

splints, etc., by exercises and massage, manipulations, and were then supplied with retentive apparatus to enable them to walk with their feet in good position.

One case of extreme palsy of the shoulder was benefited by an apparatus that enabled him to fix that joint in various positions and so better avail himself of those muscles of the forearm that remained active.

In only 12 feet was any open operation thought necessary. Tendon transplantation or tenoplasty was performed 8 times and arthrodesis 5 times. Details of these operations are given below.

#### CASES OF TENOPLASTY AND ARTHRODESIS.

CASE I.—H. W., aged 14, was admitted to the National Orthopaedic Hospital on November 1st, 1897. He was attacked by infantile paralysis when 8 months old, the right leg being affected. No further details of history obtained. The right lower limb was 2 inches shorter than the left, and he has talipes calcaneo-valgus of the right foot, and the whole limb was smaller than its fellow. The hamstrings and ilio-psoas acted well. The right quadriceps was rather weak. Below the knee only the peronei longus and brevis and perhaps the extensor minimi digiti were capable of voluntary action. Nicoladoni's operation was performed. An incision was made along the posterior border of the fibula for some 3 inches, curving inwards below across the tendo Achillis about  $\frac{1}{2}$  inch above its insertion. The flap was turned up and the two peronei tendons exposed. They were then divided subcutaneously below the ankle, and their ends pulled up into the wound. The tendo Achillis was then divided, and its lower end split transversely. The foot being held in a position of equinovarus and the peroneus longus tendon well drawn down, the peronei were laid between the flaps of the tendo Achillis and securely sutured with kangaroo tendon. In February, 1898, this patient was recorded as having good voluntary extension power. When seen about a year later, however, he had lost ground somewhat, probably owing to neglect of exercises. Still he was much improved.

CASE II.—Bessie B., aged 6, was admitted on March 28th, 1898. She was attacked with infantile paralysis when two years old. She went to bed well, and was found to be paralysed in both lower limbs in the morning. She recovered power in the right limb in the course of two or three months, but the left remained badly palsied. It is  $\frac{1}{2}$  in. short. She has now talipes calcaneo-valgus of the left foot. There was no voluntary power over the flexors of the toes or the extensors, except some power in the extensor proprius pollicis. The tibialis anticus and the peroneus longus acted well. There was very feeble voluntary action of the muscles forming the tendo Achillis. There was no knee-jerk on the left side. A similar operation to that in Case I was performed. In the spring of this year this patient was seen. The operation had been almost too successful. There was no calcaneus deformity, but the foot was somewhat inverted owing to the action of the tibialis anticus. There was good extension power.

CASE III.—Ethel S., aged 16, was admitted on May 24th, 1898. The paralysis was believed to have come on between 2 and 3 years of age. There was talipes calcaneus of the left foot and very slight valgus, the leg being 1 inch shorter than the right. The short flexors of the toes and peroneus were the only active muscles below the knee. Nicoladoni's operation was performed with catgut sutures and the wound suppurated. The result in 1900 was found to be good. Since then the use of catgut in these cases has been discontinued.

CASE IV.—Francis C., aged 7, admitted September 4th, 1899, for paralysis of both limbs dating from 1 year and 10 months previously. The right leg showed a flail-like foot, all muscles except extensor communis digitorum being paralysed. The left foot showed talipes calcaneo-valgus with paralysis of the tibials and tendo Achillis. Nicoladoni's operation was done with silk sutures. Arthrodesis was performed on the right side.

CASE V.—Harold W., 5 years. Admitted October 12th, 1899. Dropping of the left foot was noticed suddenly when 2 years old. On admission there was talipes varus of left foot, with  $\frac{1}{2}$  inch shortening. Palsy of the extensors of the toes and peronei; operation. The distal end of the peroneus longus was inserted into the tendo Achillis, and the extensor communis digitorum into the tibialis anticus.

CASE VI.—Ruth S., aged 15, was admitted in 1900, with right talipes equino-valgus, and  $\frac{1}{2}$  inch of shortening. Nothing had been noticed until the patient began to walk. There was palsy of the flexors of the toes and tibialis posticus. The peronei were inserted into the palsied tibialis posticus.

CASE VII.—Alice P., aged 14, was admitted in 1900 for talipes equino-valgus of right foot with  $\frac{1}{2}$  inch of shortening. She had had a sudden attack at 2 years of age, ascribed to "teething," and accompanied by pain and uselessness. Paralysis of the tibials and weakness of the flexors of the toes was found. The operation was the same as in Case VI.

CASE VIII.—William C. B., aged 22, was admitted in July, 1900. The paralysis came on gradually when 3 years old. There was left talipes valgus, and  $\frac{1}{2}$  inches of shortening. There was paralysis of the anterior and posterior tibials, and weakness of the extensors of the four outer toes. Some feeble voluntary power over the gastrocnemius and soleus muscles was present. The knee-jerks were absent on both sides. Nicoladoni's operation was performed.

In 4 cases arthrodesis of the ankle was performed, and in one of these the knee was also stiffened. Case VIII was only operated upon a fortnight ago and nothing can be said as to results. The other cases were all benefited and the results may be described as encouraging, although it is, in many cases, difficult to say how much of the improvement is due to the removal of the deforming muscle and how much to the newly-constituted muscle or muscles, also in the cases of calcaneus a good deal of the improved plantar flexion movement is due to the flexors of the toes when these muscles

were not palsied. The cases were all first treated by the correction of all contractions as far as possible, and all were sent out of hospital with instruments to support the joint.

Mr. NOBLE SMITH made some remarks upon the transplantation of tendons, and urged the necessity of removing any deformity resulting from permanent contraction of muscles before endeavouring to improve movement by transferring the action of one muscle or set of muscles. He referred to a case in which he had operated with good effect. As regarded the examination of paralysed or partially paralysed muscles, he referred to his experiments of section of the tendons of such muscles as proving that these operations had a beneficial influence in restoring any power which remained. These experiments also showed that the so-called reaction of degeneration did not prove that the muscles giving such reaction were absolutely paralysed.

Mr. JACKSON CLARKE said that the recent advances in the surgery of tendons had been well introduced by Mr. Little. In his own practice tendon-elongation by plastic operation had almost entirely replaced simple tenotomy. With regard to tendon transplantation he had had very good results with Nicoladoni's operation, which might now be regarded as firmly established in surgery. With regard to the extension of tendon transplantation to other paralytic conditions, it was advisable to make haste slowly. Thus when it was a question of transplantation of flexors to act as extensors he thought it was questionable whether the patient would be really better off than he would be with a simple correction of deformity.

Mr. MUIRHEAD LITTLE, in reply, said that certainly all contractions should be corrected before going further in a plastic operation. He agreed that instruments were necessary after operation until the muscles had adapted themselves to their new work. He had not had much experience of the operation for lengthening the tendo Achillis, but he had seen one case in which it had been made too long. He had operated to change the abductors into adductors.

## MEMORANDA:

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

#### APATHY FOLLOWING USE OF THYROIDIN.

The following case will perhaps be of interest as showing some of the effects following the administration of thyroidin, the symptoms being altogether different from those given in textbooks and my previous experience with this drug:

M. H., aged 16 years, a bright, healthy-looking girl, consulted me on account of a slight goitre; one other member of the family, also a girl, had previously suffered in the same way, but the tumour rapidly cleared under the thyroidin treatment. I gave the patient tablets of thyroidin, 5 gr. each, three to be taken daily, one after each meal, making a dose of 15 gr. in the twenty-four hours. She continued taking them for about three weeks, when her mother stopped them on account of the unusual symptoms set up. These were as follows:

*Objective* (as described by the mother): She was in a sleepy condition; the least exertion induced copious perspiration; fickle memory, forgetting what she was told to do, and when sent on an errand she forgot when in the shop what she had gone for; when out for a walk in the park she went to sleep on the first seat available, was always heavy and drowsy, sleeping over her meals; in her sleep she would start up and cry out. The bowels were normal and the appetite good, but she ate only because she was told to do so. She would do any kind of housework when requested. Though usually fond of reading, she complained that it made her head ache; sight and hearing were normal; she complained of frontal headache, and was glad to go to bed whenever her parents would let her. Up to last April she was a pupil teacher, and has passed her candidates' examination for her first year. She walked very slowly, turning her feet in. It was noticed that she had quite a quantity of mucus, which she parted with easily without coughing.

*Subjective Symptoms* (explained by the patient): She felt listless, had no interest in anything, did her work automatically. She usually led an active life, but at this time she did not care who did her work; felt great difficulty in rousing herself and getting up; did not realise what she was eating, nor that she was eating at all; noticed herself that she dragged and turned in her left foot; perspired on the least exertion, noticed her face was flushed and drawn.

I have mentioned in detail the symptoms as told to me, because both mother and daughter are very intelligent.

Darwen.

F. G. HAWORTH, M.B., C.M.

#### ANTISTREPTOCOCCUS SERUM IN A CASE OF PUERPERAL SEPTICÆMIA.

As the value of antistreptococcus serum in the treatment of puerperal fever is a question still to a certain extent *sub judice*, I think the following case may be worth recording:

Mrs. A., a healthy, plucky, young primipara was delivered at 6 A.M. on June 7th by forceps, through an imperfectly dilated os, after an exhausting labour of twenty-eight hours' duration. There was considerable hæmorrhage, but the uterus eventually contracted fairly well, and she was more comfortable in the evening, though still a good deal exhausted. The pulse kept high—132—and remained very rapid, though of fairly good quality, until the twelfth day. The temperature steadily rose, reaching 100.8° on the second day, 102.8° on the third, 103.2° on the fourth, 103.6° on the fifth, and 104.2° on the sixth, after which it ranged slightly lower on the seventh, eighth, and ninth, though there was no day on which it did not reach 103° at some time of the day or night. There never was any distinct rigor. There was no attempt at secretion of milk, and scarcely any lochial discharge. Vaginal douching was, however, kept up, and on three occasions the uterine cavity was washed out. Abdominal distension began on the third day, and was a source of some distress, but was kept under by free action of the bowels, which was maintained by medicine with a view to promote elimination and keep up peristalsis. Sweating also began about the same time, and was very profuse, leading to a copious eruption of sudamina. On the ninth day she began to wander a little on first waking from sleep, but she kept her head wonderfully, and there never was any actual delirium. On the tenth day temperature was at 103.6° all the morning, but dropped rapidly to 99.2° in the early part of the night, and, though it rose again to 103.6° on the morning of the eleventh day, there was certainly a slight improvement in the symptoms on those days. The temperature fell again to 100.6° in the evening. In the middle of the night, however, it rose to 105.2°, and remained there some hours, in spite of severe sweating, ice-cap, and sponging. By 9 A.M. the next day—the twelfth—it had fallen to 103.4°, but rose slightly to 104° by midday. Her pulse was 130, of bad quality. Up to this time her respirations had not, except on one occasion, corresponded in frequency to the pulse, her aspect had generally been good, and often even bright, and her appetite and digestion good, notwithstanding the high fever, but this morning she lay rather in a stupor, with flushed cheeks and respiration 24 to 28, and was evidently not so well.

In view of this and of the pyæmic type which the temperature seemed to be assuming, I decided to try the serum, and about midday I injected 20 c.cm. of a specimen prepared on February 12th by the Jenner Institute. Her temperature fell steadily all day, and was 100° at 9 P.M., when I injected another 10 c.cm. of date June 12th. The purging continued much as usual, the sweating was more moderate, and she felt more comfortable. Next morning (thirteenth day) I again injected 10 c.cm. of the recent serum. Her temperature never rose again, but declined rapidly to 97.6° by the evening of that day. It touched normal for a few hours on the next, the fourteenth, day, and then remained about 98° for several days, again reaching normal on the twentieth day. The symptoms meanwhile were subsiding. The pulse fell below 100, the respiration returned to 16-18, the sweating moderated into a gentle perspiration; the bowels continued to act two or three times a day. A slight discharge appeared for a few days, the sudamina disappeared, but there was an itching papular rash allied to urticaria, apparently starting from one of the punctures, which inflamed a little on the nineteenth and

twentieth days. She was got out of bed for the first time on the twenty-sixth day, and is now practically convalescent, though still weak.

I can scarcely doubt that the serum saved her life. The case, though not perhaps one of the very worst type, was of a sufficiently formidable character, and could not be classed as *sapremia*. The severe constitutional struggle which she had successfully carried on for twelve days could hardly have been maintained much longer; indeed, there seemed evident signs that another and worse stage was being entered on. Elimination certainly continued, but up to the time of the injection there was nothing to suggest that it was getting the better of the processes which generated the poison. From the moment, however, of the first injection steady improvement set in, as if by magic, and carried her in two or three days into a condition of comparative safety. My only regret is that I did not resort to it earlier.

Kilburn, N.W.

T. MORTON, M.D.

#### ANOPHELES IN ST. LUCIA.

THE experience of Mr. C. V. Ladds, M.R.C.V.S.,<sup>1</sup> in his search for *Anopheles* in Hong Kong, is almost an exact counterpart of my own experience in the same direction in St. Lucia.

I sent several collections of mosquitos to the British Museum, but could never find any specimens of *Anopheles* until I read the accounts of Major Ross's expedition to Sierra Leone in the BRITISH MEDICAL JOURNAL. There I at once recognised in the description of a typical *Anopheles* pool several pools with which I was acquainted in St. Lucia. I went to the nearest of these armed with a small tin dish about 3 inches in diameter, a teaspoon, and a few wide-mouthed bottles. I was rewarded by finding in the first dish of water scooped up three very active greenish larvæ, which lay flat upon the surface of the water and moved about by jerks. In other respects they were not unlike the larvæ of *Culex*. I met with the same success in several other pools. In some apparently typical pools in which I did not find these larvæ I found larvæ of dragon flies or other insects which would be likely to prey upon mosquito larvæ.

Two days later the larvæ became pupæ, hardly distinguishable from the pupæ of *Culex*, and two days afterwards the perfect insects emerged. They were mosquitos, unlike others I had seen, with spotted wings and long palpi in both sexes, and the proboscis formed a straight line with the body, while the proboscis and body together formed an angle with the surface upon which the insect rested, instead of the body lying parallel with it, as is the case with *Culex*.

It is evident that the *Anopheles* found in this colony do not deposit their eggs upon the surface of the water, as many species of *Culex* do, but on the grass or ground near the pool, to be washed into it by the next heavy rain.

I first found the larvæ on a Monday. On that day I found larvæ only in that particular pool, although I examined it carefully. On the following Friday I visited the same pool, and found only pupæ. The next Monday I examined that pool once more, and found a few empty pupa skins, but neither larvæ nor pupæ. During this time there had been no rain. The following week there were several heavy showers, and I was able to find both larvæ and pupæ in the same pool on several occasions.

The larvæ that I took from the pool on the first Monday and the pupæ that I took on the Friday became adult mosquitos on the same Friday. The larvæ of *Anopheles* are not entirely vegetable feeders, for I have on more than one occasion seen them feasting on the dead bodies of drowned mosquitos.

Mr. C. V. Creagh, C.M.G., states<sup>2</sup> "that many species of mosquitos (if not all of them) refuse to feed on human blood for some days (about six or generally eight) after emerging from the larva." This is not true of the *Anopheles* found in St. Lucia, for one sucked blood from my finger less than six hours after the transformation was complete.

I have found kerosene to be the best larvicide that I have used so far. It has one advantage over Jeyes' fluid in that it is found in every house—even the poorest. I would suggest that, in addition to putting kerosene or Jeyes' fluid in the

<sup>1</sup> BRITISH MEDICAL JOURNAL, May 12th, 1900, p. 1186.

<sup>2</sup> BRITISH MEDICAL JOURNAL, April 29th, 1899, p. 1062.

pools where mosquitos breed, the grass surrounding them (where it can be done without danger) be burned, so as to destroy any ova that may have been deposited there.

ST. GEO. GRAY, M.B., B.Ch.(Univ. Dub.),  
Castries, St. Lucia. Colonial Assistant Surgeon.

## REPORTS

ON

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

STATIONARY HOSPITAL (No. 2), EAST LONDON,  
CAPE COLONY.

NOTES ON TWO CASES OF EXOPHTHALMIC GOITRE APPEARING  
SUDDENLY IN MEN WHO HAVE BEEN IN ACTION.

(By W. H. HARLAND, M.R.C.S., L.R.C.P., Civil Surgeon.)

#### CASE I.

*History.*—Private W., aged 29, North Staffordshire Regiment, was admitted into hospital on April 4th suffering from enlargement of the thyroid gland, weakness, and nervousness. He was present at the battle of Elandslaagte, and received a scalp wound, on the left side, which was not severe, and healed up rapidly a few days after it was inflicted.

*Anamnesis.*—He was an anæmic, nervous-looking man, complaining of weakness and nervousness, and enlargement of the thyroid gland. There was a cicatrix of an oblique wound about 2 inches long over the left parietal bone. The thyroid gland was uniformly enlarged and pulsated visibly, the pulsation being expansile. The patient was continually swallowing, and stated that "he felt as if the lump in his throat were going to choke him." The eyeballs were prominent, ocular tension was increased, and the conjunctivæ were anæmic. The pupils were equal, and Von Graefe's sign was well marked. The pulse was 115, irregular and of low tension; the cardiac impulse forcible, and the heart's action rapid and irregular. A soft-blowing systolic murmur was audible at the apex; there was no increase of the cardiac dulness. There were marked tremors in the upper limbs, and the tongue was very tremulous.

#### CASE II.

*History.*—Private R., aged 30, Railway Pioneers, was admitted into hospital on April 24th convalescent from dysentery of three weeks' duration. The stools were normal on admission. Two days after admission he noticed a swelling in his neck, which throbbed at night, caused difficulty in swallowing, and a tickling sensation in his throat, leading to cough. Two days previous to that—that is, on the day of admission, he complained of a slight aching pain in the eyeballs, of "fluttering" and dull aching pain in the heart and palpitation. Previous to his attack of dysentery he had been in several skirmishes near Jacobsdal and Modder River, and he had previously seen a good deal of fighting in Cuba, as a volunteer, during the Spanish-American war, but had never been wounded.

*Anamnesis.*—The thyroid gland was enlarged, especially the right lobe; the whole gland pulsated visibly, the pulsation being expansile. A systolic murmur was heard over the gland. The patient occasionally gave a slight cough, due, he stated, to a "tickling in the throat." The eyeballs were prominent, the ocular tension increased, and the conjunctivæ injected. The pupils were equal, and Von Graefe's sign was well marked. The pulse was 120, of low tension, and regular. The cardiac dulness was slightly increased downwards and to the left. The cardiac sounds were rapid and accentuated, but no murmur was audible. No tremors were present. The patient stated that his mother suffered from goitre, which was removed by operation.

#### REMARKS.

Both cases were under treatment in this hospital for about a fortnight, their condition remaining about the same as on admission, except Private W., whose nervous condition improved upon administration of iron combined with potassium. Both cases were transferred—one to Wynberg, and the other to England.

These cases are interesting from an etiological point of view, both illustrating forcibly the possible nervous origin of the disease, both cases occurring in men who had been exposed to severe nervous excitement. Private R., although he has been in action several times, states that he always felt cool and composed, although there was the greatest noise and excitement around him. In his case, also, an interesting factor is the pre-existence of goitre in his mother. Several cases have been observed and recorded in which a hereditary tendency to thyroid disturbance has been transmitted from mother to son. Private W., on the contrary, stated that he always felt very excited and nervous whilst he was in action, and the shock caused by the slight scalp wound, occurring at such a time of extreme nervous excitement, was most probably the cause of the commencement of the disease in his case.

#### KASHMIR MISSION HOSPITAL.

A CASE OF RENAL CALCULUS: NEPHROLITHOTOMY.

(Under the care of Dr. ERNEST F. NEVE.)

R. U., male, aged 30, was admitted June 25th, 1897. He had pain in both loins, sometimes acute and paroxysmal; the urine was acid and contained a trace of pus and blood, but no crystals. No calculus in bladder. The patient looked ill.

He was kept under observation and treatment for three weeks; no improvement. There was some doubt whether both kidneys might not be affected. There was some tenderness on deep pressure on both sides; rather more distinct on left.

On July 15th, 1897, I made a 5-inch incision parallel with and  $\frac{3}{4}$  inch below the left last rib ending at a point  $2\frac{1}{2}$  inches external to the spine. The operation was difficult and tedious. The kidney was high, its lower border corresponding with the edge of the rib. Grasping the organ and bringing it down, I could feel a stone in the substance. Removing this through a small incision, it proved to be of pyramidal shape with four angles; the weight was 24 grs. The base measured a little over  $\frac{1}{2}$  inch.

Convalescence was protracted. The wound did not heal by first intention. About a fortnight after the operation the urine suddenly became very scanty and there was pain in the right loin. I thought at the time that possibly a calculus was passing down the right ureter. The symptoms subsided. No bladder trouble was noted until the end of August, when there was some difficulty in micturition.

As this continued, on October 21st, 1897, I injected 1 gr. of cocaine in 2 ounces of boracic lotion, and, passing a lithotrite, caught a small stone  $\frac{1}{4}$  inch in diameter, crushed and evacuated; the weight, 15 gr; it had a nucleus of oxalate, with phosphatic coating.

The patient was dismissed on November 12th, 1897. There was still a sinus in left lumbar region. He returned on June 12th, 1900, with a stone in the prostatic urethra. As this could not be dislodged, Mr. A. Neve cut down and removed it. The patient was finally dismissed on June 30th cured.

He is now free of pain and can walk ten miles. There is, however, a distinct bulging of the colon at the site of the old lumbar incision.

AN ISOLATION HOSPITAL FOR TRING.—According to the *Daily Telegraph*, Lady Rothschild has offered to contribute £300 towards the provision of an isolation hospital at Tring, where the Urban District Council are applying to the Local Government Board for sanction to the borrowing of £3,000 for the purpose. Her ladyship also promised to furnish the building throughout when it is erected. The offer has been gratefully accepted.

The Princess of Wales recently paid a visit to The Gables private military hospital at Surbiton, which is maintained by Mr. Alfred Cooper, F.R.C.S., as an adjunct to Her Royal Highness's hospital ship *Princess of Wales*. The Princess was shown round the wards by Mr. and Mrs. Alfred Cooper, and the medical and surgical staff were presented to Her Royal Highness. The Princess had prepared and brought with her a present for each of the men, 21 in number. On each memento was engraved the name of the recipient and the battle in which he was wounded. Her Royal Highness personally presented each gift.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

## THE FUNCTIONS OF NURSES.

MEMBER, B.M.A.—Our correspondent describes the state of things in a small provincial hospital where there is no house-surgeon, and the matron sews up cut heads, etc. As a member of the governing body he wishes to know whether this is not unqualified practice, and whether the General Medical Council is likely to censure the staff for covering? It is very undesirable that nurses should be employed in such work, but we do not think the General Medical Council is likely to take action against the members of the staff.

REMUNERATION OF *LOCUM TENENTES* AND SALE OF PRACTICES.

EXCEPTION has been taken by a correspondent to the accuracy of certain answers in our columns *re* Remuneration of *Locum Tenentes* and the Sale of Practices. It is said that the minimum at the present time is 4 guineas a week, and that it is very commonly 5 guineas, and that travelling expenses are always paid in addition. It is further stated that on the sale of a practice during the introduction of the successor expenses and receipts are always shared equally, in the absence of an agreement to the contrary. With regard to the remuneration of *locum tenentes*, the scale is liable to so much variation that it is almost impossible to fix it with any accuracy. Our estimate may have been a little too low, but at the same time it is possible that our correspondent's estimate may be too high. As to the sale of practices we are advised that at law the custom our correspondent contends for is unsound, and that in all sales of practices, where the receipts and expenses are shared during the introduction of the successor, this should be specially stipulated in the contract of sale.

## PRACTITIONERS AND PATIENTS.

AGGRIEVED.—As A. had never attended Mrs. C. he had no reasonable cause to regard himself as her doctor, nor can we see that he has any right to complain of any of the parties to whose actions he draws our attention.

PUBLIC HEALTH  
AND  
POOR-LAW MEDICAL SERVICES.

## HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 7,074 births and 4,346 deaths were registered during the week ending Saturday last, August 18th. The annual rate of mortality in these towns, which had been 20.5 and 20.3 per 1,000 in the two preceding weeks, further declined to 19.5 last week. The rates in these several towns ranged from 12.7 in Bristol, 13.0 in Huddersfield, 13.8 in Burnley, and 14.0 in Cardiff, to 23.6 in Salford, 23.9 in Sheffield, 24.2 in Manchester, and 25.0 in Norwich and in Liverpool. In the thirty-two provincial towns the mean death-rate was 19.6 per 1,000, and exceeded by 0.2 the rate recorded in London, which was 19.4 per 1,000. The zymotic death-rate in the thirty-three towns averaged 4.8 per 1,000; in London this death-rate was equal to 4.4 per 1,000, while it averaged 5.0 in the thirty-two provincial towns, among which the highest zymotic death-rates were 7.9 in Hull, 8.3 in West Ham, 8.8 in Leicester, and 9.0 in Sheffield. Measles caused a death-rate of 1.0 in Swansea and 1.7 in Brighton; whooping-cough of 1.0 in West Ham and in Derby, and 1.1 in Nottingham; "fever" of 1.0 in Swansea and in Halifax, and 1.1 in Portsmouth; and diarrhoea of 5.7 in Salford, 5.8 in West Ham, 6.7 in Leicester, 6.8 in Sheffield, and 7.2 in Hull. The mortality from scarlet fever showed no marked excess in any of the large towns. The 59 deaths from diphtheria in the thirty-three towns included 17 in London, 8 in Leicester, 7 in Leeds, and 6 in Sheffield. No fatal case of small-pox was registered last week, either in London or in any of the thirty-two provincial towns, and only 3 small-pox patients were under treatment in the Metropolitan Asylum Hospitals on Saturday last, August 18th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 1,827 and 1,838 at the end of the two preceding weeks, had further declined to 1,793 on Saturday last; 157 new cases were admitted during the week, against 207, 156, and 151 in the three preceding weeks.

IN thirty-three of the largest English towns, including London, 6,832 births and 4,404 deaths were registered during the week ending Saturday last, August 25th. The annual rate of mortality in these towns, which had declined from 20.5 to 19.5 per 1,000 in the three preceding weeks, rose again to 19.8. The rates ranged from 11.3 in Cardiff, 11.4 in Swansea, 13.2 in Bradford, and 13.5 in Croydon to 25.9 in Sheffield, 28.5 in Wolverhampton, 28.6 in Plymouth, and 30.7 in Preston. In the thirty-two provincial towns the mean death-rate was 20.1 per 1,000, or 0.9 more than the rate recorded in London, which was 19.2 per 1,000. The zymotic death-rate in the thirty-three towns averaged 5.3 per 1,000; in London this death-rate was equal to 4.7 per 1,000, while it averaged 5.7 in the thirty-two provincial towns, among which the highest zymotic death-rates were 9.6 in Preston, 10.5 in Wolverhampton, and 10.7 in Plymouth and in Hull. Measles caused a death-rate of 1.3 in Brighton and 1.4 in Oldham; whooping-cough of 1.1 in Nottingham and 1.9 in Derby; "fever" of 1.1 in Portsmouth; and diarrhoea 8.3 in Preston, 8.7 in Wolverhampton, 10.2 in Plymouth, and 10.5 in Hull. The mortality from scarlet fever showed no marked excess in any of the large towns. The 50 deaths from diphtheria in the thirty-three towns included 14 in London, 7 in Leicester, 7 in Leeds, 7 in Sheffield, and 3 in Salford. No fatal case of small-pox was registered last week either in London or in any of the thirty-two large provincial towns; and only 1 small-pox patient was under treatment on Saturday last, August 25th, in the Metropolitan Asylum Hospitals. The number of scarlet fever patients in these hospitals and in the London Fever Hos-

pital, which had been 1,827, 1,838, and 1,793 at the end of the three preceding weeks, fell again to 1,726 on Saturday last; 140 new cases were admitted during the week, against 156, 155, and 157 in the three preceding weeks.

## HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, August 18th, 948 births and 523 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 19.0 to 17.0 per 1,000 in the four preceding weeks, further fell to 16.9 last week, and was 2.6 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 13.7 in Dundee and 13.9 in Leith, to 19.1 in Glasgow and 21.0 in Perth. The zymotic death-rate in these towns averaged 3.5 per 1,000, the highest rates being recorded in Glasgow and Paisley. The 273 deaths registered in Glasgow included 13 from measles, 4 from scarlet fever, 13 from whooping-cough, 5 from "fever," and 31 from diarrhoea. Two fatal cases of measles, 3 of diphtheria, and 6 of diarrhoea were recorded in Edinburgh; seven deaths from diarrhoea occurred in Dundee; and 2 from diphtheria, 2 from whooping-cough, and 5 from diarrhoea in Aberdeen.

During the week ending Saturday last, August 25th, 909 births and 554 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.0 and 16.9 in the two preceding weeks, rose again to 17.9 last week, and was 1.9 per 1,000 less than the mean-rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 11.8 in Perth and 16.6 in Leith to 23.3 in Paisley and 24.9 in Greenock. The zymotic death-rate in these towns averaged 3.3 per 1,000, the highest rates being recorded in Paisley and Greenock. The 251 deaths registered in Glasgow included 4 from measles, 3 from scarlet fever, 3 from diphtheria, 15 from whooping-cough, 4 from "fever," and 17 from diarrhoea. Four deaths from diarrhoea and 4 from measles were recorded in Edinburgh; 3 deaths from whooping-cough and 4 from diarrhoea occurred in Dundee, and 2 deaths from diphtheria, 4 from whooping-cough, and 7 from diarrhoea in Greenock. Diarrhoea caused 7 deaths in Paisley and 6 in Aberdeen.

## MEDICAL NEWS.

MEDICAL MAGISTRATE.—Dr. Walter M. Hamilton, of Patricroft, Lancashire, has been appointed a magistrate for Eccles.

MANCHESTER CHILDREN'S HOSPITAL.—At the last monthly meeting of the Board of Governors of this hospital, the Honorary Treasurer reported that £3,000 had been received from the residuary legatees of the will of the late Mr. John Harling, and £1,000 from Messrs. Yates for the endowment of a cot in memory of their father, the late Mr. William Yates, Castleton (formerly of Swinton).

PRIZES AT THE PARIS EXHIBITION.—Messrs. Down Brothers have been awarded the Grand Prix in Class 16, Medicine and Surgery, Paris Exhibition, for their exhibit of surgical instruments and aseptic hospital furniture. The jury was an international one, composed entirely of foreigners, including several foreign medical men. Messrs. Armour and Co. have been awarded a gold medal for their display of extract of beef, vigoral, pepsin, and pharmaceutical products.

## MEDICAL VACANCIES.

The following vacancies are announced:

- BATH: ROYAL UNITED HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by September 3rd.
- BERKSHIRE ASYLUM, Wallingford.—Second Assistant Medical Officer, unmarried and not more than 30 years of age. Salary, £120, rising to £150 per annum, with board, furnished apartments, attendance, and allowances. Applications to the Medical Superintendent.
- BIRMINGHAM GENERAL DISPENSARY.—Resident Surgeon, unmarried. Salary, £150 per annum, with £30 allowance for cab hire and furnished rooms, etc. Applications to the Secretary by September 24th.
- BOURNEMOUTH: BOSCOMBE HOSPITAL.—House-Surgeon. Salary, £60 per annum, with board, lodging, and washing. Applications to the Secretary by September 3rd.
- BOURNEMOUTH ROYAL VICTORIA HOSPITAL.—House-Surgeon. Salary, £80 per annum, with board. Applications to the Chairman of the Committee by September 6th.
- BRISTOL ROYAL INFIRMARY.—Honorary Ophthalmic Surgeon. Applications to the Secretary by September 10th.
- BUXTON: DEVONSHIRE HOSPITAL.—Assistant House-Surgeon. Salary, £50 per annum, with furnished apartments, board, and washing. Applications, endorsed "Assistant House-Surgeon," to the Secretary.
- CARDIFF: UNIVERSITY COLLEGE.—(1) Demonstrator and Assistant Lecturer in Anatomy; (2) Demonstrator and Assistant Lecturer in Physiology. Salary in each case £120. Applications to the Secretary by September 8th.
- CARLISLE DISPENSARY.—House-Surgeon. Salary, £150 per annum, with apartments. Applications to the Honorary Secretary, Mr. G. A. Lightfoot, 23, Lowther Street, Carlisle.
- CHESTER GENERAL INFIRMARY.—Second Resident Medical Officer. Salary, £80 per annum, with residence and maintenance in the house. Applications to the Chairman of the Board of Management, 29, Eastgate Row, Chester.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Resident Medical Officer. Salary, £100 per annum, with board, etc. Applications to the Secretary by September 8th.
- CITY OF LONDON LYING-IN HOSPITAL, City Road, E.C.—District Surgeons. Applications to the Secretary by September 18th.
- CROYDON UNION.—Medical Officer for the No. 9 District. Salary, £90 per annum, with usual extra fees. Applications on forms provided to the Clerk to the Guardians, Union Office, Mayday Road, Thornton Heath, by September 7th.
- DOUGLAS, ISLE OF MAN: NOBLE'S GENERAL HOSPITAL AND DISPENSARY.—Resident House-Surgeon, unmarried. Salary, £72 per annum, with board and washing. Applications to the Honorary Secretary, 25 Athol Street, Douglas, by September 7th.

**EAST LONDON HOSPITAL FOR CHILDREN**, Shadwell, E.—(1) House-Surgeon. Honorarium of £25 at end of six months, with board, residence, etc. (2) Resident Medical Officer. Salary, £80 per annum, with board, residence, and washing. (3) Medical Officer for casualty department. Appointment for six months. Salary, £100 per annum, with luncheon. Applications in each case to the Secretary by September 15th.

**EAST SUSSEX COUNTY ASYLUM**, Hayward's Heath.—Second Assistant Medical Officer and Pathologist, unmarried. Salary, £175 per annum, with board, lodging, and washing. Applications to the Medical Superintendent by September 25th.

**GLASGOW UNIVERSITY**.—Professor of Clinical Medicine. Salary about £112 and share in fees. Applications to the Secretary of the Glasgow University Court, 91, West Regent Street, Glasgow, by September 12th.

**GREAT NORTHERN CENTRAL HOSPITAL**, Holloway Road, N.—(1) Anaesthetist. Honorarium, 10 guineas per annum. (2) Junior House-Surgeon. Appointment for six months. Salary at the rate of £30 per annum, with board, lodging, and washing. Applications to the Secretary by September 10th and 17th respectively.

**HAMPSTEAD HOSPITAL**, N.W.—Resident Medical Officer. Salary at the rate of £120 per annum, with rooms, coals, and gas. Applications to the Honorary Secretary by September 10th.

**ISLE OF WIGHT ASYLUM**.—Locum Tenens for a month or more. Salary, 3 guineas a week and travelling allowance. Applications to the Medical Superintendent.

**LANCASTER COUNTY ASYLUM**.—Assistant Medical Officer. Salary commencing at £125 per annum, with usual allowances. Applications to the Medical Superintendent.

**LEITH HOSPITAL**.—(1) House-Physician; (2) Assistant House-Physician; (3) Assistant House-Surgeon; (4) Surgeon in Outdoor Department. Applications to Mr. G. V. Mann, Secretary, 33, Bernard Street, Leith, by September 15th.

**LONDON TUBERCULAR HOSPITAL**, 204, Great Portland Street, W.—Non-resident House-Surgeon. Appointment for six months. Honorarium at the rate of £25 per annum. Applications to the Secretary of the Medical Committee by September 21st.

**MAOLESFIELD GENERAL INFIRMARY**.—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications to the Chairman of the House Committee.

**MANCHESTER CANCER PAVILION AND HOME**.—Surgical Officer. Applications to Mr. E. W. Marshall, 38, Barton Arcade, Manchester, by September 2nd.

**MANCHESTER CHILDREN'S HOSPITAL**.—Junior Resident Medical Officer; unmarried. Appointment for six months, but eligible for re-election as Senior. Salary at the rate of £80 per annum as Junior and £100 as Senior, with board and lodging. Applications to the Secretary, Dispensary, Galside Street, Manchester, by September 12th.

**METROPOLITAN HOSPITAL**, Kingsland Road, N.E.—(1) House-Physician. Salary, £40 per annum. (2) House-Surgeon. Salary, £40 per annum. (3) Assistant House-Physician. Salary, £25 per annum. (4) Assistant House-Surgeon. Salary, £25 per annum. Appointment for six months. Applications to the Secretary by September 15th.

**NORTH SHIELDS AND TYNEMOUTH DISPENSARY**.—House-Surgeon and Dispenser. Salary, £150 per annum, with an allowance of £20 towards house, etc. Applications to the Honorary Secretary, 99, Howard Street, North Shields, by September 21st.

**NORTH-WEST LONDON HOSPITAL**, Kentish Town Road, N.W.—Assistant Resident Medical Officer. Salary at the rate of £50 per annum, with board, residence, and washing. Junior Officer, eligible for election to senior post when vacant. Applications to the Secretary by September 4th.

**NOTTINGHAM GENERAL DISPENSARY**.—(1) Resident Surgeon. Salary, £200 per annum. (2) Assistant Resident Surgeon. Salary, £140 per annum, with all found except board in both cases. Applications to the Secretary.

**PRESTON ROYAL INFIRMARY**.—Assistant House-Surgeon. Salary, £80 per annum, with board, lodging, washing, etc. Applications to the Secretary, 5, Winckley Square, Preston, by September 5th.

**ROCHDALE INFIRMARY**.—Resident Medical Officer; unmarried. Salary, £100 per annum, with board, residence, and washing. Applications to the Honorary Secretary by September 18th.

**ROTTERHAM HOSPITAL**.—Senior House-Surgeon. Salary, £105, all found. Candidates should have ophthalmic experience. Applications to Mr. E. S. Bayliss, Moorgate, Rotherham.

**RYDE: ROYAL ISLE OF WIGHT COUNTY HOSPITAL**.—Resident House-Surgeon. Salary, £50 and fee of £10 10s. for lectures to nurses. Applications to the Secretary.

**ST. GEORGE THE MARTYR**, Southwark.—Lady Sanitary Officer and Health Inspector, not less than 25 years of age. Salary to commence at £110 per annum, rising to £150. Applications (on forms provided), endorsed "Lady Sanitary Officer and Health Inspector," to the Secretary, 10, York Buildings, S.E., by September 10th.

**ST. PETER'S HOSPITAL FOR STONE**, Etc., Henrietta Street, W.C.—House-Surgeon. Appointment for six months, but eligible for re-election. Salary at the rate of £100 per annum, with board, lodging, and washing. Applications to the Secretary by September 12th.

**STOCKPORT INFIRMARY**.—Junior Assistant House-Surgeon. Appointment for six months. Salary, £40 per annum, with board, washing, and residence. Applications to the Secretary by September 4th.

**STOKE-UPON-TRENT UNION**.—Resident Medical Officer of the Workhouse. Salary, £130 per annum, rising to £175, with board, washing, and furnished apartments. Applications to the Clerk of the Guardians, Union Offices, Stoke-upon-Trent, by September 10th.

**TOTTENHAM HOSPITAL**.—House-Surgeon. Salary, £50 per annum, with board, residence, and laundry. Applications to the Chairman of the Joint Committee, The Green, Tottenham, by September 10th.

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

**WEST LONDON HOSPITAL**, Hammersmith Road, W.—(1) House-Physician. (2) House-Surgeon. Appointment for six months. Board and lodging provided. Applications to the Secretary Superintendent by September 26th.

**WEST RIDING ASYLUM**, Wadley, near Sheffield.—Temporary Fifth Assistant Medical Officer for six months. Salary at the rate of £140 per annum, with apartments, board, and attendance. Applications to the Medical Superintendent by September 13th.

### MEDICAL APPOINTMENTS.

**ADDISON, E. A.**, M.B.C.S., L.R.C.P.Lond., appointed Medical Officer of the Workhouse and Coddanham District of the Bosmere and Claydon Union, vice M. T. Kelly, M.B., resigned.

**ADYE, W. J. A.**, M.B.C.S.Eng., appointed Medical Officer of Health for the Bradford-on-Avon Urban and Rural Districts, vice J. A. M. Thomson, L.R.C.P., L.R.C.S.I., resigned.

**BATHURST, Lancelot**, M.R.C.S., L.R.C.P.Lond., appointed Certifying Factory Surgeon for the Urban District of Elmstree and the Civil Parishes of Elmstree Rural, Welshampton, Cockshutt, and Hordley in Elmstree Rural District.

**BLAND, M.**, M.D.Glasg., appointed Medical Officer for the Guisborough District of the Guisborough Union, vice J. Merryweather, M.B.C.S.Eng.

**BURNET, Robert**, M.B., Ch.B., B.Sc., appointed House-Surgeon to the Chorley Dispensary and Cottage Hospital.

**CALDWELL, M.**, L.R.C.P., L.R.C.S.Eng., appointed Medical Officer for the Brocton District of the Guisborough Union, vice F. W. D. McGachen, L.F.P.S.Glasg., M.B.C.Eng., resigned.

**CLARK, Dr. J.**, appointed Medical Officer for the Osmotherley District of the North-alerton Union, vice A. Bourne, L.M.C.P., L.R.C.S.Eng.

**CLARK, R. D.**, M.B., appointed Assistant Medical Officer to the Mill Road Infirmary of the West Derby Union, vice F. S. Pitt-Taylor, M.B., Ch.B.Vict., resigned.

**CONNOLLY, T. J.**, M.B., appointed Medical Officer for the Kinvara District of the Gort Union, vice C. J. Nally, L.R.C.P., L.R.C.S.I., resigned.

**BATON, O.**, M.B.C.S., L.R.C.P.Lond., appointed Medical Officer of Health to the Exmouth Urban District, vice A. Kempe, M.D.Brux., M.M.C.P.Edin., M.R.C.S.Eng., resigned.

**FERGUSON, James Hugh**, F.R.C.S.I., D.P.H., appointed Medical Superintendent Officer of Health for the County Borough of Londonderry.

**GRAY, James**, M.B., C.M.Edin., appointed Medical Officer for the Middle Dispensary District of the Dundee Royal Infirmary.

**GREENWOOD, Alfred**, M.D., Ch.B., L.R.C.P., L.R.C.S., D.P.H., appointed Medical Officer of Health for the Borough of Crawley, and Medical Superintendent to the Crewe Isolation Hospital, vice Meredith Young, M.D., resigned.

**HANLEY, T. F.**, L.R.C.P., L.R.C.S.Eng., appointed Medical Officer and Public Vaccinator for the Gillingham District of the Shaftesbury Union, vice T. Wood, L.R.C.P.Lond., L.R.C.S.I., resigned.

**HAYWARD, W. Curling**, M.B., B.S.Durh., M.R.C.S., (L.R.C.P.), appointed Resident Medical Officer to the Kasr-el-Ainy Hospital, Cairo.

**INGRAM, A. G.**, M.B.Aberd., appointed Certifying Factory Surgeon for the Helensburgh District.

**JONES, John Harris**, M.B., C.M.Glasg., appointed Certifying Factory Surgeon for the Maesteg District of Glamorganshire.

**KENDALL, W. B.**, L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Officer for the Kingswear District of the Totnes Union, vice R. W. Soper, M.M.C.S.Eng.

**KENNEDY, W.**, M.B.Lond., D.P.H.Camb., appointed Medical Officer for the Beaconsfield District of the Amersham Union, vice F. Johnson, L.M.C.P.I., M.R.C.S.Eng.

**KING, A.**, M.B., C.M.Edin., appointed Medical Officer of Health for the Watford Urban District, vice M. B. C. C. Camb.

**LITTLE, B. M.**, F.R.C.S.Eng., D.P.H.Vict., appointed Certifying Factory Surgeon for the Borough of Southport, Birkdale Urban District and the Civil Parishes of Ainsdale and North Meets in Ormskirk Rural District.

**MCCOY, W. J.**, M.R.C.S., L.R.C.P.Lond., appointed Second Assistant Medical Officer to the Poplar and Stepney Sick Asylum District, vice R. E. Sutter, M.D.Aberd.

**McKEITH, John**, M.B., C.M.Glasg., appointed Medical Officer to the Exeter Postal Staff, vice M. B. C. C. Camb.

**MACKENZIE, D. J.**, M.D.Aberd., reappointed Medical Officer of Health for the Borough of Glossop.

**MANSON, E. H.**, L.R.C.P., L.R.C.S.Eng., appointed Medical Officer of Health for the Darlington District of the Darlington Union, vice E. T. Manson, L.R.C.P.Edin., M.R.C.S.Eng.

**PANTING, John**, M.D.Camb., M.R.C.S.Eng., appointed Certifying Factory Surgeon for the Watford District of Northampton.

**RAMSDEN, H. M.D.Lond.**, appointed Medical Officer of Health for the Saddleworth Urban District, vice W. H. F. Ramsden, L.R.C.P.Edin., M.R.C.S.Eng.

**RHYS, W. L.**, L.R.C.P.Lond., M.R.C.S.Eng., appointed Certifying Factory Surgeon for the Urban Districts of Aberdare and Mountain Ash.

**ROBINSON, W. H.**, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer of Health for the Presall-with-Hackinsall Urban District.

**SPOOPER, C. A.**, L.R.C.P., L.R.C.S.Eng., appointed Assistant Medical Officer of the Mile End F. Infirmary, Workhouse, and Schools, vice H. Herbert, resigned.

**SUMPTER, E. W.**, M.B., B.S.Durh., appointed Medical Officer for the Cley District of the Erpingham Union, vice W. Sumpter, M.D.St.And., resigned.

**SUTHERLAND, Dr. E. A.**, appointed Honorary Physician to the City Orthopaedic Hospital.

**THORNEY, J.**, L.R.C.P., L.R.C.S.Eng., appointed Medical Officer for the Skelton District of the Guisborough Union, vice S. Merryweather, L.R.C.P., L.R.C.S.Eng., resigned.

**TODD, Charles**, M.D., D.P.H.Camb., appointed Assistant Bacteriologist to the Antitoxin Department of the Jenner Institute of Preventive Medicine at Sudbury, Harrow.

**WAGSTAFF, J. P.**, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the No. 6 District of the Romford Union, vice A. M. Oakley, L.R.C.P., L.R.C.S.Eng., resigned.

**WATTS, E. C.**, M.D.Edin., appointed Medical Officer for the Guisborough Union Workhouse, vice J. Merryweather, M.R.C.S.Eng.

**WILLIAMS, W. E. E.**, M.B., Ch.B.Edin., appointed Assistant Medical Officer to the West Derby Urban Infirmary, vice J. Hay, M.B., Ch.B.Vict., resigned.

**WINGRAVE, Wyatt, M.D.**, appointed Physician to the Central London Throat and Ear Hospital.

**WYNNE, W.**, M.B., C.M.Edin., appointed Medical Officer of Health for the Eye Rural District, vice E. W. Skinner, M.D.Edin., resigned.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**West London Post-Graduate** mersmith Road, W., 5 P.M.—Dr. Course, West London Hospital, Ham- Ball: Throat and Nose Cases.

#### TUESDAY.

**Medical Graduates' College and** 4 P.M.—Dr. Ewart: Consultation. Polyclinic, 22, Chancery Street, W.C., (Skin.)

#### WEDNESDAY.

**Medical Graduates' College and** 4 P.M.—Mr. James Berry: Consultation. Polyclinic, 22, Chancery Street, W.C., (Medical.)

#### THURSDAY.

**West London Post-Graduate Medical Graduates' College and** Polyclinic, 22, Chancery Street, W.C. Course, West London Hospital, Ham- 5 P.M.—Mr. J. Hutchinson: Consultation. mersmith Road, W., 5 P.M.—Mr. Baldwin: The Treatment of Fractured Jaw. (Surgical.)

#### FRIDAY.

**Medical Graduates' College and** 4 P.M.—Mr. J. Griffith: Consultation. Polyclinic, 22, Chancery Street, W.C., (Eye.)

### 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.

#### MARRIAGES.

**FARNCOMBE-BINNAN**.—On August 23rd, at Harborne Parish Church, by the Rev. W. J. Price, M.A., Vicar and Rural Dean, assisted by the Rev. H. Jenson, Vicar of St. Peter's, West Bromwich, cousin of the bridegroom, William Turberville Farncombe, M.D., second son of Richard Farncombe, M.K.C.S., Balgrave Road, Birmingham, to Miss Maud Binnan, eldest daughter of Albert Edwin Bayliss, Belmont, Harborne. At home Bishopstone, Harborne, September 19th, 20th, and 21st. No cards.

**JAFFERSON-JONES**.—On August 28th, at St. Mark's, Hamilton Terrace, N.W., by the Rev. Wm. Taylor Jones, M.A., and the Rev. Edward Taylor Jones, George Cordy Jafferson, M.B.C.S., L.R.C.P., L.S.A., eldest son of George Edwards Jafferson, M.B.C.S.A., to Florence Alice Muriel, youngest daughter of the late Dr. George Ours, of Framingham.



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.*—1 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; Accoucheur, 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 Orthopaedic.* *Attendances.*—o.p., M. Tu. Th. F., 2. *Operations.*—M., 4.  
**EAST LONDON HOSPITAL FOR CHILDREN.** *Operations.*—M. Tu. 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., 2.30. *Operations.*—M. W. Th. F., 2.  
**GUY'S.** *Attendances.*—Medical, 1 p., M. Tu. Th. F., 1.30; o.p., M. W. Th. F., 12; Surgical, 1 p., daily, 1.30; o.p., M. W. Th. F., 12; Obstetric, 1 p., M. Tu. Th. F., 1.30; o.p., Th. S., 12; Eye, 1 p., M. Tu. Th. F., 1.30; o.p., M. Tu. F., 12; o.p., Ear, Tu. Th., 12; Skin, Tu. Th., 12; Throat, F., 12; Dental, daily, 9.30. *Operations.*—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.  
**HOSPITAL FOR WOMEN, SOHO.** *Attendances.*—O.p., M., 9; Tu. W., 12; Th., 9; F. S., 12. *Operations.*—M. Th., 2; Th. S., 9.30.  
**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., 9. *Operations.*—W. Th. F., 2.  
**LONDON.** *Attendances.*—Medical, daily, 1 p., 2; o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, M. Tu. Th. F., 9. *Operations.*—Daily, 2.  
**LONDON TEMPERANCE.** *Attendances.*—Medical, 1 p., M., 2.30; Tu. F., 3.30; Th. 2.0; O.p., M. Tu. W. F., 1; Surgical, 1 p., M., 2; Th., 3; O.p., M. Th., 1.30. *Operations.*—Th., 4.  
**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, M., 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 ORTHOPAEDIC.** *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; Th., 2.  
**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. S., 3; Tu. F., 9; W., 2.30; Th., 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., 9.30; Throat, Nose, and Ear, W., 9.30. *Operations.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.  
**ROYAL LONDON OPHTHALMIC.** *Attendances.*—Daily, 9. *Operations.*—Daily, 10.  
**ROYAL ORTHOPAEDIC.** *Attendances.*—Daily, 2. *Operations.*—O.p., M., 2; 1 p., Tu. Th., 2.30.  
**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. Th. F., 2; o.p., M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu. Th., 2; Throat, Tu. Th., 2; Orthopaedic, Tu., 1.30; Dental, Tu. F., 9; Electrical, M. Tu. Th. F., 1.30. *Operations.*—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, W., 2.  
**ST. GEORGE'S.** *Attendances.*—Medical and Surgical, daily, 1 p., 1; o.p., 12; Obstetric, 1 p., Tu. F., 1.45; o.p., M. Tu. 2.30; Eye, W. S., 1.30; Ear, M., 2; Skin, W., 2.45; Throat, F., 2; Dental, M. Tu. F., S., 9. *Operations.*—Daily, 1. (Ophthalmic, W., 1; Dental, Th., 3.  
**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., 9; Skin, M. Th., 9; Dental, W. S., 9; Electro-Therapeutics, W. S., 10; Children's Medical, M. Th., 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), 3; S., 4. *Operations.*—W., 5.  
**ST. THOMAS'S.** *Attendances.*—1 p., 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, W., 10.30; Electro-Therapeutics, Th., 2; Mental Diseases, Th., 10; Dental, Tu. F., 10; X-Rays, Tu. F., 2; Vaccination, W., 11.30. *Operations.*—Daily, 2; (Ophthalmic), Th., 2; (Gynaecological), Th., 2; (Throat), M., 9.30; (Ear), Th., 9.30.  
**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., 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, M. Th., 2; Ear, Tu. F., 2; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electric, M. Th., 3.15; Skin, Tu. F., 2; Throat and Nose, Tu. F., 2; S., 10. *Operations.*—Daily, about 2.30; F., 10.  
**WESTMINSTER.** *Attendances.*—Medical and Surgical, daily, 2; Obstetric, M. Tu. F., 2; Eye, Tu. F., 9.30; Ear, Tu., 2; Skin, W., 2; 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, 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.

CRISTA GALLI asks for the formula of "Dr. Watson's mixture" for summer diarrhoea.

CLIMATE would be glad to know of a place in Italy, Germany, or France where a gentleman could live quietly in lodgings at about 30s. a week. As the gentleman is rheumatic the climate should be warm and dry.

NORTHERNER asks if any reader can tell him (1) of a book on museum specimen preserving; (2) of an account describing the "formalin method"; (3) of a cement for glass jars which will resist glycerine solutions.

"MARRIED," whose wife has early pulmonary tuberculosis, and whom he wishes to take for a long sea voyage, would like to know if there are any sailing ships to the Colonies, of which he could obtain medical charge, and be allowed to take his wife.

HYPERICUM would be obliged by information on the following: He has been asked whether, in the event of marriage, a woman with the following history would have any chance of having a child. She is 51 years of age, unmarried, and has never had a child. For the last two years she has menstruated occasionally at long intervals. She menstruated last September, next in March, and last in June. Hypericum has answered that, taking into consideration her age and her menstrual history, it is impossible that she could have a child. Is he right?

\*\* It is not impossible that the woman under the circumstances described should have a child; but it is in the highest degree improbable.

## ANSWERS.

"KOUMISS" can be obtained from Mr. Martindale, 10, New Cavendish Street, W.; and doubtless from most pharmaceutical chemists.

E.—We are advised that in the circumstances described half a guinea would be a moderate charge if the attendance was extended over some time; and one guinea, all told, if for a single visit.

ACCURACY.—The text of Miss Kingsley's letter was taken from the *Times*, where the passage appears exactly as printed in the BRITISH MEDICAL JOURNAL. We think it probable, however, that, as our correspondent suggests, Miss Kingsley wrote "on the mend," not "on the mud."

A.B. might refer to the section on Diseases of the Penis in the first volume of Bangs and Hardaway's *Genito-Urinary and Skin Diseases*. Also to the work on *Impotence, Sterility, and Allied Disorders* by the late Dr. S. W. Gross, of Philadelphia.

SURGEON.—Our correspondent hardly gives us sufficient information for a definite reply to his questions. In the case of a tenant-farmer with a moderate farm, £5 5s. would be as much as he could pay. If he farms on a larger scale, there should be a proportionate increase in the fee. In the case of the servant-girl, we think (with the same reservations as above stated) that £3 3s. would be a proper fee.

THE following books may be recommended for the Preliminary Scientific Examination of the University of London: *Analytical Chemistry*, by A. J. Bernays (London: J. and A. Churchill, 1889, 4s. 6d.); *Manual of Chemistry*, by W. A. Tilden (London: J. and A. Churchill, 1897, 10s.); *Practical Organic Chemistry*, by S. Rideal (London: H. K. Lewis, 1889, 2s. 6d.); *Organic Chemistry*, by I. Remsen (London: Macmillan and Company, 1893, 6s. 6d.); *Textbook of Physics*, by A. Daniell (London: Macmillan and Company, 1895, 21s.); *Textbook of Sound*, by E. Catchpool (London: Clive and Company, 1894, 3s. 6d.); *Louison's Botany* (London: Clive and Company, 6s. 6d.); *Natural Philosophy*, by A. P. Deschanel; *Wells and Davies's Zoology* (London: Clive and Company, 6s. 6d.); *Structural Botany*, by D. H. Scott, 2 parts (London: A. and C. Black, 1894-6, 3s. 6d. each).

CYCLOPS.—The following books may be recommended for the Primary Examination for the Fellowship of the Royal College of Surgeons of England: *Quain's Anatomy* (tenth edition (London: Longmans, Green, and Co.); *Cunningham's or Ellis's Manual of Dissections* (London: Smith, Elder, and Co., 1876); *Stewart's Textbook of Physiology* (London: Baillière, Tindall, and Cox, 1895, 15s.); *Foster's Textbook of Physiology* (London: Macmillan and Co., 1898); *Stirling's Manual of Physiology* (London: C. Griffin and Co., 1895, 9s.); *Wiedersheim's Structure of Man* (London: Macmillan and Co., 1895, 8s.); and *Flower's Osteology of the Mammalia* (the chapters referring to man only). It is advisable to go through a practical course of physiology and also of anatomy if these subjects have not been done recently. Our correspondent would, we fear, find it difficult to prepare for the examination without giving up his practice for some months, but we are not prepared to say that it could not be done otherwise. When Napoleon was told that something was "impossible," he replied "Ne me dites jamais cette bête de mot." But certainly it would be a big undertaking to attempt to take the F.R.C.S. Eng. while in active practice.

## HOME FOR INEBRIATE WORKING WOMAN.

OUR correspondent would probably obtain what he requires on communicating with the Matron, The Grove, Fallowfield, near Manchester.

## THE INEBRIATE ACTS

L.H.—Under the Inebriate Acts retreats may be kept for the voluntary use of habitual drunkards. In addition inebriate reformatories may be established for criminal inebriates. Persons who are habitual drunkards when convicted of crimes to which drunkenness has been contributory and those who have been merely convicted of drunkenness four times within twelve months may be detained in such a reformatory for a period not longer than three years.