

ward pressure of urine. After consultation exploration of the bladder by a perineal urethrotomy was decided on, and this was carried out next day.

The urethra was opened in front of the prostate on a staff. On passing my finger through the opening I found a round, prominent mass, involving the right lobe of the prostate, projecting into the bladder, but no stone could be detected. On inserting the forefinger of my other hand into the rectum, the hard nodule was felt as before, and the tumour clearly defined, rounded and intensely hard, the left lobe of the prostate being almost normal. After consultation with Mr. Horsley, we determined to remove the tumour perineally. A crescentic incision about 4 inches long was made from the median raphe at the lower end of the urethral wound, backwards round the anus to the coccyx on the right side. The dissection was carried deep into the ischio-rectal fossa, the rectum being drawn inwards by a broad retractor. The left forefinger was passed through the urethral wound into the bladder and hooked round the tumour, which was pressed out into the wound, and thus came well into view. The capsule of the prostate was incised and peeled off by means of an elevator. The tumour, which involved the whole of the right lobe of the prostate, was thus removed piecemeal by cutting forceps and curved scissors, only a thin layer being left to support the mucous membrane of the bladder and prostatic urethra, which was left intact. There was very little bleeding, and this was controlled by forcipressure, no vessels being ligatured. On completion of the operation a soft-rubber perineal tube was passed through the urethral opening into the bladder and retained there by a suture, and on this a rubber drainage tube was fixed to convey the urine to a vessel beneath the bed. The large gaping wound in the ischio-rectal fossa was packed with iodoform gauze and the usual dressings applied.

The perineal tube was kept in for six days, during which time the whole of the urine passed through it, not a drop escaping beside the tube, thus obviating any chance of infection of the deep ischio-rectal wound till it had partly filled up and was covered by healthy granulations. The temperature rose to 100° F. on one night, after which it did not go above 99° F.

After a fortnight the urine began to pass partly through the urethra, and after a few days later no urine passed by the perineal wound in the urethra. The patient was sitting up on December 1st. On the 18th he left the surgical home, untroubled by any urinary symptom, and he is now quite well.

The tumour turned out to be of the fibro-adenomatous type, frequently met with in the prostates of the aged, the fibrous elements predominating. It was as hard as scirrhus. About its centre a few drops of pus were found in the middle of a small coagulum, due to a thrombus or irritation of a small prostatic concretion found in this vicinity.

The advantages claimed for this method of operating are:

1. The preliminary external urethrotomy permits of the introduction of the finger into the bladder, which, with a finger in the rectum, enables the surgeon to define accurately the shape, density, size, and extent of the prostatic growth in a manner that cannot otherwise be accomplished, except, perhaps, by a suprapubic opening—a much more serious proceeding.

2. The finger can be hooked over the enlarged lateral lobe and the latter pushed well into the ischio-rectal wound, thus to a large extent obviating a deep and dangerous dissection, as in Dittel's operation.

3. With the tumour pushed well into the wound the capsule is easily incised and erased, and the cutting forceps and scissors easily and freely applied, to eradicate the whole mass.

4. The finger in the bladder enables the surgeon to feel when the cutting instruments are approaching that viscus, so that he can remove the whole growth, except a thin layer for the support of the mucous membrane of the bladder and prostatic urethra, without opening the latter, thus avoiding infection of the wound and the existence of a permanent fistula.

5. The stout perineal drainage tube inserted into the urethral wound carries off all the urine and prevents the perineal wound from becoming septic.

The drawback to the operation is that, like all other operations proposed for the removal of prostatic growths, it is applicable only to certain forms of the disease. It is not, of course, applicable to cases of enlarged middle lobe projecting into the cavity of the bladder. For such cases McGill's operation is undoubtedly the best. In very fat patients, or when the prostatic tumour is extremely large, it may not be feasible, owing to the fact that the finger may not in such cases be sufficiently long to hook it round the growth.

**PRESENTATION.**—On March 20th, Dr. Major Greenwood, Honorary Secretary of the Brussels Medical Graduates' Association, was presented by Dr. Danford Thomas, in the name of the members of the Association, with a handsome gold watch and chain, and a silver cigarette case. The watch has the following inscription: "Presented to Dr. Major Greenwood by members of the B.M.G.A. as a token of their high regard and a slight recognition of valuable services as Honorary Secretary, March, 1900."

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

### WHEN IS CANCER CURED?

WITH regard to this important question, which Mr. Jalland asks in the *BRITISH MEDICAL JOURNAL* of February 17th, the following case is full of interest.

The patient is aged 70 years. Twenty-five years ago the left breast was removed for mammary cancer. For fifteen years she remained free from the disease, but after the period of immunity a recurrence took place high up in the axilla, which fungated and then contracted, and there is now a puckered ulcerating cicatrix.

Five years ago, a mass appeared in the middle of the posterior surface of the upper arm; this fungated one year ago, and has bled frequently, but only once sufficiently to cause any anxiety. There are also many other secondary growths in the arm in the subcutaneous tissue, and some have ulcerated. There are also multiple nodules in the skin. The arm is enormously swollen, and there is much pain; the patient has lost ground rapidly since I first saw her in September, 1899.

The operation was performed twenty-five years ago by the most eminent surgeon of the day, and he stated that if recurrence did not take place for ten years the patient would remain free of the disease. Such, I suppose, represented the opinion of the day. Since the more radical operations on the mamma for cancer have been introduced, surgeons have naturally looked for better results, and the tendency has been in some quarters to speak of definite "cures" after operation, and to assert that after three years have passed all danger of recurrence is at an end.

Four years ago Mr. Watson Cheyne brought forward 22 cases operated upon by the more radical method, and at that time 13 of these cases were alive and free from recurrence, and more than three years had elapsed after the operation, these cases having passed the "time limit" were spoken of as "cures." The life-history of these 13 patients now or in a few years would be most interesting and important.

Two years ago, at a long debate at the Royal Medical and Chirurgical Society upon a paper by Mr. Marmaduke Sheild on Immunity and Latency after Operations for Cancer of the Breast, the general tendency was not to speak of freedom from the disease for a fixed number of years as a "cure." This seems to be the correct view to take, and in the present state of the pathology of cancer the answer to the question cannot be given definitely with perfect candour and honesty.

The case related above is interesting as showing the extraordinary latency exhibited, and it also demonstrates how enormously the rate of growth of mammary cancer varies. The immunity existed for fifteen years and recurrence took place ten years ago, and yet the patient is still living.

Salisbury.

E. T. FISON, M.D. Cantab., F.R.C.S. Ed.

### KERNIG'S SYMPTOM IN MENINGITIS.

IN the *BRITISH MEDICAL JOURNAL* of February 3rd, Major Buchanan refers to Kernig's symptom in meningitis, and describes a similar condition occurring in the upper extremities. In conclusion he says: "I have not been able to find any allusion to this symptom appearing in the arms in any of the numerous writings on this disease that I have been able to come across."

I wish now to point out that this is no new observation. During the last ten or twelve years I have frequently demonstrated under the term "over-action of the flexors" the so-called Kernig's sign occurring in the lower extremities, and a similar condition in the upper. In a lecture of mine on the Treatment of Typhoid Fever, in the *Lancet* of March 15th, 1890, the following sentences occurred in describing a case complicated with meningitis:

Her head is still very much retracted, the muscles of the upper limbs rigid, and the flexors are so much contracted that the forearms are acutely flexed on the arms: the thumbs are adducted to the centre of the palms, and the fingers are flexed. The lower limbs are drawn up, the thighs flexed on the abdomen, and the legs on the thighs, and the feet are extended. Ankle clonus and patellar reflex still marked, plantar reflex increased, but the other superficial reflexes are barely, if at all, elicited.

The attitude is still one of flexion, the lower limbs being rigidly flexed, and any attempt to straighten them is attended with pain. The upper limbs can be easily straightened. It is difficult to estimate the patellar reflex owing to the firm contraction of the flexors. Ankle clonus hard to elicit.

The lower limbs are still rigidly flexed, and cannot be straightened without causing pain. Ankle clonus not obtainable. The upper limbs are more rigid to-day, the head is slightly retracted, and any attempt to passively move them is attended with pain.

The lower limbs cannot yet be completely extended passively, but she can voluntarily extend them to a considerable degree for the first time for the last twelve days.

The above was an extreme case, and it is also quoted in my work on the *Treatment of Typhoid Fever*. In another case recorded in the latter work, the following description occurs:

Whenever the pack is changed, he flexes his thighs and legs, and the nurse has some trouble in straightening them. His body is very rigid, and head retracted.

His forearms are acutely flexed on arms, and difficult to extend.

In my address on Meningitis, published in the *JOURNAL* of November 18th, 1899, such statements as the following occur:

"There is headache, restlessness, delirium, vomiting, hyperalgesia, vertigo, early rigidity, and weakness of the limbs. . . . Owing to the hyperalgesia and over-action of the flexors it is often difficult to elicit the deep reflexes," etc.

Professor Osler, Major Buchanan, and others look upon Kernig's sign as diagnostic of cerebro-spinal meningitis, but I have seen it very marked, both in the upper and lower extremities, in cases where there was no reason to suspect any spinal mischief. In a case of basal meningitis arising from middle-ear disease, at present under my care in the Royal Infirmary, it is very prominent in the lower extremities but not in the upper. In another case of meningitis, probably tuberculous, at present under my care, it is well marked in the lower but not in the upper extremities.

Liverpool.

JAMES BARR, M.D.

#### GASTRIC ULCER IN PREGNANCY AND HYSTERIA.

A CASE similar to that of Mayet, noted in your *EPITOME* of January 27th, No. 70, came under my notice four weeks since. As the question of the frequency of occurrence of gastric ulcer during pregnancy is suggested, I write but to record this case briefly.

Mrs. H. B., aged 30, primipara, pregnant (sixth month), slightly neurotic, had suffered from dyspeptic symptoms for several months when I saw her. Characteristic symptoms of gastric ulcer were present, including paroxysms of pain, vomiting, and hæmatemesis. Rest in bed, lavage, medication, abstinence from food for thirty-six hours, followed by a very gradual restoration of diet, brought about a return to her normal condition.

Manitowaning, Ont.

J. W. McINTOSH, B.A., M.B.

#### A CASE OF SMALL-POX DURING PREGNANCY: PREMATURE LABOUR: RECOVERY.

E. B., aged 25, wife of a boatman trading between Lincoln and Hull, was admitted into the sanatorium on December 10th, suffering from small-pox. She had not been well for some two or three weeks previously, and on December 8th developed a papular eruption on face and other parts of the body, which, with the other symptoms, decided the diagnosis. On admission the temperature was 101.2°, pulse 84. She was covered with a copious eruption in various stages of development, most abundant on the face. She complained of labour pains, and some three hours afterwards was delivered of a male child prematurely born who lived only a few hours. There was a good deal of hæmorrhage from the womb, but by careful manipulation and use of ergot this was got under control. A vaginal douche of perchloride of mercury (1 in 2,000) was used daily for some days, and an effervescing mixture containing citrate of potash, with 3 to 5 grs. quinine for a dose, was given every four hours, according to the temperature. There were practically no ill symptoms, with the exception of great weakness during the secondary fever, the temperature during this stage not exceeding 103°. The strength was maintained with plenty of liquid nourishment, and she made an uninterrupted recovery. She was discharged on January 27th. There were three good primary vaccination marks on the arm done when a child.

REMARKS.—There is no doubt that pregnancy rendered the woman more susceptible to the disease, as she had not been away from her home nor on the boat since August. The hus-

band, however, had suffered from what he described as influenza with a rash, particularly on the face, which rash developed into boils, the scars of which were visible in two or three places. As this so-called attack of influenza appeared exactly fourteen days after the man had left Hull, I think everything was confirmatory of small-pox, very modified no doubt, and therefore the cause of the disease in the wife. There were three young children in the house at the same time, an elder girl, and also the mother of patient, both of whom attended to the patient in the early stages of the disease. All these were primarily vaccinated, the elder girl and mother being revaccinated, and all have escaped. There is every proof that successful vaccination in the woman saved her life by mitigating the severity of the disease, especially in the suppurating stages, for the presence of pregnancy and the occurrence of premature labour increased twofold the gravity of the case.

As regards the protection conferred by vaccination, anyone being acquainted with all the circumstance of these two small-pox cases could not fail to ask himself to what extent small-pox is infectious, in presence of successful vaccination, for the numbers of people, including children, who were accidentally subjected to the risk of infection must have reached thirty, only about half of whom had been revaccinated, and none contracted the disease.

Lincoln.

A. DEAN ROBERTS, M.R.C.S.

#### PUNCTURED WOUND OF THE SKULL, WITH ESCAPE OF BRAIN SUBSTANCE: RECOVERY.

On the evening of January 8th, 1900, I was summoned to see a child, aged 16 months, by the father, who stated that it had fallen, piercing its head with a carpenter's gouge, which he had himself pulled out. It was quite an hour after the accident before I saw the child, as the father, in his anxiety, had gone to three other doctors' houses who lived nearer than myself. On arrival I found the child in its grandmother's lap with a wound 2 inches above the left ear and 2 inches from the orbit, from which brain substance was escaping as the child cried. The wound was crescentic in shape, and corresponded to the carpenter's gouge with which it was inflicted. The gouge measured 7½ inches in its entire length, with a bevelled-out part 6 inches in length, the diameter being ½ inch. The father showed me the mark upon the gouge to which it had penetrated the child's head, and it was just 2 inches. Whilst the father was putting up a lamp in the hall the child had climbed up three steps, and had fallen with the gouge in its hand. The gouge had caught against the wainscoting a foot above the floor, and the triangular solid part was jointed firmly between the wainscoat and the wall by the force with which the child's head had struck it. Portions of brain substance were afterwards found on the gouge and on the steps upon which the father placed it after its removal. There had been some hæmorrhage, so I washed the wound with water which had been recently boiled, and applied a thick pad of double cyanide gauze, over which I had dusted a powder consisting of one part iodoform and two of boric acid; this was covered with a layer of sal-alembroth wool, and bandaged on firmly. Next morning the child was evidently suffering from shock, but was taking its food fairly well, and had had a fairly good night. He played with my watch whilst I was feeling his pulse, and seemed to take interest in all that was going on around him. I gave the child half a grain of calomel, and told the mother to repeat the dose at bedtime if necessary. I saw the child daily for the next three days, and there was no rise of temperature or apparent constitutional disturbance after he recovered from the shock, which lasted till the second day.

On January 13th, five days after the injury, I removed the dressing, which had got saturated with sero-sanguineous fluid. I washed the wound with boiled water to which a little carbolic acid was added, and dressed it in the same way as before.

On January 15th I again dressed the wound, and this time there was only a discharge of perfectly clear fluid, apparently cerebro-spinal.

On January 17th the dressing had hardly been soiled; and on January 19th a scab had formed. The same dressing was reapplied at intervals of three, five, and seven days, and firm pressure by a bandage maintained until February 10th, when the scab came off, and the wound was firmly healed.

The scar is crescentic in shape, and by gentle pressure a mark in the bone can be felt corresponding exactly to the shape of the carpenter's gouge with which the perforation was made. The child seems perfectly well, has no squint, and is in no way different from its condition before the accident; and its intellectual progress has been maintained, for it has learnt several fresh baby-words, which are French, as its mother is of that nationality.

Torquay.

WILLIAM ODELL, F.R.C.S.

## REPORTS

ON

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

#### MONTREAL GENERAL HOSPITAL.

##### A CASE OF HÆMATEMESIS.

(By G. E. ARMSTRONG, M.D., Associate Professor of Clinical Surgery in McGill College; Attending Surgeon to the Hospital.)

Miss —, aged 46, a housekeeper, was brought to the Montreal General Hospital on October 8th, 1899, complaining of having vomited a large quantity of blood, followed by marked prostration. When 26 years of age she suffered from an attack of rheumatic fever. Convalescence was protracted, she being obliged to use crutches for one year. Since then she has always complained of some weakness of the stomach, and eight or ten years ago she spat up some blood. There is no history of anæmia, menstrual disorder, nor tuberculosis, and the family history is negative.

Her present illness began in February, 1899, with severe pain in the right epigastric region, accompanied by vomiting. These symptoms developed suddenly. The pain, although chiefly referred to the right epigastrium, often radiated around to the back. The relation of the pain to the taking of food seems to have been indefinite, probably it was on the whole worse two or three hours after eating. It was relieved by pressure. Vomiting was a prominent symptom at this time, and usually occurred about two hours after eating. Both pain and vomiting were intermittent, and some days she seemed to be quite well. Under treatment she improved considerably. At different times during the summer she complained of indigestion, stomach distress, vomiting, and weakness. These symptoms were always relieved by dieting and rest.

On the day of her admission to the hospital she passed a stool that was very black, but thought nothing of it. She worked the whole day, walked to church in the evening, feeling well and in good spirits. About the middle of the service she was suddenly seized with vomiting of blood. This came on without any warning, and was not attended by pain or distress of any kind. The vomit was dark-coloured; no bright blood was noticed. She fainted, and was sent home in a cab, when she was seen by Dr. Springle, who ordered her immediate removal to the hospital.

The patient was found to be a small woman, with muscles small, hard, and in good condition; her skin was dry and dark. The mucous membranes were pale and the eyes dull. Her temperature was 98.4° F., her pulse 96, and her respirations 24. Her tongue was dry, and she complained greatly of thirst. Her abdomen was flat, soft, and not tender. The right kidney was enlarged, movable, and sensitive. There was no vomiting after entrance into the hospital, and the patient stated that she felt "as well as ever." She was given a hypodermic injection of morphine, gr.  $\frac{1}{8}$ ; an icebag was applied to the epigastrium, absolute rest in the recumbent posture was enjoined, and rectal injections of peptonised food were given.

The following day, October 9th, she seemed very comfortable. There was no vomiting or tenderness on pressure over the stomach.

On October 10th her condition remained the same, until on October 11th, towards evening, when she had a feeling of

nausea. At 10.45 P.M. she vomited some coffee-ground material, and also several well-formed blood clots, in all 12 to 15 ounces. Her pulse became rapid, small, and very compressible. She was given  $\frac{1}{4}$  grain of morphine hypodermically, and an enema of normal saline solution; also ice was applied over the stomach.

On October 12th, at 1.15 A.M., she vomited 2 to 4 ounces of blood; her pulse became very weak, and rapid; her respiration slow and scarcely perceptible, her temperature 96° F.; the pulse could not be felt at the wrist. She was given 40 ounces of normal saline solution subcutaneously, a hypodermic of morphine, gr.  $\frac{1}{8}$ , and the foot of the bed was raised. At 1 P.M., fearing that another hæmorrhage would prove fatal, and her condition being somewhat improved, I decided to operate.

After opening the abdomen in the median line I brought up the stomach, but failed to locate the ulcer by palpation. From the fact that she had passed bloody stools, and that the pain and vomiting had of late occurred usually two or three hours after eating, I thought possibly that I had to deal with a duodenal ulcer, and therefore decided to incise the pylorus, thus obtaining access to the duodenum and stomach. After making this incision I readily came upon an ulcer in the pyloric end of the stomach. It was a deep excavated ulcer, with indurated base and edges situated on the lesser curvature. Two vessels of considerable size lay open, one in the floor of the ulcer and one on the border. I excised the ulcer, and completed the operation as in a Heincke-Mikulicz pyloroplasty. While I was operating an assistant gave an intravenous injection of 40 ounces of normal saline solution. The patient made a most satisfactory recovery; the only untoward event being a bilateral dislocation of the lower jaw, brought on by laughing. Peptonised milk was given by the mouth twenty-four hours after the operation. When she left the hospital she was able to eat three good meals a day, and was rapidly regaining her strength, weight, and colour.

#### BELFAST HOSPITAL FOR SICK CHILDREN.

##### LYMPHATIC VARIX OF THE GROIN CONTAINING CHYLE.

(By ROBERT CAMPBELL, B.A., M.B.Irel., F.R.C.S.Eng., Surgeon to the Hospital.)

A. M., a girl aged 9 years, was admitted on October 24th, 1899, suffering from a swelling in the right groin, first noticed twelve months previously. It was supposed to have been caused by a fall, and had been slowly increasing in size since. She had always been a delicate child, and, among other illnesses, had at five years of age, when residing abroad, suffered from malarial fever, from which, however, she completely recovered. The mother stated that the patient had a poor appetite, complained at times of pain in the belly after food, was subject to a bad cough now and again, and had a tendency to bleed freely when a tooth was extracted. The family history was good, with the exception that the mother two years before had been treated for some chest trouble at a special hospital.

The patient was anæmic and delicate looking, although her nutrition was fair. The lungs, heart and abdomen were normal. In the right groin, below and outside the pubic spine, was a swelling about the size of a large walnut, which was doughy in consistence, disappeared gradually on pressure, gave a faint impulse on coughing, and was smooth on the surface, except at one point where there was a small hard nodule resembling in size and shape a lymphatic gland. The tumour was evidently vascular, and it was thought that the termination of the saphenous vein might be dilated from pressure on the femoral vein by an enlarged gland.

On October 27th a vertical incision was made over the swelling, which was then found to consist of a cyst-like dilatation of a lymphatic vessel, which, when pulled down out of the femoral canal, presented three other similar, but smaller, dilatations at intervals of a quarter-of-an-inch. In dissecting out the vessel the largest of the dilatations was punctured, and about six drachms of milky fluid escaped, which was collected in a test tube. The escape of the fluid was hastened when the patient strained as though there were a considerable collection within the abdomen. The vessel was ligatured above and below with cat-

<sup>1</sup> This case is a supplement to a paper read at Portsmouth by the author, and printed in the BRITISH MEDICAL JOURNAL, October 21st, 1899.

Officer from the time of its opening till 1883, having previously served some years before as Honorary Surgeon to the Dispensary. On his retirement from the acting staff of the infirmary he was elected Consulting Surgeon, a position he held up to the time of his death. At one time he took an active interest in the Lancashire and Cheshire Branch of the British Medical Association, and frequently attended its meetings. At the annual meeting of the Association in 1876 he read a paper on Jaundice during Pregnancy: its Effects on the Mother and Child. He always took great interest in the welfare of the junior members of the profession, often sympathising and tendering his advice when asked, his genial manner always commanding confidence. Energetic and persevering himself, he was always glad to help others in their difficulties. Having a strong will and determination, once he formed an opinion it was difficult to change it, unless he was thoroughly convinced, though he was always tolerant of the opinion of others. He was interred at the cemetery of Southport, beside his only daughter, who predeceased him seven years. He leaves a widow and grown-up family of sons, one of whom, Mr. E. H. Monks, of Wigan, is a member of the medical profession.

DR. L. H. PETIT, who was for twenty years Assistant Librarian of the Paris Faculty of Medicine, and Librarian of the Paris Surgical Society, died recently at Mentone. He took his degree at Paris in 1875, the subject of his thesis being Syphilis in its Relations with Traumatism. He was a favourite pupil of Verneuil, and was the author of a number of contributions to surgical literature. Dr. Petit's name was well known in connection with the organised effort initiated in recent years in France for the prevention of tuberculosis. He was Secretary to the *Cuvre de la Tuberculose*, and Acting Editor of the *Revue de la Tuberculose* from its foundation. He was a Knight of the Legion of Honour, and had recently had the Order of Franz-Josef conferred on him by the Emperor of Austria for services in connection with the organisation of the movement against tuberculosis in Austria-Hungary. He was a man of wide and solid learning, and his loss will be felt by students of medical literature, not only in France, but in other countries.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. von Mosengeil, Professor of Surgery in the University of Bonn, and author of numerous contributions to professional literature, chiefly on inflammation and sepsis, aged 60; Dr. Leroy, Professor of Internal and Experimental Pathology in the Medical Faculty of Lille; and Dr. B. Baschkiroff of St. Petersburg, Director of the Caucasian Mineral Watering Places, aged 58.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### ROYAL NAVY MEDICAL SERVICE.

THE following appointments have been made at the Admiralty: JAMES P. WILLIS, M.B., Surgeon, to the *Pembroke*, lent to Deptford Victualling Yard for survey of stores from April 3rd to May 5th inclusive, March 22nd; REGINALD ST. G. S. BOND, M.B., Surgeon, also lent to Deptford Victualling Yard for survey of stores from April 3rd to May 5th inclusive; ARTHUR W. B. LIVESAY, M.B., Surgeon, to the *Pembroke* for Chatham Dockyard, March 30th; HENRY R. GARDNER, M.B., Surgeon, to the *Thunderer*, March 30th; ROBERT J. MACKEOWN, Surgeon, to the *Excellent*, March 30th; ARTHUR H. PRICHARD, Surgeon, lent to the *Research*, March 26th; JOHN N. ROBERTSON, M.B., Surgeon, lent to the *Triton*, March 26th.

### ROYAL ARMY MEDICAL CORPS.

SERGEANT-MAJORS EDWIN HOUGHTON, RICHARD SCOTT, ALEXANDER WILSON, and HENRY W. GLOVER are appointed Quartermasters with the honorary rank of Lieutenant, on augmentation, March 17th.

Surgeon-Major E. J. LAWLESS, 4th Volunteer Battalion the East Surrey Regiment, is granted the temporary rank of Major while serving in South Africa, March 17th.

Surgeon-Lieutenant J. K. TOMORY, 1st Sutherland Volunteer Rifles, is granted the temporary rank of Lieutenant while serving in South Africa, March 17th.

Captain C. F. WANHILL, from the Seconded List, to be Captain, *vice* R. H. E. Holt, died of wounds received in action, February 23rd. Captain Wanhill was placed on the Seconded List for service with the Egyptian Army in February, 1898.

Surgeon-Major E. L. FREER, 1st Volunteer Battalion the Royal Warwickshire Regiment, is granted the temporary rank of Major while serving in South Africa, March 21st.

Surgeon-Lieutenants A. H. MCDUGALL, 1st Volunteer Battalion the Royal Warwickshire Regiment, and JOHN CLAY, M.B., 2nd Volunteer Battalion the Northumberland Fusiliers, are granted the temporary rank of Lieutenant while serving in South Africa, March 21st.

### INDIAN MEDICAL SERVICE.

LIEUTENANT-COLONEL C. B. HUNTER, Bengal Establishment, is permitted to retire from the service from April 5th. He was appointed Surgeon, March 31st, 1879, and Lieutenant-Colonel, March 31st, 1899. He was in the Afghan war in 1879-80 (medal); with the Zhob Valley Expedition in 1890; and with the two Miranzai Expeditions in 1891 (medal with clasp).

### THE IMPERIAL YEOMANRY.

MR. THOMAS WALCOT, F.R.C.S., is appointed Medical Officer, with the temporary rank of Captain, March 21st.

### INVITED TO SERVE.

RETIRED ON GRATUITY writes: The War Office should be pressed for a definite answer to the following question: Are officers retired from the R.A.M.C. but now once more doing duty on full pay, to count their present service towards pension? Here is a crucial case: A major retired on gratuity after eighteen years' service was a year or so afterwards, under the pressure of circumstances, placed on full pay and given a full share of army medical work. Does such duty count for nothing, not even towards pension?

\*\*\* We cannot pretend to answer our correspondent's question, although it clearly ought to be answered. The case of re-employment after retirement on gratuity seems doubly complicated. If the service counted towards pension, it seems clear that the gratuity would have to be returned; the recipient could not have both. Cannot our correspondent put the question officially, and so get it authoritatively answered?

### COMPOUND TITLES.

A RETIRED BRIGADE-SURGEON-LIEUTENANT-COLONEL points out that the compound titles being now those of the auxiliary forces only, their use by retired officers of the regular forces makes it appear as if they had never been in the regular army at all—in short, puts them on the footing of volunteers.

\*\*\* There is no little force in this contention.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

*Replies in this column are limited to questions affecting the legal interests and privileges of the medical profession at large. The column is not to be used as a medium for affording legal advice in private or personal matters as to which the applicant ought to consult his own solicitor.*

*From communications which we have received recently it appears to be necessary to repeat that we cannot undertake to express any opinion upon medico-ethical cases submitted to us unless we have before us statements by both parties to the controversy.*

### ILLNESS OF ASSISTANT.

A CORRESPONDENT inquires to what an assistant is entitled who, after having been in his service three months, contracts scarlet fever, goes into the fever hospital, and is disabled for three months, during which time the principal is compelled to employ a substitute. Can he claim his salary in full during the time he was disabled?

\*\*\* If at the commencement of the assistant's illness the principal terminates the engagement, the former is entitled to a month's salary in lieu of notice. If the principal decides to retain the assistant in his service, and to wait for his convalescence, the assistant can claim his salary for the whole period of his disability: but it is usual under such circumstances for the principal and assistant to agree together as to sharing the cost of the substitute, if one is required, during the assistant's absence.

### BOOK DEBTS AND NET PROFITS.

A. enters into partnership with B. in B.'s practice in June, 1897. The terms are that B. shall retire after fifteen years from above date, and shall be paid on his retirement a sum equal to one half the net annual profits on the average of the two preceding years. B. desires to retire at once, and A. agrees that he may do so on the terms of the agreement. How are the "net annual profits" to be arrived at? Are they to be calculated on the basis of the actual receipts for the two years, or on the gross bookings?

\*\*\* The net annual profits must be calculated on the basis of the actual receipts. B. will be entitled, after he has left the practice, to his share of all book debts due to the firm while he was a member of it, whenever they may be paid, but it is open to A. to purchase of B. at an agreed sum his share of the above book debts.

### THE ETHICS OF CONSULTATION.

R. A.—Our correspondent should remember that his suppression of the prescription must have appeared most extraordinary to the consultant and the father of the patient, all the more so as he was unable at the time to offer any explanation on the subject; therefore, as there is no getting over the fact that this was due to our correspondent's mistake,

we think he should overlook any expressions of feeling which originated in the misunderstanding for which he must feel he is solely to blame. With respect to the other points of our correspondent's inquiry, we are of opinion that the consultant, if he took over the sole charge of the case at all, should have done so only until our correspondent's partner should have been able to return to his work, and we do not think that this should be made conditional upon the wish of the patient's father; but this only raises hypothetical questions which have been disposed of by the death of the patient. As to our correspondent's future attitude towards the consultant, that must depend very much upon circumstances. If the consultant's manner facilitates the resumption of friendly relations, we see no reason why our correspondent should not try to forget the somewhat unfortunate circumstances of this case. We should not advise any appeal to the local Branch or Ethical Committee.

#### COURTESY ATTENDANCE.

G. H. K.—No medical practitioner is obliged to attend a colleague whether retired or in practice without payment. It is purely a matter of courtesy, and payment should always be tendered. Therefore A. is no doubt at liberty to charge B. It is quite possible for the name of a retired practitioner to have disappeared from the *Register and Directory*, and it is also quite possible that offence may have been given by inquiries which were evidently inspired by doubt of B.'s account of himself.

#### CHARGES OF MEDICAL AGENTS.

"QUERY" asks: Has a medical agent any legal right to charge a fee of £3 3s. when he has been unsuccessful in disposing of a practice and when he had not specified any such fee beforehand?

\*.\* In the absence of any agreement, expressed or implied, the agent does not appear to have any claim.

#### FEES FOR ATTENDANCE AT INQUESTS.

ARMY MEDICAL OFFICER writes: A Reservist dies in a military hospital as the result of an accident. The coroner decides to hold an inquest. The army medical officer who has proceeded on leave is recalled by telegram to give evidence. He travels by rail 120 miles, attends the inquest held in the Town Hall, having paid all his own expenses, and is then informed by the coroner that he is not entitled to any fee nor even to his expenses. Is the coroner acting justly by the medical officer?

\*.\* Assuming that it was the duty of the army medical officer in question to attend the deceased person as the medical officer of the military hospital, it is doubtful whether he is legally entitled to any remuneration for giving evidence. The author of *Jervis on Coroners* states, in reference to Section XXII, Subsection 11 of the Coroners Act 1887 that among institutions such as military hospitals doubts may well arise as to whether the medical officer is entitled to claim any fee.

#### HUSBAND'S LIABILITY FOR FEES: MEDICAL EVIDENCE.

X. sends the following question: In August last I was consulted by a married woman, whom I found to be suffering from secondary specific disease, and also to be pregnant. She told me that her husband had gone abroad two months before this, and I went on attending her in good faith. The confinement took place early in January. In the matter of payment, the patient had kept putting me off, so I made inquiries, and found the address of the husband, who returned to England at the end of last year. I sent him my account, in which was mentioned the date of the child's birth. In reply, he called, thanking me for giving him the means of getting a divorce. He can prove that he was not in England later than January of last year, so that he could not have been the father. He disclaims liability for my fees, saying that neither the pregnancy nor illness was due to him; he did not know where his wife was living until he heard from me. He is negotiating for a divorce. Can I claim against the husband for professional attendance on the wife? also can he subpoena me as a witness in the divorce case? Can I demand payment in advance for giving evidence; and, if so, how much can I claim?

\*.\* Our correspondent's questions give rise to so many considerations, that he ought to consult his solicitor. *Prima facie*, however, it would appear that the husband is liable to pay the account. The husband can subpoena our correspondent, and his best course would be to arrange the fee to be paid previously. Payment could be demanded as a condition precedent to giving evidence. The amount of the fee will depend on the value our correspondent places on his time, and on his probable expenses.

#### THE DUTY OF MEDICAL PRACTITIONERS IN NON-NOTIFIABLE INFECTIOUS DISEASES.

W. F.—While it is the duty of a medical practitioner placed in such circumstances to see that proper means are taken to prevent infection, W. F. would have exceeded his duty had he communicated with the patient's employer or fellow servants without the patient's consent.

#### COMPETITION.

X. Y. Z.—The offer of medicine gratis was probably a bid for a patient; and the newcomer, having brought no introduction, may intend to live by raiding existing practices. But such matters should not be taken too much to heart. In a larger town, where competition is always present, our correspondent would be less sensitive.

A DEPARTMENT for the carrying out of Finsen's light treatment has been established in connection with the St. Petersburg Institute of Experimental Medicine.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF ABERDEEN.

THE Queen has been pleased to appoint, on the recommendation of the Secretary for Scotland, the Rev. John Marshall Lang to be Principal of Aberdeen University. Dr. Marshall Lang has long been known as one of the most distinguished ministers in the Established Church of Scotland. Educated at Glasgow University, he was, at the age of 21, minister for two years to a large parish in Aberdeen, and since that time he has frequently addressed audiences in Aberdeen from the pulpit or as lecturer. He has represented the Established Church of Scotland in the assemblies of the Presbyterian Church in America and in Australia, and in 1893 was elected Moderator of the General Assembly. He leaves his important charge of the Barony Parish in Glasgow to come to Aberdeen. Dr. Marshall Lang has shown considerable interest in educational matters. He is a very eloquent speaker, is gifted with a striking personality, and has the reputation of administrative power. Though the University cannot but feel the loss of one so deeply imbued with the academic spirit as the late Principal, the appointment of a man so highly qualified in many ways as Dr. Marshall Lang is likely to be received with approbation.

### UNIVERSITY OF EDINBURGH.

*Close of the Winter Session.*—The University and Extra-Academical Medical Classes rise for the Easter or Spring vacation on March 30th. The Summer Session begins on May 1st, on which day the examinations in Clinical Medicine for the Final begin. The Final Professional Written Examinations begin on June 18th.

### CONJOINT BOARD IN IRELAND.

PRELIMINARY EXAMINATION.—Candidates have passed this examination as undernoted:

*Honours in Order of Merit.*—L. A. Andrews, B. T. Brayshaw.

*Pass.*—W. W. Boyce, H. N. Cole, Miss C. H. Colley, E. G. Condon, J. J. Connolly, C. Cooper, R. F. Cooper, W. J. Lowan, L. Ellenbogen, J. Farrelly, H. W. Forsyth, B. Goldfoot, E. J. Higgins, D. Hutch, C. I. Kean, F. Lyburn, W. Matthews, H. V. McKeogh, F. M'Lorinan, F. MacManus, T. O'Donovan, H. E. Redmond, A. O'Reilly, E. Strickland, P. D. Sullivan, A. Weinronk, G. F. Wright.

## PUBLIC HEALTH

AND

### POOR-LAW MEDICAL SERVICES.

THE DEATH-RATES OF LONDON SANITARY AREAS DURING 1899. In the accompanying table will be found summarised the vital statistics of the forty-three sanitary areas of the metropolis, based upon the Registrar-General's returns for the year 1899. The mortality figures relate to persons actually belonging to the various sanitary areas, and are the result of a complete system of distribution of deaths occurring in the public institutions of London among the various sanitary areas in which the patients had previously resided.

The 133,120 births registered in London during 1899 were equal to an annual rate of 29.4 per 1,000 of the population, estimated at 4,546,752 persons in the middle of that year; this rate was lower than in any of the ten preceding years, during which the birth-rate averaged 30.7 per 1,000. Among the various sanitary areas the birth rate showed, as usual, wide variations, owing principally to the differences in the sex and age-distributions of their populations. In St. George Hanover Square, St. James Westminster, Hampstead, St. Martin-in-the-Fields, Strand, and City of London the rates were considerably below the average; while they showed a marked excess in St. Luke, Bethnal Green, Whitechapel, St. George-in-the-East, Mile End Old Town, and Bermondsey sanitary areas.

The deaths of persons belonging to London registered during last year were 87,530, equal to a rate of 19.3 per 1,000 of the population, against 18.2, 17.7, and 18.3 in the three preceding years; this rate was 0.9 per 1,000 below the mean rate in the ten preceding years 1889-98. The lowest death-rates last year in the various sanitary areas were 11.6 in Hampstead, 12.7 in Stoke Newington, 14.2 in St. George Hanover Square, 14.3 in Plumstead, 15.1 in Lee, and 15.3 in Wandsworth; the highest rates were 24.9 in Holborn and in St. Olave Southwark, 25.1 in St. Saviour Southwark, 25.6 in Limehouse, 27.1 in St. George-in-the-East, 27.7 in St. George Southwark, and 28.4 in St. Luke.

During the year under notice, 11,147 deaths were referred to the principal zymotic diseases in London; of these, 3 resulted from small-pox, 2,141 from measles, 398 from scarlet fever, 1,946 from diphtheria, 1,717 from whooping-cough, 2 from typhus, 758 from enteric, 1 from simple continued fever, and 4,181 from diarrhoea. These 11,147 deaths were equal to an annual rate of 2.45 per 1,000, against 3.11, 2.56, and 2.77 in the three preceding years; this rate was slightly below the mean rate in the ten preceding years 1889-98, which was 2.70 per 1,000. In the various sanitary areas the zymotic death-rates ranged from 1.07 in St. Martin-in-the-Fields, 1.09 in St. George Hanover Square, 1.12 in St. James Westminster, 1.16 in Hampstead, 1.33 in Stoke Newington, and 1.55 in Plumstead, to 3.46 in Bermondsey, 3.51 in St. Saviour Southwark, 3.64 in Shoreditch, 3.67 in Newington, 3.78 in Limehouse, and 4.53 in St. George Southwark. Compared with the averages in the ten preceding years, the mortality from "fever" and from diarrhoea showed an excess, while that from each of the other principal zymotic diseases was below the average. Of the three fatal cases of small-pox registered in London during 1899, one belonged to Marylebone, one to Whitechapel, and one to Lewisham sanitary area. During last year, 18 cases of small-pox were admitted into the Metropolitan Asylums Hospitals, and 7 remained under treatment at the end of the year. Measles showed the highest proportional fatality in St. George-in-the-East, Limehouse, St. Saviour Southwark, St. George Southwark, St. Olave Southwark, and Bermondsey sanitary areas. Scarlet

## MEDICAL NEWS.

DR. JOHN THOMSON has been appointed one of the ordinary physicians to the Royal Edinburgh Hospital for Sick Children, and Dr. Stewart Fowler one of the extra physicians.

**THE ROYAL NATIONAL PENSION FUND FOR NURSES.**—At the recent annual meeting of the Society, Sir Henry Burdett, K.C.B., stated that a larger number of policies had been issued than in any previous year except 1895, while the withdrawals had been fewer than in 1898. The invested funds exceeded £52,000. The affairs of this most important Society, which has set an admirable example in encouraging thrift among women, appear to be in a highly satisfactory condition.

**A SERUMTHERAPEUTIC INSTITUTE IN BELGIUM.**—The Council of the Province of Brabant in Belgium has decided to establish a provincial institute of serumtherapy and bacteriology with a department for the treatment of rabies. The institute is intended to be used for analyses and the preparation of serums and vaccines, the rabies department undertaking diagnoses and inoculations. The cost of the establishment is estimated at 150,000 francs, while from 42,000 to 45,000 francs will be required for maintenance.

**PRESENTATION.**—Mr. F. J. Marshall, M.R.C.S., on the completion of twenty-five years of service as Resident Medical Officer of St. George's Hospital, was entertained at dinner on March 14th by upwards of sixty past and present House-Physicians, House-Surgeons, and Resident Obstetricians to the hospital. Dr. Sherwood of Eastbourne occupied the chair. Mr. Marshall was presented with a substantial cheque and some books and handsome silver ornaments. The toast of his health was received with much enthusiasm, and the universal wish of all was that he might long continue in the office he so ably fills.

We are asked to state that the Metropolitan Asylums Board will cease to occupy its offices in Norfolk House, Norfolk Street, Strand, on the evening of March 24th after 8 P.M., and that the new offices on the Victoria Embankment at the corner of Carmelite Street, E.C., will be opened on Monday, March 26th. Applications for the removal of patients to hospitals from 8 P.M. on March 24th until Monday morning, March 26th, must be made at the Ambulance Stations. After March 26th the Ambulance Department will be open on Sundays, Good Friday, and Christmas Day during the same hours as on week days, that is, from 9 A.M. till 8 P.M.

**FOLKESTONE MEDICAL SOCIETY.**—At a meeting of this Society held on March 2nd, Dr. Eastes, Vice-President, in the chair, Mr. Powell played "Rule Britannia," and the members sang the chorus with much enthusiasm. A musical programme was then gone through, and Dr. Perry, Dr. Eastes, Dr. Norton, Mr. Gore, and Mr. Yunge-Bateman sang, Mr. Chambers played the mandolin, and Dr. Chubb the flute. Dr. Ewart gave a recitation, and Mr. Thornton Gilbert a demonstration on card tricks and thought reading. When the "Soldiers of the Queen" was sung by Dr. Perry a collection was made on behalf of the R.A.M.C. Fund, and the sum of £2 15s. was collected.

**DONATIONS TO HOSPITALS.**—The Treasurers of the Middlesex Hospital have recently received from the Goldsmiths' Company a donation of £250, to be applied solely to the use of the new wing recently erected for the investigation and treatment of cancer.—The North-Eastern Hospital for Children, Hackney Road, has received an anonymous donation of £500 towards the sum of £20,000 required for the carrying out part of an extensive scheme of enlargement.—A Vice-President of the Dental Hospital of London has presented £100 as a special donation towards the amount required for rebuilding the hospital, with a promise that, provided an additional £800 be collected within a reasonable time, he will give the remaining £100 to complete £1,000.

**MALARIA AND ANOPHELES.**—We learn from the *Zanzibar Gazette* that Dr. Spurrier has found *Anopheles* in certain of the notoriously unhealthy districts in that region. In the last district in which they have been found, Dunga, the larvæ

of *Anopheles* were present in puddles formed by the spilling of water at the small dip holes made in the dry swamps on the Zanzibar side of the Dunga mountains. A complete map of Zanzibar and the neighbourhood is now being made showing the mosquito-infected localities and the species of mosquito hitherto found in each. Dr. Spurrier has also found larvæ (apparently of *Anopheles*, though this is not stated) in a disused stone water tank in the town, and in the hollows formed between the ridges of earth on which the sweet potato is cultivated. Dr. Spurrier points out that in a pool or tank containing reeds or grass the larvæ may be overlooked as they cling to the reeds; when the reeds are touched, however, the larvæ shoot into the middle and may be dipped up by a quick hand.

**THE CHEMICAL COMPOSITION OF THE TUBERCLE BACILLUS.**—The tubercle bacillus has been chemically analysed by Dr. de Schweinitz and his assistant, Dr. Dorset, for the United States Board of Agriculture, who find that cellulose in very minute amount is present in the bacilli grown upon different culture media; it is probable, therefore, that cellulose is a normal constituent. The amount of fat in the bacillus is very large, being equal to about 37 per cent. of the weight of the dried germs. The fat is principally a glyceride of palmitic acid. Other fats are present in small quantities. One of these, which is volatile, gives to tuberculous cultures their characteristic odour. The large percentage of fat in the tubercle bacillus suggested the use as a staining reagent of Sudan III, which is a useful stain for fats in histological and pathological work. The result was very satisfactory, and apparently this stain is more selective than carbol-fuchsin. Smegma bacilli, which stain readily with fuchsin, do not stain with Sudan III. The mineral constituents of the tubercle bacillus include sodium, potassium, calcium, and magnesium. The high percentage of phosphorus pentoxide and the absence of other acid radicles were noticeable. Phosphates and cod-liver oil are two materials frequently recommended in tuberculosis. As the germs of the disease seem to demand a large quantity of food containing phosphorus and also rich in fat, it is a fair supposition, says the report, that in giving these drugs we are supplying to the animal body those constituents which are very important for its proper nourishment, the supply of which is constantly being drawn upon by the bacilli.

## MEDICAL VACANCIES.

The following vacancies are announced:

- ARGYL AND BUTE ASYLUM**, Lochgilphead.—Assistant Medical Officer, unmarried, and not exceeding 30 years of age. Salary, £100 per annum, with furnished apartments, board, etc. Applications to the Medical Superintendent by April 7th.
- BIRMINGHAM GENERAL DISPENSARY**.—Resident Surgeon, unmarried. Salary, £150 per annum (with allowance of £30 for cab hire), and furnished rooms, etc. Applications to the Secretary by April 23rd.
- BIRMINGHAM GENERAL HOSPITAL**.—(1) House-Surgeon. (2) Assistant House-Physician. Appointments for six months. No salary, but board, residence, and washing provided. Applications to the House Governor by March 31st.
- CANNING TOWN MEDICAL MISSION DISPENSARY**.—Female Assistant Medical Officer. Board and lodging provided. No salary. Applications to the Resident Medical Officer, 530, Barkin Road, E., by March 29th.
- CARDIFF INFIRMARY**.—(1) Assistant House-Physician. Appointment for six months, but renewable. Salary at the rate of £50 per annum. (2) Resident Medical Officer. Salary, £100 per annum. Board, lodging, and apartments provided in each case. Applications to the Secretary by March 27th.
- CHelsea HOSPITAL FOR WOMEN**, Fulham Road, S.W.—Clinical Assistant. Applications to the Secretary.
- CHORLEY DISPENSARY AND COTTAGE HOSPITAL**.—House-Surgeon. Salary, £200 per annum, with board and lodging. Applications to the Honorary Secretary by March 30th.
- CUMBERLAND AND WESTMORLAND ASYLUM**, Garlands, Carlisle.—Junior Assistant Medical Officer; unmarried, Salary, £100 a year, with board and residence. Applications to the Medical Superintendent.
- DOWN COUNTY ASYLUM**, Downpatrick.—Assistant Medical Officer, not exceeding 32 years of age, unmarried. Salary, £100 per annum, with furnished apartments, board, washing, and attendance. Applications to the Resident Medical Superintendent by April 14th.
- DURHAM COUNTY ASYLUM**.—Assistant Medical Officer. Salary £140 per annum, rising to £180, with board, lodging, washing, etc. Applications to the Medical Superintendent, Winton, Ferryhill, by April 3rd.
- EAST SUSSEX COUNTY COUNCIL**.—Consulting Medical Officer. Appointment for one year. Honorarium, 100 guineas and travelling expenses. Applications to the Clerk, County Hall, Lewes, by March 29th.
- EDINBURGH UNIVERSITY**.—Professor of Medicine. Applications to the Secretary, 66, Frederick Street, Edinburgh, by April 14th.
- GLASGOW EYE INFIRMARY**.—Resident Assistant House-Surgeon. Salary £50, with apartments and board. Application to the Secretary, 85, West Regent Street, Glasgow, by March 28th.
- GUILDFORD: ROYAL SURREY COUNTY HOSPITAL**.—Assistant House-Surgeon. Salary, £80 per annum, with board, residence, and laundry. Applications to the Honorary Secretary.
- HALIFAX ROYAL INFIRMARY**.—Third House-Surgeon, unmarried. Salary, £50 per annum, with residence, board, and washing. Applications to the Secretary by March 28th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**, Brompton.—(1) Assistant Physician, (2) Resident House-Physicians. Appointments for six months. Honorarium, £25. Applications to the Secretary for the first by March 21st, and for the latter by April 3rd.

**HOSPITAL FOR SICK CHILDREN**, Great Ormond Street, W.C.—House-Physician, unmarried. Appointment for six months. Salary, £20, with board and residence. Applications on forms provided to be sent to the Secretary by April 3rd.

**HULME DISPENSARY**, Dale Street, Manchester.—House-Surgeon. Salary, £150 per annum, with apartments, etc. Applications to the Honorary Secretary, Medical Committee, by April 4th.

**INVERNESS: NORTHERN INFIRMARY**.—House-Surgeon and Dispenser. Salary, £50 per annum, with board, etc. Applications to the Secretary, 15, High Street, Inverness, by March 28th.

**ITALIAN HOSPITAL**, Queen Square, W.C.—House-Surgeon. Salary, £50 per annum, with board, residence, and laundry. Applications, marked "House-Surgeon," to the Secretary by April 18th.

**KENT AND CANTERBURY HOSPITAL**.—Assistant House-Surgeon, unmarried. Salary, £20 per annum, with board and lodging. Applications to the Secretary by March 25th.

**LINCOLN COUNTY HOSPITAL**.—Assistant House-Surgeon. Appointment for six months, but eligible for re-election. Honorarium, £10, with board, residence, and washing. Applications to the Secretary by April 14th.

**LIVERPOOL INFIRMARY FOR CHILDREN**, Myrtle Street.—(1) House-Surgeon. Salary, £35 per annum, with board and lodging. (2) Assistant House-Surgeon. Appointment for six months. Salary, £25, with board and lodging. Applications to the Honorary Secretary by March 31st.

**LIVERPOOL: STANLEY HOSPITAL**.—Senior House-Surgeon. Salary, £80 per annum with board, lodging, and washing. Applications, endorsed "House-Surgeon," to be sent to the Honorary Secretary, Medical Board, by April 6th.

**LONDON TEMPERANCE HOSPITAL**, Hampstead Road, N.W.—Physician to Outpatients; must be F. or M.B.C.P. Lond. Honorarium, 50 guineas per annum. Applications to the Secretary by April 5th.

**MACQUEENFIELD GENERAL INFIRMARY**.—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications to the Chairman of the House Committee by March 29th.

**MANCHESTER: ST. MARY'S HOSPITAL**, Quay Street.—Medical Officer. Appointment for six months, but eligible for re-election. Salary, £65 per annum, with board and residence. Applications to the Chairman of the Board of Management by March 29th.

**MIDDLEBROUGH-ON-TEES: NORTH RIDING INFIRMARY**.—Assistant House-Surgeon. Salary, £75 per annum, with lodging, board, and washing. Applications marked "Application for post of Assistant House-Surgeon" to the Secretary by March 27th.

**MARGATE: ROYAL SEA BATHING HOSPITAL**.—Assistant Resident Surgeon. Salary, £58 per annum, with board and residence. Applications to the Secretary at the offices, 30, Charing Cross, London, S.W.

**METROPOLITAN ASYLUM BOARD**.—Four Assistant Medical Officers at the Fever and Small-pox Hospitals, unmarried, and not exceed 35 years of age. Salary, £180 for the first year, £180 the second, and £200 the third and subsequent years, with board, lodging, etc. Applications on forms provided, to be sent to the office of the Board, Victoria Embankment, E.C., by April 5th.

**PADDINGTON INFIRMARY**.—Resident Clinical Assistant and Second Assistant to the Medical Superintendent. Appointment for six months. Board, washing, and residence provided, and honorarium at the rate of £50 per annum. Applications to Dr. M. F. Squire at the Infirmary, 235, Harrow Road, W., by April 23rd.

**PADDINGTON GREEN CHILDREN'S HOSPITAL**, W.—(1) House-Physician, (2) House-Surgeon. Appointments for six months. Salaries at the rate of 50 guineas, with board and residence. Applications to the Secretary by April 6th.

**PLAISTOW: ST. MARY'S CHILDREN'S HOSPITAL**.—(1) Ophthalmic Surgeon. (2) Assistant Resident Medical Officer, unmarried. Appointment for six months. Salary at the rate of £80 per annum, with board, residence, laundry, etc. Applications to the Secretary by March 28th.

**POPLAR HOSPITAL FOR ACCIDENTS**, E.—Assistant House-Surgeon. Appointment for six months, but eligible for re-election. Salary at the rate of £65 per annum, with board and residence. Applications to the House Governor by April 7th.

**BESTON ROYAL INFIRMARY**.—Senior House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary, 5, Winckley Street, Preston, by March 31st.

**RAMSGATE AND ST. LAWRENCE ROYAL DISPENSARY**.—Resident Medical Officer, unmarried. Salary, £100 per annum, with furnished apartments, board, and attendance. Applications to the Secretary by March 31st.

**ROYAL FREE HOSPITAL**, Gray's Inn Road, W.C.—Senior Resident Medical Officer. Salary, £100 per annum, with board, residence, and washing. Applications to the Secretary by April 23rd.

**SEAMEN'S HOSPITAL SOCIETY**.—House-Physician for the Dreadnought Hospital. Salary, £75 per annum, with board and residence. Applications to the Secretary by April 11th.

**STAFFORDSHIRE GENERAL INFIRMARY**, Stafford.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by March 27th.

**TAMFORD, RUTLAND AND GENERAL INFIRMARY**.—House-Surgeon, unmarried. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by March 30th.

**SUNDERLAND INFIRMARY**.—House-Surgeon. Salary, £80 per annum, rising to £100, with board and residence. Applications to the Chairman of the Medical Board by March 26th.

**TEIGNMOUTH HOSPITAL**.—House-Surgeon. Salary, £50 per annum, with board, lodging, and washing, and £6 in lieu of stimulants. Applications to the House Committee by April 2nd.

**WAKEFIELD: CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY**.—Junior House-Surgeon, unmarried. Salary, £80 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by March 28th.

**WEST BROMWICH DISTRICT HOSPITAL**.—Resident Assistant House-Surgeon. Salary, £50 per annum, with board, etc. Applications to the Secretary.

**WESTON-SUPER-MARE HOSPITAL**.—House-Surgeon, unmarried. Salary, £80 per annum, with board and residence. Applications to the Honorary Secretary by March 27th.

**WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL**.—Assistant House-Physician. Appointment for six months. Honorarium at the rate of £50 per annum, with board, lodging, and washing. Applications to the Chairman of the Medical Committee by March 28th.

### MEDICAL APPOINTMENTS.

**ADENY, E. L., M.D. Lond., M.R.C.S. Eng.**, appointed Physician to the General Hospital, Tunbridge Wells.

**ALDERSON, Walter E., M.D., M.S. Durh.**, appointed Honorary Assistant Surgeon, Fleming Memorial Hospital for Children, Newcastle-on-Tyne, vice E. F. Cragge, M.D., appointed Ophthalmic Surgeon.

**ANDERSON, A. J., M.B., C.M. Edin.**, appointed Medical Officer for the Ashford District of the Staines Union, vice F. C. Tothill, M.B., C.M. Edin.

**BOYD, John James, M.B., Ch.M. Glasg., D.P.H. Camb.**, appointed Assistant Medical Officer of Health to the Borough and Port of Southampton.

**BREWER, D., M.R.C.S., L.R.C.P. Edin.**, appointed Second Assistant Medical Officer to the Kensington Workhouse and Infirmary, vice L. J. Lloyd, M.B.C.S., L.R.C.P., resigned.

**BUCKLEY, J., L.S.A.**, appointed Medical Officer for the Hasland District of the Chesterfield Union, vice K. K. Hamilton, M.R.C.S., resigned.

**CARILL, M., L.R.C.P., L.R.C.S. Edin.**, appointed Medical Officer for the Whitby District of the Wirral Union, vice H. A. Bredin, M.D., B.S.

**CAMERON, Hector C., M.D. Glasg.**, appointed Professor of Clinical Surgery at the University of Glasgow, vice G. George Buchanan, M.D.

**COOPER, O. B., M.B., B.O. Cantab.**, appointed Medical Officer of Health for the Ivybridge Urban District, vice J. M. Randle, L.R.C.P., M.R.C.S. Eng., resigned.

**ENDOWES, Alfred, M.D. Edin., M.R.C.P. Lond.**, appointed Physician for Diseases of the Skin, St. George's and St. James's Dispensary, King Street, Regent Street, W.

**GOLDIE, W. H., M.D., C.M. Edin.**, appointed Registrar to the Chelsea Hospital for Women.

**HALLIDIE, A. M.B., F.R.C.S.**, appointed Ophthalmic Surgeon to the Hastings, St. Leonards, and East Sussex Hospital.

**HARCOURT, J. C., M.R.C.S., L.R.C.P. Lond.**, appointed Assistant Medical Superintendent to the City of London Union Infirmary, vice J. W. E. Cole, B.A. Camb., M.R.C.S. Eng., resigned.

**HUDSON, E., M.R.C.S. Eng., L.R.C.P. Lond.**, appointed Clinical Assistant to the Chelsea Hospital for Women.

**LEFEVER, G. L., M.B., C.M. Glasg.**, appointed Medical Officer for the Longton Division of the Stoke-on-Trent Union.

**LEGG, T. Percy, M.B. Lond., F.R.C.S. Eng.**, appointed Senior Surgical Registrar and Surgical Tutor, King's College Hospital, London.

**MACDONALD, J. H., M.B., B.Ch. Glasg.**, appointed Assistant Medical Officer (Pathologist) at the Glasgow District Asylum, Woodilee Lenzie.

**MACNALLY, F. C., M.A., M.D., M.Ch. T.O.D.**, appointed Surgeon to the City of Winchester Police, vice T. D. Richards, L.R.C.P., L.R.C.S.E., resigned.

**MANKEELL, A. M.B., B.S. Lond.**, appointed Medical Officer for the First (East Bradford) District of the Bradford Union, vice H. W. White, L.R.C.P. Edin., L.F.P.S. Glasg., resigned.

**MUSSEN, A. A., M.D., D.P.H.**, appointed Assistant Medical Officer of Health for the City of Liverpool, vice E. P. Manby, M.D., D.P.H., resigned.

**NORRIS, A. M.D., C.M. Edin.**, appointed Clinical Assistant to the Chelsea Hospital for Women.

**NOTT, H. W., M.R.C.S., L.R.C.P.**, appointed Medical Officer for the Eastham District of the Wirral Union, vice H. A. Bredin, M.D., B.S.

**PARDINGTON, G. L., M.D. Durh., L.R.C.P. Lond., M.R.C.S. Eng.**, appointed Physician to the General Hospital, Tunbridge Wells.

**PLAYFAIR, Hugh J. M., M.D. Lond., F.R.C.S. Eng.**, appointed Gynaecological Surgeon to the Metropolitan Hospital.

**RIX, E., M.R.C.S. Eng., L.S.A.**, appointed Surgeon to the General Hospital, Tunbridge Wells.

**SPENCER, E. M., L.R.C.P., L.R.C.S. Edin.**, appointed Medical Officer for the Ninth District of the Totnes Union, vice T. Lakeman, L.R.C.P. Lond., M.R.C.S.

**TARBET, P. R., M.R.C.S. Eng., L.R.C.P. Lond.**, appointed Senior Assistant Medical Officer to the St. Pancras Infirmary, vice J. S. Boden, M.B., B.S. Lond., resigned.

**TAYLOR, James, M.D. Aberd.**, appointed Medical Officer to the Keith General Post Office.

**THOMAS, A. H., M.B.**, appointed Medical Officer for the Alborough District of the Great Ouseburn Union, vice J. Sedgwick, M.D., resigned.

**THOMSON, H. Campbell, M.D., M.R.C.P. Lond.**, appointed Assistant Physician to the Middlesex Hospital.

**TOMPSETT, E. H., M.R.C.S. Eng., L.R.C.P. Lond.**, appointed Second Assistant Medical Officer to the Lambeth Infirmary, vice E. H. Allport, M.R.C.S., L.R.C.P. Lond., resigned.

**YEARSLEY, Macleod, F.R.C.S.**, appointed Surgeon to the Royal Ear Hospital, Frith Street, Soho.

### DIARY FOR NEXT WEEK.

#### MONDAY.

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

**Medical Society of London**, 8.30 P.M.—Dr. Luff: The Gelatinous Form of Sodium Biurate, and its Bearing on the Treatment of Gout. Dr. Bain: The Action of Various Drugs and Diets on the Excretion of Nitrogen in Gout.

#### TUESDAY.

**Royal College of Physicians of London**, 5.30 P.M.—Dr. F. Horton-Smith on the Typhoid Bacillus and Typhoid Fever. Goulstonian Lecture III.

**Medical Graduates' College and Polyclinic**, 22, Chancery Street, W.C., 4 P.M.—Dr. W. Miller Ord: Constriction (Medical). 6 P.M.—Dr. Seymour Taylor. Class. Applied Anatomy: Physical Diagnosis. Demonstration IV.

**Royal Medical and Chirurgical Society**, 5.30 P.M.—Dr. Bowles and Mr. G. B. Turner: A Case of Rupture of the Oesophagus caused by Vomiting. Mr. A. Pearce Gould: A Case of Sarcomatous Tumour of the Gastro-Hepatic Omentum, removed by Operation, with Remarks on the Diagnosis of such Tumours.

#### WEDNESDAY.

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

**Medical Graduates' College and Polyclinic**, 22, Chancery Street, W.C., 5 P.M.—Mr. Jonathan Hutchinson: Clinical Lecture, The Present Day Treatment of Syphilis. 6 P.M.—Annual Meeting.

**Hospital for Consumption and Diseases of the Chest**, Brompton, S.W., 4 P.M.—Dr. Acland: Cases illustrating Various Types of Pulmonary Tuberculosis.

**Hummerian Society**, London Institution, 8.30 P.M.—The President will give an Address, and Dr. David Rose will read a Paper on Some Points in the Therapeutics of Gout.

#### THURSDAY.

**Harveian Society of London**, 8.30 P.M.—A discussion on Purulent Nasal Discharges and their Treatment will be opened by Mr. Edmund Roughton. Dr. Dundas Grant, Dr. William Hill, Dr. Herbert Tilley, and others will take part.

**Hospital for Sick Children**, Great Ormond Street, W.C., 4 P.M.—Mr. Pitts: Demonstration of Selected Cases.

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

**Royal College of Physicians of London**, 5 P.M.—Dr. W. B. Cheadle: On Cirrhosis of the Liver. Lumsden Lecture I.

#### FRIDAY.

**West London Medical Chirurgical Society**, West London Hospital, Hammersmith Road, W., 8.30 P.M.—Mr. Percy Dunn: Purulent Ophthalmia and its Treatment. Dr. H. Snow: Three Cases illustrating the Clinical Behaviour of Gall Stones.

**Medical Graduates' College and Polyclinic**, 22, Chancery Street, W.C., 4 P.M.—Mr. Treacher Collins: Consultation. (Eye, Ear, Nose, and Throat.)

### BIRTHS, MARRIAGES, AND DEATHS.

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

#### BIRTHS.

**BEST**.—On March 18th, at The Firs, Waltham Cross, Herts, the wife of F. H. de Graves, M.R.C.S., L.R.C.P., of a son.

**BOWLEY**.—On February 1st, at Otahuhu, Auckland, N.Z., the wife of Charles Bowley, M.R.C.S. Eng., of a daughter.

**TYSON**.—At Folkestone, on March 15th, the wife of W. J. Tyson, M.D., of a daughter.

## 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, 5. *Operations*.—I-p., Tu., 2.30; o-p., F., 2.
- CHARGING CROSS. *Attendances*.—Medical and Surgical, daily, 1; Women, W., 1; S., 9.30; Skin, M. Th., 1; Dental, M. Th., 8.45; Throat and Ear, F., 9.30; Electro-Therapeutics, Tu. Th., 9.30; Children, Tu. F., 1; Roentgen, W., 9.45; Orthopaedic, Th., 1. *Operations*.—W. Th. F., 3; S., 2.
- CHESAIRE HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F., 2.
- CITY ORTHOPÆDIC. *Attendances*.—O-p., M. Tu. Th. F., 2. *Operations*.—M. Th. F., 2.
- EAST LONDON HOSPITAL FOR CHILDREN. *Operations*.—M. Tu. Th. F., 2.
- GREAT NORTHERN CENTRAL. *Attendances*.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2.30. *Operations*.—M. W. Th. F.
- GUY'S. *Attendances*.—Medical, i-p., M. Tu. Th. F. S., 1.30; o-p., M. W. Th. F., 12; Surgical, i-p., daily, 1.30; o-p., M. W. Th. F., 12; Obstetric, i-p., M. Tu. Th. F., 1.30; o-p., Th. S., 12; Eye, Tu. Th. F., 1.30; o-p., M. Tu. F., 12; o-p., Ear, Tu. Th. S., 12; Skin, Tu., 12; Throat, Tu., 12; Dental, daily, 9.30. *Operations*.—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.
- HOSPITAL FOR WOMEN, Soho. *Attendances*.—O-p., M., 9; Tu. W., 12; Th., 9; F. S., 12. *Operations*.—M. Th., 2; Th. S., 9.30.
- KING'S COLLEGE. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o-p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30; F., 2; Dental, M. Th., 10; Skin, M., 10. *Operations*.—W. Th. F., 2.
- LONDON. *Attendances*.—Medical, daily, i-p., 2; o-p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o-p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, M. Tu. Th. F., 9. *Operations*.—Daily, 2.
- LONDON TEMPERANCE. *Attendances*.—Medical, i-p., M., 2.30; Tu. F., 3.30; Th. 2.0; O-p., M. Tu. W. F., 1; Surgical, i-p., M., 2; Th., 3; O-p., M. Th., 1.30. *Operations*.—Tu., 4.
- LONDON THROAT, Great Portland Street. *Attendances*.—Daily, 2; Tu. F., 6. *Operations*.—Daily, 9.30.
- METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, M., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations*.—Tu. W., 2.30; Th., 4.
- MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o-p., M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M., 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., 9.30. *Operations*.—Tu. F., 9; Th., 2.
- NORTH-WEST LONDON. *Attendances*.—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Th., 2.30.
- ROYAL EAR, Frith Street. *Attendances*.—M. S., 3; Tu. F., 9; W., 2.30; Th., 7.30. *Operations*.—Tu., 3.
- ROYAL EYE, Southwark. *Attendances*.—Daily, 2. *Operations*.—Daily.
- ROYAL FREE. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9.30; Throat, Nose, and Ear, W., 9.50. *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*.—O-p., M., 2; i-p., Tu. Th., 2.30.
- ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily, 2.
- ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o-p., W. S., 2; Eye, M. Tu. W. Th. F. S., 2; o-p., M. Th., 9; W. S., 2.45; Throat, F., 2; Dental, M., 2.45; Th., 2. *Operations*.—Daily, 1; (Ophthalmic), W., 1; Dental, Th., 9.
- ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. *Operations*.—Tu., 2.30; Th., 2.
- ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o-p., 12.45; Obstetric, Tu. F., 1.45; o-p., M. Th., 1; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-Therapeutics, W. S., 10; Children's Medical, M. Th., 9. *Operations*.—W. S., 9; 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*.—i-p., Medical and Surgical, M. Tu. Th. F., 2; o-p., daily, 1.30; Obstetric, Tu. F., 2; o-p., W. S., 1.30; Eye, Tu. F., 2; o-p., daily, exc. S., 1.50; Ear, M., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children, W., 10.30; Electro-Therapeutics, Th., 2; Mental Diseases, Th., 2; Dental, Tu. Th. F., 2; X-rays, Tu. F., 2; Vaccination, W., 11.30. *Operations*.—Daily, 2; (Ophthalmic), Th., 2; (Gynaecological), Th., 2; (Throat), M., 9.30; (Ear), Th., 9.30.
- SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—Gynaecological, M., 2; W., 2.30.
- THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Daily, exc. M., 10.
- UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M., W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. *Operations*.—Tu. W. Th., 2.
- WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, M. Th., 2; Ear, Tu. F., 2; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electric, M. Th., 3.15; Skin, Tu. F., 2; Throat and Nose, Tu. F., 2; S., 10. *Operations*.—Daily, about 2.30; F., 10.
- WESTMINSTER. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, M. Tu. F., 2; Eye, Tu. F., 9.30; Ear, Tu., 2; Skin, W., 2; Dental, W. S., 9.15. *Operations*.—M. Tu. W., 2.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

- COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.
- COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.
- ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.
- AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 429, Strand, W.C., on receipt of proof.
- CORRESPONDENTS who wish notice to be taken or 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 *Aitiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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

## QUERIES.

S. M. V. asks for advice in the treatment of a case of uterine fibroid, in which hypodermic injections have produced attacks of erysipelas. He desires to know whether thyroid extract has been used in these cases.

## GEOPHAGISM.

J. R. W. (India) asks for advice in the treatment of children who have contracted the habit of earth-eating.

## HYPODERMIC INJECTION OF ARSENIC.

C. H. would be grateful for information as to previous experiences and references to hypodermic injections of arsenic and opinions as to risks run, having regard to a case of severe myelogenous leukaemia, in which 5.33 grs. of arsenious acid and 39 grs. of arseniate of soda were injected hypodermically during 20 weeks without symptoms of poisoning having developed up to present time, a month since cessation of treatment.

## TREATMENT OF ENURESIS IN THE ADULT.

L.R.C.P. writes: A schoolmaster, about 35, has suffered from nocturnal enuresis for about six months; he cannot take belladonna, as by affecting his sight it interferes with his work. Tr. ferri perch., tr. canthar., Hg. strychn., and rhus have all had a long trial; ergot, antipyrin, and ferri lod. have had a short trial, but did not appear to do much good. I am now trying a mixture containing potassium bicarbonate, sodium salicylate, sodium bromide, digitalis, and strychnine (he has suffered from rheumatism and the urine is hyper-acid). He is not suffering from diabetes or albuminuria. I have not tried electricity. I should be much obliged for suggestions in the event of present treatment failing.

## ANSWERS.

G. Y.—The insertion of a degree in this would be unusual.

JUSTICE.—It would appear that the question should be addressed to the Admiralty.

NORTHERN MEMBER.—Dr. F. La Torre's *Elementi di Ostetricia ad Uso dei Medici e dei Studenti*, published by Fratelli Bocca, 21, Corso Vittorio Emanuele, Milan, might suit our correspondent's purpose.

## TREATMENT OF VAGINAL DISCHARGE.

DR. J. A. SHAW-MACKENZIE suggests that the case described by "Lymph" is not an ordinary case of "gonorrhoea" but of secondary specific inflammation of mucous membrane, and likely to be benefited by a mild course of mercury and iodides. The subject is referred to more fully in a paper in the BRITISH MEDICAL JOURNAL, October 14th, 1899.

## TREATMENT OF PILES COMPLICATED WITH PROLAPUS ANI.

MR. FRED. C. FISHER, F.R.C.S. (King's Langley) writes: I have recently had a case of this nature under my care. The prolapse had been of many years' standing, in a patient aged 65. There were five internal piles, sessile, no external ones. The patient had a weak heart and chronic bronchitis, and was evidently not a good patient for a long anæsthetic or I should have performed a Whitehead's operation. Instead of that I performed Swinford Edwards's operation of injecting carbolic acid with a hypodermic syringe. This has completely cured the patient. I can strongly recommend this method provided the proper case is selected namely, true internal piles and not inter-external.

## NOTES, LETTERS, Etc.

THE *Journal of the American Medical Association* states that for speaking disrespectfully of British generals and British soldiers in the South African war, a medical student of McGill College, Montreal, was treated by his fellows to a bath in a dissecting vat.

## THE EGYPTIAN QUARANTINE BOARD.

THE Egyptian Quarantine Board are about to appoint a director of the second class and a lady doctor (at Suez). The salary in each case is £22 to £28 Egyptian, monthly. Applicants for the post of director must be doctors in medicine and surgery, and must send copies of their diplomas, and must produce evidence of instruction in bacteriology and epidemiology. The lady must send a copy of her diploma as doctor of medicine. Candidates for both appointments must forward certificates of good health, and an undertaking to commence work within one month after receiving official notification of appointment. Applications must be received by Dr. M. Armand Ruffer, President du Conseil Sanitaire Maritime et Quarantenaire d'Egypte, Alexandrie, Egypt, not later than April 30th, 1900.

## CLUB RATES.

DR. JOHN H. STANILAND (Wood Green, N.), writes: In your answer to "M.D.," on page 556, I think that you must have read the rule of the National Deposit Friendly Society regarding fees from a medical man's point of view. The view entertained by the Society is different, at least so I was told by the Divisional Secretary for London last week. They only pay according to their reading. Thus: Visit and medicine, which is to last for two days, 2s. 6d. If visit any time before second day, charged as intermediate visit in dangerous cases, 1s. only; not, as we read it, 3s. 6d. (that is, 1s. extra). Still, the extra 1s. is allowed for night visit, making 3s. 6d. That is their reading of "extra" in all cases except "intermediate visits." The extra mileage has been reduced from 3 to 2 miles, and the operation for stranguated hernia should, I think, be joined with the major operations at £5.

DR. T. CUMING ASKIN, B.A., M.D. Dub. (Woodbridge, Suffolk), in the course of a letter on this subject, writes: Surely no one can find fault with the