

Fig. 11.—The final result, represented diagrammatically.

AFTER-TREATMENT.

In each case the gauze drain was removed early and the parts were irrigated with weak iodine solution. In the first case this was done through the lower colotomy aperture, with the patient on a bedpan, so as to flush the whole of the gut below as one would flush a drain. In the second case irrigation was done *per anum*. The colotomy opening in the first case was successfully closed by the extraperitoneal method so ably advocated by the late J. Greig Smith.

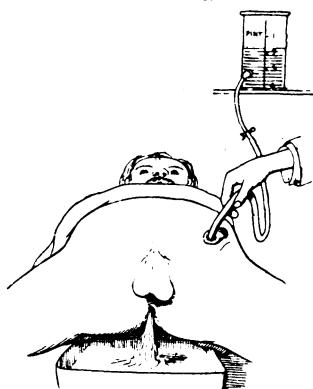


Fig. 12.—Method of flushing if preliminary colotomy be done.

DATA IN AFTER-PROGRESS.

The chief points may be represented in tabular form, especially indicating the return of rectal sensation and control.

CASE I.—J. B.

1898, August 9th.—Operation. Excision of rectum and presacral tissue, including about a dozen presacral glands.

August 23rd.—Operation for closure of colotomy aperture.

September 20th.—Rectal sensation and control returning.

October 11th.—Almost complete control. Coccyx partly reformed. Sphincter grips finger.

1899, July.—Perfect health and perfect control. No stricture. Does not wear any dressing. New and bifid coccyx.

CASE II.—F. M.

1898, December 14th.—Operation. Excision of rectum, presacral tissue and glands, and superficial part of sphincter region.

1899, January 13th.—Y-shaped deposit of new bone at back of anus.

January 20th.—Sensation of anal skin normal; anal mucous membrane insensitive.

February 1st.—Rectal sensation almost perfect. Slight control.

March 6th.—Bowels open twice or thrice a day. Controls faeces, but not flatus.

July.—Perfect control of faeces and flatus. Occasionally a mishap when at work if motion be quite loose. No recurrence. No stricture. Does not wear any form of dressing.

These then are the results. When the profession realises that by such a method as this, when taken early, the disease and the lymphatic area may be safely and completely removed, with the restoration of the parts to a normal condition and with a fair prospect of an immunity at present impossible to estimate, then cancer of the rectum instead of being regarded as a necessarily fatal affection will become one of the curable diseases, brightening many a home and gladdening many a heart.

REFERENCES.

- ¹ Quénu, *Rev. de Chir.*, August, 1898. ² BRITISH MEDICAL JOURNAL, 1898, ii, 993; *Ibid.*, 1899, i, June 17th. ³ *Ibid.*, 1898, i, February 26th. ⁴ *Ann. Surg.*, 1897, xxvi, 371. ⁵ BRITISH MEDICAL JOURNAL, 1896, i, 581. ⁶ *Practitioner*, 1897, July 15th. ⁷ *Journ. Amer. Med. Assoc.*, 1898. ⁸ BRITISH MEDICAL JOURNAL, 1898, ii, 1812. ⁹ *Ibid.*, 1893, ii, July 8th.

A SIMPLIFIED METHOD AND APPARATUS FOR MAINTAINING THE SO-CALLED LITHOTOMY POSITION DURING OPERATIONS ON THE PERINEUM, ETC.

By REGINALD H. LUCY, F.R.C.S.,
Surgeon, South Devon Hospital, Plymouth.

FINDING the crossbar of Clover's crutch to be in the way of Wheelhouse's staff and similar instruments when operating on the perineum, I have devised a simple and portable set of straps which I find in practice to be quite as efficient as Clover's apparatus: (1) A stout leather strap padded for its middle third, and furnished at either end with a strong buckle. This is placed obliquely behind the patient's neck, one end being brought over one shoulder, while the other is brought out under the armpit of the opposite side, precisely as is done with Clover's crutch. (2) The remainder of the apparatus consists of two flat bars, each four inches long, padded and furnished at either end with swivelling wire loops and at their outer ends with a padded leather strap. To apply the straps—the patient's legs being flexed on the thighs—the flat bar of one strap is placed well up into the ham, the strap on its outer end is carried round the thigh above the knee-joint, through the loop of the inner end, and thence round the leg, from within outwards, just below the head of the tibia, and its end being passed through the outer loop is buckled to the corresponding end of the neck strap. The same routine is followed with the other leg strap, and it will then be found that the more the straps are pulled taut at the neck strap buckles the more fully will the patient's legs be rotated outwards by the lever-like action of the flat bars, and the more completely will the thighs be kept flexed on the abdomen. The passage of sounds, catheters, etc., will now be found easy, there being no cross bar between the knees.

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

SARCOMA OF THE EPIDIDYMIS: REMOVAL.

A BOY, aged 15, had received three blows on his left testicle whilst playing at football: the first on December 26th, 1898, the second at the end of February, 1899, and the third at the end of March, 1899. The testicle slightly increased in size after the first blow, but after the third it became swollen to twice its normal size. Six days after the last injury a medical man tapped the tumour, but only obtained two teaspoonfuls of blood at the operation; subsequently the tumour increased considerably in size. The patient remained in bed for six days after the tapping, and believes that the swelling decreased a little during the rest.

Dr. Russell first saw the patient on April 2nd, 1899, and found a boat-shaped tumour about 4 inches in length occupying the position of the left testicle; it was indistinctly fluctuating; the cord was thickened, and the veins of the scrotum were distended. After a week's interval a nodule was found on the anterior and upper part of the tumour, and distinct fluctuation could be made out in the swelling above this nodule. The cord was more obviously thickened. On April 11th, 1899, the tumour was removed by Drs. Morris and Wood, and the spermatic cord was ligatured as high up as possible. The tumour weighed altogether $\frac{3}{4}$ lb.; it was roughly kidney-shaped. It was incised longitudinally, and was then found not to be testicle; the testicle, of normal size and appearance, lay at the back of the tumour, and was surrounded by the tunica vaginalis. The vas deferens was traced into the

tumour at its upper part, and the latter evidently sprang from the epididymis. The tumour consisted of a creamy-white mass, of firm consistence except at its upper part, where it was diffuent. Strands of fibrous tissue could be seen with the naked eye interlacing in all directions. Microscopical examination of a fresh section showed that the tumour was composed of cells of various sizes, with interlacing strands of connective tissue. There were numerous large round and oval cells, and many small round cells, as well as spindle cells. Sections of the hardened tumour showed the connective tissue in bundles and whorls, and the spindle cells even more clearly. There remained a swelling of about the size of half a small walnut over the site of the stump of the spermatic cord. Towards the end of June, 1899, this tumour seemed to increase somewhat in size. The patient then went to Birmingham and saw Mr. Jordan Lloyd, who advised immediate operation. The remains of the cord and some enlarged femoral glands were accordingly removed at this operation.

At this date (September 25th, 1899) the patient is in good health, and there are no signs of recurrence.

Colwyn Bay.

W. B. RUSSELL, M.B.Cantab.,
F. L. WOOD, M.B.Vict.

HEMMING THE OMENTUM TO PREVENT ITS FORMING VISCERAL ADHESIONS.

THE stumps left after ligature and removal of torn omentum, being uncovered by peritoneum, are always liable to form fresh adhesions to the viscera with the usual undesirable sequelæ. As it is impracticable to cover each little stump with peritoneum, as is done with an ovariectomy pedicle, the following plan, which I have not seen advocated before, may be adopted. It consists in folding the lower inch or more of omentum forward on itself, and fixing it in position by a few interrupted sutures, thus forming a hem at its lower free border. If the ends of the ligatures used to tie off the omental tags are left long they may be utilised for fixing each little raw stump to the anterior omental surface. By this means no surface uncovered by peritoneum is left in contact with any viscus.

Plymouth.

C. HAMILTON WHITEFORD.

A CASE OF POISONING BY LINIMENTUM OPII, WITH REPORT OF THE NECROPSY.

A MAN, aged 56, retired to bed about 8 P.M. in his usual state of health. Two hours afterwards he was heard snoring very loudly by his wife, who, being unable to arouse him, ultimately became alarmed and sent for me. I arrived at 12.15 A.M. and found him briefly in the following state: Deeply comatose, very pale, skin cool and moist, breathing 16, regular, but not deep; pupils very contracted and equal; all reflexes abolished; pulse 60, somewhat feeble, but regular. Inquiry elicited the fact of his having possibly taken "something." A bottle standing on a shelf near the bed contained a few drops of a liniment he had been in the habit of using for rheumatism; this smelt strongly of camphor, and looked like tincture of opium. There was no smell attached to the breath.

With the aid of the stomach tube the contents of the stomach were obtained, and it was then evident that a considerable quantity of the liniment was intermingled therewith. A solution of potassium permanganate (grs. iij to ʒij) was then introduced and again withdrawn, and the process repeated, leaving about ʒij behind. Coffee and brandy were also administered in suitable quantities, and strychnine injected hypodermically. The battery (faradic) was used for three hours, but beyond provoking muscular contractions, was of no avail. Respiration failing, had to be assisted artificially. The pulse, however, first began to cause anxiety, becoming quicker, more feeble, and irregular. This was noticed about 1 A.M., and these characteristics became more marked, until the heart's action, being almost imperceptible and extremely irregular, finally ceased at 3.30 A.M. About half a dozen respiratory efforts were noticed during the subsequent minute. I may add that artificial respiration was carried on continuously for over two hours. The patient never rallied

in the slightest degree. Atropine, not being available, was not used.

Necropsy.—Thirty-two hours after death. Rigor mortis well marked. Brain: Very slight venous congestion of pia mater; cerebro-spinal fluid moderate in quantity; brain substance very anæmic; no other abnormality evident. Lungs: Somewhat congested, both apices tuberculous; calcification, caseation, cutting like leather where not gritty. Stomach: Mucous coats very anæmic, showed a few old tuberculous "punched-out" ulcers with undermined edges; no signs of irritation or congestion; contained mucus, coffee. Kidneys: Slightly enlarged and rather congested. Bladder: Full of urine. The other organs showed no abnormality bearing upon the case.

Comments.—The points of interest are: The early deep coma, the failure of the pulse primarily, and the comparatively small dose taken (about ʒij lin. opii). That the camphor in the liniment played a part as an ultimate cardiac depressant¹ is a possibility which should not be overlooked. I need hardly add the poison was identified.

CHARLES B. ROSSITER, F.R.C.S.Ed., L.R.C.P., etc.
Southwark Park Road, S.E.

REPORTS

ON

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

CORK NORTH INFIRMARY.

CHOLECYSTOTOMY FOR DISTENDED GALL BLADDER WITH
REMOVAL OF CALCULUS IMPACTED IN CYSTIC
DUCT BY DIRECT INCISION.

(By JEREMIAH COTTER, F.R.C.S.I.)

MRS. C., aged 35, married, with four children, suffered from hepatic colic for several years; she never had jaundice, or noticed any calculi in the bowel discharges.

Condition on Admission.—After the birth of her first child, six years ago, she observed a swelling in the right hypochondriac and epigastric regions, which had been gradually increasing in size. For twelve months the swelling had been tender to touch, and she has had pain on exertion; she also complained of pains over the cardiac region shooting up to left clavicle. She had had no vomiting, but suffered from occasional chills. The circulatory, digestive, nervous, respiratory, and genito-urinary systems were normal. A smooth, rounded, movable tumour, about the size of the closed fist, could be felt in the situation above indicated. The tumour could be pushed well up under the lower ribs, and became more apparent when the patient was standing.

Operation.—On June 28th a vertical incision, about 4 inches long, was made in the right linea semilunaris, and a distended gall bladder exposed. There were no adhesions. The gall bladder was tapped with trocar and cannula, and a clear treacly fluid escaped, becoming purulent towards the end. The fundus of the gall bladder was then incised, and 72 calculi removed by scoop and finger. The total weight of calculi removed was 180 grains. A large calculus, about the size of a cherry (weighing 80 grains), was found tightly impacted in the cystic duct, causing complete obstruction. As efforts at dislodgment failed, and as it was found impossible without injury to the viscus to crush it *in situ*, it was removed by direct incision of the duct over the calculus, the wound being subsequently closed with interrupted silk sutures by Lembert's method. The hepatic and common ducts were patent. The gall bladder was washed out with warm boracic solution, a rubber drainage tube (removed at the end of twenty-four hours) being introduced down to the cystic duct. The fundus of the gall bladder was easily sutured to the edges of the abdominal incision, which was closed above and below by silk-worm-gut sutures.

After-History.—The patient made an uninterrupted recovery, and left hospital three weeks after operation with a biliary fistula, which seemed to be gradually closing.

¹ Lauder Brunton, *The Action of Medicines*.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Appointments.—The following have been appointed Examiners of the First and Second M.B. Examinations:—*Chemistry*: Mr. Sell and Mr. Adie. *Physics*: Mr. Fitzpatrick and Mr. Capstick. *Biology*: Mr. Bateson, F.R.S., and Mr. Seward, F.R.S. *Pharmacology*: Mr. Ivatt and Mr. Ruhemann. *Anatomy*: Dr. Barclay-Smith and Professor Cunningham, F.R.S. *Physiology*: Dr. Anderson and Professor Starling, F.R.S.

General Medical Council.—Dr. Donald MacAlister was on October 23rd re-elected a member of the Council for five years.

Diploma in Public Health.—The following practitioners have passed both parts of the examination in Sanitary Science for the diploma: G. A. Brown, M. M. T. Christie, A. L. E. Cumming, W. C. H. Forster, J. H. Godson, J. Guy, W. F. Harvey, H. E. Hewitt, J. P. D. Leahy, C. A. Lumley, H. C. McDouall, V. L. Manker, P. Padmanabhan, A. E. Porter, and C. W. Young.

Matriculation.—On October 21st, 888 freshmen were matriculated, including 12 graduates of other universities who entered as advanced students. This brings the total for the present year up to 932.

UNIVERSITY OF EDINBURGH.

GENERAL COUNCIL.

THE statutory half-yearly meeting of the General Council of the University of Edinburgh was held at 3 P.M. on October 27th. The main points of general interest were referred to in the report of the Business Committee which was to this effect:

Report of Business Committee.—Two of the four officers of Assessor of the General Council in the University Court, held by Dr. Patrick Heron Watson and Dr. Joseph Bell, Edinburgh, respectively, now fall vacant, and the vacancies require to be filled up at the approaching meeting. The tenure of office is for four years. Drs. Watson and Bell are eligible for re-election. The Committee desire to record their sense of the loss which the Council has sustained by the recent death of Dr. John Duncan, Edinburgh, who for some time was a representative of the Council in the Court, and at all times took a deep interest in the University, particularly in its relation to the medical profession. The Committee received a draft ordinance of the University Court, designed to effect the separation of the teaching of the subjects of Medical Jurisprudence and Public Health in the University. This naturally arises from the recent founding of the Chair of Public Health, a subject whose importance is now fully recognised, and the Committee approve of the step. Several questions affecting the practical working of the Educational Ordinances of the late Commission, and the consequent arrangements made by the University authorities to give effect to them, have recently been more or less publicly discussed. It is suggested that the General Council should now make a remit to the Business Committee, which fills the place of the former Ordinances Committee of Council, to consider and report upon the whole subject. The present is a convenient time in which to review and adjust difficulties which have been found to arise in practice. With reference to the cataloguing of the library, alluded to in the Finance Committee's report, approved by the Council in May last, the Business Committee, keeping in view that the Council is not represented on the Library Committee, desire to express the hope that the progress made with the catalogue has been satisfactory, and that the form adopted will enable it to be published if that should be thought desirable.

GRADUATION CEREMONIAL.

The supplementary or autumn graduation ceremonial was held in the McEwan Hall on October 21st. In the absence of the Vice-Chancellor, Sir William Muir, from indisposition, Professor Sir William Turner presided, and Professor A. R. Simpson acted as Promoter. The following degrees were conferred:

Degrees of M.B., C.M.—Violet Grace Seymour Adams, Agnes Lloyd Bennett, Mary Booth, A. W. G. Clark (with Second Class Honours), *in absentia*, T. M. Coutinho, J. L. Davis, H. O. Hobson, E. Laval, F. M. McIntosh, S. H. Richards, F. W. Rigby, W. Ritchie, T. B. Unwin, P. D. Whiriskey, W. E. Williams, C. G. Wotherspoon, M. A. Oxon.

Degrees of M.B., Ch.B.—J. Anderson, J. A. Black, A. P. L. Brown, A. E. Burroughs, T. C. Caldwell, G. J. R. Carruthers, D. Fenton, A. S. Frank, J. Fullarton, C. H. G. Gostwyck, A. N. de Gruchy, G. Mackie, R. A. Macneill, W. Macniven, J. Miller, S. H. Morris, W. Purves, H. G. P. Raeburn, F. G. Ralston, T. E. Richards, D. Robertson, J. M. Ross, C. E. Smith, W. G. Williams.

After the formal "capping" Sir William Turner expressed the Vice-Chancellor and Principal's regret for absence, and conveyed his good wishes for future success of the new graduates in their profession. In these good wishes the other members of the Senatus Academicus cordially joined, and now wished them good-bye as students of the University. The usual formal hand-shaking and the Benediction closed the function of the day.

ROYAL UNIVERSITY OF IRELAND.

M.B., B.Ch., B.A.O. EXAMINATION.—The following candidates have passed this examination:

Upper Pass.—J. M. Byers, Queen's College, Belfast; *J. E. Clements, Queen's College, Belfast; J. Good, Queen's College, Cork; W. Hartnett, Queen's College, Cork; *W. M. Hunter, Queen's College, Belfast; *D. Kernohan, Queen's College, Belfast; *W. Lapsley, Queen's College, Cork; T. J. McDonagh, B.A., Catholic University School of Medicine; *B. A. O'Flynn, Catholic University School of Medicine; *J. W. West, Queen's College, Belfast.

Candidates marked thus (*) may present themselves for the further Examination for Honours.

Pass.—Annie H. Crawford, Queen's College, Belfast; A. W. Crawford, Queen's College, Belfast; H. L. Craig, Queen's College, Belfast; Emily M. Crooks, Queen's College, Belfast; J. H. Davis, Queen's College,

Belfast; B. R. Dinnis, Queen's College, Cork, and University of Edinburgh; H. Donnelly, Queen's College, Belfast; F. A. Dreaper, B.A., Catholic University School of Medicine; D. Finnegan, Queen's College, Belfast; J. R. Gillespie, M.A., Queen's College, Belfast; G. H. Grille, Queen's College, Belfast; S. Hill, Queen's College, Belfast; Alexandrina C. Huston, Queen's College, Belfast; G. Jefferson, Queen's College, Belfast; C. Kidd, Queen's College, Galway, and School of Medicine, Edinburgh; Kathleen F. Lynn, Catholic University School of Medicine; S. McCann, Catholic University School of Medicine; E. W. S. Martin, Queen's College, Belfast; D. C. Moore, Queen's College, Belfast; P. J. Moran, Queen's College, Belfast; T. F. O'Keeffe, Queen's College, Cork, and Catholic University School of Medicine; P. M. Quinn, Catholic University School of Medicine; J. Ritchie, Queen's College, Belfast; F. Ryan, Catholic University School of Medicine; J. J. Waters, Queen's College, Galway, Catholic University School of Medicine, and School of Medicine, Edinburgh.

M.D. EXAMINATION.—The following candidates have passed this examination:

I. J. Flynn, M.B., B.Ch., B.A.O., Catholic University School of Medicine; T. Houston, B.A., M.B., B.Ch., B.A.O., Queen's College, Belfast; R. Watson, M.B., B.Ch., B.A.O., Private study.

Mr. R. A. L. Graham, B.A., M.B., B.Ch., B.A.O., has passed the examination for the Diploma in State Medicine.

CONJOINT BOARD IN IRELAND.

SECOND PROFESSIONAL EXAMINATION.—Candidates have passed this examination as undernoted:

In all Subjects.—Honours, in order of Merit: W. Ewing, C. Foley. Pass: Miss H. A. Hall.

Complete Examination.—Miss L. H. Alexander, F. J. Cahill, H. A. Cecil, A. S. Cosgrave, J. Hennessy, Miss M. E. M. Logan, A. A. W. Menick, C. R. Minor, R. H. G. Oulton, P. W. Power, F. J. Sharpe, A. L. Tyn-dall, G. B. Wilkinson.

In Anatomy.—D. Jones, F. J. Moore, L. C. E. Murphy.

In Physiology.—F. M. Allen, J. E. Brereton, J. Doherty, F. J. Moore, J. Murphy, J. Murray.

In Materia Medica.—C. H. Bryan, J. Harvey, D. Jones, L. C. E. Murphy, R. P. McDonnell, R. C. Nicholls.

In Histology.—T. M. Allen, J. E. Brereton, C. H. Downing, T. Farrell, W. J. Gruby, J. Murphy.

Hospital Practice.—D. Jones.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, OCTOBER, 1899.—The following candidates passed in:

Surgery.—S. T. Bewsey, St. Mary's Hospital; R. Brookes (Section I), Westminster Hospital; J. W. Haigh, Leeds; H. M. Hardy, Guy's Hospital; F. S. Leech (Section II), University College Hospital; W. E. Maw, Leeds; F. C. Torbitt, Manchester and Leeds.

Medicine.—T. P. Allen (Sections I and II), Manchester; A. McC. Dallas (Sections I and II), Guy's Hospital; A. B. Dunne (Sections I and II), Leeds; C. A. W. Egan, Dublin and Charing Cross Hospital; T. R. Griffiths, University College Hospital; H. C. Holden, Guy's Hospital; H. N. Horton (Section I), Middlesex Hospital; W. E. Maw, Leeds; E. S. Pushong, Calcutta; E. C. Scarlett (Section I), Royal Free Hospital.

Forensic Medicine.—T. P. Allen, Manchester; P. Cator, St. Bartholomew's Hospital; A. B. Dunne, Leeds; C. A. W. Egan, Dublin and Charing Cross Hospital; H. Fawcett, London Hospital; A. E. Freer, St. Mary's Hospital; H. C. Holden, Guy's Hospital; H. N. Horton, Middlesex Hospital; W. E. Maw, Leeds; E. C. Scarlett, Royal Free Hospital.

Midwifery.—J. H. Beasley, Birmingham; P. A. Chilloct, London Hospital; C. J. E. Edmonds, St. Thomas's Hospital; C. H. Farquharson, St. Mary's Hospital; A. E. Freer, St. Mary's Hospital; C. A. C. Salmon, Guy's Hospital; S. R. Thomas, Guy's Hospital; A. F. Weston, St. George's Hospital.

The diploma of the Society was granted to Messrs. A. B. Dunne, H. Fawcett, A. E. Freer, J. W. Haigh, H. M. Hardy, H. C. Holden, W. E. Maw, E. S. Pushong, F. C. Torbitt, and A. F. Weston.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

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

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

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

Censors.—W. J. Smyly, M.D., F.R.C.P.I.; A. C. Drury, M.D., F.R.C.P.I., J. Murphy, F.R.C.P.I., A. N. Montgomery, F.R.C.P.I.

Examiners for the Licence in Midwifery.—E. Hastings Tweedy, F.R.C.P.I., H. T. Wilson, F.R.C.P.I.

Additional Examiners (to take the place of an absent Censor).—**Medicine**: J. M. Redmond, M.D., F.R.C.P.I. **Hygiene and Forensic Medicine**: W. L. Symes, F.R.C.P.I. **Midwifery**: J. H. R. Glenn, M.D., F.R.C.P.I. **Additional Examiners under the Conjoint Examination Scheme**.—**Biology**: E. MacDowel Cosgrave, M.D., F.R.C.P.I. **Chemistry and Physics**: H. T. Bewley, M.D., F.R.C.P.I., and E. Sapper, F.R.C.P.I. **Materia Medica and Pharmacy**: F. J. B. Quinlan, M.D., F.R.C.P.I., and Ninian Falkiner, M.B., F.R.C.P.I. **Physiology**: J. Malet Furser, M.D., F.R.C.P.I. **Pathology**: Wallace Beatty, M.D., F.R.C.P.I. **Medicine**: H. C. Tweedy, M.D., F.R.C.P.I., and E. E. Lennon, F.R.C.P.I. **Hygiene and Forensic Medicine**: S. T. Gordon, F.R.C.P.I.

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

Examiners in Preliminary Education.—**Language**: William Kennedy Sch. T.C.P. **Science**: C. Joly, F.T.C.D.

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

Representative on the Committee of Management under the Conjoint Examination Scheme.—J. Magee Finny, M.D., F.R.C.P.I., Sir Christopher J. Nixon, M.D., F.R.C.P.I., and James Craig, M.D., F.R.C.P.I.

Treasurer.—Lombe Atthill, M.D., F.R.C.P.I.

Registrar.—James Craig, M.D., F.R.C.P.I.

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

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

ENGLISH URBAN MORTALITY IN THE THIRD QUARTER OF 1899.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]

The vital statistics of the thirty-three large English towns dealt with by the Registrar-General in his weekly returns are summarised in the accompanying table. During the three months ending September last, 84,608 births were registered in the thirty-three towns, equal to an annual rate of 29.8 per 1,000 of the aggregate population, estimated at 11,404,408 persons in the middle of the year. In the corresponding periods of the three preceding years the birth-rates in these towns were 30.1, 31.1, and 30.4 per 1,000 respectively. In London the birth-rate last quarter was 28.6 per 1,000, while it averaged 30.5 in the thirty-two provincial towns, among which it ranged from 22.8 in Huddersfield, 24.1 in Croydon and in Oldham, 24.2 in Halifax, and 24.5 in Bradford, to 34.6 in Hull, 35.0 in Gateshead, 35.9 in Liverpool, and 36.1 in Sunderland.

During the quarter under notice 62,306 deaths were registered in the thirty-three towns, corresponding to an annual rate of 21.9 per 1,000, against 19.1, 21.2 and 20.3 in the three quarters of the three preceding years. In London the rate of mortality was 20.6 per 1,000, while it averaged 22.8 in the thirty-two towns, among which it ranged from 15.6 in Croydon, 16.4 in Huddersfield, 17.1 in Halifax, and 17.5 in Bristol to 26.3 in Burnley, 27.4 in Sheffield, 27.6 in Manchester, 29.1 in Salford, and 29.9 in Liverpool. The 62,306 deaths registered in the thirty-three towns last quarter included 15,923, which were referred to the principal zymotic diseases, equal to an annual rate of 5.61 per 1,000, against 4.19, 5.73, and 4.94 in the corresponding periods of the three preceding years. In London the zymotic death-rate last quarter was equal to 4.58 per 1,000, while it averaged 6.28 in the thirty-two provincial towns, among which it ranged from 2.46 in Halifax, 3.49 in Newcastle, 3.56 in Derby, and 3.61 in Birkenhead to 8.55 in Liverpool, 8.79 in

Salford, 8.83 in Sheffield, and 9.99 in Burnley. The 15,923 deaths referred to the principal zymotic diseases in the thirty-three towns during the quarter under notice included 24 which were referred to small-pox, 1,226 to measles, 359 to scarlet fever, 1,013 to diphtheria, 878 to whooping-cough, 607 to "fever," and 11,816 to diarrhoea. The fatal cases of measles, which had been 947, 1,109, and 1,529 in the three preceding quarters, declined again to 1,226 during the three months ending September last, and were equal to an annual rate of 0.43 per 1,000; in London the death-rate from this disease was equal to 0.47, while it averaged 0.41 per 1,000 in the thirty-two provincial towns, among which measles was proportionally most fatal in Liverpool, Manchester, Salford, Burnley, and Sheffield. The deaths from scarlet fever, which had been 366 and 337 in the two preceding quarters, rose again to 359 during the three months under notice, and were equal to an annual rate of 0.13 per 1,000; in London the scarlet fever death-rate was only 0.08 per 1,000, while it averaged 0.16 in the thirty-two provincial towns, among which this disease showed the highest proportional fatality in Liverpool, Oldham, Burnley, Halifax, Bradford, and Sheffield. The fatal cases of diphtheria, which had declined from 1,140 to 888 in the three preceding quarters, rose again to 1,013 during the three months ending September last, and were equal to an annual rate of 0.36 per 1,000; in London the death-rate from this disease was 0.39 per 1,000, while it averaged 0.34 in the thirty-two provincial towns, among which diphtheria was proportionally most fatal in West Ham, Swansea, Leicester, Preston, Leeds, and Sheffield. The deaths from whooping-cough, which had been 1,417 and 1,289 in the two preceding quarters, further declined to 878 during the three months under notice, and were equal to an annual rate of 0.31 per 1,000; in London the death-rate from whooping-cough was 0.26 per 1,000, while it averaged 0.34 in the thirty-two large provincial towns, among which this disease showed the highest proportional mortality in Portsmouth, Cardiff, Leicester, Liverpool, Burnley, Huddersfield and Leeds. The deaths referred to different forms of "fever" (including typhus, enteric, and simple and ill-defined forms of fever), which had declined from 1,004 to 352 in the three preceding quarters, rose again to 607 during the three months ending September last, and were equal to an annual rate of 0.21 per 1,000; in London the "fever" death-rate was 0.16 per 1,000, while it averaged 0.25 in the thirty-two provincial towns, and was highest in Portsmouth, Birkenhead, Salford, Sheffield, and Sunderland. The 11,816 fatal cases of diarrhoea were equal to an annual rate of 4.16 per 1,000; in London the rate of mortality from this disease was 3.22 per 1,000, while it averaged 4.78 in the thirty-two provincial towns, among which diarrhoea showed the highest proportional fatality in Portsmouth, Liverpool, Manchester, Salford, and Preston. One fatal case of small-pox was registered during last quarter in London, and 23 in Hull, but not one in any other of the thirty-three large towns.

Infant mortality in the thirty-three towns, measured by the proportion of deaths under one year of age to registered births was equal to 303 per 1,000 during the three months ending September last, against 232, 278, and 275 in the corresponding quarters of the three preceding years. In London

Analysis of the Vital and Mortal Statistics of Thirty-three of the Largest English Towns during the Third Quarter of 1899.

Towns.	Estimated Popula- tion middle of 1899	Births.	Deaths.	Annual Rate per 1,000 Living.			Deaths from Principal Zymotic Diseases.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-Cough.	Fever.	Diarrhoea	Deaths of Children under one year of age to 1,000 Births.	Rate per cent. of Uncertified Deaths.
				Births.	Deaths.	Principal Zymotic Diseases.										
33 Towns	11,404,408	81,608	62,306	23.8	21.9	5.61	15,923	24	1,226	359	1,013	878	607	11,816	303	1.0
32 Provincial Towns	6,857,656	54,143	38,947	30.5	22.8	6.29	10,744	23	696	272	575	583	430	8,165	318	1.3
London	4,546,752	32,460	22,159	28.6	20.6	4.58	5,179	1	530	87	438	295	177	3,551	273	0.5
West Ham.	300,241	4,105	1,549	28.1	20.7	7.01	525	—	19	—	41	28	10	427	59	1.1
Croydon	127,759	769	496	24.1	15.3	3.95	120	—	8	—	3	13	—	102	274	—
Brighton	123,226	762	671	24.8	21.8	0.54	261	—	1	1	15	2	8	174	340	0.3
Portsmouth	190,741	1,257	1,064	20.4	21.4	7.83	371	—	13	3	10	24	29	260	360	0.8
Plymouth.	100,637	704	583	30.5	23.4	4.03	101	—	2	2	3	6	—	88	343	0.7
Bristol	320,911	2,219	1,401	27.7	17.5	4.03	312	—	7	3	—	6	8	291	239	0.7
Cardiff	185,826	1,315	857	28.4	18.5	4.52	203	—	—	—	18	29	12	150	293	0.6
Swansea	103,722	722	461	27.9	17.8	3.92	101	—	1	3	26	4	3	14	234	0.4
Wolverhampton	88,821	753	502	34.0	22.7	5.43	120	—	1	3	4	5	4	103	299	0.2
Birmingham	514,956	4,371	3,101	34.0	24.2	7.12	914	—	60	8	37	39	18	752	334	1.6
Norwich	113,266	837	518	29.6	18.3	5.64	110	—	—	4	7	5	9	114	293	1.2
Leicester	213,851	1,515	1,067	28.8	20.0	6.76	360	—	5	11	55	28	10	251	325	2.2
Nottingham	239,384	1,757	1,410	29.4	23.6	7.04	420	—	23	12	9	3	21	347	361	1.0
Derby	106,401	783	485	29.5	18.3	3.56	94	—	6	6	2	1	1	78	251	—
Birkenhead	115,162	820	581	28.6	20.2	3.61	104	—	3	2	3	4	19	73	313	1.2
Liverpool.	634,212	5,674	4,724	35.9	29.9	8.55	1,352	—	102	41	49	80	48	1,023	344	3.1
Bolton	162,221	1,153	879	28.5	21.7	6.46	265	—	3	5	5	11	11	227	301	0.3
Manchester	543,501	4,419	3,740	32.0	27.6	7.82	1,008	—	116	8	17	62	20	835	346	0.7
Salford	218,244	1,522	1,081	33.5	23.1	8.79	478	—	59	11	15	15	26	341	374	0.6
Oldham	150,772	905	739	24.1	19.7	4.15	156	—	14	15	3	7	5	112	266	0.1
Burnley	113,081	702	741	24.9	26.3	9.93	232	—	55	27	4	17	10	169	507	0.8
Blackburn	135,154	907	598	26.9	17.7	3.78	127	—	8	1	10	12	11	85	239	3.0
Preston	117,622	879	697	30.0	23.8	7.19	210	—	1	4	17	3	4	211	392	1.0
Huddersfield	103,464	589	423	22.8	16.4	4.12	106	—	—	1	1	19	9	76	241	1.4
Halifax	97,721	589	417	24.2	17.1	2.46	60	—	2	10	3	1	6	38	200	2.4
Bradford	236,241	1,441	1,098	24.5	18.6	4.51	265	—	14	27	4	12	8	200	274	1.1
Leeds	423,889	3,235	2,129	30.6	20.1	5.35	565	—	37	18	79	63	18	350	272	0.4
Sheffield	361,169	3,020	2,469	33.5	27.4	8.83	705	—	103	25	105	10	51	501	359	1.8
Hull	234,270	2,020	1,235	34.6	21.1	6.47	378	23	10	5	4	21	17	198	276	1.0
Sunderland	145,613	1,300	815	36.1	22.4	4.93	179	—	6	7	1	11	15	139	245	1.7
Gateshead	106,552	911	545	35.0	20.5	4.33	115	—	1	3	1	9	4	97	273	1.3
Newcastle-on-Tyne.	228,625	1,781	1,365	31.2	23.9	3.49	159	—	11	5	11	24	13	135	315	0.7

the rate of infant mortality was equal to 279 per 1,000, while it averaged 318 in the thirty-two provincial towns, among which it ranged from 200 in Halifax, 234 in Swansea, 239 in Bristol, 241 in Huddersfield, and 245 in Sunderland to 360 in Portsmouth, 361 in Nottingham, 374 in Salford, 390 in West Ham, 392 in Preston, and 507 in Burnley.

The causes of 611, or 1.0 per cent., of the deaths in the thirty-three towns during the three months ending September last were not certified, either by a registered medical practitioner or by a coroner. The proportion of uncertified deaths in London did not exceed 0.5 per cent., while it averaged 1.3 in the thirty-two provincial towns. The causes of all the deaths during the quarter were duly certified in Croydon and Derby, and only one was uncertified in Wolverhampton and in Oldham; while the largest proportions of uncertified deaths were registered in Leicester, Liverpool, Blackburn, Halifax, Sheffield, and Sunderland.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,826 births and 4,160 deaths were registered during the week ending Saturday last, October 21st. The annual rate of mortality in these towns, which had decreased from 26.8 to 18.6 per 1,000 in the eight preceding weeks, rose again to 19.0 last week. The rates in the several towns ranged from 9.8 in Croydon, 10.8 in Derby, 11.5 in Norwich, and 13.1 in Brighton to 23.6 in Manchester, 23.7 in Bristol, 24.4 in Salford, and 28.4 in Liverpool. In the thirty-two provincial towns the mean death-rate was 19.7 per 1,000, and exceeded by 1.7 the rate recorded in London, which was 18.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.1 per 1,000; in London the death-rate was equal to 1.6 per 1,000, while it averaged 2.4 in the thirty-two provincial towns, among which the highest zymotic death-rates were 4.1 in Portsmouth, 4.2 in Blackburn, and 4.8 in Salford and in Sheffield. Measles caused a death-rate of 1.4 in Burnley, 1.6 in Plymouth, and 1.8 in Birkenhead; scarlet fever of 1.0 in Salford and in Oldham, and 1.4 in Burnley; whooping-cough of 1.0 in Gateshead; "fever" of 1.0 in Gateshead, 1.3 in Sheffield and in Hull, and 1.7 in Nottingham; and diarrhoea of 1.4 in Portsmouth and in Salford, 1.5 in Blackburn, and 2.7 in Preston. The 129 deaths from diphtheria in the thirty-three towns included 60 in London, 14 in Sheffield, 13 in Leeds, 6 in Birmingham, and 6 in Liverpool. No fatal case of small-pox was registered last week, either in London or in any of the thirty-two large provincial towns; and no small-pox patients were under treatment in any of the Metropolitan Asylum Hospitals on Saturday last, October 21st. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had increased from 2,538 to 3,217 at the end of the seven preceding weeks, had further risen to 3,408 on Saturday last; 447 new cases were admitted during the week, against 409, 461, and 455 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, October 21st, 973 births and 527 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.5 and 18.1 per 1,000 in the two preceding weeks, declined again to 17.3 last week, and was 1.7 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 13.8 in Dundee and 14.6 in Aberdeen, to 17.9 in Edinburgh and 18.8 in Glasgow. The zymotic death-rate in these towns averaged 2.1 per 1,000, the highest rates being recorded in Glasgow and Paisley. The 266 deaths in Glasgow included 12 from measles, 4 from scarlet fever, 2 from diphtheria, 2 from whooping-cough, 7 from "fever," and 16 from diarrhoea. Three fatal cases of "fever" occurred in Edinburgh, and 4 of diarrhoea in Dundee.

MEDICAL OFFICERS IN SCOTLAND.

W. P. P.—According to the interpretation of the Local Government Board of Scotland, Section XV, of the Public Health Act, 1897, not only is it necessary now for all county and burgh medical officers to hold a Diploma of Public Health, but also the same condition applies to medical officers of health of parishes or districts, however small they may be. Section XV of the Public Health Act states that the qualifications necessary are those set forth in Section LIV of the Local Government Act, 1899. This section, which until the Act of 1897 came into operation only applied to districts having a population of at least 30,000, now applies to all districts. It states that the necessary qualification is that the medical officer is registered on the *Medical Register*, and is the holder of a diploma in sanitary science. One way in which the difficulty might be got over would be that instead of being appointed medical officer of health for the parish, our correspondent might be appointed assistant to the county medical officer. This, however, necessitates the county medical officer signing all the statutory certificates.

DISTRICT MEDICAL AND VACCINATION APPOINTMENTS.

H. W. asks for information on the following case: A. has just come to reside and commence practice in the parish of S. The parish and vaccination appointments are held by B., who is non-resident. Is A. by the rules of the Local Government Board and on application to the guardians entitled to receive these?

*** Guardians are not compelled to appoint a resident as district medical officer, and if a newcomer becomes a resident they are not bound to give him any district appointment which may be vacant.

DISINFECTION REFUGES.

At the instance of the Sanitary Committee, the Court of Common Council of the City of London has resolved to erect a shelter in Golden Lane, at a cost of £10,700, for the reception, from time to time, of families whose tenements are being disinfected after an outbreak of disease.

MEDICAL NEWS.

A CASE admitted from Whitechapel into the Eastern Hospital of the Metropolitan Asylums Board on October 8th was certified as typhus fever on October 14th.

THE TRAINING OF BACKWARD CHILDREN.—The University of Chicago has a new and unique branch in the Chicago Physiological School for the training of nervous and backward children. It is said to be the first of its kind in the world, and is intended as a home for boys and girls who are unable to cope with normal children owing to illness or infirmity.

WESTMINSTER HOSPITAL MEDICAL SCHOOL.—At the meeting of the School of Medicine Committee on October 18th the following prizes and entrance scholarships were awarded: Epsom Scholarship, 110 guineas, to Mr. E. H. Bennett Bailey; Arts Scholarship, £40, to Mr. L. White; Oxford and Cambridge Scholarship, £40, to Mr. W. C. Hocken; Science Scholarship, £40, to Mr. P. Farrant; Arts Scholarship, £30, to Mr. W. H. France; "Fish" Prize, £20, to Mr. W. Payne; Midwifery Prize to Mr. W. Payne; Forensic Medicine Prize to Mr. W. Payne; Materia Medica Prize to Mr. E. R. Cushing; Practical Chemistry Prize to Messrs. T. B. Hickley and C. Parker, and Physics Prize to Mr. O. P. N. Pearn.

THE ST. JOHN AMBULANCE ASSOCIATION.—Arbitration in connection with the differences between the Stockport and District Medical Society and the Stockport Centre of the St. John Ambulance Association, which was accepted by the Society in July, has now been accepted by the Local Hon. Secretary and the Chairman of the Centre. The arbitrators appointed by the Central Executive Committee are: Colonel Bowdler, Sir James R. Dick, M.D., R.N., K.C.B., and Inspector-General Belgrave Ninnis, M.O., R.N. The arbitration will take place on Monday, October 30th, at 9.30 A.M.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—At the last quarterly court of the directors of the Society, Mr. Christopher Heath, V.P., in the chair, six new members were elected, and the death of Mr. Mould, a vice-president and at one time a very active member of the Society, was reported. The death of a widow was announced who had received £50 a year since July, 1884. A first application for a grant was read from a widow, and a grant at the rate of £40 a year made. Applications for renewal of grants were received from 48 widows, 12 orphans, and 6 recipients from the Copeland Fund, and it was resolved to distribute at the next court among them the sum of £1,201 10s. The Directors were pleased, on the report of the Acting Treasurer, to be enabled to vote a sum of £541 to be given as a Christmas present to the widows and orphans on the funds of the Society (£10 to each widow, £3 to each orphan, and £5 to 5 recipients from the Copeland Fund). The expenses of the quarter were £62 10s.

GUILD OF ST. LUKE.—The anniversary festival service of the Guild was held at St. Paul's Cathedral on October 19th. The Lord Mayor and Sheriffs attended in State, together with the chief officers and many members of the Corporation of the City of London. There was a crowded congregation, a large proportion of which consisted of medical men, many of whom wore academical costume and walked in procession to their seats, as did some ladies holding medical degrees. A choir of 300 voices was furnished by the London Gregorian Choral Association, and accompanied by silver cornets. The sermon was preached by the Bishop of Stepney from the text (Matt. ix, 35) "Jesus went about all the cities and villages, teaching in their synagogues, and preaching the Gospel of the Kingdom, and healing every sickness and every disease among the people." He considered there was not all the harmony that was desirable between the professions of the Church and Medicine. He welcomed the presence of ladies amongst the medical graduates; their sympathy with suffering, and their ability to commune more freely with some patients than men could gave them a special mission. He referred to the late Bishop of Bloemfontein as the only clergyman who was a Fellow of the Royal College of Physicians; and his death on the day when war commenced in the Free State was pathetic. The offertory was devoted to the Medical Mission College Fund.

MEDICAL VACANCIES.

The following vacancies are announced:

- ABERDEEN UNIVERSITY.**—(1) Examiner for Graduation in Surgery (including Clinical Surgery); (2) Examiner for the Diploma in Public Health. Applications to the Secretary of the University by November 6th.
- BETHLEM HOSPITAL.**—Two Resident House-Physicians. Appointment for six months. Apartments, board, and washing provided, and honorarium of £12 12s. per quarter. Applications, endorsed "House-Physicians," to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., by November 6th.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL.**—Assistant House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to the Chairman of the Medical Board by November 11th.
- BRIGHTON, HOVE, AND PRESTON DISPENSARY (Northern Branch).**—House-Surgeon. Salary, £100 per annum, with furnished apartments, coal, gas, washing, and attendance. Applications to the Assistant Secretary, 113, Queen's Road, Brighton, by November 1st.
- CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.**—House-Surgeon. Board and residence provided. Candidates must attend at the Hospital on Thursday, November 9th, at 4 P.M.
- DERBY BOROUGH ASYLUM.**—Assistant Medical Officer. Salary, £100 per annum, with board and washing. Applications to Dr. Macphail, Rowditch, Derby, by October 31st.
- DOUGLAS, NOBLE'S ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY.**—Resident House-Surgeon. Unmarried. Salary £72 a year, with board and washing. Applications to F. B. Fleming, Honorary Secretary, 25, Athol Street, Douglas, by November 2nd.
- EDINBURGH ROYAL INFIRMARY.**—Superintendent. Salary, £500 per annum, with free house, coal, and light. Applications to Mr. W. Caw, Treasurer and Clerk, by November 15th.
- FULHAM PARISH.**—Assistant Medical Superintendent for the Infirmary, St. Dunstan's Road; unmarried. Salary, £120 per annum, increasing £10 yearly to £150, with board, etc. Applications on forms provided to be sent to the Clerk to the Guardians, 75, Fulham Palace Road, Hammersmith, W., by November 4th.
- GLAMORGAN COUNTY COUNCIL AND CARDIFF CORPORATION.**—Bacteriologist to the Joint Committee and Lecturer on Bacteriology in the University College, Cardiff. Salary, £200 per annum. Applications to W. B. Allen, Clerk to the Joint Committee, Glamorgan County Offices, Cardiff, by November 6th.
- GREAT YARMOUTH COUNTY BOROUGH OF.**—Medical Officer of Health, Medical Officer of the Borough Isolation Hospital, and Port Medical Officer of Health. Not exceeding 35 years of age. Salary, £400 a year. Applications, endorsed "Medical Officer," to E. Miller, Town Clerk, Town Hall, Yarmouth, by November 4th.
- GRIMSBY AND DISTRICT HOSPITAL.**—Resident House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to J. F. Wittingham, Honorary Secretary, St. Mary's Chambers, Great Grimsby, by November 18th.
- HOSPITAL FOR CHILDREN, Great Ormond Street, Bloomsbury.**—Resident Medical Superintendent. Appointment for one year, subject to annual re-election. Salary, £105 a year, with board and residence. Applications to the Secretary by November 31st.
- JARROW-ON-TYNE MEMORIAL HOSPITAL.**—House-Surgeon, not less than 25 years of age. Salary, £120 per annum, with board and laundry. Applications to the Secretary by November 4th.
- KINGSTON-UPON-HULL.**—Temporary Assistant Medical Officer of Health to take charge of patients in the Small-pox Hospital. Salary, £5 6s. per week, with board. Applications, endorsed "Assistant Medical Officer," to the Medical Officer of Health, Town Hall, Hull, by November 1st.
- LINCOLN BRACEBRIDGE ASYLUM.**—Junior Assistant Medical Officer; unmarried, and not over 30 years of age. Salary, £125 per annum, with furnished apartments, board, attendance, etc. Applications to Mr. W. T. Page, Jun., 5 and 6, Bank Street, Lincoln, by November 1st.
- LIVERPOOL STANLEY HOSPITAL.**—Junior House-Surgeon. Salary, £70 per annum, with board, residence, and washing. Applications, endorsed "Applications for Junior House-Surgeon," to the Chairman of the Medical Board by November 2nd.
- LONDON LOCK HOSPITAL, Harrow Road, W.**—House-Surgeon to the Female Hospital. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary by November 15th.
- LONDON TEMPERANCE HOSPITAL, N.W.**—(1) Surgical Registrar and Anesthetist. Honorarium, 50 guineas per annum. (2) Assistant Resident Medical Officer. Appointment for six months. Board, residence, and washing provided. Honorarium at the rate of 50 guineas per annum. Applications to the Secretary by November 9th.
- LIVERPOOL DISPENSARIES.**—Assistant Surgeon; unmarried. Salary, £100 per annum, with board and residence. Applications to the Secretary, 34, Moorfields, Liverpool.
- MANCHESTER CHILDREN'S HOSPITAL, Pendlebury.**—Honorary Aural Surgeon. Applications to the Secretary, Dispensary, Goatside Street, Manchester, by November 8th.
- MANCHESTER: CHORLTON-UPON-MEDLOCK DISPENSARY.**—Resident House-Surgeon. Unmarried. Salary £120 per annum, with furnished rooms and attendance. Applications to the Honorary Secretary by October 31st.
- MIDDLESEX HOSPITAL, W.**—Assistant Physician. Must be F. or M.R.C.P.Lond. Applications to F. Clare Melhado, Secretary-Superintendent, by November 2nd.
- NORTH-WEST LONDON HOSPITAL, Kentish Town Road.**—(1) Honorary Anesthetist. Appointment for one year, but eligible for re-election. (2) Resident Medical Officer. Appointment for six months. Salary, £50 per annum. (3) Assistant Resident Medical Officer. Appointment for six months; eligible for election to the senior post. Candidates must attend the meeting of the Medical Committee on November 2nd, at 5 P.M.
- NOTTINGHAM GENERAL DISPENSARY.**—(1) Senior Resident Surgeon; unmarried. Salary, £150 a year, increasing to £200, with coals, gas, and furnished apartments, etc. (2) Assistant Surgeon; unmarried. Salary, £140 a year, etc. Applications to the Secretary.
- PONTEFRACT GENERAL DISPENSARY AND INFIRMARY.**—Resident Medical Officer. Commencing salary, £130 per annum, with furnished rooms, fire, light, and attendance. Applications to the Secretary by November 11th.
- PRESTON ROYAL INFIRMARY.**—Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, washing, etc. Applications to the Secretary, 5, Winkley Street, Preston, by November 8th.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Examiner in Dental Surgery. Must be registered under the Dentists Act of 1878. Applications to the Secretary by November 1st.
- ROYAL RAE HOSPITAL, Soho.**—(1) Anesthetist. (2) House-Surgeon, non-resident. A small honorarium is given. Applications to the Honorary Secretary before November 10th.
- ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.**—(1) Two House-Physicians. (2) One House-Surgeon. (3) One Casualty House-Surgeon. Appointments for six months. No salary, but board, etc., provided. Applications to the Secretary by October 30th.
- ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM, City Road, E.C.**—House-Surgeon. Salary, £50 per annum. Applications to the Secretary by November 4th.
- ST. MARY, ISLINGTON.**—Second Resident Assistant Medical Officer and Dispenser of Medicine at the Workhouse and Infirmary, St. John's Road. Salary, £100 per annum, with rations, apartments, and washing. Applications to the Clerk, Guardians' Offices, St. Peter's Road, Upper Holloway, N., by October 30th.
- STOKE-UPON-TRENT UNION.**—Resident Medical Officer for the Workhouse. Salary at the rate of £130 for the first year, with an increase of £15 per annum to a maximum of £175, with board, washing, and furnished apartments. Applications to the Clerk to the Guardians, Union Offices, Stoke-upon-Trent, by November 6th.
- SUSSEX COUNTY HOSPITAL.**—House-Physician. Unmarried, and under 30 years of age. Salary commencing at £50 per annum, with board, residence, and washing. Applications to the Secretary by November 1st.
- UNIVERSITY COLLEGE HOSPITAL.**—Second Anesthetist. Applications to the Secretary by November 7th.

VICTORIA UNIVERSITY.—External Examiner in Anatomy. Appointment for three years. Applications to the Registrar by November 1st.

WEST BROMWICH DISTRICT HOSPITAL.—House-Surgeon; unmarried. Salary, £100 per annum, with board, residence, and washing. Applications to Mr. F. Foley Balche, Honorary Secretary, Church Hill House, West Bromwich, by October 30th.

MEDICAL APPOINTMENTS.

- BALCK, J. A., M.B., Ch.B. Edin.**, appointed House-Surgeon to Royal, Hants County Hospital, Winchester.
- GAMAN, F. R., M.R.C.S., L.R.C.P. Lond.**, reappointed Medical Officer of Health for the Caistor Rural District Council.
- GODSON, Leonard J., M.R.C.S. Eng., L.R.C.P. Lond.**, appointed Surgeon to the Salop Infirmary, vice H. J. Kope, F.R.C.S., deceased.
- HARRIS, Wilfred J., M.D. Cantab., M.R.C.P.**, appointed Assistant Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, E., vice Dr. J. J. Perkins, resigned.
- MARTIN, B. W., M.B., Ch.B.**, appointed Junior House-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, E.
- MOORE, E. J. F., M.R.C.S. Eng., L.R.C.P. Lond.**, appointed Medical Officer to the Workhouse of the Bethnal Green Union.
- PARKINSON, J. P., M.D., M.R.C.P. Lond., F.R.C.S. Eng.**, appointed Visiting Physician to the London Temperance Hospital.
- PORTER, W. J., M.D. Lond., M.B.**, appointed Medical Superintendent of the new Infirmary, Bethnal Green.
- PRICE, Frederick Wm., M.B., Ch.B. Edin.**, appointed Assistant Resident Medical Officer to the Brompton Hospital for Consumption.
- ROBIE, G. A., M.B. Edin.**, appointed Junior Assistant Medical Officer in the Cumberland and Westmoreland Asylum, Carlisle.
- SENIOR, A., M.B., B.O. Camb.**, reappointed Medical Officer of Health for the Esher and Ditton Urban District Council.
- STEWART, James, J. F., L.R.C.P., L.R.O.S. Edin.**, appointed Certifying Factory Surgeon for the Burgh of Inverary, and the Civil Parish of Inverary, in the Mid-Argyll District of Argyllshire.
- THORNE, May, L.S.A. Lond., M.D. Brux.**, appointed Teacher on the Theory and Practice of Vaccination by the Local Government Board.
- WILLIAMSON, O. K., M.A., M.B., B.O. Camb., M.R.C.S. Eng., L.R.C.P. Lond.**, appointed Pathologist to the City of London Hospital for Diseases of the Chest, Victoria Park, E.

DIARY FOR NEXT WEEK.

MONDAY.

West London Post-Graduate Course. West London Hospital, Hammersmith, W., 5 P.M.—Dr. Beddard: Practical Demonstrations of the Local Government Board Method of Vaccination.

TUESDAY.

West End Hospital for Diseases of the Nervous System, 73, Welbeck Street, W., 4 P.M.—Dr. T. D. Savill: Cases illustrating Bysteria and other Paroxysmal Neuroses.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C., 8.30 P.M.—Dr. Ferrier: Hemiplegia.

WEDNESDAY.

Obstetrical Society of London, 5 P.M.—Specimens will be shown by Dr. William Duncan and others. Papers: Dr. Herman: Two cases in which life appeared to have been saved by Anti-streptococcal Serum. Dr. F. D. Turner: Notes on Tuberculosis of the Fallopian Tubes and Uterus in cases of Phthisis.

Hospital for Consumption, Brompton, 4 P.M.—Dr. Morton-Smith on Pneumothorax.

University College Medical Society, 8 P.M.—Professor T. Clifford Allbutt on Local and Constitutional Disease.

THURSDAY.

West London Post-Graduate Course. West London Hospital, Hammersmith, W., 5 P.M.—Dr. Beddard: Demonstration of Various Antitoxin Injections.

Hospital for Sick Children, Great Ormond Street, W.C., 5 P.M.—Dr. J. L. Look: Tuberculous Disease of the Knee-joint.

Royal College of Physicians of London, 5 P.M.—Dr. Foxwell: The Bradshaw Lecture on the Cause of Functional Heart Murmurs.

Charing Cross Medical Post-Graduate Course, 4 P.M.—Mr. Stanley Boyd: Demonstration of Surgical Cases.

Harvelian Society of London, 8.30 P.M.—Dr. J. W. Walsbourn: Cases illustrating the Value of Treatment with Anti-streptococcal Serum.

FRIDAY.

Laryngological Society of London, 20, Hanover Square, 5 P.M.—Cases and specimens will be shown by Drs. Furness, Potter, Hector Mackenzie, St. Clair Thomson, Dundas Grant, William Hill, Herbert Tilley, Scanes Spicer, Mr. Richard Lake, and others.

West London Medico-Chirurgical Society, West London Hospital, W., 5 P.M.—Mr. J. G. Pardoe: Some Modern Methods in the Treatment of Chronic Uteritis. Mr. Swinford Edwards: Urinary Obstruction with cases illustrating some of its causes. Mr. McAdam Eccles will show an Enema Apparatus from Central Africa.

Society of Anesthetists, 20, Hanover Square, W., 8.30 P.M.—Dr. Savage: The relationship between the Use of Anesthetics and Insanity.

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 ensure insertion in the current issue.

BIRTHS.

FINCHAM.—On Thursday, October 15th, at 17, John Street, Bedford Row, W.C., the wife of Ernest O. Fincham, M.B. O.S. Eng., L.R.C.P. Lond., of a son.

WALKER.—At "Las Acacias," Durazno, Republic of Uruguay, South America, on August 22nd, the wife of Herbert J. Walker, M.B. Edin., of a daughter.

DEATHS.

FLEMING.—At 3, Woodside Terrace, Glasgow, on October 24th, Annie Cole Walls, wife of Wm. James Fleming, M.D. Friends kindly accept this intimation.

KEBLE.—Died at Alice, Victoria East, Cape Colony, on September 25th, 1899, Elfrida Gertrude, dearly loved wife of Walter Edward Keble, District Surgeon, and elder daughter of the late F. Bernard, Esq.

LIVY.—On October 24th, at the residence of his son-in-law, J. F. Knowles, of Belair, Birklade, Southport, John Livy, M.D., F.R.M.S., and J.P. of Bolton, aged 73 years.

MACAN.—On October 18th, at Brighton, Louisa Elizabeth Rae, the beloved wife of James John Macan, M.D., of Crossgates, Cheam, daughter of the late Sir John Rae Reid, Bart., of Ewell Grove, and widow of the late Spencer Croughton Wilde, of Cheam House, Surrey.

PALMER.—On October 21st, at Lancaster House, Lincoln, Edwin Charles Palmer, M.A., M.B., B.O. Cantab., in his 35th year.

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; Women, W., 1; S., 9.30; Skin, M. Th., 1; Dental, M. Th., 8.45; Throat and Ear, F., 9.30; Electro-Therapeutics, Tu. Th., 9.30; Children, Tu. F., 1; Roentgen, W., 9.45; Orthopaedic, Th., 1. *Operations.*—W. Th. F., 3; S., 2.
CHLSEA HOSPITAL FOR WOMEN. *Attendances.*—Daily, 1.30. *Operations.*—M. Th. F., 2. CITY ORTHOPEDIC. *Attendances.*—M. Tu. Th. F., 2. *Operations.*—M., 4.
EAST LONDON HOSPITAL FOR CHILDREN. *Operations.*—M. W. Th. F., 2.
GREAT NORTHERN CENTRAL. *Attendances.*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W. 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. *Operations.*—M. W. Th. F., 2.
GUY'S. *Attendances.*—Medical, daily, 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.*—M., 9; Tu. W., 12; Th., 9; F. S., 12. *Operations.*—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, M., 10. *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., 4.30.
LONDON THROAT, Great Portland Street. *Attendances.*—Daily, 2; Tu. F., 6. *Operations.*—Daily, 9.30.
METROPOLITAN. *Attendances.*—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations.*—Tu. W., 2.30; Th., 4.
MIDDLESEX. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o. p., M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations.*—Daily, 1.30.
NATIONAL ORTHOPEDIC. *Attendances.*—M. Tu. Th. F., 2. *Operations.*—W., 10.
NEW HOSPITAL FOR WOMEN. *Attendances.*—Daily, 2; Ophthalmic, W. S., 9.30. *Operations.*—Tu. F., 9.
NORTH-WEST LONDON. *Attendances.*—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations.*—Th., 2.30.
ROYAL EAR, Frith Street. *Attendances.*—M. W. F., 3; Tu. F., 9.30 and 7.30. *Operations.*—Tu., 3.
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; Orthopaedic, M., 2.30; Dental, Tu. F., 9; Electrical, M. Tu. Th. F., 1.30. *Operations.*—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariotomy, F., 2.
ST. GEORGE'S. *Attendances.*—Medical and Surgical, daily, i. p., 1; o. p., 12; Obstetric, i. p., Tu. F., 1.45; o. p., M. Th., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopaedic, F., 12; Dental, M. Tu. F., S., 12. *Operations.*—Daily, 1; Ophthalmic, W., 1; Dental, Th., 9.
ST. MARK'S. *Attendances.*—Fistula and Diseases of the Rectum, scales, 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., 1.30; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-Therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. *Operations.*—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
ST. PETER'S. *Attendances.*—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations.*—W. F., 2.
ST. THOMAS'S. *Attendances.*—Medical and Surgical, M. Tu. Th. F., 2; o. p., daily, 1.30; Obstetric, Tu. F., 2; o. p., W. S., 1.30; Eye, Tu. F., 2; o. p., daily, exc. S., 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., 1.30; Dental, Tu. F., 9.30. *Operations.*—Tu. W. Th., 2.
WEST LONDON. *Attendances.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Obstetric, 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 *Articulate, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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

QUERIES.

HYGIENE asks to be recommended a good work on personal hygiene, written in a popular style, free from professional technicalities.

W. would be grateful for any information as to arrangements between general practitioners who dispense their own medicine and chemists, by which the latter make up all medicines.

DR. A. VERNON DAVIES (Shaw, Lancs.) asks for a house or hospital where a female syphilitic inebriate could be attended to, the syphilis being the more urgent. The people are very poor, and could only pay a small sum weekly.

GENERAL PRACTITIONER would be glad of advice in the treatment of the following case. A lady contracted nasal and bronchial catarrh about six weeks ago. The catarrh is now cured, but has left anaesthesia of the tongue. Smell is perfect. She is at present nursing. She has a rheumatic history. The usual remedies have been tried. She is now taking liq. Eastoni and spt. armoracæ co., but with no result.

INQUIRENS.—Our correspondent puts the following case to us: A., a junior practitioner in a county town, calls B., the senior surgeon to the local hospital, in consultation to see Mrs. C. Three years later, Mrs. C. having died, Miss C. consults B., and B. subsequently continues in attendance. We understand A. to ask whether the fact that B. met him in consultation upon a member of the C. family should not bar B. from future attendance upon the family or any member of it? The correspondence between the parties has been submitted to us, and we recognise with pleasure that the letters on both sides are courteous and moderate in tone.

B.'s explanation is that while seeing cases in consultation, he is in general practice, and was for some years the attendant on the C. family, although for reasons not known to him at the time his services were discontinued. When Miss C. came to him he recommended that she should remain under the care of A., B. giving his advice in consultation; but this offer was declined by Miss C. On receiving this explanation, A. complained that B. might have written a few lines to him at the time that he undertook attendance upon Miss C., by which course the misunderstanding would have been avoided. B. resents this reproach, and asks A. for an apology.

Cases such as this are particularly likely to occur where no specialised consulting class exists, and friction can be avoided only by the exercise of the greatest care. In our opinion, (1) A. has no right to consider that he has a vested interest in the C. family, any member of which is perfectly at liberty to consult any member of the profession he or she chooses; (2) B. was perfectly at liberty to attend Miss C., but appears to have felt some natural hesitation to do so, as he was aware that the family had recently been attended by his colleague A., and he seems to have done what he could to safeguard A.'s interests, short of actually refusing to see the case which, in our opinion, he was not called upon to do. (3) Whether it would have done good for B. to have written to A. depends upon circumstances, as we have known such letters evoke the storm they were intended to allay. (4) We do not think A. owes B. any formal apology, but he might very well express his regret for not having accepted in a more gracious spirit the explanation offered by B.

A SEQUELA OF INFLUENZA.

M.B. asks for advice in the treatment of the following case: An otherwise healthy man, aged 30, who has just passed through an attack of influenza, has, on getting out of bed, a rigor followed by profuse sweating. This state has prevailed for some weeks—to such an extent that he dreads leaving his bed. Malaria, I believe, is out of the question. His tongue is clear, pulse and temperature normal, appetite good. I may add that quinine, atropine and zinc, mineral acids, and several other drugs have been tried without effect.

CERTIFICATES OF DEATH AND REGISTRATION.

M.B. C.M. performed an operation on a woman, aged 60, for strangulated hernia, and death ensued twenty-four hours afterwards. The certificate of the cause of death stated as follows: "Primary, strangulated femoral hernia; secondary, acute peritonitis." The local registrar of deaths declined to issue the "burial order" until he had first communicated with the coroner. Our correspondent inquires if this is a necessary or usual course.

* * In certain cases, where the certificate of the cause of death as given by the medical attendant shows on the face of it that the death has arisen from injury or violence of any kind, or from any unnatural cause, it is the duty of the registrar to refer the cause to the coroner before registration, as is also done in cases where there is no certificate or the cause of death is unknown; but in the present case we cannot say why he adopted that course, unless, not having any special medical knowledge, he may have thought the acute peritonitis arose from some previous injury. If the words "natural causes" had been added on the third line of the medical certificate, it would probably have secured immediate registration of the death.

ANSWERS.

M.D. has not enclosed his card.

CLUB DOCTOR.—The question of the liability of a club doctor to attend a member for an illness which does not entitle the member to sick pay can only arise where the rules of the club are badly worded. The rule quoted ought to end "shall not be entitled to any benefit in respect of such incapacity." As our correspondent was called in as club doctor, it is to be feared that he has no means of making the member pay; and from the wording of the rule, it is very doubtful whether he could have safely refused to attend.