

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

### THE TREATMENT OF BREAST CANCER; MARROW INFECTION.

WHILE appreciating the hopeful spirit in which Mr. Watson Cheyne writes of this disease, and cordially endorsing his general remarks on the operative surgery thereof, I would take leave to challenge *in toto* the statistical portion of his able address, and to point out that three years is wholly inadequate as a probationary period, supposed to demonstrate cure. The peculiar and insidious marrow infection, which attends the great majority of cases of breast carcinoma, may not develop palpable lesion anywhere, commonly for four to five years, more rarely for eight to ten. Thus:

CASE I.—E. N., aged 51, had a scirrhus tumour as large as an orange, with extensive deposit in the axillary glands, excised in October, 1879. Left breast; stated duration six months. No "recurrence" till 1890; then operation at a provincial hospital. I examined her on January 1st, 1894. A healthy-looking woman, with no tumour formation anywhere perceptible, but with well-marked physical signs of marrow deposit, which will some day prove fatal. More than fourteen years since first operation.

CASE II.—F. D., 40. Left breast, with enlarged axillary glands, excised in June, 1887, for scirrhus tumour of six to twelve months' duration, size of walnut. In December, 1892, marrow infection became obvious, but no palpable disease until December, 1893. I then found two nodules, not larger than pins' heads, at edge of sternum. In January, 1894, gland in right axilla enlarged. All these have just been removed.

CASE III.—J. B., 54. Left breast, with glands, excised for scirrhus of eighteen months' duration, in January, 1881. Marrow phenomena detected in March, 1884, and followed by deposit in both axillæ, February, 1885.

CASE IV.—E. F., 61. Removal of scirrhus right breast, with glands, July, 1886. Duration, one to two years. In June, 1893, enlarged glands in left axilla. In September, 1894, death from paraplegia due to deposit in vertebrae. No trace of recurrence on right side.

These brief notes serve to show how long the insidious marrow deposit may hold the sword suspended over its victims. I have selected only cases in which obvious cancer deposit was long absent. Permanent immunity from breast carcinoma can only be hoped for when both the breast and contents of axilla are freely excised within six to eight weeks of inception, that is, before the advent of marrow infection. I hope shortly to publish successful cases.

Gloucester Place, W.

HERBERT SNOW.

### CASE OF ACUTE DILATATION OF THE STOMACH.

MRS. P., aged 56, sent for me at 10.30 A.M. on January 28th, saying she had been very ill all night with violent pains in the stomach, with slight sickness. I found her lying on her back, with a drawn expression of countenance; her face was dusky, eyes sunken, hands and feet cold and bluish-black. Pulse extremely slow and feeble. She complained of a violent pain in the epigastrium, which got worse at intervals. The pain "worked up and down in the middle" line from the ensiform cartilage to the umbilicus, "and shot through to her back." On auscultation over the region, which was extremely tender, a deep metallic tinkling sound and some splashing on manipulation were heard. The stomach was enormously dilated, and extremely tender, especially in the mid-epigastric region. She dated her attack from 12 P.M. on January 27th, and attributed it to a lump of cheese which she had eaten at 9 P.M. (some of which she had vomited during the night).

I applied turpentine stupes and internal remedies calculated to produce contraction of the dilated organ without success. However, I managed to produce a more active circulation than she had had previous to my attendance. At 3 P.M. I persuaded her to allow me to pass a soft rubber tube into her stomach through the mouth. I succeeded in doing this after three attempts, as she pulled up the tube every time I introduced it, saying "she could not bear it." The gas on my last attempt escaped freely for about one minute in a continuous stream, after which I washed out with warm water some bilious fluid similar to what she had previously vomited, but before I had finished this operation she again pulled up the tube. However, she was almost immediately

relieved, and within half an hour she was in a comfortable sleep, with a thoroughly restored circulation, and an easy expression of countenance. She has since remained fairly well.

*Previous History.*—She had been dyspeptic for years, and within the last year she had had rheumatic fever, with four relapses. Her heart has never been robust since I first made her acquaintance five years ago. I attended her for true anginal attacks about three years ago, apparently due to engorgement of the right ventricle, which was dilated, as evidenced by epigastric pulsation, etc.

ARMSTRONG TODD, M.B., B.Ch., B.A.O.

Lymchurst, Market Drayton.

### ARTIFICIAL FEEDING IN ACUTE MELANCHOLIA.

IN the paper by Dr. Neil on the above subject in the *BRITISH MEDICAL JOURNAL* of January 27th he says of a feeding tube, "as thick as a smallish finger.....an accident can hardly happen with such a tube; *it is too large to enter the larynx.*" The italics are mine. This statement is not, in my experience, correct, and, if implicitly trusted, may at any time lead to disaster. The size of the tube is rather vaguely indicated, but I can say that a large sized Jacques's rubber tube (No. 23) is not too large to enter the larynx. My experience of feeding insane persons is considerable, and in the course of it I have, not once or twice, but many times passed such a tube into the larynx. In some cases the difficulty was rather to keep it from going in. Of course, I could always tell when it had gone into the larynx, and rectified it accordingly, but it will not do to take it for granted that the tube, if it goes anywhere, must infallibly go into the stomach.

I should just like to add a caution against oiling rubber tubes; they are thereby completely spoiled in a very short time. Dipping the tube in the food will lubricate it sufficiently.

Southport.

J. C. RUSSEL, M.D. Edin.

### EPIDEMIC JAUNDICE.

THE recent communications on the above subject from Drs. Calvert and Bartlett in the *BRITISH MEDICAL JOURNAL* recall to my mind a more extensive epidemic of the same nature which I was called upon to investigate some ten years ago. The epidemic occurred in a sparsely inhabited district on the Welsh border, and, although it extended over a considerable area, was, so far as came to my knowledge, confined to children attending three different schools. The constant and most salient symptom was jaundice. Various theories were suggested as to its pathology and etiology; the most plausible of which were as widely apart as diet and meteorology. Personally it has always remained in my mind as an instance of an epidemic which I could not satisfactorily explain. I have, however, thought it worthy of record as evidence that epidemics of jaundice do occur. I may add that I mentioned the occurrence in a report to the Local Government Board at the time.

Shrewsbury.

W. N. THURSFIELD, M.D.

DRS. CALVERT'S and B. Pope Bartlett's cases recently reported in the *BRITISH MEDICAL JOURNAL* may make the following similar cases worth recording.

Last March I saw in Kingstown, co. Dublin, a boy, aged 8 years, complaining of sick stomach, and slight tenderness over it on pressure. The following day he had well-marked jaundice, porter-coloured urine, clayey stools, slight headache. Two days subsequently his elder sister, aged 10 years, complained, and the following day was jaundiced. The next day both the younger children, aged 6 and 4, were affected in the same way, and became jaundiced. All the children in the family were now affected. They all recovered in a week or ten days under simple treatment, regulation of diet, mild aperients, diuretics and poultices over duodenum. I looked upon the cases as mild catarrhal jaundice. The possibility of its being a manifestation of influenza occurred to me, but they had no other symptoms of that disease, and there were no cases in the family. I examined carefully into the diet and habits of the children, but could find at first nothing to account for it. They were people in good position and well

looked after. It appeared, however, they had bought a canary some time ago, and the children had, unknown to their parents, eaten a considerable quantity of the bird seed. It is not improbable this set up the gastro-duodenal irritation and catarrh.

Dublin.

ANTONY ROCHE, M.R.C.P.I.

WITHIN the last three years I have had two sets of cases in my practice of what may be epidemic jaundice. In one instance in November, 1891, in a family consisting of six children, father, mother, and two servants, the three younger children alone had jaundice, and they alone had eaten a quantity of highly-coloured, cheap sweetmeats (red and yellow). In the second set of cases two children first had jaundice (seen first on January 11th, 1894), and then a third child began, after an interval of sixteen days. In this instance these children, and these alone, had been eating the same class of cheap sweets. I do not say that the sweets were the cause of these cases, but the coincidence was remarkable. There were no other cases in the neighbourhood, and as the two houses where these cases occurred are a mile and a-half away from one another, nothing local would seem to account for them. It would be interesting to know if there was any chance of any such factor in Dr. Calvert's and Dr. Pope Bartlett's cases.

Oaken, Wolverhampton.

F. J. HAWTHORN.

## REPORTS

ON

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

#### CROYDON GENERAL HOSPITAL.

##### TWO CASES OF ABDOMINAL SECTION.

(Under the care of Mr. T. RICHARDSON, Surgeon to the Hospital.)

[For the notes of this case we are indebted to Mr. A. H. GODSON, M.B., B.C., House Surgeon.]

##### CASE I.—CARCINOMA OF SMALL INTESTINE.

G. C., aged 60, was admitted on the afternoon of January 9th, suffering from acute intestinal obstruction.

*History of Illness.*—The scanty history obtainable was this. He had been under medical treatment for some weeks for vomiting and constipation, and had alternately improved and got worse, till four days before admission, when he vomited some very foul yellow material, and nothing could allay this trouble. All food was promptly ejected from the stomach. The sickness was incessant, the same foul yellow vomit being brought up. The bowels were opened the day the sickness began, but not again before admission to the hospital.

*Condition on Admission.*—He looked extremely ill and emaciated. The vomit had a distinctly faecal odour, and was in colour and consistency much like pea soup. The pulse was very rapid and feeble, the tongue dry and thickly furred. The abdomen was irregularly distended, and on its surface several coils of intestine could be mapped out undergoing strong peristalsis. The patient told us that he had things "in the stomach that moved like adders" for a fortnight. Rectal examination revealed nothing in that viscus to account for obstruction, though outside the lumen of the gut a hard mass could be felt on the left side. No definite conclusion as to its nature was arrived at.

*Operation.*—During the evening, with the strictest aseptic precautions, Mr. Richardson opened the abdomen in the median line. The distended gut was found to be small intestine, and, tracing it downwards, the cause of obstruction was found in the pelvis in the mass felt from the rectum. It proved to be a growth of the small gut, quite solid to the touch,  $2\frac{1}{4}$  inches long and 3 inches in circumference. Owing to the precarious condition of the patient, Mr. Richardson decided not to resect the gut, but, with a view of getting the best drainage at once with least risk of infecting the peritoneum, he made an incision as for colotomy in the right in-

guinal region, through which he brought out a loop of gut, including the growth. The patient was turned over towards the right side and the distended gut exposed in the wound emptied by pressure, and then compressed by thin rubber tubing. A small incision was then made into it and a glass tube—in imitation of Mr. Paul's, which were not to hand—tied in. To it a piece of rubber tubing was fixed and the gut allowed to empty itself into a vessel by the side of the table. The median wound was then dealt with, the intestines, now greatly reduced in size, returned, and the abdominal wall brought together with silkworm gut sutures. The loop of bowel was secured in the inguinal wound with a few silk sutures. Dressings of blue gauze were applied, and the patient returned to bed.

*After-History.*—Next morning he had recovered from the operation, and had only been sick once. The bowels acted well through the tube. He said he felt very comfortable. His condition was fairly satisfactory, but the pulse feeble and rapid. He was fed by nutrient enemata, with a little ice to suck, and some soda and milk in small doses by the mouth to allay thirst. He continued in much the same condition till the fourth day, when he complained of some pain in the abdomen, and became restless. The wounds were dressed, and found to be in a satisfactory state. The laparotomy wound having united, a collodion dressing was applied, and the abdominal walls supported by strapping. The glass tube was withdrawn from the gut in the inguinal wound, which was dressed as an ordinary colotomy, the gut orifice being well outside the incision. In spite of every effort the patient did not improve; he became more restless, and the pulse more rapid and feeble. On the fifth day after operation, at 6 P.M., his temperature, which had never been above  $99^{\circ}$ , ran up to  $104^{\circ}$ . Very shortly after that he died.

*Post-mortem Examination.*—There was no peritonitis. Both wounds were clean and free from pus. The growth, a hard columnar carcinoma, was 6 feet above the ileo-cæcal valve, and for a space of 2 inches narrowed the lumen of the gut so as to admit a small goose-quill only, while at the lowest point only a fine probe could be got through.

##### CASE II.—LARGE OVARIAN TUMOUR.

C. B., aged 80, was admitted on December 7th, 1893, for a very large abdominal tumour. She had always been very well and active till the beginning of the year, when she noticed she was becoming much stouter. The increase was so great that in April she consulted a medical man, who told her it was a tumour. It had grown steadily larger, till discomfort, caused by distension, had compelled her to come to the hospital for relief.

*Condition on Admission.*—Her general health was good. The abdomen was hugely distended and generally more prominent than a nine months' pregnancy. Dulness on percussion was universal. The abdomen was elastic, but not uniformly so. A thrill was transmitted from flank to flank. On the right side, in the umbilical lower part of the lumbar regions, a large and hard lobulated mass—the size of a large Jaffa orange—could be felt. Besides this there was a foul, blood-stained, vaginal discharge, which had existed for some time. It cleared up, however, under douches of weak carbolic lotion. The cervix was rather high up, the os uteri patulous. The cervix was close up behind the symphysis, and rather towards the left. The sound passed  $2\frac{3}{4}$  inches, with the concavity to the left. It caused no bleeding. Nothing was to be felt in either fornix. The tumour could be moved independently of the sound.

*Operation.*—On January 3rd, 1894, Mr. Richardson removed the tumour, which was found to spring from the left ovary, and to consist of one huge cyst, in the walls of which were large masses of smaller cysts. The cyst weighed 3 lbs., and the fluid it contained (rather more than 11 lbs.) measured about a gallon. There was no drainage.

*After-History.*—The wound healed by first intention, and convalescence proceeded without a bad symptom till the tenth day, when there was a sharp rise of temperature to  $101^{\circ}$ . This followed on her getting out of bed one cold night when the nurse's back was turned for a moment. At the same time her urine was noticed to be of a very peculiar colour, due to indicanuria. The temperature rose at night to  $100^{\circ}$  to  $101^{\circ}$  several times, but it soon became normal, and re-

the later years of his life it was darkened by calamities of a kind peculiarly afflicting to his affectionate nature. Not long after his removal to Strassburg he lost two children from diphtheria, and ever after it was observed that he had an especial horror of that disease, and in particular he always showed great reluctance to perform tracheotomy.

Lücke's early taste for art remained with him throughout life, and the "occasional verses" with which he relieved his graver studies had a touch of genuine poetic inspiration that only needed cultivation to have earned for him a niche in the noble Gothic cathedral of German poetry.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently passed away are Dr. James E. Wendel, for more than half a century one of the leading practitioners of Nashville, U.S.A., aged 81; Dr. C. Wurth, one of the founders of the Société Médico-Chirurgicale of Liège, and a leading practitioner of that city, aged 64; and Dr. Casimiro Sperino, Senator of Italy, Emeritus Professor of Ophthalmology in the University of Turin, one of the leading ophthalmic surgeons in Italy, aged 82.

## NAVAL AND MILITARY MEDICAL SERVICES.

### THE NAVY.

THE following appointments have been made at the Admiralty: J. D. MENZIES, Surgeon, to the *Euphrates*, February 21st; ROBERT BENTHAM, Staff-Surgeon, to the *Raleigh*, February 26th; DANIEL J. P. McNABB and CHRISTOPHER L. W. BURTON, Surgeons, to the *Raleigh*, February 26th; SAMUEL W. JOHNSON, M.B., Surgeon, to the *Impregnable*, February 27th; GEORGE B. D. LEVICK, MORRIS C. LANGFORD, and PERCY H. BOYDEN, M.B., Surgeons, to the *Victory*, additional, February 27th; ALFRED H. JEREMY, B.A., M.B., to Plymouth Hospital, February 27th; HENRY N. STEPHENS, Surgeon, to the *Victory*, additional, March 10th; THOMAS D. HALSHAM, B.A., M.B., Surgeon, to the *Pembroke*, March 12th; JAMES P. WILLIS, M.B., Surgeon, to the *St. Vincent*, additional, March 16th; WALTER R. KNIGHTLEY, Surgeon, to the *Excellent*, additional, March 16th; EDWARD A. ROGERS, Surgeon, to the *Vivid*, additional, March 16th; ARTHUR GASKELL, Surgeon, to the *Excellent*, additional, March 23rd.

Surgeon W. G. K. BARNES, M.D., having served twelve years, has been promoted to be Staff-Surgeon, February 27th.

Surgeon ALEXANDER G. W. BOWEN, has been appointed to the *Colossus*, March 1st.

Surgeon CHARLES DICKINSON, late of H.M.S. *Victor Emanuel*, Hong Kong, died at West Brighton on February 28th. His commission dated from February 28th, 1887.

Surgeons J. R. McDONNELL and C. L. W. BUNTON left Plymouth in the *Pembroke Castle* on March 4th for service in West Africa.

Surgeon MARTIN HENRY ATOCK, M.D., has been permitted to withdraw from the service, with a gratuity. He was appointed Surgeon, February 18th, 1886.

### ARMY MEDICAL STAFF.

SURGEON-CAPTAIN R. C. K. LAFFAN is promoted to be Surgeon-Major, March 7th. He entered the service, February 5th, 1881, and served in the Egyptian war of 1882, being present at the battle of Tel-el-Kebir (medal with clasp and Khedive's bronze star), and with the Nile expedition in 1884-85 (clasp). He was nominated to the 3rd class of the Order of the Osmanieh for his services as Inspector of Hospitals to the Egyptian Sanitary Department.

### INDIAN MEDICAL SERVICE.

THE Queen has approved of the admission of the following gentlemen to be Surgeon-Lieutenants, dated January 29th, 1894:—*Bengal*: GEORGE LAMB, HENRY BURDEN, JOHN FISHER, EDWARD SURMAN PECK, CHARLES HARFORD EVANS, STANLEY ARTHUR HARRISS, EWAN CAMERON MACLEOD, CHARLES THOMSON. *Madras*: ALFRED EUGENE BERRY, HERBERT ST. JOHN FRASER. *Bombay*: BERNARD HENRY FREDERICK LEUMANN, HUGH BENNETT.

Surgeon-Colonel G. C. CHESNAYE, Bengal Establishment, has retired from the service, which he entered as Assistant Surgeon February 10th, 1859, attaining the rank of Surgeon-Colonel January 14th, 1889. He served in the Hazara campaign in 1868 (medal with clasp), and in the Loosai expedition in 1872 (mentioned in despatches, clasp); also throughout the Afghan war of 1878-80 as Principal Medical Officer, and in charge of the Staff 1st Brigade 1st Division, being present at the attack and capture of Ali Musjid (received the thanks of the Governor-General and of the Commander-in-Chief in India in General Orders), and in the advance to Cabul under Brigadier-General Charles Gough; was Principal Medical Officer at the Bala Hissar during the winter of 1879-80; Principal Medical Officer of the expedition under Major-General Ross against the Wardaks, and present in the engagement at Saidabad; accompanied Sir Frederick Roberts in the march to Candahar as Brigade-Surgeon under Brigadier-General MacGregor, and present at the battle of Candahar, and on the following day was placed in charge of all the native wounded (mentioned in despatches, medal with three clasps, and bronze decoration). He also served with the Marri expedition as Brigade-Surgeon and Principal Medical Officer (mentioned in despatches).

The appointment of Surgeon-Colonel B. FRANKLIN, Bengal Establishment, to be Surgeon to the Governor-General, is officially announced.

Brigade-Surgeon-Lieutenant-Colonel J. C. G. CARMICHAEL, M.D., Bengal Establishment, is granted the temporary rank of Surgeon-Colonel from January 22nd, while officiating as Principal Medical Officer, Presidency District.

Surgeon-Colonel G. THOMSON, Bengal Establishment, officiating Principal Medical Officer, Presidency District, is appointed Principal Medical Officer Lahore District, in succession to Surgeon-Colonel G. C. Chesnaye, who completed his tour of service on January 4th.

Surgeon-Colonel L. D. SPENCER, Bengal Establishment, officiating Principal Medical Officer Punjab Frontier Force, is confirmed in that appointment, *vice* Surgeon-Colonel R. HARVEY, D.S.O., transferred to civil employment in the Presidency District.

### THE VOLUNTEERS.

THE under-mentioned gentlemen have been appointed Surgeon-Lieutenants to the corps specified, all dated March 3rd: HUBERT HOUSSE-MAYNE DU BOULAY, 1st Dorsetshire Artillery (Southern Division Royal Artillery); SAMUEL ARCHIBALD DAVID GILLESPIE, M.B., 1st Ayrshire and Galloway Artillery; JAMES AITKEN CLARKE, M.B., the Queen's Rifle Volunteer Brigade, the Royal Scots (Lothian Regiment); WILLIAM WATKINS JONES, M.B., 3rd Volunteer Battalion the Welsh Regiment (late the 2nd Glamorganshire); CHARLES JOSEPH ARKLE, M.D., 14th Middlesex (Inns of Court); ALFRED EDDOWES, M.D., 24th Middlesex.

Surgeon-Lieutenant G. D. TODD, 1st Volunteer Battalion the Prince of Wales's Own West Yorkshire Regiment (late the 1st West Riding of Yorkshire) is promoted to be Surgeon-Captain, March 3rd.

Surgeon-Lieutenant-Colonel H. F. HOLLAND, 3rd Volunteer Battalion Bedford Regiment, has been nominated for Brigade-Surgeon-Lieutenant-Colonel of the Home Counties Brigade.

### THE OPERATIONS IN WEST AFRICA.

DESPATCHES have been received from Colonel A. B. Ellis, commanding the troops on the West Coast of Africa, relating to the expedition against the Sofas, and detailing the unfortunate mischance by which a party of French native troops under Lieutenant Maritz, of the French army, attacked the British forces. Reporting the subsequent progress of the expedition, Colonel Ellis thus refers to the medical officer under him: "Surgeon-Major A. H. Morgan, of the Army Medical Staff, was Senior Medical Officer of the expedition, and, owing to the miscarriage of a letter sent to the medical officer at Komendi, was in sole charge of the wounded from December 19th to January 7th. The difficulties in transporting the wounded in hammocks over a country such as the expedition traversed, and where the cutlass was constantly required to cut a way, seemed to me at times almost insurmountable, and that the expedition was not greatly delayed was entirely due to Surgeon-Major Morgan's great personal energy."

### THE MEDICAL STAFF MESS AT HONG KONG.

WE greatly regret to learn that this mess has collapsed. It had only been four years in existence, and quite recently, through no little trouble and expense on the part of its members, was both a military and a social success. It has failed, we fear, through want of official encouragement and support, as evinced by the following statement: In 1890 the Royal Engineers also instituted a mess at Hong Kong, and promptly received a grant of 720 dollars annually towards house rent; but although a similar grant was applied for by the Medical Staff, it was refused by the general officer commanding. The mess, nevertheless, was started, and conducted at the medical officers' own expense, and was located by a sort of cruel irony next door to the duly subsidised Royal Engineer mess. The difference accorded to the two bodies of officers is so glaring as hardly to be explained away by official quibbling. It cannot be because the medical are better paid than the Engineer officers, for they are not; the latter officers in various allowances and extra pay in some cases draw considerably more public money than the former. We by no means say the Engineer officers are overpaid; but as far as remuneration is concerned, if their system of total pay entitles them to mess allowance, then the sooner the totals of medical pay are calculated in a similar fashion the better. The invidious treatment of the Medical Staff in these matters is so pronounced, unfair, and absurd that the sooner it is brought before Parliament and the public the better.

### DEGRADATION OF MEDICAL OFFICERS.

A CORRESPONDENT learns that a new general officer commanding at Karachi directed that at his inspections only combatant officers will wear swords. Matters seem growing worse and worse. Will no one put a stop to these insults heaped on the medical service?

\* \* If, as stated, the general officer in question made any such direction then he grossly exceeded his powers. He has no right to set aside the dress any more than other of the Queen's regulations. A true soldier would not attempt or dream of attempting to override regulations; that is only tried on by the feeble-forcible type of man when unfortunately elevated to command.

### CUSTOMARY ABBREVIATION OF TITLES.

STUTTERER remarks: It has ever been the custom in the army to drop colloquially all prefixes to the rank of colonel or general. Whoever heard a lieutenant-colonel or a lieutenant-general otherwise addressed colloquially than colonel or general? Why, then, should medical officers choke themselves and their friends with such mouthfuls as surgeon-lieutenant-colonel, brigade-surgeon-lieutenant-colonel, or surgeon-major-general? Let them stick to established military customs.

\* \* There is much force in our correspondent's very obvious remarks.

### DEPARTMENTAL REORGANISATION.

COMMON SENSE submits the present anomalous condition of the Army Medical Department should be remedied in one of two ways:

A. By constituting (1) surgeons to the Forces, classified for seniority among themselves, as are Army chaplains, and with no responsibility outside their strictly professional duties; (2) Army Hospital Corps, resuscitated; under its own officers for command, discipline, pay, drill, and equipment; (3) Nursing Sisters.

B. A Medical Corps, formed by the organic union of the Medical Staff and Medical Staff Corps; divided into field hospitals and bearer companies, having, possibly, some territorial connection with the leading medical schools; pay to consist of corps and professional pay.

C. The first alternative is probably somewhat cynically suggested: the utter impracticability of a dual hospital control system, which existed between 1873 and 1879, is not yet forgotten; and its expense—of course the second is the real common sense alternative.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

### LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY, LIMITED.

THE registered office of this Society will be removed after March 31st from 13, Royal Avenue, London, S.W., to 12, New Court, Lincoln's Inn, W.C. Messrs. Le Brasseur and Oakley, of this address, have been appointed solicitors to the Society. A standing Legal Committee was appointed at a meeting of the Council on February 27th. It will consist of ten members to whom matters of a legal or defensive character will be referred; this Committee was instructed to revise and consider the Articles of Association, and report to the Council in April. A vote approving the prosecution of the "Indian oculists" was passed unanimously.

### CONTRACTS NOT TO PRACTISE.

A MEMBER asks for an opinion on the following question:—A. sells to B. sixteen years ago, usual terms, not to practise within five miles, etc. How long is this binding?

\*\* It is usual in such cases to make the prohibitory clause in the agreement for transfer for a long period, practically prohibiting the vendor from again practising within the radius at any time without the consent of the purchaser, or his executors, administrators, and assigns. He is not expected to sell his practice and again return to it at a future time unless by special contract. The agreement or deed of transfer ought to leave no doubt on this question.

### CHANGING THE "DR."

F.R.C.S.—If our correspondent had carefully considered the surrounding circumstances of "Doubter's" case, as submitted for an expression of our views, we venture to think that instead of impugning "our abstract opinion," he would have acknowledged the soundness of the advice tendered. Be that as it may, we would suggest that F.R.C.S. should, for the moment, mentally assume the position of "Doubter," and endeavour to work out the problem presented, namely, whether it were the wiser and better part for the latter to decline courteously, for assigned reasons, to prescribe for a would-be-patient, or to run the chance of putting himself in very strained relations with the supplanted practitioner. Such was the problem as we viewed it.

### AN OVERSIGHT (?).

SURGEON writes: A. is a medical practitioner who has recently settled in a small village, distant five miles from a town where B. holds the union appointment, in which A.'s district is included. Late at night a message comes to A., from a lady who resides near, to request him to see W., who is a union patient of B.'s. A. at once calls on the lady and fully explains matters to her, and hearing that W. is in great suffering and is not expected to live many hours, consents to see him for B., and does so, fully explaining that the visit is made without charge both to the friends of the patient and to the lady, his patroness. A. then writes to B. and explains his action fully. B. does not so much as answer the letter. Was A. justified in his action? Where can the *Code of Medical Ethics* you so frequently quote be obtained?

\*\* In response to "Surgeon's" query we may note that "A.", under the circumstances related, was fully justified in visiting the patient, and in so doing acted in strict accord with the calls of humanity and the true ethics of the profession; and it is to be regretted that "B." should have ignored the usual courtesy of life, and omitted to acknowledge "A.'s" explanatory communication. The *Code* is published by Mr. H. K. Lewis, 136, Gower Street, W.C., price 3s.

### FEES FOR MIDWIFERY ENGAGEMENTS.

MR. JOHN CORNBILL, M.R.C.S., & L.A.C. (Ilfracombe) writes: As regards the question raised by "A. E. D." concerning midwifery engagements, I think it due to the profession to state that in a case which occurred in my practice some years ago, in which I was engaged by letter, and informed subsequently that the labour had terminated quickly without medical assistance being required, I recovered the fee in the county court, after my proposal to compromise the matter by accepting a moiety thereof had been declined.

At the monthly meeting of the Anglo-Russian Literary Society in the Imperial Institute on March 6th, Dr. Frank Clemow read a paper upon Russia and the Cholera, which was followed by a discussion.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF OXFORD.

ALTERATION OF REGULATIONS.—The Board of the Faculty of Medicine has given notice that, in consequence of the recent change of Statute, candidates in the second examination for the degree of M.B. will be required, in and after Michaelmas term, 1895, at the time of entering their names with the Secretary to the Board of Faculties, to produce the following four certificates:

I. *In Mental Disease*.—A certificate, signed by the proper authority, showing: (1) That the holder has attended a course of lectures, with clinical demonstrations, in connection with one of the recognised medical schools, or (2) that he has attended for three months the clinical practice of a lunatic asylum recognised by the Board. With regard to (2) the Board will recognise for this purpose: In England and Wales, the county and borough asylums and public hospitals for the insane; in Scotland, the district and public asylums for the insane; in Ireland, the district asylums.

II. *In Infectious Diseases*.—A certificate, signed by the proper authority, showing that the holder has attended for not less than two consecutive months on the clinical practice of a fever hospital or asylum recognised by the Board. The Board will recognise for this purpose: In England, the infectious hospitals under the control of the Metropolitan Asylums Board; in Scotland, the Edinburgh Fever Hospital; in Ireland, the Dublin (Cork Street) Fever Hospital.

III. *In Vaccination*.—A certificate from a public vaccinator appointed by the Local Government Board and authorised by them to give certificates of proficiency.

IV. *Of Attendance on Labours*.—A certificate, signed by the proper authority, of (1) having attended twenty labours in (a) the maternity department of a recognised medical school, or (b) the Rotunda Hospital in Dublin, or (2) of having attended thirty cases under the superintendence of a duly registered medical practitioner. The certificate to state that the holder has in all cases been present at the time of the birth of the child.

### UNIVERSITY OF CAMBRIDGE.

IN presenting for the degree of LL.D. *honoris causa*, the Right Hon. the Earl of Kintore, G.C.M.G., Governor of South Australia, the Public Orator referred to the fact that in his recent expedition through Australia, a province "of more than four times the area of the whole of France and the whole of Germany," his lordship had "as a distinguished companion in his great journey a medical graduate of Cambridge, whose very name recalls to memory a fortress of his native land." The allusion is to Dr. E. C. Stirling, C.M.G., Lecturer on Physiology in the University of Adelaide. The Public Orator went on to speak of the scientific discoveries of the expedition.

DOWNING PROFESSORSHIP.—The choice of the electors has fallen on Dr. J. B. Bradbury, Physician to Addenbrooke's Hospital, University Examiner in Medicine, and Linacre Lecturer of Physic at St. John's College.

M.B. EXAMINATIONS.—The plan of these examinations for the Easter term is published in the *University Reporter* of March 6th. The third examination begins on Tuesday, April 24th; the first and second on Friday, June 8th.

DEGREES.—At the Congregation on March 1st the following medical degrees were conferred:—*M.B. and B.C.*: A. W. Cuff, B.A., St. John's; B. H. Lees, M.A., St. John's; E. W. Parsey, B.A., Peterhouse; A. L. Roper, B.A., Clare; W. J. Fenton, B.A., Caius; L. Slater, B.A., Caius; H. Menzies, B.A., Jesus; W. W. Wingate, B.A., Jesus; J. C. Gardner (formerly stroke of the University eight), Emmanuel.

The following is the speech delivered by the Public Orator, Dr. Sandys, on March 6th, in presenting for the degree of Sc.D. *honoris causa* Dr. Santiago Ramón y Cajal, Professor of Histology and Pathological Anatomy in the University of Madrid:

Hodie laudis genus novum libenter auspici, Hispanæ gentis civem nunc primum salutamus. Salutamus virum de physiologiæ scientia optime meritum, qui inter flumen Iberum montesque Pyrenæos duo et quadraginta abhinc annos natus et luminis eiusdem in ripa Caesar augustæ educatus, primum ibidem, deinde Valentie, deinceps Barcelonæ munere Academicum functus, tot honorum spatium feliciter decurso, nunc denique in urbe, quod gentis totius caput est, histologiæ scientiam præclare proficitur. Fere decem abhinc annos professoris munus Valentie auspicatus, fore auguratus est, ut intra annos decem studiorum suorum in honorem etiam inter exteras gentes nomen suum notesceret. Non fefellit augurium; etenim nuper etiam nostras ad oras a Societate Regia Londinensi honoris causa vocatus, muneris oratorio, virorum insignium nominibus iam pridem ornato, in hunc annum destinatus est. Omitto opera eius maiora de histologia et de anatomia conscripta; prætereo etiam opuscula eiusdem quadraginta intra lustra duo in lucem missa; hæc enim omnia ad ipsa scientiæ penetralia pertinent. Quid vero dicam de artificio pulcherrimo quo primum auri, deinde argenti ope, in corpor humano fila quædam tenuissima sensibus motibusque ministrantia per ambages suas inextricabiles aliquatenus explorari poterant? In artificio illo argenti usum, inter Italos olim inventum, inter Hispanos ab hoc viro in melius mutatum et ad exitum feliciorum perductum esse constat. Si poeta quidam Romanus regione in eadem genitus, si Valerius Martialis, inquam, qui expertus didicit fere nihil in vita sine argento posse perfici, hodie ipse adesset, procul dubio popularem suum verbis suis paululum mutatis non sine superbia appellaret:

"Vir Celtiberis non tacende gentibus  
Nostræque laus Hispaniæ,  
Te nostri Iberi ripa gloriabitur,  
Nec me tacebit Bilbilis."

Duco ad vos virum et in Hispania et inter exteras gentes laudem merito adeptum, histologiæ professorem insignem, Santiago Ramón y Cajal.

<sup>1</sup> Martial, i 49, 1-2; 61, 11-12.



## UNIVERSITY OF ABERDEEN.

HONORARY DEGREES.—At a meeting of the Senatus Academicus of the Aberdeen University the honorary degree of LL.D. was conferred on the following members of the medical profession: Professor T. R. Fraser, M.D., F.R.S., for his work in pharmacology and therapeutics, especially in reference to his investigation on the antagonism of drugs; Sir William Guyer Hunter, for his distinguished professional career in India; and Dr. Thomas Keith, as a recognition of his eminent services in the surgery of abdominal diseases, his skill as an operator, and for the important share he has taken in the work which has achieved many of the great triumphs of modern surgery.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

## HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,251 births and 4,110 deaths were registered during the week ending Saturday, March 3rd. The annual rate of mortality in these towns, which had been 18.7 and 21.0 per 1,000 in the preceding two weeks, further rose to 20.5 last week. The rates in the several towns ranged from 13.8 in Leicester and 14.2 in Swansea to 25.5 in Plymouth and 33.1 in Wolverhampton. In the thirty-two provincial towns the death-rate averaged 20.2 per 1,000, and was 0.8 below the rate recorded in London, which was 21.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.4 per 1,000; in London the rate was equal to 2.7 per 1,000, while it averaged 2.2 in the thirty-two provincial towns, and was highest in Burnley, Birkenhead, and Wolverhampton. Measles caused a death-rate of 2.0 in Birkenhead, 2.2 in Leicester, and 4.3 in Wolverhampton; scarlet fever of 1.2 in Wolverhampton; whooping-cough of 1.8 in Plymouth, in Bristol, and in Cardiff; and "fever" of 1.2 in Nottingham. The 25 deaths from diphtheria included 59 in London, 6 in West Ham, and 5 in Manchester. Seven fatal cases of small-pox were registered in Burnley, and one each in London, West Ham, Bristol, and Bradford, but not one in any other of the thirty-three towns. There were 84 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, March 3rd, against 77, 78, and 81 at the end of the preceding three weeks; 17 new cases were admitted during the week, against 17 and 18 in the preceding two weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on Saturday last was 2,188, against 2,387, 2,270, and 2,181 at the end of the preceding three weeks; 239 new cases were admitted during the week, against 199 and 180 in the preceding two weeks.

## HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, March 3rd, 879 births and 558 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.2 and 20.6 per 1,000 in the preceding two weeks, declined again to 19.6 last week, and was 0.9 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 17.7 in Paisley to 25.2 in Dundee. The zymotic death-rate in these eight towns averaged 2.5 per 1,000, the highest rates being recorded in Dundee and Leith. The 202 deaths registered in Glasgow included 34 from whooping-cough, 11 from scarlet fever, and 6 from diphtheria. Two fatal cases of small-pox occurred in Leith, and 7 of whooping-cough in Dundee.

## THE LICENSING OF BAKEHOUSES.

A CASE heard at the Worship Street Police-court on March 3rd not only shows the conditions amid which the baking trade is often carried on, but points to the desirability of instituting some system of licensing as recommended by Dr. Waldo, rather than trusting, as at present, to inspection and prosecution.

The sanitary inspector found a water-closet divided from the bakehouse by a rough partition, the approach to the place being by a dark passage with wooden walls. All along the passage, says the report in the *Daily Telegraph*, and percolating through the wooden sides into the bakehouse, sewage matter was flowing inches deep. There were forty-eight people living or working in the house. A notice was served on the defendant to do away with the nuisance, but when the place was visited again two days later nothing had been done, except, indeed, the making of tarts, which was going on the same as ever.

The defendant said he was only a weekly tenant, and could not do the work. He paid 33s. a week for the shop, bakehouse, and sleeping room, and had paid the landlord £30 to get possession. The inspector said that the house was rated to a foreigner, who rack rented it to various tenants, one of whom was the defendant.

A place of this sort would never have received a licence, whereas at present a nuisance must be proved before anything is done. The deficiency here was not in the mode of conducting the business, for which a tenant might be held responsible, but was a structural defect in the building, which unfitted it for the purposes for which it had been let. The inspector said it was usual to visit bakehouses twice a year, but an inspection of that sort had but small terrors for the landlord, who, if one tenant fails him, can readily get another who will take the risk of being found out. A licence, however, would apply not to the tenant but the house, and would throw the responsibility for the state of the building on the man who makes a profit by the letting of it; surely a better plan.

## THE HEALTH OF HASTINGS.

IN the fourth quarter of 1893 the corrected death-rate was 16.57 per 1,000, as compared with 17.30 in the previous year; and the zymotic death-rate 1.67, against 2.08 per 1,000 of population in 1892.

## MEDICAL INSPECTION OF SHIPPING IN THE THAMES.

A SYSTEM of medical inspection of shipping, by which the removal of infectious cases to hospital was increased tenfold, was in operation in the port of London during the latter half of 1893, as appears from Dr. Collingridge's report. It seems that the annual average of less than 6 such removals gave place to 26 in the six months in question, during which the Customs officers permitted joint port medical and Customs inspection of every vessel coming "foreign." Of the 23 there were 16 cholera cases, and 10 cases are recorded in which infectious disease was found on board after the vessel was cleared by the Customs quarantine officer. Dr. Collingridge points out that this joint inspection, whilst instituted on account of cholera prevalence, has thus been instrumental in the detection of other diseases, and has thus avoided the passage to London of infectious cases which aforesaid escaped the vigilance of non-medical inspection by the Custom House; and he argues very properly that all port sanitary inspection of vessels should be of a medical character. Arrangements with this end in view are urged as matter of prime importance, and such as should be made the subject of a conference with the Government.

Another matter which Dr. Collingridge would gladly see placed on a different footing is action in regard to yellow fever and plague transferred from the Privy Council to port sanitary authorities. Of the soundness of this view there can be no reasonable doubt. The erasure of our present quarantine law from the Statute Book cannot be made too early.

## THE SANITARY STATE OF SOUTHEAST.

THE town of Southend is to be congratulated upon its death-rate of 10.91 per 1,000 of average population during last year, or 12.33 if visitors be excluded. The zymotic rate of mortality was 1.91 per 1,000, but the number of fever attacks, 149, was large, the chief incidence being thought of as due to defective sewerage. Dr. Jones, the health officer, seems sanguine that the new sewerage and outfall scheme will remove the danger of a like recurrence of disease, and no doubt the equally important matter of house drainage will receive the unremitting attention which it deserves. Flushing and cleansing seem the order of the day; private wells are being closed, water-closets enforced, scavenging looked after, and general sanitary activity manifested. Doubtless the coming season will find the town council striving to maintain a good name for their town. We trust there may be no cause for anxiety.

## DUAL NOTIFICATION.

THE duty of heads of households towards the Compulsory Notification Act is perfectly plain, but little carried out, and complaints by health officers are by no means infrequent as to the discouragement which avoidance of this duty too often affords. Where cases of disease obviously of an infectious nature are not medically attended it seems to be the one desire of only too many persons to maintain a selfish silence concerning the matter. We entirely agree with Dr. Hollings, the health officer of Calverley, that the prosecution of defaulters should be undertaken in a few instances with the view of securing general compliance with a statutory requirement not seldom of great moment to the public health.

## SMALL-POX IN MANCHESTER IN 1893.

THERE were 619 reported cases of small-pox last year, of which 600 occurred in the first half. The cases were at the rate of 1.2 per 1,000 of population. Only 4 cases were notified during the last three months of the year.

## MEDICAL NEWS.

DR. THOMAS CARR has been presented with a handsome brass inkstand by the members of his ambulance class.

DR. MAURICE TRESTON has been presented with a salad bowl and service by the ambulance class at Sparkhill, Birmingham.

At a meeting of the North London Medical and Chirurgical Society at the Great Northern Central Hospital on March 8th, a paper illustrated by means of the lantern was read by Dr. Patrick Manson on the Diagnosis of Tropical Diseases seen in London.

SANITATION SUNDAY.—The Church Sanitary Association has recommended that the Seventh Sunday after Trinity should be a "Sanitation Sunday," on which the hygienic necessity of personal cleanliness, fresh air, abundant light, pure water and food, and safeguards against infectious disease should be spoken of from the pulpit.

At the close of the ambulance classes held at the Shawlands Academy, in connection with the Pollokshaw centre of the St. Andrew Ambulance Association, Dr. Ritchie, who had instructed the ladies' class, and Dr. W. Walker, who had taught the men's class, were presented with objects of art by their several classes.

MEDICAL STUDENTS IN PARIS.—During 1893 nearly 5000 students were registered in the Medical Faculty of Paris. Of these 1,358 were foreigners, and 155 were women; of the latter 14 were Frenchwomen. The total number of examinations passed was 6,803.

**THE INSTITUTE OF CERTIFIED SANITARY INSPECTORS.**—We have received the annual report of the Institute of Certified Sanitary Inspectors, which seems to have started into existence under good auspices and with considerable vigour. While, however, sympathising with this body in the objects of its formation, and congratulating it on its report, we cannot shut our eyes to the fact that, as matters stand at the present time, it is an outcome of one only of the many bodies which now claim the right to give certificates to sanitary inspectors. The natural and the proper outcome of the present condition of affairs in regard to this question is that proposed by Sir Walter Foster, as mentioned in the *BRITISH MEDICAL JOURNAL* of February 24th—namely, that a conjoint board for the purpose of certification of sanitary inspectors should be formed, consisting of representatives of all the various bodies approved by the Local Government Board. If this were done the Institute of Certified Sanitary Inspectors might, without any alteration of rules, become truly representative of the certified sanitary inspectors of the country.

**REVOLVER ACCIDENTS.**—Mr. Wightman, Coroner, at an inquest at Wath-on-Dearne recently, made some strong yet apposite remarks on the easy manner in which firearms can be procured and the accidents and deaths which in consequence resulted. A boy, aged 12, had been in this case shot in the head; the revolver went off accidentally as his brother was taking it out of his pocket. The coroner described the indiscriminate sale of these weapons not only to boys and young persons but also to adults as criminal. He could not too strongly condemn the practice. Murders were committed, accidents frequently resulted, and a premium was placed upon suicide by this reckless sale of firearms. He hoped a prohibitive tax would some day be placed upon their sale. Here was a case where a tradesman had sold a revolver to a boy without knowing anything about him or having the slightest idea what he was going to do with it. If the boy could not have bought a cheap, but dangerous thing like that the poor little twelve-year-old brother would be alive now. He regretted he had not the power to punish the person who sold the weapon. A revolver was useless except to the policeman or soldier, and the sooner the indiscriminate sale was stopped the better.

**MEDICO-PHYSIOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.**—An adjournment of the annual meeting of this Association was held at Oxford on February 15th, under the presidency of Dr. J. M. Lindsay. The report by the Rules Committee was further considered, the proposed rules being discussed *seriatim*, and after some amendments adopted. The ordinary meeting of the Association was held the same afternoon. The following resolution, proposed by Dr. Conolly Norman and seconded by Dr. Savage, was passed unanimously: "That this meeting has learnt with regret the retirement of Mr. Cleaton from his post as visiting member of the Lunacy Commission after a long and distinguished service. The Association feels that Mr. Cleaton's kindness and clear judgment have been of the greatest service in his work in the Lunacy Department, and hopes he may live long to enjoy his well-deserved leisure." It was announced that the next annual meeting would be held in June, the precise date to be fixed by the President-elect, Dr. Conolly Norman. Eight candidates were admitted member of the Association. Papers were read by Dr. Weatherly and Dr. Menzies, and a paper by Dr. Chapman was taken as read. In the evening the member dined together at the Randolph Hotel.

#### MEDICAL VACANCIES.

The following vacancies are announced:

- BAILEBOROUGH UNION, Termon Dispensary.**—Medical Officer. Salary, £30 per annum, £12 10s. as Medical Officer of Health, together with registration and vaccination fees. Applications to the Rev. Walter Peyton, Chairman, Billis Grange, Virginia. Election on March 14th.
- BIRMINGHAM GENERAL DISPENSARY, Birmingham.**—Resident Surgeon. Salary, £150 per annum, with an allowance for cab hire, and furnished rooms, fire, lights, and attendance. Applications and testimonials to Alex. Forrest, Secretary, by April 11th.
- BOLTON INFIRMARY AND DISPENSARY.**—Junior House-Surgeon; age not to exceed 25. Salary, £80 per annum, with furnished apartments, board, and attendance. Applications and testimonials to Peter Kevan, Honorary Secretary 12, Acresfield, Bolton, by March 20th.

- BRADFORD CHILDREN'S HOSPITAL.**—House-Surgeon (to dispense); doubly qualified. Salary, £70, with board, residence, and washing. Applications and testimonials to C. V. Woodcock, Secretary, by March 12th.
- CITY ORTHOPÆDIC HOSPITAL, Hatton Garden.**—Honorary Surgeon; must be a Fellow of the Royal College of Surgeons of England or of Edinburgh. Also Two Honorary Assistant Surgeons; must be either Fellows or Members of the Royal College of Surgeons of England or of Edinburgh. Applications, addressed to the Committee at the Hospital, by March 12th.
- COUNTY OF NORTHUMBERLAND.**—Medical Officer of Health. Salary, £500 per annum, with travelling expenses. Appointment for three years. Applications and testimonials, endorsed "Medical Officer," to C. D. Forster, Clerk to the Council, by March 24th.
- DENTAL HOSPITAL OF LONDON, Leicester Square, W.C.**—Assistant Dental Surgeon. Applications to J. Francis Pink, Secretary, by March 12th.
- DEVONSHIRE HOSPITAL, Buxton, Derbyshire.**—Assistant House-Surgeon. Salary, £50 per annum, with furnished apartments, board, and washing. Applications and testimonials to Joseph Taylor, Secretary, by March 19th.
- EYE AND EAR INFIRMARY, Liverpool.**—Honorary Assistant Surgeon. Applications and testimonials to Reginald Haigh, Honorary Secretary, by March 12th.
- GENERAL HOSPITAL, Birmingham.**—Two Assistant House-Surgeons. Appointments for six months, and may be held by re-election for a further period of three or six months, but no longer. No salary attached to the posts, but residence, board, and washing will be provided. Applications and testimonials to Howard J. Collins, House-Governor.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury, W.C.**—House-Surgeon to Out-patients (non-resident). Appointment for six months, but the holder will be eligible for a second term of Office. Salary, 25 guineas. Applications and testimonials to Adrian Hope, Secretary, by March 20th.
- INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST AND THROAT, 26, Margaret Street, Cavendish Square, W.**—Honorary Visiting Physician; must reside within one mile of the Institution. Particulars of qualifications to be obtained at the Infirmary.
- JOINT COUNTIES LUNATIC ASYLUM, Carmarthen.**—Medical Superintendent. Salary, £500 per annum, with unfurnished house, garden produce, fire, light, and washing. Applications and testimonials to be forwarded to W. Morgan Griffiths, Solicitor, Carmarthen, by March 21th.
- MILLER HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich Road, S.E.**—Junior Resident Medical Officer. The post is tenable for six months, with prospect of re-election for the same period. Salary, £30 per annum, with board, attendance, and washing. Applications and testimonials to Major-General G. R. Roberts, Honorary Secretary, by March 10th.
- NATIONAL ORTHOPÆDIC HOSPITAL, 234, Great Portland Street, W.**—Assistant Surgeon; must be Fellow of the College of Surgeons of England. Applications and testimonials to the Secretary by March 12th.
- OWENS COLLEGE, Manchester.**—Professor of Zoology. Applications to the Council of the College, under cover to the Registrar, by April 3rd.
- ROYAL COLLEGE OF PHYSICIANS.**—Milroy Lecturer. Applications to Edward Liveing, M.D., Registrar, by April 9th.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.**—House-Physician. Appointment for six months. Salary at the rate of £40 per annum, with board and lodging. Applications and testimonials to the Secretary by March 14th.
- ROYAL SOUTH HANTS INFIRMARY, Southampton.**—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications with testimonials to the Secretary, T. A. Fisher-Hall, by March 10th.
- ROYAL SURREY COUNTY HOSPITAL, Guildford.**—House-Surgeon. Salary, £80 per annum, with board, lodging, and laundry. Applications to the Honorary Secretary by March 10th.
- ROYAL SURREY COUNTY HOSPITAL, Guildford.**—Assistant House-Surgeon. No salary, but board, residence, and laundry provided. Applications and testimonials to the Honorary Secretary, by March 10th.
- ST. THOMAS'S HOSPITAL.**—Resident Assistant Physician. Applications and testimonials to Mr. E. M. Hurdy, Treasurer's Clerk, by March 10th.
- SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.**—Assistant House-Surgeon; doubly qualified, registered, and unmarried. Salary, £65 and £50 respectively, with board, lodging, and washing. Applications and testimonials to Dr. Sinclair White, Honorary Secretary Medical Staff, by March 12th.
- TAUNTON AND SOMERSET HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. No salary, but board, washing, and lodging in the Institution. Applications and testimonials to the House-Surgeon by March 24th.
- TORBAY HOSPITAL, Torquay.**—Honorary Ophthalmic Surgeon. Applications and testimonials to the Honorary Secretary by March 17th.
- TUNBRIDGE WELLS GENERAL HOSPITAL.**—Resident House-Surgeon. Also to act as Secretary. Must be unmarried. Salary, £100 per annum, with board, furnished apartments, gas, firing, and attendance. Applications and testimonials to Henry Harris, Assistant Secretary at the General Hospital, by March 13th.
- WEST-END HOSPITAL FOR NERVOUS DISEASES, Etc., 73, Welbeck Street, W.**—Anæsthetist. Appointment for twelve months. Candidate eligible for re-election. Applications to H. Ansell, Secretary.

## MEDICAL APPOINTMENTS.

- BAINES, Eustace W. P., M.B., appointed House-Physician to the Hospital for Women, Soho.
- BROWN, Stanley M., M.B.Lond., L.R.C.P., appointed House-Surgeon to the Salford Royal Hospital, *vice* G. E. Newby, resigned.
- BROWNE, Edgar A., F.R.C.S.Edin., appointed Consulting Surgeon to the Liverpool Eye and Ear Infirmary.
- CLARK, W. F., M.R.C.S.Eng., L.S.A., appointed Medical Officer to the Cheshunt District of the Edmonton Union, *vice* J. H. Russell, resigned.
- DUNN, D. S., M.D., M.Ch., L.M., appointed Medical Officer to the Warboy District of the St. Ives Union, *vice* T. L. Lawson, resigned.
- EDWARDS, B., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer of the Ipswich District of the Samford Union, *vice* G. C. Edwards, resigned.
- GREY-EDWARDS, C., B.A., M.B., B.Ch.Univ.Dubl., appointed Public Vaccinator to the No. 1 Anglesey District of the Bangor and Beaumaris Union.
- HOOTON, W. A., L.R.C.P.Lond., M.R.C.S., L.D.S., appointed Honorary Dental Surgeon to the General Hospital for Sick Children, Manchester.
- KNIGHT, Ernest, M.R.C.S., L.R.C.P., appointed Junior House-Surgeon to the Salford Royal Hospital, *vice* S. M. Brown.
- LACK, H. Lambert, M.B., F.R.C.S., appointed Demonstrator in Surgery to King's College, London.
- LIGHTBODY, J. H., M.D.Vict., M.B. and Ch.B., appointed Medical Officer to the Wybunbury District of the Nantwich Union, *vice* G. L. Travis, resigned.
- O'SULLIVAN, Michael, M.B.R.U.I., appointed Pathologist and Anæsthetist to the Children's Hospital, Temple Street, Dublin.
- ROOK, A. E., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer to the Eastbourne Union, *vice* H. D. Farnell, resigned.
- RUBRA, H. H., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the Cumberland Infirmary Carlisle.
- SHEARS, Charles H. B., M.R.C.S.Eng., L.R.C.P.Lond., appointed Surgeon to the Liverpool Eye and Ear Infirmary.

## DIARY FOR NEXT WEEK.

## TUESDAY.

- ROYAL COLLEGE OF PHYSICIANS, 5 P.M.—Dr. Octavius Sturges: The Lumleian Lectures on Heart Inflammation in Children. Lecture II.
- ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. T. H. Morse: Ruptured Gastric Ulcer treated by Laparotomy, Gastric Suture, and Washing Out of the Peritoneum: Recovery; communicated by Mr. Barwell. Mr. C. B. Lockwood: A Case of Resection and Immediate Suture of Intestine, which had been Strangulated Eighty-one Hours: Recovery.

## WEDNESDAY.

- NATIONAL HEALTH SOCIETY, 53, Berners Street, W., 4 P.M.—Sir Douglas Galton: House Sanitation.
- POST-GRADUATE COURSE, West London Hospital, Hammersmith, W., 5 P.M.—Mr. Percy Dunn: Foreign Bodies in the Eye, and Ophthalmic Cases.
- HUNTERIAN SOCIETY, 8.30 P.M.—Pathological evening. Specimens will be exhibited by Dr. William Ettles, Dr. Turner, Dr. P. Manson, Dr. James Galloway, and Mr. Charters J. Symonds.
- METROPOLITAN COUNTIES BRANCH: HERTFORDSHIRE DISTRICT, Red Lion Hotel, Hatfield, 5.30 P.M.
- LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.—Papers will be read by Dr. J. B. Ball, Dr. De Havilland Hall, Dr. A. A. Kanthack, Dr. Percy Kidd, Dr. Felix Semon, Dr. Scanes Spicer, Mr. W. R. H. Stewart, Mr. Charters J. Symonds, and Dr. H. Tilley.

## THURSDAY.

- ROYAL COLLEGE OF PHYSICIANS, 5 P.M.—Dr. Octavius Sturges: The Lumleian Lectures on Heart Inflammation in Children. Lecture III.
- HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Discussion on Influenza, to be opened by Dr. Samuel West.
- SOCIETY OF ANÆSTHETISTS, 20, Hanover Square, 8.30 P.M.—Mr. Richard Gill: On the Relation of the Pupil to Anæsthesia.
- METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT, Brooke House, Upper Clapton, 8.30 P.M.

## BIRTHS, MARRIAGES, AND DEATHS.

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

## BIRTH.

GWYNNE.—On February 27th, at 182, Jamaica Road, S.E., the wife of Dr. Gwynne, of a daughter.

## DEATHS.

MACPHERSON.—On March 1st, at 251, Bath Street, Glasgow, Robert Macpherson, M.D., aged 39 years.

SHAW.—On February 18th, at Carr Lane House, Slaithwaite, Thomas Shaw, L.R.C.P., L.R.C.S., Lieutenant 2nd V.B.W.R. Regiment, aged 43 years. Interment St. James's Church, Slaithwaite.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

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

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 to his private house.

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

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 to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with duplicate copies.

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.

ALEX writes: Will you or any of your correspondents kindly furnish me with information as to the prospects of practice in the South of France, Switzerland, or Italy, and the regulations (if any) under which British medical men are allowed to practise?

S. T. would be glad to know the special significance (if any) of somewhat sudden dilatation of facial venules occurring in a gentleman past middle age, energetic, but engaged in sedentary occupation, and mentally overstrained. Patient is hypochondriacal, but not melancholic. No reason to suspect alcoholism. Would any local treatment be likely to improve matters?

## SLEEPLESSNESS IN BOYS.

A COUNTRY SURGEON writes: My son, 12 years of age, cannot sleep at night. It is often 3 or 4 o'clock in the morning before he can get off. He is healthy, very active, and quick at picking up anything, whether lessons, cricket, or football. He has had change of air (seaside and other places), with no good result. He sleeps no better during holidays than when at school. I have not given him drugs to procure sleep, but should be thankful if any of your readers would suggest a remedy of any kind.

## ANSWERS.

N.H.L.: A MEMBER.—Information as to conditions of practice in foreign countries will be found in the Educational Number of the BRITISH MEDICAL JOURNAL, published on September 2nd, 1893, p. 546.

W.W.—Dunglison's *Dictionary of Medical Science*, of which the twenty-first edition has recently been published, will no doubt answer our correspondent's purpose.

X.—The Degree of Doctor of Medicine obtained from a French faculty of medicine is required under the new medical law by everyone wishing to practise in France.

HARD UP.—A German qualification is necessary for anyone wishing to practice in Saxony. The *Staatsexamen* (the only qualifying examination in the German empire) must be passed in German, and no interpreter is, we believe, allowed. There is no school of medicine at Dresden.

## TRAINING OF MALE NURSES.

WE are informed that Mr. S. Osborn, Chief Surgeon of the Metropolitan Brigade of the St. John Ambulance Association, has just concluded a course of nursing lectures to men at St. John's Gate. These lectures were the same as those given by him at the Herbert Hospital during the Egyptian war. Information as to the next course can be obtained from Mr. Church Brasier, St. John's Gate, Clerkenwell, E.C.

## SHIP SURGEONCIES.

A M.O.M.—The round voyage to the Cape or Natal and back usually occupies about nine weeks. Surgeons are engaged by the voyage, and the Castle Line Company are said to be inundated with applications for the appointment. As in other first-class lines, considerable influence with the management is generally required to obtain the position, and our correspondent should obtain this if possible and forward his application with letters of recommendation to Messrs. Donald Currie and Co., 3 and 4, Fenchurch Street, E.C.

## M.D.LOND. IN STATE MEDICINE.

I.W.P. will find the following works useful in preparing for this examination:—Textbooks, Introductory: *Hygiene and Public Health*, Louis Parkes; *Hygiene and Public Health*, B. A. Whitelegge. Books of Reference: *A Treatise on Hygiene and Public Health*, Stevenson and Murphy; *A Manual of Public Health*, Wynter Blyth; *Our Homes*, Shirley Murphy; *Parkes' Practical Hygiene*, Lane Nott; *Lectures on Sanitary Law*, Wynter