

hands of quacks when suffering from dysentery, and only repair to hospital *en dernier resort*, often in a hopeless condition, after all quack remedies have failed to relieve them.

After reading Dr. Wyatt-Smith's article I resolved to give to sulphate of magnesium a fair trial, and the results obtained are as follows :

Date.	No. of Cases.	Died.	Recovered.	Prisoners Discharged from Hospital on Expiration of their Sentence, although not Cured.	Treatment.
From Jan. 1st, 1898, to May 15th, 1898 ...	{ 41	{ Severe 6 Mild 35	{ 3 0 28 7	{ 21 } proved	{ Ipecacuanha followed by bismuth salicylate, salol, and opium.
From May 15th, 1898, to March 31st, 1899	{ 56	{ Severe 15 Mild 41	{ 0 15 0 39 2	{ (improved)	{ Magnesium sulphate, followed by bismuth salicylate and benzo-naphthol.

The sulphate of magnesium was administered in doses of from 3 jss to 3 ij, with 1/2 oz. of aromatic sulphuric acid and some cinnamon water and syrup. The result of the treatment was in all cases without exception remarkable. In from eighteen to thirty-six hours the dysenteric stools entirely disappeared; soft yellowish faeces were passed instead, and in a few days the cure was complete. During convalescence I gave three times a day a powder composed of salicylate of bismuth, 15 grs., and benzo-naphthol, 10 grs., to which 3 or 4 grs. of Dover's powder were sometimes added.

In addition to this treatment, too much attention cannot be paid to the diet, which should essentially be a milk diet. Any deviation from it is likely to materially interfere with recovery, and in not a few instances relapses occurred among the cases under my care owing to my Indian patients eating rice and curry.

I entirely agree with Dr. Day that magnesium sulphate should be continued for some days after the stools have ceased to be dysenteric. In fact, I have every reason to attribute some of the relapses to my stopping the treatment too soon. In every case of relapse, however, on the sulphate of magnesium being resumed and on subjecting the patient to the strictest supervision, the character of the stools rapidly improved and recovery ensued. So far, then, the results of my own observations thoroughly corroborate the opinions advanced by Dr. Wyatt-Smith, Dr. Day, and other writers, to the effect that magnesium sulphate is really a specific for dysentery. Under its administration the death-rate from dysentery was brought down in the prison hospital under my charge from nearly 8 per cent. to *nil*.

In conclusion, I must say that the magnesium sulphate treatment does not appear to me to be of much value in chronic dysentery. At all events, no improvement was derived from its use in two cases.

MEMORANDA :

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

DISLOCATION OF THE RADIO-CARPAL JOINT.
As this dislocation appears to be very rare I may mention that I have had a similar one to that recorded by Dr. Given in the BRITISH MEDICAL JOURNAL of June 3rd (p. 1332). In my case—which happened a few weeks ago—a boy about 10 years of age fell out of a swing through one of the ropes slipping from its attachment, and he fell upon his outstretched left hand. On examination the lower ends of the radius and ulna were seen in their normal relative position, but protruding more than usual, while the carpus was lying on the posterior surface of these two bones, reaching upwards about an inch from their ends. I was unable to reduce the disloca-

tion until the patient was anaesthetised, when it was easily reduced. I commenced passive movement of the wrist-joint and massage of the muscles ten days after the injury, and although at first there was considerable loss of power in the flexors this has passed off. With the exception of some impairment of the power of extension at the wrist-joint, the movements are excellent, and the stiffness which is stated as often to result from this accident has, I think, been prevented by the early movement.

Grahamstown, Cape Colony.

JAMES T. BAYS, M.D.Lond.

ANOTHER CASE OF CARDIO-PULMONARY RALE.

THERE is at present under my charge a patient presenting a somewhat similar phenomenon to that recently described by Dr. James Carslaw. A domestic servant, aged 20, came to the Bridge-of-Weir Consumptive Hospital with a cavity in the left lung, in the immediate neighbourhood of the heart. On February 17th, 1899, a series of coarse crackling rales was audible over the left lung, accompanying the cavernous respiratory sounds; and twelve days later, a rhythm given by the cardiac systole to the crepitations and grating sounds was audible all over the left lung, but most distinct in the neighbourhood of the heart. At the right base behind this phenomenon was also present. On May 3rd the crepitations had disappeared and were replaced by a creaking sound possessing the cardiac rhythm. On July 7th the adventitious sound had the character partly of creaking, partly of the cracked-pot sound, and was audible to anyone standing at the patient's bedside; it accompanied each cardiac systole. This phenomenon was quite distinct from the clicking sound referable to the throat (which Dr. Carslaw mentions as present in his case), which is found in a large number of sufferers from phthisis.

THOMPSON CAMPBELL, M.B., C.M.,
Medical Officer, Consumptive Sanatoria of Scotland, Bridge-of-Weir.

CEREBRO-SPINAL RHINORRHOEA.

THE article in the BRITISH MEDICAL JOURNAL of September 23rd on cerebro-spinal rhinorrhoea recalled to my mind a case seen some years ago in which I now regret I did not take a deeper interest.

A boy, aged 4 years, was admitted into the Hospital for Sick Children, Waterloo Bridge Road, for meningitis. There had been convulsions and vomiting, and marked optic neuritis was present at the time of admission. The acute symptoms subsided. He was conscious, but was quite blind and lay in bed almost helpless, though there was no complete paralysis of any limb. About two months after the onset, there was a free flow of fluid from the nose which lasted several days. My notes state the discharge to have been like "clear water, never stained with blood, and not offensive." From the time of the discharge the boy commenced to improve, and before he left the hospital four months later he could walk with a little help. The possibility of the fluid from the nose being cerebro-spinal fluid was thought of, but the idea rejected as highly improbable. Dr. St. Clair Thomson's observations, however, seem to show that the fluid was more likely than not to have been of that nature.

Clifton.

THEODORE FISHER.

A HYDATID CYST IN THE FEMORAL CANAL.

ON May 22nd a patient was sent to me with a lump in the left groin. This was situated over the saphenous opening, was lobulated, firm, and presented no impulse on coughing. It had been increasing in size and was rather tender. The diagnosis was irreducible omental femoral hernia or lipoma coming from the femoral canal, and as the lump was growing and causing pain I determined to remove it.

A sac was met with and opened, when about a dozen daughter cysts escaped. The sac was dissected out and found not to enter the femoral canal, so that the hydatids were not deposited in herniated omentum, but in cellular or lymphatic tissue.

The interest in this case is pathological, and I wish to register it as a very rare source of confusion in the differential diagnosis of groin tumours.

Wolverhampton. FREDERICK EDGE, M.D.Lond., F.R.C.S.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

NUMBER OF STUDENTS.

THE following table gives the numbers of students of medicine, under their respective years, and for the past five *anni medici*, taken in each year on the twenty-fourth day of the session :

Session.	1st Year.	2nd Year.	3rd Year.	4th Year.	5th Year.	Total.
1895-96 ...	223	194	241	208	312	1,178
1896-97 ...	216	222	201	237	262	1,138
1897-98 ...	205	208	227	193	306	1,139
1898-99 ...	186	209	211	208	325	1,139
1899-1900 ...	220	175	210	203	311	1,119
	+34	-34	-1	-5	-14	-20

The last line indicates the increase or decrease in the number of students, on the day named, in session 1899-1900 as compared with session 1898-99. From this it will be noted that there is an increase of 34 in the number of first-year students. In the face of the growing vigour of so many medical schools throughout the country this figure had not been anticipated. Not only so, but the number of first-year entries is larger than in any of the past four sessions.

In addition to these figures, which refer entirely to male students, there are 74 women studying for the degrees in medicine of the University of Edinburgh, of whom 8 only are matriculated students in attendance at the Class of Physics. At the same period of last year there were 66 women, of whom 6 only were matriculated students, the remaining 60 being registered as preparing for degrees by attendance at various classes in the Extra-Academical School.

No figures relating to the number of students in attendance at the various sections of the Extra-Academical School are yet available, as no system of registration or matriculation exists, and the figures are handed in much later in the session by the various lecturers.

It ought to be added that the University figures may be increased up to at least the end of November, but the late increase as a rule only affects the number of fourth and fifth-year students, rarely those of the first year.

UNIVERSITY OF CAMBRIDGE

Degrees.—At the Congregation on November 9th, Professor Somerville was admitted to the degree of M.A. *honoris causa*, and Mr. F. G. Stacey, B.A., of St. John's College, to the degrees of M.B. and B.C. Mr. T. W. Letchworth, B.A., of Emmanuel College, has been approved for the degree of M.B., and Mr. Shelford Bidwell, M.A., F.R.S., of Gonville and Caius College for the degree of Sc.D.

UNIVERSITY OF ABERDEEN.

Election of Lord Rector.—On November 12th Lord Strathcona was chosen by the votes of the "nations" to be Lord Rector of Aberdeen University, in succession to the Marquis of Huntly, who had completed his third term of office. There was no opposition, as Sir Edward Grey, who had stood as a candidate for a brief period, retired before the election was held. A well-arranged torchlight procession took place in the evening, nearly 400 students appearing in fancy costumes. The excellent police arrangements prevented any but very mild interruptions by roughs.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

AT a stated meeting of the College held on Friday, November 10th, Mr. J. O'Sullivan, L.R.C.S.I., was admitted as a Licentiate in Medicine.

CONJOINT BOARD IN IRELAND.

THE following gentlemen have passed the examination for the Diploma in Public Health: Dr. E. J. McWeeney (Honours), Dr. R. H. Draper, Dr. J. J. Earls, Dr. T. W. Heywood, Dr. G. G. Lawson, Dr. J. C. McWalter (Part I.).

MEDICO-LEGAL.

A NEW ZEALAND ACTION FOR MALPRAKSI.

IN August last, in the Supreme Court at Christchurch, New Zealand, an action was brought against Dr. Arthur de Renzi, a practitioner of that city, by a patient, who claimed £2,000 damages for injury alleged to have been received in consequence of the defendant having needlessly extirpated the coccyx without her consent. From the evidence it appeared

that the defendant had been her doctor for some years. That in December, 1897, he had removed the ovaries on account of disease, but after the operation, up to October, 1898, she had suffered from constant pain of a severe character, referred to the lower extremity of the spine. After trying various remedies the defendant decided that the best treatment would be to remove the coccyx, as he ascertained that the pain was altogether in this bone. The patient consented, and he performed this operation with great success, and several witnesses testified to the benefit the plaintiff had received from the operation. On the other hand, it was alleged on the part of the plaintiff that no good had followed the operation, and that she had taken the anesthetic on the understanding that "there was to be no cutting." This was stated by several witnesses; among others, by the proprietress of the Nursing Home where the operation was performed, and by the anesthetist. All the services of the defendant had been given gratuitously, and there was strong evidence that immediately after the operation the plaintiff had shown herself exceedingly grateful to her doctor. The Judge put three questions to the jury: (1) Did the defendant have the plaintiff's consent? (2) Was the operation necessary? (3) Was the operation scientifically performed? The jury answered the three questions in the affirmative—the first two unanimously, and the third by a majority of nine. Judgment was given for the defendant, and the result was received with applause by a large crowd that had gathered outside the court to learn the verdict.

A DISPENSARY DOCTOR'S FEE.

THE Recorder of Derry has just decided a case in which Dr. Keys, who was acting as *locum tenens*, claimed two guineas from the Limavady guardians as a consultation fee. He had been summoned by Dr. Moore, who was also a *locum tenens*, to consult regarding a midwifery case, and on this duty he had to drive six miles and to spend eight hours at the case. The large-hearted guardians thought one guinea ample for this service. The Recorder gave a decree for £2 2s., with £5 expenses to the plaintiff, who had travelled from Manchester for the trial; £2 2s. to Dr. Moore as a witness, and 10s. 6d. to the clerk, who also appeared as a witness. He said the plaintiff had asked the scantiest remuneration, and the Local Government Board had refused to sanction the guardians' offer of £1 1s. We may point out that the obstinate "economy" of the guardians has added a charge of £7 12s. 6d. to the rates without including the cost of their defence. This has been done in spite of the remonstrance of the Local Government Board, and we sincerely hope that the public auditor will surcharge with this sum the gentlemen concerned. The only way to deal with such conduct is to make the offenders and not the ratepayers pay.

Q.—If a registered medical practitioner were to work such practice for a layman, whether as partner or agent, the medical man would undoubtedly render himself liable to a serious charge before the General Medical Council.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,738 births and 3,936 deaths were registered during the week ending Saturday last, November 11th. The annual rate of mortality in these towns, which had been 21.1 and 18.8 per 1,000 in the two preceding weeks, further declined to 18.0 last week. The rates in the several towns ranged from 10.2 in Croydon, 10.3 in Derby, 10.7 in Halifax, and 11.1 in Swansea to 20.2 in Leeds and in Leicester, 24.3 in Blackburn, 24.9 in Bristol, and 25.1 in Liverpool. In the thirty-two provincial towns the mean death-rate was 18.5 per 1,000, and exceeded by 1.2 the rate recorded in London, which was 17.3 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 2.3 per 1,000, while it averaged 1.9 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.3 in Salford and in Sheffield, 3.6 in Birkenhead, 3.7 in Leicester, and 4.6 in Blackburn. Measles caused a death-rate of 1.1 in Bradford and in Hull, 1.2 in Salford, and 2.7 in Birkenhead; scarlet fever of 1.0 in Oldham; whooping-cough of 1.0 in Salford; and "fever" of 1.2 in Wolverhampton, in Blackburn, and in Sheffield, and 2.0 in Nottingham. The mortality from diarrhoea showed no marked excess in any of the large towns. The 135 deaths from diphtheria in the thirty-three towns included 68 in London, 10 in Sheffield, 7 in Leicester, 7 in Leeds, 6 in West Ham, and 6 in Liverpool. Two fatal cases of small-pox were registered last week in Hull, but not one in any other of the thirty-three large towns; and no small-pox patients were under treatment in any of the Metropolitan Asylums Hospitals on Saturday last, November 11th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had increased from 2,538 to 3,539 at the end of the ten preceding weeks, had further risen to 3,564 on Saturday last; 328 new cases were admitted during the week, against 447, 414, and 331 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, November 11th, 877 births and 520 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 17.3 to 18.8 per 1,000 in the three preceding weeks, declined again to 17.0 last week, and was 1.0 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 12.2 in Paisley and 14.9 in Aberdeen, to 20.3 in Perth and 20.5 in Greenock. The zymotic death-rate in these towns averaged 1.4 per 1,000, the highest rates being recorded in Glasgow, Paisley, and Greenock. The 252 deaths registered in Glasgow included 7 from measles, 2 from scarlet fever, 3 from diphtheria, 5 from "fever," and 7 from diarrhoea. Two fatal cases of "fever" were registered in Edinburgh, in Dundee, and in Paisley; and 2 deaths from diarrhoea occurred in Edinburgh and in Dundee.

discharged, and 10 had died. There had been no serious epidemic disease, and the death-rate had been low—namely, 1.73 per cent. on the average number resident. During the last three years the average death-rate had been no more than 1.6 per cent., less than that of the general population. Of the 10 deaths 5 seem to have been from tuberculous disease (2 from general tuberculosis, 1 from phthisis, and 2 from meningitis). The detached infirmary had been of great service not only as a hospital, but as a sanatorium where open-air treatment could be carried out; 50 patients had suffered from epilepsy, and 3,078 fits had been recorded during the year. In conclusion the medical superintendent refers with regret to his own impending retirement, a regret which will be shared by all who are familiar with the good work (scientific and otherwise) done by Dr. Telford-Smith at the Royal Albert Asylum.

LOWESTOFT HOSPITAL.

At the recent annual meeting of the governors of the Lowestoft Hospital there was a large attendance. Sir Savile Crossley, Bart., who presided, stated that there had been some friction between Mr. H. Bourne Walker, the senior surgeon, and Miss Howes, the matron, and that the former had sent in his resignation after eighteen years of service. The House Committee had inquired into the question, and had come to the conclusion that the differences between Miss Howes and Mr. Walker were of a personal character, and they had earnestly desired Mr. Walker to abandon his intention to resign, Miss Howes in the meantime undertaking to give him greater satisfaction in the future. Mr. Walker, however, declined to abandon his intention to resign unless the matron was dismissed. The Committee, having failed to adjust matters, a special Committee of Investigation was appointed by the governors, and at an adjourned meeting of the governors this Committee, after going through each charge separately, concluded as follows:

"Your Committee having carefully investigated the evidence and arrived at the decisions already stated, are of opinion that there were grounds to justify the further inquiry, and consider that an apology is due to Dr. Walker from the matron for using disparaging remarks about him, and permitting others to make the same in her presence without reproof; and they further consider that an apology is due to Dr. Evans from the matron for not attending upon him when requested. The Committee, in the interests of the institution, strongly appeal to Dr. Walker to withdraw his resignation of the post of senior surgeon."

After the reading of the Committee's report the President stated that Mr. Walker had said to him that, yielding to great pressure, he would withdraw his resignation. After some discussion Mr. Walker said that in the interest of the hospital he did not wish for Miss Howes's apology, and one of the governors said that Miss Howes had desired him to say that she regretted having used the expressions. This seems to be the most satisfactory termination of the difficulty possible.

THE LEICESTER AND RUTLAND LUNATIC ASYLUM.

THE Commissioners in Lunacy in their report as printed in the annual report of this asylum, comment upon the resolution of the County Councils to build a new asylum and relinquish the present building, and express the hope that a suitable site for the contemplated new asylum will soon be found. Additional room for the pauper insane of the two counties is much needed, as is shown by the fact that not only is the present asylum overcrowded, but that 38 female patients who should be accommodated in their home asylum are boarded out in others. A site at Nasborough has been inspected by the Commissioners and favourably reported on. During the year 1898 there were 40 patients admitted and the recovery-rate was 31.3 per cent. The death-rate was only 7.6 per cent., calculated upon the total number under treatment, which Mr. Rothsay Stewart, the medical superintendent, regards as a very low one, considering the crowded state of the asylum.

EMSWORTH VICTORIA COTTAGE HOSPITAL.

THE new hospital, which stands in a prominent position, and was opened by Sir S. Wilks in the autumn of 1898, has proved a marked success. The number of admissions has increased to 53, the highest previous number for a year in the old cottage premises having been 32. The number of subscribers in the year ending September 30th, 1899, trebled itself; and the annual subscriptions in the same time were almost double those of the previous year. Twenty-two operations were performed in the thirteen and a-half months that succeeded the opening of the hospital. In two cases of fractures the x-ray apparatus was used by the honorary radiographer, whose services the hospital has been so fortunate as to secure.

WORCESTER CITY AND COUNTY LUNATIC ASYLUM.

AT the end of 1898 31 more patients were in the Asylum than at the commencement, and the average number resident was 1,006. There were 266 patients admitted; of these 162 were either in indifferent health and reduced condition, or were in bad health and suffering from exhaustion, and 18 were suffering from general paralysis. Fifty-seven patients were discharged "recovered," giving a percentage of only 29.68 calculated upon the number admitted. This is the lowest recovery-rate recorded for the last ten years. The death-rate was 9.67, calculated upon the average number resident. Of the 106 deaths 52 are recorded as resulting from "disease of the heart and lungs." It would be well to separate these causes in future, in order that the incidence of tuberculosis might be worked out. A married woman admitted pregnant was confined of twins. The admission of private patients continues. During the year 12 were admitted, 7 discharged, and 3 died. Fifty-one remained on the books at the end of the year. Dr. Braine-Hartnell calls attention to the fact that although the new wards have been occupied by female patients the female side of the Asylum is overcrowded to the extent of 12 patients, and he is of the opinion that a second asylum should be put in hand without any delay, as long before it would be ready for occupation accommodation for the surplus population would have to be found elsewhere.

MEDICAL NEWS.

WE understand that Mr. J. W. Stephens and Dr. R. S. Christophers, members of the Royal Society expedition on malaria have returned home, but that they may possibly at a subsequent date proceed to the West Coast of Africa.

THE Hamilton Association for Providing Trained Male Nurses will keep open the places of those of their nurses who have been transferred from the Reserve to the Colours for service with the R.A.M.C. in South Africa.

THE annual meeting of Livingstone College will be held on Thursday, November 23rd, at the Memorial Hall, Farringdon Street, when the chair will be taken by the Bishop of Tugwell at 5.15 P.M. The executive of the College are arranging to hold at St. Martin's Town Hall during the first week of January an exhibition of articles which may help towards the promotion of the health and comfort of missionaries and travellers.

HOME FOR INEBRIATE WOMEN.—The Women's Union of the Church of England Temperance Society for the diocese of Worcester, which includes the counties of Worcester and Warwick, are about to open a voluntary inebriates' home for women at Halesowen near Birmingham. The home will provide accommodation for 30 patients in three grades—drawing-room patients at £1 1s. a week, workroom patients at 10s. 6d. a week, and kitchen patients at 7s. 6d. a week.

THE DENTAL HOSPITAL OF LONDON.—The annual dinner of the Staff and Past and Present Students will be held on Saturday, December 2nd, at the Hôtel Métropole (Whitehall Salon) under the presidency of Mr. Alfred Coleman. We are asked to say that gentlemen, either now or formerly connected with the hospital or medical school, who may, through inadvertence, not have received special notice, and who desire to be present, are requested to communicate with the Dean at the Dental Hospital, 40, Leicester Square.

THE Wellcome Physiological Research Laboratories at Herne Hill, which are now approaching completion, are under the management of Dr. Dowson, and he is to be congratulated on the site which has been acquired by the owners of the undertaking, Messrs. Burroughs, Wellcome and Co. The premises consist of a country mansion standing in its own grounds, called Brockley Hall, which has been suitably altered for the accommodation of the bacteriological, chemical, and other departments.

BRITISH MEDICAL TEMPERANCE ASSOCIATION.—The annual breakfast given by the Council of the British Medical Temperance Association to the medical students of medical schools in London, was held at the Cannon Street Hotel on November 9th, and was attended by between 60 and 70 students, the London Hospital and the School of Medicine for Women being most numerously represented. Professor Sims Woodhead presided, and short speeches were made by Dr. Hingston Fox, Dr. Heywood Smith, Mr. McAdam Eccles, and the Honorary Secretary, Dr. Ridge. Several students present joined as student associates.

ELECTION OF MAYORS.—In the list of mayors elected in the principal cities and towns on November 9th for the ensuing year occur the names of the following members of the medical profession: *Bishop's Castle*: Dr. Selwyn H. Buckle. *Blackpool*: Dr. George C. Kingsbury. *Bolton*: Alderman J. E. Scowcroft, M.D. St. And. *Carnarvon*: Alderman W. J. Williams, L.R.C.P. Edin., L.F.P.S. Glasg. *Cheltenham*: Alderman George Norman, M.B., B.S. Durh., re-elected. *Conway*: Dr. M. J. Morgan, re-elected. *Devizes*: Dr. Robert Beattie. *Harrogate*: Dr. J. A. Myrtle, J.P. *Newark*: Dr. F. H. Appleby. *Pwllheli*: Alderman Wynne Griffith, L.R.C.P., L.R.C.S. Edin. *Tamworth*: Mr. A. M. Sculthorpe, re-elected. *Worthing*: Mr. Frank Parish, J.P., re-elected. Mr. W. A. Churchman has been elected Mayor of Ipswich.

THE ROYAL ORTHOPÆDIC HOSPITAL.—The occasion of the completion of the redrainage of this hospital and of the execution of extensive repairs afforded an opportunity for the Earl of Denbigh (the President) and the Countess of Denbigh, to hold an *At Home* on November 13th at the hospital. It will be remembered that the Hospital Committee recom-

mended the rebuilding of the hospital on another site, but this proposal was not accepted at a general meeting. The present Committee of Management, at the cost of £2,000, have now carried out various alterations and repairs. The old board floorings of the wards have been washed with per-chloride of mercury (1 in 200), and an oak parquet of plain herringbone pattern has been placed upon them. All superfluous ornamentations on the walls and ceilings have been removed, and where possible structural changes have been carried out under the direction of Messrs. Young and Hall for the purpose of securing more light and air. To remedy the serious insanitary condition, the advice of Professor Corfield has been sought, with the result that the old drains have been removed, new drains have been laid down, and the sanitary arrangements generally have been remodelled. The difficulty in regard to lavatories and bath rooms has been met as far as possible, and the room appropriated for operations has been renovated.

MEDICAL VACANCIES.

The following vacancies are announced:

BELFAST: FORSTER GREEN HOSPITAL FOR CONSUMPTION.—House-Physician. Applications to Honorary Secretary, Staff, Forster Green Hospital, Fortboda, Belfast, before November 21st.

BIRMINGHAM CITY ASYLUM.—Junior Assistant Medical Officer; unmarried and under 30 years of age. Salary commencing £100 per annum, with board, apartments, washing, and attendance. Applications to the Medical Superintendent.

BIRMINGHAM: GENERAL HOSPITAL.—House-Surgeon. Appointment for six months. Residence, board, and washing provided. Applications to the House Governor by November 25th.

BLACKBURN AND EAST LANCASHIRE INFIRMARY.—Junior House-Surgeon. Salary to commence £200 per annum, with board, washing, lodgings, etc. Applications to the Secretary, 15, Lichfield Terrace, Blackburn, by November 27th.

BRISTOL GENERAL HOSPITAL.—Assistant Physician. Applications to the Secretary by November 22nd.

BURY ST EDMUNDS: SUFFOLK GENERAL HOSPITAL.—House-Surgeon. Salary, £130 a year, with board, lodgings, and washing. Applications to the Secretary by November 20th.

CAERPHILLY INFIRMARY.—Resident Medical Officer; unmarried. Appointment for twelve months. Salary, £100 per annum, with furnished apartments, board, etc. Applications to the Secretary, 13, Guildhall Square, Carmarthen, by December 1st.

CENTRAL LONDON OPHTHALMIC HOSPITAL. Gray's Inn Road, W.C.—House-Surgeon. Board and residence provided. Applications to the Secretary by December 12th.

CITY OF LONDON UNION.—Assistant Medical Superintendent for the Infirmary, Bow Road. Must not be more than 35 years of age. Salary, £150 per annum, with furnished apartments, rations, and washing. Applications on forms provided, to be sent to the Clerk to the Guardians, 61, Bartholomew's Close, by November 20th.

EAST LONDON HOSPITAL FOR CHILDREN. Shadwell.—House Physician. Board and residence, etc., provided. Honorarium of £20 on completion of six months' service. Applications to the Secretary by December 9th.

EXETER: ROYAL DEVON AND EXETER HOSPITAL.—Junior Assistant House-Surgeon. Appointment for six months, eligible for senior post on vacancy. No salary, but board, lodgings and washing provided. Applications to the House-Surgeon.

FLINTSHIRE DISPENSARY.—Resident House-Surgeon. Salary, £120 a year, with furnished house, etc. Applications to the Secretary, Bagillit Street, Holywell, by November 28th.

HOSPITAL FOR SICK CHILDREN. Great Ormond Street.—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 21st.

HOXTON HOUSE ASYLUM, N.—Clinical Assistant. Honorarium, £50 a year, with board, lodgings, and washing. Applications to the Medical Superintendent.

LEEDS GENERAL INFIRMARY.—Honorary Obstetric Physician. Applications, marked "Private," to be sent to the Treasurer by November 23rd.

LINCOLN: BRACERIDGE 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 25th.

LIVERPOOL INFECTIOUS DISEASES HOSPITAL. Park Hill.—Resident Medical Officer. Unmarried and must not exceed 30 years of age. Salary, £120 per annum, increasing to £140, with board, washing, and lodgings. Applications, endorsed "Resident Medical Officer," to be addressed to the Chairman of the Port Sanitary and Hospital Committee, under cover to the Town Clerk, Municipal Offices, by November 23rd.

MANCHESTER ROYAL INFIRMARY.—Resident Medical Officer, not less than 25 years of age and unmarried. Salary, £150 per annum, with board and residence. Applications to the General Superintendent by December 2nd.

NORTHAMPTON GENERAL INFIRMARY.—Qualified Assistant to the House-Surgeon. Appointment for six months. Board, lodgings, and washing provided, and honorarium of £25. Applications to the Secretary by November 30th.

NOTTINGHAM CITY ASYLUM.—Second Assistant Medical Officer; unmarried. Salary, £125, with board, apartments, and washing. Applications to the Medical Superintendent by November 30th.

OXFORD EYE HOSPITAL.—House-Surgeon. Honorarium £50 on completion of a year's residence, with board and lodgings. Applications to the Honorary Secretary, 29, Banbury Road, Oxford, by November 30th.

OXFORD: RADCLIFFE INFIRMARY.—Surgeon. Applications to the Secretary by November 25th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Three members of the Court of Examiners. Must be Fellows of the College. Applications to the Secretary by December 6th.

ROYAL FREE HOSPITAL. Gray's Inn Road, W.C.—Assistant Physician, must be F. or M.E.C.P.Lond. Applications to the Secretary by December 16th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST. City Road, E.C.—Assistant Physician; must be F. or M.E.C.P.Lond. Applications to the Secretary by December 5th.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL. King William Street, W.C.—Clinical Assistants. Applications to the Secretary by November 25th.

SALOP COUNTY COUNCIL.—County Medical Officer of Health. Salary, £750 per annum. Applications to the Clerk, Shirehall, Shrewsbury, by December 27th.

SHREWFIELD JESOPH HOSPITAL FOR WOMEN.—House-Surgeon; unmarried. Salary, £50 per annum, with board, lodgings, and washing. Applications to Dr. Martin, Old Market Place, Shrewsbury, by November 18th.

TAUNTON AND SOMERSET HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £200 per annum, with board, washing, and lodgings. Applications to the Hon. Sec., Bank Buildings, Taunton, by November 25th.

THE BOAT HOSPITAL. Golden Square, W.—Junior Resident Medical Officer. Appointment for six months, but renewable. Salary, £50 per annum. Applications to the Secretary by December 10th.

WESTON-SUPER-MARE HOSPITAL AND DISPENSARY.—Medical Officer to the Provident Dispensary. Salary, £200 per annum, with board, lodgings, and washing. Applications to the Hon. Secretary by November 28th.

WORCESTER GENERAL INFIRMARY.—House-Surgeon. Salary, £100 per annum, with board and residence. Applications to the Secretary, Worcester Chambers, Pierpoint Street, Worcester, by November 25th.

MEDICAL APPOINTMENTS.

BAKER, John, M.B., C.M.Aberd. appointed Deputy Superintendent, State Criminal Lunatic Asylum, Broadmoor, vice John B. Isaac, M.D.R.U.I., resigned.

BROCKBANK, Edward Mansfield, M.D., Vict., M.R.C.P.Lond. appointed Honorary Physician to the Ancoats Hospital, Manchester.

EMERY, W. d'Este, M.D., B.Sc.Lond., M.R.C.S., L.R.C.P. appointed Assistant Surgeon to the Birmingham and Midland Skin and Urinary Hospital.

FORWARD, E. L., M.R.C.S. Eng., L.R.C.P.Lond. appointed Assistant Medical Officer to the Copice Asylum, Nottingham.

MONTGOMERY, W. P., M.A., B.S. & M.B.Lond., F.R.O.S. appointed Honorary Surgeon to the Ancoats Hospital, Manchester.

PARSONS, C. T., M.D.Lond. appointed Medical Superintendent to the Fulham Infirmary.

RICHARDSON, I. B., M.R.C.S., L.R.C.P.Lond. appointed Assistant House-Physician for the General Hospital, Birmingham.

SAVAGE, Smallwood, M.A., M.B., B.A.Oxon., F.R.C.S. Eng. appointed Honorary Surgeon to the Birmingham Lying-in Charity.

SCHOLEFIELD, G. E., M.D., D.P.H. reappointed Medical Officer of Health to the West Lancashire Council.

SQUIRE, M. F., M.B.Durh., and B.S. appointed Medical Superintendent of the Workhouse of the Parish of Paddington, vice T. E. Hillier, M.B.

WESTMACOTT, F. H., F.R.C.S. appointed Honorary Aural Surgeon to the Manchester Children's Hospital, Pendlebury.

WILDE, Leonard, M.D. reappointed Medical Officer of Health to the Bedfordshire County Council.

YOUNG, David J., M.B., Ch.B.Glasg. appointed Casualty Surgeon of the St. Rollox Division of Police, Glasgow.

DIARY FOR NEXT WEEK.

MONDAY.

Central London Throat, Nose, and Ear Hospital. Gray's Inn Road, W.C., 3 p.m.—Mr. Wyatt Wingrave: The Normal Anatomy of the Nasal Cavities.

TUESDAY.

Chelsea Clinical Society. Trinity Parish Hall, Pavillion Road, Sloane Square, S.W., 8.30 P.M.—Paper by Mr. R. Atkinson Smith: The Use of Baths in Skin Diseases.

Medical Graduates' College and Polyclinic. 22, Chenies Street, W.C., 4 P.M.—Consultation (Medical), Sir William H. Broadbent.

National Hospital for the Paralysed and Epileptic. Queen Square, W.C., 8.30 P.M.—Dr. Buzzard: Selected cases.

West End Hospital for Diseases of the Nervous System. 73, Welbeck Street, W., 4 P.M.—Dr. Harry Campbell: Cases of Muscular Rigidity, Tonic and Clonic.

London Throat Hospital. 204, Great Portland Street, W., 4.30 P.M.—Dr. Woakes: Necrosing Ethmoiditis.

WEDNESDAY.

Hospital for Consumption. Brompton, 4 P.M.—Dr. Habershon: Cases Illustrating the Causes of Cardiac Hypertrophy.

Medical Graduates' College and Polyclinic. 22, Chenies Street, W.C., 3 P.M.—Clinical Bacteriology (King's College).

lege Class, Demonstration I. Dr. J. C. Nash.

Dermatological Society of Great Britain and Ireland. 20, Hanover Square, W., 5 P.M.—Informal exhibition of cases at 4.30 P.M.

THURSDAY.

Central London Throat, Nose, and Ear Hospital. 5, p.m.—Dr. Dundas Grant: Treatment of Inflammatory and Specific Affections of the Nose.

Hospital for Sick Children. Great Ormond Street, W.C., 4 P.M.—Mr. Collier: The Treatment of Club Foot.

Charlton Cross Hospital. Post-Graduate Course, 4 P.M.—Dr. Willcocks: Medical cases.

FRIDAY.

Clinical Society of London. 8.30 P.M.—Mr. Howard Marsh: A Case of Senile Tuberculosis. Mr. Arthur E. Barker: A Case of Excision of the Cervix for Carcinoma of the Ileocecal Valve and Obstruction. Dr. Charles W. Chapman: A Case of Obstruction of the Inferior Vena Cava, probably Syphilitic (with Patient).

Medical Graduates' College and Polyclinic. 22, Chenies Street, W.C., 4 P.M.—Consultation (Ear and Throat), Dr. Dundas Grant.

Central London Throat, Nose, and Ear Hospital. 4.30 P.M.—Mr. Wakatti: Diseases of the Accessory Sinuses.

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.

BIRTH.

DOWN.—On November 6th, at 14, Mount Edgecombe Terrace, Stoke, Devonport, the wife of Elgar Down, M.R.C.S., of a daughter.

MARRIAGES.

MUSGROVE—ROGERS.—On November 11th, at the Parish Church, Pangbourne (Berks), by the Rev. G. S. Lee, Rector of Henniworth, Lincoln (uncle of the bride), assisted by the Rev. Canon Miles, Vicar of the Parish, Charles D. Musgrove, M.D., Penarth, S. Wales, to Ethel Francis, eldest daughter of J. Price Rogers, Croxide, Pangbourne.

REVIE—MARSHALL.—On November 8th, at Wellesley Square Free Church, Calcutta, by the Rev. David Reid, B.D., assisted by the Rev. W. B. White, B.A., sylhet, the Rev. Dugald Revie, M.B., C.M., of the Free Church of Scotland Mission, Wardha, C.P., India, to Louisa, second surviving daughter of the late Thomas Torrance Marshall, Edinburgh. (By cable.)

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. *CHELSEA 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. 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 OPHTHALMIC. Attendances*.—M. Tu. Th. F. 2. *Operations*.—W. 10. *NEW HOSPITAL FOR WOMEN. Attendances*.—Daily, 2; Ophthalmic, W. S. 9.30. *Operations*.—Tu. F. 9. *NORTH-WEST LONDON. Attendances*.—Medical, daily, exc. S., 2; S. 10; Surgical, daily, exc. W. 2; W. 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Th. 2.30. *ROYAL EYE, 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 OPHTHALMIC. 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; (Ophthalmic), Tu. F. 2; Abdominal Section for Ovarian Tumour, F. 2. *ST. GEORGE'S. Attendances*.—Medical and Surgical, daily, i.p. 1; o.p. 12; Obstetric, I.p. Tu. 1.45; o.p. M. Th. 2.30; Eye, Tu. S. 1.30; Ear, Th. 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, 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. 3; Skin, M. Th. 9; Dental, W. S. 9; Electro-Therapeutics, M. Th. 2.30; Children's, Medical, o.p. Th. 2; Mental Diseases, o.p. Th. 10; Dental, Tu. F. 10. *Operations*.—M. W. Th. S. 2; Tu. F. 3.30; (Ophthalmic), Th. 2; (Gynaecological), Th. 2. *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; (Gynaecological), Th. 2. *SAMARITAN FREE FOR WOMEN AND CHILDREN. Attendances*.—Daily, 1.30. *Operations*.—Gynaecological, M., 2; W., 2.30. *THROAT, Golden Square. Attendances*.—Daily, 1.30; Tu. F. 6.30. *Operations*.—Daily, exc. M. 10. *UNIVERSITY COLLEGE. Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. F. 1.30; Eye, M. W. 1.30; Ear, M. Th. 9; Skin, Tu. F. 2; Throat, M. Th. 9; Dental, Tu. F. 9.30. *Operations*.—Tu. W. Th. 2. *WEST LONDON. Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F. 9.30; Eye, Tu. Th. 2; Ear, Tu. 2; Orthopaedic, 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, 2. *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. F. 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, 22, 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, 22, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—o 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 *Atiology, 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. G. NASH (Bedford) wishes to know the latest opinions as to what disease in the cow will produce scarlet fever in human beings.

L. asks for names of cottage hospitals charging maintenance and professional fees to patients of means admitted for accidents.

X. Y. Z. asks for advice in the treatment of a male child, aged 3 months, who suffers from obstinate constipation. His bowels have never acted naturally, and an enema is required daily. All the usual remedies have been tried.

MOUNTAIN SICKNESS.

N. O. asks: Is bleeding from the ears a symptom of mountain sickness? *** Yes. See Paul Bert, La Pression Barométrique, p. 344.*

LEAD POISONING.

VERITAS asks to be referred to information on lead poisoning as affecting enamel workers.

*** Our correspondent should consult the Report of the White Lead Commission, published by Messrs. Eyre and Spottiswoode.*

CLUB RATES.

INQUIRER asks our advice as to the acceptance of a lodge. He is asked to quote terms for three classes of members: (1) Adult males, ages 16 to 30; (2) adult females, 18 to 45; (3) juvenile males and females, ages 5 to 18.

*** Our correspondent should only accept healthy male adults after proper medical examination, and at a rate not under 1s. a quarter. Female and juvenile members, if accepted at all, should be at a distinctly higher rate.*

TEXTBOOK ON CHEMISTRY.

STUDENT writes: What is the best book on practical chemistry for a pass in Intermed. M.B. Univ. Lond.?

*** A little book by Dr. Samuel Rideal, published by H. K. Lewis, contains all that is required for the analytical part of the Practical Chemistry Examination for the Intermediate M.B. Pass (London). The organic preparations must be made under the direction of a competent teacher, though several of the textbooks on organic chemistry (for example, Remsen) give brief directions for making a few preparations.*

INSURANCE FEES.

H. W. I. writes: 1. What is one's proper course under the following circumstances? I was asked to examine two lives for insurance. The fees stated on the examination form are 10s. 6d. for all cases under £500, and £1 is above and including £500. One of these lives has been declined after my examination, and the company's agent has handed me a cheque paying the full fee for the accepted case, and one-half fee for the declined case. Am I justified in accepting the half fee, and thereby encouraging a system that seems to put a premium on carelessness or inadequate examination? Might I also ask: 2. If there are many companies that adopt this practice? ought they to be encouraged by the profession?

*** (1) Our correspondent is justified in refusing to accept the half fee. It is quite contrary to the principles of life assurance to allow the amount of the fee to depend upon whether the life is accepted or declined. (2) We doubt whether any good company would sanction such a practice. Our correspondent should write to the London manager and point out the drawbacks to the practice.*

ANSWERS.

VASOGEN should communicate with the Dean of the Medical School of which he proposes to become a student.

COLONIAL.—The question has been again and again discussed in previous issues of the BRITISH MEDICAL JOURNAL, to which we would refer our correspondent.

ZEPHYR.—Hilton's *Rest and Pain*, 5th edition, 1892, is published by Messrs. Bell and Sons, York Street, London, W.C., price 9s.; and South's *Memorials of the Craft of Surgery*, 1856, by Messrs. Cassell and Co., price 21s.

DR. McCONNELL.—We know of no monograph on gonorrhœa and its complications recently published in this country. Information relating to the affection and its complications will be found in recent works on general surgery, as, for instance, Rose and Carless, and Treves (*A System of Surgery*, vol. i). If a special treatise is needed we would recommend *Genito-Urinary Surgery*, by White and Martin (Lippincott Company). Bumstead's work on the *Pathology and Treatment of Diseases of the Urinary Organs*, though much older, will be found very useful.

REMOVAL OF LEAD FROM WATER BY FILTRATION.

D.M.—We have referred our correspondent's question to Professor Sims Woodhead, who writes: If the filter is required merely for the purpose of removing lead, probably the best form to use is one of Barstow's stone filters, or a filter to be obtained from Mr. S. Dawson, Westgate, Huddersfield, which is also said to act efficaciously in removing lead from water.

MEDICAL APPOINTMENTS TO CLUBS.

PERPLEX wishes to modify the statement of facts recently submitted to us. He writes that "a contribution of so much a week is retained from each employee of a company at the company's office, and handed to a medical man who was appointed by a majority five years ago. Any employee can at any time refuse to allow his contribution to be de-