

ally ceased to cry and toss about, her expression was one of extreme relief, and before I had finished she was sound asleep. She slept soundly for two hours, and there was no return of the symptoms on waking. In the morning the temperature was normal. She was kept in bed for three days and under observation till August 11th, and had no return of the fever. The arsenic and quinine mixture which she had been taking before were continued.

CASE X.—A. H., aged 3½, was suffering from malarial fever aggravated by neglect and exposure to the sun. Her mother stated that she was subject to ague, and had had fever for two days. She had not been kept in bed, and she would not take any medicine. I was called in at 11 P.M. on August 26th, 1896, and found the child quite delirious. The temperature taken in *mx* of creosote at once, and the effect was almost instantaneous; the delirium ceased rapidly, she became conscious, then was very irritable for a few minutes, and in a few minutes more was quite comfortable and quiet. In half an hour the temperature had fallen 2 degrees. She slept soundly for two hours, and fairly well for the rest of the night. On August 27th, 1896, at 7 A.M. the temperature was 100° F., but rose to 105° at 10 A.M., with internal strabismus and commencing convulsions. The inunction of creosote (*mx*) repeated gave immediate relief. Some creosote and oil were prescribed in *mx* doses, to be rubbed in if the temperature rose again over 102°, but the mother, becoming impatient, rubbed it in five or six times in the course of the next twenty-four hours. This indiscretion, however, was followed by no bad results. The temperature fell to normal on the morning of August 29th, without any other treatment. There was no recurrence.

Though I regret that I have been unable to keep notes of other cases, I do not think it necessary that anything should be added to this record to prove the value of the treatment. My object is simply to bring it to notice, particularly in the interests of the last class of cases, which are frequently found so very difficult to treat by other means. Personally I never now answer a call to a sick child night or day without taking a small bottle of creosote with me. In this way time is saved, which perhaps could never be made up if lost.

It appears to me to be an ideal treatment for malarial fevers in children, as it combines everything that is necessary, even in very severe cases; it is easily applied; it acts rapidly and continuously, and, as far as my experience goes, with certainty; and I have never seen any bad effects, even after the excessive use of the drug. I need only allude to the possibilities of treatment of the more malignant forms of malarial fevers by the external or internal administration of this drug.

FIVE CASES OF SO-CALLED BLACKWATER FEVER.

By H. M. DOWLER, L.R.C.P. LOND., M.R.C.S. ENG.,
Gaikatta, Dooars, Bengal.

THE following five cases have occurred in this district within the last two years. A typical case is as follows:

A European tea planter, aged 23, had felt feverish for a few days preceding April 8th, 1899, on which date he passed about 8 ounces of urine having the appearance of porter, and containing albumen. The skin and conjunctivæ were jaundiced. He had pain in the dorso-lumbar region and joints, and felt very weak. There was slight headache, and he had had bilious vomiting for a few hours. He was sweating freely. There were no other abnormal physical signs. A rigor with vomiting came on while he was being examined, so that it was not possible to take his temperature. Quinine bihydrochlorate gr. iij given hypodermically at once, with liq. hydrarg. perchlor. *mx* given at ten-minute intervals, soon checked the vomiting. Lithium benzoate was also given, in gr. v doses, every two hours while awake. During the following twenty-four hours two more gr. iij doses of quinine were given hypodermically, and the temperature fell from 99.4° on the second day to 99° on the third, after which it had a considerable range from subnormal to normal until the eleventh day, when it reached 100.2°, but the continued use of quinine then brought the temperature to normal. The smallest quantity of urine passed was 17 ounces on the fourth day, but by the fifth day it had increased to 43 ounces daily, when the lithium benzoate was stopped. The colour of the urine varied from that of porter through various shades of reddish brown. On the fourth day there was no trace of albumen. He sweated freely and slept well throughout. An occasional soap enema was necessary. His diet consisted of milk diluted with soda-water or lime-water in small quantities every few minutes, vermicelli, sago, and tapioca. A full bottle of champagne was taken during twenty-four hours for ten days. Animal food was given as soon as the urine was free from albumen. Quinine was given hypodermically from the eleventh to the twenty-first day. The patient was then given Easton's syrup 3ij daily, and was advised to leave this malarial place and to take a sea voyage.

Four months ago an educated Bengali had a similar attack, for the symptoms and treatment of which the preceding case will well stand as a type. He made a good recovery. For the first eight days I tested his urine, which varied from 1 ounce on the second day to an average of 1 pint during the next six. The first specimen was neutral, the remainder acid; the specific gravity varied from 1020 to 1013, and I failed to detect in it any sugar, bile pigments, or bile salts. It contained about

one-fifth of albumen at first, but this was absent on the fourth day. Microscopically no blood corpuscles could be detected, but the urine (more especially the reddish-brown sediment) was full of what appeared to be pale yellow granular casts, which noticeably decreased in amount as the urine became lighter coloured. I regret to say that I had no means for the detection of blood-colouring matter.

I have also treated three other cases in Europeans which were fatal.

In the five cases the highest temperature was 103.7° and the highest pulse-rate 108; the greatest amount of albumen was one-half. There was sometimes slight diarrhoea during the attack. The prostration was marked in all, and there was a tendency to syncope on attempted movement. In all cases also there was dark grass-green bilious vomiting, with uncontrollable hiccup in one of them, slight enlargement of the spleen in one case; there was no enlargement, pain or tenderness of either the spleen or liver. Of four Europeans, one was big built and flabby, while three were muscular and strong-looking men. Three had been free from malaria for some time previously, but three had had a great deal of mental worry preceding the attack. None had taken large doses of quinine.

The hypodermic method is undoubtedly the best method of administering quinine in such cases, and lithium is retained in the stomach much better than the more usually employed diuretics. Liq. hydrarg. perchlor. appears to be the most serviceable drug to allay the vomiting, for which purpose a soap enema is usually a great aid, and a mustard plaster on the epigastrium also gives a very satisfactory result. On account of the syncopal tendency a stimulant mixture is generally needed.

From my own experience and inquiries it seems that this is a very rare complaint amongst natives, who are in the habit of stating that they pass blood in the urine when it is merely of a high colour due to malaria. On the other hand, it has been suggested with strong probability that, owing to the ignorance and carelessness of the large majority of local native practitioners in diagnosing it, the disease is not so rare amongst them as is usually supposed.

Blackwater fever differs from malaria accompanied with bilious vomiting so common in this district in (1) the character of urine; (2) the temperature not running so high, seldom above 101°; (3) the muscular weakness and prostration; and (4) the syncopal tendency. But, in spite of these differences, the two complaints have very similar symptoms, and the idea suggests itself whether the differences do not depend more on degree than character, and whether they may not both be due to very similar, if not the same, causes.

MEMORANDA:

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

ULCERATION OF COLON IN TYPHOID FEVER.

THE following case I think worthy of note chiefly on account of the length of time that elapsed between the probable date of perforation and that on which death took place, but also for the extensive perforations of the large intestine.

The patient, a boy aged 7 years, was admitted into the Foleshill Infectious Hospital on May 18th, 1898. The temperature on admission was 99°, and he was thought to be in the second week of typhoid from the history. The temperature next morning was 101.2° and then rose during the next five days with but three morning remissions to 104° at 5 P.M. on May 24th. It regained then the ordinary remittent type, not rising above 102°, the diarrhoea at this time having become very troublesome, eight or nine times in the twenty-four hours, was only checked by starch enemata. On May 27th a swelling with a good deal of cutaneous redness was noticed in the umbilical region, reducible on pressure; under poultices the redness disappeared and the swelling decreased in size; in two days however a great increase took place and the tissues became much inflamed; peritoneal abscess was diagnosed and about 4 ozs. of foetid pus removed by aspiration on May 31st. The swelling reappeared however in a day or two as large as

before aspiration and burst through the site of the aspiration puncture, discharging as much as 10 ozs. during the twenty-four hours. This continued until the boy's death from exhaustion on June 19th.

At the *post-mortem* examination held the succeeding day the general peritoneal cavity was found full of foetid pus and the whole colon, especially the transverse portion, profusely perforated, the finger being easily inserted into some of the perforations; only one small perforation was found in the small intestine, though the latter was greatly congested and ulcerated. Probably perforation took place about May 25th. If this be correct the boy survived about twenty-five days.

J. OXTON, M.R.C.S., L.R.C.P., D.P.H.,

Medical Officer of the Foleshill Infectious Diseases Hospital.
Foleshill.

URETHRAL STRICTURE IN A BOY AGED 11.

A PATHAN boy, aged 11 years, was admitted into Mardan Civil Hospital on July 9th, 1898, suffering from retention of urine. The father gave the following history. Two years ago the boy fell from a tree and broke his arm, but, as far as the father knew, sustained no injury to his urinary organs. Two months later he complained of pain in the perineum, and difficulty in micturition, and shortly after this urine was noticed to come from an opening which had formed in his perineum; this fistula persisted for a little over a year, urine coming from it at intervals. Since then he had always had some difficulty in micturating, and for the last twenty-four hours had passed no urine.

Patient was a weakly boy, small for his age. Above the pubes was a dull, fluctuating swelling, which extended up to the level of the umbilicus. In the perineum was a small scar, marking the mouth of the healed fistula. On rectal examination internal and external hæmorrhoids were found, and the distended bladder felt.

Under chloroform a No. 1 silver catheter was, after repeated attempts, passed into the bladder and the urine drawn off. The stricture was just in front of the bulb. As the catheter was very tightly gripped, and had been passed with some difficulty, it was tied in for twenty-four hours. Next day this catheter was found to be loose, and Nos. 1 to 4 were passed fairly easily. Before his father insisted on removing him from the hospital No. 7 was passed. There was no calculus.

The points of interest are the extreme youth of the patient, and, contrary to my expectation, the ease with which the stricture yielded to treatment.

J. H. HUGO, M.B., B.S.Lond., D.S.O.,

Malakand.

Lieutenant, I.M.S.

CASE OF RUPTURE OF THE HEART.

On May 14th, 1899, I was called to see the dead body of a woman, aged 42, by the Cardiff police. She had been left by some friends lying on a sofa in her room "helplessly drunk" about 12.30 A.M. in the early morning. I saw the body later. It was lying in the middle of the floor in a small pool of blood, with a cut 2 inches long down to the bone above the left ear, obviously not sufficient to cause death from hæmorrhage. As some suspicion attached to the husband, who had also been lying drunk in the same room, I was called on to perform a *post-mortem* examination, which I did the same evening with the assistance of Dr. Robert J. Smith. The results were as follows:

On opening the skull, which was abnormally thick, the dura mater was found adherent to the other membranes and to the convolutions at some points, and much thickened. On opening the pericardium we found the pericardial cavity almost filled with dark-coloured clots, the largest of which was about 5 inches long, 3 inches broad, and 1 inch in thickness. Mid-way between the base and apex of the right ventricle was a tear, about $\frac{1}{2}$ inch in length, with ragged edges and communicating with the cavity of the ventricle. On examining the tissue surrounding the tear, we found it much thinned and fibrosed, pointing to a precedent myocarditis. The valves were intact, and the great vessels fairly healthy. Near the apex of the heart there was a small hæmatoma about $\frac{1}{2}$ inch square just beneath the visceral layer of the pericardium. Other small patches of myocarditis were seen, as well as a good deal of fatty infiltration. The lungs were markedly emphysematous. The liver was enlarged and congested. The kidneys were congested, and showed some signs of interstitial

nephritis. The stomach was full of fluid which smelt of spirits. The uterus was unimpregnated and its walls were almost entirely occupied by three interstitial fibroid growths, each slightly smaller than a pigeon's egg.

The woman had been a heavy drinker for years, and there was a strong suspicion of specific disease.

R. A. NEILSON, M.B., B.Ch.,

Cardiff.

Assistant Surgeon to the Cardiff Borough Police.

REPORTS

ON

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

COUNTY ASYLUM, CHESTER.

TWO CASES OF ANEURYSM OF THE AORTA.

(By J. R. AMBLER, M.R.C.S., L.R.C.P., Senior Assistant Medical Officer.)

A MAN, aged 53, died suddenly from rupture of an aneurysm of the thoracic aorta. He had suffered for six years from the present attack of mania, and had been the subject of alcoholic excess. He was noisy and restless, and prone to fly into violent passions, gesticulating wildly with closed fists. On September 1st, 1898, he took to his bed on account of severe pain in the back, which radiated towards the left side. He was impatient of examination and questioning, so that little help could be obtained from him. He rapidly became thinner and quieter, and improved a little, so that he was able to get up again.

On September 14th, 1898, he took his tea as usual at 5.30 P.M., and at 6.40 P.M., while walking about the ward, he suddenly fell down. I was called to see him immediately, and found him pale, breathless, and faint, with signs of internal hæmorrhage. He died in twenty minutes.

At the *post-mortem* examination the left pleural cavity was found full of dark blood clot which weighed 740 grams. On removing the lung a large sacculated aneurysm the size of a large orange was found opposite the eighth, ninth, and tenth dorsal vertebræ. This had ruptured at its lower part. The vertebral bodies were much eroded, especially that of the ninth, while the head of the eighth rib and neck of the ninth were almost completely eroded, the neck of the tenth was quite eaten through, and that of the eleventh was roughened. The aneurysm was lined with laminated clot, and the aorta above the aneurysm contained numerous atheromatous plaques. The heart weighed 295 grams.

The wife of a coachman, aged 63, was suffering from a fourth attack of melancholia. She suffered from delusions of persecution. Physically she was in bad health, and had been liable to attacks of difficulty of breathing for the past six years. The heart acted violently, the apex being displaced and the impulse felt in the mid-axillary line; there was a mitral systolic murmur. She gradually became weaker, and died three months after admission. At the *post-mortem* examination the aorta was found dilated and extensively atheromatous. Commencing at its first part and extending to the transverse and descending portions of the arch was found a sacculated aneurysm, somewhat constricted in the centre, and about the size of a small melon. The part to the right of the sternum contained a large organised clot weighing 285 grams. The interior of the aorta was much roughened under the clot, and there were numerous calcareous nodules present. The part to the left side of the sternum contained dark blood clot. The trachea was firmly adherent to the aorta and showed an ulcer. The heart weighed 270 grams.

LUNATIC ASYLUM, KINGSTON, JAMAICA, W.I.

TWO CASES OF CYSTICERCUS.

(Reported by D. J. WILLIAMS, M.R.C.S., L.R.C.P., Assistant Medical Officer.)

Case I.—*Cysticercus of the Brain.*

History.—I. G. B., a coloured man, aged 54, was admitted on June 2nd, 1897, suffering from mania. He had been insane twelve months.

OBITUARY.

SIR ALEXANDER ARMSTRONG, K.C.B., R.N., F.R.S.,
Sometime Director-General of the Royal Navy Medical Department.

SIR ALEXANDER ARMSTRONG, who died on July 4th at his residence, The Elms, Sutton Bonnington, near Loughborough, in his 81st year, was the son of the late Mr. Alexander Armstrong, of Crohan, county Fermanagh, Ireland. He received his early education at Trinity College, Dublin, and subsequently at Edinburgh, where he graduated M.D. in 1841. He entered the Royal Navy as Surgeon in 1842, and saw service in various parts of the world, including the Mediterranean, South America, North America, West Indies, Pacific Stations, Africa, Asia Minor, in the exploring expedition to Xanthus, in Lycia, and elsewhere. In 1849 he was promoted Fleet-Surgeon, and in the January of the following year he sailed as Naturalist to H.M.S. *Investigator*, under the command of Captain (afterwards Sir Robert) McClure, which went to the Polar Seas in search of Sir John Franklin. The history of this expedition was somewhat unfortunate; although it succeeded in discovering the existence of a North-West passage, the *Investigator* was caught in the ice in 1851, and had to be abandoned. Altogether, Sir Alexander Armstrong spent five years continuously in the Arctic regions, and was frequently mentioned in despatches. Subsequently he served in the Baltic during the Russian war, was present at the bombardment of Sveaborg, and in two night attacks with a flotilla of rocket boats, for which he was promoted Deputy Inspector-General in 1858. He afterwards served in the Mediterranean Fleet, and was subsequently in charge of the naval hospitals at Malta, Haslar, and Chatham, and was promoted Inspector-General in 1866. In 1869 he became Medical Director-General, a post which he retained until 1880. In 1871 he was appointed a K.C.B. Among the medals which he received were the Arctic, Baltic, Sir Gilbert Blane gold medal, and the Jubilee medal.

We are indebted to a naval correspondent for the following estimate of his character and services:

Sir Alexander Armstrong was chiefly known in medical science by his treatise on *Naval Hygiene and Scurvy*, as the result of his Arctic experiences. It still remains a valuable work, especially to naval men. His observations on the causes, prevention, and treatment of scurvy were mainly on the lines indicated by his great predecessors more than a century ago, namely, Lind, Trotter, and Blane, who had seen the disease as it used to devastate the British fleets in the old wars. In fact, he completed their work.

He was Director-General when Sir George Nares's expedition was fitted out for Arctic exploration, and took the most active interest in its welfare and success. It is well known that had his directions been carefully followed the disaster and failure which attended that expedition would not have occurred. He forced the Government to institute an inquiry into the matter, the results of which completely exonerated him from all blame.

Sir Alexander Armstrong was a man of striking appearance. His tall, handsome, and athletic figure, together with his bold and resolute look and carriage, indicated a man not to be trifled with by anyone. A highly combative temperament was no doubt one of the features of his character. But it is said of him that he always liked to meet his adversary in the open, and that when the fight was over he never took advantage of his official position to indulge in measures of personal resentment. As Director-General he liked to call to his assistance the ablest men he could find, and always took care to give them the credit of their work. He was ever ready to encourage men in the pursuit of professional distinction by doing good service to the State. But it must be added that he showed little mercy to those who in any way brought discredit upon their profession.

His chief claim to the grateful remembrance of those who served under him was that they felt they could always rely upon him to protect them from injustice, and that he would not tolerate anything in the nature of a job, no matter where it was hatched or from what quarter it came.

A VALUED Scottish correspondent writes: A well-known character has passed away from the medical world of the

North in the person of Dr. PATRICK JAMIESON, of Peterhead, the third in honourable descent of a line of medical practitioners. He inherited in the highest degree the best and most honourable traditions of physic. The strictest rules of professional and gentlemanly conduct and character never flourished more freely than amidst the windswept, cold, and dreary wolds of the North. Here our late friend was reared, and here he grew up and passed his life a cheery, sociable, kindly citizen and soldier, as well as a trusted, skilful practitioner. In every social duty and function he was the foremost and most willing, spending his time ungrudgingly for the good of his fellow men. Nearly 40 years ago he was one of the earliest and strongest supporters of the Buchan Medical Society, by and by as was natural sinking its individuality to that of the great parent Association, the British Medical, and for a time he held the office of Secretary of the Branch. In the club of Deir he was a valued member, as he became later, I understand, in the local Field Club. He was also a highly useful public servant on the School Board, and in connection with other public bodies in Peterhead. But his whole heart was given over to his soldiering, and as an Artillery officer we doubt if a smarter officer could at one time have been found in the regular service. In his early days he was, as may be supposed from his hereditary tendencies and training, a model general practitioner, excelling chiefly in midwifery, and able and ready to give a good "tip" in that speciality to his colleagues. But he did not take to medical literature, and there are, alas! as is the case in many other skilful medical men, no records to show his undoubted capabilities. He will long, however, be remembered by those who were lucky enough to know him as one of the most social and kindly of men. As an after-dinner speaker he was inimitable, and his pawkiness, humour, and natural eloquence have helped in their time the digestion of many a sorry public dinner! Rest to his memory.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Paulo Cesar de Andrade, Senator of the Brazilian Republic, sometime President of the Municipal Chamber of Niteroy; and a Deputy to the Provincial Assembly of Rio de Janeiro; Dr. Anastacio di Bomsucesso of Bahia, whose name was well known in Brazilian literature; Dr. Barrault of Paris, for many years editor of the *Revue de Thérapeutique Médico-Chirurgicale*; Surgeon-General Wenzel Hoer, formerly Chief of the Medical Service of the Austrian army; and Dr. P. Gingeot, Physician to the Hôtel-Dieu, Paris.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ARMY MEDICAL STAFF.

SURGEON-GENERAL T. MAUNSELL, C.B., is placed on retired pay, July 1st. His commissions are thus dated: Assistant-Surgeon, October 1st, 1860; Surgeon, March 1st, 1873; Surgeon-Major, June 17, 1875; Brigade-Surgeon, October 16th, 1886; Surgeon-Colonel, March 10th, 1892; and Surgeon-Major-General, November 24th, 1895. He served with the Burmese expedition in 1886-7 (mentioned in despatches, medal with clasp), and with the Chitral Relief Force under Sir Robert Low in 1895 as Principal Medical Officer to the force (mentioned in despatches, appointed a Companion of the Order of the Bath, and medal with clasp).

Colonel T. O'FARRELL, M.D., Royal Army Medical Corps, is promoted to be Surgeon-General, *vice* T. Maunsell, C.B., July 1st. Surgeon-General O'Farrell entered the service as Assistant-Surgeon, March 31st, 1865; became Surgeon, March 1st, 1873; Surgeon-Major, March 31st, 1877; Brigade-Surgeon, December 10th, 1890; and Surgeon-Colonel, November 24th, 1895. He was in the Afghan war in 1878-80, receiving a medal for that campaign.

ROYAL ARMY MEDICAL CORPS.

LIEUTENANT-COLONEL I. B. EMERSON, at present serving in the Madras Command, is appointed to officiate on the administrative medical staff of the Indian Army, with the temporary rank of Colonel, from May 1st.

Quartermaster and Honorary Lieutenant G. MERRITT is granted the honorary rank of Captain, July 10th.

Sergeant-Major HENRY S. BROOK is appointed Quartermaster, with the honorary rank of Lieutenant, *vice* Hon. Lieutenant G. J. Lane, deceased, July 12th.

Quartermaster GEORGE JAMES LANE died at Poole on June 14th. He was appointed Quartermaster, with the honorary rank of Lieutenant, March 16th, 1892, and served with the Nile Expedition in 1884-5, receiving the medal, with clasp, and the Khedive's bronze star.

ARMY MEDICAL RESERVE.

SURGEON-LIEUTENANT D. SMART, M.B., and Volunteer Battalion the King's Liverpool Regiment, to be Surgeon-Captain, July 12th.

INDIAN MEDICAL SERVICE.

SURGEON-GENERAL C. COLVIN-SMITH, M.D., C.B., late Indian Medical Service, is appointed Honorary Surgeon to the Queen, *vice* Surgeon-General **W. Maclean, C.B.**, deceased, July 5th.

THE VOLUNTEERS.

SURGEON-LIEUTENANT W. P. PEAKE, 1st Volunteer Battalion the Leicester-shire Regiment, is promoted to be Surgeon-Captain, July 12th.

Surgeon-Captain F. K. PIGOTT, 1st Volunteer Battalion the King's Shropshire Light Infantry, is promoted to be Surgeon-Major, July 12th.

Surgeon-Lieutenant H. IRWIN, M.B., 3rd Volunteer Battalion the Manchester Regiment, has resigned his commission, July 12th.

Surgeon-Captain J. A. WATSON, 7th Middlesex (London Scottish) Rifles, is promoted to be Surgeon-Major, July 12th. He resigns his commission from the same date, is granted the rank of Surgeon-Lieutenant-Colonel, and is permitted to retain his rank and uniform.

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. S. M. Price	Egypt	Bombay.
Colonel T. O'Farrell, M.D.	London	Malta.
W. J. Fawcett, M.B.	Bombay	Egypt.
Lieutenant-Colonel J. A. Gormley, M.D.	—	Shorncliffe.
" E. A. Roche	Curragh	Barbadoes.
" J. Anderson, M.B.	Malta	Sheerness.
Major W. C. T. Poole, M.B.	Pembroke Dock	Beacon Range.
" C. W. Thiele, M.B.	Shorncliffe	Canterbury.
" B. M. Skinner	Hounslow	London.
" J. Hickman	—	Hounslow.
" G. T. H. Thomas	—	Woolwich.
" C. E. Faunce	Hounslow	Malta.
" L. R. Colledge	Southampton	Hilsea.
" F. W. C. Jones, M.B.	Crete	Aldershot.
" A. O. Fitzgerald	Cork	Waterford.
" J. F. Bateson, M.B.	C. of Gd. Hope	Belfast.
" N. C. Ferguson, M.B.	C. of Gd. Hope	Edinburgh.
" W. H. Starr	Gravesend	Wei-hai-Wei.
" J. G. Black, M.D.	Belfast	Holywood.
" W. P. Squire	C. of Gd. Hope	Chatham.
" C. H. Burtchall, M.B.	Preston	Woolwich.
" J. V. Savage, M.D.	Woolwich	Malta.
" C. P. Walker, M.B.	Mauritius	South Africa.
" E. Eckersley, M.B.	—	London.
" H. A. Cummins, M.D.	London	Woolwich.
" R. Caldwell	St. Helena	Cork.
" R. C. Thacker	Dublin	Maryborough.
Captain W. Hallaran, M.B.	—	Aldershot.
" S. H. Withers, M.B.	Dover	Lydd.
" G. E. Hughes	Punjab	Bombay.
" J. F. M. Kelly, M.B.	Dublin	Ranmore Camp
Lieutenant S. A. Archer	Gravesend	Woolwich
" P. M'Kessack, M.B.	Portsmouth	Devizes.
" M. M. Lowsley	Nwstl-on-Tyn.	Alnwick.
" G. B. Crisp	Aldershot	Woolmer.
" E. P. Hewitt	—	Portsmouth.
" L. E. L. Parker	—	Woolwich.
" J. G. Gill	—	Dublin.
" G. W. G. Jones	—	Belfast.
" W. B. Winkfield	—	Dover.
" J. W. H. Houghton	—	Dublin.
" D. E. Curme	—	Dover.
" H. S. Taylor	—	Chester.
" D. Harvey, M.B.	Lichfield	Brackenb' Camp
" H. E. Haymes	Aldershot	Christchurch.
" G. C. Phipps	—	Cork.
" G. J. A. Ormsby, M.D.	—	Dublin.
" H. D. Packer	—	Nwstl-on-Tyn.
" R. S. Rodger, M.B.	—	Chester.
" W. W. Scarlett	—	Colchester.

Captain **H. J. PARRY, M.B.**, has assumed the duties of Adjutant at the Training School, Aldershot, *vice* Major O. R. A. Julian.

Captain **A. PEARSE** has been appointed to command the B Company and to be Assistant-Instructor at the Training School, Aldershot, *vice* Captain H. J. Parry.

Lieutenant-Colonel **J. L. PRYTON** has been selected for increased pay under Article 36 of the Royal Warrant.

Lieutenant-Colonel **W. HENSMAN**, retired pay, has relinquished the medical charge of the troops at Taunton, and Surgeon-Lieutenant-Colonel **C. M. MACQUIBBAN, M.D.**, Militia Medical Staff, that of those at Aberdeen.

HONOURS FOR SERVICES IN AFRICA.

THE *London Gazette* of July 7th contains the names of the officers singled out for reward for services during the recent operations in Uganda and in the protected territories adjacent to the Gold Coast and Lagos and on the Niger; but no medical officer is to be found amongst them.

THE ROYAL REVIEW AT ALDERSHOT.

A CORRESPONDENT writes: It is not surprising your correspondent remarks on the absence of the Royal Army Medical Corps from the last Royal Review at Aldershot. The explanation, I believe, is simple. There was not sufficient of the corps at Aldershot to take part in the review. It is a good illustration of the hand-to-mouth policy pursued with the Medical Service. It became necessary to send a few medical units to Salisbury Plain for the manoeuvres, and to do this it was necessary to denude Aldershot and other districts of the Royal Army Medical Corps. The training of the Medical Service in field duties is most essential, but the public should know there is no margin to permit this,

and when it is attempted it has to be carried out at the expense of the hospitals and the sick in them. The remedy is obvious: increase the Royal Army Medical Corps.

THE MANUAL OF THE ROYAL ARMY MEDICAL CORPS.

A VOLUNTEER MEDICAL OFFICER writes: That the Volunteer Ambulance School of Instruction submitted to the authorities the scheme for lifting wounded now promulgated in the Royal Army Medical Corps Manual is no doubt quite true, and our thanks are due to them for it, but I can bear out Surgeon-Major Matthews's statement that the method is no new one, and that it has been for years discussed by medical officers of volunteers. It is practically the same as that adopted by the American army as far back as 1892, and should have been known to our medical staff. This method is so obviously the most simple and straightforward, that it has been a surprise to those of us engaged in teaching stretcher drill that any other could be adopted. The late mode of lifting wounded has been generally explained as a relic of the days of petty and complicated manoeuvres.

HOSPITAL STOPPAGES.

A RECENT army order lays down that in the case of soldiers (including boys) admitted into hospital on account of injuries received when in the execution of their duty, or of sickness certified by the medical officer to have been caused by military service (including such diseases as those of tropical and subtropical climates, enteric fever, and also frostbite and pneumonia, etc., due to exposure under circumstances beyond a soldier's control), one-half of the hospital stoppage may be remitted by the general officer commanding. If any injury has been received when on duty at drill or manoeuvres, under circumstances beyond the soldier's own control, the whole stoppage may be remitted by the general officer commanding. The usual certificates are necessary in such cases to be attached as vouchers to the company pay lists.

DISCIPLINARY POWERS OVER PATIENTS IN MILITARY HOSPITALS.

RESPONSIBILITY writes: The medical officer in the United States army, commanding a military hospital, has full discipline and punishing power over every patient in it. Responsibility is placed on him, and he has no need of reference to outside commanders of units. We need the same thing.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF WALES.

It is announced that for the matriculation examination there are 491 candidates, which is an increase of 61 upon last year. Fifty-three students have in addition matriculated during the year in virtue of having passed other university examinations recognised as equivalent. A considerable number of pupils of the County Intermediate Schools are seeking the senior certificate of the Central Welsh Board, which is now accepted as exempting from the matriculation examination of the University.

ROYAL UNIVERSITY OF IRELAND.

FIRST EXAMINATION IN MEDICINE.—The following candidates have passed this examination:

*S. K. Adams, Queen's College, Belfast; C. J. Boucher, Queen's College, Belfast; D. J. Boyle, University College, Dublin; *C. Burne, University College, Dublin; *D. J. Carlisle, Queen's College, Belfast; E. Clements, Queen's College, Belfast; *F. Coates, Queen's College, Belfast; P. T. Crymble, Queen's College, Belfast; J. Dee, Queen's College, Galway; *H. P. Devlin, University College, Dublin; M. F. Donovan, B.A., Queen's College, Cork; Lizzie E. Dunn, Queen's College, Belfast; M. F. Farrell, University College, Dublin; H. J. Forbes, Queen's College, Belfast; D. Forde, Queen's College, Galway; D. P. H. Gardiner, Queen's College, Cork; Mary Gibson, University College and Royal College of Science, Dublin; *J. R. Harrison, Queen's College, Cork; J. Holmes, M.A., Queen's College, Belfast; G. J. Jones, B.A., Queen's College, Belfast; *E. B. Kenny, University College, Dublin; R. L. Keown, Queen's College, Belfast; G. W. Knipe, Queen's College, Belfast; *T. D. Liddle, Queen's College, Belfast; *T. Lyle, Queen's College, Belfast; J. Macarthur, Queen's College, Belfast; *F. McDonald, University College, Dublin; *D. McGrath, Queen's College, Belfast; *J. C. McHugh, University College, Dublin; *J. C. McPherson, Queen's College, Belfast; *J. N. Meenan, University College, Dublin; *R. G. Meredith, University College, Dublin; *E. H. M. Milligan, Queen's College, Belfast; *W. Mirford, B.A., Queen's College, Belfast; *G. B. Moffatt, Queen's College, Belfast; *J. H. Moore, Queen's College, Belfast; *J. J. Keffee, Queen's College, Cork; J. J. O'Mahony, B.A., Queen's College, Cork; *W. G. O'Malley, University College, Dublin, and Queen's College, Galway; J. W. Pitt, Queen's College, Belfast; P. Quinn, University College, Dublin; E. D. Rutherford, Queen's College, Belfast; M. V. Shanahan, Queen's College, Cork; Mary E. Sims, Queen's College, Belfast; W. A. Simpson, Queen's College, Galway; *G. W. W. Ware, Queen's College, Cork.

The candidates to whose names an asterisk (*) is affixed are qualified upon their answering to present themselves for the further examination for honours.

CONJOINT BOARD IN ENGLAND.

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

In *Anatomy and Physiology*.—R. A. Eastmond, C. M. Dickinson, M. R. Johnson, A. T. Moon, and G. Bevir, London Hospital; W. Martin, St. George's Hospital; G. S. Welham and F. Talbot, Charing Cross Hospital; P. M. Rivay, H. E. Stanger-Leathes, A. A. Meadens, H. H. Serpell, H. Mills, and G. F. Furlay, St. Bartholomew's Hospital;

J. M. Barlet, P. G. Easton, E. L. Bartlett, St. Mary's Hospital; R. Phillips, Middlesex Hospital; R. T. Collins and J. W. Gromitt, Guy's Hospital; E. D. Parsons, St. Thomas's Hospital; G. L. Bunting, Westminster Hospital; H. K. Allingham, King's College, London; H. L. Burgess, G. P. Wilson, J. L. Goldstein, London Hospital; H. K. Ward, Mason University College, Birmingham; H. B. Butler, N. A. W. Connolly, F. W. Cheese, A. S. Petrie, E. S. Ellis, F. H. Ellis, F. Harvey, St. Bartholomew's Hospital; A. S. Hosford, University College, London; W. G. Nimmo, A. H. S. Richardson, Westminster Hospital; F. C. Robinson, E. Willan, G. Moir, Guy's Hospital; R. J. Archibald, H. Wheelwright, St. Thomas's Hospital; G. H. Boyden, St. Thomas's Hospital and Edinburgh University; R. G. E. Grote, Charing Cross Hospital; A. Cameron, Middlesex Hospital; N. R. Phillips, University College of South Wales, Cardiff; and King's College, London; B. W. Gonin, St. Mary's Hospital; J. D. Kell, Glasgow University and St. Mary's Hospital; G. F. Humphreys, A. H. Turner, E. W. Strange, Guy's Hospital; T. L. Ingram, Cambridge University and London Hospital; C. G. Seymour and O. Mills, St. Thomas's Hospital; C. Wheen, Oxford University and St. Thomas's Hospital; H. A. Kellond-Knight, St. Bartholomew's Hospital; W. B. Swete-Evans, Cambridge University and St. George's Hospital; A. L. W. Whitehouse, Westminster Hospital; J. D. Rodriguez, F. P. Vieyra, Madras Medical College.

In Anatomy only.—J. M. S. Duncan, London Hospital, and T. Morgan, Guy's Hospital.

Thirty-seven gentlemen were referred in both subjects.

CONJOINT BOARD IN IRELAND.

FIRST PROFESSIONAL EXAMINATION.—Candidates have passed this Examination as undernoted:

Completed the Examination.—Honours in order of merit: R. J. B. Buchanan, A. T. Mutchall, Miss H. A. Hall (R. G. Allon, K. F. Fleury, J. J. Ryan, equal). Pass, alphabetically: R. M. Atkin, E. B. Bird, C. W. Blake, W. H. Bourne, R. W. Burkitt, C. P. O. B. Butler, E. C. Byrne, J. Casey, M. Deeny, Miss S. F. Dickson, De C. V. Fitzgerald, R. G. Griffin, S. B. Hanbury, D. J. O'C. Kelly, J. P. Lynch, J. J. McConnell, P. M'Dermott, P. J. O'F. M. O'Keefe, W. Ormsby, W. J. O'Sullivan, T. S. Reeves, H. R. C. Rutherford, J. W. Rutherford, M. J. Ryan, P. Sampson, T. F. Seymour, G. G. Tabuteau.

In Anatomy.—G. G. Breton, J. M. J. Carolan, J. Clarke, M. J. Dowling, P. Graham, A. E. F. Hastings, Jas. Hayes, T. Kelly, P. Kinsella, J. P. Lyster, T. B. Moriarty, P. McGorry, J. A. McKenna, D. McLaughlin, J. R. H. MacManus, V. H. MacSwiny, J. V. O. Hagan, A. L. O'Keefe, J. O'Meara, J. H. B. Peyton, W. Roche, T. J. Ryan, R. E. J. Sheridan, L. P. Stokes.

In Biology.—J. W. Bill, J. M. J. Carolan, S. Clare, J. Clarke, M. J. Dowling, T. Kelly, P. Kinsella, J. B. Moriarty, J. J. A. McKenna, J. P. H. MacManus, A. L. O'Keefe, J. O'Meara, J. H. B. Peyton, T. J. Ryan, R. E. J. Sheridan, L. P. Stokes.

In Chemistry and Physics.—S. Clare, A. E. F. Hastings, J. Hayes, R. Martin, J. B. Moriarty, V. H. MacSwiny.

In Pharmacy.—J. W. Bell, J. M. J. Carolan, S. Clare, J. Clarke, A. E. F. Hastings, J. Hayes, T. Kelly, P. Kinsella, J. P. Lyster, J. J. A. McKenna, J. R. H. MacManus, A. L. O'Keefe, J. O'Meara, E. J. Phillips, W. Roche, T. J. Ryan, R. E. J. Sheridan, L. P. Stokes.

SOCIETY OF APOTHECARIES OF LONDON.

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

Anatomy.—W. H. Cotton, Dublin; G. M. Crockett, Royal Free Hospital; J. C. Curtis, Guy's Hospital; K. A. Dawson, Royal Free Hospital; W. C. D'Eath, Charing Cross Hospital; S. R. Dudley, St. Bartholomew's Hospital; K. C. Edwards, Cambridge; C. D. E. Forbes, St. George's Hospital; B. H. Hirst, Leeds; A. H. Hughes, Bristol; M. E. Martin, Royal Free Hospital; T. G. Miles, Guy's Hospital; H. Morrison, Leeds; D. A. H. Moses, St. Bartholomew's Hospital; A. U. Parkhurst, Cardiff; C. M. Scott, Royal Free Hospital; L. G. Simpson, Royal Free Hospital; G. B. S. Soper, Guy's Hospital; C. J. Taylor, Bristol; C. M. Woods, Charing Cross Hospital.

Physiology.—C. H. G. Atkins, Birmingham; J. A. Bartlett, Bristol; C. W. S. Boggs, Leeds; H. R. Coombes, Westminster Hospital; G. M. Crockett, Royal Free Hospital; J. C. Curtis, Guy's Hospital; K. A. Dawson, Royal Free Hospital; W. C. D'Eath, Charing Cross Hospital; K. C. Edwards, Cambridge; B. H. Hirst, Leeds; A. H. Hughes, Bristol; J. A. Kilpatrick, King's College Hospital; J. M. King, University College Hospital; M. E. Martin, Royal Free Hospital; H. J. May, London Hospital; T. G. Miles, Guy's Hospital; A. U. Parkhurst, Cardiff; G. Raymond, St. Thomas's Hospital; L. G. Simpson, Royal Free Hospital; W. A. G. Stevens, Guy's Hospital; R. W. Taylor, Leeds.

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

Biology.—J. Cretin, Bristol; G. W. N. Stevens, Charing Cross Hospital.

Chemistry.—J. Cretin, Bristol; D. J. Lewis, London Hospital; D. A. Stepany, Royal Free Hospital; M. L. Tyler, Royal Free Hospital; G. H. Watson, St. Bartholomew's Hospital; S. H. R. Welch, Charing Cross Hospital.

Materia Medica and Pharmacy.—C. C. Bernard, Royal Free Hospital; G. A. Crowe, London Hospital; A. J. Nicholson, Edinburgh and Cork; J. R. Pooler, Birmingham; D. W. Purkis, St. Bartholomew's Hospital; Z. Rowlands, Royal Free Hospital; H. M. Serjeant, Royal Free Hospital; E. N. L. Wilson, Royal Free Hospital.

UNIVERSITY OF BRUSSELS.

BRUSSELS MEDICAL GRADUATES' ASSOCIATION.

The nineteenth annual general meeting took place at the Café Royal, Regent Street, W., on July 5th, Dr. Charles Burland was elected president for the year, Dr. Gabe vice-president, and Drs. Achard, Snape, Naumann, Haydon, Walter Smith, F. H. Edwards, Vicars, Furness Potter, Cowburn, and Norman members of Council for 1899-1900. The honorary secre-

tary and treasurer were re-elected, and the balance-sheet for the past year duly presented and accepted. There was a large attendance of members who dined together afterwards with their guests to the number of 63. Among the guests were Sir John Rolleston, Sir Arthur E. Vicars, Dr. Mitchell Bruce, Mr. Edmund Owen, Mr. Reginald Harrison, Mr. D. B. Balding, J.P., Rev. W. Burland, Dr. Hastings Stewart, Dr. W. J. Burrows, J.P., and Mr. H. J. Turrell. Mr. Edmund Owen proposed the "Health of the Association." In the course of his remarks he expressed a strong opinion in favour of the justice of allowing registered practitioners to register as additional titles *bond fide* foreign degrees, and he said that the Brussels Medical Graduates' Association had done good work in compelling the recognition of such degrees. The honorary secretary responded and gave evidence of the continued activity of the Association. The president proposed "The Guests," and Sir John Rolleston and Dr. Mitchell Bruce replied.

The "Shamrock (Ladies') Quartette" played during the evening; Miss Beeston sang some songs, which were much appreciated; and Miss Woolhouse gave some delightful 'cello solos, and Dr. A. G. Haydon several violin solos.

A congratulatory telegram was dispatched during the evening to His Majesty the King of the Belgians and an answer was received from his Majesty thanking the Association for their kind wishes.

GUY'S HOSPITAL MEDICAL SCHOOL.

THE medals and prizes gained during the past academic year were distributed to the successful students on July 8th by Mr. Robert Gordon. Mr. Cosmo Bonsor, M.P., presided, and a large company of ladies and gentlemen which completely filled the theatre was present. After the distribution Mr. Gordon expressed his regret that the eloquent appeal made by Mr. Arthur Balfour a year ago for a fund wherewith to endow physical research had not borne adequate fruit. All advance in science of recent times had been the outcome of patient investigation often extending over many years. Time and instruments were necessary for investigators, and instruments were expensive; and he hoped the reproach of not having properly responded to Mr. Balfour's appeal would be soon wiped out. Medicine, he thought, of all the professions afforded the chief opportunity of doing good. No student should be content to remain at the bottom of the ladder; and those who had gained prizes had already taken two or three steps upwards. Mr. Cosmo Bonsor said that Mr. Balfour's appeal had not failed of success; it had induced Mr. Gordon himself to send a handsome cheque for the endowment of physical research, and Sir F. Wills had given £5,000 to the new library. Dr. Fye-Smith's term of active service on the staff was coming to a close, in consequence of the efflux of time, and the Governors had that day made him and Dr. Goodhart consulting physicians to the hospital; whilst Dr. Perry had become a full physician, and Dr. Fawcett had been elected assistant physician. Mr. Bonsor concluded by proposing a vote of thanks to Mr. Gordon for distributing the prizes. Dr. Fye-Smith seconded the resolution, and referred to the four last Treasurers of Guy's—Mr. Harrison, who remained in office fifty years; Mr. Turner who was Treasurer for twenty years; Mr. Lushington and now Mr. Bonsor, and spoke of the great part each had had in building up the fame of the medical school. Its prosperity was, however, in great measure due to the students themselves, especially the senior men, who had given a tone to the school that had never been better than at the present time. Dr. T. Stevenson, senior lecturer in the medical school, supported the vote of thanks to Mr. Gordon in a few happily-chosen words. The vote was carried with much applause, and was briefly acknowledged by Mr. Gordon. A garden party followed, and the new laboratories, wards, museums, and college were open for inspection by the visitors.

WESTMINSTER HOSPITAL MEDICAL SCHOOL.

ON June 4th, Sir John Wolfe Barry distributed the scholarships, prizes, and certificates to the students of Westminster Hospital. The following were the principal awards:

Scholarships in Arts, each of the value of £50: C. Fletcher and G. W. Heron. Oxford and Cambridge Scholarships, each of the value of £40: A. R. Roche, F. P. Edward, and B. J. Dudley. Science Scholarships, each of the value of £30: C. Roper and M. J. Cromie. Dental Scholarships, value £20: L. W. Townsend. The "Chadwick" Prize, value 20 guineas: A. J. V. Betts. The President's Prize, value 20 guineas; E. C. Whitehead. The "Bird" Medal and Prize, value £14: H. D. Brice.

Sir J. W. Barry subsequently delivered an address, in the course of which he said that examinations were a guarantee that those entering a profession had an adequate acquaintance with all that is known in scientific research. But practical knowledge could never be got by any system of examination, and, in the medical profession, must be acquired by clinical study in the hospital. The position taken in the public examinations by the Westminster Hospital School was referred to as comparing favourably with that of the large medical schools. The records of old students were mentioned. Sir George Scott Robertson, the hero of Chitral, had been a student at Westminster Hospital; and Messrs. Walker, White, and Jerman were in Uganda now upholding the high quality of their Westminster School training. The cricket, football, and athletic clubs were congratulated on their successes during the year, and gentlemen were reminded that these clubs contributed largely to the maintenance of *esprit de corps* and to the promotion of the social well-being of the school. Mr. Tubby, as Dean, thanked Sir John Wolfe Barry for his kindness in presenting the prizes, for the interesting address he had given, and for the active interest he had taken in its welfare.

MASON UNIVERSITY COLLEGE, BIRMINGHAM.

DR. W. WACE CARLIER, who at present holds the appointment of Lecturer on Experimental Physiology and Histology in the University of Edinburgh, has been appointed Professor of Physiology in Mason University College, Birmingham. Dr. Carlier, who is a native of Norwich, obtained the degree of B.Sc. of the University of France in 1882. He received his medical education in Edinburgh, and took the degree of M.D. of that University in 1891, when he received the gold medal for his thesis on Hibernation. For the past thirteen years he has been connected as a teacher with the Physiological Department of the University of Edinburgh,

and is the author of a number of important scientific papers. He is a Fellow of the Royal Society of Edinburgh, and of the Royal Microscopical Society.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

IRISH DISPENSARY MEDICAL OFFICERS: PAYMENT OF *LOCUM TENENS*.

At the Limerick Board of Guardians the other day a member objected to the payment of the salary of the *locum tenens* while the medical officer was on holiday. He thought they were the officers best able to pay their substitutes. It was pointed out that the Act of Parliament required the guardians to pay, but the member persisted in his view, and handed in a notice of motion that all officers should pay their substitutes. The chairman ruled it out of order.

SUPERANNUATION IN IRELAND.

B.Y.—Poor-law medical officers who held office prior to the passing of the Local Government (Ireland) Act who were over 60 years of age, and had twenty years' service are, whenever they retire, entitled to receive a superannuation allowance.

THE OFFICIAL CONCEALMENT OF CONTAGIOUS DISEASE.

IN view of an attempt of the Health Department of Philadelphia to conceal the presence of contagious diseases in that city, the State Board of Health of Pennsylvania has passed the following resolutions:

"That the State Board of Health and Vital Statistics earnestly deprecates the declared intention of the Director of Public Safety of the city of Philadelphia to conceal the presence and number of cases of small-pox, or any other communicable disease in that city, and for the following reasons:

"1. Attempts of this kind invariably end disastrously, defeating their own object. Rumour always magnifies danger, creating suspicion, anxiety, and panic. The publication of the exact truth indicates that the authorities are vigilant, possessing full knowledge of the facts of the case, and have control of the situation, thus engendering a sense of security and dispelling alarm.

"2. The policy of concealment prevents those living in the immediate neighbourhood of infected houses, or who may desire to visit such neighbourhoods, from taking necessary precautions for their own protection, and in this way facilitates the spread of the infection.

"3. This course would vitiate the vital statistics of the city and State, impairing their accuracy and value, and destroying the confidence of the national health authorities and of those of other States and cities in the trustworthiness of our returns. The latter will therefore hesitate to advise their citizens to visit a community which adopts the ostrich-like policy of burying its head in the sand in the presence of a danger, instead of frankly acknowledging and bravely facing it."

We quote these resolutions as they set forth in plain terms the dangers to the public health and other ill consequences of the official concealment of contagious diseases. As this most injudicious policy is not altogether unknown in seaside places and health resorts in this country, we commend this deliverance of the Pennsylvania State Board of Health to the particular attention of local authorities and sanitary committees.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,495 births and 3,496 deaths were registered during the week ending Saturday last, July 8th. The annual rate of mortality in these towns, which had declined from 16.5 to 15.7 per 1,000 in the three preceding weeks, rose again to 16.0 last week. The rates in the several towns ranged from 10.6 in Croydon, 10.8 in West Ham, 11.8 in Portsmouth, and 12.1 in Bradford and in Swansea, to 19.4 in Salford, 21.5 in Sheffield, 24.2 in Liverpool, and 24.8 in Manchester. In the thirty-two provincial towns the mean death-rate was 16.6 per 1,000, and exceeded by 1.6 the rate recorded in London, which was 15.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.1 per 1,000; in London the rate was equal to 1.8 per 1,000, while it averaged 2.3 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.5 in Manchester, 4.0 in Sheffield, 4.4 in Liverpool, and 6.0 in Burnley. Measles caused a death-rate of 1.3 in Liverpool, 1.4 in Portsmouth, 1.8 in Burnley, 1.9 in Salford, and 2.2 in Manchester; scarlet fever of 1.1 in Halifax and 1.8 in Burnley; and whooping-cough of 1.1 in Portsmouth, 1.2 in Blackburn, and 1.4 in Burnley. The mortality from "fever" showed no marked excess in any of the large towns. The 81 deaths from diphtheria in the thirty-three towns included 31 in London, 7 in Leicester, 7 in Leeds, 7 in Sheffield, 6 in Liverpool, 5 in West Ham, 3 in Swansea, and 3 in Birmingham. Six fatal cases of small-pox were registered in Hull, but not one in London or in any other of the thirty-three large towns; and no small-pox patients were under treatment at the end of last week in any of the Metropolitan Asylums Hospitals. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had increased from 2,161 to 2,430 at the end of the seven preceding weeks, had further risen to 2,526 on Saturday last, July 8th; 315 new cases were admitted during the week, against 262, 335, and 302 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, July 8th, 940 births and 515 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 16.7 and 17.7 per 1,000 in the two preceding weeks, declined again to 16.0 last week, but was 0.9 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 5.1 in Perth and 12.8 in Greenock to 18.1 in Glasgow

and 19.1 in Dundee. The zymotic death-rate in these towns averaged 2.2 per 1,000, the highest rates being recorded in Glasgow and Leith. The 256 deaths registered in Glasgow included 21 from measles, 5 from scarlet fever, 3 from whooping-cough, and 13 from diarrhoea. Three fatal cases of whooping-cough were recorded in Leith, and 2 of measles in Edinburgh.

MEDICAL NEWS.

A DALZIEL telegram from New York states that Mr. Pierpont Morgan has presented the city with a new lying-in hospital at a cost of 800,000 dollars.

PRECAUTION AGAINST LEAD POISONING.—The Admiralty has decided to issue at Pembroke Dock nail brushes to workmen using red or white lead. Other precautions have also been latterly taken on the suggestion of Fleet-Surgeon Luther. Before his time no places were provided for the workmen to wash their hands; now proper troughs, in which the water is regularly changed, are placed in convenient positions, and copies of the regulations, emphasising the necessity of frequently washing the hands and rinsing the mouth with water, are posted in prominent places. As a further precaution, workmen using lead are required to attend at the surgery half an hour before bell-ringing at noon on Saturdays, to permit of medical inspection.

FIRST AID IN THE MERCANTILE MARINE.—A Committee appointed by the Board of Trade to revise the medical scales for merchant vessels has reported as follows: "As regards merchant ships which carry no medical man, they are of opinion that it would be highly desirable that no ship should be allowed to proceed on a long voyage unless there be someone on board who has passed through a course of instruction in 'first aid' to the wounded. They think this might gradually be brought about if it were made compulsory on every mate who presents himself for examination for a master's certificate to produce evidence that he has passed through a course of instruction." The Committee of the Shipmasters' Society endorses this recommendation.

GLASGOW AND WEST OF SCOTLAND CO-OPERATION FOR TRAINED NURSES.—The late Professor Joseph Coats and Dr. David Newman, the present chairman of the executive committee, took an active part in the formation of this Co-operation in 1893, and in its subsequent development, which has been extremely satisfactory. It has indeed proved a great success both in respect to the work done by the nurses and to the financial position of the institution. The qualifications of the nurses are carefully investigated by a medical committee before they are admitted, and the Co-operation now includes close upon one hundred nurses with a full hospital training. The requirements of the public are however so constantly increasing, that the executive committee have resolved to increase the staff to 150 nurses before next winter. During the last year employment has been so constant that the earnings of the nurses have ranged from £70 to £85 a year.

FROM the report read at the annual general meeting of the Society for Relief of Widows and Orphans of Medical men it appeared that a sum of £3,023 had been given during 1898 to the 50 widows and 12 orphans in receipt of grants, and the 6 recipients from the Copeland Fund. At Christmas presents were made of £10 to each widow and £3 to each orphan, and £5 to those on the Copeland Fund, making £551 in all. One widow had died and 1 was elected; 3 orphans had become ineligible and one had been elected. During the year 9 members had died and 9 had been elected, so that the total number remained the same, 287. The expenses of the year had been £244 10s., the total disbursements £3,267 10s., and the receipts available for payments £3,326 2s. 8d., leaving a balance of £58 12s. 8d. A grant under by-law 78 of £26 was made to a widow. A vote of thanks to the editors of the medical journals, proposed by Mr. Lynch and seconded by Sir Samuel Wilks was carried unanimously. Sir Thomas Smith was elected a vice-president in the place of Mr. Henry Lee, deceased, and Mr. Morey, Mr. King, Mr. Leigh, Mr. Gimson, Dr. West, and Dr. Whigham, directors, in the place of the six seniors who retired. The funded property had been increased by purchase of £500 Birmingham 2½ per Cent. Corporation Stock and on May 1st, 1899, amounted to £97,687 15s. 11d.

The proceedings terminated by a vote of thanks to the Chairman, Mr. Christopher Heath, proposed by Mr. Lovatt and seconded by Dr. Pollock.

PEKIN HOSPITAL.—In the thirty-seventh annual report of the Pekin Hospital, Dr. Eliot Curwen, the medical missionary of the London Missionary Society in charge, states that in 224 in-patients and 13,835 out-patients were under treatment during the year. Fifty-one patients were admitted for the cure of the opium habit, and 73 cases of opium suicide were treated; 9 cases of gunshot wound, 6 in the leg and 3 in the chest, were under treatment; 1 died of tetanus and 1 of septic pneumonia, the others all did well. During the autumn, both at Pekin and Tientsin, an epidemic of jaundice occurred, and from October 22nd to December 25th, 1898, two or three cases came to the dispensary nearly every day. The cases varied considerably in severity; some patients were not aware of any illness until their attention was drawn to the colour of the eyes; others were very seriously ill with high fever and severe temporal headache. The liver was slightly enlarged, and tender in two cases only, and the pulse was usually rapid. In 1 case only were there any symptoms of nervous complications (tenderness of muscles and bones of the arms). No etiological factors could be traced.

SEX DETECTED BY THE LARYNGOSCOPE.—Berthold, of Königsberg, relates an extraordinary case in the *Archiv für Laryngologie und Rhinologie* (Vol. ix, Part 1, February, 1899). A pale, timid, fair-haired person, about 22 years old and only 4 ft. 8 ins. in height, consulted him for hoarseness, and sore throat. The patient was dressed as a woman and had not the least idea that he was a man, though the breasts were undeveloped, and though he had to shave on account of free growth of hair on the face. Berthold's attention was turned to the shaven appearance about the chin because when using the laryngoscope he noted that the vocal cords were very well developed as in a powerful male. On the other hand the epiglottis was small and of the shape seen in children. There was slight sore throat, but the hoarseness was clearly nothing more than a normal man's voice. On examination, the genitals were found concealed by a large left inguinal hernia. On reducing it an extreme hypospadias was observed, the divided scrotum appearing like labia. The urine could not be passed in a stream as from a male urethra. The patient was astounded to learn that he was a male, though admitting that he felt no affection for men. This observation of the larynx and genitals was made in 1891. In the autumn of last year Berthold had another opportunity of examining this patient. By the Roentgen rays it was found that the thyroid cartilage was far more extensively ossified than in any female under 30. A testicle was now to be felt in the hernial sac. The psychical condition of the patient had completely changed. In 1891 he was very timid and modest, now he had become quite bold and brave, and was engaged to a young woman whom he was about to marry. Sexual desire had come on slowly after 1891, as is usual in these male hermaphrodites, but coitus was possible, and the semen contained spermatozoa. He had sought a fresh examination in 1898 for legal reasons associated with his registration as a male and his desire to marry.

THE EDUCATION OF FEEBLE-MINDED CHILDREN.—At a recent meeting of the Childhood Society, which was formed to carry on the study of the mental and physical condition of children, a discussion took place on "The education of children feebly gifted mentally under the care of guardians." Earl Egerton of Tatton presided, and in the course of his remarks said that about ten years ago a Royal Commission, over which he had the honour to preside, called attention to the question of feeble-minded children, but at that time there was not sufficient evidence to enable the Commission to prepare a report on the manner of dealing with these children. Since that time the Childhood and other societies had investigated the condition of about 150,000 children, and a report had been issued, giving an account of the condition of the mentally defective children who had been examined, and the best way of dealing with them. The Government was now considering the question, and it was hoped that the same amount of assistance in their education would be given to them as had already been given by the State to blind and deaf children. Dr. Shuttleworth opened the discussion and urged that children feebly gifted mentally

under the care of guardians should be removed as much as possible from Poor-law surroundings; that they should be taught in special classes under a teacher specially trained for the purpose; that the school work at the higher ages should be a preparation for industrial employment in after-life; and that the age limit for education should not terminate at 16 years of age. He also gave some interesting particulars of the method of training feeble-minded children at the Poor-law Schools at Banstead. Mrs. Burgwin, superintendent of schools for the feeble-minded under the School Board, also strongly advocated that the age limit should be raised to at least 18 years; Mrs. Lidgett and Mrs. Warner, members of Boards of Guardians, gave their experience specially with reference to feeble-minded girls in Poor-law Institutions of 16 years of age and upwards, and advocated provision being made for them to save them from the consequences of going out into the world unprotected. The National Association for Promoting the Welfare of the Feeble-Minded makes this provision, but it was not mentioned at the meeting. The proceedings closed with a vote of thanks to the chairman, proposed by the Rev. T. W. Sharpe.

KIRKCALDY INFECTIOUS HOSPITAL.—A new hospital for infectious diseases was recently opened at Kirkcaldy. It stands on a triangular site near the town. The porter's lodge is placed between two sets of gates, an outer and an inner, and contains an inquiry room for visitors, who can thus obtain information without passing through the inner gates. The administrative block, which has accommodation for the medical officers, matrons' rooms, staff mess-rooms, dispensary, lavatory, store room, kitchen, and other offices on the ground floor is placed in a central position. The upper floors contain bedrooms for the staff. The wards, which are in two blocks, contain accommodation for 30 patients, which is equivalent to 1 per 1,000 of the population of the town. The scarlet fever block contains 6 beds for men, and 9 for women and children; the other block contains 3 sets of wards, at the south end 7 beds for enteric fever, in the middle 8 beds for measles or diphtheria, and at the north end an observation department with two wards with a single bed each. Each department has a separate entrance. The floors are on an average 4 feet above the ground level, so as to admit of free ventilation beneath; the walls are double, with an air space of 4 inches; the inside wall surfaces are faced to a height of 5 feet with Keen cement, and painted with leadless paint. For the other 8 feet of height the walls are finished in hard plaster distempered in various light tints. The floors are of wood, waxed, and all angles, cornice, and corners are rounded. Fresh air is admitted in deflected currents under each bed. The windows reach to the ceiling, and open at the upper part by a quadrant, while the lower part has double glazed sashes. The large wards are warmed by a Shorland double-fronted hot-air stove of coloured faience, and the small ones by hot-air grates. The cubic space for each bed is 2,000 feet, with 2,500 feet in the enteric wards. Each of the scarlet fever and enteric fever wards are provided with a sun room, fitted with skylights which swing open horizontally. Patients can be wheeled into these rooms, and there obtain all the benefit of the germicidal power of the sun. The laundry is arranged so that the clothes of the staff and those of the patients are kept apart. A disinfecting chamber fitted with Rick's disinfectant, a mortuary, waiting room, ambulance shed, and discharge block are also provided. The sewage is treated in a septic tank, and filtered before it leaves the grounds. Rain water reaches the sewer below the septic tank. The cost of the hospital, which has been erected from plans by Messrs. Campbell, Douglas, and Morrison (of Glasgow), has been a little over £300 a bed.

MEDICAL VACANCIES.

The following vacancies are announced:—

ADELAIDE HOSPITAL, South Australia.—Two Junior Resident Medical Officers. Salary, £110 per annum, with board, etc. Particulars to be obtained of the Hon. J. A. Cockburn, M.D., Agent-General for South Australia, 1, Crosby Square, Bishopsgate Street Without, E.C.

BANBURY: HORTON INFIRMARY.—House-Surgeon and Dispenser. Salary, £80 per annum, with board and lodging. Applications to C. H. Davis, Hon. Sec., 21, Marlborough Road, Banbury, by July 26th.

BIRKENHEAD AND WIRRAL CHILDREN'S HOSPITAL.—House-Surgeon. Salary, £50, with board, residence, and laundry. Applications to F. E. Arrowsmith, Honorary Secretary, 20, Chapel Street, Liverpool, by July 24th.

BRADFORD POOR-LAW UNION.—Resident Assistant Medical Officer for the Hospital and Workhouses of the Union. Appointment for one year. Salary, £100, with ration, apartments, and washing. Applications to the Clerk to the Guardians, Poor-law Offices, 22, Manor Row, Bradford, by July 31st.

BRADFORD ROYAL INFIRMARY.—(1) Junior House-Surgeon; unmarried. Salary, £50 per annum. (2) Dispensary Surgeon; unmarried. Salary, £100 per annum, board and residence provided in each case. Applications, endorsed "Junior House-Surgeon," and "Dispensary Surgeon," to the Secretary by July 24th.

BRIGHTON, HOVE, AND PRESTON DISPENSARY.—House-Surgeon. Salary, £120 per annum, with board and residence. Applications to the Assistant Secretary, 13, Queen's Road, Brighton, by July 25th.

BRIGHTON THROAT AND EAR HOSPITAL. Church Street.—Non-resident House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £75 per annum. Applications to the Secretary, 10, Black Lion Street, Brighton, by July 10th.

CHESTER GENERAL INFIRMARY.—Assistant House-Surgeon. Salary, £60 per annum, with residence and maintenance. Applications to the Chairman of the Board of Management, 20, Eastgate Row, North Chester, by July 24th.

CHICHESTER INFIRMARY.—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by July 15th.

CHICHESTER WEST SUSSEX COUNTY ASYLUM.—Junior Assistant Medical Officer; unmarried. Salary to commence £100 per annum, with furnished apartments, board, and washing. Applications to the Medical Superintendent by July 25th.

DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY. Leicester Square.—Demonstrator. Honorarium, £50 per annum. Applications to the Dean by July 24th.

DERBY: DERBYSHIRE ROYAL INFIRMARY.—Assistant House-Surgeon. Appointment for twelve months. Salary, £40 per annum, with board, residence, and washing. Applications to the Secretary by July 21st.

DOWNPATRICK COUNTY DOWN INFIRMARY.—Registrar, Compounder of Medicine, and Assistant to the Surgeon. Salary, 60 guineas, with board, fuel, and washing. Applications to Dr. T. M. Tate by August 10th.

DURHAM COUNTY HOSPITAL.—House-Surgeon. Appointment for one year, but eligible for re-election. Salary, £100 a year, with board and lodging. Applications to the Honorary Secretary, 16, South Bailey, Durham, by July 21st.

GOVAN DISTRICT ASYLUM. Crookston, near Paisley.—Junior Assistant Medical Officer. Salary, £100 a year, with furnished rooms, board, laundry, and attendance. Applications to the Medical Superintendent by July 20th.

GREAT YARMOUTH HOSPITAL.—House-Surgeon. Salary, £80 per annum, with board and lodging. Applications to Mr. Richard F. E. Ferrier, Hon. Sec., 33, Hall Plain, Great Yarmouth, by July 26th.

HOSPITAL FOR SICK CHILDREN. Great Ormond Street, W.C.—House-Surgeon to Out-patients. Appointment for six months, but eligible for re-election. Salary, 25 guineas. Applications to the Secretary by July 18th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST. Brompton, S.W. (1) Resident House-Physicians. (2) Assistant Resident Medical Officer. Salary, £53, with board and residence. Applications to the Secretary by July 25th.

LEEDS: GENERAL INFIRMARY.—House-Physician. Appointment for six months. Board, lodging, and washing provided. Applications to the Secretary to the Faculty by July 22nd.

LIVERPOOL DISPENSARIES.—Assistant Surgeon; unmarried. Salary, £100 per annum, with board and residence. Applications to the Secretary, 34, Moorfields, Liverpool, by July 18th.

LONDON COUNTY ASYLUM. Bexley, Kent.—Assistant Medical Officer, between 23 and 30 years of age. Salary, £150 per annum, with board, furnished apartments, and washing. Applications, on forms provided, to the Clerk to the Asylums Committee, 6, Waterloo Place, London, S.W., by July 15th.

LONDON LOCK HOSPITAL. Harrow Road, W.—House-Surgeon to Female Hospital. Salary, £250 per annum, with board, lodging, and washing. Applications to the Secretary by July 25th.

NOTTINGHAM LUNATIC HOSPITAL. The Copple.—Assistant Medical Officer; unmarried, and between 25 and 30 years of age. Salary, £150 a year, with apartments, board, attendance, and washing. Applications to Dr. Tate at the Asylum by July 22nd.

OLDHAM INFIRMARY.—(1) Senior House-Surgeon. Salary, £85 per annum, with board, washing, and residence. (2) Locum Tenens. Applications to the Secretary.

POPPIE HOSPITAL FOR ACCIDENTS. E.—Assistant and Second Assistant House-Surgeons. Salary, each £65 per annum, with board and residence. Applications to the House Governor by July 24th.

PORTSMOUTH BOROUGH ASYLUM.—Junior Assistant Medical Officer. Salary, £120, increasing to £150, with board, lodging, and washing. Applications to the Medical Superintendent.

RAMSGATE AND ST. LAWRENCE ROYAL DISPENSARY.—Resident Medical Officer; unmarried. Salary, £100 per annum, with furnished apartments, board, and attendance. £10 allowed for substitute during annual holiday. Applications to the Secretary by July 17th.

ST. MARYLEBON GENERAL DISPENSARY. 77, Welbeck Street, W.—Honorary Physician. Application to the Secretary by July 24th.

SCHOOL BOARD FOR LONDON.—Lecturer in First Aid and Home Nursing. Fee, 6 guineas for a course of twelve lectures. Applications to the Clerk to the Subcommittee, Evening Continuation Schools, School Board for London, Victoria Embankment, by July 15th.

SOMERSET AND BATH LUNATIC ASYLUM. Wells, Somerset.—Junior Assistant Medical Officer; unmarried and under 30 years of age. Salary, £120, rising to £150, with board, lodging, and washing. Applications to Dr. Wade, Medical Superintendent.

STAFFORDSHIRE COUNTY ASYLUM. Stafford.—Junior Assistant Medical Officer; unmarried, and under 30 years of age. Salary, £120 per annum, rising to £160, with furnished apartments, board, etc. Applications to the Medical Superintendent.

SURREY COUNTY LUNATIC ASYLUM. Brookwood, near Woking.—Assistant Medical Officer. Appointment for four months. Salary at the rate of £3 3s. per week, with apartments, and all found. Applications to the Medical Superintendent.

UNIVERSITY COLLEGE, London.—Jodrell Professorship of Physiology. Applications to the Secretary by July 17th.

WEST BROMWICH DISTRICT HOSPITAL.—Resident Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, washing, and attendance. Applications to the Secretary.

WESTERN GENERAL DISPENSARY. Marylebone Road, N.W.—Second House-Surgeon; unmarried. Salary, £80 per annum, with board and residence, and 10s. a month for washing. Applications to the Honorary Secretary.

WOLVERHAMPTON EYE INFIRMARY.—House-Surgeon. Appointment for six months, but may be extended. Salary, £70 per annum, with board, rooms, and washing. Applications to the Secretary by July 25th.

MEDICAL APPOINTMENTS.

BARROW. Geo. A., M.B.C.S., L.R.C.P., appointed Assistant Medical Officer to the Manchester Hospital for Consumption and Diseases of the Throat and Chest.

BRODIE. F. Carden, M.B., B.S., appointed Admiralty Surgeon and Agent at Sandown.

FOSTER. P., M.B.C.S. and L.R.C.P. Lond., appointed Assistant Resident Medical Officer to the Royal National Hospital for Consumption, Ventnor, I.W.

HAIGH. Harold, M.A. Cantab., M.B.C.S., L.R.C.P., appointed Medical Officer to the Convalescent Home, Melkham Mills, near Huddersfield, vice T. A. Haigh, resigned.

HALL. Arthur, B.A., M.B. Cantab., M.B.C.P., appointed Professor of Pathology in University College, Sheffield, vice Dr. Duncan Burgess, appointed Lecturer in Medicine.

HARRIS. H. Elwin, B.A., M.B. Cantab., F.R.C.S. Eng., L.R.C.P. Lond., appointed Surgeon to Out-patients to the Bristol Royal Hospital for Sick Children and Women, vice C. Venable, resigned.

HORNE. Johnson, M.B., B.C. Cantab., appointed Honorary Surgeon to the Metropolitan Ear, Nose, and Throat Hospital.

LAKE. Richard, F.R.C.S. Eng., appointed Honorary Surgeon to the Metropolitan Ear, Nose, and Throat Hospital.

LEWIS. Cyril, M.D., appointed House-Physician to the General Hospital, Birmingham.

McKILLAR. Geo., M.D., C.M., D.P.H., appointed temporarily an Assistant Surgeon to the British Ophthalmic Hospital, Jerusalem.

MARSH. J. Hedley, M.B.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer of Health for the Borough of Macclesfield.

QUAIT. A. Wortley, M.B.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer of the Maudsley District of the Erpingham Union.

SKELDING. Henry, M.B., B.C. Cantab., M.B.C.S., L.S.A., appointed Assistant Surgeon to the Bedford County Hospital.

GU'S HOSPITAL (Dental Department).—The following appointments have been made: House-Surgeons.—F. H. Hayes Palmer, L.D.S. Eng.; Alfred E. Rowlett, L.D.S. Eng. S. H. Oliver, L.D.S. Eng. Assistant House-Surgeons.—F. W. Garman; E. B. Recordon.

DIARY FOR NEXT WEEK.

MONDAY.

West London Post-Graduate Course. West London Hospital, Hammersmith Road, W. 5 P.M.—Mr. W. McAdam Eccles: The Differential Diagnosis of Scrotal Swellings.

THURSDAY.

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

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

CAPIES.—On July 6th, at Grove Lane, Denmark Hill, S.E., the wife of Robert Capies, of a daughter.

DENNISON.—On July 7th, at 61, Haddon Road, Leeds, the wife of Arthur Dennison, M.D., of a son.

McVITTIE.—On 2nd July, at Tetlock House, Kirkby, near Liverpool, the wife of J. W. McVittie, M.B.C.S., L.R.C.P., of a daughter.

ODELL.—On the 4th inst., at York House, Hertford, the wife of Robert Odell, M.B.C.S. Eng., L.R.C.P. Lond., of a son.

MARRIAGES.

BALLINGALL-BONNER.—On July 6th, at St. Paul's Church, St. Leonard's-on-Sea, by the Rev. Forbes E. Winslow, Rector, assisted by the Rev. F. J. Watson Smyth and the Rev. Archibald Buttner, George Anderson Ballingall, M.A., M.D., L.R.C.P. Lond., M.B.C.S., of St. Leonard's-on-Sea, and of Altamont, Blairgowrie, N.B., to Mary Lilian Elsie, youngest daughter of the Rev. J. Tillard Bonner, of St. Leonard's-on-Sea, late Rector of Stanwick, Northants.

BOWER-WHITLEY.—On June 27th, at St. Matthew's Church, Stretton, near Warrington, by the Rev. and Hon. C. F. Cross, Vicar of the Parish, Harry Edward Bower, only son of the late Edward Bower of Little Leigh, Cheshire, to Mary, eldest surviving daughter of Chas. Thos. Whitley, Esq. of Walspit House, Stretton.

HERBERT-KILLEY.—On July 13th, at St. Bede's Church, Sefton Park, Liverpool, by the Rev. Canon Spooner, assisted by the Rev. J. A. Howell, Major Herbert Herbert, Indian Medical Service, Bombay, to Margaret Agnes, daughter of the late William Killey of Liverpool.

HILL-ALFORD.—On July 5th, at the Church of St. Mary Magdalen, Taunton, by the Rev. Prebendary Askwith, Vicar of the Parish, assisted by the Rev. D. J. Pring, Vicar of Wilton (cousin of the bride), Walter James Hill, L.R.C.P. Lond., M.R.C.S., of Clevedon, to Edith Maud, daughter of H. J. Alford, Esq., M.D., and granddaughter of the late Dr. Henry Alford, of Mount Pleasant, Taunton.

JENNINGS-TOWARD.—On July 6th, at All Saints, Margaret Street, W., by the Rev. J. H. Hugh M. Richard Edward Jennings, M.B.C.S. Eng. and L.R.C.P. Lond., to Eileen Elizabeth, second daughter of the late William Edward Toward of Newcastle, and stepdaughter of James Murray, Lowther Avenue, Toronto, Canada.

LUCKHAM-BUCKNILL.—On July 4th, at the Abbey Church, Malvern, by the Rev. R. T. Crawley, Rural Dean of Chafford and Rector of North Ockenden, Essex, assisted by the Rev. E. F. Bennett of Warwick (cousin of the bridegroom), and the Rev. E. F. Pelly, Vicar of Malvern, Levi Stephenson Luckham, M.B.C.S., L.S.A., of Winchester Street, Salisbury, second son of Alexander Minty Luckham of Salisbury, and late of Studland, Dorset, to Elizabeth Grace, fifth daughter of the late Rev. George Bucknill, Vicar of High Escall, Salop, and Mrs. Bucknill, of Saunderton Lodge, Malvern.

PORRITT-McKENZIE.—On Monday, May 22nd, 1899, at the Church of St. John the Evangelist, Featherston, Wairarapa, N.Z., by the Rev. A. M. Johnson, M.A., assisted by the Rev. Thos. Porritt, M.A., the father of the bridegroom, Ernest Edward Porritt, third son of the Rev. Thos. Porritt, Featherston, to Elizabeth McKenzie, only daughter of the late Dr. McKenzie, Hampstead Road, London.

PRIOR-PRILE.—On July 5th at the Friends' Meeting House, Pardshaw, Samuel Prior, B.C.M. Glas. of Moldgreen, Huddersfield, to Emma Pille, second daughter of the late John Pille, The Beeches, Rogerscale.

ROSS-LOWE.—On July 5th, at the Parish Church, Ecclefield, near Sheffield, by the Rev. Alfred Gatty, D.D., assisted by the Rev. J. E. Gorton, M.A., James Alexander Ross, M.B., O.M.Aberd., St. Mary's, Penistone, Yorks, eldest son of the late John Ross of Aberdeen, to Annie, third daughter of Robert Lowe, Shire Green, near Sheffield.

SARGEANT-KEKWICK.—On June 28th, at St. Mary's, Islington, by the Rev. T. K. Richmond, Canon of Carlisle, assisted by the Rev. Dr. Barlow, Vicar, John Frederic Sargeant, M.B.C.S., L.R.C.P., eldest son of John W. Sargeant of Wellesborough, to Jane Eleanor, elder daughter of the late James Watson Kekwick of Carlisle. At home, 58, Parkhurst Road, N., August 1st, 2nd, and 3rd.

WEEKES-HICKS.—On July 5th, at Christ Church, Streatham Hill, by the Rev. Walter Hicks, M.A., Lincoln Diocesan Missioner (brother of the bride), assisted by the Rev. O. S. Nicholl, M.A., Vicar, Henry Holman Weekes, M.D., M.B.C.S., L.R.C.P., of Mansion House, Old Brompton, Kent, son of the late Dr. Henry Weekes, J.P., C.A., to Constance, daughter of the late Sir Francis Hicks, J.P., D.L., of Oakfield, Streatham Hill, S.W.

DEATHS.

BAILEY.—On July 8th, at his residence, Kelmecott, Bromley, Kent, George Hewlett Bailey, M.B.C.S., etc., late of 24, Queen Anne Street, W., aged 71. Friends please accept this the only intimation.

BLAISE.—On Sunday, January 8th, 1899, at Leeds, Walter Shaw Black, of Stockland, Honiton, Devon, aged 66. Cremated at Manchester by his own desire. (No cards.)

RICHARDS.—On July 5th, suddenly, at 47, Churnet Street, Collyhurst, Manchester, in his 37th year, Arthur Izod Richards, M.B.C.S., L.S.A., younger son of the Rev. Dr. Richards, Baling, London. (No cards.)

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*.—Daily, 2. *Operations*.—Tu. W. F., 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., 8.
CHURCHILL HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F., 2.
CITY OPHTHALMIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—M., 4.
EAST LONDON HOSPITAL FOR CHILDREN. *Attendances*.—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., 3. *Operations*.—M. W. Th. F., 2.
GUY'S. *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. *Operations*.—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.
HOSPITAL FOR WOMEN, SOHO. *Attendances*.—Daily, 10. *Operations*.—M. Th., 2.
KING'S COLLEGE. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30; F., 2; Dental, M. Th., 10; Skin, W., 1.30. *Operations*.—W. Th. F., 2.
LONDON. *Attendances*.—Medical, daily, i.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., 1.30.
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; Tu. F., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations*.—Daily, 1.30.
NATIONAL ORTHOPEDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—W., 10.
NEW HOSPITAL FOR WOMEN. *Attendances*.—Daily, 2; Ophthalmic, W. S., 9.30. *Operations*.—Tu. F., 9.
NORTH-WEST LONDON. *Attendances*.—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Th., 2.30.
ROYAL EAR, Frith Street. *Attendances*.—M. W. F., 3; Tu. F., 9.30 and 7.30. *Operations*.—Tu., 8.
ROYAL EYE, Southwark. *Attendances*.—Daily, 2. *Operations*.—Daily.
ROYAL FREE. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, W., 9. *Operations*.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 9. *Operations*.—Daily, 10.
ROYAL ORTHOPEDIC. *Attendances*.—Daily, 2. *Operations*.—M., 2.
ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily, 2.
ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2 o.p., W. S., 9; Eye, M. Tu. W. Th. S., 2; o.p., M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopedic, M., 2.30; Dental, Tu. F., 9; Electrical, M. Tu. Th. F., 1.30. *Operations*.—Daily, 1.30; (Ophthalmic), Tu. F., 2. *Abdominal Section for Ovariectomy*, F., 2.
ST. GEORGE'S. *Attendances*.—Medical and Surgical, daily, i.p., 1; o.p., 12; Obstetric, i.p., Tu. F., 1.45; Tu. F., 2.30; Eye, W. S., 1.30; Ear, Tu. F., 2; Skin, Tu., 2.45; Throat, F., 2; Orthopedic, F., 12; Dental, M. Tu. F., S., 12. *Operations*.—Daily, 1; Ophthalmic, W., 1; Dental, Th., 9.
ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. *Operations*.—Tu., 2.30; Th., 2.
ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, Tu. F., 1.45; o.p., M. Th., 1; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 8; Skin, M. Th., 9; Dental, W. S., 9; Electro-Therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
ST. PETER'S. *Attendances*.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—W. F., 2.
ST. THOMAS'S. *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children, S., 1.30; Electro-Therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2; (Gynecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—Gynecological, M., 2; W., 2.30.
THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Daily, exc. M., 10.
UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. *Operations*.—Tu. W. Th., 2.
WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 3; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electrical, 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 ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

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

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 at 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 at his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Attilage, 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 devoted will be found under their respective headings.

QUERIES.

MR. W. F. B. EADON, L.R.C.P. & S.E. (Bristol) desires to hear of a maker of artificial ears.

M.B., M.R.C.S., asks whether there are any disabilities affecting English medical men intending to practise in the Canaries or Madeira.

R. M. P. L. is desirous of finding an institution or home for a decayed gentleman, aged 58, suffering from locomotor ataxia, with loss of power of the bladder. £40 a year could be paid.

CHARGE FOR SICK CERTIFICATES.

E. H. H., who is medical officer to a colliery club, asks whether it is a custom throughout the profession to supply certificates for other clubs for which the medical man is not the medical officer, free, or whether a charge of 6d. per certificate is a reasonable fee.

*We learn on inquiry that in the Midlands it has not been customary for the colliery surgeons to make any charge for sick notes given to the colliers when those notes are for the ordinary sick societies, such as the Foresters, Free Gardeners, etc., and are the doctor's own printed forms. When any special form of certificate has to be filled up, such as are used by the Hearts of Oak and by many insurance companies—certificates giving special information for use under the Employers' Liability or Workmen's Compensation Act—it is now usual to make a small charge, varying from 6d. to 1s.; but the colliers almost always resent making any payment, and the enforcing of it is liable to produce ill-feeling.

ANSWERS.

WATER ANALYSIS.—Our correspondent will probably find the information he requires in *A Simple Method of Water Analysis, especially designed for the Use of Medical Officers of Health*, by J. C. Thresh, M.D., D.Sc., D.P.H. Second Edition. (London: J. and A. Churchill, 1898. 2s. 6d.)

FAIR PLAY.—Custom varies a great deal in different towns and cities. In some places it is rather the rule for many members of the medical profession to live in the same street, but if this is not the case in the town to which our correspondent refers we think he is entitled to some sympathy, although we cannot say that his neighbour was acting contrary to usage.

REMOVAL OF SUPERFLUOUS HAIR.

MR. BALMANNO SQUIRE (Weymouth Street) writes with reference to the note by "S." as to the removal of superfluous hair from the lip by epilation forceps that the plan is not satisfactory since it is followed by a permanent and considerable increase of the hair growth.

MEDICAL AGENTS IN AUSTRALIA.

W.H.J.H.—We are informed that Mr. L. Bruck, 15, Castlereagh Street, Sydney, is perhaps the best-known medical agent in Australia. He has agents in Melbourne and New Zealand: Mr. P. P. Wilcocks, 298, Bourke Street, Melbourne; and Sharland and Co., Loane Street, Auckland, New Zealand.

PREVENTIVE INOCULATION FOR DISTEMPER.

X.Y.Z.—So far as we are aware no reliable lymph for preventing the attack or lessening the virulence of distemper in dogs is known. The late Sir Everett Millais prepared and distributed a "vaccinating" material. This was obtained by inoculating agar tubes with discharge from the nostrils of a dog suffering from the disease. The growth was cultivated to the third generation and this culture used for preventive inoculation. This was naturally an uncertain mixture of organisms, and the results were equally uncertain. Occasionally a mild form of distemper appeared to be induced, and so protection was afforded; at other times disastrous results followed. Some French authorities, including Toussaint, regard distemper as variola of the dog, and as a preventive use ordinary vaccine lymph. This practice is somewhat largely adopted in this country and practised in precisely the same manner as vaccination of children, the skin on the inside of the thigh being the seat of the puncture. We have no evidence of distemper being the variola of the dog, but a good many "vaccinated" puppies pass successfully through distemper.

NOTES, LETTERS, Etc.

A CASE OF SELF-INDUCED INSTRUMENTAL ABORTION.

A CORRESPONDENT writes: The following case serves to emphasise the possibility of self-induced instrumental abortion, and the care necessary in dealing with such cases in private to protect oneself against, at least, the suspicion of malpractice.

A married woman with several children sent for me to visit her, and gave the following history: She knew herself pregnant, having gone several days over her time; since then (several weeks) she had been losing blood constantly. On examining her the cervix was found soft and patulous, with blood escaping from it, and the uterus irregularly contracted, apparently about the size of the pregnant uterus at four months. She had no fever, pain, nor tenderness.

On further questioning her, she at first admitted taking "herbs"; then that she had "scraped out the womb with a hairpin," showing me the pin, which was an ordinary woman's hairpin, the looped end of which she had used as a "curette," the operation being rendered easier by her suffering from slight prolapse, and pressing on the fundus through the abdominal wall. She informed me that she had done the