

cellular and muscular structures of the entire left lower limb, but avoiding joints, tendons, and vessels. Had such a burst taken possession of any internal organ I have little doubt it must have proved speedily fatal.

A NOTE ON GOUT.

BY JAMES EDMUNDS, M.D., M.R.C.P.LOND.,
Consulting Physician, London Temperance Hospital.

For some years I have discarded sodium salicylate for the potassium salicylate. In doses of 10 grs. the potassium salicylate gives great relief in the acuter cases, and I never see any of the "cardiac depression" which is talked about in connection with the exhibition of potassium salts. The potassium salicylate must be of reliable quality. I always order potassium salicylate (puriss. Hopkin and Williams). If this preparation be used in reasonable frequency of repetition in doses of 10 gr., no unfavourable results ensue, the objections to the sodium salt are obviated, and much better results are obtained. It is most conveniently taken in wafer paper cachets containing 10 grs. each.

In chronic gout and rheumatism, so long as the urine becomes turbid by the deposition of urates on cooling, I use the old remedy potassium bitartrate. As a febrile drink there is nothing to match it, in barley water nicely made from Robinson's barley flour, and sweetened to taste with loaf sugar if the patient be of spare habit; perhaps, also, flavoured with a rub of lemon peel. But the cooking in, or infusion with, lumps of lemon peel spoils the preparation as a pleasant beverage. For the non-febrile chronic cases with turbid or scanty urine I give 20 grs. of the potassium bitartrate as a beverage at lunch or dinner, and sometimes also at bedtime. Twenty grains is a small saltspoonful. It should be put into a dry tumbler and the tumbler then filled up with Salutaris or other pure aerated distilled water. If palatable distilled water be not available the tumbler should be filled up with hot water that has been boiled for a few minutes, so as to make the water safe and throw out chalk. With persons of spare habit the bit of sugar may be added and, if longed for, the flavour of the lemon peel. The bitartrate beverage should be drank as hot tea is drunk. Its use rapidly clears the system of urates. With these two salts I find that I accomplish better than with any other substances all that can be done for the elimination of uric acid. And I find them extremely valuable. Ferric chloride dropped into the urine first throws down all the phosphoric acid as the white ferric phosphate and gives its measure; it then gives the brilliant violet tint which shows how far the system is still charged with salicylic acid, and serves as an end-pointer for the phosphoric acid.

As everyone knows, the potassium bitartrate is the purified argol which is thrown out from grape juice, as the transformation of its sugar into alcohol renders the bitartrate insoluble. It is therefore a pure grape salt, and comes to us with an adequate prestige. But I write purely from the chemical side. The potassium bitartrate gives a pleasant beverage, which is acidulous, and therefore goes well with the gastric juice during digestion. Absorbed as it is directly into the blood by the veins of the stomach, it is carried into the substance of the tissues, and there its tartaric acid is oxydised into CO_2 and H_2O , while nascent potassium bicarbonate is set free in the tissues in a state of perfect diffusion and almost infinitesimal dilution. Its use is therefore quite a different thing to the projection into the stomach of a crude alkali. I find that none of the remedies so impudently advertised for uric acid can compete with these very simple and inexpensive ones; 20 grs. of potassium bitartrate containing 5 gr. of anhydrous potash (K_2O).

As an aperient in such cases I use an old and favourite prescription, which consists of pulv. guaiaci, potass. bitart., sulphur precip. $\frac{aa}{3}$ j, pulv. trag. co. $\frac{3}{4}$ ij, m. ft. pulv. A teaspoonful at bedtime in a wineglassful of water or gruel.

LATIN-AMERICAN SCIENTIFIC CONGRESS.—The second meeting of the Latin-American Scientific Congress will be held at Montevideo from March 20th to March 31st, 1901. The work of the Congress will be divided among nine Sections, of which one (the sixth) is assigned to the medical sciences.

MEMORANDA:
MEDICAL, SURGICAL, OBSTETRICAL, THERA-
PEUTICAL, PATHOLOGICAL, ETC.

CASE OF PERSISTENT ADENOIDS IN A MIDDLE-AGED WOMAN.

Mrs. R., aged 47, came under my observation a few weeks ago at the London Throat Hospital complaining of impaired hearing and difficulty of breathing through the nose. She stated that she had never been able to breathe properly through the nose and presented the typical facial appearance of a chronic mouth breather. On inflation of the middle ears through the Eustachian catheter, both tubes were found to be freely patent and the hearing was improved thereby. On examination with the post-rhinal mirror the post-nasal space was seen to be occupied by a considerable mass, which obscured the upper half of the septum, and extended across the vault from tube to tube. Considering the history, the facial aspect, and the fact that the patient's sister, three years older than herself, had well-marked remnants of what had been presumably adenoid growths, I formed the opinion that the case was one of adenoid growths which, instead of undergoing the usual process of atrophy, had persisted. I had some hesitation in forming this opinion as one or two cases of post-nasal growth in adults which had lately come under my notice had proved to be malignant. I showed the case at the British Laryngological, Rhinological, and Otological Association, and was supported in my opinion by the majority of the Fellows. One Fellow, however, said that the "local condition was not like adenoids," that "the age of the patient was against adenoids," and gave his opinion that the mass "looked like sarcoma." I removed the growths with forceps, under an anæsthetic, sections from which were kindly examined under the microscope by Dr. Jobson Horne, and pronounced by him to be "adenoid tissue which had undergone changes (inflammatory) covering some length of time." It is interesting, and I think worthy of record, that the patient's hearing in a week or two after the operation considerably improved, and she appreciates in a marked degree the comfort of being able to breathe freely through the nose. Although the age of 47 is considerably below the maximum at which adenoid growths have been found (on referring to the literature, I find that Lucas has reported a case at 54, and Solis Cohen one at 70) still I am of opinion that cases at this age are sufficiently rarely met with to be worthy of notice.

New Cavendish Street, W.

E. FURNISS POTTER, M.D.

MAGNESIUM SULPHATE IN DYSENTERY.

NOTING that there has been some correspondence in the BRITISH MEDICAL JOURNAL regarding the use of magnesium sulphate in dysentery, it may interest your readers to know that when I have had an opportunity of giving it a thorough trial in a large number of cases during the last four years, I have found the treatment of the greatest value in cases of acute dysentery, both in natives of India and in Europeans. I kept records of a large number of cases, and would have submitted these herewith, but unfortunately they were destroyed in the earthquake of 1897, in which I lost my house and everything in it. I have found that it is seldom of much value in really chronic cases, although I have tried it repeatedly in many instances. The prescription I am in the habit of giving is: Magnesium sulphate (a saturated solution) 3*j*, dilute sulphuric acid $\frac{1}{4}$ *x*, in water; to be given every two hours until the motions have become copious, faeculent, and free from blood and mucus.

CERTAIN USES OF COLLODION.

CERTAIN USES OF COLLODION.
IN the BRITISH MEDICAL JOURNAL of November 21st, 1896, I called attention to the value of collodion in the treatment of pruritus ani, in which, I believe, it is always effective, at least temporarily.

In the after-treatment of mosquito bites I have found no application so satisfactory as that of collodion. A dewdrop of contractile collodion is spread on the raised red bite. The itching at once disappears, and with the contraction of the

collodion the swelling flattens down and becomes comparatively bloodless, the collodion soon being alone apparent.

In epistaxis, after plugging the anterior nares, the efficacy of the plug may be greatly increased in troublesome cases by sealing the nasal orifice with a little cotton wool and collodion. The plug thus supported is but little affected by coughing and straining.

Collodion has been employed in enuresis, the orifice of the meatus being closed by a film of collodion painted across it, compelling the child to wake to pass water.

For sealing a dressing and many other purposes the usefulness of collodion is well known.

Mentone.

D. W. SAMWAYS.

CASE OF CEREBELLAR ABSCESS: OPERATION: RECOVERY.

THE patient, W. M., had been under my care in 1896 for what I then described in the BRITISH MEDICAL JOURNAL of March 21st, 1896, as "intracranial abscess, probably cerebellar." At that time a large abscess was evacuated from an opening in the skull $1\frac{1}{4}$ inch behind the meatus on the level of Reid's base line, and a drainage tube passed inwards $2\frac{3}{4}$ inches. He recovered completely, and has since developed into a well-grown lad, and has been earning good wages on the Great Western Railway as a cleaner. He was well till January 14th, 1900, when he began to have headache and vomiting. Three days afterwards I saw him. He complained of severe frontal and occipital headache, chiefly on the left side. He was drowsy and apathetic, taking a long time to respond to questions, though he understood them perfectly. He had been vomiting constantly since January 15th. His tongue was foul, and his bowels were constipated. The pulse was 60, the respirations were 17, and the temperature was 97° F. There was no paralysis. The pupils were equal and reacted to light and on accommodation. There was slight lateral nystagmus; while the right knee-jerk was slight the left was hardly perceptible. It was stated that there had been no discharge from the ear since the previous illness. There was no swelling or tenderness over the mastoid.

On January 21st he was removed to the Savernake Hospital. The drowsiness increased, but the vomiting ceased. He could move all his limbs, but was uncertain of direction. The nystagmus was very marked. He seemed to have difficulty in fixing his attention on anything, and in every kind of response to stimuli there seemed to be a long latent period. On January 22nd, at 11 A.M., although he took some notice on being roused, he was almost unconscious. The left ear was syringed, but only a little epithelial *debris* removed. He could move both arms, but the left seemed rather weaker than the right. At 4 P.M. he was quite comatose, breathing noisily. The left arm was quite limp; the left conjunctival reflex absent; and there was left-sided facial paralysis. The pulse was 56, and the temperature 97° F.

Operation.—An incision was made just behind the scar of the old mastoid incision. All the tissues were very adherent to the bone. There was no gap in the bone at the site of the old operation, but it was very irregular. No disease was found in the mastoid on opening it with a gouge. The incision was carried along the superior curved line, and all the tissues elevated from the bone behind the posterior border of the mastoid and below Reid's base line. A hole was made through the bone with a gouge and the opening enlarged to half an inch with forceps. The tense dura mater was incised crucially, the cerebellum bulging slightly. A hydrocele trocar and cannula were passed in, in a direction forwards, inwards, and a little downwards, and offensive pus welled up immediately on the removal of the trocar. The opening was enlarged with forceps and a half-inch rubber tube $2\frac{1}{2}$ inches long was inserted, about 3 ounces of foul pus being evacuated. Immediately after the operation the pulse rose to 70 and the temperature shortly rose to 98° . He slept well and was quite conscious the next day. There was no return of power in the left arm, though sensation was present and the facial paralysis had disappeared. The knee-jerks were both present, but less brisk on the left side. The plantar reflexes were both present. Nystagmus was very marked. On January 24th there was slight return of power in the left arm. The large tube was removed, cleaned, and replaced. The tongue was beginning to clean. The bowels acted well. From this day he steadily improved and regained

all power. There was a small collection of pus on February 17th under the old mastoid incision. This was let out, but the opening healed very soon. There was a slight discharge from the ear, which was syringed. On examining the eyes there were signs of double optic neuritis. The patient left the hospital on March 10th in good health with the wounds soundly healed.

T. H. HAYDON, B.A., M.B., B.C.Camb.,
Marlborough. Surgeon to the Savernake Hospital.

REPORTS

ON

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

RADCLIFFE INFIRMARY, OXFORD.

A CASE OF SUPPOSED FOREIGN BODY IN THE PHARYNX.

(By GABRIEL W. S. FARMER, M.A., M.B., M.Ch.Oxon., F.R.C.S., Surgeon to the Infirmary.)

E. W., aged 21, a farm labourer, was admitted on the afternoon of May 8th, 1899, complaining of having swallowed an ordinary pin a few hours previously. The pin, he said, had stuck in his throat and caused pain on swallowing. On referring to the seat of pain he pointed to a spot on the left side, immediately behind the angle of the jaw. Examination of the pharynx with a mirror and artificial light revealed nothing. On digital exploration, however, one could feel on the left side, close behind the posterior pillar of the fauces, an elongated body slightly less than an inch in length. It gave one the sensation of lying immediately beneath the mucous membrane of the pharynx, and lay obliquely from above downwards in a forward direction. When the finger was withdrawn the patient said that the pin had been touched. At the time I had not the slightest doubt that the body felt represented the pin which the patient had swallowed.

The pharynx having been anaesthetised by a solution of cocaine, and the mouth gagged on the right side, I introduced my left forefinger to a point directly behind the supposed foreign body, and with a sharp-pointed bistoury in my right hand made a half-inch incision directly over the middle, and in a line with the suspected pin. A pair of sinus forceps were then introduced, and the body seized. In attempting to extract it it broke, and a little more than the upper half came away. It proved to be a thin, tapering piece of bone, about half an inch in length, the upper end being tipped with hyaline cartilage. The lower fragment was then easily removed, and proved to be a similar piece with its lower end tipped with cartilage. On putting the two fragments together, I found it to be a spindle-shaped bone, cartilaginous at both ends, measuring about 1 inch in length. Its greatest diameter was at the centre, which was as thick as a medium-sized knitting needle. The broken surface showed an outer shell of compact bone with a cancellous centre. Further questioning of the patient revealed absolutely no evidence of his having swallowed any food containing small bones.

The nature of the body removed became suddenly obvious. It was an ossified stylo-hyoid ligament. I had, previously to operating, carefully explored the right side of the pharynx, and felt nothing abnormal. The whole thing, however, seemed so extraordinary that I repeated the examination of the right. Again nothing of a similar nature could be felt. Now, extension of ossification of the styloid process of the temporal bone into the ligament is not uncommon, and simply constitutes an abnormally long process. Also, extension of a similar kind occurs from the lesser cornu of the hyoid bone, so that the two processes may join in extreme cases. From the shape of the bone removed in this case, however, I have no doubt that a distinct ossification of the ligament had taken place. Another point in favour of this was the very considerable amount of mobility, both antero-posteriorly and laterally, exhibited by the body felt. A similar body felt on the right side would naturally have furnished a clue as to their real nature. Another point of interest was the very superficial sensation of the body, it apparently lying directly beneath the mucous membrane of

as well as lockers; the patients' clothes are sent (in this model hospital) to a special room well ventilated and warmed by pipes, on which grids for the clothes are placed.

A field hospital and "dressing station" are also illustrated. In the little handbook distributed to visitors it is well pointed out that it is to the civil hospitals, in the first instance, that our wounded owe the professional skill and the ingenious appliances, which help to render the present war so far more humane than previous wars have been.

UNIVERSITIES AND COLLEGES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The College Centenary Celebration.

At an Extraordinary Council held on May 31st, 1900, Sir William Mac Cormac, Bart., K.C.V.O., President, in the chair, the Centenary Committee submitted the following proposals, which were adopted by the Council:

PROGRAMME OF ARRANGEMENTS.

Wednesday, July 25th.

Conversazione at the College 9 to 12 P.M.

Thursday, July 26th.

Centenary Meeting in the Theatre of the University of London, Burlington Gardens.

Address by the President.

Conferring of Honorary Fellowships ... 3 P.M.

(Academic Costume, Uniform, and Orders.)

Festival Dinner in the Hall of Lincoln's Inn, by the kind permission of the Benchers 8 P.M.

(Evening Dress, Uniform, and Orders.)

Friday, July 27th.

Conversazione at the Mansion House, given by the Rt. Hon. the Lord Mayor 9 to 11 P.M.

In addition to these arrangements, Professor Stewart, Conservator, with Mr. S. G. Shattock, the Pathological Curator, and Mr. R. H. Burne, the Anatomical Assistant, will be in attendance each morning between 11 A.M. and 1 P.M. to conduct visitors over the Museum.

In the Library a collection of objects of interest in connection with the history of the College will be displayed, and Mr. V. G. Plarr, the Librarian, will be in attendance each morning to receive visitors.

At the Examination Hall, Dr. T. G. Brodie, Director of the Laboratories, will give lantern demonstrations of the work done in the laboratories.

Invitations.

The Committee have issued invitations to foreign and colonial surgeons, and have given directions for a list of them to be printed and circulated to the Council with this report. The Committee also propose to issue invitations to certain persons of distinction residing in Great Britain and Ireland.

As regards the Fellows and Members of the College generally, notice will be given by the publication of an advertisement stating that "the Centenary of the Foundation of the College by Royal Charter will be celebrated on July 25th, 26th, and 27th, 1900" and that "Fellows and Members of the College, desirous of taking part in the Celebration, can obtain particulars respecting the programme of arrangements on application to the Secretary."

The Committee have prepared a short history of the College with eight illustrations, which it is proposed to present to guests invited to the Centenary.

Dinner and Conversazione.

A limited number of seats at the dinner will be reserved for Fellows and Members of the College, and the price of the dinner ticket will be two guineas. Tickets for the *conversazione* at the College and the inaugural meeting in Burlington Gardens (including admission for a lady) will also be sent to Fellows and Members subscribing to the dinner. As the number of applications may exceed the number of seats available, and it may be necessary to determine the allotment of seats by ballot, applicants are requested, if desirous of being present at the dinner, to apply to the Secretary not later than June 16th, but not to forward the subscription until they have been informed that a seat has been allotted to them.

Fellows and Members who do not desire to attend the dinner may apply for tickets for the *conversazione* and inaugural meeting.

THE following gentlemen having passed the necessary Examinations have been admitted Members of the College and have received their Diplomas:

R. G. Abercrombie, Cambridge University and St. George's Hospital; H. C. Adams, St. Bartholomew's Hospital; B. C. R. Aldren, Edinburgh University; T. S. Arbuthnot, New York and Edinburgh Universities and St. Bartholomew's Hospital; W. A. Bailey, University College and Royal Infirmary, Liverpool; E. G. Battiscombe, London Hospital; C. T. Baxter, Middlesex Hospital; J. C. Bell, University College Hospital; G. Black, St. Thomas's Hospital; H. Blakemore and C. H. Bradbury, Owens College and Royal Infirmary, Manchester; A. H. Bostock, St. Bartholomew's Hospital; J. Bradford and A. E. Carver, Cambridge University and St. George's Hospital; C. H. Bullen, Mason University College and Queen's and General Hospital, Birmingham; H. Breton, J. B. Christian, S. d'A. Corbett, St. George's Hospital; J. B. C. Brockwell and E. Cohen, Guy's Hospital; T. Burfurd, Cambridge University and St. Thomas's Hospital; E. R. Clarke, Cambridge University and St. Mary's Hospital; A. Cubley, General Infirmary, Sheffield, and University College Hospital; D. L. Davies and C. M. Ekins, University College Hospital; H. B. Dismore and C. Edwards, Guy's Hospital; M. S. Double and

J. M. Edwards, Charing Cross Hospital; W. C. Douglass, St. Bartholomew's Hospital; J. S. Dudding and S. J. D. Edder, London Hospital; H. St. C. Elliott, Cambridge University and St. Bartholomew's Hospital; C. H. Fennell, Oxford University and Charing Cross Hospital; C. Y. Flewitt and H. W. Freer, Mason University College and Queen's and General Hospitals, Birmingham; M. F. Foulds, Owens College and Royal Infirmary, Manchester; H. W. Fox and E. W. Goble, Guy's Hospital; W. B. Fry, St. Thomas's Hospital; S. B. Gadgil, Universities of Bombay and Calcutta and University College Hospital; J. M. Garman, London Hospital; F. J. Gomez, King's College Hospital; W. E. Gribbell, St. Mary's Hospital; L. H. Guest, Owens College and Royal Infirmary, Manchester and London Hospital; E. C. Hadley, Mason University College and Queen's and General Hospitals, Birmingham; D. G. Hall, Cambridge and Edinburgh Universities; J. E. Harper, Durham, Birmingham, Guy's, London, and Westminster Hospital; S. G. Harrison, Charing Cross Hospital; A. C. Haslam, St. Thomas's Hospital; C. S. Hawes, F. M. Howell, and H. W. Illins, St. Bartholomew's Hospital; S. Hey and W. M. James, Cambridge University and St. Bartholomew's Hospital; A. Hewetson, St. Mary's Hospital; T. Higson and J. Hoyle, Owens College and Royal Infirmary, Manchester; J. L. Holt and N. A. A. Hughes, Yorkshire College and General Infirmary, Leeds; A. D. Jameson, St. Thomas's Hospital; Iain M. Jefferiss, King's College Hospital; F. A. Johns and A. Jones, London Hospital; G. J. A. Leclezio, St. Bartholomew's Hospital; F. S. Leech, University College Hospital; J. L. Lock, Cambridge University and St. Thomas's Hospital; F. W. Loughurst, St. George's Hospital; J. A. N. Longley, Mason University College and Queen's and General Hospitals, Birmingham; C. J. N. Longridge, Owens College, and Royal Infirmary, Manchester, and St. George's Hospital; W. J. Lord, University College and Royal Infirmary, Bristol; W. H. Lowman, King's College Hospital; F. J. McCann, Edinburgh University and King's College Hospital; L. C. Martin and E. A. Miller, Guy's Hospital; C. C. W. Mays, University College and General Infirmary, Sheffield; R. Milnethorpe, Yorkshire College and General Infirmary, Leeds; A. H. McN. Mitchell, St. Mary's Hospital; A. A. C. Möller, College of Medicine and Royal Infirmary, Newcastle-on-Tyne; R. J. Morris, Queen's College, Cork, and St. Bartholomew's Hospital; J. R. Morton, London Hospital; R. C. Mullins, Oxford University and Guy's Hospital; S. H. M. Neave, St. Bartholomew's Hospital; C. A. R. Nitch, St. Thomas's Hospital; T. C. Oxford, Owens College and Royal Infirmary, Manchester; L. E. Orton and E. A. B. Poole, Mason University College, and Queen's and General Hospitals, Birmingham; W. P. Pancridge, Middlesex Hospital; E. M. B. Payne, C. R. Portier, and M. F. Reaney, London Hospital; S. J. Peake, King's College Hospital; T. M. Pearce, St. Bartholomew's Hospital; H. C. Pretty and A. I. Sheldon, University College Hospital; F. S. Rhodes, Owens College and Royal Infirmary, Manchester, and Middlesex Hospital; C. H. D. Robbs, St. Bartholomew's Hospital; F. J. F. Rooke and J. S. Smith, Middlesex Hospital; C. F. Selous, St. Thomas's Hospital; H. F. Sheldon, Owens College and Royal Infirmary, Manchester; G. H. Simpson, St. Mungo's College, Glasgow, and University College Hospital; S. F. Smith and A. B. Soltan, London Hospital; H. E. Symes-Thompson, Cambridge University and St. George's Hospital; P. Tatchell and A. J. W. Wells, St. Bartholomew's Hospital; W. I. Taylor, Trinity University, Toronto, B. H. H. Tripp and H. V. Wells, St. Mary's Hospital; H. A. Upward, Cambridge University and London Hospital; F. P. Vieyra, Madras University; C. C. C. K. White, St. Bartholomew's Hospital; E. White, University College and Royal Infirmary, Bristol; T. Wood, Cambridge University and Middlesex Hospital; W. J. Young, University College and Royal Infirmary, Liverpool.

UNIVERSITY OF CAMBRIDGE.

Re-election of Vice-Chancellor.—Mr. Chawner, Master of Emmanuel College, has been elected Vice-Chancellor for another year.

Resignation and Appointment.—Dr. Sidgwick has resigned the Knightbridge Professorship on the ground of ill-health. Mr. L. R. Wilberforce has been appointed a University Lecturer in Physics.

The Balfour Fund.—Mr. J. S. Budgett has been awarded a grant of £50 from the Balfour Fund to aid him in his zoological researches.

Lectures in Public Health.—A course of instruction in the chemistry of air, water, and foods will be given by Mr. J. E. Purvis, of St. John's College, during the long vacation, beginning on July 6th. It will be open to candidates preparing for the Diploma in Public Health.

The Medical School.—A course in Osteology will be given by Dr. Barclay-Smith in the Anatomy School. A grace empowering the Medical School Buildings Syndicate to obtain specifications and tenders for the erection of the Downing Street wing will be offered to the Senate on June 14th.

Examiners.—Mr. B. Pitts, Professor E. Ward, Professor Chiene, and Mr. Golding-Bird are appointed Examiners in Surgery; Dr. Cullingworth and Dr. Freeland Barbour Examiners in Midwifery; and Dr. Lees, Dr. Isambard Owen, Dr. D. MacAlister, and Professor Greenfield Examiners in Medicine, for medical and surgical degrees.

International Congress of Hygiene.—Professor Allbutt and Dr. Collingridge will represent the University at the forthcoming International Congress of Hygiene and Demography to be held in Paris.

UNIVERSITY OF LONDON.

ROGERS PRIZE.

A sum of £100 is offered by the University of London as the Rogers Prize, open for competition to all the members of the medical profession in Great Britain and Ireland, for an essay under the following regulation as to the subject and conditions thereof, namely:

An essay by any member of the medical profession in Great Britain and Ireland upon the Production of Immunity in Specific Infective Diseases generally, and with particular reference to any one disease on which the writer of the essay has made original investigations.

The essay is to be sent to the Registrar, University of London, South Kensington, S.W., on or before June 1st, 1901.

ROYAL COLLEGE OF SURGEONS IN IRELAND.
ELECTION OF OFFICERS.

The election of President, Vice-President, Council, and Secretary of the Royal College of Surgeons in Ireland took place on Monday, June 4th, and resulted as follows:

President.—Mr. T. Myles.

Vice-President.—Mr. L. H. Ormsby.

Secretary of College.—Sir C. A. Cameron.

Council.—Mr. A. H. Jacob, Mr. E. H. Bennett, Sir P. C. Smyly, Mr. R. L. Swan, Sir Wm. Stokes, Mr. H. R. Swanzey, Sir Wm. Thomson, Mr. Austin Meldon, Sir C. A. Cameron, Messrs. R. D. Purefoy, J. J. Cranny, H. G. Sherlock, C. B. Ball, J. B. Story, J. Lentaigne, Graves Stoker, Arthur Chance, R. B. McCausland, Conway Dwyer.

For the Presidency there was no contest, and Mr. L. H. Ormsby defeated Mr. F. T. Heuston for the Vice-Presidency by 37 votes. The outgoing councillors held their seats with the exception of Mr. Fitzgibbon, and the vacant places were filled by Mr. Swan, the outgoing President, Mr. C. B. Ball, Mr. Graves Stoker, and Mr. Conway Dwyer.

As previously noted the failure of Sir William Stokes and Sir William Thomson to present themselves within the succeeding month may lead to a fresh election of two councillors to fill their places.

MODE OF NOMINATION OF PRESIDENT AND VICE-PRESIDENT.

At the annual meeting of the Fellows of the College, held on Saturday, June 2nd, a resolution was brought forward with the object of putting a stop to the system of canvassing for the positions of President and Vice-President, in place of which an amendment was carried which has yet to receive the sanction or negation of the Fellows, that the Council should in the future select one candidate for the Presidency and one for the Vice-Presidency, although any outside names might be placed before the electors.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,932 births and 3,951 deaths were registered during the week ending Saturday last, June 2nd. The annual rate of mortality in these towns, which had been 17.8, 18.2, and 18.4 per 1,000 in the three preceding weeks, declined again to 17.7 last week. The rates in the several towns ranged from 11.0 in Gateshead, 11. in Croydon, 12.6 in Brighton, and 13.5 in Derby, to 22.1 in Blackburn, 22.2 in Swansea, 22.8 in Halifax, and 25.5 in Plymouth. In the thirty-two provincial towns the mean death-rate was 18.2 per 1,000, and exceeded by 1.2 the rate recorded in London, which was 17.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.9 per 1,000; in London this death-rate was equal to 2.0 per 1,000, while it averaged 1.9 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.9 in Wolverhampton and in Leicester, 3. in Sheffield, 3.8 in Blackburn, and 4.8 in Derby. Measles caused a death-rate of 1.3 in Cardiff, 1.5 in Blackburn, 1.8 in Sunderland, 2.6 in Plymouth, and 3.0 in Derby; scarlet fever of 1.3 in Burnley; whooping-cough of 1.0 in Huddersfield, 1. in Salford, 1. in Wolverhampton, and 2.0 in Oldham; "fever" of 1.0 in Swansea; and diarrhoea of 1.1 in Blackburn. The 77 deaths from diphtheria in the thirty-three towns included 29 in London, 9 in Leicester, 5 in Sheffield, 5 in Birmingham, and 4 in Liverpool. No fatal case of small-pox was registered last week either in London or in any of the thirty-two provincial towns. There were 7 small-pox patients under treatment in the Metropolitan Asylums Hospitals on Saturday last, June 2nd, against 3 and 5 at the end of the two preceding weeks; 4 new cases were admitted during the week, against 3 in the preceding week. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had risen from 1,647 to 1,784 at the end of the five preceding weeks, declined again to 1,750 on Saturday last; 194 new cases were admitted during the week, against 203, 221, and 216 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, June 2nd, 886 births and 575 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 17.7 to 19.6 per 1,000 in the three preceding weeks, declined again to 18.6 last week, but was 0.9 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 12.6 in Leith and 14.0 in Aberdeen, to 20.7 in Glasgow and 23.6 in Perth. The zymotic death-rate in these towns averaged 2.4 per 1,000, the highest rates being recorded in Glasgow and Perth. The 290 deaths registered in Glasgow included 1 from small-pox, 14 from measles, 3 from diphtheria, 21 from whooping-cough, and 13 from diarrhoea. Two fatal cases of diarrhoea were recorded in Edinburgh, 4 in Dundee, and 3 in Aberdeen. Two deaths from whooping-cough occurred in Aberdeen, and 2 in Perth.

THE SANITARY ORDERS BY THE LOCAL GOVERNMENT BOARD FOR IRELAND.

DISTRICT COUNCILS.

THE Local Government Board for Ireland has issued new Sanitary Orders to the Urban and Rural District Councils and to the Corporations of the County Boroughs in Ireland. As regards the District Councils, the present Order revokes and rescinds the Orders which were issued by the Board in 1879 after the passing of the Public Health (Ireland) Act, 1878, except in so far as such Orders may have related to the appointment of any of the existing sanitary officers, or to any proceeding taken or matters or thing already done in pursuance of such Orders. The principal point of difference between the new and former Orders is that the present one contemplates that no further appointments shall be made to the office of Consulting Sanitary Officer, but there shall be instead a Medical Super-

intendent Officer of Health appointed in each urban and rural district. For the latter office, only registered medical practitioners who possess a diploma in Public Health shall in future be eligible, but the rights of all existing medical superintendent officers of health and of consulting sanitary officers are fully preserved. After setting forth the regulations relative to the appointment and qualifications of the sanitary officers, their tenure of office, and their salary, the Order proceeds to classify and set forth in detail the duties which the different sanitary officers are expected to perform. These rules, it is pointed out, do not impose any new duties on the various officers, but are for the purpose of giving them a clearer conception of the work they are expected to perform. The Board, it may be noted, have not only put an end to the further appointment of consulting sanitary officers, but have also decided that a woman possessing the requisite qualifications shall be eligible for appointment as medical officer of health or as sanitary sub-officer.

COUNTY BOROUGHS.

The Order relating to the county boroughs of Cork, Limerick, Londonderry, and Waterford directs that in Londonderry one medical superintendent officer of health shall be appointed, and that in the case of the others the existing medical superintendent officer of health shall continue to hold such office, but that all appointments to such offices made after the issuing of the present Order shall be from registered medical practitioners holding a diploma in public health.

DUBLIN AND BELFAST.

The Fourth Order relating to the county borough of Dublin and Belfast sets out the duties to be performed by the various sanitary officers, and must result in a clearer conception of the work which each individual officer will feel himself bound to accomplish.

COUNTY MEDICAL OFFICERS.

There can be no doubt that the Local Government Board for Ireland is endeavouring to institute a more effective administration of the sanitary laws throughout the country. It is now seen that the omission on the part of the Government to make provision in the Local Government (Ireland) Act, 1898, for the appointment of a medical superintendent officer of health over each county or a group of counties who would be independent of private practice was a serious defect. This the Board is at present making some attempt to rectify.

SALARIES.

It may be of some interest to note the expenses which the typical urban-council is prepared to incur in the payment of its sanitary officers. A report is before us of a special meeting of the Carrickmacross Urban Council convened for the purpose of considering the new Local Government Board Order. Dr. Cullen, the existing officer, was appointed medical officer of health at a salary of £5 per annum. The salary of the executive sanitary officer was also fixed at £5 after proposals fixing it at £3 and £4 had been rejected. The question then arose as to the salary of the sub-sanitary officer, when "it was agreed to advertise for a competent person to act as follows at the salary named—subsanitary officer, £4; water inspector, £5; inspectors of dairies, £1; town sergeant, £8; inspector of lodging houses, £2; total, £20.

SANITATION IN ITALY.

Two volumes on *Births, Deaths, and Marriages in Italy* have just been published. They show in a very marked manner that the efforts of sanitarians have produced not only a distinct but a progressive effect upon the health of the Italian people.

In 1898, to which these reports refer, the percentage of births and marriages remains about the same, the rate deaths materially lessened. In 1898 the death-rate at all ages and from all diseases was 23.10 per 1,000 living. The rate in 1890 was 26.47 per 1,000; in 1880, 30.84; in 1870, 29.84; in 1862, 31.06.

This improvement is attributed, and justly, to the improved organisation of the sanitary services of the Government and to the efforts of local authorities to provide pure drinking water and hygienic dwellings.

A table showing the number of deaths from acute infectious diseases in 1887 and 1898 is worth recording:

Diseases.	Total Deaths.	
	1887.	1898.
Small-pox	16,249	420
Measles	23,768	5,429
Scarlatina	14,631	4,492
Diphtheria	28,206	7,808
Typhoid	27,800	17,412
Malarial fever	21,033	11,378
Coughs (Tosse)	11,140	7,420

As might have been expected the lessening of infant mortality took a leading part in the reduction of mortality. In 1898 the death-rate of children under 5 years was 71 per 1,000. The average rate of 1882.6 combined was 94 per 1,000.

THE WILLESDEN BOARD OF GUARDIANS AND THEIR MEDICAL OFFICER.

A CORRESPONDENT signing himself "X. Y. Z." traverses certain statements made in an article published in the BRITISH MEDICAL JOURNAL under this head (June 2nd, p. 1387). He states that the guardians never resolved that there should be one public vaccinator only for the parish, but that at the meeting when the decision was come to, to keep the offices of medical officer and public vaccinator separate, it was decided to appoint two public vaccinators, one for each district. He adds that the present proposal to divide the parish into three districts is not accom-

panied by the proposition to contract with a fourth medical man to undertake the vaccination of the whole. He states further that it was proposed to appoint an additional medical officer for the Harlesden Division of Willesden, and that this course meets with the approval of three out of the four of the present medical staff. He also says that there is no poor population in Kensal Green, as the houses range in value in that ward from £300 to £600, and are owned by the occupants in greater proportion than those in any other portion of the parish. He adds that when a new road now in course of construction is completed, this district will be within less than a mile from the residence of the present medical officer.

PUBLIC VACCINATORS AND PRIVATE PRACTITIONERS.
M. B. LOND., F.R.C.S., writes: In March I certified to the public vaccinator that two children (twins), patients of mine, would not be in a fit state for vaccination before May 10th. As previously arranged I called and vaccinated the babies on May 10th, and was surprised to hear that the public vaccinator had called on May 9th and offered to vaccinate the children free of charge. This seems to me to be very sharp practice, and unworthy of the dignity of a public officer.

** Our correspondent should send a note to the public vaccinator, courteously asking for some explanation of a circumstance which, if left unexplained, might cause a certain amount of bad feeling. We can imagine two or three conditions which would render such a visit perfectly legitimate. If made wilfully, however, and with full knowledge, there is no excuse. It is not usual to certify to the public vaccinator; perhaps, however, our correspondent sent his certificate in the usual form to the vaccination officer.

REMUNERATION OF PUBLIC VACCINATORS FOR EVIDENCE GIVEN BEFORE MAGISTRATES.

PUBLIC VACCINATOR wishes to know what he ought to charge for attending and giving evidence in court against defaulters of the Vaccination Act. Should he charge per case or per batch of cases? He gave evidence on oath against two in one day, and soon will have to appear against five in one day. Attending at court and giving evidence is no part of his contract duties.

** Our correspondent cannot fix his own charge for attendance before magistrates to support a criminal or quasi-criminal case, but we believe the law enables him to claim a fee of half a guinea or one guinea a day, according to local circumstances, for professional evidence in support of charges against defaulters under the Vaccination Act.

THE VACCINE LYMPH OF THE LOCAL GOVERNMENT BOARD.
DR. J. PRICE WILLIAMS (Public Vaccinator Swinton District, Barton-upon-Irwell Union) sends the following list of cases vaccinated between September 1st, 1899, and May 31st, 1900, with the Local Government Board lymph. All the vesicles produced were satisfactory in size, and in no case were there any untoward effects produced:—270 cases, 1,076 insertions, 1,047 vesicles produced, 9 cases failed in one insertion, 3 cases failed in two insertions, 2 cases failed in three insertions, 2 (same case twice) failed totally.

INDIA AND THE COLONIES.

INDIA.

Conservancy in Cantonments.—The Government has sanctioned the introduction of an Imperial conservancy system at Deesa, Deolali, Kamptee, and Nasirabad at an estimated cost of about Rs. 70,000.

Cantonment Hospitals.—Provision will be made in the Military Estimates for 1900-1901 of a sum of Rs. 2,34,000 for the purpose of assisting cantonment funds in the establishment and for the maintenance of cantonment hospitals during the year.

The Health Officer, Calcutta.—At the last meeting of the Calcutta Corporation it was proposed that the Health Officer should be paid Rs. 1,500 monthly, *plus* Rs. 100 horse allowance. An amendment that Dr. Nield Cook's salary should remain as at present was lost, and the original proposition was carried. The Corporation has done the right thing, but its way of doing it has not been conspicuously grateful.

JAMAICA.

THE annual report (1898-1899) of the Registrar-General for Jamaica shows that during the year the population of Jamaica and Cayman Islands was estimated to have increased by 12,358, the total population reaching 730,725. The birth-rate was equal to 38.1 per 1,000, which shows a slight decrease on the previous year. Of these births 63.4 per cent. were illegitimate. On this subject the Registrar-General remarks that it is to be feared that legislation can do little except in so far as it may promote the material prosperity of the labouring population generally, whose average weekly wage is probably 3s. to 4s. The deaths recorded in the year numbered 15,290 (21.0 per 1,000). Of the total deaths 31.8 per cent. were children under 1 year of age, while 45 per cent. were under 5 years of age. Of the 15,290 deaths registered, no fewer than 11,856 or 77.5 per cent., were not medically certified. Matters are not improving; indeed, a backward tendency is exhibited for the island as regards the medical certification of the causes of death. The unnecessary waste of life with suffering which must arise from the lack of professional skill in time of sickness is, as the Registrar-General remarks, bad enough; but it tells also on the statistical work of the General Register Officer. So long as 80 per cent. of the deaths are recorded without any professional testimony as to the causes of death, it will be evident that little value can attach to the returns of causes of mortality as given for the island as a whole.

MEDICAL NEWS.

THE late Baron Adolf de Rothschild has left the capital sum of about 10,000,000 francs (£400,000) for the foundation and maintenance of a great hospital for eye diseases in Paris.

THE War Office, in consequence of representations made to it by the Lads' Drill Association to the effect that the tight-fitting tunic is unsuitable for growing lads, has sanctioned for cadet corps a serge uniform of neutral tint, with a Norfolk jacket having a roll and not an upright collar.

THE first periodical conference of delegates of branches of the National Association for the Prevention of Consumption and other forms of Tuberculosis will be held at the house of the Royal Medical and Chirurgical Society, London, on Monday, June 18th, at 4.30 P.M.

THE annual general meeting of the Society for Training Teachers of the Deaf and for the Diffusion of the German System will be held, by kind permission of the Earl of Egerton, at 7, St. James's Square, on Tuesday next, at 3.30 P.M., when the work of the Ealing Training College will be explained, and certificates and prizes will be presented by the Duchess of Buckingham and Chandos.

THE ROYAL MEDICAL BENEVOLENT FUND OF IRELAND.—The annual meeting of the Royal Medical Benevolent Fund Society of Ireland was held in the Royal College of Physicians on Monday, June 4th, Sir John W. Moore, P.R.C.P.I., in the Chair. The annual report of the Central Committee stated that the total amount distributed in grants during the year was £1,211. The number of applications considered during the year was 82, from widows 72 and from orphans 10. The reports from the county branches were on the whole disappointing, that from the County Antrim and Belfast Branch being the most encouraging. Dr. Hickson (County Kerry) stated that he considers it very hard that he is unable to prevail on many of the medical men to give even a small subscription; about £100 a year is distributed to widows and orphans and only £6 12s. is subscribed to the Fund by the medical men in the county. Dr. Ryan (County Cavan) considers that the county unit of collection is too large, and suggests the adoption of the Poor-law Union areas as a preferable unit. The Central Committee and Branch officers were elected. The Acting Secretary is Mr. Arthur H. Benson, F.R.C.S., 42, Fitzwilliam Square West, Dublin.

THE annual general meeting of the Society for Relief of Widows and Orphans of Medical Men was held on Wednesday, May 30th, at 5 P.M. Mr. Christopher Heath was elected President and took the chair. Mr. W. H. Bennett and Mr. Manley Sims were elected Vice-Presidents, and Mr. Borlase Hicks, Mr. Simmonds, Mr. L. Read, Mr. Julian Willis, Mr. Milburn, Dr. Buzzard, and Dr. Morison to fill the vacancies in the Court of Directors; the other officers were re-elected. From the report read by the Secretary, it was shown that the grants during the year had amounted to £3,007 10s., the expenses £243 3s. 1d. The receipts available for payments had been £3,353 7s. 7d., the grants and expenses £3,250 13s. 1d., leaving a balance of £102 14s. 6d. No legacy had been received during the year. Fourteen new members had been elected and 10 had died and one resigned. Three widows had been placed on the funds and 2 orphans; 4 widows had died and 1 orphan had become ineligible for further grants, leaving 49 widows and 11 orphans in receipt of grants. The deaths of Sir James Paget, President, and of Mr. Mould, Vice-President, were reported. A grant of £26 was made to a widow under By-law 78. A vote of thanks to the editors of the medical journals for their kind advocacy of the interests of the Society was passed. Mr. Christopher Heath returned thanks for his election as President, and the meeting closed. Particulars with regard to the Society can be obtained from the Secretary, 11, Chandos Street, Cavendish Square, W.

MEDICAL VACANCIES.

The following vacancies are announced:

BEDFORD COUNTY HOSPITAL.—Senior House-Surgeon. Salary, £100 per annum, with apartments, board, and washing. Applications to the Secretary by June 20th.

BIRKENHEAD AND WIRRAL CHILDREN'S HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, residence, and laundry. Applications to the Honorary Secretary, 52, Grosvenor Road, Birkenhead, by June 25th.

BIRMINGHAM CITY ASYLUM.—Senior Assistant Medical Officer. Applications to the Medical Superintendent.

BIRMINGHAM CITY (FEVER) HOSPITAL.—Assistant Medical Officer. Salary, £120 per annum, with board, residence, etc. Applications to the Medical Superintendent.

BIRMINGHAM: QUEEN'S HOSPITAL.—(1) House-Physician. (2) House-Surgeon. Appointments for one year. Salaries, £50, with board, lodging, and washing. Applications to the Secretary by June 20th.

BOOTLE HOSPITAL, Liverpool.—Junior Resident. Salary, £80 per annum. Applications to the Secretary.

BRISTOL ROYAL HOSPITAL FOR SICK CHILDREN AND WOMEN.—House-Surgeon. Salary, £120 per annum, with rooms and attendance. Applications, endorsed "House-Surgeon," by June 13th.

BUXTON: DEVONSHIRE HOSPITAL.—(1) House-Surgeon. Salary, £100 per annum. (2) Assistant House-Surgeon. Salary, £50 per annum. Furnished apartments, board, and washing provided in both cases. Applications to the Secretary.

CARLISLE DISPENSARY.—Resident Surgeon. Salary, £150 per annum, with apartments, not board. Applications to the Honorary Secretary, 23, Lowther Street, Carlisle.

CARMARTHEN UNION.—Medical Officer and Public Vaccinator for the Conwy District. Salary, £60 and fees. Applications, marked "Conwy Medical Officership," to the Clerk, 7, Hafod Street, Carmarthen, by June 21st.

CHESTERFIELD BOROUGH.—Medical Officer of Health. Salary, £250 per annum. Applications, endorsed "Medical Officer," to the Town Clerk by June 23rd.

CHELSEA HOSPITAL FOR WOMEN.—Pathologist. Applications to the Secretary by June 11th.

CHORLEY DISPENSARY AND COTTAGE HOSPITAL.—House-Surgeon. Salary commencing at £80 per annum, with board and lodging. Applications to the Honorary Secretary.

DENBIGHSHIRE INFIRMARY.—House-Surgeon. Salary to commence, £80, with board, residence, and washing. Applications to the Secretary.

DENTAL HOSPITAL OF LONDON, Leicester Square, W.C.—Two Assistant Dental Surgeons. Applications to the Secretary by June 11th.

EDINBURGH: CRAIGLEATH POORHOUSE AND HOSPITAL.—Resident Medical Officer. Salary at the rate of £100 per annum, with board and apartments. Applications to the Clerk to the Parish Council, Castle Terrace, Edinburgh, by June 11th.

FULHAM PARISH.—Second Assistant Medical Officer at the Infirmary, Fulham Palace Road. Appointment for six months. Salary, £50 per annum, with furnished apartments and washing. Applications to the Medical Superintendent by June 11th.

GREAT NORTHEAST CENTRAL HOSPITAL.—(1) House-Physician. (2) Junior House-Physician. Appointments for six months. Salaries at the rate of £60 and £30 per annum respectively with board, lodging, and washing. Applications to the Secretary by June 18th.

HALIFAX ROYAL INFIRMARY.—Third House-Surgeon; unmarried. Salary, £50 per annum, with residence, board, and washing. Applications to the Secretary.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Physician. Appointment for six months. Honorarium, £25. Applications to the Secretary by June 28th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) House-Surgeon. (2) House-Physician. Appointments for six months. Salaries, £20, with board and residence. Must be unmarried. Applications, on forms provided, to be sent to the Secretary by June 10th.

KENSINGTON DISPENSARY.—Resident Medical Officer; unmarried and under 35 years of age. Salary £125 per annum, with furnished apartments, etc. Applications to the Honorary Secretary, Mr. C. F. C. Ellis, 56, Bedford Gardens, Kensington, W., by June 30th.

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL AND DISPENSARY.—Resident House-Surgeon. Salary, £100 per annum, with furnished rooms, attendance, and board. Applications to the Secretary by June 13th.

NEW HOSPITAL FOR WOMEN, Euston Road, N.W.—Resident Obstetric Assistant; must be fully-qualified medical woman. Applications to the Secretary by June 11th.

NORTHAMPTON GENERAL INFIRMARY.—House-Surgeon, unmarried, and not under 23 years of age. Salary, £125, with furnished apartments, board, etc. Assistant House-Surgeon is candidate, and if appointed his office will be vacant at salary £100. Applications to the Secretary by June 14th.

NORTH EASTERN HOSPITAL FOR CHILDREN, Hackney Road, N.E.—(1) House-Physician. (2) House-Surgeon. Appointments for six months. Salaries at the rate of £80 per annum, with board, residence, and laundry allowance. Applications to the Secretary, City Office, 27, Clements Lane, Lombard Street, E.C., by June 13th.

NORTH RIDING ASYLUM, Clifton, York.—Senior Assistant Medical Officer; unmarried, age not exceeding 30 years. Salary, £125, rising to £175 per annum, with board, furnished apartments, etc. Applications to the Medical Superintendent by June 25th.

NORWICH: NORFOLK AND NORWICH HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided, and honorarium £20. Applications to the Secretary by June 12th.

NOTTINGHAM GENERAL DISPENSARY.—Assistant Resident Surgeon. Unmarried. Salary, £140 per annum, with all found except board. Applications to the Secretary.

OLDHAM INFIRMARY.—Senior House-Surgeon. Salary, £285 per annum, with board, residence, and washing. Candidates to state if willing to accept the Junior post at £70. Applications to the Honorary Secretary by June 25th.

RAINHILL: COUNTY ASYLUM.—Assistant Medical Officer; unmarried and not more than 30 years of age. Salary commences £125 per annum, with prospect of increase to £250, with furnished apartments, board, attendance and washing. Applications to the Medical Superintendent by June 20th.

ROTHBHAM HOSPITAL AND DISPENSARY.—Assistant House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications, marked "House-Surgeon," to the Secretary by June 15th.

ST. OLAVE'S UNION.—Medical Officer of the Children's Home, Peckham Rye. Salary, £75 per annum. Applications, on forms provided, to be sent to the Clerk to the Guardians, Union Offices, Tooley Street, S.E., by June 15th.

SEAMEN'S HOSPITAL SOCIETY, Greenwich.—Honorary Anesthetist. Appointment for twelve months, but eligible for re-election. Applications to the Secretary by June 11th.

SHREWSBURY: SALOP INFIRMARY.—Assistant House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £40 per annum, with board and washing. Applications to the Secretary.

STAFFORD: STAFFORDSHIRE COUNTY ASYLUM.—Junior Assistant Medical Officer; unmarried. Salary commencing at £150 per annum, rising to £180, with furnished apartments, board, and attendance. Applications to the Medical Superintendent.

STROUD GENERAL HOSPITAL.—House-Surgeon. Salary at £80 per annum, with board, lodging, and washing. Applications to the Secretary by June 15th.

SWANSEA GENERAL AND EYE HOSPITAL.—House-Physician. Salary, £50 per annum, with board, apartments, washing, and attendance. Applications to the Secretary by June 18th.

TEIGNMOUTH HOSPITAL.—House-Surgeon. Salary, £50 per annum, with board, lodging, washing, and allowance. Applications to the House Committee.

TOWER HAMLETS DISPENSARY, White Horse Street, E.—Resident Medical Officer. Salary, £120 per annum, with furnished rooms, etc. Applications, marked "R.M.O.," to Dr. Sequeira by June 22nd.

WEST DERBY UNION.—Resident Assistant Medical Officer for the Workhouse. Salary, £100 per annum, with first-class rations, apartments, etc. Applications to the Clerk, Broughton Terrace, West Derby Road, Liverpool, by June 12th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—(1) House-Physician; (2) House-Surgeon. Must be F. or M.R.C.P.Lond. Applications to the Secretary-Superintendent by June 20th.

WHITTINGHAM: COUNTY ASYLUM.—Junior Assistant Medical Officer; unmarried. Salary, £125 per annum, increasing to £250, with furnished apartments, board, etc. Applications to the Medical Superintendent.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to the Chairman of the Medical Committee by June 28th.

YORK DISPENSARY.—Resident Medical Officer; unmarried. Salary, £110 per annum, with board, lodging, and attendance. Applications to Mr. W. Draper, De Grey House, York, by June 19th.

MEDICAL APPOINTMENTS.

BERRY, T. P., M.B.Lond., M.R.C.S.Eng., appointed Second Assistant Medical Officer to the St. Saviour's Union Infirmary, vice J. W. Pridmore, M.R.C.S., L.R.C.P.Lond., resigned.

CARTWRIGHT, J. A. T., M.R.C.S.Eng., L.S.A.Lond., reappointed Medical Officer of Health of the Wigmore Rural Sanitary District.

CHERSEMAN, Edward R. E., L.S.A.Lond., appointed Public Vaccinator to No. 5 District of the Wells Union, vice G. O. Risdon, M.R.C.S., L.R.C.P., L.S.A., resigned.

HABBIJAM, E. T., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer for the Second District of the Parish of St. George-in-the-East, vice E. M. Thuresson, L.R.C.P., L.R.C.S.Ed., resigned.

KELSON, W. H., M.D., B.S.Lond., F.R.C.S.Eng., appointed Honorary Surgeon in charge of the Throat, Nose and Ear Department, City Dispensary.

POMFRET, H. W., M.D.Vict., F.R.C.S.Eng., appointed Medical Officer for the Eighth District of the Ashton-under-Lyne Union, vice J. H. Wyld, L.R.C.P.Irel., L.F.P.S.Glas.

PRIMSTLEY, C. E., L.R.C.P.Eng., M.R.C.S.Eng., appointed Medical Officer of the Thingoe Union Workhouse, vice C. S. Kilner, M.B., C.M.Edin., resigned.

ROBERTS, J. Lloyd, M.D., B.S., B.Sc.Lond., F.R.C.S.Eng., appointed Honorary Physician to the Liverpool Stanley Hospital, vice Dr. E. I. Richardson, appointed Consulting Physician.

STACK, M. T., M.B.C.M., appointed Medical Officer for the Wavertree District of the West Derby Union, vice Dr. Wearing.

STREET, A. P., M.D.Camb., appointed Medical Officer for the Children's Home at Westgate-on-Sea of the Parish of St. Luke, Chelsea.

ST. THOMAS'S HOSPITAL.—The following gentlemen have been selected as House Officers from June 5th, 1900:

House Physicians—E. W. Hedley, M.A., M.B., B.C.Cantab.; F. C. Eve, B.A., M.B., B.C.Cantab.

Assistant House-Physicians—H. M. Harwood, M.A., M.B., B.C.Cantab.; R. B. Kinnaird, L.R.C.P., M.R.C.S.

Obstetric House-Physicians—(Senior) A. Bevan, L.R.C.P., M.R.C.S.; (Junior) B. F. Howlett, L.R.C.P., M.R.C.S.

Clinical Assistants in the Special Department for Diseases of the Throat—A. J. B. Adams, L.R.C.P., M.R.C.S.; C. F. Selsor, L.R.C.P., M.R.C.S. Skin—G. Black, L.R.C.P., M.R.C.S.; C. A. M. Nitch, L.R.C.P., M.R.C.S.

Several other gentlemen who held office before have received an extension of their appointments.

DIARY FOR NEXT WEEK.

MONDAY.

Odontological Society of Great Britain.—Annual General Meeting, 8 P.M.—Polyclinic, 22, Chenies Street, W.C.

Communications by Mr. Frederick Eve, Mr. W. E. Read, and Mr. W. E. Humby.

Valedictory address by the President.

London Throat Hospital.—20, Great Portland Street, W., 4.30 P.M.—Dr. Cathcart: Impaired Movements of Vocal Cords.

TUESDAY.

Medical Graduates' College and Polyclinic.—22, Chenies Street, W.C., 4 P.M.—Dr. Goodhart: Consultation.

Royal Medical and Chirurgical Society.—8.30 P.M.—Mr. R. J. Godlee: On Some of the Medical and Surgical Complications of Pyorrhoea Alveolaris.

National Hospital for the Paralysed and Epileptic.—Queen Square, 4.30 P.M.—Dr. Denison Peley: Practical.

WEDNESDAY.

Medical Graduates' College and Polyclinic.—22, Chenies Street, W.C., 4 P.M.—Mr. Berry: Surgical Consultation.

Evelina Hospital for Sick Children.—Southwark Bridge Road, S.E., 4.30 P.M.—Mr. Denison Peley: Practical.

THURSDAY.

Charlton Cross Hospital.—Post-Graduate Course, 4 P.M.—Mr. Wallis: Surgical Cases.

Ophthalmological Society of the United Kingdom.—8 P.M., Cases and Card Specimens, 8.30 P.M., Papers: Mr. W. H. Jessop: Embolism of both Central Arteries of the Retina. Mr. C. Wray: The Development of Myopia. Mr. Simeon Snell: (1) Congenital Papilloma of Conjunctiva; (2) Pararteritis of Central Artery of the Retina. (3) Work of Korsakoff. Scientific illustrations, drawings by an amateur artist who had previously undergone cataract extraction. Mr. Sydney Stephenson: A Case of Ophthalmitis associated with Basal Meningitis.

Medical Graduates' College and Polyclinic.—22, Chenies Street, W.C., 4 P.M.—Mr. J. Hutchinson: Consultation (Surgical). 3 P.M.—Dr. Harrison Low: Class. Roentgen Rays. Demonstration 5.

West London Post-Graduate Course.—West London Hospital, Hammersmith Road, W., 5 P.M.—Dr. Beddoe: Food and Diet in Disease. (Lecture II).

FRIDAY.

Medical Graduates' College and Ophthalmological Society of the United Kingdom.—Polyclinic, 22, Chenies Street, W.C., 4 P.M.—Mr. Holmes Spicer: Consultation (Eye).

United Kingdom, 8.30 P.M.—Mr. Marcus Gunn: The Bowman Lecture on Visual Sensations.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 2s. 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.

BIRTH.

M'CALL.—At 25, Great Hampton Row, Birmingham, on May 23rd, the wife of W. M'Call, M.B., C.M., of a son.

MARRIAGE.

LOGAN—CHAMBERLAIN.—On Wednesday, June 6th, at the Parish Church, Solihull, Warwickshire, by the Rev. H. B. St. John, Vicar of Holy Trinity, Ashby-de-la-Zouch, assisted by the Rev. Harvey Brooks, Vicar of the Parish, Roderic Robert Walter Logan, M.R.C.S., of Ashby-de-la-Zouch, son of the late Alex. C. Logan, of Great Vale, Jamaica, to Frances Ethel, youngest daughter of George K. Chamberlain, of Leamington House, Malvern Wells.

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. 2.30; o.p. F. 2. CHAIRING CROSS. *Attendances*.—Medical and Surgical, daily, 1; Women, W., 1; S. 9.30; Skin, M. Th. 2; Dental, M. Th. 8.45; Throat and Ear, F. 8.30; Electro-Therapeutics, Tu. Th. 9.30; Children, Tu. F.; Roentgen, W., 9.45; Orthopaedic, Th., 1. *Operations*.—W. Th. F. 3; S. 2. CHELSEA HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F. 2. CITY OPHTHALMIC. *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, Tu. W. Th. F. 2.30; Children, W. 2.30; Eye, M. Th. 2.30; Throat and Ear, Tu. F. 2.30; Skin, W. 2.30; Dental, M. Th. 2.30. *Operations*.—M. W. Th. F. 2. GUY'S. *Attendances*.—Medical, i.p., M. Th. F. 1.30; o.p., M. W. Th. F. 1.30; Surgical, i.p., daily, 1.30; o.p., M. W. Th. F. 1.30; Obstetric, i.p., Tu. Th. F. 1.30; o.p., Th. S. 12; Eye, i.p., M. Tu. Th. F. 1.30; o.p., M. Th. F. 1.30; o.p., Ear, F. 1.30; Skin, Tu. F. 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; 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. M. 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. 1.15; Surgical, i.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 OPHTHALMIC. *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 EAB, 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 ORTHOPEDIC. *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., 9; Eye, M. Tu. W. Th. F. S., 2; o.p., M. Th., 9; W. S., 2.30; Ear, Tu. F. 2; Skin, Tu. 9; 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; i.p., 1; o.p., 12; Obstetric, i.p., Tu. F. 1.45; o.p., M. Tu., 2.30; Eye, W., 1.30; 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., 2.30; Tu. W. F., 2; Th., 2.30; S., 1; (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'. *Attendances*.—I.p., Medical and Surgical, M. Tu. Th. F. 2; o.p., daily, 1.30; Obstetric, M. Tu. W. S., 9; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, 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 to his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Artiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

QUERIES.

CANTAB asks for experience of a "thermal chamber" heated by spirit lamp or gas instead of electricity.

INQUIRENS desires to hear of a home or institution where a respectable woman who has suffered from lupus vulgaris, causing loss of the nose, could be received. She could do some light work, and pay from 10s. 6d. to 15s. per week for her keep.

DR. O. TRAFFORD OWEN (Blackburn) asks for suggestions in the treatment of the following case: A fine healthy girl of 14 is annoyed by a disfigurement of the upper lip. When she smiles, a fold of the mucous membrane shows itself as a second upper lip, appearing as if there were a redundancy of the inner mucous layer.

THE COCKADE.

SURGEON (Retired from the Government Medical Service of an English colony, where he was also one of Her Majesty's Justices of the Peace), wishes to know if his coachman is entitled to wear a cockade in England.

* * * On January 12th, 1895 (p. 113), we were enabled to publish the following opinion from Mr. G. Ambrose Lee (Bluemantle), of Herald's College, London: "I have to inform you that the opinion given by this College is that the privilege appertains and is confined to the naval and military services, including the militia, yeomanry, and volunteers, and that every officer whatever his rank, as long as he holds Her Majesty's commission, has a right to mount, in the person of his servant, a cockade. It would also appear that the use of a cockade by officers who have retired with rank and permission to continue to wear their uniform is both customary and justifiable." In a later issue (March 25th, 1899, p. 771) a correspondent who considered that Bluemantle's reply evidently alluded to the military cockade only, wrote: "The civil cockade may be worn by all magistrates placed on the Commission of the Peace by the Lord Chancellor. It is an open question at present whether those who are magistrates by virtue of their being chairmen of district councils, and thus magistrates by Act of Parliament, are entitled to use the cockade during their term of office."

ANSWERS.

MILES.—Application should be made to the Director-General, Army Medical Department, 18, Victoria Street, S.W.

DENTIST might communicate the facts to the British Dental Association or the London and Counties Medical Protection Society, but nothing can be done unless those who are acquainted with the facts will come forward as witnesses.

WE would request correspondents who desire to ask questions in this column not to make use of such signatures as "A Member," "A Member B.M.A.," "Enquirer," and so on. By attention to this request much confusion would be avoided.

ZEPHYR.—(1) "Martin's Act" applied only to domestic animals. (2) The Brown Animal Sanatory Institution, founded by Mr. Brown and administered by the University of London, is an institution for the study of comparative pathology. (3) Absinthe is an alcoholic preparation of wormwood, as our correspondent might have ascertained by reference to *Squire's Companion*, which he mentions. (4) A copy of the Oath of Hippocrates was published in the BRITISH MEDICAL JOURNAL of February 25th, 1888, p. 441.

FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS OF IRELAND.

J. H. B.—We are informed that the following works are commonly read for the Final Examination for the Fellowship of the Royal College of Surgeons of Ireland: *A Manual of Surgery*, by W. Rose, M.B., B.S., F.R.C.S., and A. Carless, M.S., F.R.C.S., Second Edition (London: Baillière, Tindall, and Cox, 1890, 21s.); and *A Student's Handbook of Surgical Operations*, by F. Treves, F.R.C.S. (London: Cassell and Co., 1892, 7s. 6d.).

TREATMENT OF INFANTILE SUMMER DIARRHOEA.

DR. LANGFORD SYMES (Dublin) writes in reply to "Quaerens" to point out that in the *Transactions of the Royal Academy of Medicine in Ireland*, vol. xv, 1897, he has given a description of these diseases and their treatment in full by the most recent methods—calomel, gr. 10, every half hour till 1 gr. has been taken; resorcin, gr. 3-5; bismuth salicylate, gr. 1-3; benzol naphthol; sodium salicylate, gr. 2-4, every four hours; and many other directions are given.

MOSQUITOS AND MALARIA.

MAJOR RONALD ROSS, the Liverpool School of Tropical Diseases, writes: In reply to the question of Dr. G. Parker in the BRITISH MEDICAL JOURNAL of June 2nd, I beg to inform you that English *Anopheles* have long been known to be comparatively common. Mr. Theobald, of the British Museum, sent me two live specimens of English *Anopheles claviger* some weeks ago, and arrangements are now being made to breed the insects in various laboratories.

NOTES, LETTERS, ETC.

PREVENTION OF MOSQUITO BITES.

DR. A. A. BARCLAY (Bacup) writes: In the course of some experiences as a globe trotter it has been my unfortunate lot to fall a victim to the attentions of these little pests in various parts of the world. The mosquitos of India and Australia make sad havoc of the new-comer, but for downright bloodthirstiness command me to their brethren in Southern