

attack of typhoid fever the leucocytes fell to normal but returned to their previous condition after recovery.

In the second group are the cases in which, apart from any intercurrent affection, a marked change in the condition occurs. This, however, rarely goes to complete disappearance of all the special features of the disease. The spleen tumour may rapidly disappear, as in a case reported by Rensselaer,<sup>4</sup> in which on November 21st there were 1,095,000 leucocytes per c.mm., and the spleen extended 4 inches to the right of and 1 inch below the umbilicus. There were many myelocytes present. The patient was given arsenic, and on December 23rd of the same year the white cells were 160,000 per c.mm., while the spleen had steadily reduced in size, and could not be felt. The patient died suddenly with convulsions soon after. Stengel<sup>5</sup> refers to a case where the differential count was normal during improvement, but with characters not unlike a pernicious anæmia. Subsequently the blood picture of leukæmia returned, and the patient died.

Another class of cases show marked changes in the blood, but the enlarged spleen persists. Thus Osler<sup>6</sup> has referred to a case of spleno-myelogenous leukæmia in which, the leucocytes fell to normal, but always showed a certain percentage of myelocytes. The enlarged spleen persisted. The case may be referred to in some detail. The patient was a coloured man, aged 24 years, who was first seen in the autumn of 1890, when he gave a history of having noticed a swelling in the abdomen about one year previously. He had frequent diarrhoea, and complained of having lost much strength. The spleen was much enlarged, and the blood showed 500,000 leucocytes per c.mm. In January, 1891, there were 714,000 leucocytes per c.mm., of which 23.5 per cent. were myelocytes. The spleen was still enlarged. He was put on arsenic, and in a month his blood condition was: hæmoglobin, 44 per cent.; red cells, 3,500,000, and white cells, 7,500, per c.mm. As Dr. Osler points out, were such a case seen for the first time with this blood count, a diagnosis of leukæmia would hardly be made, even with the enlarged spleen. The differential count, however, showed the presence of 4 per cent. of myelocytes. He was admitted to the Johns Hopkins Hospital in March of 1891. The spleen then extended to the right of the navel, and nearly to the crest of the left ilium. When discharged in May of 1891 the spleen was still enlarged, and the leucocytes were 9,500.

He was again admitted to the hospital in February of 1892. The spleen was much enlarged, reaching almost to the middle of Poupart's ligament on the right side. The hæmoglobin was 45 per cent., red cells 2,765,000, and white cells 230,000 per c.mm. Under treatment the leucocytes fell to 63,000. Myelocytes were found on every examination. This patient died in November of 1892. Although in this case the number of leucocytes at times fell to normal, marked enlargement of the spleen was always present and a certain percentage of myelocytes always found.

Bramwell<sup>7</sup> reports a similar case coming under observation, with an enormously enlarged spleen and 210,000 leucocytes per c.mm., of which 29 per cent. were myelocytes. Under treatment the leucocytes fell to normal, although there were still myelocytes present. He also reports the case of a man seen in 1870, whose illness only dated back two or three weeks. The spleen half filled the abdomen; the lymph glands were not enlarged. On examining the blood, the white cells seemed almost as numerous as the red. Large doses of quinine and iron were given, and in a few weeks the enlargement of the spleen and the increase in the leucocytes had disappeared.

Da Costa and Hershey<sup>8</sup> report 2 cases of leukæmia treated by inhalations of oxygen, in one of which the leucocytes diminished from 320,000 to 12,000 per c.mm. The enlargement of the spleen persisted. There was no note as to myelocytes.

These cases show the rapid changes that may occur in the course of spleno-myelogenous leukæmia. Thus in the cases reported by Osler and Bramwell enormous reduction of the white corpuscles took place in a period of about a month. In the present case, in less than three months, the leucocytes fell from 584,000 per c.mm. to normal, and again in two months they had risen to 178,000. In all the cases reported, in which an intercurrent infection has brought the blood to normal, there was a return to the leukæmic condition if the patient

survived. The cases of the second group show the occurrence of a return of the leucocytes to a normal number, but with usually a percentage of abnormal elements present and the persistence of the enlarged spleen. The present case shows the possibility of the disappearance of all these symptoms, but also shows that, in spite of the temporary improvement, the essentially fatal character of the disease is not altered.

## REFERENCES.

- <sup>1</sup> Marischler, *Wien. klin. Woch.*, 1896, p. 686. <sup>2</sup> Fraenkel, *Deut. med. Woch.*, 1895, xxi, p. 639 *et seq.* <sup>3</sup> Müller, *Jahrb. f. Kinderheilk.*, 1896, xliii, p. 130. <sup>4</sup> Rensselaer, *Albany M. Ann.*, 1897, xviii, p. 530. <sup>5</sup> Stengel, *Progressive Medicine*, June, 1899. <sup>6</sup> Osler, *Textbook of Medicine*. <sup>7</sup> Bramwell, *Anæmia*, 1899. <sup>8</sup> Da Costa and Hershey, *Amer. Journ. of Med. Sci.*, 1889.

## MEMORANDA:

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

#### PIECE OF AMBER IN A BRONCHUS FOR TEN WEEKS.

F. R. consulted me first on August 12th. He stated that on the previous evening, while smoking, a lad accidentally stumbled against him and broke the amber of his pipe. The roof of his mouth was cut, and he believed he must have swallowed a portion of the mouthpiece which could not be found. Immediately afterwards he spat out a large quantity of blood, and continued to spit blood at intervals all night, probably from the wound in the mouth. He also began to be troubled with slight dyspnoea and a frequent short cough. On examination, twenty-four hours after the accident, there were found slight dulness and diminished expansion at the base of the left lung, and a few moist râles, otherwise the chest was normal.

A sedative cough mixture was prescribed, and for the next two months he continued at his work as a coachman. At the end of that time he had to take to bed. The diminished expansion and dulness at the left base were now more apparent, and all over the left lung numerous sibilant rhonchi could be heard. There was frequent expectoration of a dark-coloured stringy mucus which was at no time purulent. Rest in bed was the only treatment that did any good though the rhonchi never entirely disappeared.

Finally, on November 10th, or more than ten weeks after the accident, he coughed up without any trouble, when sitting up in bed to take his breakfast, the end of an amber mouthpiece. It measured  $1\frac{1}{2}$  inch long,  $\frac{3}{8}$  inch broad, and  $\frac{1}{8}$  inch thick. The rhonchi, cough, and other symptoms disappeared at once.

On examination a month later nothing abnormal could be discovered in the chest. I attribute the very slight dyspnoea in this case to the fact that there was a fairly large hole in the centre of the amber, and as it would lie lengthways in one of the larger bronchi, a limited amount of air would be able to pass.

I am indebted to my friend, Dr. Richardson, for the accompanying photograph.

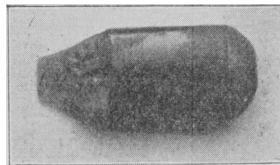
J. FRANK CROMBIE, M.B., D.P.H. Edin.

North Berwick.

#### AMPUTATION WITHOUT ANÆSTHESIA.

LIKE Mr. Christopher Heath, I am not old enough to have practised surgery in the ante-anæsthesia days, but on one occasion, some years ago, I was compelled by circumstances to amputate a leg without chloroform. I have amputated many legs since with chloroform, but the case I now relate left a lasting impression on my memory, because I felt nearly as bad as the poor patient did; indeed, she seemed less concerned during the ordeal than I was.

A black woman, between 30 and 40 years old, was admitted to my hospital in one of the country districts of Jamaica with an incurable ulcer involving the bones of the foot, for



which amputation below the knee was the only remedy. My friend the late Dr. Phillips drove a distance of thirteen miles to assist me in the operation. Soon after commencing to give chloroform he removed the lint from the woman's face, and whispered in my ear that her heart had failed. The woman was apparently dead, but after doing all we could in the way of restoration, we were relieved to see her return to life, and in half an hour she was herself again. On informing my patient that the operation could not be proceeded with, and why, she calmly said, "Please cut it off, doctor; I can stand it without chloroform." This staggered me a bit, but after a brief consultation we replaced the tourniquet, and I went to work as rapidly as I could. In a short time (not within the minute) the leg was removed, and the stump bandaged, etc. During the operation the woman remained perfectly still, no resistance (not even a groan) escaped her lips; she lay with her eyes open apparently watching every step of the operation. When it was all over, on asking her if she had suffered much pain, she replied, "Hi! I no flesh and blood? Course it hurt me." I then asked what part of the operation was most painful, and she told me that stitching up the flesh (as she called it) hurt her most.

The late Sir Bryan Edwards, many years ago Chief Justice of Jamaica, who had been a midshipman in the navy before the days of chloroform, told me how he had one of his fingers amputated when on board one of His Majesty's frigates. He was made to sit down near a table and deliver his wrist to the tight and strong grasp of a stout dresser, while the assistant surgeon cut the wounded finger off. Robert Liston would have managed it better. My old friend told me that the pain was like the prolonged extraction of a tight jaw tooth, because it took so much time. He described the taking up of the arteries as excruciating.

Monathie, Jamaica.

JASPER CARGILL, L.R.C.P.Lond.

#### A CASE OF "SPURIOUS HERMAPHRODITISM."

J. C., aged 20, a domestic servant, was sent to me because of not having menstruated. She had felt no discomfort, nor any sensation whatever, such as she had been told to expect at the onset of the periods. She was, to look at, a rather tall fair girl, with a pleasant feminine voice, and indeed nothing external to point to the existence of anything unusual. On examination she was found to have no breasts, the pelvis was female in type, the pubic hair arranged as in women, but there was absence of fat over the trochanters. In the right labium majus there was a small ovoid body with the "feel" of a testicle, and which on pressure gave peculiar sensation. This was suspended by a cord, which when traced upwards disappeared into the inguinal canal of the right side. The clitoris was not enlarged, and the urethra was normal and feminine in arrangement. A well-marked hymen was present. The vagina was small, but admitted an ordinary sound easily, and the sound could be passed for about 2½ inches. With the finger in the rectum and the sound in the vagina there could be made out the absence of anything beyond this small vagina—no uterus, no appendages. Summing up the conditions, there were on the one hand:

- (a) Absence of breasts.
- (b) Absence of fat over trochanters.
- (c) Absence of uterus and appendages, unless the body in the right labium majus were to be considered an ovary.
- (d) The presence of a body in the right labium majus, if considered a testicle.

On the other hand, there were:

- (a) Feminine voice, hair arrangements, and "feelings" (patient had been keeping company with a young man, and had lived with female domestic servants and slept with them without exhibiting any marked partiality for their society).
- (b) The presence of a clitoris, urethra, vagina, with hymen.
- (c) The pelvis had female dimensions.
- (d) Presence of a body in the right labium majus—an ovary.

Dr. Champneys, who also saw the case, was of opinion that it was that of a girl with an ill-developed ovary which had "prolapsed." The patient was advised as to her state being peculiar, that she would never be able to marry, and was asked to appear again if the body in the labium began to swell or gave any trouble.

Welbeck Street, W.

J. CHALMERS BROWN, M.B.

THE Turkish Government has decided to establish a civil school of medicine in Damascus.

## REPORTS

ON

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

#### CORNWALL COUNTY ASYLUM, BODMIN.

SCARLET FEVER FOLLOWED BY PLEURISY IN A PHTHISICAL  
PATIENT.

(By L. D. PARSONS, B.A., M.B., Ch.B. Edin., Junior Assistant  
Medical Officer.)

A. L., a nurse in this asylum (stated to be phthisical), aged 27, single, complained of fever with a rash and sore throat on November 29th, 1899. The rash was distinctly of three types: (1) Small scattered areas of tiny papular elevations chiefly over forearms and legs; (2) a few sudaminal vesicles; and (3) a characteristic hyperæmic rash over the sides of the face and neck, and the front of the chest.

There was a history of vomiting. The circum-oral pallor was distinct, and the tongue was furred, but not characteristic. There was a moderate soreness of the throat. The temperature was only 102.2° F. Scarlet fever was diagnosed from the local appearances and the history of infection, and the patient was isolated in a special hospital under my care.

The following night she was delirious and violent, and it took two nurses most of their time to keep her in bed. The next day I gave her morphine acetate gr. ½ and trional gr. xvj, and she slept well. The temperature also fell to 101.6° F. The following night she slept without the aid of any drug, but on December 4th she was given morphine acetate gr. ½. The urine was examined daily for albumen, and on December 5th there was a fair quantity, but curiously enough it was entirely absent the next day, and till her discharge she had no further recurrence of albuminuria. The ears, chest, and palms of hands desquamated slightly; the legs and feet not at all. She was kept absolutely on milk till December 7th, when her temperature reached normal. Her diet was then altered to beef tea, eggs and brandy being allowed. The temperature, unfortunately, again rose slightly in the evenings, and she developed slight pleurisy on the left side on December 18th, which soon yielded to treatment.

I now made a thorough physical examination. She had been examined a month previously by our senior assistant medical officer, who found her left lung quite dull anteriorly at the apex, and slightly so at the base, and from these and other physical signs a diagnosis of tuberculosis was arrived at. My examination showed all the symptoms of a small cavity in the second intercostal space anteriorly on the left side, with cooing râles posteriorly. The right lung was apparently normal.

She had suffered from asthma, and had an attack on December 11th; her mother also is asthmatical. I gave her creosote pills (mj) two daily to start with, as also 3ij of Angier's petroleum emulsion twice daily, morning and evening, with cod-liver oil and iron once daily after her midday meal. She bore this well and seemed to improve daily. I soon increased the creosote pills to four daily, and the odour of the drug now appeared in her breath.

On December 23rd her temperature reached normal again, and on January 10th, 1900, I again examined her chest. I was surprised to find that the auscultatory character of the respiration had completely changed. The respiration anteriorly showed slight prolongation of expiration with a little harshness. But all signs of a cavity were gone, and I began to doubt the correctness of my observation. Posteriorly the lung was normal except for a small dull area about 2 square inches in extent, where there was a certain "distant" character in the respiration. She was discharged on January 11th, when her weight was found to be 97 lbs.; she was weighed a week later and it was 100 lbs., at which she still remains. She missed her period of November 23rd and did not menstruate again till January 8th.

I would like to ask two questions (1) has the scarlet fever poison any effect in arresting a tuberculous condition? and (2) would a case of exfoliative dermatitis in a tuberculous subject show the same symptoms as the above case?

work of this Society Dr. Hyde took the keenest interest, and he remained the Chairman of Council and the Editor of its journal to the time of his death. His last illness was prolonged and painful. Well aware of the serious nature of the malady, he was cheerful and resigned, and made all preparations for the end with the care and judgment which marked his character. He was a skilled and observant physician, and a true and kind friend. As such he will be missed, and not least by his medical brethren and by his fellow townsmen, who held him in the highest esteem.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. Truchot, Professor of Physics in the Medical School of Clermont-Ferrand; Dr. Lauzet, Chief Surgeon to the Hospital of Marseilles; Dr. Latrille, Deputy Professor in the Medical School of Poitiers; and Dr. F. E. Aub, member of the Bavarian Chamber of Representatives, a prominent sanitarian and medical reformer, aged 63.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### THE HEALTH OF THE NAVY IN 1898.

#### THE FORM OF THE REPORT.

THIS Statistical Report on the Health of the Navy for 1898 appears in the form with which we have been familiar for some years past. It is mainly statistical, and contains little detailed information regarding the prevalent and exceptional diseases met with in Her Majesty's navy for the year reported on.

The rendering of this report was recently considered by the Departmental Committee of the Admiralty regarding the Naval Medical Service, and reform in its compilation was recommended, as well as an addition to it, either in the same volume or as a separate publication, of original observations by naval medical officers on the diseases or injuries met with on the various stations visited, or other subjects of interest in connection with the health of the navy. It may therefore be anticipated that in future years the reports will be of greater interest and professional value.

#### THE STRENGTH OF THE FORCE.

The total force of the service afloat in 1898 averaged 82,830 officers and men; in 1888 it was 50,060. This indicates a great advance in a decade, and a still more rapid increase is now taking place, for in the Naval Estimates for 1900-1901 provision is made for 105,611 of all ranks.

#### SICKNESS AND INVALIDING AND MORTALITY.

The ratio of cases of disease and injury recorded for the year 1898 was 906.09 per 1,000, a decrease of 60.04 per 1,000 when compared with the average of the last ten years; the invaliding ratio was 28.86 per 1,000, an increase of 2.32 per 1,000 on the average for the same period; this is the number invalided from all stations, but many invalided from abroad proved serviceable on return to England; those finally invalided from the service were 1,557, which was also an increase of 2.32 per 1,000 in comparison with the average of the previous decade.

The mortality from disease and injury was 4.91 per 1,000, or 1.94 per 1,000 below the last ten years' average. The ratio per 1,000 of sick and injured daily was 38.95, a decrease of 3.02 per 1,000 in comparison with the average of the last ten years; the lowest ratio, 29.15, was on the North American and West Indian Station, the highest on the East Indian, 45.58; the China Station being the next highest, 41.23.

#### SMALL-POX.

Twenty-four cases of small-pox are returned, 20 occurring on the China Station, where this disease may be considered endemic; one, of a confluent type, proved fatal; he had been vaccinated and revaccinated after entering the service, but no cicatrix was visible; a second case was very severe, he also had been vaccinated and revaccinated, but unsuccessfully, it is stated; the remaining cases were modified by previous vaccination. On the East Indian Station a Seedie boy died at Zanzibar, but no information is given as to his having been vaccinated, or as to the vaccination of two cases in the Mediterranean that made good recoveries, but all entering

the navy are revaccinated. A Seedie boy contracted the disease at Bombay, and recovered.

#### PLAGUE.

Eight cases of plague appear in the report; 3 occurred on the China Station; one, a Chinese steward, died; the other two were ordinary seamen, messmates; the disease was contracted at Hong Kong, and was of the pneumonic type. The first affected had been on leave in Hong Kong prior to his attack; he recovered, but his messmate, who had assisted in removing him to hospital, died. Four Lascars contracted the disease at Bombay; 2 died. The eighth case was one of debility after plague at Bombay. The patient is stated to have been a time-expired man, and presumably a European.

#### DIPHTHERIA.

Sixteen cases of diphtheria, 14 with 1 death on the Home, and 2 on the Australian Station are reported.

#### ENTERIC FEVER.

There were 153 cases of enteric fever, with 14 deaths; 72 occurred on the Home Station, 20 in the Mediterranean, 9 on the North American and West Indian Station, 7 on the South-East Coast of America, 4 on the Cape of Good Hope and West African Station, 9 on the East Indian, 28 on the China Station, and 3 in Australia.

#### MALARIA.

Malarial fevers produced 1,652 entries, with 10 deaths; 1,003 occurred on the Cape of Good Hope and West African Station. Of these 117 were in the gunboats *Herald* and *Mosquito*, with complements of 25 and 30 respectively, employed in the Shire and Zambesi rivers; the attacks occurred chiefly among the younger members of the crew: men over 35 years of age suffered little; 93 entries show in the returns from the *Heron*, and 56 in those from the *Jackdaw* shallow-draught steamers in the Niger River; 127 in the *Alecto* at Lagos; the *Sparrow* returns 123 cases (51 when serving in the Niger River, 60 in the Congo River, and 12 at Mombassa); these 4 vessels had complements of 80 to 85 men. The *Blonde*, with a complement of about 180, returned 34 cases during the first quarter of the year, when in the Sherboro River. Twelve other vessels on this station returned 335 cases, but where originating is not stated.

The remaining cases occurred on the following stations: China, 195; the most severe attacks were due to service at Labuan, as guard on shore. Home, 132; in the Irregular Force, namely, transports and vessels for brief periods on various stations, 77, of which 34 occurred in the *Blonde* (previously mentioned), after service in the Sherboro River; Mediterranean, 82; East Indies, 61; North American and West Indian and the Pacific, each 44; Australia, 14.

#### TUBERCULOSIS.

Tuberculous diseases were responsible for 222 cases, 2.08 per 1,000 of the total force; 20 died, and 139 were invalided. It is to be hoped that some effort may be made in the future to provide open-air treatment for many of these invalids, many of whom are suitable cases for it.

#### VENEREAL DISEASES.

All venereal sores in the navy are classed as primary syphilis; ulcer penis is so returned, as a rule; of primary syphilis there were 3,513 cases; of secondary syphilis 2,294; the ratio of primary syphilis was 42.41 per 1,000, a decrease of 12.09 on the average of the last ten years; while the ratio of the secondary disease, 27.69 per 1,000, is an increase of 3.13 per 1,000 when contrasted with that of the previous ten years. In 1888 the ratios per 1,000 were 57.67 for the primary, 22.51 for the secondary diseases. The abolition of the Contagious Diseases Act may be considered responsible for this increase of constitutional syphilis, as in Cape Colony, where this Act was reintroduced after repeal, there is a remarkable absence of this dire disease in the ships stationed at or visiting those ports. Six deaths were due to constitutional syphilis.

There were 6,119 cases of gonorrhoea and its sequelæ, a ratio of 73.87 per 1,000; in 1897 it was 71.61; in 1888, 74.31. The China Station shows the highest ratio for the year 1898, namely, 107.77; the Australian, 96.0; and the South-East Coast of America Station, 81.15, are the next highest.

doctor and coroner, the latter ordered his officer to take Dr. Duff into custody. Subsequently he was allowed to return to the room, and the coroner, addressing him, said: Now, sir, are you ready to apologise for your behaviour in this room?—Dr. Duff: Not for one moment.—The Coroner: Then you can go. I won't fine you on this occasion. I will content myself and deprive you of your fee. I shall at the same time take care that Dr. Kay gets to know about your conduct.—Dr. Duff: I shall take the greatest care that Dr. Kay gets to know too.—The Coroner: That is enough. Say no more.—Dr. Duff: You will have to go to a higher authority for such gross abuse of your brief judicial authority. You will hear more about this.—The Coroner: Let us have no more of it now. Go away, please.—Dr. Duff made attempts to speak further, but the Coroner gave instructions to Detective Sergeant Robson to remove him, adding, I shall commit you for contempt of court if you don't go at once.—The jury, after hearing the evidence, returned a verdict that Burton had met his death by having fallen into an old building whilst in a state of intoxication.

\* \* The report speaks for itself, but having regard to the advice given by a contemporary we would strongly recommend Dr. Duff, before taking any legal action, to send a full report of the proceedings to the Lord Chancellor, who will probably afford him the redress to which he is undoubtedly entitled. The peremptory demand of the coroner was in our opinion quite unwarrantable, and his subsequent conduct and treatment of the medical witness appears to have been a distinct abuse of office.

#### FEE OF MEDICAL WITNESS.

**COURT FEES.**—As our correspondent appears to have attended the court in virtue of a citation duly served upon him, and without any fee being explicitly agreed to, he would probably be unable to recover more than the prescribed remuneration.

#### GRATUITIES TO MIDWIVES.

**LUX.**—If it is the custom for some medical men when called to a difficult labour by a midwife to give sums varying from 5s. to 7s. out of the 2s. charged to the patient the practice is very reprehensible, although it is not what is technically called "covering."

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF CAMBRIDGE.

**Diploma in Public Health.**—The examinations for this diploma will extend from April 3rd to April 12th.

**Appointments.**—Mr. Hardy and Dr. Anderson have been reappointed Demonstrators in Physiology for five years.

**Degrees.**—At the congregation on March 15th, the following degrees were conferred:

*M.D.*—E. A. Peters, B.A., Caius College.

*M.B. and B.C.*—F. T. Talbot, B.A., King's College.

*M.B.*—H. N. Clarke, B.A., Trinity College; J. A. Nixon and W. Tyson, B.A., Caius College.

**Addenbrooke's Hospital.**—The concordat between the hospital and the medical school, which has for some time been under discussion, has been formally adopted by the University and by the General Court of Governors respectively.

#### UNIVERSITY OF GLASGOW.

**Close of the Winter Session.**—The medical classes for the winter session were brought to a close on Friday, March 23rd, when the various medals and certificates of distinction were announced.

#### YORKSHIRE COLLEGE, LEEDS.

**THE Council** has unanimously adopted the following resolution expressing its sense of the services of the late Mr. Scattergood, Dean of the Medical Department:

"Before proceeding to the business of the day, the Council resolve that a record be placed upon their minutes of their sense of the heavy loss which the College has sustained since their last meeting by the death of their esteemed colleague, Mr. Scattergood. He took part in the foundation of the College, was an active member of its Council from the commencement, and in every possible way showed his sincere interest in the work of the institution.

"Whilst every branch of liberal education had his warm support, his chief concern was undoubtedly centred in the department of medicine, which he served with an ardour which would have appeared extraordinary even in the case of a man of leisure, with but few other public interests, and was truly remarkable as evinced in the life of Mr. Scattergood, with the daily responsibilities of a large practice, and with his active connection with so many other institutions for the cultivation of those moral and intellectual forces that tend to the highest welfare of the community. The present Medical School is to a great extent a monument to Mr. Scattergood, to whose energy and persistent advocacy the new building is in great measure due. As Dean of the Medical Department from the union of the Leeds School of Medicine with the Yorkshire College up to the time of his death, he has left a record of devotion which will remain as a stimulus to his former colleagues, and an example of what is possible to those who follow him.

"To the family of their late friend the Council tender their sincerest sympathy in their bereavement, the bitterness of which, it is hoped, will to some extent be mitigated by the knowledge of the extent and depth of the regret felt throughout this city for the loss of so good a friend and so worthy a public servant."

#### SOCIETY OF APOTHECARIES OF LONDON.

**PASS LIST, MARCH, 1900.**—The following candidates passed in:

**Surgery.**—W. F. C. Bennett (Section II), Sheffield; R. R. P. S. Bowker,

Middlesex Hospital; H. N. Collier, Guy's Hospital; R. V. Cowey (Section I), St. Mary's Hospital; W. K. S. Hay-Coghlan, St. Mary's Hospital; R. C. Rumbelow, Middlesex Hospital; A. Y. St. Leger (Section II), Cambridge and St. Mary's Hospital; T. Young (Sections I and II), St. Bartholomew's Hospital.

**Medicine.**—W. D. French (Section I), University College Hospital; H. Jessop (Section I), Birmingham; W. T. Meagher, Cork; A. C. Oliver (Section II), Charing Cross Hospital; J. R. Pooler (Section I), Birmingham.

**Forensic Medicine.**—W. D. French, University College Hospital; H. Jessop, Birmingham; W. T. Meagher, Cork; J. R. Pooler, Birmingham; H. F. Willington, Manchester.

**Midwifery.**—E. F. Lamport, Royal Free Hospital; C. A. Lower, Guy's Hospital and Bristol; F. A. Segreda, Guy's Hospital; H. P. Shanks, University College Hospital.

The Diploma of the Society was granted to Messrs. W. F. C. Bennett and W. K. S. Hay-Coghlan.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

#### APPLICATION OF PART III OF THE HOUSING OF THE WORKING CLASSES ACT 1890 TO RURAL DISTRICTS.

**THE Northamptonshire County Council** have passed a resolution to enable the Brixworth Rural District Council to adopt Part III of the Housing of the Working Classes Act, 1890, in the parish of Spratton. A study the report which was made by the councillor appointed to make the inquiry serves to show the nature of the evidence upon which accommodation will be provided in rural districts, to which the provisions of the Part III of the Act can only be applied after a certificate has been granted by the county council. (See Section LV of the Act.)

From reports made by a committee of the rural district council and by the medical officer of health (Dr. C. E. Paget), it seems that the total number of dwellings in Spratton is 187, of which 146 are cottages; 16 of these are unfit for occupation, while the sanitary inspector submitted a list of 21 cottages which, although not actually unfit for occupation, are in an unsatisfactory condition. This evidence was considered sufficient to show that accommodation is necessary for the housing of the working classes in Spratton.

Another urgent reason for allowing Part III of the Act to come into operation was furnished by the fact that Spratton has for generations been an "open" not a close village. Moreover, the large majority of the insanitary cottages have been erected by squatters on the roadsides, constituting encroachment, which are consequently in the hands of numerous small owners, who are without the means of effectually repairing them. This state of things in Spratton is largely due to the fact that the action of the local sanitary authority is impeded by the owners of insanitary dwellings who have no means to remedy defects, and who are rendered homeless by the closing of their dwellings.

The proposal of the district council, which has now been approved by the county council, is for the erection of six new cottages at Spratton, estimated to cost £1,000. This sum, repayable in about thirty years, will involve an outlay of £50 and £10 a year for repairs. Allowing for a rent of 3s. a week for the cottages, the cost to the ratepayers will only be one farthing in the £.

#### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,824 births and 4,807 deaths were registered during the week ending Saturday last, March 24th. The annual rate of mortality in these towns, which had declined from 25.8 to 20.3 per 1,000 in the five preceding weeks, rose again to 21.6 last week. The rates in the several towns ranged from 10.7 in Burnley, 14.3 in Leicester, 15.0 in Huddersfield, and 15.2 in Blackburn to 28.6 in Plymouth, 29.0 in Halifax, 31.3 in Liverpool, and 36.7 in Wolverhampton. In the thirty-two provincial towns the mean death-rate was 22.2 per 1,000, and exceeded by 1.6 the rate recorded in London, which was 20.6 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.1 per 1,000; in London the death-rate was 1.8 per 1,000, while it averaged 2.3 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.5 in Salford, 3.9 in Preston, 4.8 in Sheffield, and 5.8 in Wolverhampton. Measles caused a death-rate of 1.3 in Cardiff, 1.4 in Bristol and in Oldham, 2.1 in Halifax, 2.2 in Preston, and 2.3 in Wolverhampton; scarlet fever of 1.3 in Bradford; and whooping-cough of 1.3 in Portsmouth, 1.6 in Bolton, 1.7 in Liverpool and in Salford, and 2.9 in Wolverhampton. The mortality from "fever" showed no marked excess in any of the large towns. The 61 deaths from diphtheria in the thirty-three towns included 36 in London, 19 in Sheffield, 8 in Leeds, and 4 in Leicester. One fatal case of small-pox was registered last week in Hull, but not one in any other of the thirty-three large towns. There were 5 small-pox patients under treatment in the Metropolitan Asylums Hospitals on Saturday last, March 24th, against 7, 7, and 5 at the end of the three preceding weeks; no new case was admitted during the week against 2, 1, and 2 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 3,578 to 1,760 at the end of the eighteen preceding weeks, had further fallen to 1,715 on Saturday last; 170 new cases were admitted during the week, against 154, 147, and 181 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

**DURING** the week ending Saturday last, March 24th, 958 births and 686 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 31.7 to 22.7 per 1,000 in the four preceding weeks, further fell last week to 22.2, but exceeded by 0.6 per 1,000 the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the

## HOSPITAL AND DISPENSARY MANAGEMENT.

## EDINBURGH ROYAL INFIRMARY.

At the usual weekly meeting of the managers of the Edinburgh Royal Infirmary held on March 26th, the following appointments, for the period of six months from April 1st, were ratified:—Resident Physicians—David Albert Calder, M.B., Ch.B., to Dr. Bruce; Wm. Jas. Stuart, M.A., M.B., Ch.B., to Professor Fraser; R. M. Rowe, M.B., Ch.B., to Professor Greenfield; Thos. D. McLaren, M.B., Ch.B., to Dr. Affleck; David Ferrier, M.B., Ch.B., to Dr. Bramwell; and C. M. Pearson, M.B., Ch.B., to Dr. Gibson. Resident Surgeons—L. C. MacLagan Wedderburn, M.B., Ch.B., to Professor Annandale; James M. Reid, M.B., Ch.B., to Professor Chiene; David B. King, M.A., M.B., Ch.B., to Dr. MacLaren; Charles Heron Watson, M.A., M.B., Ch.B., to Dr. MacGillivray; Charles Forsyth, M.B., Ch.B., to Mr. Cotterill; and John Jeffrey, M.B., Ch.B., to Mr. Cathcart. Non-resident House-Physicians—G. F. Barbour Simpson, M.B., Ch.B., to Dr. Croom; John Macmillan, M.B., F.R.C.P., to Dr. W. Allan Jamieson. Non-resident House-Surgeons—J. F. Falconer, M.B., Ch.B., to Dr. Mackay; J. Matheson Cullen, M.D., to Mr. Hodsdon; Thomas Paul Gray, M.D., to Dr. M'Bride; and Geo. K. Grimmer, M.B., C.M., to Mr. Berry. Clinical Assistants—Arthur Preston, M.B., Ch.B., to Professor Fraser; A. Hill Buchan, M.B., M.R.C.P.E., to Dr. Bruce; A. H. Macpherson, L.R.C.P.E., and F. W. Mayes Willox, M.B., C.M., to Dr. Philip; John Eason, M.B., C.M., etc., to Dr. William Russell; T. J. Thomas, M.D., to Dr. Murdoch Brown; R. J. Johnston, M.B., etc., to Dr. G. Lovell Gulland; John W. Simpson, M.B., etc., to Dr. Graham Brown; W. Macrae Taylor, M.B., F.R.C.S.E., to Dr. M'Bride; and F. Gardiner, M.B., C.M., and Wm. Hope Fowler, M.B., Ch.B., to Dr. R. Milne Murray. Mr. Charles G. S. Leeds, L.R.C.P. & S. Ed., was appointed Resident Medical Officer at the Convalescent House, Corstorphine.

## MEDICAL NEWS.

THE Lord Lieutenant of Ireland has appointed Sir Francis R. Cruise, M.D., to be one of the Commissioners of National Education in Ireland.

Mr. VICTOR HORSLEY will deliver the second Lees and Raper Memorial Lecture in St. James's Hall, W., on Friday, April 27th. The chair will be taken by Mr. Augustine Birrell, Q.C., M.P. The subject of the lecture will be "The Effect of Alcohol upon the Human Brain."

AN ambulance corps has been organised and equipped for service with the Boers by the United Irish Societies of Chicago. The corps expects to be in the field on April 1st. Whether the date chosen for the commencement of operations has any special significance we are unable to say.

At the annual general meeting of University College Hospital it was stated that it was hoped shortly to occupy the north-west wing and the central block of the new hospital. The south wing of the present hospital will then be demolished to make room for the building of the south-east wing.

THE ROENTGEN SOCIETY.—We are asked to state that the members of this Society will welcome any members of the British Medical Association who may desire to attend the meetings which are held on the first Thursday in the month from November to June inclusive, at 20, Hanover Square, at 3 p.m.

A FRENCH PARLIAMENTARY COMMITTEE OF PUBLIC HEALTH.—In accordance with a recent decision of the French Chamber of Deputies, a grand committee, which is to deal with all questions relating to public health, has been appointed. The committee is composed of 33 members, of whom 18 are members of the medical profession, while 3 are pharmacists. The chairman is M. Dubois.

IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.—In reply to the congratulatory telegram despatched by the members of this Association dining at the Hotel Cecil on St. Patrick's Day to Lord Roberts at Bloemfontein, the following telegram has been received: "Bloemfontein, March 19th.—Hearty thanks for your kind and seasonable telegram.—Roberts." By an oversight the following names were omitted in the BRITISH MEDICAL JOURNAL of March 24th from the list of members of council newly elected: Surgeon-General G. J. H. Evatt, Drs. W. E. St. Lawrence Finny, and J. Wheeler O'Brien.

At a recent meeting of the New York Historical Society Dr. Sydney H. Carney, jun. (as we learn from the *Medical News*) read a paper, in which he stated that in 1800 there were 94 physicians in New York City. "They all used that staff of medical propriety, a gold-headed cane. Small clothes were

rapidly disappearing, and pantaloons were covering a multitude of shins." There were in 1800 five medical schools in the United States, namely, at Columbia College, at Philadelphia, at Cambridge, at Dartmouth, and at Lexington, Kentucky. In 1798 16 medical practitioners lost their lives in trying to mitigate the sufferings caused by the plague. The pay of doctors at Bellevue was then 20s. a day. That hospital was then three miles out of New York. For a visit the fee charged was 10d., for a visit and a dose 10d. 24 cents. Pills were 12 cents. Doctors got 10d. a mile for going out of town. For bleeding the charge was from 10d. to 5dols.

ROYAL METEOROLOGICAL SOCIETY.—The Royal Meteorological Society will celebrate its Jubilee on Tuesday, April 3rd. In honour of the occasion, a commemoration meeting will be held at the Institution of Civil Engineers Great George Street, Westminster, at 3 p.m. on that date, when the President, Dr. C. Theodore Williams, will deliver an address. A *conversazione* will be held the same evening at 8.30 p.m. at the Royal Institute of Painters in Water Colours, Piccadilly, where, in addition to the pictures in the galleries, there will be an exhibition of meteorological instruments, models, and photographs, and lantern demonstrations will be given by Colonel H. M. Saunders, Mr. T. C. Porter, of Eton, and Mr. W. Marriott. On Wednesday, April 4th, there will be an excursion to the Royal Observatory, Greenwich, by permission of the Astronomer Royal, and in the evening a dinner at the Westminster Palace Hotel. As a memento of the Jubilee of the Society, a bronze commemoration medal, bearing on the obverse a portrait of Luke Howard, F.R.S., has been struck. Further particulars as to the programme of the Jubilee celebration may be obtained from the Assistant Secretary, Mr. William Marriott, 70, Victoria Street, Westminster.

## MEDICAL VACANCIES.

The following vacancies are announced:

- ARGYLE 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.
- CANNING TOWN MEDICAL MISSION DISPENSARY.—Female Assistant Medical Officer. Board and lodging provided. No salary. Applications to the Resident Medical Officer, 520, Barkings Road, E., by April 5th.
- CARDIFF INFIRMARY.—(1) Resident Medical Officer. Salary, £100 per annum, with board, washing, and furnished apartments. (2) Assistant House-Physician. Appointment for six months, but renewable. Salary at the rate of £50 per annum, with board, washing, and apartments. Applications to the Secretary by April 3rd.
- CHORLEY DISPENSARY AND COTTAGE HOSPITAL.—House-Surgeon. Salary commencing at £38 per annum, with board and lodging. Applications to the Honorary Secretary.
- CUMBERLAND AND WESTMORLAND ASYLUM, Garlands, Carlisle.—Junior Assistant Medical Officer: unmarried, Salary, £100 a year, with board and residence. Applications to the Medical Superintendent.
- DEVONPORT: ROYAL ALBERT HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £40 per annum, with board, lodging, and washing. Applications to the Chairman of Medical Committee by April 7th.
- 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.
- DOWNPATRICK: COUNTY DOWN INFIRMARY.—Registrar, Compounder of Medicine, and Assistant to Surgeon, unmarried. Salary, 60 guineas, with board, fuel, and washing. Applications to Dr. Tate by April 19th.
- DURHAM COUNTY ASYLUM.—Assistant Medical Officer. Salary £140 per annum, rising to £180, with board, lodging, washing, etc. Applications to the Medical Superintendent, Winterton, Ferryhill, by April 3rd.
- EDINBURGH UNIVERSITY.—Professor of Medicine. Applications to the Secretary, 66, Frederick Street, Edinburgh, by April 14th.
- GLASGOW DISTRICT ASYLUM AND MENTAL HOSPITAL, Gartloch.—Junior Assistant Medical Officer. Applications to Mr. Jas. R. Motion, Clerk and Treasurer, Glasgow District Lunacy Board, 38, Cochrane Street, Glasgow.
- GOVAN DISTRICT ASYLUM, Cookstown, Paisley, N.B.—Junior Assistant Medical Officer. Salary, £120 per annum, with rooms, board, etc. Applications to the Medical Superintendent.
- HALIFAX ROYAL INFIRMARY.—Third House-Surgeon, unmarried. Salary, £50 per annum, with residence, board, and washing. Applications to the Secretary by April 11th.
- HEREFORD GENERAL INFIRMARY.—Junior House-Surgeon, unmarried. Appointment for six months, but eligible for re-election as Senior. Salary, £17 10s. and £40 respectively, with furnished rooms, board, etc. Applications to the Secretary, 37, Bridge Street, Hereford, by April 11th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—(1) Assistant Physician, (2) Resident House-Physician. 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.
- HULL ROYAL INFIRMARY.—Honorary Assistant-Surgeon. Applications to the Chairman, Committee of Management, by April 4th.
- HULME DISPENSARY, Dale Street, Manchester.—House-Surgeon. Salary, £150 per annum, with apartments, etc. Applications to the Honorary Secretary, Medical Committee, by April 4th.
- 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.
- LEEDS PUBLIC DISPENSARY.—Junior Resident Medical Officer. Salary, £85 per annum. Applications to the Secretary of the Faculty.



**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.

**LINCOLN HOSPITAL FOR INSANE.**—Assistant Medical Officer. Salary, £100. Applications to the Medical Superintendent.

**LIVERPOOL INFIRMARY FOR CHILDREN.** Myrtle Street.—(1) House-Surgeon. Salary, £85 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.**—(1) Honorary Physician. (2) Senior House-Surgeon. Salary, £50 per annum, with board, lodging, and washing. Applications, to the Honorary Superintendent, in the former instance, by April 12th, and in the latter, endorsed "House-Surgeon," to the Honorary Secretary, Medical Board, by April 6th.

**LONDON COUNTY ASYLUM.** Horton.—Medical Superintendent, not over 40 years of age. Salary, £1,000 per annum, with unfurnished house, etc. Applications, on forms provided, to be sent to the Clerk of the Asylums Committee, 66, Waterloo Place, London, S.W., by May 1st.

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

**LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL AND DISPENSARY.**—Resident House-Surgeon. Salary, £100 per annum, with furnished rooms, attendance, and board. Applications to the Secretary.

**MANCHESTER SOUTHERN AND MATERNITY HOSPITAL.**—Resident House-Surgeon. Honorarium at the rate of £50 per annum and board. Applications to Mr. G. W. Fox, Hon. Secretary, 59, Princess Street, Manchester, by April 6th.

**METROPOLITAN ASYLUMS 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.

**NEWARK-UPON-TRENT HOSPITAL AND DISPENSARY.**—House-Surgeon, unmarried. Salary, £80 per annum, with board and lodging. Applications, on forms provided, to be sent to the Secretary.

**PADDINGTON INFIRMARY.**—Resident Clinical Assistant and Second Assistant to the Medical Superintendent. Appointment for six months. Board, washing, and residence provided. Honorarium at the rate of £50 per annum. Applications to Dr. M. F. Squire at the Infirmary, 285, 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.

**POPULAR 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.

**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.

**ST. SAVIOUR'S UNION.**—Second Assistant Medical Officer at the Infirmary, East Dulwich Grove, S.E. Salary, £100 per annum, with residential allowances. Applications, marked "Applications for Second Assistant Medical Officer," to be sent to the Clerk, Union Offices, John Street West, Blackfriars Road, E.C., by April 2nd.

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

**SHREWSBURY: COUNTY ASYLUM.**—Junior Assistant Medical Officer. Salary, £130 per annum, rising to £150, with board, lodging, and washing. Applications to the Medical Superintendent by April 11th.

**SHREWSBURY: SALOP INFIRMARY.**—Assistant House-Surgeon. Appointment for six months, but eligible for renewal. Salary at the rate of £40 per annum. Applications to the Secretary.

**STOCKPORT INFIRMARY.**—Assistant House and Visiting Surgeon. Salary, £70 per annum, with residence, board, and washing. Applications to be received by April 3rd.

**SWANSEA GENERAL AND EAR HOSPITAL.**—House-Surgeon. Salary, £50 per annum, with board, apartments, etc. Applications to the General Secretary by April 9th.

**TAUNTON AND SOMERSET HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £30 per annum, with board, lodging, and laundry. Applications to the Hon. Secretary, Bank Buildings, Taunton.

**TEIGNMOUTH HOSPITAL.**—House-Surgeon. Salary, £50 per annum, with board, lodging, and allowance. Applications to the House Committee by April 2nd.

**WESTON-SUPER-MARE HOSPITAL.**—House-Surgeon, unmarried. Salary, £80 per annum, with board and residence. Applications to the Honorary Secretary by April 3rd.

**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 April 15th.

**WORCESTER GENERAL INFIRMARY.**—Assistant House-Surgeon, unmarried. Salary, £70 per annum, with board, residence, and washing. Applications to the Secretary by April 7th.

### MEDICAL APPOINTMENTS.

**AINSWORTH, H. P.,** L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer for the Fourth District of the North Whitford Union, vice G. P. O'Connor, L.R.C.P., L.R.C.S. Edin., resigned.

**BARON, H. N.,** L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer for the Orford District of the Plumage Union, vice F. S. Flint, L.R.C.P., L.R.C.S. Edin.

**BIRKETT, G. T.,** L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Catford District of the Lewisham Union, vice J. F. Saunders, M.R.C.S. Eng., resigned.

**BROADBENT, G.,** L.R.C.P., L.R.C.S. Eng., appointed Medical Officer for the Maltby District of the Rotherham Union, vice W. H. Crossley, M.R.C.S. Eng.

**BROOK, Charles, M.R.C.S.,** L.S.A., appointed Consulting Surgeon to the Lincoln County Hospital.

**BROOK, W. H. B.,** M.D., B.S. Lond., P.R.C.S., appointed Surgeon to the Lincoln County Hospital, vice Charles Brook, M.R.C.S. Eng., appointed Consulting Surgeon.

**DRUMMOND, J.,** M.D. Glasg., reappointed Medical Officer for the Westow District of the South Shields Union.

**EDINGTON, George H.,** M.D., M.R.C.S., appointed Visiting Surgeon to the Glasgow Training Home for Nurses.

**FIRTH, C.,** (M.D. Lond., F.R.C.S.), appointed Medical Officer for the Children's Homes of the Gravesend and Milton Union.

**GOFFE, E. G. L.,** M.B., B.S. Lond., appointed Assistant Medical Officer to the Infirmary and Workhouse of the Lewisham Union, vice E. R. Badcock, M.R.C.S. Eng., L.R.C.P. Lond., resigned.

**HOPKIN, R.,** M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Second District of the Llandovery Union.

**JONES, D. W.,** L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Rotherham District of the Rotherham Union, vice J. Branson, M.R.C.P., L.R.C.P. Edin., resigned.

**LAPRAIK, George, M.B.,** C.M. Glasg., appointed Public Vaccinator for the District of Thames, New Zealand.

**LAWSON, T. C.,** M.R.C.S. Eng., appointed Medical Officer for the Longtown District of the Dore Union, vice L. L. Thain, M.R.C.S. Eng., resigned.

**MCMURRAY, J.,** M.D., appointed Medical Officer for the Kirkdale Branch Workhouse of the Parish of Liverpool.

**MACNAMARA, A. P.,** M.B., appointed Medical Officer of Health for the Shrivensham District of the Faringdon Union, vice G. E. P. Nixon, L.R.C.S.I., L.A.H. Dub.

**MAHON, R. B.,** M.D.E.U.I., F.R.C.S. Eng., appointed Certifying Factory Surgeon for the Ballinrobe Dispensary District, co. Mayo.

**OLIPHANT, E. H.,** Lawrence, M.D. Edin., F.F.P.S.G., appointed Physician to the Dispensary for Diseases of Women, Glasgow Western Infirmary, vice Dr. Turner, deceased.

**PEARSON, H. A.,** L.R.C.P., L.R.C.S., appointed Medical Officer for the Fifth District of the Royston Union, vice F. A. Davey, M.R.C.S., resigned.

**REHYS, W. L.,** L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer of the Aberdare Town District, vice Dr. Davies, L.R.C.P. Edin., F.R.C.S. Eng., resigned.

**ROBERTS, Arthur, F.R.C.S.E.,** appointed Aural Surgeon to the Royal Berkshire Hospital, Reading.

**ROBINSON, Bernard, L.R.C.P. Lond.,** M.R.C.S. Eng., appointed Certifying Factory Surgeon for the Civil Parishes of Croxden and Rochester in the Uttoxeter Rural District.

**STONE, Ralph, L.R.C.P.,** L.R.C.S. Irel., appointed Medical Officer to the British Africa Protectorate.

**SYMPSON, E. Mansel, M.A.,** M.D., B.C. Cantab., M.R.C.S., appointed Medical Officer to Her Majesty's Prison, Lincoln, vice Dr. George Mitchinson, deceased.

**TEES, J.,** L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Woolwich District of the Woolwich Union, vice C. J. Fuller, M.R.C.S., L.R.C.P., resigned.

**VINCENT, Ralph, M.B.,** B.S. Dunelm., M.R.C.P. Lond., appointed Assistant Resident Medical Officer, Queen Charlotte's Lying-in Hospital.

**WATSON, Anne Mercer, L.R.C.P.,** L.R.C.S. Edin., L.F.P. & S. Glasg., appointed Resident Assistant Medical Officer to the Dundee Royal Infirmary.

**WOLF, J. F.,** M.B., C.M. Edin., appointed Medical Officer of Health to the Heavitree Urban District, vice R. J. Andrews, M.R.C.S., resigned.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**Odontological Society of Great Britain,** 40, Leicester Square, W.C., 8 P.M.—Mr. G. J. Goldie: On the "X" Rays in the Practice of Dentistry. Communications by Mr. H. Baldwin and Mr. H. G. Best.

**Medical Society of London,** 9 P.M.—Sir W. M. Banks: The Present Position of the Parasitic and Infective

Theories of Cancer; Operative Proceedings for the Cure of Mammary Cancer; the author's statistics. Lantern Demonstration to illustrate the first subject. Lettsomian Lecture III.

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

#### TUESDAY.

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

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

**Pathological Society of London,** 20, Hanover Square, W., 8.30 P.M.—Dr. Sidney Martin and Dr. Charles Sherrington will open a discussion on The Change of the Blood in Disease; and the following gentlemen will read

papers or join in the discussion: Professor Wright, Dr. William Hunter, Dr. Herbert Hawkins, Dr. Drysdale, Dr. Garrod, Dr. Whitfield, Dr. Rose Bradford, and Dr. Bryant.

**Royal Meteorological Society** (Jubilee Celebration), 25, Great George Street, Westminster, 3 P.M.—Commemoration Meeting. The President, Dr. Theodore Williams, will deliver an address.—Royal Institute of Painters in Water Colours, Piccadilly, 8.30 P.M.—Conversations.

#### WEDNESDAY.

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

**Royal Meteorological Society** (Jubilee Celebration)—Excursion to the Royal Observatory, Greenwich. Meeting at the Observatory at 11.30 A.M.

**Obstetrical Society of London,** 8 P.M.—Specimens will be shown by the President, Dr. William Duncan, Dr. Cullingworth, Dr. Stabb, Dr. Adinelli,

Dr. Macnaughton-Jones, Dr. C. Hubert Roberts, Dr. Tate, and Dr. A. W. W. Lea. Papers—Dr. J. M. Munro Kerr: Three cases of incarceration of the Retrodisplaced Gravid Uterus and one of Extrauterine Pregnancy simulating that condition. The President (Mr. Alban Doran): A case of Extrauterine Gestation in which Fetal Death occurred at the eighth month after Spurious Labour; Abdominal Section two months later.

#### THURSDAY.

**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 Some Cirrhoses of the Liver. Lumsden Lecture III.

**Röntgen Society,** 20, Hanover Square, 8 P.M.—Dr. Norris Wolfenden and Dr.

Forbes Ross: The Influence of the "X" Rays upon the Growth and Development of Micro-organisms.

**Harveian Society of London,** 8.30 P.M.—Discussion on the treatment of 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.

#### FRIDAY.

**Medical Graduates' College and Polyclinic,** 22, Chancery Street, W.C., 2 to 3 P.M.—Dr. Harry Campbell: Class. Clinical Examination of the Nervous System. Demonstration V. 4 P.M.—Mr. E. Lake: Consultation. (Ear and Throat.) Demonstration V.

**West Kent Medical-Chirurgical Society,** Royal Kent Dispensary, Greenwich Road, 8.45 P.M.—Discussion on the Midwives Registration Bill to be introduced by Dr. F. S. Toogood.

**Society of Anaesthetists,** 20, Hanover Square, W., 8.30 P.M.—Mr. Edgar Whitte: On the Administration of Anesthetics to Young Children.

**Laryngological Society of London,** 20, Hanover Square, W., 5 P.M.—Cases will be shown by Sir Felix Semon, Drs. Beale, Tilley, St. Clair Thomson, Dundas Grant, and Watson Williams, Messrs. Lake, Charters Symonds, and Waggett.

### 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.

**ECCLERS.**—On the 24th inst., at Harley Street, W., the wife of W. McAdam Eccles, M.S. Lond., F.R.C.S. Eng., of a daughter.

**HORROCKS.**—On Christmas Eve, at Perth, Western Australia, the wife of Herbert Horrocks, Esq., M.D., of a daughter.

#### MARRIAGE.

**MILLER-SMITH.**—On February 14th, at St. John's Church, Darlinghurst, Sydney, N.S.W., by Canon Moreton, Staff-Surgeon Richard Miller, R.N., H.M.S. "Mildura," fourth son of the late George Mackay Miller, of Dublin, to Philippa Foster, daughter of Dr. James Walter Smith, of the English Bar and Crown Law Department, Perth, W.A.

#### DEATH.

**KING.**—On the 16th inst., at Whitehall, Kent, Henry Stavely King, M.D. Lond., M.A. Cantab., aged 68, formerly of Brook Street, Grosvenor Square, and late Senior Physician, Metropolitan Free Hospital.

## HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*.—Daily, 2. *Operations*.—Tu. W. F., 2.  
 CENTRAL LONDON OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily.  
 CENTRAL LONDON THROAT, NOSE, AND EAR. *Attendances*.—M. W. Th. S., 2; Tu. F., 5. *Operations*.—1 p. Tu. F., 2; 3 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.  
 CHURCH LANE HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F., 2. CITY ORTHOPÆDIC. *Attendances*.—O-p., M. Tu. Th. F., 2. *Operations*.—M., 4.  
 EAST LONDON HOSPITAL FOR CHILDREN. *Operations*.—M. Tu. Th. F., 2.  
 GREAT NORTHERN CENTRAL. *Attendances*.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2.30. *Operations*.—M. W. Th. F., 2.  
 GUY'S. *Attendances*.—Medical, 1 p., M. Tu. Th. F., 1.30; o-p., M. W. Th. F., 12; Surgical, 1 p., daily, 1.30; o-p., M. W. Th. S., 12; Obstetric, 1 p., M. Tu. Th. F., 1.30; o-p., Th. S., 12; Eye, 1 p., M. Tu. Th. F., 1.30; o-p., M. Tu. F., 12; o-p., Ear, Tu. Th., 12; Skin, Tu. Th., 12; Throat, F., 12; Dental, daily, 9.30. *Operations*.—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.  
 HOSPITAL FOR WOMEN, Soho. *Attendances*.—O-p., M., 9; Tu. W., 12; Th., 9; E. 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, 1 p., 2; o-p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o-p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, M. Tu. Th. F., 9. *Operations*.—Daily, 2.  
 LONDON TEMPERANCE. *Attendances*.—Medical, 1 p., M., 2.30; Tu. F., 3.30; Th., 2.0; O-p., M. Tu. W. F., 1; Surgical, 1 p., M., 2; Th., 3; O-p., M. Th., 1.30. *Operations*.—Th., 4.  
 LONDON THROAT, Great Portland Street. *Attendances*.—Daily, 2; Tu. F., 6. *Operations*.—Daily, 9.30.  
 METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, M., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations*.—Tu. W., 2.30; Th., 4.  
 MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o-p., M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations*.—Daily, 1.30.  
 NATIONAL ORTHOPÆDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—W., 10.  
 NEW HOSPITAL FOR WOMEN. *Attendances*.—Daily, 2; Ophthalmic, M. S., 9.30. *Operations*.—Tu. F., Th., 2.  
 NORTH-WEST LONDON. *Attendances*.—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Th., 2.30.  
 ROYAL EAR, Frith Street. *Attendances*.—M. S., 3; Tu. F., 9; W., 2.30; Th., 7.30. *Operations*.—Tu., 3.  
 ROYAL EYE, Southwark. *Attendances*.—Daily, 2. *Operations*.—Daily.  
 ROYAL FREE. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9.30; Throat, Nose, and Ear, W., 9.30. *Operations*.—W., S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.  
 ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 9. *Operations*.—Daily, 10.  
 ROYAL ORTHOPÆDIC. *Attendances*.—Daily, 2. *Operations*.—O-p., M., 2; 1 p., Tu. Th., 2.30.  
 ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily, 2.  
 ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o-p., W. S., 9; Eye, M. Tu. W. Th. F., 2; o-p., M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu. F., 2; Larynx, M. Th., 2; Orthopaedic, Tu., 1.30; Dental, Tu. F., 9; Electrical, M. Tu. Th. F., 1.30. *Operations*.—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, W., 2.  
 ST. GEORGE'S. *Attendances*.—Medical and Surgical, daily, 1 p., 1; o-p., 12; Obstetric, 1 p., Tu. F., 1.45; o-p., M. Tu., 2.30; Eye, W. S., 1.50; Ear, M., 2; Skin, W., 2.45; Throat, F., 2; Dental, M. Tu. F., S., 12. *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*.—M., 2.40; 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*.—1 p., Medical and Surgical, M. Tu. Th. F., 2; o-p., daily, 1.30; Obstetric, Tu. F., 2; o-p., W. S., 1.30; Eye, Tu. F., 2; o-p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children, W., 10.30; Electro-Therapeutics, Th., 2; Mental Diseases, Th., 10; Dental, Tu. F., 10; X-rays, Tu. F., 2; Vaccination, W., 11.30. *Operations*.—Daily, 2; (Ophthalmic), Th., 2; (Gynaecological), Th., 2; (Throat), M., 9.30; (Ear), Th., 9.30.  
 SAMARITAN FARM 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., 3; 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 of their communications should authenticate them with their names—of course not necessarily for publication.  
 CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.  
 MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.  
 IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.  
 TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Articulate, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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

## QUERIES.

A CORRESPONDENT desires to hear of a home where a medical man, aged 60, suffering from general paralysis, could be received along with his wife at a moderate payment.

A. P. D. asks: (1) Is there any institution where a young neurotic girl, aged 21, can be dealt with at a small sum per week? (2) Is there any kind of baby diaper manufactured so cheaply as to admit of being destroyed after being used once?

## SUBNORMAL TEMPERATURE.

W.F.B. asks for information on the subject of subnormal temperatures. Lately I discovered, he writes, almost accidentally, that my temperature always falls to 95° after my morning bath, and before breakfast; at other periods, before and after, it is normal, or within 1° under normal. It was on my recovery from an attack of influenza about two months since that I first discovered this subnormal period, which still continues, although otherwise I am in my usual good health, except that perhaps I am more easily tired on slight exertion than formerly. The action of the heart during the subnormal period is slow (50 to 60) and slightly intermittent sometimes when seated, generally rising 20 or 30 beats in the minute when standing.

## "KOPLIK'S SPOTS" IN MEASLES.

C. M. asks for information about "Koplik's spots" in measles.

\* \* The term is applied to an eruption which is met with on the buccal mucous membrane (and on the inside of the lips in cases of measles before the rash appears on the skin. According to Dr. Koplik (*Arch. of Pediat.*, December, 1896) "it consists of small irregular spots of a bright red colour. In the centre of each spot there is noted, in strong daylight, a minute bluish-white speck; these red spots, with accompanying speck of a bluish-white colour, are absolutely pathognomonic of beginning measles, and when seen can be relied on as a forerunner of the skin eruption." An abstract of Dr. Koplik's paper will be found in the EPIYOME of the BRITISH MEDICAL JOURNAL for March 13th, 1897, while abstracts of later German papers on the subject appeared there on May 29th, 1898, and on January 14th, 1899.

## ANSWERS.

T. C. A.—On May 26th, 1898, the General Medical Council adjudged Mr. Joshua Hamilton Hart to have been guilty of infamous conduct in a professional respect, and directed the Registrar to remove the name from the *Medical Register*.

K. PRENTICE.—It is possible that the British Medical Benevolent Fund may be able to give assistance in the case. Applications should in the first place be made to Mr. W. E. Sargent, M.R.C.S. (Honorary Secretary for Cases), St. Bartholomew's Hospital, E.C.

R.—We do not know of any assurance company which would accept the life of a lady aged 48 with albuminuria of some years' standing. Judging from the tone of the discussion which took place lately at the Life Assurance Medical Officers' Association, it may be doubted whether any office in London would do so.

C. G. S.—The Income Tax Repayment Agency, of 6, Chichester Road, Paddington, informs us that although most surveyors of taxes allow actual receipts to be returned for assessment to income tax, they have a right to insist upon the gross bookings being shown. The tax, however, should not be paid upon the whole of these, as there are allowable deductions for bad debts and the estimated loss on doubtful debts outside the ordinary professional expenses. The Agency issues balance sheets for the use of medical men showing what these deductions are, and how the receipts and book debts should be returned.

## TREATMENT OF ENURESIS IN THE ADULT.

DR. J. AURIOL ARMITAGE (Wolverhampton) writes: I have recently had a case of enuresis continua of six years' standing in an adult. After trying the usual remedies in vain I treated it with the constant current of electricity. A small anode was applied to the perineum, and a comparatively large cathode to the upper lumbar region, and a current passed varying from  $\frac{1}{2}$  to 5 milliamperes. The result was a complete cure after the eighth application.

## NOTES, LETTERS, Etc.

ERRATUM.—In the notice of the annual meeting of the Royal National Pension Fund for Nurses in the BRITISH MEDICAL JOURNAL of March, 24th, p. 745, the invested funds are stated as exceeding £52,000; this should read "exceeding £520,000."

## UNSTEADY ASSISTANTS.

A MEMBER OF TWENTY-FIVE YEARS' STANDING asks: How is it that, amongst the offences that the Penal Committee of the General Medical Council deal with, drunkenness amongst qualified assistants is not included? I am one of the unfortunate principals who have been misled through the giving of good testimonials to unsteady men, not once but five times, and after the most careful inquiries; yet, so far as I can find, this is not looked upon by the General Medical Council as being "unprofessional conduct." I amongst others, consider that the utmost penalty ought to be inflicted upon men who take assistants' places, and who are unsteady, and if the Council requires help to prosecute such I would bring the very next man under their notice, as they are a standing disgrace to the profession.