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toneless state of the muscles. These are the cases so frequently described as weak joints, stretched or yielding ligaments, etc.

PROGNOSIS.

In cases in which distinct changes are visible in a few days, the prognosis is bad, though careful treatment may check the disease to some extent. When the primary disease has been cured, sometimes improvement may be effected to a limited extent. When the joint disease persists, good results may be expected from treatment, if it is curable; but where the joint disease is incurable, no improvement can be expected, though the downward progress of the tissues may be retarded or even temporarily arrested.

TREATMENT.

In every case of joint disease or injury the certainty¹⁰ of dystrophic changes following to a greater or less extent must be remembered. In acute disease or trauma of a joint there is no special indication for treatment apart from that suitable for the joint itself. The more frequent practice of aspiration may be recommended; properly carried out it is devoid of risk, and there is no doubt that tension of the joint capsule increases the tendency to these changes, and so must be relieved by the best means at hand. After a few days careful comparisons of the two limbs should be made; if atrophy is found massage should be at once employed, and passive movements as soon as possible. At a later stage, if there is not too much irritability, the faradic current must be employed, and in the cases where the reaction to this is feeble, sparking from a friction machine is recommended by Charcot.

In chronic cases, massage, douches, electricity must all be tried, and where there is no joint disease persisting systematic exercises may also be employed with great advantage. Where joint inflammation persists, as it often will do to a very slight degree, the question arises of its causation, and often it can be shown to arise from the feeble manner in which shocks and strains are warded off by the muscles. In such cases rest and fixation, together with the means already advocated for improving the muscular nutrition, will do much good. When the inflammation is rheumatic in origin the treatment must be constitutional as well. Nervous irritability is often present, and will be improved by tonics rather than by sedatives.

The dystrophic condition of the skin and other structures usually does not call for special treatment; if, however, pains of a neuralgic type are present analgesics may be given with caution.

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MEMORANDA:

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

PECULIAR RESPIRATORY DISORDER PRODUCED BY THE HABITUAL USE OF STRYCHNINE.

In October, 1897, I was consulted by W., a medical man, aged 31, for certain symptoms due, he said, to the taking of strychnine two years previously. He had then been taking as a tonic liquor strychnine hydrochlor. 5 to 10 minims thrice daily, with a little sal volatile. He was at first benefited, but

afterwards experienced a desire to take abnormally deep inspirations, and he felt that to do so would overcome the inhibitory power over the lung, probably the action of the diaphragm. One morning, after a dose of strychnine, he did take such an inspiration, and from that moment he experienced the sensations complained of. They were, briefly, inability to take deep inspiration, a fixation of the chest walls compelling him to stoop, weakness on exertion, great confusion of thought and memory, occasional clay-coloured faeces, usually greater in amount than ordinary. After six months the apex beat descended to the sixth interspace, and headache and drowsiness became marked.

Acting on medical advice he travelled for six months, but was little benefited. All attempts then and subsequently to act on the heart with drugs increased the headache.

In October, 1897, I examined him, and found the heart dilated slightly. There was a wide subcostal angle, with marked epigastric pulsation. The chest moved *en masse*, and was hyper-resonant. There was slight bulging in the hepatic region. The patient had a very anxious expression. He said his life was a burden from headache and confusion of thought occasioned by trying to think coherently on his cases. He said he felt as if his chest, especially in the hepatic region, was too full, as if his lungs were distended, but that any attempt to empty them only increased the headache and mental confusion, and was followed by pale stools next morning. He had lost a stone in weight.

I tried a great variety of drugs to act upon his liver, but with little benefit. Most relief was obtained from an ordinary pill of aloes, nux. vomica, and belladonna with a couple of quinine lozenges. Without the lozenges there was no benefit. For the headache, antipyrin did temporary good. Bromides were of no avail. For the emphysema, so-called by the patient himself, senega, belladonna, and potassium iodide in small doses gave slight relief. Galvanism over the diaphragm did no good.

The patient in spite of treatment got gradually worse, became very melancholic, and so drowsy that he would sleep in his chair whenever left alone for five minutes.

In October, 1898, chiefly by way of experiment, I prescribed tincture of hyoscyamus 20 minims at night. The effect was strikingly beneficial. After a single dose, the drowsiness ceased entirely, and has never tended to recur except on severe exertion. The headache and mental confusion were much improved. The lower ribs approximated, and the patient could empty and fill the lungs more easily. The apex beat, except on deep inspiration, returned to the fifth interspace. The patient has continued steadily to improve.

I consider that in this case some amount of emphysema was produced directly by the strychnine, but that there was in addition an over-action of the inhibitory centre of respiration producing what might be called a general brain strain. The case is interesting as illustrating (1) a rare condition produced by strychnine and a serious danger in its use, without any premonitory muscular twitchings; (2) the excellent effects of hyoscyamus in such a case after persistence of symptoms for three years.

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PARADOXICAL PYREXIA.

AFTER the discussion at the meeting of the Clinical Society on November 11th, and the note on the subject in the *BRITISH MEDICAL JOURNAL*, the following case may be of interest. The temperatures were on each occasion taken by myself, and I can guarantee that they are correct. There were no poultices, no hot bottles, nor anything up the sleeve; in fact, "no deception" of any kind:

Mrs. A., aged 35, was recovering from a very mild attack of influenza, when one day at my evening visit I found to my great surprise that her temperature in the armpit was 104° F., and on taking it again shortly afterwards it was 106° F. She said she did not feel uncomfortable, nor particularly hot. I gave a dose of phenacetin, but in half an hour the temperature was 107° F. As I was at first afraid that the hyperpyrexia might be a dangerous complication of the influenza, I asked for a second opinion, but when the temperature in another half-hour was 108°, with a pulse of 100 and little or no discomfort, I was relieved at the thought, that

I probably had to do with a case of neurosis. Within half an hour the thermometer registered its highest possible point— 113.4° . The patient now allowed that her head felt a "little strange," and that she had slight tremors of the muscles of the limbs, though they were imperceptible to me. She soon afterwards began to perspire freely. The temperature now fell to 100.6° , and a piece of the index being left above 113° , due to the rapid fall of the mercury, the thermometer could only be kept as a curiosity. The next day, when the patient was up, the temperatures, registered with a new thermometer, were most erratic, as the subjoined table will show:

December 26th.	11 A.M., 113° , pulse 78.
10 P.M., 106° , pulse 100.	1 P.M., 113° .
10.30 P.M., 107° .	3.30 P.M., 99.4° in left axilla, 100.4° in right axilla.
11 P.M., 108° .	9 P.M., 108° in right axilla.
11.30 P.M., 113.4° , pulse 120.	9.15 P.M., 99° in right axilla.
12 P.M., 100.6° , pulse 78.	

December 27th.	December 28th.
9 A.M., 113° , pulse 100.	11 A.M., 99.4° in left axilla, 105° in right axilla.
10 A.M., 106° .	

For several days the vagaries of temperature continued, though the patient was about the house. She was of a highly neurotic and unstable temperament, and the presence of what Dr. Savage calls a "mad calorific area" seems the most probable and descriptive explanation of the pyrexial condition met with in this and similar cases.

Tenby.

ERNEST M. KNOWLING, M.B.Cantab.

MEASLES AND SCARLET FEVER COEXISTING IN THE SAME PERSON.

On October 31st, 1898, F. L., a girl, aged 8, had all the symptoms of measles, with a well-developed and pretty extensive rash. Upon the morning of November 10th, the mother met me with the announcement that the child "had broken out with measles again." And sure enough, there was another widely-distributed rash, but this time it was not that of measles, but of undoubted scarlet fever, accompanied by high temperature and sore throat. This rash continued for three days, gradually declined, and was followed by extensive and very rapid desquamation and complete recovery.

In the BRITISH MEDICAL JOURNAL for October 20th, November 24th, and December 1st, 1894, I find 3 cases recorded of measles following immediately upon scarlet fever. In this case the sequence of the symptoms was reversed, but in all of them the interval between the two eruptions was about the same, namely, ten or eleven days, and in each case the poisons of both diseases must have coexisted in the same individual.

JOHN JOHNSTON, M.D.Edin.,
Honorary Surgeon to the Bolton Infirmary.

PROLONGED INCUBATION PERIOD OF TYPHOID FEVER.

Is the incubation period in some cases of typhoid fever much longer than that usually assigned to it? I have several times attended patients suffering from typhoid fever whose friends have declared that they have been far from well for a couple of months or more previous to the attack. Of course, such a state might be due to other circumstances, or a severe relapse following a very mild attack might account for it; but I have a suspicion that some cases whose direct cause cannot be ascertained may be accounted for on the supposition that the incubation period has been much longer than usual. Dr. Roberts in his *Theory and Practice of Medicine* says that the incubation period may be much longer than ten days, and Sir Wm. Broadbent in *Quain's Dictionary*, "probably in most cases 21 days."

Quite recently the following circumstances occurred. For some nine or ten weeks, in a house where typhoid fever was present, two boys of the family had a somewhat drowsy appearance, with "beefy" tongues, their suspicious appearance evoking from me daily and anxious inquiries respecting their feeling, their answers being that they were all right; on each of these occasions I found the temperature was all right too. At last one became ill on December 3rd, with high temperature and other symptoms of the disease. The other, without any further sign of trouble, got quite himself again, both his general appearance and tongue becoming quite normal.

Polluted well water was regarded as the probable cause of the first case in the house, which came under notice on September 15th, and its use was discontinued; this was almost three months before the boy's illness commenced. Nottingham Corporation water was subsequently laid on, and the well filled up; the drains were satisfactory, the milk supply also, but the closet was a midden; the feces and urine from the patients were, however, well disinfected. The infected house, or closet, or something else may be said to have caused the boy's illness, with the usual incubation period; but the lad's appearance for so many weeks previous to his illness, together with evidence of other instances of a similar nature, opens up the question, to my mind, whether a very much longer period than the orthodox twenty-one days may not elapse before the disease obtains the mastery, and also, indeed, whether the disease is not mastered after a period of combat without causing marked febrile symptoms in many other instances.

Having noticed that some correspondence has recently taken place respecting cold bathing in typhoid fever, I can say that I am convinced from my own observations that great comfort, with lowering of temperature, has ensued, and in my opinion life has been saved by frequent tepid sponging.

Carlton, Nottingham.

J. T. KNIGHT.

REPORTS OF SOCIETIES.

BRITISH GYNÆCOLOGICAL SOCIETY.

H. MACNAUGHTON JONES, M.D., President, in the Chair.

Thursday, December 8th, 1898.

SPECIMENS.

The following were shown: By Mr. CHARLES RYALL: (1) Myoma Uteri complicated with distended tube and broad ligament; (2) Large Fallopian Tube.—By Dr. MACPHERSON LAWRIE (Weymouth): (1) Fibroid Uterus removed by supertoneal hysterectomy; (2) Fibroid Uterus undergoing malignant degeneration.—By Mr. J. W. TAYLOR (Birmingham): (1) Small Myoma removed from the fundus after anterior colpotomy, and division of the uterus; (2) Two Small Ovarian Cysts, each removed by posterior colpotomy; (3) Tubal Mole with Right Fallopian Tube, removed by posterior colpotomy.—By Dr. F. A. PURCELL: Uterine Carcinoma removed by vaginal hysterectomy.

THE COMBINED METHOD IN PELVIC SURGERY.

Mr. E. STANMORE BISHOP (Manchester) read a paper in which he related the following cases: Case I. Mrs. H. W., aged 28; second child, premature labour due to fright, followed by severe hæmorrhage: miscarriage two years ago, followed by persistent hæmorrhage; two months ago smart bleeding, with excessive pain on left side, which is becoming more acute; small firm mass in ovarian region, which is very tender; removal by combined operation, because too firmly fixed to be brought down *per vaginam*; adhesion through omentum to pelvic brim; recovery. Case II. Mrs. J. A. C., aged 46; second child; born twenty-years ago; menstruation since irregular and profuse; quantity increasing; sacral and hypogastric pain also increasing; bedridden for fourteen months; double pyosalpinx; removal by combined operation, because even after complete division of uterus *per vaginam*, parts were too rigid to allow of their being brought down. On abdominal section two large pus sacs with adherent intestine were found; recovery. Case III. Mrs. C., aged 29; no pregnancies; scarlet fever: chill during menstruation; No period for fifteen months; loss of flesh for twelve months; night sweats for nine months; bedridden ten months; left leg fixed in flexion; oedematous; double pyosalpinx; removed by combined operation, because parts too fixed, even after total section of the uterus, to allow of their being drawn downwards. On abdominal section, small intestine found adherent to the tube, bladder, and iliac fossa. The right ovary was found—a thick-walled abscess—separate from the rest, and embedded in adhesions in the right iliac fossa. Death. Case IV. Mrs. L. R., aged 39; several miscarriages, no full-time pregnancies; increasing menorrhagia and metrorrhagia; much pain; uterus enlarged to size of six-months pregnancy; partly soft, partly intensely hard; uterine canal elongated; fibroid uterus. Removed by

¶ The small-celled infiltration in the stroma of the cancer consists chiefly of mononuclear elements, the so-called plasma cells, whose protoplasmic granules stain a deep blue with polychromic methylene blue. There are also many mast cells, the granules taking on a red colour with the same dye, while the polynuclear leucocytes which are present in considerable numbers, both in the stroma and between the layers in the cell nests show a clear unstained protoplasm.

Part of Dr. Snow's criticisms has been answered by what I have already said. I can hardly understand how anyone who read my description could say, as he does, that there is no record in it of leucocytic infiltration. The term "small-celled infiltration," which I used, is, I think, better, because it does not involve a theory.

Until the etiology of cancer has been cleared up the primary microscopic sign of malignancy, where lymph gland infection is absent, will, I believe, be the "limitless growth" of the epithelium, and all considerations derived from the form of the cancer cells, and the reaction of the surrounding tissues should be regarded as of diagnostic importance only in so far as they are shown by experience to accompany this primary sign.—I am, etc.,

A. C. O'SULLIVAN, M.B.,

December 7th.

Lecturer in Pathology, Trinity College, Dublin.

INSUSCEPTIBILITY TO VACCINIA.

SIR,—It may be assumed to be generally accepted that there are several different causes which lead to the declaration that an infant is "insusceptible" to vaccination; well-known statistics, such as those of Dr. Cory, seem to show that vaccination performed thrice unsuccessfully by no means implies an actual insusceptibility to vaccinia; and no doubt in a large majority of cases returned as "insusceptible" the vaccinator has been at fault either by scratching too minute an area of skin or by using inactive lymph: or, as has often been found, the mothers have prevented the success of the operation by purposely washing, or otherwise interfering with, the "places" immediately vaccination has been completed.

It will probably be agreed, however, that if such causes of failure are set aside there is a small residuum of cases truly insusceptible, in the sense that vaccination of infants, properly performed with efficient lymph on three occasions, with intervals of a few weeks or months between them, has failed altogether. And most vaccinators would probably recognise a degree of partial insusceptibility, where out of several insertions of efficient vaccine over a considerable area, made on two or more occasions, at most a single small vesicle has resulted.

The purpose of my letter is to inquire of those who have had large experience of vaccination whether any information can be furnished of the relation, if any, between such truly insusceptible or partially insusceptible infants and the condition of vaccination or variolation of the parents—particularly of the mothers.

In the case of an infant born to a mother actually suffering from small-pox, there are recorded instances in which the infant, vaccinated on several occasions with efficient lymph, and remaining exposed to variola, has developed neither vaccinia or variola. This appears to be the extreme case of true insusceptibility dependent on the maternal condition. Are there known comparable instances in which an infant has been born to a mother actually suffering from vaccinia, and has proved insusceptible to vaccinations properly performed with efficient lymph? And going further back, what has been the condition as to insusceptibility, or partial insusceptibility, of infants born to mothers who have suffered from variola or vaccinia before, but not long antecedent to, parturition? And again, how long after birth does this insusceptibility last?

Beyond two cases recently under my observation of infants whose mothers had been successfully revaccinated shortly before the commencement of pregnancy, and who, after several vaccinations with lymph, efficient in other cases, presented in one case no reaction, and in the other a single minute vesicle on the second time of vaccinating, I am unable to contribute any other facts upon the subject. But the matter has considerable interest, and in Gloucester, Middlesbrough, and at other places, where no doubt there has lately

been a considerable number of mothers vaccinated during pregnancy, or having small-pox during or immediately antecedent to pregnancy, there may have been several opportunities of observing what, if any, has been the degree of insusceptibility of their infants to vaccination.—I am, etc.,
Oaklands, Chiswick Lane, W., Nov. 20th. G. P. SHUTER.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

THIRD EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.—The following candidates have satisfied the Examiners:

Part II.—J. L. Allen, B.A., King's; C. H. Barnes, B.A., Christ's; P. F. Barton, B.A., Joh.; J. A. H. Brincker, B.A., Joh.; A. E. Carsberg, B.A., Cal.; A. W. Daniel, B.A., Emm.; S. E. Denyer, M.A., Queens'; W. Eardley, M.A., Joh.; E. E. Glynn, B.A., Cla.; W. D. Harmer, B.A., King's; G. E. Harthan, B.A., Jes.; H. M. Hart-Smith, B.A., Cal.; J. H. F. Jerrard, B.A., Cal.; M. B. Johnson, B.A., Trin. H.; A. C. Jordan, B.A., Sid. Suss.; G. S. Keeling, B.A., Cal.; T. W. Letchworth, B.A., Emm.; F. J. Lidderdale, Trin.; A. F. MacCallan, B.A., Christ's; P. L. Moore, B.A., Joh.; B. A. Percival, B.A., Joh.; S. P. Pollard, B.A., Cal.; C. Powell, B.A., Emm.; C. Reissmann, B.A., Joh.; E. F. Sewell, B.A., Pemb.; C. C. Simpson, M.A., Trin.; P. T. Sutcliffe, B.A., Emm.; E. C. Taylor, B.A., Joh.; H. C. Thorp, B.A., Emm.; I. Ll. Tuckett, M.A., Trin.; A. N. Walker, B.A., Queens'; A. M. Ware, B.A., Pemb.; W. K. Willis, M.A., Joh.; R. J. Willson, B.A., Emm.; A. G. Wilson, B.A., Cal.

APPOINTMENTS.—Dr. Alex Hill has been reappointed a University Lecturer in Advanced Human Anatomy for five years. Dr. A. Macalister has been appointed an Additional Examiner in Anatomy.

DEGREE.—At the Congregation on December 15th, Arthur Burton, M.A., M.B., B.C., of King's College, was admitted to the degree of Doctor of Medicine.

UNIVERSITY OF LONDON.

M.D. EXAMINATION.—The following candidates have satisfied the Examiners in the subjects undernoted:

Medicine.—P. E. Adams, St. Bartholomew's Hospital; A. P. Allan, B.S., Guy's Hospital; J. H. Bodman, B.S., University College, Bristol, and St. Bartholomew's Hospital; W. F. V. Bonney, B.S., Middlesex Hospital; *J. A. O. Briggs, St. Bartholomew's Hospital; Maud Mary Chadburn, London School of Medicine and Royal Free Hospital; F. N. Cookson, Middlesex Hospital; M. Dixon, B.Sc., University College; R. W. Dodgson (Gold Medal); St. Mary's Hospital; E. G. D. Drury, B.S., St. Bartholomew's Hospital; G. R. Elwin, St. Mary's Hospital; A. H. Evans, B.S., Westminster Hospital; J. W. Haines, B.S., St. Bartholomew's Hospital; A. Heath, St. Bartholomew's Hospital; A. Howell, St. Mary's Hospital; T. H. Hunt, B.S., Owens and Yorkshire Colleges; *J. Hussey, St. Bartholomew's Hospital; W. H. Jewell, B.S., Guy's Hospital; J. L. Jones, B.S., University College; C. H. J. Lockyer, B.S., Charing Cross Hospital; A. A. Martin, B.S., St. Mary's Hospital; Elizabeth Jane Moffett, B.Sc., London School of Medicine and Royal Free Hospital; E. Pratt, St. Bartholomew's Hospital; G. B. Price, B.S., University College, Bristol, and St. Bartholomew's Hospital; W. T. G. Pugh, B.S., Middlesex Hospital; A. W. Sanders, St. Mary's Hospital; W. G. Savage, B.Sc., University College; H. J. Scharlieb, B.S., University College; A. W. Sikes, B.S., B.Sc., St. Thomas's Hospital; E. I. Spriggs, Guy's Hospital; W. H. B. Stoddart, B.S., University College; F. H. Thiele, B.Sc., University College; E. Thomas, B.S., University College; E. J. Toye, B.S., B.Sc., St. Bartholomew's Hospital; Ethel May Vaughan, B.S., London School of Medicine and Royal Free Hospital; W. B. Warde, St. Bartholomew's Hospital; T. H. Wells, Middlesex Hospital.

State Medicine.—W. E. Dixon, B.S., B.Sc., St. Thomas's Hospital; W. J. Potts, M.D., Owens and University Colleges.

* Obtained the number of marks qualifying for the Gold Medal.

M.B. HONOURS EXAMINATION.—The following candidates have passed this Examination in the subjects undernoted:

Medicine.—First class: T. J. Horder, B.Sc. (Gold Medal), St. Bartholomew's Hospital; H. G. Lawrence (Scholarship and Gold Medal), St. Mary's Hospital; R. H. J. Swan, Guy's Hospital. Second Class: F. F. Elwes, Middlesex Hospital; W. L. Griffiths, B.Sc., University College; F. C. Lewis, St. Mary's Hospital. Third Class: Elizabeth Honor Bone, Royal Free Hospital; H. D. Singer, St. Thomas's Hospital.

Obstetric Medicine.—First Class: T. J. Horder (Gold Medal), St. Bartholomew's Hospital; H. G. Lawrence, St. Mary's Hospital; J. P. Maxwell (Scholarship and Gold Medal), St. Bartholomew's Hospital. Second Class: J. G. Emanuel, B.Sc., Mason College and Queen's and General Hospital, Birmingham; F. C. Lewis, St. Mary's Hospital. Third Class: V. E. Collins, Guy's Hospital; D. J. Munro, Guy's Hospital; H. Peet, Yorkshire College; A. G. G. Plumley, Medical School and University College, Bristol, and Guy's Hospital; F. Riley, Westminster Hospital.

Forensic Medicine.—First Class: V. E. Collins, Guy's Hospital; T. J. Horder (Gold Medal), St. Bartholomew's Hospital. Second Class: L. Gilbert, St. Thomas's Hospital; A. S. Green, Royal College of Surgeons, Ireland, and Meath Hospital; H. E. Hewett, St. Thomas's Hospital; F. S. Lloyd, St. Mary's Hospital; H. D. Singer, St. Thomas's Hospital.

M.S. EXAMINATION.—The following candidates have satisfied the Examiners:

C. H. Fagge, Guy's Hospital; C. E. M. Kelly, M.D., Owens College; J. S. Sloane, B.Sc., St. Bartholomew's Hospital; W. Turner, King's College.

B.S. EXAMINATION.—The following candidates have passed this Examination:

First Division.—T. V. Cunliffe, Owens College and Manchester Royal Infirmary; J. G. Emanuel, B.Sc., Mason College; J. P. Maxwell, St. Bartholomew's Hospital; D. J. Munro, Guy's Hospital; Winifred Secretan Patch, B.Sc., Royal Free Hospital and London School of Medicine; E. W. Spink, Yorkshire College.

Second Division.—Louisa Garrett Anderson, London School of Medicine for Women; J. S. Boden, King's College; Elizabeth Honor Bone, Royal Free Hospital; H. W. Bruce, Guy's Hospital; A. S. Cobble-dick, Bristol Medical School; E. Coleman, Guy's Hospital; Lucinda Catherine E. Forster, Royal Free Hospital; L. Gilbert, St. Thomas's Hospital; E. G. L. Goffe, University College; A. S. Green, Meath Hospital and Royal College of Surgeons in Ireland; J. P. Hall, Owens College and Manchester Royal Infirmary; L. E. C. Handson, Guy's Hospital; H. E. Hewitt, St. Thomas's Hospital; J. D. Jenkins, London Hospital; J. C. H. Leicester, M.D., B.Sc., University College; F. C. Lewis, St. Mary's Hospital; J. L. Maxwell, St. Bartholomew's Hospital; Mary Elizabeth Pailthorpe, London School of Medicine for Women; F. Riley, Westminster Hospital; H. Sinigar, M.D., Mason College; Florence Ada Stoney, London School of Medicine for Women; R. H. J. Swan, Guy's Hospital; W. H. M. Telling, Guy's Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen having passed the necessary Examinations and having conformed to the By-laws and Regulations have been admitted Fellows of the College:

C. A. Worth, L.R.C.P.Lond.; A. G. Ince, L.R.C.P.Lond.; G. H. Sowry, M.B., B.S.Lond., L.R.C.P.Lond.; N. B. Harman, M.B.Cantab., L.R.C.P.Lond.; H. T. S. Bell, L.R.C.P.Lond.; A. W. Ormond, L.R.C.P.Lond.; A. W. Sikes, L.R.C.P.Lond., B.Sc.Lond.; W. I. Hancock, L.R.C.P.Lond.; W. Stuart-Low, L.R.C.P.Edin., L.F.P. and S.Glasg.; J. A. Bonnin, M.B., Ch.B. Adelaide, L.R.C.P.Lond.

Four other gentlemen passed the examination (but have not yet attained the legal age of 25 years), and will receive their diplomas at future meetings of the Council. Twenty were referred for six months, and 1 for one year.

The following gentlemen having passed the necessary examinations have been admitted Licentiates in Dental Surgery:

L. M. Balding, Charing Cross and the Dental Hospital of London; A. O. Bell, Guy's Hospital, Dental Department, and School; H. H. Besford, Charing Cross, and the Dental Hospital of London; H. N. Besford, Owens College, Royal Infirmary, and Victoria Dental Hospital, Manchester; F. J. Bradburn, University College, Royal Infirmary, and Dental Hospital, Liverpool; P. S. Campkin, Guy's Hospital, Dental Department, and School; H. Charnock, Guy's Hospital, Dental Department, and School; I. Cohen, Charing Cross, and the Dental Hospital of London; W. P. Crombie, M.B., C.M. Aberdeen, Aberdeen University, and Guy's Hospital, Dental Hospital, and School; E. A. G. Dowling, M.R.C.S.Eng., L.R.C.P.Lond., St. Bartholomew's Hospital, and the National Dental Hospital; H. H. Evans, Guy's Hospital, Dental Department, and School; J. S. Farnfield, Guy's Hospital, Dental Department, and School; L. M. Fleetwood, Guy's Hospital, Dental Department, and School; W. C. Harrison, Mason University College, Queen's and General Hospital, and the Dental Hospital, Birmingham; H. W. J. Hawthorn, Mason University College, Queen's and General Hospital, and the Dental Hospital, Birmingham; C. H. Huckle, Guy's Hospital, Dental Department, and School; C. F. Jessop, Guy's Hospital, Dental Department and School; E. Mason, Owens College, Royal Infirmary, and Victoria Dental Hospital, Manchester; E. N. Mason, Guy's Hospital, Dental Department and School; A. Mitchell, Owens College, Royal Infirmary and Victoria Dental Hospital, Manchester; W. H. Must, Middlesex Hospital and the National Dental Hospital; A. G. Payne, Charing Cross and the Dental Hospital of London; W. F. Peach, St. Mary's and the Dental Hospital of London; W. H. Phillips, Guy's Hospital, Dental Department and School; W. R. Read, St. Bartholomew's and the National Dental Hospital; A. W. Roberts, Charing Cross and the Dental Hospital of London; H. Rose, Middlesex and the National Dental Hospital; B. Sherratt, Owens College, Royal Infirmary and Victoria Dental Hospital, Manchester; J. I. Shorrocks, Owens College, Royal Infirmary and Victoria Dental Hospital, Manchester, and Royal Infirmary and Dental Hospital, Liverpool; G. V. Smallwood, Mason College, Queen's and General Hospital, Birmingham; P. L. Smith, Mason College, Queen's and General Hospital and the Dental Hospital, Birmingham; W. E. Stelfox, Owens College, Royal Infirmary and Victoria Dental Hospital, Manchester; W. H. Thomas, Charing Cross and the Dental Hospital of London; E. A. Wolter, Charing Cross and the Dental Hospital; B. J. Wood, University College, Royal Infirmary and Dental Hospital, Liverpool.

Twenty-six gentlemen were referred back to their professional studies for six months.

SOCIETY OF APOTHECARIES OF LONDON.

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

Surgery.—W. F. E. Ashton, Birmingham; E. U. Bartholomew, Charing Cross Hospital; W. H. I. Bathurst (Section II), London Hospital; C. T. Bishop (Sections I and II), Charing Cross Hospital; C. G. Catterall (Section I and II), Leeds and Westminster Hospital; G. J. D. Davies, Leeds; H. Fawcett, Cambridge and London Hospital; P. T. Goodman, St. Thomas's Hospital; A. H. Safford, King's College Hospital; T. J. Vick, Guy's Hospital; C. Welch, London Hospital.

Medicine.—G. Aldridge, London Hospital; W. F. E. Ashton, Birmingham; W. H. I. Bathurst (Section II), London Hospital; W. F. C. Bennett (Section I), Sheffield; C. T. Bishop (Sections I and II), Charing Cross Hospital; R. Brookes (Section I), Westminster Hos-

pital; F. W. Chesnaye (Section I), St. George's Hospital; L. D. B. Cogan, Guy's Hospital; A. G. C. Davies (Section II), Guy's Hospital; W. T. Davies, London Hospital; T. A. F. Fawcett (Section I), Leeds; J. E. Griffith, St. Bartholomew's Hospital; D. V. Lowndes (Section I), Westminster Hospital; E. P. Maret, St. Thomas's Hospital.

Forensic Medicine.—W. F. E. Ashton, Birmingham; W. F. C. Bennett, Sheffield; C. T. Bishop, Charing Cross Hospital; R. Brookes, Westminster Hospital; L. D. B. Cogan, Guy's Hospital; H. H. Cotman, Aberdeen and London Hospital; W. T. Davies, London Hospital; T. A. F. Fawcett, Leeds; J. E. Griffith, St. Bartholomew's Hospital; D. V. Lowndes, Westminster Hospital.

Midwifery.—W. Archer, Leeds; W. F. C. Bennett, Sheffield; C. T. Bishop, Charing Cross Hospital; H. N. Collier, Guy's Hospital; S. E. Dunkin, Charing Cross Hospital; F. Elias, London Hospital; C. Fisher, St. Bartholomew's Hospital; M. P. Gabe, Middlesex Hospital; W. H. Gale, St. Thomas's Hospital; T. R. Griffiths, University College Hospital; T. B. Haig, St. Bartholomew's Hospital; J. Jones, Edinburgh; R. O. Jones, Guy's Hospital; MacD. E. Judge, Guy's Hospital; R. A. Lyster, Birmingham; W. A. Sugden, St. Mary's Hospital.

The diploma of the Society was granted to Messrs. W. F. E. Ashton, E. U. Bartholomew, W. H. I. Bathurst, C. T. Bishop, C. G. Catterall, L. D. B. Cogan, G. J. D. Davies, W. T. Davies, P. T. Goodman, T. J. Vick, and C. Welch.

MEDICO-LEGAL.

PRACTICE BY AN UNREGISTERED PERSON.

ON December 15th, at Houghton-le-Spring Petty Sessions, Joseph Steel was charged that he on October 31st, at Hetton-le-Hole, did unlawfully and falsely take and use the title of "F.C.S.M.," thereby implying that he was recognised by law as a medical practitioner. Mr. Meynell, barrister, instructed by Messrs. Wilson, Ormsby, and Cadle, of Durham, appeared to prosecute at the instance of the General Medical Council, and Mr. Edward Clark, of Newcastle, defended. Mr. Meynell, in opening the case, said that the charge was made under Section XL of the Medical Act, 1858, and, if convicted, defendant was liable to a penalty of £20. Defendant was before the court four years ago for unlawfully using the letters M.D. and B.C., when he was convicted and he appealed, but the high court upheld the magistrates' decision. The only distinction between this case and the one before that was that instead of using the letters "M.D. (Bc.)," defendant had used the letters "F.C.S.M. London." He had used these letters and practised as a doctor in a number of cases. In the case under notice a girl named Ethel Liddle was attended by defendant and died of scarlet fever, and defendant after her death signed a certificate on a form which was a copy of the Government form which defendant had had printed for himself. He signed his name and the letters "F.C.S.M." Mr. Meynell submitted that these letters were there, and for the purpose of misleading ignorant people that this man was in some way qualified to act as a doctor.

John Liddle, father of the girl mentioned, and Mary Liddle, mother, spoke to defendant attending their daughter, but both stated and reiterated in cross-examination that they consulted defendant knowing him to be a botanist only, and with the knowledge that he had no medical qualification.

James Elliott, registrar of births and deaths at Hetton, deposed to receiving certificates from defendant. He entered the cases, but they were not put down as certified. He knew defendant was not a doctor.

Dr. Sutherland, medical officer of health for the Southern Division of the Houghton-le-Spring District, deposed to receiving a notification that the girl named had died from scarlet fever. He knew defendant was not a doctor and he destroyed it.

For the defence, Mr. Clark said that the case had signally failed. There was no pretence whatever on behalf of defendant that he was a medical man. The witnesses for the prosecution knew what he was, so did everyone else, after his conviction a few years ago at the court. The letters "F.C.S.M." did not imply that he was a medical man, and the prosecution could not put any such construction upon them. Defendant's death forms were not the same colour as those of the medical authority, and when he filled one up he did not sign it as certified. The letters meant Fellow of the Council of Safe Medicine, whose examinations defendant had passed.

The defendant gave evidence, and declared that all the people who consulted him knew he had no legal qualification. He had declared it himself to the public six or seven times. He had never pretended that he was a medical doctor. The death forms he had had printed he drafted out himself, and he did not sign them as a medical man. Cross-examined by Mr. Meynell, defendant admitted that he had 400 people paying him from 6d. to 9d. a fortnight, and had a man to collect the money.

A witness said that indignation meetings had been held at Hetton against attempts to interfere with Steel's business.

The Bench said the first case four years ago was perfectly clear, but in this case they had very serious doubts as to whether defendant had infringed the Section or not, and they would give him the benefit of the doubt. The case was dismissed.

The Bench refused Mr. Clark's application for costs.

Other charges against defendant under different sections of the Act were also dismissed, and one was withdrawn.

CHARGE OF MALPRAXIS.

At the Leeds Assizes on December 18th an action was heard before Mr. Justice Darling against Dr. A. Macvie of Baildon, for alleged negligence in the treatment of a boy aged 16 years, who met with an accident in August, 1896, while jumping. He fell, and his knee was cut open. It was alleged for the plaintiff that negligence had been shown in treatment, and that as a consequence the boy had a stiff knee. The defendant gave evidence, and stated that he had carefully examined the wound, and failed to find any foreign body. There had been great hæmorrhage, the

2.2 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.5 in Leeds, 4.4 in Nottingham, 5.1 in Bolton, and 7.7 in Swansea. Measles caused a death-rate of 1.5 in Manchester and in Salford, 2.6 in Bolton, and 2.9 in Nottingham; whooping-cough of 1.1 in Halifax, and 1.3 in Preston; "fever" of 1.1 in Salford, 1.3 in Brighton and in Bolton, and 1.4 in Norwich. The mortality from scarlet fever showed no marked excess in any of the large towns. The 115 deaths from diphtheria in the thirty-three towns included 46 in London, 17 in Leeds, 10 in Swansea, 7 in Sheffield, 6 in West Ham, 6 in Liverpool, 4 in Brighton, and 3 in Cardiff. No fatal case of small-pox was registered during the week under notice, 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 3,043 at the end of the five preceding weeks, had further fallen to 2,901 on Saturday last, December 24th; 221 new cases were admitted during the week, against 264, 276, and 260 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, December 24th, 910 births and 549 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.0 and 19.4 per 1,000 in the two preceding weeks, further declined to 18.2 last week, but slightly exceeded the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 11.6 in Leith and 15.2 in Paisley to 21.1 in Aberdeen and 22.1 in Perth. The zymotic death-rate in these towns averaged 2.3 per 1,000, the highest rates being recorded in Aberdeen and Paisley. The 252 deaths registered last week in Glasgow included 6 from measles, 9 from scarlet fever, 9 from whooping-cough, and 8 from "fever." Three fatal cases of measles and 2 of "fever" were recorded in Edinburgh.

INFECTION AND DISINFECTION.

BOWMOUNT.—The context does not throw any light upon the interpretation of Section LVII of the Public Health (Scotland) Act, 1897. Replying categorically to our correspondent's queries we should say:

(1) That by "disinfection" is to be understood any natural or artificial process by which a previously infected person or article is deprived of infectivity.

(2) "Infectious disease" is not defined in the Act, and the phrase must be interpreted in a common-sense way. For the purposes of Section LVII it would be sufficient, we should say, to include under the designation "infectious disease" the diseases compulsorily notifiable under the Infectious Disease (Notification) Act, together with measles, whooping-cough, and perhaps chicken-pox.

POOR-LAW SUPERANNUATION IN IRELAND.

T. H. M. writes: In the case of workhouse officials resident on the premises and entitled to compulsory superannuation under the Local Government (Ireland) Bill upon the Civil Service scale, are such officers entitled to include the value of their apartments in reckoning their salaries and emoluments? I should be glad to know by what Act of Parliament the Civil Service scale of superannuation is fixed.

* * Section 118 of the Local Government (Ireland) Act, 1898, to which our correspondent presumably refers, provides in effect that existing officers of boards of guardians in Ireland shall, under the circumstances mentioned in the Act and without prejudice to any existing right, be entitled to receive superannuation allowances on the scale and according to the Acts and rules relating to Her Majesty's Civil Service. The existing statutory rights of Poor-law officers in Ireland in respect of superannuation allowances are defined by the Union Officers (Ireland) Superannuation Acts, 1865 and 1872 and the Medical Officers' Superannuation Act (Ireland), 1869. The Acts relating to the Civil Service are the Superannuation Acts, 1834 to 1892, the scale of allowance being regulated by the Superannuation Act, 1859. We do not consider that the Acts we have quoted warrant, generally speaking, an affirmative answer to our correspondent's question, but at the same time it is possible that the considerations present in any individual case may be of such a nature as to justify an affirmative answer in such case.

BONESETTER'S ATTENDANCE ON CASES OF FRACTURE.

R. R.—(1) Our correspondent, we think, acted rightly in deciding to retire from the private case when the bonesetter was called in. (2) If sent for to a club patient he should attend, but we think he is not bound to continue his attendance unless the bonesetter ceases to attend. (3) He should retire from a pauper case, but only after explaining that he will be ready to give further attendance if requested whenever he is informed that the bonesetter's attendance has ceased. This promise should be made in the presence of a reliable witness.

DIPHTHERIA AND THE CAT.—At a recent meeting of the Trimley District Council, the medical officer reported imperfect sanitary arrangements in connection with the occurrence of cases of diphtheria. In the case of two patients, a mother and a child 21 months old, Dr. Walcot reported that they had recently made a visit to Wandsworth, and that "a cat in the house where they had visited was ill, and made a curious sound in breathing. The cat would neither eat nor drink, and its breath had a bad smell. On the day after it (the cat) was killed, the child showed signs of sickness, which developed into diphtheria." The child died after a week's illness, but the mother recovered.

MEDICAL NEWS.

THE ROYAL INSTITUTION.—At the Royal Institution of Great Britain, which will celebrate its centenary next year, Professor Ray Lankester will commence a course of ten lectures on The Morphology of the Mollusca, on January 17th, and Dr. A. Macfadyen, the Director of the Jenner Institute of Preventive Medicine, a course of four lectures on Toxins and Antitoxins on February 9th. The Friday evening meetings will commence on January 20th, when Professor Dewar will give a lecture on Liquid Hydrogen; on February 3rd Mr. Victor Horsley will deliver a discourse on The Roman Defences of South-East Britain; and on March 17th Professor Francis Gotch will give a discourse on The Electric Fish of the Nile.

POISONOUS FLANNELETTE.—Some kinds of flannelette are well known to be highly inflammable, and to counteract this defect it appears that some manufacturers have recently been saturating the flannelette with chloride of zinc, a deliquescent salt, which thus keeps the material always moist. In one analysis made of flannelette thus treated it was found that as much as 23.12 per cent. of chloride of zinc and 7.88 per cent. of water was present. Chloride of zinc, however, is not only deliquescent but has also an irritant effect on the skin, and material containing it in such quantity when worn next the surface of the body must excite a certain amount of dermatitis and possibly some superficial ulceration. This form of adulteration is thus injurious in several ways, and it would be well to avoid any flannelette which gives the sensation of being damp.

VICTORIA HOSPITAL FOR SICK CHILDREN, CHELSEA.—At the invitation of the Duke of Westminster a meeting was held at Grosvenor House recently, to take steps to raise funds for the erection of new buildings for the Victoria Hospital for Sick Children, Chelsea. From the statements made by Mr. M. R. Smith, the Chairman of the Committee of Management, Mr. T. Pickering Pick, Senior Surgeon to the hospital, and Mr. Farquhar, the Treasurer, it appeared that the present buildings were never intended for the purpose, and in consequence of structural defects and small size were quite inadequate to meet the demand for beds. It was proposed to erect a large building to provide the necessary accommodation for in-patients, and to render the present house suitable for the use of the staff and other purposes. A sum of £25,000 would be required.

AMBULANCE FOR SICK OR INJURED HORSES.—An interesting experiment is to be made at the forthcoming cavalry manoeuvres in India with horse ambulances. Scores of instances are known to cavalry or artillery officers where valuable horses, seriously lamed or otherwise injured when on the march, or at a distance from cantonments, have had to be destroyed, even when it was certain that time and treatment would have given hopes of recovery, because there was no organised system by which sick or maimed horses of cavalry or artillery could be removed to a properly equipped veterinary hospital. The reports on the experiments to be carried out at the Aligarh-Delhi manoeuvres with three horse ambulances will be interesting, and may ultimately prove of great value to the mounted branches of the service.

SCHOOL OF MEDICINE AT BEYROUT.—It appears that there is a medical school which rejoices in the unique privilege of having a Jesuit as its Director. This is the French Medical School at Beyrout in Syria, which is under the direction of Father Catin. In spite of this remarkable anomaly of organisation the school appears to be a very successful one. The teaching staff consists of eight French medical men, all former internes of French hospitals and holding the doctor's degree of the Universities of Paris, Lyons, and Montpellier. There are Departments of Chemistry and Pharmacy and a Laboratory of Microbiology, all under the direction of French men of science. Recently a Midwifery Clinic has been added to the school. The number of pupils is 130. It is only recently that the school has begun to grant diplomas, and at present the average output is about ten a year. A prolonged struggle has been carried on to get these diplomas recognised as valid by the Turkish Government; but now, it is stated, the matter is on the point of being settled in a satisfactory manner.

COLUMBIA UNIVERSITY.—It is announced that Columbia University has received a gift of \$50,000 (£10,000), from a person whose name is not made public, to be devoted to the maintenance of a children's ward in the Roosevelt Hospital as an increase of the teaching facilities of the medical school (the College of Physicians and Surgeons). It is stated that the ward is to be known as the Abraham Jacobi Clinic. It is also announced that a scholarship has been established in the medical school to be called the O'Dwyer scholarship, in memory of the late Dr. Joseph O'Dwyer.

ANTIRABIC INSTITUTE OF TURIN.—In the *Annales de l'Institut Pasteur* of November 25th Dr. Francesco Abba, who succeeded Dr. Bordone-Uffreduzzi as director of the Municipal Antirabic Institute of Turin, gives statistics of the cases treated there during 1896-97. In 1896 the total number of persons who applied for treatment was 672. Of this number only 470 were treated, as it was proved that the animals which had bitten the remaining 202 persons were not rabid. The mortality among the 470 patients actually treated was 0.21 per cent. During 1897 the number of applicants was 584, of whom 376 were treated, with a mortality of 0.26 per cent. From September 30th, 1886, when the institute was founded, to December 31st, 1897, the number of applicants was 4,728, of whom only 3,396 were treated. The mortality among these was 0.73 per cent. Dr. Abba states that in 1896 there was a great increase in the number of persons bitten as compared with preceding years. This being assumed to be due to negligence on the part of individuals and local authorities in regards to the prophylaxis of rabies in dogs, measures were taken in combination with the prefects of the provinces which send the largest number of patients to the institute to secure the slaughter as speedily as possible of all dogs, bitten or suspects. As the effect of this the number of persons bitten by fox dogs diminished in 1897 by about 100.

MEDICAL VACANCIES.

The following vacancies are announced:

AYLESBURY: ROYAL BUCKINGHAMSHIRE HOSPITAL.—Resident-Surgeon and Apothecary, unmarried. Salary, £250, increasing to £300, with board, lodging, washing, coals, candles, and furnished apartments. Applications to Mr. G. Fell, Solicitor, Aylesbury, by January 2nd, 1899.

BATH: ROYAL UNITED HOSPITAL.—House Surgeon. Salary at the rate of £60 per annum, with board, lodging, and washing. Applications to the Secretary by January 5th, 1899.

BIRMINGHAM AND MIDLAND RAIL AND THROAT HOSPITAL, Edmund Street, Birmingham. House-Surgeon. Salary at the rate of £240 per annum, with board, lodging, and washing. Applications to the Secretary by January 14th, 1899.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Resident Medical Officer. Salary, £100 per annum, with board, etc. Also Second Assistant Physician. Appointment for six months. Salary at the rate of £30 per annum. Applications to the Secretary by January 6th, 1899.

DERBY: DERBYSHIRE ROYAL INFIRMARY.—Assistant House Surgeon. Salary, £40 per annum, with board, residence, and washing. Applications to the Secretary by January 18th, 1899.

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

FINSBURY DISPENSARY, Brewer Street, Goswell Road, E.C.—Resident Medical Officer. Salary, £100 per annum, with furnished residence, attendance, coals, and gas. Applications to the Secretary by January 7th, 1899.

GOVAN DISTRICT ASYLUM.—Junior Assistant Medical Officer. Salary, £100 a year, with board and residence. Applications to the Medical Superintendent, Hawkhead Asylum, Paisley, by January 5th, 1899.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Resident Medical Officer. Salary, £250 per annum, with board, lodging, and washing. Applications to the Secretary-Superintendent by January 7th, 1899.

KENSINGTON DISPENSARY.—Resident Medical Officer, under 35 years of age. Applications to the Hon. Secretary, T. W. O. Wheeler, 20, Lower Phillimore Place, Kensington, W., by January 9th, 1899.

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

LIVERPOOL: ROYAL SOUTHERN HOSPITAL.—Resident Junior House Surgeon. Salary, 60 guineas per annum. Applications to the Chairman of Medical Board by January 9th, 1899.

LONDON FEVER HOSPITAL, Islington, N.—Assistant Physician. Must be a F. or M.R.C.P.Lond. Applications to the Secretary by January 6th, 1899.

LONDON LOOK 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 January 7th.

LONDON THROAT HOSPITAL.—Surgeon and a Pathologist. Applications to the Secretary, Medical Committee, by January 4th, 1899.

MANCHESTER: ANCOATS HOSPITAL.—Resident Junior House Surgeon. Salary, £50 per annum, with board and washing. Applications to the Secretary.

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

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, Bloomsbury.—Senior House Physician. Junior House Physician is applicant. Candidates must state whether they would accept either appointment. Salary for Senior, £100, Junior £50, with board, and apartments. Also Pathologist. Honorarium 50 guineas. Applications to the Secretary, by January 9th, 1899.

NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W. Three Female Assistant Physicians in the Out-patient Department. Applications to the Secretary by January 4th, 1899.

NORWICH: NORFOLK AND NORWICH HOSPITAL.—Dental Surgeon, also Assistant House Surgeon. Appointment for six months. Board, lodging, and washing provided. No salary. Applications to the Secretary by January 7th and 10th, 1899, respectively.

NOTTINGHAM GENERAL HOSPITAL.—House-Physician. Salary, £100 per annum, rising to £120. Applications to the Secretary by January 31st, 1899.

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.

RAINFORD COUNTY ASYLUM (near Liverpool).—Assistant Medical Officer, unmarried, and not more than 30 years of age. Salary £100 per annum, increasing to £250, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent.

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

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

ST. ANDREWS UNIVERSITY.—Additional Examiner for Graduation in Materia Medica. Appointment for three years. Applications to the Secretary, University Court, by January 14th, 1899.

ST. THOMAS'S HOSPITAL.—Assistant Surgeon. Must be F.R.C.S.Eng. Applications to Mr. E. M. Hardy, Treasurer's Clerk, by January 7th, 1899.

SUNDERLAND INFIRMARY.—House Physician. Salary, £20, rising to £100, with board and residence. Applications to the Chairman of the Medical Board by January 5th, 1899.

TOXTETH PARK, LIVERPOOL.—Senior Assistant Medical Officer of the Workhouse and Infirmary. Salary £100 per annum, with board, washing, and apartments. Applications, marked "Assistant Medical Officer" to the Clerk to the Guardians, 15 High Park Street, Liverpool, by January 11th, 1899.

TYNEMOUTH VICTORIA JUBILEE INFIRMARY, Spring Gardens, North Shields.—Resident House-Surgeon. Salary, £100 per annum. Applications to the Secretary, by January 11th, 1899.

WESTERN OPHTHALMIC HOSPITAL, 158, Marylebone Road, N.W.—Assistant Surgeon. Applications to the Secretary by January 4th, 1899.

WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.—Medical Registrar. Salary, £250 per annum. Applications to the Secretary by January 2nd, 1899.

MEDICAL APPOINTMENTS.

BURROWS, Vincent, M.B., B.S. Durh., M.R.C.S., appointed Medical Officer for the No. 2 District of the Aylesbury Union.

CARLAW, T. W., M.D. (Canada) appointed Clinical Assistant to the Chelsea Hospital for Women.

COTES, Dr., appointed Medical Officer for the Great Barford District of the Bedford Union, *vice* O. Spriggs, M.D., resigned.

DICKRY, A. A. G., M.D. B.U.I., J.P., appointed Medical Officer and Public Vaccinator for the Colne District of the Burnley Union, *vice* J. H. Keay, M.D. Edin., resigned.

HAMILTON, W. C., M.B., C.M., appointed Certifying Factory Surgeon for Plymouth, *vice* W. A. Buesen, M.B., C.M. Edin., deceased.

HILLMAN, G. B., L.S.A., appointed Medical Officer of Health to the Castleford Urban Council, *vice* R. W. Kemp, resigned.

McKERRON, R. G., M.A., M.D., appointed Senior Physician to the Royal Hospital for Children, Aberdeen, *vice* Professor Stephenson, resigned.

ORE, David, M.B., appointed Pathologist to the County Asylum, Prestwich, Manchester.

Ross, Marion J., M.B., appointed Resident Medical Officer for the Workhouse of the Newcastle Union.

SUMNER, F. W., B.A. Cantab., M.R.C.S., L.R.C.P., appointed House Physician to St. Mary's Hospital, London.

WOOD, Richard, M.D., reappointed Medical Officer of Health to the Driffield Rural Council.

ERRATUM.—In the notice of the appointment of Mr. F. W. Wright, published on December 17th, it was stated in error that he had been appointed Medical Officer to the Langfield and Southern Districts of the Godstone Union, instead of to the Southern District only.

DIARY FOR NEXT WEEK.

TUESDAY.

Pathological Society of London, 8.30 P.M.—Mr. E. Barker: The Fetus. Sequel to a Case already reported of Removal of Cystic Disease of a Supposed Accessory Thyroid Body. Dr. Parkes Weber: On an Apparent Thickening of the Subcutaneous Veins. Dr. C. D.

Green: Primary Carcinoma of the Liver. Mr. D'Arcy Power: A Case of Intussusception. Mr. R. R. Lucy: A Case of Intussusception. Mr. Barwell: A Case of Congenital Limb Deficiency and Redundancy, illustrated by lantern slides and stereoscopic skiagraphs.

WEDNESDAY.

Obstetrical Society of London, 8 P.M.—Specimens will be shown by Drs. Lea, Addinsell, and John Phillips. Papers—Dr. Donald: A Case of Ectopic (Intrauterine) Gestation at the

seventh month, in which the Fetus was extracted by Vaginal Incision. Dr. Drummond Robinson: Vulval Discharges in Children.

THURSDAY.

Harveian Society of London, 8.30 P.M.—Mr. Howard Marsh: On the Subsequent History of Cases in which Ad-

hesions have formed in Joints, the Peritoneal Cavity, and other parts.

FRIDAY.

West London Medico-Chirurgical Society, West London Hospital, W., 8.30 P.M.—Mr. R. Lake: The Treatment of Laryngeal Phthisis. Mr. J. R. Lunn: Two Cases of Optic Neuritis associated with Mastoid Disease. Dr. James Allan: A series of Twelve Tracheotomies for Laryngeal Diphtheria in young children, with nine recoveries.

Laryngological Society of London, 20, Hanover Square, W., 4.30 P.M.—

Annual General Meeting. Election of Officers and Annual Reports. The following will show cases: Dr. Scanes Spicer, Mr. Charters Symonds, Dr. Barclay Baron, Dr. Dundas Grant, Mr. Morley Agar, Dr. Tilley, Sir Felix Semon, Dr. Watson Williams, Mr. Wyatt Wingrove, Mr. Atwood Thorne, Dr. Wm. Hill, and Dr. St. Clair Thomson. Dinner at the Café Royal at 8 P.M.

BIRTHS, MARRIAGES, AND DEATHS.

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

MARRIAGE.

RUTHERFORD-NAPIER.—At Hyndland Church, Glasgow, on December 22nd, by the Very Reverend Principal Story, D.D., assisted by the Rev. Henry Grey Graham, Henry Rutherford, M.B., C.M., to Jean Hay Frew, second daughter of the late Robert Assheton Napier, Esq., shipowner, Glasgow.

DEATHS.

DOUBLEDAY.—On Christmas Day, at Long Clawson, Melton Mowbray, James Doubleday, late of Chiddingfold, Surrey, M.R.C.S.Eng. L.F.P.S., Guy's, St. Thomas's, Berlin. M.B.Lond., M.D. Berlin, aged 71.

KNOX.—At East Molesey, on Christmas Day, James Jenkinson Knox, M.A., M.B., B.C. Cantab., aged 32, elder son of John Knox, M.D., Bakeswell.

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, 3; o, p, F, 2.
CHANCERY 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*—Tu, F, S, 3.
CHESAIRE HOSPITAL FOR WOMEN. *Attendances*—Daily, 1, 30. *Operations*—M, Th, F, 2.
CITY ORTHOPEDIC. *Attendances*—M, Tu, Th, F, 2. *Operations*—M, 4.
EAST LONDON HOSPITAL FOR CHILDREN. *Operations*—M, W, Th, F, 2.
GREAT NORTHERN CENTRAL. *Attendances*—Medical and Surgical, M, Tu, W, Th, F, 2, 30; Obstetric, W, 2, 30; Eye, M, Th, 2, 30; Throat and Ear, Tu, F, 2, 30; Skin, W, 2, 30; Dental, W, 2. *Operations*—M, W, Th, F, 2.
GUY'S. *Attendances*—Medical, daily, 3; Surgical, daily, 1, 30; Obstetric, M, Tu, F, 1, 30; Eye, M, Tu, Th, F, 2; o, p, W, S, 1, 30; 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; Bar, Tu, 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, 2.
MIDDLESEX. *Attendances*—Medical and Surgical, daily, 1, 30; Obstetric, Tu, Th, 1, 30; o, p, M, 9; W, 1, 30; Eye, Tu, F, 9; Bar 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 FREE, Southwark. *Attendances*—Daily, 2. *Operations*—Daily.
ROYAL FREE, Southwark. *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, 10. *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; Bar, 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, Tu, F, 9; Bar, Tu, 2; Skin, W, 2, 45; Throat, F, 2; Orthopaedic, F, 12; Dental, M, Tu, F, S, 12. *Operations*—Daily, 1; Ophthalmic, M, 1; Dental, Th, 9.
ST. MARK'S. *Attendances*—Pistula and Diseases of the Rectum, males S, 2; females, W, 9, 30. *Operations*—M, 9; Tu, 2, 30.
ST. MART'S. *Attendances*—Medical and Surgical, daily, 1, 45; o, p, 12, 45; Obstetric, Tu, F, 1, 45; o, p, M, Th, 2, 30; Eye, Tu, F, 9; Bar, Tu, 2; Skin, W, 2, 45; Throat, F, 2; Orthopaedic, F, 12; Dental, M, Tu, F, S, 12. *Operations*—Daily, 1; Ophthalmic, M, 1; Dental, Th, 9.
ST. PETER'S. *Attendances*—M, 2 and 5; Tu, 2; W, 5; Th, 2; F, (Women and Children), S, 4. *Operations*—W, F, 2.
ST. THOMAS'S. *Attendances*—Medical and Surgical, M, Tu, Th, F, 2; o, p, daily, 1, 30; Obstetric, 1, p, Tu, F, 1, 30; Eye, Tu, F, 2; o, p, daily, exc. S, 1, 30; Bar, M, 1, 30; Skin, 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; Bar, Tu, 2; 8, 10; Orthopaedic, W, 2; Diseases of Women, W, S, 2. *Electrical*, M, Th, 2; Skin, M, F, 2; Throat and Nose, Tu, F, 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 ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, W.C. London; these 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 *Asiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are directed will be found under their respective headings.

QUERIES.

M.R.C.S. asks whether any instance is known of saccharine having an injurious effect on the eyesight.

QUALIFICATION AS HOSPITAL SURGEON.

G. S. writes as follows: A hospital advertises for assistant-surgeon under the following conditions, quoted from its rule framed in 1875: "Any surgeon appointed.....must.....be a Fellow or Member of one of the colleges of the United Kingdom." I should be much obliged if you would state whether, in your opinion, this condition would be met by the appointment of a Licentiate of the Conjoint Board of the Scottish Colleges and Faculty, whose diploma bears date 1888.

** We think that the hospital authorities would undoubtedly be justified in construing the words "Fellow or Member" so as to include a Licentiate of the Conjoint Board mentioned by our correspondent.

ANSWERS.

J. A. A.—A kleptomaniac, if not certifiably insane or imbecile, might place himself under control as a voluntary boarder. There are no other institutions except reformatories in which he could be placed.

VALUE OF FOREIGN PRACTICE.

EMIGRANT.—A good English practice when transferred realises about two years' purchase on the gross receipts. But most charges are influenced more or less by local and personal circumstances as to amounts. One year's purchase for the practice named would appear to be fair.

"COQ VOLANT."

DR. A. DE WATTEVILLE (Welbeck Street, W.) writes: Your correspondent must surely have misunderstood the words "coque du Levant" (cocculus Indicus), which are used to designate the drug used to stupefy fish on the Continent. The active principle is picrotoxin, of which very small quantities are actually absorbed by the fish. I should expect the poison to be destroyed in the processes of assimilation and of cooking, and the fish so obtained to be harmless when eaten in moderate quantities.

BACTERIOLOGY FOR GENERAL PRACTITIONERS.

W. M. M. J.—The two books we should recommend are Muir and Ritchie's *Manual of Bacteriology* (Pentland, Lond. and Edin.); and Wethered's *Medical Microscopy* (H. K. Lewis, London), the former for bacteriological methods and descriptions, the latter for an account of examination of urine. Swift, Tottenham Court Road, is a reliable maker of microscopes. For a good second-hand microscope Chas. Baker, 244, High Holborn, is probably the best firm to which to make application.

NOTES, LETTERS, Etc.

"ANLAGE."

GREAT difficulty has been experienced in finding an English equivalent for the convenient German word *anlage*. Among the translations suggested have been forecast, fundamen, rudiment, beginning, origin, foundation, and Dr. Arthur Willey recently suggested in *Nature* "primordium." Our contemporary states that Professor Burt G. Wilder, while expressing an opinion favourable to this word, suggests "proton," already familiar in numerous compounds, as a shorter and better equivalent.

RAILWAY REFORM.

DR. J. CARROLL (Glasgow) writes: I would respectfully submit that the most urgent reform is the provision on all long-distance trains of proper and sufficient lavatory accommodation for each carriage. The urgency is well known to long-distance travellers on all our railways; no train, in my opinion, should be run more than a hundred miles unless thus provided. Local and short-distance trains would not be affected. I make this suggestion in the interests of elderly men and women who, as we all know, are often in great pain when compelled to retain their urine even for a comparatively short time. Ladies with children would also share and appreciate lavatory accommodation, as is shown by the invariable scramble to get into such a carriage.

CHRONIC MEMBRANOUS COLITIS.

DR. J. CHRISTIAN SIMPSON, (Cambridge) writes: In the BRITISH MEDICAL JOURNAL of November 5th Dr. Lawrie reports an interesting case of chronic membranous colitis cured by right inguinal colotomy and subsequent closure of the artificial anus. He refers to a case reported by Dr. Hale White and Mr. Golding-Bird as being the only one previously recorded. I beg to point out, however, that Dr. Lawrie has unfortunately missed the report of the first case that was operated on in this way, and which was fully recorded by me in the *Medical Press and Circular* of July 29th, 1896. There is also a "further note" in the *Medical Press* of July 20th, 1898, giving the state of the patient more than four years after the operation. This case was noted in the *Yearbook of Treatment*, and is also referred to in the article on Diseases of the Colon in Allbutt's *System of Medicine*, in both instances by Dr. Hale White.

Though my case was published subsequent to the report of the case under the care of Dr. Hale White above referred to, the priority of the actual operation, which was performed by Mr. Keith, has never been disputed. In an article on Colitis by Dr. Hale White in the *Lancet*, March 2nd, 1895, he says, "It has been suggested that in a very intractable case it might be justifiable to open the colon high up;" and in the following week's issue Mr. Keith intimated that he had already practised this treatment in June of the previous year, and that the full report would be published later.