

from powder chiefly, and many shot were extracted. Doubting at the time my power to render such a wound aseptic by ordinary methods, I packed it with sulphur for the first twenty-four hours. The slough separated as usual, and I thought a healthy granulating surface remained. However, on the tenth day trismus and a stiff neck developed, and he had a sharp attack of tetanus. When the thumb was amputated after the development of the tetanus, a shot was found on the deep surface of the fractured metacarpal.

**Distribution of Spasm.**—The symptoms varied somewhat in the four cases. In "R.C.," in whom the point of inoculation was in the right thumb, the parts affected were, in order, the neck, the jaw, the abdomen, the right arm, the left arm, the back, and not the lower extremities at all. In "G.K.," in whom the lesion was in the right leg, the order of invasion was the jaw, back, abdomen, and face all about the same time; the legs, and later the arms, to a slight extent only. In "T.T.," in whom the lesion was on the back of his left hand, stiffness in the neck appeared first, then difficulty in swallowing, some stiffness of the jaw, slight opisthotonos, and hardening of abdominal wall. In twenty-four hours all these parts became much more affected, swallowing impossible, and he died cyanosed from spasm of the diaphragm. The limbs were not affected at all. In "A.F.," aged 14, the lesion was in the right ring finger; the arms, back, and abdomen were the first parts affected, the legs next, and the jaw not until the third day of the disease, and then only slightly. To sum up: Hardening of the abdomen and opisthotonos were present in all within the first twenty-four hours. The trismus was present early in three cases, but very late in the fourth. There was a tendency for the severity of the disease to fall upon the upper half of the body and upper limbs when the lesion was in the upper extremity, and upon the lower half when in the lower extremities. Moreover, in the case of "G.K.," he was positive that the severe spasms always started from his wounded leg. This tendency for the symptoms to extend transversely in preference to longitudinally suggests that the poison diffuses itself in the spinal cord, and that in it the ferment-like bodies are stored which set free the tetanus toxins. To carry the idea further. Is it possible that, as in hydrophobia, the primary poison tracks along the nerves to the central nervous system?

**Effect of Antitoxin.**—The treatment adopted in three of the cases was subcutaneous injections of tetanus antitoxins, combined in two with occasional draughts of chloral and bromides. These three cases recovered. In the fourth case, admittedly the most severe, I was unfortunately unable to procure the antitoxins in time. He died within twenty-four hours of my first seeing him. In my first case ("R.C.") I used Tizzoni's antitoxins. In the second I began with Tizzoni's, and completed the case with the British Institute of Preventive Medicine antitoxin, which has the convenience of being fluid. In the third case the British Institute of Preventive Medicine antitoxins were used throughout.

**Dosage of Antitoxin.**—This is a most important point. Large doses, 30 c.cm. at once, and repeated at least every six hours till some improvement is seen even in a case which promises to be mild, is the only fair way of testing the antitoxins. I began in my first and second cases very cautiously, as the remedy was new to me, but in my second case I observed no improvement until I had injected 50 c.cm. within eight hours, that was 30 c.cm. at 10 A.M. and another 20 c.cm. at 6 P.M. This man nearly died from the severity of the spasms, and I feel sure that if I had begun larger doses earlier he would not have reached such a dangerous condition. In any case which, from the shortness of the incubation period, the large surface infected, and, I believe, the number of the nerves involved, threatened to be a severe one, I should not hesitate, while the patient was under an anæsthetic, to inject 50 c.cm. at once, and repeat the dose in four hours' time. I think tetanus differs from diphtheria in this—while in diphtheria a second dose is frequently not needed, it seems that in tetanus repetition of at least twelve-hourly intervals is advisable. One of my cases needed 10 grams of Tizzoni's antitoxin to complete the cure spread over seven days, and another 13½ grams of Tizzoni's and 180 c.cm. of the B.I.P.M. extending over ten days. The only disagreeable symptom I could ascribe to the antitoxins was an irritable rash, either urticarial or erythematous. Cases of traumatic tetanus treated with antitoxins are frequently reported, in which 10 c.cm. is the dose administered at first, and one constantly reads that the antitoxins did no good. [Surely

this is hardly a fair test. It would seem rational that the surgeon, instead of abandoning the treatment when 10 c.cm. did not succeed, should proceed quickly to increase the dose until some effect was produced. I do not myself believe that any harmful effect would follow 100 c.cm. injected at one dose distributed over five injections.

In two of my cases which recovered, the infected part was amputated; in the third, the ulcer was scraped and cauterised with fuming nitric acid; in the fatal one, the edges of the wound were excised, together with a metacarpal bone, and the wound cleansed with formalin solution (1 in 80).

## MEMORANDA:

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

#### A CASE SHOWING THE VALUE OF LATE INJECTIONS OF DIPHTHERIA ANTITOXIN.

I WAS called to see a baby aged 7 months on December 27th, 1898, in order that I might treat it for croup. It was a healthy breast-fed girl and its mother and grandmother gave independently a history of its having had "croup" for the past seven days; they were quite sure that the child had had the difficulty of breathing continuously during that time; but as the difficulty lasted for so long and became decidedly more marked on this the eighth day they sent for a doctor.

When I saw it the case was exactly one of those which when brought into a London hospital is tracheotomised as promptly as possible. The respirations were 36, the pulse 154, and the temperature 99.2°. Croupy cough, great sucking in of ribs and triangles of neck, etc.; no cyanosis of lips. The fauces were normal, except for slight congestion of the ridges of tonsils. I was by no means sure that the case was diphtheria, though subsequently plenty of Klebs-Loeffler bacilli were found in some tracheal mucus sent to the Jenner Institute. I waited a short time to try the effect of ipecacuanha and hot applications, but as the dyspnoea increased I advised tracheotomy, not to save life, but to render the mode of death less distressing to the parents and the patient. In pre-serum days diphtherial croup in a child of 7 months was practically always fatal. I thought that the injection of antitoxin on the eighth day of the illness would have little or no beneficial effect. However, having laid these considerations before the parents I performed tracheotomy and injected 1,500 units of antitoxin (Jenner Institute). The usual relief to the dyspnoea followed, and next morning I injected another 1,500 units. The respirations were then 42, pulse 156, and temperature 99.4°. Of course the urgent dyspnoea and then the operation necessitated sudden and complete weaning.

The case improved uninterruptedly; there was no pneumonia and not much bronchitis. The temperature never rose above 99.4°, the pulse above 156, and the respirations above 42. The tube could not be removed till the seventh day after tracheotomy. The convalescence was commonplace and the child is now perfectly well. It is possible that the croup during the first few days was merely catarrhal and that the child was infected with diphtheria only two or three days before I saw it. The great probability is that the case was diphtheria from the beginning. In the past three months there had been two cases of diphtheria in adjacent houses.

I publish the case as one illustrating in a very striking manner the value of diphtheria antitoxin injected even so late as the eighth day of the illness.

Kingston-on-Thames.

A. M. DALDY, M.D., F.R.C.S.

#### A SORE DIAGNOSED AS CANCER OF THE LIP IN EARLY LIFE: RECOVERY WITHOUT OPERATION.

PERMIT me to communicate a recent case of so-called early cancer parallel to those cases quoted by Mr. Roger Williams where clinical and pathological diagnosis seem at variance.

I had this case under observation already for some months when the interesting discussion on the point appeared in the BRITISH MEDICAL JOURNAL. The patient, J. N., between 17 and 18 years of age, consulted me in May, 1898. A diagnosis of cancer of the lip had then been made. He had a diffuse eczematous affection on the lower lip, with a patch of ulcera-

tion about the size of a sixpenny piece towards the right side. This ulcerated surface rested on a raised base presenting numerous warty nodules. He stated that the sore had existed for six months, and that he did not smoke. There was no gland infiltration. The eczematous dermatitis was probably due to the irritating discharge from the ulcer or from saliva, bubbles of which always appeared drying at angles of mouth.

I consulted several of my colleagues, who recommended that the case be kept under observation. For some months I treated him with antiparasitic ointments with success, but on one occasion, he having run out of ointment, his lip got worse than ever. I then took him into hospital, and a careful examination of the growth was made by the pathologist, Dr. Moore, who pronounced it malignant. Operation was advised, but I only snipped off a prominent part of ulcer with scissors, purposely leaving most of the growth in the belief that it would heal. My expectations have been justified, as on January 12th the eczema has been cured, the infiltration disappeared, and all that remains of the growth is a fibrous nodule which I consider cicatricial.

I would ask, with Mr. Williams, Are these cases to be considered cancerous?

R. P. CROSBIE, M.A., M.B.,  
Extern Surgeon, South Infirmity, Cork.

#### TREATMENT OF HÆMOPHILIA.

A FAMILY of "bleeders" has been under my care and observation for fifteen years. The father, two sons, and two daughters are affected, the others (one daughter and two sons) are not. The father has periodical attacks of hæmorrhage from the bowels and lungs. He is treated in the following way: He is ordered to bed at once, to keep perfectly quiet and still, not even to talk more than is necessary. No food of any kind to be given for two days; sips of iced or cold water to be taken occasionally. I give no medicine whatever, except a little coloured water to please them. In my experience drugs so prescribed for hæmorrhage have little or no effect upon these particular cases, as I find bleeding must take place to a certain degree in order to relieve the quantity of blood and to lessen cardiac force. Further, if the patient strictly adheres to a plain, non-stimulating diet he will go for years without having an attack of hæmorrhage.

Owing to the subsequent bleeding, tooth extraction in this family was always looked upon as a deadly operation. They gave me their previous experience with other medical men before I came here, and the same occurred to me for a short time. But, fortunately for them, an idea of mine of freezing the cavity from which the tooth was taken with chloroethyl freezing mixture contained in bulbs with beaks bent at any angle to suit the mouth, proved quite a success, and stopped the bleeding. I have since drawn several teeth from the same family without any trouble or fear to the patient or myself. Immediately the tooth is extracted I apply the jet of freezing mixture to the cavity for three minutes. A certain amount of blood that will ooze into the cavity will be frozen into a hard mass, which fits the cavity tightly and uniformly, and which acts as the best and most reliable compress. In my hands it has never failed. I have never heard or read of this treatment being adopted by others; and it is through the express wishes of some of my medical friends, who considered my experience in the treatment of hæmorrhage worth recording, that I write this.

R. T. E. DAVIES, L.R.C.P., M.R.C.S., L.S.A.  
New Tredegar.

EXOPHTHALMIC GOÏTRE IN THE RUSSIAN ARMY.—The frequency with which exophthalmic goitre occurs in the Russian army has been the subject of many elaborate reports and discussions. J. S. Koljag (*Vratch*, December 26th, 1898) attributes the disease to the constant pressure upon the thyroid gland produced by a too tight collar, which the Russian soldier wears. In support of his view he refers to the fact that the prevalence of exophthalmic goitre has greatly increased in the Russian army since the introduction of a uniform provided with a very tight collar, and that the disease is more frequently met with among soldiers who have already served for a certain length of time than among those who have only recently entered the army.

## REPORTS

ON

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

#### CHILDREN'S HOSPITAL, NOTTINGHAM.

CASE OF DERMOID CYST OF BROAD LIGAMENT IN A GIRL  
AGED 11 YEARS.

(Under the care of LEWIS MARSHALL, M.D.)

[Reported by W. McKAY, M.B., House-Surgeon.]

*History.*—A. C., aged 11 years, was admitted on October 29th, 1898, owing to the presence of a swelling of the abdomen. During the month of July she had been troubled with cramp-like pains in the abdomen, which occurred at intervals and soon passed away. When not suffering from these pains she was able to run about in apparently good health. Three weeks before admission she had dribbling of urine during the day, and at this time her mother first observed that the abdomen was enlarged.

*Condition on Admission.*—The child was quite healthy in general appearance, and well nourished, being rather a big girl for her age. Prior to examination of the abdomen, the bladder was emptied by catheter, and 2 ounces of urine withdrawn. A distinct swelling was seen to occupy the lower part of the abdomen, reaching to a couple of fingers' breadth above the umbilicus (which remained natural in appearance), and extending into the lumbar regions. On palpating it was found to be a tumour with well-defined, rounded borders, easily movable, and not affected by the movements of the diaphragm; the fingers could be dipped between it and the pubic symphysis. The swelling was more prominent on the left side, where it was felt to be of the hardness of bone or cartilage, and very close to the abdominal wall. The upper and right side was elastic and fluctuating, while over the whole swelling there was dullness on percussion. The flanks yielded a resonant note. The ovarian corona was well marked. On examination under an anæsthetic the above facts were made out with clearness, and in addition there could be felt a band extending from the tumour down into the left side of the pelvis. This band became tense when the tumour was pushed up towards the epigastrium. On examining by the rectum, the swelling could be felt high up on the left side, and it could readily be moved away from the examining finger by the hand on the abdomen. There was no albumen in the urine; no mammary development and no physical signs of disease elsewhere. The diagnosis of dermoid cyst in the left broad ligament was made.

*Operation.*—On November 13th chloroform was given, and an incision about  $4\frac{1}{2}$  inches long made just to the left of the middle line through the rectus muscle. After cutting through the peritoneum, a vascular mass was encountered, which proved to be the pedicle of the tumour, the latter having apparently become doubled down behind it. This was moved aside, and, as fluid could be palpated in the upper part of the tumour, the trocar was introduced, and about 15 ounces of clear fluid withdrawn. The rest of the cyst was then easily turned out of the abdomen. Fortunately no adhesions were present. The pedicle, which was about 3 inches broad and very vascular, was tied by a series of three ligatures, and the cyst cut away. As there had been no escape of fluid into the abdominal cavity, and very little bleeding, the peritoneum was easily cleaned, and then stitched up by interrupted silk sutures, the remainder of the parietes being united by another set of silkworm-gut sutures.

*Description of Cyst.*—When removed the cyst was found to have thin walls, and to be composed of two parts. One portion of it had been filled with fluid, while the remainder of the contents, consisting of bone, cartilage, sebaceous material, and some hair, was firmly fixed in the bottom of the cyst. The weight without the fluid was 13 ounces.

*Result.*—During the first twelve hours after the operation the patient's pulse was strong and regular. The thirst, which was intense, was relieved by water enemata, and nutrient suppositories were given every four hours. Next morning the pulse was small and weak, and the child evidently not so

LUKE FISHER, M.D.St.AND., M.R.C.S.Eng., L.S.A. DR. FISHER, who died on January 30th at his residence, Lytham, Lancashire, in his 59th year, was highly esteemed by all sections of the community in Lytham and its neighbourhood. He was born at Whittle-le-Woods, Lancashire, and was the son of the Rev. J. Fisher, who for forty-six years was Vicar of Heapey. He received his professional education at Charing Cross Hospital, and became L.S.A. in 1861, and M.R.C.S.Eng. and M.D.St. Andrews in 1862. For two years he was House-Surgeon to the Preston Dispensary, and in 1864 went to reside at Lytham, where he was at first the partner of Dr. Gradwell. He gradually acquired a very extensive practice, from which he retired only last year. He grudged no service that he could render to Lytham or its people.

In 1865 he was gazetted Assistant Surgeon to the local volunteer corps; in 1868 became Assistant Surgeon to the battalion, in 1877 Surgeon, in 1885 Honorary Surgeon-Major, and in 1889 Surgeon-Major. In 1891 he resigned his commission, and was permitted to retain his rank (Lieutenant-Colonel), and to continue to wear the uniform of the battalion on his retirement. In 1865 he was appointed Admiralty Surgeon and Agent, and held the post until his death. He was also Parochial Medical Officer and Public Vaccinator for the Lytham District from 1865 for seventeen years, when he was elected Medical Officer of Health, which post he held for seven years. Amongst other offices that he held were those of Honorary Secretary of the local Cottage Hospital, Medical Attendant to the Seaside Home for City Children and to the Home of Rest, Chairman of the Lytham Urban District Council, and Chairman of the Lytham Ratepayers' Association.

He had been ill for a few weeks, and eight days before death he had a severe paralytic seizure. For some days improvement ensued, but a second seizure was rapidly fatal. He was married in 1865 to Miss Agnes Rowlandson, daughter of the Vicar of Whittle; and this lady, with three daughters and a son, survive.

The funeral took place at the parish church, Lytham, on February 1st, and was accompanied by signs of the widespread respect entertained for the deceased.

WILLIAM TASKER LUNDIE, M.A., B.Sc., M.D.EDIN. To the regret of a wide circle of friends, a career of much promise was cut short by the death of Dr. William Tasker Lundie of Edinburgh.

Dr. Lundie was born at Auchterarder, Perthshire, in February, 1855, where his father was Master of the Sheddin Trust School. As it was intended that he should follow the teaching profession, he entered the Free Church Training College in Edinburgh in 1873, and thereafter had some experience in teaching at Larkhall Public School. Returning to Edinburgh as one of the staff of George Watson's Ladies College, he found time to attend the University Arts Course, and, subsequently, the Science Classes, graduating as M.A. in 1883 and B.Sc. in 1886. Having been strongly drawn towards the study of medicine, on closing his term of service at Watson's Ladies College, he entered with much enthusiasm on his medical studies, and graduated M.B., C.M. in 1888. He received the appointment of House Surgeon in Craiglockhart Poorhouse, and after two years' experience there, he started the practice of his profession in Edinburgh in May, 1890. Since that time, by diligence and devotion he built up a steadily-increasing practice, the claims of which proved too exacting for a physical frame by no means robust. In 1893 he took the degree of M.D., his thesis being on Neuropathic Oedema. Dr. Lundie held the post of Chloroformist to the Edinburgh Dental Hospital.

Though for the last year or so his friends were apprehensive that he was overtaxing his strength, and saw ominous signs of growing exhaustion, Dr. Lundie kept bravely to his work till prostrated by an attack of subacute rheumatism in August, 1898. On recovery, an attempt to resume his work was followed by an entire breakdown. Rigors and high temperature supervened, and signs of acute tuberculosis developed. After fifteen weeks of great weakness and prostration, borne with much patience, the end came on January 28th.

Dr. Lundie was a man of lovable and genial disposition, and of high Christian character. He was an elder in Argyle Place U. P. Church, where he was held in high esteem by

pastor and fellow members. He was married in 1895. His illness and death have evoked many and widespread tokens and regret and of sympathy for his widow and children, as also for his aged parents.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Pedro Izquierdo, Professor in the Medical Faculty of the University of Madrid; Dr. August Socin, Professor of Clinical Surgery in the University of Basel, aged 62; Professor Wolfhüger, of Göttingen, the eminent hygienist; Dr. Josef Finger, Emeritus Professor of Clinical Medicine at Lemberg, aged 80; Dr. Thomas, formerly a member of the French Chamber of Deputies, and Professor in the Medical School of Rheims, aged 73; and Dr. Emil Schiff, well known as a populariser of the researches of Helmholtz and Dubois-Reymond, and for his reports of medical and scientific congresses, aged 50. Dr. Schiff was the Berlin correspondent of the *Neue Freie Presse* of Vienna.

## ROYAL NAVY AND ARMY MILITARY SERVICES.

### ROYAL VICTORIA HOSPITAL, NETLEY.

The distribution of prizes to the surgeons on probation for the Royal Army Medical Corps and the Indian Medical Service by Sir Ralph H. Knox, K.C.B., Permanent Under Secretary of State for War, took place on January 31st before a large gathering of distinguished medical and other officers.

Colonel Notter read the following returns, showing that the whole of the surgeons on probation who had been studying at Netley had passed both the London and Netley examinations, and had been granted their commissions.

#### ROYAL ARMY MEDICAL CORPS.

Combined Marks.		Combined Marks.	
H. P. W. Harrow	5,047	W. B. Winkfield	4,147
J. E. Hodgson	4,796	T. C. Lauder	4,044
A. L. Scott	4,673	J. W. Leake	3,925
L. E. L. Parker	4,607	J. W. H. Houghton	3,828
J. G. Gill	4,541	D. E. Crume	3,805
G. W. G. Jones	4,383	H. S. Taylor	3,803
M. H. G. Fell	4,321	G. M. Goldsmith	3,632
G. H. Goddard	4,280	R. H. Lloyd	3,534

#### NOMINATED SURGEONS ON PROBATION.

Netley Marks.		Netley Marks.	
D. S. Harvey	2,619	H. D. Packer	1,993
J. M. Sloan	2,545	L. Humphrey	1,946
H. E. Haymes	2,532	R. S. Rodger	1,912
F. J. Brakenridge	2,500	W. W. Scarlett	1,788
G. C. Phipps	2,271	H. K. Palmer	1,716
N. J. C. Rutherford	2,269	A. O. B. Wroughton	1,713
G. J. A. Ormsby	2,192	F. Ashe	1,635

#### INDIAN MEDICAL SERVICE.

Combined Marks.		Combined Marks.	
J. C. H. Leicester	6,387	J. N. Walker	4,222
H. Innes	5,964	V. H. Roberts	4,221
W. S. Willmore	5,559	J. E. Robinson	4,186
A. E. Walter	5,104	C. H. B. Adams	4,163
C. Hudson	5,029	G. King	4,082
L. T. R. Hutchinson	5,014	T. S. Ross	4,027
C. F. Weinman	4,833	G. P. T. Groube	3,872
H. M. Cruddas	4,792	P. F. Atal	3,827
A. M. Fleming	4,368	W. McM. Pearson	3,779
E. L. Ward	4,341	D. C. Kemp	3,764

The prizes were awarded for marks gained in the special subjects taught at the Army Medical School, and the Herbert prize of £20, Martin Memorial medal, the de Chaumont prize in Hygiene, and the 2nd Montefiore prize were gained by J. C. H. Leicester; 1st Montefiore prize of 20 guineas and medal, by H. Innes; the Parkes Memorial medal, by A. L. Scott; the Maclean prize for Clinical and ward work, by L. T. R. Hutchinson; the Pathology prize, presented by Surgeon-General Hooper, C.S.I., by D. S. Harvey.

As usual, the probationers for the Indian Medical Service showed higher totals than those for the Royal Army Medical Corps in the combined marks gained at the London and Netley examinations, but the superiority in this respect was less conspicuous than in past years.

The Indian also carried off the bulk of the prizes, but the

**THE L.R.C.P. LOND.**

"**QUERY**" asks whether the holder of L.R.C.P. London (1897) can hold the appointment of Poor-law medical officer under the Local Government Board in a Scotch parish, and if the above qualification is a double qualification.

\*\*\* If the holder of this qualification is on the *Register* he can hold this appointment. It would appear that the College of Physicians is enabled under its charter and statutes to grant a licence to practise both in medicine and surgery.

**A QUESTION OF ETHICS.**

**A MEMBER B.M.A.** asks whether it is "a greater sin" to report unqualified practice or leave things to take their own course.

\*\*\* We do not consider that there is any duty on a medical man to take action against unqualified practitioners. At the same time such action in well-founded cases is of undoubted benefit to the community at large.

**CONTRACTS NOT TO PRACTISE WITHIN AN AREA.**

**SURGICUS** states that he signed a bond with the following clauses—namely, not to start practice within 10 miles of a certain borough for 10 years at a penalty of £10 per month. "Surgicus" says now that several persons have asked him to start in the neighbourhood, and he wishes to know if the aforesaid bond would interfere with him under the circumstances.

\*\*\* Our correspondent does not state his case very clearly, but we consider that if he received some valuable consideration for signing the bond he could undoubtedly be restrained by injunction from practice within the limit mentioned, and would also render himself liable for damages for breach of the bond. He should, however, consult a solicitor.

**A SPECIAL CASE.**

"**ARMY MEDICUS**" asks whether he as a retired Deputy-Surgeon-General of the Indian Medical Service can practise in England and give evidence in the courts though unregistered, having entered the public service in 1854. Our correspondent also asks if the General Medical Council has ever acted on Section XLVI. of the Medical Act 1858, by which the Council is empowered to exempt army medical officers from such provisions of the Act as the Council shall think fit. Our correspondent further states that one or two unregistered practitioners have set up in his neighbourhood and wishes to know whether the Council will yield protection and enforce prosecution.

\*\*\* We observe that our correspondent writes from the Isle of Man to which place the provisions of the Medical Act 1858 do not apply. If our correspondent however wishes to practise in England we should certainly advise him to take advantage of the section he mentions. There is, we understand, no difficulty in obtaining the exemption from the Council in a proper case, though as a matter of fact very few applications have been made. We are unable to say what (if any) repressive measures can be taken against unregistered persons under the Manx laws.

**CONTRACTS NOT TO PRACTISE.**

**ALPHA** sends the following: A.B. signs an agreement that he shall not practise as a physician or a surgeon within a certain district. Does this clause debar A.B. from accepting an appointment as medical officer of health over an area in which the said district is included?

\*\*\* Courts of justice are inclined to scrutinise contracts which have the effect of debarring a man from the free exercise of his profession very closely, and to construe them strictly. If the appointment in the present case be a whole time appointment, then inasmuch as the duties of a medical officer of health do not appear to involve active practice as a physician or surgeon, A.B. might probably accept the appointment, but he should consult his solicitor.

**THE TITLE OF DR.**

**A. J. S.**—The use of the title "Dr." by Licentiates of Colleges in the way mentioned by our correspondent is, strictly speaking, improper, but we doubt whether our correspondent would be well advised in taking the step he proposes.

**MEDICAL TITLES.**

**O. R. F.**—We apprehend that our correspondent's question could only be settled by an action at law, should the point ever arise.

**A. R. H.**—The executors of the deceased man would probably have a good cause of action in this case, and could obtain an injunction, but proper legal advice should, of course, be obtained.

**INQUIRER.**—A medical man, though acting in the capacity of a *locum tenens*, is not within the provisions of the Employers Liability Act, 1881, or the Workmen's Compensation Act, 1897, under which statutes in certain cases workmen are entitled to compensation for injuries.

**SHORTHAND FOR PARIS MEDICAL STUDENTS.**—Under the patronage of the Association des Etudiants de Paris Dr. Laporte has started a series of courses of instruction in shorthand for students.

**UNIVERSITIES AND COLLEGES.****UNIVERSITY OF CAMBRIDGE.**

**BENEFACCTIONS.**—In addition to the two gifts of £10,000 each from the Duke of Devonshire and Messrs. Rothschild, Mr. B. L. Cohen has promised £3,000 to the Benefaction Fund, and a number of smaller sums have also been received as a result of the formation of the University Association. Sir Walter Gilbey, the Drapers' Company, the Board of Agriculture, and a number of County Councils have promised contributions amounting to over £20,000 for the establishment of a department of Agricultural Science.

**PHARMACEUTICAL CHEMISTRY.**—The Special Board for Medicine have revised the schedule of the examination in this subject to bring it into accord with the *British Pharmacopœia*, 1898. The new schedule is as follows: The examination will be practical, and the questions set will have reference to—1. The chemical principles involved in the preparation of the following substances: Reduced iron, mercury with chalk, lithium citrate, potassium iodide, mercurous chloride, mercuric chloride, calcium hypophosphite, arsenical (Fowler's) solution, hydrochloric solution of arsenic, sulphurated lime, iron phosphate, strong solution of ferrie chloride, bismuth oxyhydrate, strong solution of lead subacetate, tartarated antimony, iron and ammonium citrate, ammoniated mercury. 2. The chemical reactions characteristic of the following substances: Solution of trinitrin, amyl nitrite, chloral hydrate, iodoform, hydrocyanic acid; the alkaloids atropine, brucine, codeine, morphine, quinine, strychnine, and caffeine; phenol, beta-naphthol, salicylic acid, salol; gallic acid, the tannins of galls and catechu; salicin; acetanilide, phenacetin, phenazone. 3. The chemical incompatibilities of drugs as illustrated by the interaction of iron salts with arsenical solutions, alkalies with mercurial preparations, acids with sulphurated lime, acids and oxidising agents with potassium iodide, and astringent solutions with alkaloids. 4. The estimation by volumetric methods of arsenic and antimony in given solutions, of chlorine in chlorinated lime, of hydrocyanic acid in cherry laurel water and other solutions, of iron in reduced iron and iron phosphate, of nitrites in solution of ethyl nitrite and spirit of nitrous ether, and of citric and tartaric acid in given solutions, standardised solutions being provided. 5. The characters of the foregoing substances, and the physical and chemical tests for them and for their usual impurities.

**DEGREES.**—At the Congregation on February 2nd, the following were admitted to the degrees of M.B. and B.C.:

F. H. Maturin, B.A., Caius; G. E. Harthau, B.A., Jesus; A. E. Harrison, B.A., Magdalene; P. T. Sutcliffe, B.A., Emmanuel; H. C. Thorp, B.A., Emmanuel.

**UNIVERSITY OF LONDON.**

**INTERMEDIATE EXAMINATION IN MEDICINE.**—The following candidates have satisfied the Examiners:

**Entire Examination.**—First Division: A. D. Hamilton, University College, Liverpool; H. W. James, University College, Cardiff, and St. Bartholomew's Hospital; P. Savill, University College, Second Division: H. M. Brown, St. Mary's Hospital; Janet Mary Campbell, London School of Medicine for Women; C. E. Child, Charing Cross Hospital and Birkbeck Institute; E. M. Clarke, University College, Cardiff; Olive Clayton, London School of Medicine for Women; G. T. Collins, Guy's Hospital; L. A. E. De Zilva, B.Sc., University College; H. B. Foster, Guy's Hospital; L. C. Johnson, University College, Liverpool, and Owens College; H. C. Keates, Guy's Hospital; C. E. Lakin, Middlesex Hospital; R. E. Lloyd, B.Sc., University College; H. Love, St. Bartholomew's Hospital; F. J. A. Mayes, University College; J. S. New, University College; J. E. Sparks, University College, Bristol; Louisa Spicer, London School of Medicine for Women; A. B. Thomas, St. Bartholomew's Hospital; V. F. Wall, St. Mary's Hospital.

**Excluding Physiology.**—First Division: M. A. Collins, Guy's Hospital. Second Division: A. M. Amisler, St. Bartholomew's Hospital; A. H. Bradley, Mason University College; A. H. Bygott, Queen's College, Birmingham; W. J. Davies, Guy's Hospital; H. A. Ehrlich, Guy's Hospital; D. C. Evans, University College, Cardiff; G. Evans, Guy's Hospital; E. F. Fisher, London Hospital; Bessie Marion Gilford, Royal Free Hospital and Birkbeck Institute; A. C. H. Gray, Guy's Hospital; P. G. Harvey, St. Bartholomew's Hospital; B. W. Jones, Mason University College; W. H. Jones, London Hospital; C. B. Penny, Guy's Hospital; Marie Louise Pethick, London School of Medicine and Royal Free Hospital; H. H. Raw, St. Bartholomew's Hospital; E. F. Reeve, Guy's Hospital; W. M. Robson, Guy's Hospital; Emily Gertrude Stuart, London School of Medicine and Royal Free Hospital; G. O. Taylor, London Hospital; D. H. Trail, Guy's Hospital; A. B. Waller, London Hospital; Winifred F. Wigglesworth, London School of Medicine and Royal Free Hospital; A. E. F. Wilkes, Queen's Faculty of Medicine, Birmingham.

**Physiology Only.**—First Division: H. F. W. Boedicker, Mason University College; A. Caddy, St. George's Hospital; D. Ellis, London Hospital; A. H. John, St. Bartholomew's Hospital; R. A. Lloyd, St. Bartholomew's Hospital; E. C. Mackay, St. Bartholomew's Hospital; Annie Mooney, London School of Medicine for Women; S. J. Ormond, Guy's Hospital; A. Pearson, Guy's Hospital; A. C. Ransford, Guy's Hospital; A. S. Woodward, St. Bartholomew's Hospital. Second Division: J. C. M. Bailey, St. Bartholomew's Hospital; E. W. Bain, London Hospital; H. C. Barlow, Westminster Hospital; F. J. Birks, University College, Sheffield; N. Carpmal, St. Thomas's Hospital; F. G. H. Cooke, Cooke's London School of Anatomy; D. Forsyth, Guy's Hospital; J. S. Gayner, St. Bartholomew's Hospital; S. B. Green, St. Bartholomew's Hospital; A. C. Haslam, St. Thomas's Hospital; E. T. Jensen, Guy's Hospital; O. Marriott, Guy's Hospital; T. A. Matthews, Guy's Hospital; W. P. Pancridge, Middlesex Hospital; A. C. Parsons, St. Thomas's Hospital and King's College; M. J. Rees, Guy's Hospital; C. H. D. Robbs, St. Bartholomew's Hospital; J. J. S. Scrase, St. Bartholomew's Hospital; D. W. Smith, Edinburgh University and Guy's

Hospital; J. H. Stormont, Mason University College; F. G. Thompson, St. Mary's Hospital; W. A. Trumper, St. Mary's Hospital.

**PRELIMINARY SCIENTIFIC EXAMINATION.**—The following candidates have satisfied the Examiners:

*Entire Examination.*—First Division: D. Isaacs, University Tutorial College. Second Division: R. A. Fuller, Merchant Venturers' College, Clifton Laboratory, and private study; G. F. Jones, University College and private study.

*Chemistry and Experimental Physics.* \*W. Bain, Private study and Middlesex Hospital; W. H. Barnett, Cranleigh School and University Tutorial College; \*Helen Chambers, Newnham College, Cambridge, and private study; \*A. J. Edmonds, Owens College; \*Olive Muriel Elgood, Birkbeck Institution; \*Kate Knowles, University College, Nottingham, and University Tutorial College; \*C. L. Lakin, Charing Cross Hospital; \*A. R. Neligan, St. Bartholomew's Hospital and private tuition; \*W. P. Walker, London Hospital; \*A. D. White, St. Bartholomew's Hospital and private study.

*Biology.*—\*H. H. Bashford, London Hospital; \*Alice Marian Benham, University Tutorial College; L. C. Blackstone, University and University Tutorial Colleges; G. P. C. Claridge, St. Mary's Hospital; \*W. B. Clark, King's College; \*H. D. Clement-Smith, St. Paul's School and private tuition; \*Helen Mary Collen, University Tutorial College and private study; \*C. Colmer, London Hospital; I. R. Cook, University Tutorial College; R. H. Cooper, Charing Cross Hospital; \*A. W. D. Coventon, Trinity College, Cambridge; \*D. M. Davies, University College, Aberystwith, and Charing Cross Hospital; \*P. A. S. Dyson, Guy's Hospital; A. G. V. Elder, St. George's Hospital; A. G. C. Findlay, University College; \*P. G. Foulkes, Middlesex Hospital and Birkbeck Institute; A. H. Gifford, King's College; \*A. H. Gregson, Owens College; E. C. Hobbs, Alwyne Institute; \*A. B. Howitt, Epsom College; H. V. Humphry, University College and private tuition; \*Catherine Mary Irons, University Tutorial College; \*J. Jones, Owens College; \*C. H. Latham, St. Thomas's Hospital and University Tutorial College; G. Laurence, University College, Liverpool; M. A. J. Lavis, Epsom and University Tutorial College, and Alwyne Institute; J. T. Lloyd, University College, Liverpool; \*O. E. Lord, St. Bartholomew's Hospital; \*L. P. Maitland, The Polytechnic, Regent Street; G. E. Peachell, St. Mary's Hospital; \*F. A. Peall, Guy's Hospital; O. P. N. Pearn, University College, Aberystwith, and University Tutorial College; \*S. H. Piteairn, St. Thomas's Hospital and University Tutorial College; \*G. Price, St. Thomas's Hospital and University Tutorial College; \*G. H. Rees, Camberwell Green School and Guy's Hospital; \*C. M. Roberts, St. Paul's School and St. Thomas's Hospital; H. C. Samuel, University College, Cardiff, and University Tutorial College; \*H. T. Samuel, King-holme School, Weston-super-Mare; \*F. W. W. Smith, St. Thomas's Hospital and University Tutorial College; \*Annie Broomhall Thin, University Tutorial College; E. F. Travers, St. Bartholomew's Hospital; \*F. H. Whitehead, St. Thomas's Hospital; \*L. A. Wilson, Owens College; \*E. R. Wheeler, Monkton Combe School and King's College.

**N.B.**—The foregoing lists, published for the convenience of candidates, are provisional only, and are not final until the reports of the Examiners shall have been confirmed by the Senate.

\* These candidates have now completed the examination.

#### CONJOINT BOARD IN ENGLAND.

The following gentlemen have passed the First Examination of the Board, under the five years' regulations, in the subjects indicated:

*Part I. Chemistry and Physics.*—C. F. M. Abbott-Brown, King's College, London; O. M. Bartlett, St. Mary's Hospital; L. B. Bigg, St. Bartholomew's Hospital; G. Birch, London Hospital; L. T. Booth, University College, Liverpool; G. L. Buckridge, Oxford University and Guy's Hospital; T. W. Chaff and S. E. Crawford, St. Bartholomew's Hospital; A. F. Cole and H. J. Cundell, St. Mary's Hospital; J. A. Cronshaw, Owens College, Manchester; P. T. Drabble, Firth College, Sheffield; A. G. V. Elder, St. George's Hospital; H. L. Evans, St. Thomas's Hospital; R. M. Fickling, Birkbeck Institute; S. C. R. Flaxman, Middlesex Hospital; R. R. Garrett, St. Mary's Hospital; G. F. Hardy, Guy's Hospital; J. W. Hele, Middlesex Hospital; M. Herzheim, St. Bartholomew's Hospital; L. Hill, St. Mungo's College, Glasgow; N. W. Hill, London Hospital; L. S. Hooper, St. Thomas's Hospital; H. M. Huggins, St. Bartholomew's Hospital; S. F. Huth, St. Mary's Hospital; E. N. Jupp, Guy's Hospital; C. S. Kingston and E. Leverton-Spry, St. Bartholomew's Hospital; F. B. Lowe, Guy's Hospital; E. J. H. Luxmore, St. Mary's Hospital; E. H. McMahon, Charing Cross Hospital; P. J. Maret, Westminster Hospital; G. B. Messenger, University College, Liverpool; H. F. F. Mortimer, Birkbeck Institute; C. W. O'Brien, St. Bartholomew's Hospital; G. O. Parsons, St. Thomas's Hospital; H. W. Perkins, Birkbeck Institute; B. Pick, St. George's Hospital; J. D. Reid, Owens College, Manchester; D. H. Richards, Guy's Hospital; T. Rose, Middlesex Hospital; E. J. H. Rudge and G. M. Sanderson, London Hospital; H. L. Shelton, Guy's Hospital; A. H. Smith, Firth College, Sheffield; R. Spears and H. D. Stewart, University College, London; J. H. K. Sykes, Yorkshire College, Leeds, and Technical College, Bradford; F. Thompson, London Hospital; E. M. Thomson, St. George's Hospital; H. S. Turner, King's College, London; H. Wheelwright, St. Thomas's Hospital; G. F. Wilson, London Hospital; W. F. Wise, Middlesex Hospital.

Forty-eight gentlemen were referred for three months.

*Part II. Practical Pharmacy.*—C. Birch, Mason College, Birmingham; S. C. H. Bent, Guy's Hospital; H. H. Butcher, St. Bartholomew's Hospital; P. Butler, private study; W. R. Cazenove and J. T. de Coteau, Guy's Hospital; T. W. Chaff and C. Dix, St. Bartholomew's Hospital; W. Dick, University College, London; R. A. Facey, St. Mary's Hospital; H. E. Flint and H. Goodman, St. Bartholomew's Hospital; F. J. Gomez, King's College, London; P. L. Hickes, University College, Bristol and Guy's Hospital; L. Hill, St. Mungo's College, Glasgow; R. L. Jimenez, Guy's Hospital; D. J.

Lewis and J. A. McComb, London Hospital; L. M. Morris, St. Bartholomew's Hospital; R. E. Mounsey, St. George's Hospital; S. Northwood, Mason College, Birmingham; C. L. C. Owen, St. Bartholomew's Hospital; H. G. Pinches, St. Thomas's Hospital; R. J. Pritchard and W. O. Roberts, Guy's Hospital; R. W. Rees, Surgeons' Hall, Edinburgh, and University College, London; E. A. Sanders, King's College, London; R. W. Stephenson, University College, Liverpool; G. Shorland and E. J. Tongue, Guy's Hospital; A. E. Whitehead, Firth College, Sheffield; H. C. Woodcock, St. Mary's Hospital.

Thirteen gentlemen were referred for three months.

*Part III. Elementary Biology.*—H. Balne, King's College, London; H. Bardsley, University College, Liverpool; H. S. Bennett and A. C. Birt, St. Thomas's Hospital; B. R. Bickford, Charing Cross Hospital; S. C. Bowle, Guy's Hospital; C. R. Bradley, Birkbeck Institute; F. A. Brodribb, St. Paul's School, London; H. D. Cochrane, St. Thomas's Hospital; T. R. Coudrey, St. Bartholomew's Hospital; F. W. Cresswell, St. Mary's Hospital; A. G. V. Elder, St. George's Hospital; H. S. Gettings, Mason University College, Birmingham; R. H. T. P. Harris and W. F. Higginson, St. Mary's Hospital; A. E. Hay, King's College, London; J. W. Hele, Middlesex Hospital; A. S. M. Hutchinson and A. J. H. Iles, St. Thomas's Hospital; M. Herzheim and R. M. Im Thurn, St. Bartholomew's Hospital; M. A. Johnston-Lavis, Epsom College; S. W. Jones, St. Mary's Hospital; W. A. D. King, Middlesex Hospital; C. B. Lee, Owens College, Manchester; P. J. Martin, St. Bartholomew's Hospital; F. J. Pierce, Charing Cross Hospital; E. A. Roberts, King's College, London; J. D. Reid, Owens College, Manchester; T. Rose, Middlesex Hospital; G. M. Sanderson and S. Smulian, London Hospital; I. S. Sheffield, Guy's Hospital; M. W. Shute, St. George's Hospital; G. M. A. Thomas, St. Mary's Hospital; H. S. Turner, King's College, London; J. C. F. D. Vaughan, B. J. Wakley, H. A. W. West, and J. H. M. Whitehead, St. Thomas's Hospital; A. R. Wade, St. Bartholomew's Hospital; S. J. Weinberg, Owens College, Manchester; V. N. Whitamore, Charing Cross Hospital; and E. B. C. White, of London Hospital.

Twenty-two gentlemen were referred for three months.

The following gentlemen have passed the First Examination of the Board under the four years' regulations in the subjects indicated:

*Part II. Materia Medica.*—A. V. Benson, London Hospital; G. M. Brown, Guy's Hospital; A. C. Jenkins, London Hospital; L. C. Martin, Guy's Hospital; P. H. Scholberg, Cambridge University and St. Bartholomew's Hospital; and W. P. Taylor, Firth College, Sheffield.

One gentleman was referred for three months.

*Part III. Elementary Physiology.*—J. J. Anning and J. Ewing, Yorkshire College, Leeds.

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the monthly business meeting, held on Friday, February 3rd, the undermentioned was elected an Honorary Fellow of the College:

Thomas Clifford Allbutt, M.B. Univ. Cantab., 1860; M.D., 1868; F.R.C.P. Lond., 1882; F.R.S.; Regius Professor of Physic in the University of Cambridge.

The following candidates, who had been successful at the Final Professional Examination held in January, 1899, under the Conjoint Scheme with the Royal College of Surgeons in Ireland, were duly admitted to the Licences in Medicine and Midwifery of the Royal College of Physicians of Ireland:

W. Bennett, D. B. Bradlaw, Aimai Grace M. Cooper, J. Conway, B. A. Craig, R. M. Fisher, H. E. Howley, M. J. Hynes, A. W. A. Irwin, W. F. Kennedy, M. M. Maughan, J. McDonald, E. M. J. O'Farrell, C. N. O'Sullivan, B. Scribner, V. P. Tighe, C. J. Vahey, R. J. White, and A. A. Woods.

It was announced to the President and Fellows that W. M. O'Connor, M.A., M.D. Univ. Dubl., had passed with honours a Special Examination for the Diploma in State Medicine, conferred conjointly with the Royal College of Surgeons in Ireland.

## PUBLIC HEALTH

AND

## POOR-LAW MEDICAL SERVICES.

#### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,777 births and 4,275 deaths were registered during the week ending Saturday last, February 4th. The annual rate of mortality in these towns, which had declined from 19.1 to 17.0 per 1,000 in the four preceding weeks, rose again to 19.5 last week. The rate in the several towns ranged from 11.0 in Croydon, 13.1 in Brighton and in Huddersfield, 14.3 in Norwich, and 14.5 in Hull, to 23.5 in Newcastle-upon-Tyne, 24.5 in Gateshead, 25.2 in Liverpool, and 27.2 in Sunderland. In the thirty-two provincial towns the mean death-rate was 19.7 per 1,000, and slightly exceeded the rate recorded in London, which was 19.6 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.6 per 1,000; in London the rate was equal to 1.5 per 1,000, among which the highest zymotic death-rates were 2.2 in Manchester, Preston, and Leeds, 2.3 in West Ham, 2.6 in Sheffield, and 3.2 in Bolton. Measles caused a death-rate of 1.2 in Manchester, 1.4 in Oldham, and 1.9 in Bolton; and whooping-cough of 1.1 in Nottingham and in Halifax, 1.3 in Bristol, 1.5 in Swansea, and 2.2 in Preston. The mortality from scarlet fever and from "fever" showed no marked excess in any of the largest towns. The 87 deaths from diphtheria in the thirty-three towns included 32 in London, 9 in Leeds, 8 in Sheffield, 6 in West Ham, 5 in Birmingham, 5 in Leicester, 5 in Liverpool, and 3 in Portsmouth. No fatal case of small-pox was registered during the week under notice either in London or in any of the thirty-two large provincial towns; and no small-pox patients were under treatment in any



houses in Germany are self-supporting." The appointment of an inspector to every ten private slaughterhouses would not meet the requirements of the case. For proper inspection it is necessary to ensure that no killing shall be done without the knowledge and inspection of the officer. The proposed system of inspection of private slaughterhouses would give no guarantee of this. Different butchers would be killing at the same time, and the services of the inspector would not be available.

Mr. Shirley Murphy points out that meat killed in private slaughterhouses outside London which had not been inspected and stamped in public slaughterhouses in other parts of this country would be required to be taken to meat-inspection stations, where it would be stamped as fit or condemned as unfit for food. It is especially this meat, he adds, that needs inspection, for in the absence of any proper system of inspection, there is nothing to prevent the introduction into London of meat of dangerous quality; and there is, indeed, no doubt that London does receive such meat from other parts of England. The scheme of the Public Health Committee of the Council does not appear to have met with much favour at the hands of the metropolitan vestries, seventeen of which openly objected to it for one or more of the reasons which have already been seen. The proper inspection of the meat supply of London will, however, have to be provided for in the long run although it may be postponed for a while; and if this cannot be effected in the existing private slaughterhouses (and in the opinion of those best qualified to speak it cannot), these places, which number only some 400, and supply less than a tenth of the meat sold in London, should not be suffered to stand in the way of a much-needed reform.

#### PROPOSED REGISTRATION OF PLUMBERS.

A MEMORIAL, signed by sixty-four members of Parliament sitting on both sides of the House, has been presented to Her Majesty's Government, urging them to deal with the registration of plumbers in the ensuing session, in the interests of the public health. A separate memorial has been addressed to the Local Government Board, signed on behalf of the Parliamentary Bills Committee of the British Medical Association, the Manchester and Salford Sanitary Association, the Royal Institute of British Architects, the National Health Society, and the Royal Institute of Public Health. The memorial points out that it is requisite that statutory provisions should be extended to secure the adequate qualification, certification, and registration of qualified plumbers, upon the efficiency of whose work the healthiness of a house virtually depends. It is urged that plumbers should be brought under statutory regulation and control analogous to that obtaining in the case of other occupations bearing directly on the health of the public. The memorialists appeal to the Government to take the matter in hand, because the Bill is generally supported, and is popular throughout the United Kingdom, and will not evoke party opposition, Scotland and Ireland being especially keen in its favour.

#### THE ESTON SMALL-POX OUTBREAK.

WE should have noticed earlier the report on this outbreak by the medical officer of health, G. C. H. Fulton, M.B. The outbreak was an extension of that at Middlesbrough, and, beginning on February 28th, ended in the beginning of June, 1898. It was made up of 23 cases, in a population of 11,000. Eston being well vaccinated as regards infantile vaccination, there were no cases under 5 years of age, and only 2 between 5 and 10 years. Between 15 and 20 years there were 4 cases, and over 20 years 17 cases. Of the 23 cases, none had been revaccinated, 20 had been primarily vaccinated, and 3 had never been vaccinated. Among the 20 primarily vaccinated there were 3 deaths: one of a man aged 32, vaccinated in infancy, and showing a single bad mark; another of a man of 65, vaccinated in infancy, and with two bad marks; the third of a woman aged 30, vaccinated in infancy, and with three good marks; she is noted as having been very stout, with a fatty heart, and dying from syncope. All the 3 unvaccinated patients died, their ages being 19, 26, and 34 respectively. All the cases were removed to hospital, and, as regards revaccination of the hospital staff, Dr. Fulton says: "No person who had been revaccinated contracted the disease (small-pox) in the Eston district. At the beginning of the epidemic I advised the Council that every person employed or having anything to do at the sanatorium be vaccinated, with the result that not one person inside or outside the sanatorium who had to do work for the patients or Council contracted the disease. This is the more remarkable as at a neighbouring hospital under my care the only persons, three in number, that were not revaccinated, contracted the disease, and the revaccinated servants were free from attack."

#### POWERS OR PRIVILEGES OF MEDICAL OFFICERS OF POOR-LAW SCHOOLS.

A CORRESPONDENT writes: In the spring of last year an outbreak of measles occurred in the ophthalmic department of a district school. Without consulting the medical officer the superintendent closed the infant school, and, in reply to a written protest from the medical officer, claimed that he (the superintendent), as representing the managers, had a right to close for epidemic disease any portion of the establishment not only without consulting the medical officer, but even in opposition to his express disapproval of such a step. The Board of Management supported the superintendent in this view. In order to have the question settled, as one of law and principle, the medical officer appealed to the Local Government Board, who, after obtaining from the managers an expression of their views, addressed a letter to the clerk (a copy also being sent to the medical officer) to the effect that the Local Government Board were of opinion that the superintendent should have consulted with the medical officer of the school before giving directions to close the establishment, and they trusted that the managers would give him directions accordingly in case of any future contingency of the same character.

#### NOTIFICATION FEES.

W. M. sent to a local authority last autumn an account for unpaid fees in respect of notification certificates dating back to the summer of 1896, and has just been met by a long-delayed reply that the fees cannot be paid "as they are beyond the time allowed by law for payment."

\*\* The reply seems to be quite beside the question. The certificates of notification constitute a legal claim for the fee due in respect of each; and W. M. will do well to press his claim, and if not satisfied to lay the matter before the Local Government Board. While medical practitioners ought, as a matter of business, to claim their fees at (say) half-yearly intervals, there would seem to be no legal need so to do, and local authorities will be indiscreet if they endanger the smooth working of the notification system by awaiting repeated applications for moneys due in place of initiating payment at once or at regular times.

#### FEE FOR PAUPER MIDWIFERY.

W. V. M. writes to ask whether he as a district medical officer is entitled to the usual midwifery fee for having attended (by order) a patient four days after delivery whom he finds suffering from "the effects of her recent confinement."

\*\* We are advised that in this case the medical officer could not claim the ordinary fee allowed for midwifery, as his attendance was not given at or immediately after the birth of the child.

## MEDICAL NEWS.

A FIRE occurred at the Aberdeen Lunatic Asylum on February 8th, but was extinguished without loss of life.

DR. ROUX, subdirector of the Pasteur Institute, has been elected a member of the Académie des Sciences.

TWO cases of typhus fever were notified in London during January, one from Camberwell on January 25th, and one from Rotherhithe on January 29th.

THE Second Portuguese Congress of Medicine is to be held at Oporto in 1900. The President of the Organising Committee is Dr. Gramacho; the Secretary, Dr. Ricardo Jorge.

AN International Conference in regard to the Prophylaxis of Syphilis and Venereal Diseases will be held in Brussels some time in the first half of September, 1899.

AT the evening meeting of the Pharmaceutical Society of Great Britain, on Tuesday, February 14th, Professor J. Reynolds Green, Sc.D., F.R.S., will give a lecture on Adverse Conditions, and their Remedies, in the Life of Plants.

THE Governors of the Radcliffe Infirmary, Oxford, have received a gift of £2,500 from Mr. T. H. Rose, of Oxford. In the letter covering the cheque, Mr. Rose expresses his deep regret that an institution doing such magnificent work should be so embarrassed financially.

LORD MOUNT-STEPHEN has sent a subscription of £1,000 to the Prince of Wales's Hospital Fund, together with a letter stating that it is his present intention to contribute the like sum annually. The Bank of England has also sent in its annual subscription of £250 to the Fund.

THE PREVENTION OF HOSPITAL ABUSE IN AMERICA.—A Bill has been drawn for introduction at the General Assembly at Albany which is to make provision for a Board of Control for the supervision and regulation of dispensaries, consisting of representatives from the medical societies and from non-medical directors of dispensaries. The object is to prevent hospital and dispensary abuse.

INCREASE OF MEDICAL PRACTITIONERS IN FRANCE.—According to statistics just published the number of medical practitioners in France in 1899 already amounts to 17,735, as against 15,984 in 1898, showing a decidedly formidable increase of 1,751. In Paris there are 62 more doctors than last year, in Lyons there are 57, and a proportionate increase is reported from several other large towns; and the cry is still they come!

THE MEDICAL GUILD, MANCHESTER.—The annual meeting of the Medical Guild was held at Manchester on January 25th, the President, Alderman Walmsley, in the chair. The annual report of the Council referred to various subjects of professional interest which had been dealt with during the year, including hospital reform, club practice, provident dispensaries, the Midwives and Vaccination Bills, and the establishment of the quarterly journal for the promotion of the objects of the Guild. Forty-six members had joined, fifteen resigned (ten owing to removal to other districts), and three died. The Treasurer's statement showed a balance in hand of over £16. The following officebearers were elected: President:—Alderman F. H.

Walmsley, J.P., M.R.C.S.; Chairman, Professor J. Dixon Mann, M.D.; Vice-Chairman, R. H. Wolstenholme, M.R.C.S.; Honorary Treasurer, C. G. L. Skinner, M.D.; Honorary Secretary, Alexander Stewart, M.D.; Auditors, J. W. Wood and J. C. Nichol, M.D.

**DONATIONS AND BEQUESTS.**—The late Mr. William Taylor, of Southport, has bequeathed £1,000 to the Oldham Infirmary and £500 to the St. Paul's Eye and Ear Hospital, Liverpool. Under the will of Mr. William Grey Campbell, of Edinburgh, who died in August last, the Longmore Hospital for Incurables benefits to the amount of £5,000, while the Edinburgh Royal Infirmary receives £1,000.

**GUY'S HOSPITAL LONDON UNIVERSITY CLUB.**—The annual general meeting and dinner of this club was held at the Café Royal on January 26th, under the chairmanship of Dr. Horrocks. For the first time since the formation of the club, the Committee had invited as guests two old Guy's men who had especially won distinction in 1898: Dr. Maillard, R.N., V.C., and Dr. Crosse, of the Royal Niger Company. The former, however, was unable to accept the invitation.

**GERMAN BALNEOLOGICAL CONGRESS.**—The twentieth meeting of the German Balneological Congress will be held this year in Berlin, March 3rd to 7th. Among the communications promised are the following: Diet in Health Resorts, by Drs. G. Klemperer and H. Strauss, of Berlin; The Defensive Power of the Organism against Micro-organisms, by Professor Liebreich; The Feeding of Diabetics, by Dr. Lenné, of Neuenahr; The Treatment of Sciatica, by Professor Eulenburg; and the Inunction Cure and Bath Treatment, by Dr. Schuster, of Aix-la-Chapelle.

**AN ARGENTINE PHARMACOPOEIA.**—The Committee to which was entrusted the task of preparing a *Codex Medicamentarius* for the Argentine Republic has finished its labours. The pharmacopoeia contains 746 articles relating to chemical, botanical, and Galenical products and preparations. A special feature of the work is the fulness of the description—especially in regard to microscopic structure—which is given of the vegetable substances used for medicinal purposes.

**THE INTERNATIONAL MEDICAL CONGRESS: SECTION OF MENTAL DISEASES.**—The following are the questions proposed for discussion in the Section of Mental Diseases at the Thirtieth International Congress to be held in Paris, August 2nd to 9th, 1900: 1. Mental Pathology. The Psychoses of Puberty, to be opened by Professor T. Ziehen of Jena, Dr. M. Murro of Turin, and Dr. J. Voisin of Paris. 2. Pathological Anatomy. Pathological Anatomy of Idiocy, to be opened by Drs. Shuttleworth and Fletcher Beach, Dr. Mierzejewski of St. Petersburg, and Professor Bourneville of Paris. 3. Therapeutics. Rest in Bed in the treatment of acute forms of Insanity, and the modifications which it may make necessary in the organisation of establishments for the Reception of Lunatics, to be introduced by Dr. Clement Neisser, and Dr. Kovsarkoff of Moscow. 4. Sexual Perversions, obsessive and impulsive, from the medico-legal point of view, to be introduced by Professor Krafft-Ebing of Vienna, Professor Morselli of Genoa, and Dr. Paul Garnier of Paris.

**EAST LONDON MEDICAL PROTECTION AND MEDICO-ETHICAL SOCIETY.**—According to the *East London Observer* a general meeting of the East London Medical Protection and Medico-Ethical Society was recently held at the West Ham Hospital. Dr. F. J. Smith presided, and among those present were Drs. F. Argles, A. W. Beaumont, W. A. Grogono, F. Bromley, G. C. Hamilton, J. Heffernan, Beadles, E. H. Blake, S. R. Blake, A. Cuffe, Edmund Hay, N. Jones, Preston Wallis, A. F. Tomlin, Murtaugh Houghton (hon. secretary), and J. F. Butler-Hogan (hon. treasurer). This Society has been in existence about a year. An account of its objects and constitution was given in the *BRITISH MEDICAL JOURNAL* of July 2nd, 1898. The report showed that nearly 100 registered medical practitioners have been elected members of the Society. Local Branches have been formed in Manor Park, Plaistow, East Ham, Canning Town, and Forest Gate. The secretaries of these Branches have been engaged in compiling black lists of bad payers. Two gross cases of unprofessional conduct have been considered, in one of which action has been taken, and the matter dealt with by the proposed practitioner's licensing body upon evidence laid before it by the Society. In spite of some opposition, the Society succeeded

in obtaining adequate representation (25 per cent.) of the medical profession upon the Committee of the proposed East Ham Hospital, which is now making satisfactory progress. The chairman, in moving the adoption of the report, said they were now a legal Society, and, in his opinion, had accomplished a reasonable amount of work. In the opinion of the more active members of the Society, however, they could have been more progressive. He hoped the Society would prosper in the future, and would accomplish the objects for which it was formed. Dr. Butler-Hogan seconded the adoption of the report, which was unanimously agreed to. Votes of thanks closed the proceedings.

**THE NOBEL BEQUEST.**—Mr. Axel Danielson of Stockholm, in a letter addressed to the *Scientific American* in regard to the Nobel bequest, says that the case has been decided, or rather a compromise has been effected between the contesting parties. The relatives of the deceased will receive 3,800,000 Swedish crowns, a little more than £20,000, so that there still remains for the prizes the sum of 25,000,000 crowns, equivalent to £139,000. The income, computed at the rate of 3 per cent., will make the five prizes worth 150,000 crowns, or £8,300 each. It is expected that the compound interest during the time, which will necessarily be long, that will elapse before the prizes can be awarded will increase the capital so as to cover the cost of managing the funds and the work entailed in properly distributing the prizes. It will be remembered that these prizes are to be awarded annually to persons making the most important discoveries in physics, chemistry, physiology, or medicine. There is also to be a prize for the best literary contribution upon the subject of physiology or medicine, and also for any person who has achieved the most or done the best things to promote the promotion of the cause of peace throughout the world.

**A NEW BACTERIOLOGICAL INSTITUTE AT LOUVAIN.**—On February 2nd a new Bacteriological Institute was formally opened in the University of Louvain. The Institute is on a large scale, and the installation and equipment are in accordance with the most advanced ideas. Every facility for research is provided. The stables, kennels, and other quarters for animals are built around a vast garden, and all the arrangements show careful regard for the health and comfort of the animals. Professor Denys began his work fifteen years ago in two small rooms, which later expanded into a respectable laboratory, and now have developed into a scientific palace. Giving an account of the work that had been done, he stated that more than 80 original researches had come from it, besides 25 presented for travelling scholarships, 23 of which had gained a prize of £160. A special department in the new Institute will be devoted to the preparation of therapeutic serums of different kinds, tuberculin, etc. At the Congress on Tuberculosis held in Paris last summer Professor Denys gave an account of a new tuberculin which he had used with considerable success; he proposes to continue his work in this field, and is hopeful of success. A feature in the Institute which is likely to be particularly useful is an out-patient department for sufferers from tuberculosis and other microbial diseases who receive serum-therapeutic treatment adapted to their complaints, only substances which have been tested by experimentation on animals being used. Already numbers of patients, mostly the subjects of phthisis, are in regular attendance.

**HEALTH RESORT AT KIAO-CHAU.**—The *Times* correspondent states that the report on Kiao-Chau submitted to the Reichstag contains an interesting ground plan of a future town which is to spring up on Tsintau Bay, designed on the model of a Baltic watering place. According to this report Tsintau may one day serve as a resort for Europeans who lose their health in the southern Chinese ports. At present it is asserted that there are complaints as to the sanitary condition of the territory in the rainy season. There were a number of cases of dysentery and of malarial diseases which carried off four of the German garrison. There were also numerous cases of articular rheumatism. An exact survey of the territory will be completed only towards the close of the present year, but on October 10th, 1898, a final delimitation of the frontier had been effected by German and Chinese Commissioners in accordance with the treaty of March 6th.

## MEDICAL VACANCIES.

The following vacancies are announced:—

- BIRMINGHAM: GENERAL HOSPITAL.**—House-Physician. Salary, £70 per annum. Also House-Surgeon. No salary. Residence, board, and washing provided in each case. Applications to the House Governor by February 25th.
- Bristol ROYAL INFIRMARY.**—Resident Obstetric Officer. Salary £40 per annum, with board, lodging, and washing. Applications to the Secretary by February 21st.
- COVENTRY: COVENTRY AND WARWICK HOSPITAL.**—Senior House-Surgeon. Salary, £100 per annum, with rooms, board, washing, and attendance. Applications to the Secretary by February 15th.
- DENTAL HOSPITAL OF LONDON.** Leicester Square.—Assistant Dental Surgeon. Applications to the Secretary by February 13th.
- DEVIZES URBAN DISTRICT COUNCIL.**—Medical Officer of Health; must reside within the Borough. Salary, £50 per annum. Applications, marked "Medical Officer of Health," to the Town Clerk by March 4th.
- DEVONPORT: ROYAL ALBERT HOSPITAL.**—Assistant House-Surgeon. Board, lodging, and washing provided, no salary. Applications to the "Secretary of Medical Committee" by first post on February 23rd.
- FARRINGTON GENERAL DISPENSARY.**—Resident Medical Officer. Salary, £100 per annum, with apartments and attendance. Applications to the Secretary, 17, Bartlett's Buildings, Holborn Circus, E.C.
- GOVERNMENT RAILWAY IN WEST AFRICA.**—Assistant Medical Officer to attend on Railway Staff. Salary, £20 per month. First-class passage out and home. Applications, marked "Medical Officer," to Mr. W. Shelford, 35A, Great George Street, Westminster, S.W.
- GLASGOW UNIVERSITY.**—Professor of Pathology. Salary, £1,100. Applications to Alan E. Clapperton, Secretary of the Glasgow University Court, 91, West Regent Street, Glasgow, by March 24th.
- GUILDFORD: SURREY COUNTY HOSPITAL.**—Resident House-Surgeon. Salary, £80 per annum, with board, residence, and laundry. Also Assistant House-Surgeon. Salary, £30 per annum, with board, residence, and laundry. Applications to the Honorary Secretary by February 24th.
- HEREFORD GENERAL DISPENSARY.**—Assistant House-Surgeon and Dispenser. Salary, £75 per annum, with board, residence, and washing. Office tenable for two years. Applications to the Secretary, 37, Bridge Street, Hereford, by February 21st.
- HEREFORDSHIRE COUNTY ASYLUM.** Hill End, St. Albans.—Assistant Medical Officer. Salary, £130 per annum, increasing to £150, with furnished quarters, board, washing and attendance. Applications to the Medical Superintendent by February 24th.
- HOSPITAL FOR SICK CHILDREN.** Great Ormond Street, W.C.—House-Surgeon to Out-patient Department. Appointment for six months, but eligible for re-election. Salary, 25 guineas. Applications, on forms provided, to the Secretary by February 21st.
- KENT COUNTY LUNATIC ASYLUM.** Barming Heath, near Maidstone.—Fourth Assistant Medical Officer and Pathologist; unmarried. Salary, £175 per annum, rising £5 a year, with furnished quarters, attendance, coal, gas, garden produce, and washing. Appointment for two years. Applications to the Superintendent by February 10th.
- LANARK (COUNTY OF).**—Assistant Medical Officer of Health. Must possess Diploma in Sanitary Science. Salary commencing £130. Applications to Dr. Wilson, County Medical Officer, Hamilton, N.B.
- LEICESTER INFIRMARY.**—Assistant House-Surgeon. Honorarium of £42 a year, with board, residence, and washing. Applications to the Secretary, 24, Friar Lane, Leicester, by February 13th.
- LIVERPOOL SCHOOL OF TROPICAL DISEASES** (University College, Liverpool, and the Liverpool Royal Southern Hospital).—Lecturer in Tropical Diseases at University College. Will also be appointed Honorary Consulting Physician to the Royal Southern Hospital. Salary, £250 a year and proportion of students' fees. Applications to Professor Boyce, University College, Liverpool, by February 27th.
- LONDON THROAT HOSPITAL.** 204, Great Portland Street, W.—Assistant Surgeon. Applications to the Medical Committee before February 20th.
- MILLER HOSPITAL AND ROYAL KENT DISPENSARY.** Greenwich Road, S.E.—Junior Resident Medical Officer. Salary, £30 per annum, with board, attendance, and washing. Applications to the Secretary by February 13th.
- MORPETH DISPENSARY.**—House-Surgeon. Salary, £120 per annum, with furnished rooms, coal, and gas. Must be prepared to take office March 10th. Applications to N. I. Wright, Honorary Secretary, Beechfield, Morpeth, Northumberland, by February 16th.
- NATIONAL ORTHOPEDIC HOSPITAL.** 234, Great Portland Street, W.—Surgical Registrar. Applications to the Secretary by February 18th.
- QUEEN CHARLOTTE'S LYING-IN HOSPITAL.** Marylebone Road, N.W.—Assistant Resident Medical Officer. Appointment for four months. Salary at the rate of £50 per annum, with board, residence, and washing. Applications to the Secretary by February 13th.
- RICKMANSWORTH: DALRYMPLE HOME FOR INFERIATES.**—Resident Medical Superintendent. Salary, £200 per annum, with unfurnished house, food, coals, gas, etc. Applications to the Chairman, House Committee, by February 24th.
- ROYAL LONDON OPHTHALMIC HOSPITAL.** Moorfields, E.C.—Physician. Must be F.R.C.P. Lond. Applications to the Secretary by February 14th.
- RYDE: COUNTY HOSPITAL.**—House-Surgeon. Salary, £20 per annum, with board, lodging, etc. Applications to the House-Surgeon by March 1st.
- SALISBURY INFIRMARY.**—Assistant House-Surgeon; unmarried. Board, lodging, and washing provided, and honorarium of £10 after six months' satisfactory service. Applications to the Secretary.
- ST. ANDREWS UNIVERSITY.**—External Examiner for Graduation in Public Health. Applications to Mr. C. S. Grace, Factor to the University Court, by February 21st.
- ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.** City Road, E.C.—House-Surgeon. Salary, £50 per annum, with board and lodging. Applications to the Secretary by February 18th.
- SHEFFIELD: UNIVERSITY COLLEGE.**—Demonstrator in the Bacteriological Laboratory. Salary, £150 per annum. Applications to the Council of the College by February 23rd.
- STAFFORDSHIRE GENERAL INFIRMARY.** Stafford.—Assistant House-Surgeon. Salary, £30 per annum, with board, lodging, and washing. Applications to the House-Surgeon by February 23rd.
- TAUNTON: TAUNTON AND SOMERSET HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. No salary, but board, washing, and lodging provided. Applications, endorsed "Assistant House-Surgeon," to the Hon. Secretary, by March 3rd.
- VICTORIA HOSPITAL FOR CHILDREN.** Queen's Road, Chelsea, S.W.—House-Physician. Appointment for six months. Honorarium at the rate of £50 per annum, with board and lodging. Applications to the Secretary by February 25th.
- WAKEFIELD: OLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY.**—Junior House-Surgeon; unmarried. Salary, £60 per annum, with board, lodging, and washing. Applications to the Hon. Secretary by February 15th.
- WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. Honorarium at the rate of £50 per annum, with board and lodging. Applications to the Secretary by February 21st.

## MEDICAL APPOINTMENTS.

- AHERNE, J. J., M.B., B.Ch.**, appointed Medical Officer for the Carrigrohane Dispensary District, vice M. P. Dunlea, M.D., M.Ch.R.U.I.
- BYRNE, P. Kevin, M.D., B.S., B.A. Lond., M.R.C.S., L.R.C.P.**, appointed Medical Officer of the Christ Church District of the Parish of St. Marylebone, vice Dr. Norman Kerr, resigned.

- BYRNS, M. A., M.D., M.A.O. (Hon. Causa)**, Professor, [appointed Examiner in Midwifery for the year 1898, to the Royal University of Ireland.
- COLE, J. M. Coates, M.R.C.S.**, appointed Clinical Assistant for the Chelsea Hospital for Women.
- FOWLER, G., D.P.H. Eng.**, appointed Resident Medical Officer to the Finsbury Dispensary vice J. A. O. Briggs, M.B. Lond., F.R.C.S. Eng., resigned.
- KIRBY, S. J. J., M.D. Brux., L.R.C.P. Edin., M.R.C.S.**, appointed Medical Officer for the Fressingfield District of the Hoxne Union.
- LAYBE, Philip, M.R.C.S. Eng., L.R.C.P.**, appointed Medical Officer to the Workhouse of the Lexden and Minster Union.
- MACKENZIE, Ernest, M.D.**, appointed Medical Officer of the Cheadle (Staffs) Workhouse Infirmary, and Medical Officer and Public Vaccinator of the Cheadle District of the Cheadle Union, vice John William Harris Mackenzie, resigned.
- PECK, H., M.B., C.M. Edin.**, reappointed Medical Officer of Health for the Chesterfield Rural District.
- SHAW, J., M.D. Glasg., D.P.H.**, appointed Medical Officer for the Seventh District of the Aylesbury Union.
- THOMSON, J. W., M.B., C.M.**, appointed Senior House-Surgeon to the Clayton Hospital and Wakefield General Dispensary.
- THORP, Harold, M.R.C.S., L.R.C.P.**, appointed House-Surgeon to the Manchester Royal Infirmary.
- TURNER, R. T., M.D.**, appointed Medical Officer for the Wybunbury District of the Nantwich Union.
- WEST, Waldemar S., M.A., M.D., B.C. Cantab.**, appointed Surgeon to the Royal Buckinghamshire Hospital, Aylesbury.

## DIARY FOR NEXT WEEK.

## MONDAY.

**Medical Society of London.** 8.30 P.M.

- Clinical Evening: Mr. Watson Cheyne: Two Cases of Operation for Coxa Vara. Dr. R. Maguire: (1) Case of Recovery from Operation for Cerebellar Abscess; (2) Case of Hysterical Spasms. Dr. Thomson: Case of Pharyngomyositis. Leptothricia in a man, aged 36. Dr. Hector Mackenzie: (1) Case of Graves's Disease in a Male; (2) Case of Large Thoracic Aneurysm. Mr. F. C. Wallis: Case of Simple Comminuted Fracture after Operation. Mr. Warren Low: Case

of Dislocation of the Humerus, with Fracture of the Great Tuberosity. Dr. W. Ewart and Mr. R. Emmett: Case of Hepatic Cirrhosis with Chronic Jaundice and Splenomegaly in a Lad, the subject of Congenital Syphilis. Dr. S. West: Case of Acromegaly.

**West London Post - Graduate Course.** West London Hospital, W. 5 P.M.—Mr. S. Paget: Demonstration of the Methods of Examining the Ear, and of Aural Instruments (Lecture I.)

## TUESDAY.

**Royal College of Surgeons.** 5 P.M.

- St. William Mac Cormac, Bart.: The Hunterian Oration.  
**Royal Medical and Chirurgical Society.** 8.30 P.M.—Dr. F. W. Hewitt: On the Effects produced in the Human Subject by the Administration of Definite Mixtures of Nitrous Oxide and Air, and of Nitrous Oxide and Oxygen.

**National Hospital for the Paralyzed and Epileptic.** Queen's Square, W.C. 3.30 P.M.—Dr. Tooth: On Crania? Nerves (Lantern Demonstration).  
**Hospital for Diseases of the Nervous System.** 75, Welbeck Street, W. 4 P.M.—Dr. Harry Campbell: Cases of Facial Paralysis.

## WEDNESDAY.

- North-West London Clinical Society.** North-West London Hospital, Kentish Town Road, 8.30 P.M.—Discussion on the Relation of Gout to Rheumatism. To be opened by Dr. William Ewart.  
**Royal Meteorological Society.** 25, Great George Street, Westminster, S.W., 7.30 P.M.

**Evelina Hospital.** S.E. 4.30 P.M.—Mr. A. H. Tubby: Clinical Demonstration on Surgical Cases (Post-graduate Course).  
**Hospital for Consumption and Diseases of the Chest.** Brompton, 4 P.M.—Dr. Kidd: On Pleurisy.  
**Royal Microscopical Society.** 20, Hanover Square, W., 8 P.M.

## THURSDAY.

- Charing Cross Hospital.** Post-Graduate Course, 4 P.M.—Dr. Green: Cases in the Wards.  
**Hospital for Sick Children.** Great Ormond Street, W.C., 4 P.M.—Dr. Voelcker: Demonstration of Selected Cases.  
**Harveian Society of London.** 8.30 P.M.—Dr. Arthur Whitfield: Varieties of Eczema and their Treatment.

**London Temperance Hospital.** 2 P.M.—Dr. Soltan Fenwick: Clinical and Pathological Demonstration to Senior Students.  
**West London Post - Graduate Course.** West London Hospital, W. 5 P.M.—Mr. S. Paget: Demonstration of Methods of Examining the Ear, and of Aural Instruments (Lecture II.)

## FRIDAY.

- Society of Anesthetists.** 20, Hanover Square, W. 8 P.M.—Papers and Communications by Dr. Flux, Mr. Bellamy

## 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.*

## BIRTHS.

- BROOKE.**—On February 3rd, at East Harbour, Turk's Islands, W. Indies, the wife of Dr. Gilbert E. Brooke, B.A. Cantab., F.R.G.S., Government Medical Officer, of a daughter.
- NASH.**—On February 5th, at Clavering House, Bedford, the wife of J. W. Gifford Nash, F.R.C.S., of a son.

## MARRIAGES.

- KERR—BLYTHMAN.**—On January 31st, at All Saints Church, Wash-on-Dearne, by the Rev. Arthur Blythman, Rector of Shenington, Banbury (uncle of the bride), assisted by the Rev. W. J. Peacey, Vicar of Swinton, Yorks, Dr. W. S. Kerr, of Sheffield, to Edith Mary, eldest daughter of Dr. C. S. Blythman, of Swinton.
- LOCKYER—COOMBS.**—On February 7th, 1899, Cuthbert Lockyer, M.D., B.S. Lond., M.R.C.P. Lond., F.R.C.S. Eng., of 20, Devonshire Street, Harley Street, W., to Minnie Marie Coombs, only daughter of Robert Coombs, Esq., Cote Grange, Westbury-on-Trym, Gloucestershire, at Trinity Church, Clifton, Bristol. Reception, Imperial Hotel, Clifton.
- WALKER—MOORHOUSE.**—On February 2nd, at St. Mary's, Crumpsall, Manchester, by Rev. E. R. E. Rector, assisted by Rev. T. M. Macdonald, Rector of Kersal and Beneficiary of Lincoln, Edward J. Walker, B.A., M.D., Manchester, youngest son of the late Rev. John Walker, Dublin, to Emily Henrietta, second daughter of Christopher Moorhouse, Fieldhead, Crumpsall, Manchester.
- WATSON—NUTT.**—On February 1st, at the Parish Church, Newburn, by the Rev. G. Palmes, of Naburn Hall, James Kenneth Watson, M.D. Edin., of Byfleet, Surrey, to Emily Kate, youngest daughter of Mr. Henry Nutt, Naburn Lodge, Yorkshire.

## DEATHS.

- JONES.**—On January 25th, at his residence, Preston Grange, Bournemouth, Thomas Jones, M.D., M.R.C.S., L.S.A., aged 60.
- WALKER.**—On February 1st, at Newton Heath, Manchester, Alexander Walker, M.D., aged 49 years.



HOURS OF ATTENDANCE AND OPERATION DAYS AT THE  
LONDON HOSPITALS.

**CANCER, Brompton (Free).** *Attendances.*—Daily, 2. *Operations.*—Tu. W. F., 2.  
**CENTRAL LONDON OPHTHALMIC.** *Attendances.*—Daily, 1. *Operations.*—Daily.  
**CENTRAL LONDON THROAT, NOSE, AND EAR.** *Attendances.*—M. W. Th. S., 2; Tu. F., 5. *Operations.*—I. P., Tu. 2.30; O. P., F., 2.  
**CHARING CROSS.** *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.45; Dental, M., 9; Throat and Ear, F., 9.30. *Operations.*—Th. F. S., 3.  
**CHELSEA HOSPITAL FOR WOMEN.** *Attendances.*—Daily, 1.30. *Operations.*—M. Th. F., 2.  
**CITY ORTHOPÆDIC.** *Attendances.*—M. Tu. Th. F., 2. *Operations.*—M., 4.  
**EAST LONDON HOSPITAL FOR CHILDREN.** *Operations.*—M. W. Th. F., 2.  
**GREAT NORTHERN CENTRAL.** *Attendances.*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. *Operations.*—M. W. Th. F., 2.  
**GUY'S.** *Attendances.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. *Operations.*—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.  
**HOSPITAL FOR WOMEN, Soho.** *Attendances.*—Daily, 10. *Operations.*—M. Th., 2.  
**KING'S COLLEGE.** *Attendances.*—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30; F., 2; Dental, M. Th., 10; Skin, W., 1.30. *Operations.*—W. Th. F., 2.  
**LONDON.** *Attendances.*—Medical, daily, i. p. 2; o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu., 9. *Operations.*—Daily, 2.  
**LONDON TEMPERANCE.** *Attendances.*—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. *Operations.*—M. Th., 4.30.  
**LONDON THROAT, Great Portland Street.** *Attendances.*—Daily, 2; Tu. F., 6. *Operations.*—Daily, 2.  
**METROPOLITAN.** *Attendances.*—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations.*—Tu. W., 2.30; Th., 4.  
**MIDDLESEX.** *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o.p., M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations.*—Daily, 1.30.  
**NATIONAL ORTHOPÆDIC.** *Attendances.*—M. Tu. Th. F., 2. *Operations.*—W., 10.  
**NEW HOSPITAL FOR WOMEN.** *Attendances.*—Daily, 2; Ophthalmic, W. S., 8.30. *Operations.*—Tu. F., 9.  
**NORTH-WEST LONDON.** *Attendances.*—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations.*—Th., 2.30.  
**ROYAL EAR, Frith Street.** *Attendances.*—M. W. F., 3; Tu. F., 9.30 and 7.30. *Operations.*—Tu., 3.  
**ROYAL EYE, Southwark.** *Attendances.*—Daily, 2. *Operations.*—Daily.  
**ROYAL FREE.** *Attendances.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, W., 9. *Operations.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.  
**ROYAL LONDON OPHTHALMIC.** *Attendances.*—Daily, 9. *Operations.*—Daily, 10.  
**ROYAL ORTHOPÆDIC.** *Attendances.*—Daily, 2. *Operations.*—M., 2.  
**ROYAL WESTMINSTER OPHTHALMIC.** *Attendances.*—Daily, 1. *Operations.*—Daily, 2.  
**ST. BARTHOLOMEW'S.** *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o.p., W. S., 9; Eye, M. Tu. W. Th. S., 2; o.p., M. Th., 3; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; LARYNX, Tu. F., 2.30; Orthopedic, M., 2.30; Dental, Tu. F., 9; Electrical, M. Tu. Th. F., 1.30. *Operations.*—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariotomy, F., 2.  
**ST. GEORGE'S.** *Attendances.*—Medical and Surgical, daily, i. p., 1; o.p., 12; Obstetric, i. p., Tu. F., 1.45; o.p., M. Tu., 2.30; Eye, W. S., 1.30; Ear, Th., 2; Skin, W., 2.45; Throat, F., 2; Orthopedic, F., 12; Dental, M. Tu. F., 12. *Operations.*—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.  
**ST. MARK'S.** *Attendances.*—Fistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. *Operations.*—M., 9; Tu., 2.30.  
**ST. MARY'S.** *Attendances.*—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, Tu. F., 1.45; o.p., M. Th., 1; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9. *Electro-Therapeutics.* M. Th., 2.30; Children's Medical, Tu. F., 9. *Operations.*—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.  
**ST. PETER'S.** *Attendances.*—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations.*—W. F., 2.  
**ST. THOMAS'S.** *Attendances.*—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children, S., 1.30; *Electro-therapeutics*, o.p., Th., 2; Dental Disease, o.p., Th., 2; Dental, Tu. F., 10. *Operations.*—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.  
**SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Attendances.*—Daily, 1.30. *Operations.*—Gynaecological, M., 2; W., 2.30.  
**THROAT, Golden Square.** *Attendances.*—Daily, 1.30; Tu. F., 6.30. *Operations.*—Daily, exc. M., 10.  
**UNIVERSITY COLLEGE.** *Attendances.*—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, W., 1.30; Ear, 1.30; Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. *Operations.*—Tu. W. Th., 2.  
**WEST LONDON.** *Attendances.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 10; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electric, M. Th., 2; Skin, M. F., 2; Throat and Nose, Tu., 2; S., 10. *Operations.*—Daily, about 2.30; F., 10.  
**WESTMINSTER.** *Attendances.*—Medical and Surgical, daily, 1.20; Obstetric, M. Tu. F., 1.30; Eye, Tu. F., 9.30; Ear, Tu., 1.30; Skin, W., 1.30; Dental, W. S., 9.15. *Operations.*—M. Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO  
CORRESPONDENTS.

- COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.
- COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.
- ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL, unless the contrary be stated.
- AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 429, Strand, W.C., on receipt of proof.
- CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.
- CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.
- MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.
- IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.
- TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Attilage, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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

## QUERIES.

A. P. asks to be informed where a girl, aged 13, could be admitted for treatment for lateral curvature of the spine.

H. desires to find out the various consumption hospitals in the South of England at which the Nordrach treatment is carried out with or without slight modifications.

H. T. T. would like to know the best form of electricity to apply for tinnitus associated with Ménière's disease. Would the use of an ordinary Spammer's battery be contraindicated?

J. P. F. (1) desires to hear of a work suited to the wants of the general practitioner on electricity in the treatment of disease. He asks also (2) how to go about obtaining the post of doctor—for voyage out only—on board a vessel to Australia or New Zealand.

\* \* 1. Our correspondents should consult *Medical Electricity*, by Dr. Lewis Jones, 2nd edition (London: H. K. Lewis, 10s. 6d.), or *Medical Electricity*, by Dr. Dawson Turner, 2nd edition (London: Baillière, Tindall and Cox, 7s. 6d.).

2. Application should be made direct to the owners or general managers of the various steamship lines, the names of which may be found in the advertising columns of the daily press, and should be supported by whatever commercial or personal influence can be obtained.

## RELIEF OF LIGHTNING PAINS.

DR. W. JOHNSON SMYTH (Dorley Gardens, Bournemouth) will be pleased to describe to "J. C. J." a method for stretching the spinal cord, which in his hands has undoubtedly relieved the pains in cases of locomotor ataxia.

ANOTHER correspondent writes to ask for advice in the treatment of lightning pains. His patient, who is aged 40, contracted syphilis ten years ago.

## THE INDIAN MEDICAL SERVICE.

OMEGA asks to be informed which are the best textbooks to read in preparation for the examination for Her Majesty's Indian Medical Service: (1) For compulsory subjects; (2) for modern languages; (3) for botany and zoology.

\* \* The books usually read for the Entrance Examination are—Surgery: *Walsham's Surgery*. Medicine: *Taylor's Textbook*. Anatomy: *Cunningham's Practical Anatomy* and *Quain's Anatomy*, vol. ii, Part I on Osteology. Physiology: *Kirke's Physiology*. Materia Medica: *Mitchell Bruce*. Chemistry: *Luff's Manual* (Cassell and Co.). French: *Hugo's French Journal*, published weekly. Physics: *Balfour Stewart's Textbook*. Geology: *Geikie's Elementary Textbook of Geology*. Physical Geography: *Geikie's Elementary Textbook of Physical Geography*. Botany and Geology: *Science Primers*, by Macmillan and Co. German: Any book does for this, as there is no grammar in this paper. Whilst there are the textbooks usually read, many others are used—for example, many men read *Erichsen* in surgery and *Osler* in medicine, *Hale White* in materia medica, *Ellis* for anatomy, etc.

## THE CULTIVATION OF THE TUBERCLE BACILLUS.

G. H. asks: Is there a simple way of making tubercle bacilli cultivations in tubes? What should be the substance of the tubes, how prepared, and is one particular necessary?

\* \* There is really no simpler method of obtaining cultures of the tubercle bacillus from tuberculous nodules than that originally devised by Koch. After the primary cultivation it is a comparatively easy matter to grow the tubercle bacillus, which by this time has acquired a more marked saprophytic faculty on or in various media, such as glycerine agar, glycerine broth, or even potato. Serum derived from sterile blood of the sheep or calf inspissated in a sterile test tube for an hour a day for five days at a temperature of about 65° C., and then slowly solidified in an oblique position at 76° to 78° C., is practically the only medium on which tubercle bacilli can be cultivated direct from a tuberculous nodule. All other methods are attended with many difficulties. Most of the ordinary textbooks on bacteriological technique give good accounts of the method of preparation of this medium.

## VILLAGE NURSES.

E. R. F. desires advice as to an equitable arrangement for a village nurse, where no medical friction can arise through lax rules. He wishes to hear of a society of doctors who have a medical association of their own, who would let him have a copy of their rules. A country district scheme would suit best.

\* \* The main cause of friction in most cases in which it exists is that the charitable and philanthropic people who support the nurses will requisition their services for the sick poor independent of the medical men of the district. There are several associations for supplying sick nurses for the poor which have a rule that the nurse can be requisitioned solely on the doctor's order. On the best associations the medical men of the district are *ex officio* members. The Dorset Health Association (headquarters Dorchester) is a good example of an association so constituted. We do not know of any combination of medical