the camphor was administered died away without forming scabs or even any visible scales.

To sum up, the two points upon which I wish to lay stress are:
1. The distribution showing that the disease was of sympathetic origin.
2. The effect of camphor. The improvement occurred so suddenly after its administration that I feel very much inclined to attribute the amelioration to its action, and would recommend its trial in herpes.

I am sorry that the illustration is not better. The lady would not consent to be photographed.

MEMORANDA:

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

INTUBATION IN DIPHTHERIA.

In the British Medical Journal of March 23rd Mr. Guest Gornall records a fatal case of diphtheria treated with antitoxin in a girl aged 4 years, in which he says that "the child was already much exhausted by difficulty of respiration when the injection of antitoxin was made, but tracheotomy was refused by the parents." As some time ago I had a somewhat similar experience—minus the fatality, however—it may be of interest to record it here.

On April 15th, 1894, a boy, aged 7 years, who had been under my care for a few days with well-marked diphtheria of the pharynx, presented symptoms of invasion of the larynx by the disease. Early on the morning of April 16th these became so alarming as to clearly indicate the opening of the windpipe, and I suggested this to the child's father, who at once said that he would not allow the patient to be operated on. Thereupon sent for Dr. Hunter Mackenzie, who I knew had had an extensive experience of intubation in children. The father agreed to permit intubation, and this was accordingly performed by Dr. Mackenzie, who during the operation detached thick shreds of membrane from the larynx. For several days the child swam for his life, and it was only on the fifteenth day that the tube was permanently removed.

My object in briefly recording this case is to direct attention to intubation, which seems to me a most valuable auxiliary to the treatment of diphtheria by antitoxin not only in such cases as Mr. Gornall's and my own, where the parents will not consent to tracheotomy, but in all cases in which, at or before the commencement of the treatment by antitoxin, laryngeal obstruction is present.

Edinburgh.


SCARLATINIFORM RASH IN INFLUENZA.

In the British Medical Journal of March 9th, p. 568, Dr. Ashby asked for observations of scarlatiniform eruptions in influenza.

On March 5th I saw a lady, aged 39, who had had influenza, with slight bronchitis, for three days. Some years ago she had an eruption diagnosed as acute eczema by her former medical attendant, and at the beginning of this year I had treated her for muscular rheumatism. When seen her temperature was 101.6°; the bowels had been constipated for three days, but the tongue was clean. There was a slight redness over the upper part of the chest, in front.

At 11 o'clock the same night I was sent for as the patient thought she had "erysipelas." I found the arms and legs and front of the neck almost covered with urtica, and a few plaques over the lower ribs on the right side. There was a thick scarlatiniform rash all over the face, sides and back of neck, chest, and upper part of abdomen; it also covered the lumbar region thickly, but faded away on the shoulders. The temperature was 103°; there was slight congestion of the fauces, but the tongue was clean.

The bowels acted freely and spontaneously in a few hours, and in twelve hours the urtica had almost disappeared without spreading to the trunk. The scarlatiniform rash was also fading, and there was no trace of it on the second day.

No disquamation occurred.

The patient had facial erysipelas, but never remembered a previous attack of urtica. The slight constipation and febrile disturbance of the alimentary tract may explain the appearance of urtica, but the other eruption would seem to be of the class referred to by Dr. Ashby.

The only other case in which I have seen it was in a girl of 20, and I have since examined twenty or thirty cases for this symptom with negative results.

Bristol.

C. W. J. BRASHER, M.R.C.S., L.R.C.P.

RAILWAY SERVANTS' EYESIGHT.

The two following cases may serve as supplementary to those recorded by Mr. Lawford in the British Medical Journal of March 23rd.

CASE I.—A. B., aged 30, a guard on one of the large railways, was recently examined and found to pass the colour vision examination with the proper correction. His eyes were somewhat normal, but he was the subject of red-green colour blindness. He had now been reduced to an inferior position with less pay on account of a defect which ought to have been recognised before he entered the service of the company.

CASE II.—C. D., a signalman in the employ of another of the large railway companies, came complaining of short sight. His distant vision was less than one-tenth (\( \frac{1}{10} \)) of the normal. He was found to have about four dioptre of myopia in each eye. His proper correction of vision was practically normal. He carried in his pocket a pair of spectacles, without which he confessed that he could not send signals, but he was obliged to be cautious in the use of them. He feared that if he had to wear spectacles he would be reduced or discharged. He said that his sight had never been tested by the company, but that recently they had been "getting more particular."

W. TILLINGHAST AFFWOO, Ophthalmic Surgeon to the Torbay Hospital, Torquay.

A CASE OF SEPARATION OF AFTER-COMING HEAD.

At 2 A.M. on March 7th I was called to a collier's wife, who had been in labour at full time just twelve hours. This was her fourth child, and labour being uneventful the midwife sent urgently for my presence. On my examination my finger came in contact with a rough edge of bone along the lower part of the spine, which proved to be a spina bifida. I hooked my finger round the thigh, and on exerting slight traction was astonished to feel that he had to claw the bone away. After getting the body born, the arms gave way as did the thigh. Then I proceeded to get the head, foreseeing a possible separation, and, although only slight traction was made, the vertebrae cracked. I got my finger in the child's mouth to save the neck, and for half an hour I tried with care to get the head: but the neck gave way and the head was left in utero. I then applied forceps; but there was nothing firm for them to hold by and they came off easily. On passing my hand into the vagina, I found the head very large and hydrocephalic.

I asked Dr. Berry, of Wigan, to assist me. We found the neck presenting. We then passed the perforator into the foramen magnum, one holding the uterus firm while the perforator was pushed through the foramen. There was some resistance, and, fearing the head might slip, Dr. Berry held the perforator while I put the forceps on. We had then a good hold of the head, and I was able to push the perforator through the foramen. I then opened it at the same time and turning it round to break up the brain matter. I next withdrew the perforator and, passing the crotchet through the opening, was able to get a good purchase on the rim of the foramen magnum. Then we applied traction, the forceps well backwards and the arm downwards, and after getting away on one side below the brim of the pelvis; the head was then easily born. There was a rush of
6uid and brain matter through the foramen, which reduced
the head, which was “fully twice the normal size.”

The placenta had to be removed, being adherent at the
upper part. For three days after delivery the temperature
rose to 102.5°F. She was bandaged with Condy’s, and had
not all the care one would wish, but she is now doing well
and practically out of danger. Temperature normal.

By the above means of extraction there can be no danger to
the uterus or vagina from the jagged bones, as the delivery is
the same as it would have been if there had been no separation
of the head. With the forceps and crotch there is a double
purchase, and double force can be applied if required, besides
which the head is compressed by the forceps.

Newtown, Pemberton. GRO. WOLSTENHOLME, M.B., C.M.

URIC ACID IN THE EXPECTORATION (LIVER
ABSCESS).

In the interesting paper by Dr. Berkart On the Pathology of the
Gouty Paroxysm, published in the British Medical
Journal of February 2nd, 1890, amongst the morbid transla-
tions in which uric acid has been found no mention is made of
its occurrence in the expectoration following the discharge
of a liver abscess through the lungs, and as I do not
remember seeing this noted elsewhere the following case may
be of interest.

A Scotch police constable was admitted to the General
Hospital, Singapore, on October 12th, 1890, complaining that
for the last ten months he had suffered from general weak-
ness, loss of appetite, and occasional attacks of fever. Two
days after admission he suddenly began to cough and spit up
large quantities of chocolate-coloured purulent matter; an
analysis of this, made by Dr. Bott, the Government analyst,
Straits Settlements, showed the presence, not only of urea,
but of uric acid in small quantity. The urine at that time
was acid, its specific gravity varied from 1018 to 1022, and
the percentage of urea from 1.21 cent. to 1.68 cent. The
diagnosis of the case was confirmed at a subsequent post-
mortem examination.

[This case was afterwards mentioned in a paper contributed
by me to the Straits Medical Association.]

G. D. FREEZ, M.R.C.S., L.R.C.P. Lond.,

REPORTS
ON
MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS
AND ASYLUMS OF GREAT BRITAIN, IRELAND,
AND THE COLONIES.

GUY’S HOSPITAL.

TWO CASES OF TRAUMATIC PNEUMOTHORAX.

(Under the care of Mr. R. Clement Lucas.)

Case I. Pneumothorax without Fractured Rib: Recovery.—W.
J. C., a male child, aged 2 years and 9 months, was admitted
into Guy’s Hospital under the care of Mr. Clement Lucas on
April 7th, 1894. He was brought to the hospital by a police
constable, with the history that he had been run over in the
street.

April 8th. When examined the child showed considerable
respiratory distress, and was blue and cold, but no fractured
ribs could be detected. The breath sounds on the left side of
the chest were exaggerated, the respiration prolonged, and
moist râles were heard both on the back and front of the
chest. The right side, on percussion, was found to be hyper-
resonant, and a marked whistling sound was heard as if air
were blown in and out of a cylinder, whilst normal
breath sounds were absent. A metallic tinkling was also
to be heard on this side. The child always lies on the right
side. The right side does not expand in respiration so readily
as the left, and there appears to be some lateral flattening.
Respiration 50, pulse 120, temperature 99.2°. The child
was placed in a tent with a steam kettle.

April 9th. There is still greater distress in breathing. Respiration 60, and temperature 100.2°. Condition of the chest
similar to what was found yesterday.

April 14th. The child has been gradually improving dur-
ing the last few days. The respiration has fallen to 30 or 40,
and the temperature to 97° or 98°. The child breathes more
freely, and is more cheerful.

April 17th. The right lung has not yet recovered its normal
respiration, but the breath sounds are fairly audible on the
upper part. Rapidity of respiration diminished, and tem-
perature normal.

May 3rd. The right lung has considerably improved, the
breath sounds being now almost as distinct as on the left
side. There is no metallic tinkling or hyper-resonance. Respiration normal. He was discharged convalescent to
day.

Case II.—Extensive Fractures of Ribs; Pneumothorax; Col-
litis; Lung: Death.—W. B., a man, aged 42, was admitted
into Guy’s Hospital, under the care of Mr. Clement Lucas,
on April 10th, 1894. The patient was admitted about 9 P.M.,
having been found in a gateway by a carman, who had
noticed on driving his van in that it had passed over some
obstacle.

The patient was under the influence of alcohol when ad-
mitted, and was bleeding rapidly and groaning. There was
some bleeding from the nose. On examination, extensive
fractures of the ribs were discovered, especially on the left
side, where some were broken in two places. Loud crepitus
could be heard on this side when he breathed. Bronchial
râles were heard all over the chest. On the right side some
tabular breathing was heard, but no metallic tinkling. A
small injection of morphia was given to ease his pain, and the ribs were strapped and bandaged. A steam
kettle was placed near.

April 11th. Patient complains of great pain on the left side,
especially when he coughs. Urine loaded with lithates, specific gravity 1026. He breathes better, and is quiet.

April 12th. Remains about the same. Pulse 108, tempera-
ture 99.2°.

April 13th. Not so well. Pulse 114, respiration 24, tem-
perature 99.4°.

April 14th. Breathing was very bad last night. He has
frequent short cough, which causes great distress and pain
in left side. Pulse 152, respiration 24, temperature 100.2°.
His breathing is carried out with jerks, and he is very
wheezey, owing to the retention of secretions in the bronch-
ial tubes. He is afraid to cough owing to the pain it causes.
There is some mucoid expectoration, but no blood.

April 15th. Patient died at 1 A.M.

At the necropsy the right lung was found compressed and
collapsed from pneumothorax, and the second to the fifth
ribs were fractured. On the left side there was recent
pleurisy, especially at the base, and all the ribs, from the
first to the twelfth, were fractured. The clavicles were not
broken.

Remarks by Mr. Clement Lucas.—The first of these two
cases, in which the symptoms referable to air in the pleural
cavity were clearly marked, is of especial interest, since it is
almost certain that the lung was ruptured by compression,
and not punctured by the fractured extremity of a rib. Of
course it is easy for the sceptical to presume that the rib
injury was overlooked, but such critics are usually of the
kind least fitted by their own observations to form an
opinion. On the other hand, those familiar with the
anatomical characters of the thorax of the child, of its
extreme compressibility and elasticity, will not be slow to
accept the explanation I have suggested—that the lung was
ripped by the rib, but was strong enough to resist the com-
pression to which it was subjected. It might be urged that
the pleura, being an air-tight cavity, and the thorax being sub-
jected to atmospheric pressure equally on its exterior, the
lung would be equally supported on all sides; but observa-
tion on a lung injected with wax will show grooves cor-
responding to all the ribs, and projections corresponding
to the intercostal spaces. It is clear, then, that under
severe distension the lung at one point would be better
supported than at another. The explanation of this form of
pneumothorax is probably as follows: The wheel in passing
over the chest first obstructs the air tube supplying some part
of the lung; then, continuing its pressure onwards, forces
the air in the distended part to rip open the air-tight cavity of
the pleura, and so allow the air to escape into the pleural
cavity.
principle. The card contains no evidence of any such recognition. If it is a private enterprise we would suggest to our correspondent to send full particulars to the Chairman of the Committee of the Council of the British Medical Association, as the subject of anonymous dispensaries is one which this Committee has decided to investigate.

"NOTICE OF REMOVAL."

We regret to notice in a recent issue of the Waterford Standard what appears to be an advertisement under the head "Notice of Removal." This announcement states that a certain doctor may be consulted daily at an address given. Such announcements, whether inserted as adventures or through the complacency of the editor, do not enhance the dignity of the doctor or of the profession to which he belongs.

ATTENDANCE ON THE CLERGY.

BENEFIT OF CLERGY.—We apprehend that our correspondent, who admits that he is likely to realize the rule relating to professional charges to the clergy, must have done so in a perfunctory manner, otherwise he should have experienced no difficulty in asporting the relative fees in the cases of the two clergymen in question. We would refer him to the "Medico-Chirurgical Times" (published by Mr. H. K. Lewis, price 2s.), page 9; and if after a careful perusal thereof he fails to comprehend the specific instructions given, let him again communicate with us on the subject.

THE EMPLOYMENT OF UNQUALIFIED ASSISTANTS.

A. E.—The General Medical Council hold that a registered medical practitioner renders himself liable to the censure of the Council if he employ an unqualified assistant, "either in complete substitution for his own services or under circumstances in which due personal supervision and control are not or cannot be exercised by the said registered practitioner." The full text of the resolution will be found in the BRITISH MEDICAL JOURNAL of December 22nd, 1894, p. 1641.

MEDICAL COLLECTORS IN COLLIERY PRACTICES.

MEMB. R. M. A.—It is to be regretted that our correspondent was induced to enter into such a practice as a sort of a guarantee, but if the facts detailed are correct, he was certainly justified in sending his collector to the address of A., Smith, and W. R. Co., in question. It is always difficult, however, to be quite sure of the action of an agent of this kind, especially where the latter has employed a sub-agent, so that it is possible the aggrieved neighbouring practitioner may have cause for his complaint; at the same time nothing can excurse his alleged use of any false or misleading description. If the facts are correctly reported the action alleged borders dangerously near on "covering," and is specially to be condemned here, as it tends to displace qualified practitioners.

There can be little doubt that it is a bad practice to allow the collecting of the medical contributions of colliery employes to devolve on the doctor. This obviously ought to be done by a responsible official of the colliery, and then such complaints could not occur.

DOORPLATES.

A, who is M.D. and B, who is a surgeon, enter into partnership; would it be in bad taste to have "Drs. A. and B." on the doorplate? Can a L.R.C.S.L., L.M., L.A.B. legally put "physician and surgeon" on his doorplate?

In answer to our correspondent's first question, we may note that such a title on the doorplate would, according to our view, be in bad taste, and might, strictly speaking, be deemed illegal.

To the second query, our reply is that the diploma referred to would not entitle him to the designation "physician and surgeon."
Monday, April 5th.


Twelve gentlemen were referred in both subjects.

### ANDERSON'S COLLEGE MEDICAL SCHOOL

**Appointments.**—The changes in the staff of Anderson's College Medical School have been considerable. The following are the new appointments:

- A. W. G. Robertson, M. G. Bond, D. Dykes, T. Richardson, and C. R. Martin, of Ste. George's Hospital; T. J. Richardson, of St. Thomas's Hospital; A. J. L. Irwin, of St. George's Hospital; J. R. W. R. Peel, of the University of London; R. H. Macfarlane, of the University of Glasgow; T. J. M. T. McFadzean, of the University of Edinburgh; and W. E. W. Milne, of the University of London.

- The first portion of the Third Professional Examination (New Regulations) has been passed by H. G. Henderson.

### MEDICO-PARLIAMENTARY.

**Accommodation for Seamen on Board Ship.**—The President of the Board of Trade stated, in reply to Mr. Haylock Wilson, that the arrangements made for the accommodation of seamen in large vessels had not been such as to prevent them from being over-worked, and that it was intended to expedite the times of the journey so that the seamen might have more time to rest. It was stated that the minimum space for each seaman was fixed at a cabin or compartment, and that the provisions made for the accommodation of seamen on board ships were in accordance with the instructions issued by the Department of the Admiralty.

**Infirmary Visits by Guardians.**—In reply to Mr. Macdonald, who asked a question regarding the infirmary visits of the Guardians, the President stated that the instructions given to the Guardians were that they should visit the infirmary at least once a week, and that the visits should be made in the presence of staff members.

**Factory and Workshops Acts.**—Sir Charles Dilke asked the Secretary of State for the Home Department whether he would issue instructions to inspectors of factories and workshops that a place where manual labour was exercised for the purpose of gain in such processes as those of sorting rats, packing goods, or bottling liquors, was a workshop within the meaning of the Factory and Workshop Acts, 1878, and the Public Health Act, 1876; or whether he would, if necessary, introduce such an amendment to the Factory and Workshop Acts Bill of this session as would provide that such places should be treated as workshops with regard to the subject of these Acts. Mr. Aris said in reply that he had no power to issue the instructions suggested. To extend the term "workshop" so as to include a warehouse not connected with a factory or workshop would place the work carried on in these places, and the duty of visiting them would not be so large as in the present state of the law, and that the consequences of this kind might not properly be made the subject of statutory regulation, but that he thought it would be dealt with, as in the case of shops, there should be an extension of legislation on the subject.
been reduced, and their pay was diminished accordingly. It was not proposed to reduce the pay of officers of corresponding rank in India.

Quarantine.—Sir F. Powell asked the Secretary to the Treasury whether it was the intention of the Government to introduce at an early date a Bill containing provisions made necessary to meet the present time. Mr. Shaw Lefevre, who answered the question, said that a Bill was being prepared upon the subject, and he hoped it would be introduced shortly after Easter.

OBITUARY.

WILLIAM JACKSON CLEAVER, M.B., C.M.Ed.

We regret to have to record the death of Dr. William Jackson Cleaver, of Sheffield, from pneumonia supervening upon influenza, at the early age of 47.

He was born in Liverpool, the third son of a well-known solicitor of that city, and studied medicine at Edinburgh, where he graduated in 1859. Subsequently he visited Paris, and amongst other clinics attended that of Desmarres. He afterwards served as House-Surgeon at the Royal Infirmary, Edinburgh, to the Senior Surgeon. He became thoroughly imbued with the teaching of the senior surgeon and of the other well-known men of that day. He always spoke with pride of his connection with Edinburgh; among the friends made at that period were numbered Dr. Byrom Brommel and Surgeon-General Lawrie.

Returning to his native city he became House-Surgeon to the Liverpool Royal Infirmary, holding the office for two years. In 1874 he went to Sheffield, and joined the late Mr. Marriott Hall, since whose death in 1876 he had been in sole possession of an excellent good-class practice.

Dr. Cleaver was of handsome presence and engaging manners, and it will be in connection with diseases of children that he will be chiefly remembered, for in 1876 he was mainly instrumental in founding the Sheffield Hospital for Children. This institution from the first has had a most successful career. Beginning with only an out-patient department, under Dr. Cleaver's fostering care it developed into a commodious well-appointed hospital with thirty-five beds. He was, moreover, so careful in its origin that, in contrast to what sometimes happens, the appointments from the first were much sought after by medical men. His interest in it throughout has been unflagging, and in this hospital he has an enduring monument to his memory.

A few years since Dr. Cleaver was President of the Sheffield Medico-Chirurgical Society. His education at Edinburgh gave him a distinct bias towards methods of treatment and practice associated with that school. Thus he had a strong preference for the Scottish, and, as his enthusiasm for the former, if properly administered, was well calculated to make those favouring ether pause. He was Surgeon to the School for the Blind, to Wesley College, and was Surgeon-Captain in the Artillery Volunteers. The large attendance at his funeral testified to the regard in which he was held.

JAMES FOULIS DUNCAN, M.D., F.R.C.P.I.,

Dr. James Foulis Duncan died at Dublin on April 2nd, at the age of 83 years. He had long retired from the active practice of his profession, but he was for many years an active and prominent member, and was held in the highest esteem. For many years he was one of the physicians to the Adelaide Hospital, and he had also held the presidency of the King’s and Queen’s College of Physicians. He devoted much of his time to the promotion of religion, and he was known everywhere as one of the most charitable of men.

We record with regret the death, at the early age of 43, of Mr. Harold J. Molyneux, M.R.C.S., L.R.C.P.Ed., of Upholland, Lancashire. Mr. Molyneux, who was born at Upholland, received his early education at Stonyhurst, and entered the Liverpool School of Medicine in 1882. He qualified in 1872, and subsequently succeeded to his father’s practice in his native village. He was medical officer of health to the Billinge district, and held several Poor-law appointments. A little over a year before his death began to suffer from haematemesis, and succumbed eventually to malignant disease of the stomach. Mr. Molyneux was held in high and deserved esteem, and his funeral was attended by a large number of patients and medical friends whose presence testified to the regard and affection in which he was held.

Dr. Moriz Gauster, Director of the Public Lunatic Asylum of Lower Austria, President of the Austrian Medical Union and of the Public Health Association, who died recently at the age of 76, was one of the leaders of the hygienists in Austria. He was born in Vienna in 1828, took his degree in the University of that city in 1851, and was appointed Assistant Physician in the New Asylum in 1853. In 1872 he was transferred to the Lower Austrian Asylum, of which, after the death of Schilling, in 1875, he became Director. His writings include works on Mental Insanity, Psychical Degenerations, Mental Disease following Influenza, besides numerous pamphlets and papers on Medical Statistics and Sanitary Legislation. In 1879, on the recommendation of the Austrian Government in 1895 to inquire into the organisation of sanitary reform. He was named a member of the Imperial Council in 1899.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Max Landsberg, a pupil of Von Graef’s and well-known as an ophthalmologist, aged 54; Dr. R. D. Roseo, Professor of Forensic Medicine in the University of Vienna; and Dr. W. B. Noyce, a distinguished surgeon of the American navy, a former President of the Academy of Natural Science, and author of numerous valuable contributions to science, aged 88.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,741 deaths and 4,289 deaths were registered during the week ending Saturday, April 6th. The annual rate of mortality of these towns, which had declined from 18.5 to 23.1 per 1,000 in the four preceding weeks, further fell to 21.1 last week. The rates in the several towns ranged from 10.9 in Croydon, 13.1 in Buxted, and 13.2 in Plymouth, to 28.5 in Oldham, 31.9 in Preston, and 33.2 in Burnley. In the thirty-two provincial towns the mean death-rate was 22.9 per 1,000, and was 3.6 above the rate recorded in London, which was 19.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 12.3 per 1,000; in London the rate was equal to 1.4 per 1,000, while it averaged 1.8 in the thirty-two provincial towns, and was highest in Cardiff, Saltford, and Burnley, with a death-rate of 37.9. Sheffield, and 31.1 in Bolton, and 31.2 in Burnley, and small fever and whooping-cough, which latter, from “fever” showed marked excess in any of the large towns. The 213 deaths from diptheria in the thirty-three towns included 23 in London, 27 in Edinburgh, 4 in Manchester. One fatal case of small-pox was reported in Derby, but not one in London or in any other of the thirty-three large towns. There were 23 small-pox patients in the Metropolitan Asylums Hospitals and and the Highgate Small-pox Hospital on Saturday last, April 6th, against 57, 58, and 5 at the end of the three preceding weeks. New cases were admitted during the week, against 12, 14, and 10 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 1,615, 1,587, and 1,585 at the end of the three preceding weeks, had further declined to 1,019 on Saturday last, April 6th; 145 new cases were admitted during the week, against 133, 182, and 161 in the three preceding weeks.

HEALTH OF SCOTTISH TOWNS.

During the week ending Saturday, April 6th, 948 births and 733 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 26.8 to 24.4 per 1,000 in the five preceding weeks, fell to 24.7 last week, but was little over the mean rate during the last three years. Among these Scotch towns the death-rates ranged from 18.9 in Perth to 39.3 in Aberdeen. The zymotic death-rate in these towns averaged 2.6 per 1,000, and was 1.2 in Aberdeen and Leith. The 341 deaths registered in Glasgow included 15 whooping-cough, 2 cases of measles, and 2 from small-pox. Seven fatal cases of measles were recorded in Edinburgh, and 7 in Aberdeen.

IMPROVEMENT IN THE PUBLIC HEALTH OF EDINBURGH.

The health of Edinburgh is gradually subsiding to its ordinary condition. Last week the death-rate went down so far as to be equivalent to an annual mortality of 10 per 1,000. Fifty-two deaths out of the total of 101 were due to diseases of the chest and 11 to zymotic causes. A few cases of genuine influenza still continued to occur. The deaths of Leith were equivalent to an annual mortality of 24 per 1,000.
THE DUTIES OF HOUSEHOLDERS TOWARDS THEIR DOMESTIC SERVANTS IN THE MATTER OF INFECTIOUS DISEASE.

At the Sunderland assizes a girl was sentenced for March 21st for travelling on the North-Eastern Railway while suffering from scarlet fever, her employers being charged with assisting to commit the offence. The case was that the girl was whitewashed, and her employers then pleaded that she went home of her own accord although they did their best to keep her back. The girl, however, inflicted a fine of 5s. and costs upon both master and mistress.

The medical man who saw the girl in the first instance advised her removal to hospital, and pointed out that the van could be obtained to take her there forthwith. The girl stated that her mistress told her she could not keep her. If a girl is a young fanatica kind serves to bring necessity of workhouse be details of which we disease. But in mild cases, where it opinion only not, that in another precedent. Competent, the competent, the know how to stay. The Bench, another precedent. Competent, the

THE DUTIES OF HOUSEHOLDERS TOWARDS THEIR DOMESTIC SERVANTS IN THE MATTER OF INFECTIOUS DISEASE.

In his report for the last year, Dr. Thresh has brought before the Chelmsford rural sanitary authority the matter of the differential diagnosis of group and diphtheria, and he therein lays stress on his view that the bacteriological test for determining whether or not a particular case is diphtherial is not to be relied upon as affording absolute security against error. The holds that in those cases in which the bacillus is not forthcoming upon bacteriological experiment the disease may very likely be diphtheria, but, on the other hand, he is of opinion that in mild cases, where it is of great importance that correct diagnosis should be made, examination of the patients' throats may one day show no bacillus and on the next may result in discovery. Experiments of his own had led him to find the bacillus in but few cases, those who may be two days, to the unreliability of the method adopted, or to the fact that but few of the notifications were of diphtheria, not, perhaps, so unlikely since the rate of case mortality was only 6 per cent. But if this latitude to the extent that whilst our state of knowledge is as at present, at least the danger can in a measure be obviated by repeated experiments with material from the same patients; and, indeed, in this way it may well be that we shall arrive the quicker at that perfect knowledge of the differential character of one or other kind of diphtheritic disease to which so desirable to attain.

PAYMENT OF NOTIFICATION FEES.

D.P.H. asks if a district council has power to require medical men to furnish every six months a detailed statement of cases notified, with names and addresses, and if so, whether a fee is due for the additional labour of preparing the return.

This is one of the many details, not foreseen and provided for by the framers of the Notification Act which leads to quite unnecessary friction between authorities and practitioners. The Act is silent as to any such duty on the part of the notifier, and if the authority refuse to pay the proper fees unless an account is rendered, there is an appeal to the county court. What view the judge would take is another matter, as there is no binding precedent. It seems reasonable to credit the authority with being competent to manage for themselves such a simple task as keeping a record of cases notified; they cannot pay any additional fee to the practitioner for making out the return for them.

PUBLIC SLAUGHTERHOUSES.

Mr. Herbert Garwood, Minister of Agriculture, in replying to a deputation of the Church Sanitary Association and the Church Society for the Promotion of Kindness to Animals, last week, said that the action of the local authorities generally favoured the central authority on sanitary matters. The most useful work the Societies could do was to educate public opinion.

The Urban District Council of Barnoldswick, Yorkshire, has adopted the Infectious Diseases Notification Act, 1889, and the Infectious Diseases Prevention Act, 1880.

Mr. George O'Neill, M.R.C.S., of Winsford, Surgeon-Lieutenant-Colonel 3rd Volunteer Battalion Cheshire Regiment, has, on the recommendation of the Duke of Westminster (Lord Lieutenant) been placed on the Commission of the county for Chester.

LOST LYON has contributed £1,000 to the Special Appeal Fund of St. Bartholomew's Hospital, now being raised for the purpose of opening the five wards at present closed.

The Earl of Erroll will preside at the Festival Dinner of the East London Hospital for Children, to be held at the Hall of the Worshipful Company of Leathersellers on May 30th.

A PAPER on the Organisation and Working of Medical Aid to the Wounded in Modern War, will be read by Surgeon-Lieutenant-Colonel Evatt at a Conference which has been arranged by the Matrons' Council, to be held at the rooms of the Medical Society of London, on Thursday, April 16th, at 8.30 P.M.

Twelve of the late Sir William Savory, Consulting Surgeon to St. Bartholomew's Hospital, and at one time President of the Royal College of Surgeons, has been proved, the gross personality being £33,190 lvs. 4d. The net or actual value was not stated. With the exception of a legacy of £20,000, the will be devoted to hospital and asylum work, and specially to the care of mental disease, and his appeal will be a well-merited reward.

Glasgow Hospital Sunday Fund is now an established institution. The first annual meeting was held a little time ago, under the presidency of the Hon. Lord Provost Bell, through whose efforts the fund has been successfully inaugurated. The total contributions amounted to £3,640, but many churches had already contributed before the fund was established. If these contributions be added, the total is over £5,000. As all the churches and Sunday schools are expected to fall into line this year, a much larger sum is expected to be contributed on December 1st, which is the date fixed for the collections this year.

Dr. J. Francis Sutherland was recently entertained at dinner by the Glasgow Caithness Benevolent Association. The title of the dinner was Dr. Sutherland's appointment as Visiting Commissioner in Lunacy in Scotland. Dr. Sutherland, in acknowledging the toast of his health, observed that whilst the population of Glasgow and the county of Lanark was only one-fourth of that of all Scotland, one-half of the deaths in the county, and 30 per cent. of those who had lost their reason, resided in the city of Glasgow or the county of Lanark. He expressed the opinion that further legislation with regard to inebriety could not be far off. The Committee, which had been sitting for four months, had examined 150 witnesses, and he believed that the report when presented would be found to be very thorough.

THE PREVENTION OF HYDROPHOBIA.—A meeting of the general committee of the Society for the Prevention of Hydrophobia and Reform of the Dog Laws was held on April 5th at 21, Cavendish Square, W.; Professor Victor Horsley, F.R.S., in the chair. In the Chairman's report reference was made to the communications which had passed between the Board of Agriculture and the Society's executive on the subject of the Dog Bill, and also to the prevailing epidemic of rabies and hydrophobia in Yorkshire, Lancashire, and other Northern Counties, and in Ireland. It was pointed out that but for political considerations the policy advocated by the Society and endorsed by the higher authorities, as well as by many of the most important dog breeders and dog owners throughout the country, would doubtless be carried into effect by the Government of the day. The object aimed at by the Society was the extinction of rabies and hydrophobia from the United Kingdom by a system of universal muzzling for at least twelve months, coupled with rigid and permanent quarantine. The attitude of the general public, except during the scare created by an epidemic of rabies, was one of apathy and indifference. It was useless, therefore, to expect the assistance which
many causes derive from a public movement or demonstration in their favour. The aim of the Society had been achieved, and the adherence of members of the medical profession, and men of influence generally (especially of those recognised as leaders of opinion in canine matters), so that when the proper moment arrived the Society would have sufficient support behind it, to convince any Government that the subject was not a question of party politics but of public welfare. Since the last meeting of the Committee, liberal contributions to the funds of the Society had been received from the Duke of Northumberland (President of the Society), the Duke of Westminster, the Earl of Coventry, Sir Joseph Lister, Bart., Sir James Whitehead, Bart., and many others.

Presentation to Dr. Dalziel.—Dr. T. Kennedy Dalziel has recently resigned the post of Surgeon to the City of Glasgow Police, after holding the office for ten years. Dr. Dalziel turned the opportunities afforded by this connection to profitable account in instructing students of Glasgow in practical forensic medicine and casualty work, and his unflagging earnestness on their behalf has endeared him to a large number of students and created for him a high place in the esteem of his professional brethren. The Glasgow police force have marked their appreciation of his long service by presenting him, on April 5th, with a hall clock in solid oak and gold and enamelled face. It bears the following inscription: "Presented to Dr. T. Kennedy Dalziel by the members of the City of Glasgow Police on his retirement, after ten years' service, as Assistant Surgeon for the Central District and lecturer in ambulance instruction to the force, in appreciation of his high professional attainments and personal worth." Dr. Dalziel has just been appointed Professor of Surgery in Anderson's College.

MEDICAL VACANCIES.

The following vacancies are announced:

**BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon; doubly qualified. Salary, £160 per annum (with an allowance of £20 per annum for cab hire), and furnished rooms, fire, lights, and attendances. Applications to Alex. Forrest, Secretary, by April 22nd.

**BRADFORD INFIRMARY AND DISPENSARY.**—Junior House-Surgeon; unmarried. Salary, £260 per annum, with board and residence. Applications, endorsed "Junior House-Surgeon," to William Maw, Secretary, by April 23rd.

**BRITISH LYING-IN HOSPITAL.**—Physician to the Out-patient Department. Applications to the Secretary by April 20th.

**CARDIFF UNION.**—Medical Officer for the Bonvilston District. Salary, £45 per annum. Applications to Arthur J. Harris, Clerk, Queen's Chambers, Cardiff, by April 15th.

**CHILDREN'S HOSPITAL, Dublin.**—Assistant Surgeon. Applications to the Honorary Secretary by April 13th.

**HOSPITAL FOR THE CONSUMPTION AND DISEASES OF THE CHEST, Brompton.**—Resident House-Physicians. Applications to the Secretary by April 18th.

**HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.**—Surgical Registrar and an Anaesthetist. Appointments for one year. Honourariums of £40 and £15 respectively at the expiration of term. Applications to the Secretary by April 23rd.

**HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury, W.C.**—Resident House-Physician also House-Surgeon. Appointment for six months. Salaries, £20, with board and residence in the hospital; unmarried, and possess a legal qualification to practise. Applications and testimonials to Adrian Hope, Secretary, before Tuesday, April 30th.

**KENT COUNTY LUNATIC ASYLUM, Barming Heath, near Maidstone.**—Four Assistant Medical Officer and Pathologist; unmarried. Salary, £275 per annum, rising £50 annually, with furnished quarters, cooking, laundry, and washing. Appointment granted for two years in the first instance. Applications to Francis H. Howitt, Clerk to the Sub-committee of Visitors, 9, King Street, Maidstone, by May 1st.

**LONDON HOSPITAL MEDICAL COLLEGE.**—Assistant Demonstrator in Anatomy. Salary, £200 per annum. Applications to the Warden by April 20th.

**MIDDLESEX HOSPITAL.**—Assistant Surgeon; must be a Fellow (or have passed the qualifying examination for the Fellowship) of the Royal College of Surgeons of England. Applications to F. Clare Melnado, Secretary Superintendent, by May 1st.

**NATIONAL HOSPITAL FOR DISEASES OF THE HEART AND PARALYSIS, 32, Soho Square, W.**—Two Clinical Assistants for the Electrical Department. Applications to Dr. Hayden or the Secretary by April 15th.

**NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, Shoreditch, N.E.**—Physician. Must be a Fellow or Member of the Royal College of Physicians. Applications to T. Glenton-Kerr, Secretary, at the Office, 27, Clement's Lane, E.C., by April 16th.

**NORTH-WEST LONDON HOSPITAL, Kentish Town Road, N.W.**—Resident Medical Officer and Assistant Resident Medical Officer. Appointment for six months. Salary, £45 per annum is attached to the senior post. Applications to the Secretary by April 22nd.

**PADDINGTON GREEN CHILDREN'S HOSPITAL.**—Surgeon to the Throat and Ear Department. Applications to the Secretary by April 22nd.

**POPLAR HOSPITAL FOR ACCIDENTS, Blackwall, E.**—Honorary Surgeon. Applications to the House Governor by April 30th.

**ROCHDALE HOSPITAL AND APOTHECARY.**—Assistant House-Surgeon; doubly qualified. Appointment for six months. Rooms, common, and washing provided in lieu of salary. Applications to the House-Surgeon by April 18th.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Four Examiners in Anatomy and Four Examiners in Physiology for the Fellowship; candidates for the former must be Fellows of the College. Four Examiners in Elementary Anatomy (First Examination). Two Examiners in Elementary Anatomy (Second Examination). Three Examiners in Physiology (Second Examination). Four Examiners in Midwifery (Second Examination). Two Examiners in Public Health. Applications to the Secretary by April 25th.

**ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.**—Resident Medical Officer. Appointment for six months. Salary, £400 per annum, with furnished apartments and board. Applications to the Secretary by April 22nd.

**ROYAL SOUTH HACKS INFIRMARY, Southampton.**—Assistant House-Surgeon; must be willing to engage for six months. Salary of £100 will be given at the end of the term. Board and lodging provided. Applications to T. A. Fisher Hall, Secretary, by April 24th.

**ST. LUKE'S HOSPITAL, E.C.**—Clinical Assistant; must be duly qualified to practise and registered. Appointment for six months, with board and residence. Applications and testimonials to Percy de Bathe, M.A., Secretary, by April 22nd.

**SWANSEA GENERAL AND EYE HOSPITAL.**—Clinical Assistant. Appointment for six months, with board and lodging provided. Applications to the Secretary of the Hospital by April 18th.

**TACREND'S CHARITIES.**—One Studentship in Physic at Gonville and Caius College, Cambridge. The student will receive £50 a year and a share in the surplus rents and profits (the stipend not to exceed £100 a year) until above the age of 18 or above the age of 22. Forms of petition and all information may be obtained from Mr. George Edgar, from 28, Lincoln's Inn Fields, W.C., clerk to the Tacrend's Charities, to whom petitions must be sent by April 20th.

**UNIVERSITY OF GLASGOW.**—Two Examiners for Degrees in Medicine to examine in Clinical Medicine and Clinical Surgery respectively. Appointment to last till December 31st, 1898, at the rate of £50 annually. Applications to Alan E. Clapperton, Secretary of the Glasgow University Court, 91, West Regent Street, Glasgow, by May 1st.

**WESTON-SUPER-MARE HOSPITAL AND DISPENSARY.**—Medical Officer to the Provident Dispensary; must possess a recognised medical and surgical qualification and must be registered under the Medical Act. Salary, £80 per annum, with board, lodging, and washing. Applications and testimonials to the Honorary Secretary by April 30th.
HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.


CENTRAL LONDON OPHTHALMIC. Operation Days. — Daily.

CHERRY CROSS. Hours of Attendance. — Medical and Surgical, daily, 1:30; Obstetric, Tu., 1:30; Skin, F., 2:00; Dental, W., 9:30. Operation Days. — W., F., 9:30.


EAST LONDON HOSPITAL FOR CHILDREN. Operation Day. — F.

GREAT NORTH CENTRAL. Hours of Attendance. — Medical and Surgical, daily, 1:30; Obstetric, Tu., 1:30; Skin, F., 2:00; Dental, W., 9:30; Diseases of the Throat, Tu., 2:30; Dental Cases, W., 2. Operation Day. — W., 2.

GTY'S. Hours of Attendance. — Medical and Surgical, daily, 1:30; Obstetric, M., Tu., 1:30; Eye, M., Tu., Th., F., 1:30; Ear, Tu., Th., F., 1:30; Skin, Tu., 1:30; Dental, 1:30; Throat, F., 1. Operation Days. — (Ophtalmic), M., Th., 1:30; Tu., F., 1:30.


KING'S COLLEGE. Hours of Attendance. — Medical, daily, 2; Surgical, daily, 1:30; Obstetric, daily, 1:30; O.P., Tu., W., F., 1:30; Eye, M., Th., 1:30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 2; Throat, F., 2; Dental, Tu., 9:30. Operation Days. — M., F., 9:30.

LONDON. Hours of Attendance. — Medical, daily, exc. S.; Surgical, daily, 1:30 and 2; Obstetric, M., Th., 1:30; O.P., W., 1:30; Eye, Tu., F., 1:30; Ear, W., 2; Throat, F., 2; Skin, Th., F., 2; Dental, W., 9:30; Operation Days. — M., Th., W., F., 9:30.

LONDON TEMPERANCE HOSPITAL. Hours of Attendance. — Medical, M., Tu., F., 2; Surgical, M., Th., 2; Operation Days. — M., Th., 4:30.

METROPOLITAN. Hours of Attendance. — Medical and Surgical, daily, 9; Obstetric, daily, Tu., W., F., 1:30; Operation Days. — Daily.

MIDDLESEX. Hours of Attendance. — Medical and Surgical, daily, 1:30; Obstetric, M., Th., 1:30; O.P., M., F., Th., W., 1:30; Eye, W., F., 2; Ear, Th., F., 1:30; Skin, Tu., Th., 2:30; Dental, W., 9:30; Operation Days. — W., 1:30, S., 2; (Ophtalmic), Th., 2.


NORTH-WEST LONDON. Hours of Attendance. — Medical and Surgical, daily, 2; Obstetric, W., Tu., 1:30; Eye, W., 9; Skin, F., 2; Dental, F., 6. Operation Day. — Th., 2:30.


ROYAL FREE. Hours of Attendance. — Medical and Surgical, daily, 2; Obstetric, W., Tu., 1:30; Skin, F., 2; Operation Days. — W., S., 2; (Ophtalmic), M., F., 10:30; (Diseases of Women), S., 9.


ST. BARTHOLOMEW'S. Hours of Attendance. — Medical and Surgical, daily, 1:30; Obstetric, Tu., W., Th., 1:30; Eye, W., Th., 2:30; Ear, Tu., F., 2; Skin, F., 2; Larynx, F., 2:30; Orthopaedic, M., 2:30; Dental, F., 2; Operation Days. — M., W., S., 1:30; (Ophtalmic), Th., 2.

ST. GEORGE'S. Hours of Attendance. — Medical and Surgical, M., Tu., F., 2; Obstetric, M., Th., W., 1:30; Skin, Th., F., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu., S., 2; Operation Days. — Th., 1; (Ophtalmic), F., 2.


ST. MARY'S. Hours of Attendance. — Medical and Surgical, daily, 1:30; Obstetric, Tu., F., 1:30; Eye, Tu., F., 2:30; Throat, Th., 2:30; Skin, M., Th., 2:30; Electro-therapeutics, Tu., 2; Dental, W., 9:30; Consultations, M., 2:30. Operation Days. — Tu., 1:30; (Orthopedic), W., 11; (Ophtalmic), F., 9.

ST. PETER'S. Hours of Attendance. — M., 2 and 5; Tu., W., Th., 2:5; (Women and Children), S., 4. Operation Days. — W. and F. 2.

ST. THOMAS'S. Hours of Attendance. — Medical and Surgical, daily, exc. W. and S., 2; Obstetric, Tu., F., 2; O.P., W., 2:30; Eye, Tu., 2; O.P., daily, exc. S., 1:30; Ear, M., 1:30; Skin, F., 1:30; Throat, Tu., F., 1:30; Children, S., 1:30; Dental, Tu., F., 10. Operation Days. — W., S., W., 1:30; (Orthopedic), F., 1:30. Operation Days. — W., S., W., 1:30; (Gynecological), Th., 2.


THROAT, Golden Square. Hours of Attendance. — Daily, 1:30; Tu. and F., 1:30.

UNIVERSITY COLLEGE. Hours of Attendance. — Medical and Surgical, daily, 1:30; Obstetric, M., W., 1:30; Eye, M., Th., 2; Ear, M., Th., 2; Skin, M., Th., 2; Dental, W., 9:30; Operation Days. — Tu., W., Th., 2.

WEST LONDON HOSPITAL. Hours of Attendance. — Medical and Surgical, daily, 2; Dental, Tu., F., 9:30; Eye, Th., F., 2; Ear, Th., 10; Orthopaedic, W., 2; Diseases of Women, W., S., 2; Electric, Tu., F., W., 10; Skin, F., 2; Throat and Nose, S., 2; Operation Days. — Tu., W., 2.

WESTMINSTER. Hours of Attendance. — Medical and Surgical, daily, 1:00; Obstetric, Tu., F., 1; Eye, Tu., F., 9:30; Ear, M., 9; Skin, W., 11; Dental, W., 9:15. Operation Days. — Tu., W., 2.