sent to the General Secretary, Dr. Georges Thibierge, 7, Rue de Surène, before June 1st, 1899. Members of the Congress may speak in any language which is familiar to them, but they are requested to use by preference German, English, or French. By agreement with the Organising Committee of the thirteenth International Medical Congress, to be held at the same time, the Section of Dermatology of the Congress will be combined with the Congress of Dermatology; consequently members of the latter will be considered as members of the Medical Congress without the necessity of formally enrolling themselves as members thereof. The following are the questions proposed for discussion: *Dermatology*: (1) The Parasitic Origin of Eczema; (2) Tuberculides; (3) Forms of Alopecia Areata; (4) Forms of Leucoplakia. *Syphilis and Venereal Diseases*: (1) Syphilis and Associated Infection; (2) The Descent of Hereditary Syphilites; (3) Causes of Generalised Infections in Gonorrhœa.

**BOROUGH POLYTECHNIC INSTITUTE.**—Additions to this Institute, including the "Victoria Gymnasium," the "St. Olave's Workshops," and new Cookery School and Physics Laboratories, were opened recently. The Institute, which was established in 1892, has become a centre of technical training

and general culture for South London, and during last year there were more than 3,000 entries of students. There are well-equipped physics and chemical laboratories, and we are glad to notice that amongst the subjects practically taught are human physiology, domestic and personal hygiene, first aid and sick nursing.

**A LIFE-SAVING APPLIANCE.**—According to the *Journal d'Hygiène*, a gentleman of Bordeaux, stimulated by the loss of the *Bourgogne*, has devised a means of saving life at sea, and moreover, professes to have proved the value of his invention by exhaustive experiments. The appliance consists of an ordinary belt to which are attached a number of light india-rubber balloons similar to those that are constantly hawked about in the streets. Ready for use the whole thing fits into a bag the size of an ordinary purse, and in a minute and a half a child can inflate the globes and fasten the belt under his arms. In one of the experiments the inventor's little boy leaped into a violent current caused by the sudden opening of a sluice, and was completely submerged, balloons and all, for several seconds. When he reappeared the balloons were intact and supported the boy with the utmost ease. It is claimed for the apparently fragile globes that their shape and elasticity render them practically indestructible, and no doubt in calm water this might be the case. On a crowded deck, however, or amidst breakers, something of a tougher description would seem to be desirable.

**FEMALE SHOP ASSISTANTS IN PARIS.**—The Société d'Hygiène has lately been occupying itself with the hard case of the young women who toil all day long in Parisian shops striving to please customers, but are not allowed to sit down and rest themselves for a moment, even though for the time being they may be entirely disengaged. According to Dr. Gréhant, who has devoted much attention to the matter, the dog-in-the-manger action of the proprietors is prompted by an ignoble dread lest the young women should collect in groups for conversation, and thus neglect their duty; but this excuse must surely be a subterfuge, since talk can just as well carried on standing as sitting. M. Gréhant has come to the conclusion that until the lady patronesses take up the cudgels on behalf of their suffering sisters it is vain to hope that the evil will ever be remedied. They alone are capable by united effort of influencing the owners of the larger shops, whose lead the smaller fry are bound to follow. Male remonstrance is utterly useless; as well might water be poured on a duck's back in the hope of wetting its skin. A prominent member of the Society, M. Joseph de Pietra Santa, was astonished to find that the young women never went out. The shopmen walk abroad in their leisure time, or else frequent the neighbouring *cafés*, but their fair congeners never by any chance quit the scene of their labour. On the motion of M. Foveau de Courmelles the following resolution was adopted: "Females employed in large shops should be required to maintain the vertical position solely while in the act of serving customers, and not in the absolutely continuous fashion at present exacted."

**THE DISCOVERY OF GLAUBER'S SALTS.**—Many medical discoveries have been made by chance. Cinchona is a notable example. We learn from the *Chemist and Druggist* that the therapeutic use of sulphate of sodium is another. Our contemporary says that Professor Ferguson, in lecturing recently to the Andersonian Chemical Society of Glasgow, told how Johann Rudolph Glauber discovered his *sal mirabile*. Glauber, while on one of his many journeys, fell sick of a fever on his way to Vienna, and had to stop at a roadside village. Here his digestion failed him entirely, and he could eat nothing. The natives told him of a well whose waters they said would cure him, and he, though sceptical, set out, taking with him a large piece of bread. When he arrived at the well he soaked a few crumbs in the water, and ate them with relish, though previously food had nauseated him. He returned much improved, and investigated the salt in the water, showing that it was not nitre, as had been supposed, for it was not "fiery" in nature, as he proved by adding it to burning coal.

**OBSTETRICAL SOCIETY OF LONDON.**—The following is the list of officers for 1899 recommended by the Council:—*President*: Alban Doran, F.R.C.S. *Vice-Presidents*: J. W. Byers, M.A., M.D. (Belfast); W. R. Dakin, M.D.; W. Duncan, M.D.;

J. B. Hurry, M.A., M.D. (Reading). *Treasurer*: J. Watt Black, M.D. *Chairman of the Board for the Examination of Midwives*: Percy Boulton, M.D. *Honorary Secretaries*: John Phillips, M.A., M.D.; H. R. Spencer, M.D. *Honorary Librarian*: Amand Routh, M.D. *New Members of Council recommended are R. Boxall, M.D.; T. C. Hayes, M.D.; W. L. Reid, M.D. (Glasgow); G. H. D. Robinson, M.D.; W. Japp Sinclair, M.D. (Manchester); A. F. Stabb, M.B., B.C.*

### MEDICAL VACANCIES.

The following vacancies are announced:

**AYLESBURY:** ROYAL BUCKINGHAMSHIRE HOSPITAL.—Resident-Surgeon and Apothecary, unmarried. Salary, £90, increasing to £100, with board, lodgings, washing, coals, candles, and furnished apartments. Applications to Mr. G. Fell, Solicitor, Aylesbury, by January 2nd, 1899.

**BANBURY:** HOETON INFIRMARY.—House-Surgeon and Dispenser. Salary, £60 per annum, with board and lodgings. Applications to the Hon. Secretary, 21, Marlow Road, Banbury, by December 31st.

**BIRMINGHAM:** GENERAL HOSPITAL.—House-Surgeon. Appointment for six months. No salary, but residence, board, and washing provided. Applications to the House Governor by December 31st.

**BURY INFIRMARY:** Senior House-Surgeon. Salary, £100 per annum, with board, residence, and attendance. Applications to the Hon. Secretary, Knowles Street, Bury.

**DUBLIN:** SWIFT'S HOSPITAL FOR LUNATICS, James's Street.—Visiting Physician. Appointment on January 1st, 1899. Particulars to be obtained from the Registrar.

**DUDLEY:** GUEST HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Salary, £40 per annum, with residence, board, and washing. Applications to the Secretary before December 30th.

**EDINBURGH UNIVERSITY:** Additional Examiner in Zoology. Period, four years. Applications to Secretary, University Court, by January 7th, 1899.

**FOREST HILL PROVIDENT DISPENSARY:** Medical Officer. Applications to the Hon. Secretary, Mr. A. H. Corbould, Yale Cottage, Inglenmore Road, Forest Hill, S.E., by December 22nd.

**GLoucester:** GENERAL INFIRMARY AT GLOUCESTER AND THE GLOUCESTERSHIRE EYE INSTITUTION.—Assistant House-Surgeon. Board, residence, and washing provided, but no salary. Applications to the Secretary by December 21st.

**LEICESTER INFIRMARY:** Honorary Assistant Physician. Applications to the Secretary by January 2nd, 1899.

**LIVERPOOL NORTHERN HOSPITAL:** Assistant House-Surgeon. Salary, £70 per annum, with residence and maintenance. Applications to the Chairman, by December 22nd.

**LONDON LOCK HOSPITAL:** 91, Dean Street, W.—House-Surgeon to the Male Hospital. Salary, £50 per annum, with board, lodgings, and washing. Applications to the Secretary, at Harrow Road, by January 7th.

**MIDDLESEX HOSPITAL, W.:** Bacteriologist. Salary, £100, and fees for special classes. Applications to the Secretary-Superintendent by January 2nd, 1899.

**NEWARK-UPON-TRENT HOSPITAL AND DISPENSARY:** House-Surgeon: unmarried. Salary, £90 per annum, with board and lodgings. Applications, on forms provided, to the Secretary by end of December.

**NORFOLK AND NORWICH HOSPITAL:** Dental-Surgeon. Applications to the Secretary by January 7th.

**NORTH LONDON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Fitzroy Square, W.**—Clinical Assistant. Appointment for six months. Honorarium at the rate of £35 per annum. Applications to the Secretary by December 29th.

**OXFORD:** RADCLIFFE INFIRMARY.—Surgeon. Applications to the Secretary by January 16th, 1899.

**PADDINGTON GREEN CHILDREN'S HOSPITAL:** Surgeon to Out-Patients; must be F.R.C.S. Applications to the Secretary by January 4th, 1899.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON:** Milroy Lecturer for 1900. Applications to the Registrar by January 7th, 1899.

**RYDE:** COUNTY ASYLUM.—House-Physician. Salary, £50 per annum, with board, lodgings, etc. Applications to the House-Surgeon by January 2nd, 1899.

**ST. SAVIOUR'S UNION, Surrey:** Assistant Medical Officer at the Infirmary, East Dulwich Grove, S.E. Remuneration, £80 per annum, with furnished apartments, board, and washing. Applications, marked outside "Application for Second Assistant Medical Officer," to the Clerk, Union Offices, John Street West, Blackfriars Road, S.E., by December 22nd.

**SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, Marylebone Road, N.W.:** Anæsthetist. Honorarium, £25 per annum. Applications to the Secretary by December 23rd.

**WEST BROMWICH DISTRICT HOSPITAL:** House-Surgeon; unmarried. Salary, £80 per annum, with board, residence, and washing. Applications to the Hon. Secy., Mr. William Baché, Churchill House, West Bromwich, by December 20th.

**WIGAN:** ROYAL ALFRED EDWARD INFIRMARY AND DISPENSARY.—Junior House-Surgeon. Salary, £80 per annum, with apartments and rations. Appointment for one year. Applications to the Secretary by December 25th.

**WINCHESTER:** ROYAL HANTS COUNTY HOSPITAL.—House-Surgeon; unmarried. Salary, £75 per annum, with board, residence, etc. Applications to the Secretary by December 22nd.

**WILTSHIRE, COUNTY OF:** Medical Officer of Health. Salary, £500 per annum, with allowances specifically mentioned in statement of duties, etc. Applications to the Clerk of the Council, County Offices, Arlington House, Trowbridge, by December 24th.

**WORCESTER CITY AND COUNTY ASYLUM:** Assistant Medical Officer, not over 30 years of age. Salary, commencing £100 per annum, with board, lodgings, and washing. Applications to the Medical Superintendent by December 30th.

**YORK DISPENSARY:** Resident Medical Officer; unmarried. Salary, £150 a year, with furnished apartments, coals, and gas. Applications to Mr. W. Draper, De Grey House, York, by December 20th.

### MEDICAL APPOINTMENTS.

**ANGWIN, S. L., M.B.** appointed Health Officer for St. Arnaud Borough, Victoria.

**BEHAN, J., L.R.C.P.Irel.** appointed Medical Officer for the Enlath Dispensary District.

**BELGRAVE, T. B., M.D.** Edin., M.R.C.S. Eng., appointed Health Officer for Bulong, West Australia, vice Dr. Horrict, resigned.

**BENNETT, F. A., M.D.** appointed Physician for Diseases of the Skin, Prince Alfred Hospital, Sydney.

**BERKELEY, Comyns, M.B., B.C.Cantab., M.R.C.P.** appointed Physician-Accoucheur to the Western General Dispensary.

**BURST, W. C., M.R.C.S., L.R.C.P. Lond.** appointed Medical Officer to the Workhouse and Public Vaccinator for the High Bickington District of the Torrington Union.

**COLLIERS, J. N., M.D.** appointed Medical Officer for the Caistor District of the Peterborough Union.

**DOBSON, J. F., M.B., B.C.P. Lond.** appointed Resident Casualty Officer to the General Infirmary, Leeds.

**FUGUSON, John, L.R.C.P., L.R.C.S. Edin.** appointed Medical Officer for the Appleton & Wiske District of the Northallerton Union.

**GAMAN, F. E. S., M.R.C.S., L.R.C.P. Lond.** appointed Medical Officer of Health to the Caistor Rural District Council.

**GARDNER, Thomas Hudson, M.R.C.S., L.R.C.P.** appointed Resident Medical Officer to the Royal Hospital for Diseases of the Chest, City Road, vice J. B. Maxwell, resigned.

**GARRETT, J. H., M.D. Durh., D.P.H.Camb.** reappointed Medical Officer of Health to the Cheltenham Town Council.

**GOUGH, H. E., L.R.C.P. Lond., M.R.C.S. Eng.** appointed Medical Officer of Health to the Northwich Rural Council.

**GRAHAM, Dr. W.** appointed Assistant Medical Officer at the Walton Workhouse of the West Derby Union.

**GRIFFITHS, J. C., M.B. Lond., M.R.C.S.** appointed Medical Officer for the Tealby District of the Calton Union.

**HENZELL, A. P. M.B., etc.** appointed Health and Medical Officer at Mackay, and Visiting Surgeon to the Mackay Prison, Queensland, vice Dr. E. McBurney, resigned.

**HILLS, W. C. D., L.R.C.P. Lond., M.R.C.S. Eng.** appointed Medical Officer for the Twelfth District of the W�bed Union.

**LAIDLAW, D. F., M.B., Ch.M. Edin.** appointed Officer of Health for Hamilton Borough, Victoria, vice L. Robinson, M.D., resigned.

**LISTER, W. T., B.A., M.B., B.C., F.R.C.S.** appointed Assistant Surgeon to the Central London Ophthalmic Hospital, Gray's Inn Road.

**MOORE, H. C., M.R.C.S. Eng.** appointed Deputy Medical Officer of Health for Hereford.

**MOORE, H. J., M.B., Ch.M. Edin.** appointed Medical Officer for the Ardree Dispensary District.

**O'GORMAN, M. C., L.R.C.P., L.R.C.S. Irel.** appointed Medical Officer for the Aughrim Dispensary District.

**PEPPER, H. W., M.R.C.S., L.R.C.P.** appointed Resident Surgeon to the Birmingham General Dispensary.

**PURSEE, Cecil, M.B., M.Ch. Sydney.** appointed Physician to the Prince Alfred Hospital, Sydney.

**ROBERTS, R. W., L.R.C.P., L.R.C.S. Edin.** appointed Medical Officer for the Second Eastern District of the Neath Union.

**RUSSELL, J. E. Bissell, M.D., F.R.C.P. Lond.** appointed Assistant-Physician to the National Hospital for the Paralysed and Epileptic, Queen Square, vice W. S. Colman, resigned.

**SHARPE, C. H., L.R.C.P., L.R.C.S. Edin.** appointed Medical Officer for the Second Oldbury District of West Bromwich Union.

**SIMPSON, G. W., L.R.C.P. Lond., M.R.C.S. Eng.** appointed Medical Officer for the Lamberhurst District of the Tiechurh Union.

**SMITH, James, B.A.Camb., L.R.C.P., L.R.C.S. Edin.** appointed House-Surgeon to the Whitehaven and West Cumberland Infirmary, vice H. S. Dickson, M.B., C.M. Glas., resigned.

**STEWART, J. Purves, M.A., M.D., L.R.C.P.** appointed Assistant Physician to Westminster Hospital.

**STERECK, Alexander Corsar, M.B.** appointed House-Surgeon to the Grimsby Hospital, vice H. S. Beadles, M.E.C.S., L.R.C.P. Lond., resigned.

**SUTCLIFFE, E. H., M.B. Durh., M.R.C.S. Eng.** appointed Medical Officer for the Great Torrington District of the Torrington Union.

**TUNNICLIFFE, F. W., M.D., M.R.C.P.** appointed Assistant Physician to Out-patients to the Victoria Hospital for Children, Chelsea.

**WALKER, D. E., M.B., C.M. Edin.** appointed Medical Officer for the Second District of the Brixworth Union.

**WILLIAMS, John D., M.D., B.S.** appointed Gynaecologist to the Cardiff Infirmary.

**WILLIAMS, W. T., M.R.C.S. Eng., L.S.A.** appointed Medical Officer to the Chorlton and Manchester Joint Workhouse.

**WOOD, R. M., L.R.C.P. Lond., M.R.C.S. Eng.** appointed House-Surgeon and Dispenser to the Tiverton Infirmary, vice H. England, B.A.Camb., M.R.C.S., L.R.C.P.

**WRIGHT, F. W., M.R.C.S. Eng.** appointed Medical Officer and Public Vaccinator for the Southern and Lingfield District of the Godstone Union, vice S. C. Austin, M.R.C.S., resigned.

### DIARY FOR NEXT WEEK.

#### TUESDAY.

**Pathological Society of London,** 8.30 P.M.—Dr. E. F. Trevelyan: A Cyst on Third Ventricle and one on Fourth Ventricle, and an Anomalous Tumour of the Brain. Dr. H. Morley Fletcher: Peculiar condition of the Colon in Pernicious Anæmia. Drs. Crosse and Pakes: Blackwater Parasite alive. Drs. Pakes and E. Howard: The Technique of Blood Transfusion. Dr. Bethune: Robinson: Multilocular Tumour from the Ovarian Canal in the Female. Dr. C. D. Green: Extensive Sarcoma of Mediastinum. Dr. Trevelyan: Card Specimens.

**National Hospital for the Paralysed and Epileptic, Queen Square, W.C.** 8.30 P.M.—Dr. Colman: Syringomyelia.

**Chelsea Clinical Society, the Parish Hall, Pavilion Road, Sloane Square, S.W.** 8.30 P.M.—Dr. C. C. Gibbes: Early Diagnosis of Mitral Stenosis, with Cases. Mr. J. W. E. Mortimer: A case of Delirium Tremens treated by Inhalation of Chloroform. Dr. C. A. Morris: Infectious Osteitis due to Gas Sarcines. **West End Hospital for Diseases of the Nervous System, 73, Welbeck Street, W.** 4 P.M.—Dr. Harry Campbell: Cases of Paraplegia.

#### WEDNESDAY.

**Royal Meteorological Society,** 25, Great George Street, Westminster, S.W., 7.30 P.M.—**Royal Microscopical Society,** 20, Hanover Square, S.W.

#### THURSDAY.

**London Temperance Hospital,** 2 P.M.—Dr. Soltan Fenwick: Clinical Senior Students.

### BIRTHS, MARRIAGES, AND DEATHS.

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

#### BIRTHS.

**ALLISON.**—On December 3rd, at Newcastle-on-Tyne, the wife of T. M. Allison, M.D., B.S., of a son.

**CROSS.**—On December 11th, at The Priory, Downham, Norfolk, the wife of George Frederick Cross, M.B., B.S., of a daughter.

**EWART.**—On December 8th, at 58, Queen's Gate Terrace, the wife of Dr. Charles Ewart of a son.

**HUNT.**—On December 10th, at Brookfield, Borrowsash, Derbyshire, the wife of J. Aspinall Hunt, M.R.C.S., L.R.C.P.E., of a daughter.

**MASTERMAN.**—On December 8th, at 3, Newnham Terrace, Cambridge, the wife of B. W. G. Masterman, F.R.C.S., F.R.C.P.S., of a daughter.

#### MARRIAGES.

**BROWN-REAY.**—On December 8th, at St. Luke's, Westbourne Park, by the Rev. T. O. Reay, Vicar of Prittlewell, Essex, uncle of the bride, assisted by the Rev. E. J. Kenyon, Vicar of the Parish, George Brown, M.B.C.S. Eng., Member of the General Medical Council, of Gibson Square, N., to Edith Kate, only daughter of Major General Reay, late Bengal Staff Corps, of Leamington Park Villas, W., and The Gill, Cumberland.

**FORDE-SANGSTER.**—On November 30th, at St. Peter's, Cranley Gardens, S.W., by the Rev. C. Gosselin and the Rev. Dr. Ridgeway, Vicar of the Parish, Robert Michael Forde, L.R.C.P., and S. Edin., Colonial Surgeon, Gambia, to Alice Maude, youngest daughter of Major Sangster, late 97th regiment.

## 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*—I. p., Tu., 2.30; o. p. F., 2.  
 CHARING CROSS. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.45; Dental, M., 9; Throat and Ear, F., 9.30. *Operations*—Th. F. S., 3.  
 CHELSEA HOSPITAL FOR WOMEN. *Attendances*—Daily, 1.30. *Operations*—M. Th. F., 2.  
 CITY ORTHOPÆDIC. *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, D., 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, M. 1.30; Dental, daily, 9; Throat, F., 2. *Operations*—Tu. F., 1.30; (Ophthalmic) M., 1.30; Th., 2.  
 HOSPITAL FOR WOMEN, SOHO. *Attendances*—Daily, 10. *Operations*—M. Th., 2.  
 KING'S COLLEGE. *Attendances*—Medical and Surgical, daily, 2; Obstetric, daily, 2; o. p. daily, 30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30, F., 2; Dental, M. Th., 10; Skin, W., 1.30. *Operations*—W. Th. F., 2.  
 LONDON. *Attendances*—Medical, daily, 1. p., 2; o. p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o. p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu., 9. *Operations*—Daily, 2.  
 LONDON TEMPERANCE. *Attendances*—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. *Operations*—M. Th., 4.30.  
 LONDON THROAT, Great Portland Street. *Attendances*—Daily, 2; Tu. F., 6. *Operations*—Daily, 2.  
 METROPOLITAN. *Attendances*—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations*—Tu. W., 2.30; Th., 4.  
 MIDDLESEX. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o. p. M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations*—Daily, 1.30.  
 NATIONAL ORTHOPÆDIC. *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. F., 10.30; (Diseases of Women), S., 9.  
 ROYAL LONDON OPHTHALMIC. *Attendances*—Daily, 9. *Operations*—Daily, 10.  
 ROYAL ORTHOPÆDIC. *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. S., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9; Electrical, M. Tu. Th. F., 1.30. *Operations*—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for 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., 2; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopaedic, F., 12; Dental, M. Tu. F., 12. *Operations*—Daily, 1; (Ophthalmic), M., 1; Dental, Th., 9.  
 ST. MARY'S. *Attendances*—Fistula and Diseases of the Rectum, males S., 2; females, W., 3.30. *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., 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), Th., 10.  
 ST. PETER'S. *Attendances*—M. 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*—W. F., 2.  
 ST. THOMAS'S. *Attendances*—Medical and Surgical, M. Tu. Th. F., 2; o. p., daily, 1.30; Obstetric, Tu. F., 2; o. p., W. S., 1.30; Eye, Tu. F., 2; o. p., daily, exc. W., 1.30; Ear, M., 1.30; Skin, F., 1.30; Children, Tu. F., 2; Electro-therapeutics, Tu. F., 2; Mental Diseases, o. p., Tu. F., 10; Dental, Tu. F., 10. *Operations*—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.  
 SAMARITAN FEE 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. Tu. Th. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. *Operations*—Tu. W. Th., 2.  
 WEST LONDON. *Attendances*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electro, M. Th., 2; Skin, M. F., 2; Throat and Nose, Tu., 2; S., 10. *Operations*—Daily, about 2.30; F., 10.  
 WESTMINSTER. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, Tu. F., 9.30; Ear, Tu., 1.30; Skin, W., 1.30; Dental, W. S., 9.15. *Operations*—M. Tu. W., 2.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, W.C. London; those concerning business matters, non-delivery of the JOURNAL etc., should be addressed to the Manager, at the Office, 429, Strand, W.C. London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with *duplicate copies*.

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

Querries, 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. asks for references to any English literature on meningitis serosa.

MEMBER asks for advice as to the treatment of a case of floating kidney in which there is strong objection to any operative procedure. He desires to know what form of pad is most satisfactory. A renal pad and abdominal belt have already been employed.

## IODISM IN A SYPHILITIC PATIENT.

IODISM asks for suggestions for treatment in the case of a patient who contracted syphilis thirteen years ago. Treated for two years with mercury, the patient now has eczema of both forearms, over sacrum, and psoriasis of leg. Doses of potassium iodide, as small as 2 gr., produce acne, and make the eruptions worse. Locally iodoform and mercurial ointments are useless.

## UNQUALIFIED LOCUM TENENS.

A. R. H. asks: Is it legal for a medical man to employ an unqualified assistant, and to leave him in charge while he goes away for a holiday?

\*\* The wording of the notice issued by the General Medical Council, in accordance with the resolution of November 24th, 1897, appears to be sufficiently explicit: "The Council hereby gives notice that any registered medical practitioner who is proved" to have allowed an unqualified person "to attend or treat patients in respect of matters requiring professional skill.....is liable to be judged as guilty of 'infamous conduct in a professional respect.'

## PHYSICAL DEVELOPMENT OF BOYS.

SEABROOKE would be glad to know of a book which would give reliable information of the average weight, height, and physical development of English boys between the ages of 5 and 15.

\*\* Our correspondent will find the information he requires in *The Medical Inspection of and Physical Education in Schools*, by Charles Roberts, F.R.C.S. London: John Bale and Sons. Price 2s.

## DISPENSARY OFFICER'S SUBSTITUTE (IRELAND).

M. (Ireland) was asked by the doctor in medical charge of an adjoining dispensary district to do his duty for ten days. There was no mention made of returning fees to him for attending paying patients in his district. M. asks what is the etiquette in such cases.

\*\* In some cases, when a medical man looks after his friend's cases during his absence, he gets half fees; but in many the substitute takes all. It is a matter of arrangement. Of course no one could expect to have his work done for nothing.

## WORKMEN'S COMPENSATION ACT.

REFEREE writes: I have been appointed medical referee for a coal and iron company employing 6,000 men. I live in the centre of the district, and my journeys on behalf of the company will be within a radius of from eight to ten miles. I am only to visit such accidents as the company think advisable, and I shall be required to make reports on all cases visited, besides attending inquests and county courts. Can you advise as to the scale of fees I should charge?

\*\* We are indebted for the following reply to a surgeon of large experience in an industrial district: The fee per case will vary according to whether the injured workman attends at the referee's house, or whether he has to visit the patient. If the latter, the distance must be reckoned from his own house. The amount to be charged must be estimated upon the basis of what our correspondent's fee would be if he had to see or visit these persons as his private patients; further, in determining the amount, he must try if possible to gauge the sum per case which the company would be willing to pay. The writing of the report is an extra charge, for which 5s., or at the most, 10s. 6d., might be claimed. The fee for attendance at the county or the coroner's court would depend on the distance and on the time given, say, 10s. 6d. or £1. 1s. on each occasion.

## ANSWERS.

F.R.C.S. In England the letters F.R.C.S. are generally understood to mean F.R.C.S. Eng.

EDINA should consult the directors of the laboratories in which he has worked.

MEMBER, who asks to be referred to books treating of mentally deficient children, their education and treatment, might consult *Mentally Deficient Children, their Treatment and Training*, by Dr. G. E. Shuttleworth (London: H. C. Lewis. 1895. 4s.), or *The Mental Affections of Children, Idiocy, Imbecility, and Insanity*, by Dr. W. W. Ireland (London: J. and A. Churchill. 1898. 14s.), or *The Treatment and Education of Mentally Feeble Children*, by Dr. Fletcher Beach (London: J. and A. Churchill. 1895. 18s. 6d.).

## CREMATORIA.

A CORRESPONDENT writes for information as to cost and other details of crematoria.

\*\* The average cost of building a modern crematorium may be taken to be about £3,000. The total cost of the establishment at Glasgow was £2,900. The Woking buildings cost, however, over £5,000, but this is an excessive expenditure. At present there are in Great Britain crea-