

thousands of embryos which the adult worm is seen to contain, we can understand how even a single worm can give rise to a very marked degree of infection of the blood. The removal of the tumour in this case may have been the cause of the absence of embryos from the blood, and, if such is the case, a very important indication for treatment is given in those cases where the adult is situated superficially in glands or otherwise.

In conclusion, I wish to express my thanks to Professor Hamilton for kindly allowing me the use of the Pathological Laboratory of the Aberdeen University, and to Dr. Manson for several valuable suggestions.

REMARKS ON THE APPARENT IMMUNITY OF ASIATICS FROM ENTERIC FEVER.*

By FRANCIS W. CLARK, M.D., D.P.H.,
Dean, Hong Kong Medical College for the Chinese; President
Hong Kong and China Branch.

I wish to direct attention to a subject of considerable interest—namely, the apparent immunity of Asiatics from enteric fever, as shown in the following table:

	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	Total.
Chinese	1	5	—	—	2	10	7	1	9	16	51
Non-Chinese	4	5	—	5	4	5	7	10	14	11	65

During the ten years, 1890-99, only 51 deaths of Chinese from enteric fever were registered as against 65 deaths of non-Chinese, although the Chinese form 94 per cent. of the total population, and in my annual report for the year 1897 I wrote:

It is interesting to note the small number of cases of enteric fever which occurred among the Chinese during the year, an experience which accords with the apparent immunity of the native population of India from this cause, while the circumstances connected with these cases appear to suggest that the same explanation of this apparent immunity may apply to both races—namely, that they are so fully exposed to the infection throughout the whole period of their existence that they almost always contract the disease in infancy or early childhood, when, if they recover, the disease will have been practically unnoticed, while, if they succumb, the death will be attributed to diarrhoea, convulsions, or some other symptom. Should they then happen to contract a second attack in adult life, it will be so modified by the previous one as to be again scarcely recognisable, or at least to be insufficient to drive the patient to a hospital under European control. Of the seven cases which occurred among the Chinese in this colony last year, one only was an adult, and he contracted the disease in Saigon, from which port he arrived by steamer, while the other six were children ranging from 6 to 17 years of age, resident in a home under European management. These children obviously contracted the infection from a German pastor who was brought down to the home from the Tung Kun province of China, in consequence of illness, and died of enteric fever a very few days after arrival; the children had been carefully protected from any infection of this nature while in the home, which means practically from infancy, as the home is a foundling one, until the arrival of this European case, when they showed that they were equally as liable to contract the disease as any European children would have been. And it appears to me, therefore, that we have in the history of these cases a very suggestive corroboration of the theory that the Asiatic is not naturally immune to enteric fever, but that he is almost invariably protected by an attack in infancy.

This report of mine served to draw the attention of Dr. Thomson, the officer in charge of the Government mortuary, to this subject; and in the following year (1898) I was able to report that 3 deaths from enteric fever in Chinese children under 10 years of age had been discovered in the mortuary, while in 1899 7 such deaths were reported.

During the current year, however, the theory has received very strong confirmation, as Dr. Thomson has fortunately been able to devote more time to this research; and, as a result, I find that, while 12 deaths have been registered as due to this disease among the non-Chinese, 22 have been registered among the Chinese, and of these 7 were in infants under 1 year of age, and one a child between the ages of 1 and 5 years. It must be borne in mind that these cases have, moreover, been found amongst the few bodies of infants that are picked up in the streets by the police, and that no *post-mortem* examination is made of the bodies of the 1,500 or more infants that are taken annually to the French and Italian

convents in a moribund condition, and whose deaths are registered as due either to "diarrhoea," "fever, undefined," "marasmus," or "convulsions," and that these convent returns comprise about 75 per cent. of the total deaths in the Colony under 5 years of age.

Speaking of England, Whitelegge says, "It is probable that true enteric fever is rare among infants and young children, and that many of the cases at those ages are due to faulty diagnosis," and it is possible that this may be true of England, where domestic hygiene receives considerably more attention from householders than it does in China or even in Hong Kong. Here, however, it would seem that we have only to look for the disease *post mortem* in order to find its evidences even amongst the smallest of infants. The main sources of infection will no doubt be the contamination of feeding utensils and the custom of keeping excreta within the dwellings for periods of twenty-four hours or more; and until we can educate the Chinese to live more cleanly and healthful lives I am afraid that the disease will flourish among them, and will continue to destroy a large percentage of their infant population.

MEMORANDA:

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

PERSONAL PROTECTION AGAINST MOSQUITOS.

BELIEVING it may be of some interest and value to the members of the British Medical Association who have not given it a trial yet, I wish to record my experiences during the last few months in the use of the ordinary kerosene oil (which is sold here at 4½d. a quart) as a simple and inexpensive and reliable means of personal protection against the mosquito. That is readily effected by sprinkling some of it all about the sleeping chamber, or cabin, or bunk, and tying a handkerchief or clean towel nearly saturated on the bedposts, etc., above the head of the occupant, due caution being, of course, taken not to bring a light too near. We have found it a very excellent adjunct to the mosquito net which is generally recommended and used, and may under certain circumstances fairly become a substitute thereof, where in a way somewhat similar to the method of Dr. Stanley Haynes there is no mosquito netting. He, however, used surgical carbolic soap, locally applied to the face, neck, hands, and forearms. I have likewise used a solution of carbolic acid in the same way as above mentioned for kerosene oil, and with great satisfaction. But I prefer the latter agent, because it is not only cheaper but innocuous—an important point amongst an ignorant and careless population, such as we have to treat here: besides, it is fully as effective. I am inclined to believe that the kerosene drives away the mosquitos, owing to its peculiar penetrating odour overstimulating their olfaction, and causing them to flee from the source of the irritation.

Cobreville, Spanish Town, Jamaica.

J. A. WEGG, M.D.

VELD SORES.

I SHOULD like to call attention to a few points in the etiology of the so-called veld or Natal sore, which, so far as I can ascertain, is not a settled question amongst the medical profession in South Africa, and to the relation between this affection so prevalent in this country and the horse tick. During the last eight months with the troops in South Africa I have myself made the following observations as to its occurrence:

1. In the cold weather and at high altitudes the horse tick is rarely found, and there is coincident with this a disappearance of veld sores.

2. Veld sores are more common in the cavalry and artillery ranks than in the infantry regiments, in which case they are mainly confined to batmen or grooms.

3. There is, so far as my experience goes, a complete immunity amongst officers, who naturally do not groom their own horses.

4. From the character of the sore it would appear to be of a specific bacterial origin and not a simple ulcer following on

* Read at a meeting of the Hong Kong and China Branch.

an ordinary abrasion and aggravated by the presence of the ordinary putrefactive germs. This is evidenced by its marked tendency to spread, and at times the slowness with which it heals under treatment.

The edge of the ulcer extends under the superficial layers of the skin, separating them from the deeper layers, and at first, perhaps, forming what would appear to be a blister. The skin over this is soon rubbed off, leaving the ulcer exposed with its pink granulations traversed by capillaries, showing as red lines, its somewhat thickened blue margin, and serous discharge from its surface. The tendency of the ulcer is to spread at its periphery, peeling up the skin, and often forming another blister through the adhesion of the dead skin to the surface of the ulcer by the coagulation of the serous discharge which exudes from the surface.

As regards treatment, I have found that wet mild antiseptic applications until the sore has completely healed are the best, and that the application of ointments has invariably led to a relapse, the edge of the ulcer extending under a scab which cakes round the margin.

In a field hospital one cannot do any bacteriological work, but in base hospitals this question may have been investigated more fully from a bacteriological and microscopical point of view. I have asked many medical men, both colonial and from home, but have met with no explanation of the cause of these ulcers.

J. W. PRIDMORE, M.R.C.S., L.R.C.P.,
Civil Surgeon South African Field Force.

26th British Field Hospital, Natal.

REPORTS

ON

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

WOODSTOCK HOSPITAL, CAPETOWN, SOUTH AFRICA. A CASE OF BILHARZIA HÆMATOBIA IN THE ORANGE RIVER COLONY.

(Reported by CECIL F. LILLIE, M.A., M.B. Cantab.)

THE following case of bilharzia hæmatobia came under my care at the Woodstock Hospital in August last. The case is of interest, and I think it worth publishing, as, so far as I know, no cases of this disease have been reported from these parts of Africa. The cases of bilharzia, besides those which occur in Egypt, are said to occur on the east coast. Some cases were reported in 1864 in Natal, but in Cape Colony, and in what is now known as the Orange River Colony the disease is apparently unknown.

B. P., aged 24, a sergeant in the 7th Dragoons, was admitted into Woodstock Hospital on August 22nd. His history was that he came out to South Africa in February, 1900. He went straight up to the front, first to De Aar and Prieska for a few days, then to Bloemfontein. He was at Bloemfontein until the advance to Pretoria began in the beginning of May, with the exception of a few days when he went to Thaba'nchu with an expedition. Soon after leaving Bloemfontein in May he began to feel ill. He had diarrhoea, passed several watery motions a day, which contained blood, but had only very little griping or straining. He kept going, however, until two days' march from Johannesburg, when he had to "fall out." He was sent back to Kroonstadt and kept in hospital for five weeks and treated as a case of dysentery. As these symptoms began to pass off the present condition supervened. He began to suffer from a feeling of general weakness, with pains in the back and sweating at times. He had no rigors. Occasionally he vomited after eating, but his appetite continued good.

He was sent down to Capetown in July, and admitted into the Maitland Hospital on July 7th, and transferred to the Woodstock Hospital on August 22nd. While at Maitland he complained of a good deal of headache, and felt very weak. He also noticed when there, for the first time, irregularity in micturition. Sometimes he would go for twenty-four hours without passing any urine and other days he would pass a great deal. He often passed urine through the night, but he never complained of any pain or any inconvenience during micturition, nor did he even know that he passed blood. While at Bloemfontein he used to drink water from streams and ponds or from wherever it could be got. Dead horses were often lying about not far from these places.

Past History.—He had been in Canada from 1891 to 1895, but was always in excellent health while there. He had not been in any other foreign country. He had had no previous illness of any importance.

Condition on Admission.—He was pale and of an earthy colour. He looked like a man who had lost a lot of blood. He was very weak. There was no oedema, rashes on the skin, icterus, or pigmentation. He occasionally sweated, but there were no indefinite signs of malaria. His tem-

perature on admission was 102°, but it quickly fell, and three days after admission it was normal, and from that time onwards varied between 98° and 99°. It rose to 100° four times only in the six weeks that he was at Woodstock. The sweating came on at any time without any relation to rise of temperature, and seemed to be due to general weakness. He had no rigors. The spleen was not enlarged. He complained at times of headache, and vomited after meals two or three times, and complained of nausea; his tongue was furred. A week after admission, however, he improved, and from that time complained solely of weakness. There was nothing further detected on careful examination of the other organs of the body.

The urine for the first fortnight after admission varied in quantity from $\frac{1}{2}$ to 1 pint a day. After this it became more abundant, and he passed from 2 to 3 pints, sometimes a little more, but never less. It always appeared smoky. At first this was the only abnormal feature, with the exception of a cloud of mucus which settled at the bottom of the urine glass. Its specific gravity was 1018, its reaction was acid, there was a cloud of albumen. Several red blood corpuscles were seen on microscopic examination, and I thought there was a granular cast or two present, but this was doubtful, and I failed to find any on subsequent examination. About a fortnight after admission the character of the urine altered somewhat. On standing there appeared a tangle of black threads suspended in the mucus. The whole urine looked sooty. On examination there were found many red blood corpuscles, but the characteristic feature was the numerous ova of bilharzia which could be obtained from the bottom of the urine glass. They were of the usual shape and had terminal spine. They could be easily seen with the low power $\frac{1}{2}$ inch objective. They were filled with granular material and had a well-defined nucleus. They were always easily found, and were particularly numerous in the last few drops of urine voided. There were no other symptoms during his stay in hospital. The bowels were constipated. There was never any diarrhoea.

Remarks.—I am sorry I did not examine him *per rectum*. Possible his attack of diarrhoea up country was due to bilharzia and was naturally put down to dysentery. The patient was invalided home in very much the same condition, but rather weaker. He was treated on admission as a case of nephritis, with diuretics and diaphoretics and dry cupping to the lumbar region. Later, when the diagnosis was clear, he was given the ammonio-citrate of iron.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

F. W. PAVY, M.D., F.R.C.P., F.R.S., President,
in the Chair.

Tuesday, January 22nd, 1901.

A DISCUSSION on the Epidemic Outbreak of Arsenical Poisoning was to have been held, but the PRESIDENT, on taking the chair, alluded to the sad news, which had just been made public, of the death of Her Majesty the Queen. He expressed, in eloquent and touching terms, the profound sorrow which was felt by everyone. The Queen had been the Patron of the Royal Medical and Chirurgical Society, and it was impossible that any useful discussion could be held at a moment when all present were weighed down by the sense of the loss which the whole nation had sustained.

The meeting then at once adjourned.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF OBSTETRICS.

A. V. MACAN, M.B., President, in the Chair.

Friday, December 21st, 1900.

FIBROMYOMATOUS UTERUS.

DR. ALFRED SMITH showed a fibromyomatous uterus with multiple fibromyomatous polypi removed from a patient aged 35, showing an outer zone of normal uterine tissue, a zone with multiple small myomata, then a zone with larger kernel, and, finally, large submucous myomatous polypi.

DR. MACAN, DR. JELLET, DR. PUREFOY, and DR. KIDD discussed the case; and DR. SMITH replied.

PLACENTA PRÆVIA.

DR. R. L. HEARD described a case which he had seen with Dr. Pim of Killiney. There was great oedema of the vagina. On separating the placenta with the finger it was found to have a central insertion, and was beginning to decompose. The child had a breech presentation in the right dorso-anterior position. The fœtus was slightly macerated. The placenta came away during the delivery of the body. The uterus was washed out with creolin solution, 1½ gr. ergotin cit. given hypodermically, but shortly after leaving the

accordance with professional ideas of good taste; but we cannot hold the medical practitioner in question responsible for what has been done, or suggest that he is in any way to blame. As we have previously pointed out, it is almost inevitable that a medical practitioner who is in attendance upon a person of social or political eminence should be mentioned in the newspapers.

MEDICAL ADVERTISING.

MEDICAL WOMAN.—We will not argue with our correspondent as to the efficiency of the prophylactic means she recommends. We think there can be no doubt that even if efficient their efficacy is not generally admitted, and that the proper place to bring forward such proposals is not in a public newspaper, but in a medical journal or a medical society where the question can be properly discussed.

EIRESE.—With reference to the complaint of our correspondent, we can only repeat that it is much to be desired that there should be an authoritative pronouncement upon such questions. The licensing bodies have shown a desire to control the action of their licentiates, and we should recommend our correspondent to report the facts to the authority whose licence or diploma is held by any person of whose professional conduct he and his colleagues have reason to complain.

THE OBLIGATIONS OF A *LOCUM TENENS*.

ALPHA.—Our correspondent, whose question we answered last week, now asks us to decide whether the fees received by B. for his attendance on Mrs. Z. should go to A. or to B., or be divided between them?

*** If B., as we understand, denies that he saw Mrs. Z. as *locum tenens* for A., although he may in our opinion have acted wrongly, as explained last week, he would naturally regard the fee earned as his own. If, on the other hand, B. is willing to consider that he acted merely as A.'s *locum tenens*, then the money received would be distributed according to the arrangement previously existing between A. and B., which has not been explained to us.

A QUESTION OF FEE.

SURGEON asks what would be a proper fee for setting the ulna of a gentleman in a good position, and making at his request seven visits afterwards to assure him that it was progressing favourably? The distance to visit each time about one mile.

*** We are advised that five guineas for the first attendance, and a charge of 10s 6d. for each subsequent visit would be reasonable.

THE COMPLAINT OF A CLINICAL CLERK.

M.D.—The complaint is that when the clinical clerk desired to examine a particular case the sister of the ward objected, saying that it was not in a fit condition to be examined. The clerk answered that surely a doctor was as capable as the nurse of judging whether the child was fit to undergo examination. Subsequently the medical registrar was appealed to, and said he thought the clinical clerk was wrong, and should apologise to the nurse. We understand our correspondent to maintain that the interference of the nurse with the action of a qualified clinical clerk was improper and subversive of the rule that the nurse should be subordinate to the doctor.

*** We do not think that a clinical clerk, even if qualified, possesses by virtue of his office that authority over the hospital nurses which is claimed by our correspondent. A student or clinical clerk is admitted to the practice of a hospital upon certain conditions which the authorities of the hospital have a perfect right to lay down, and we think that any complaint against the nurse should have been made to the hospital authorities, who are best qualified to decide whether the nurse had exceeded her duty.

FEES FOR PROLONGED ATTENDANCE IN MIDWIFERY CASE.

A. L. M. writes that he was engaged to attend a patient in her confinement on the usual terms. Unfortunately, when the confinement came on the patient contracted septic troubles, and he was compelled to continue his attendance for a fortnight after the time when under ordinary circumstances it would have ceased. He considered that he was justified in making an extra charge for attendance beyond the ordinary ten days, and sent in a bill to the husband. The latter declined to pay, stating that the illness was part of the confinement, and ought to be included in the fee. He desires to know whether he would be likely to recover the extra charge in the county court.

*** While sympathising with our correspondent, we think it very doubtful whether he would succeed in recovering the extra charge in the county court. It would be wiser on his part not to run the risk of defeat.

NOTICES OF MEDICAL BOOKS IN THE LAY PRESS.

R. E.—From an ethical point of view it is desirable that a rule should be established against the practice of sending medical books for review in the lay papers or advertising them therein, but we are not aware that any authority has laid down such a principle. Amongst its rules relating to professional conduct the Royal College of Physicians has this: "That the practice of medical authors frequently advertising their own works in non-medical journals, and especially with the addition of laudatory extracts from reviews, is not only derogatory to the authors themselves, but is also injurious to the higher interests of the profession." This wording might be taken to sanction sending books for review to the lay papers, and even advertising them therein, so long as the advertising was not "frequently." Some authoritative pronouncement upon this and many similar questions is much to be desired.

MIDWIFERY ENGAGEMENTS.

AN Irish correspondent writes that, relying on an opinion expressed in our columns, he sued a patient for the confinement fee in a case where he had been engaged, and at the time of the confinement had been passed over and another doctor called in. He states that he was unsuccessful, and that the Recorder decided that he had performed no service and therefore could not recover. He adds that he has consulted solicitors, who all tell him that he cannot recover under the circumstances. He asks whether the law is the same in Ireland as in England.

*** If our correspondent's claim was for services rendered he could not have expected anything but a non-suit; the holding himself in readiness to attend could not be regarded legally as a service. His action ought to have been for breach of contract on the part of his patient, and the measure of the damage he sustained in consequence of such breach would have been the fee agreed upon. Numerous cases have occurred in which medical men have recovered the fee in this way in London and other places. It is not likely that the law in Ireland is different from that in England in this respect. The law in all civilised countries allows damages for breach of contract.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

In the last Congregation of Michaelmas term the following degrees were conferred:

M.B.—E. H. Hunt, Balliol; H. S. French, J. E. H. Sawyer, and W. V. Shaw, Christ Church; L. H. C. Birkbeck, Trinity; V. S. Hodson, Marcon's Hall.

UNIVERSITY OF BIRMINGHAM.

THE FIRST ANNUAL MEETING.

THE first annual meeting of the new University was held on January 17th. The Right Honourable Joseph Chamberlain, Chancellor of the University, presided, and was supported by the Vice-Chancellor (Alderman C. G. Beale), the Pro-Vice-Chancellor (Alderman Clayton), the Principal (Dr. Oliver Lodge), and the Deans of the Faculties of Science, Arts, and Medicine. There were also present the various members of the Council and Senate of the University, the whole professorial staff, and a number of other ladies and gentlemen, members of the Court of Governors of the University.

ADDRESS BY MR. CHAMBERLAIN.

The Chancellor, who was attired in his robes of office, delivered the opening address. He began by pointing out the progress which had been made since the special meeting in May last after the receipt of the Royal Charter. At that meeting he alluded to the distinctive qualifications which he hoped the new university would have, the special attention it would give to the development of research, and the great extension it would afford to scientific training and scientific inquiry in connection with the trade and industry of the country. The very existence of the country as a great commercial nation depended upon the higher education of its people. During the last thirty years primary education had practically been established on a firm and broad basis, and was now within the reach of every child in the country. Secondary education had also been reorganised and beginnings been made in technical education. But not much had yet been done to secure the assured position of this country in the future as a great manufacturing and producing nation. Something like thirteen millions had been spent by the nation during the past twelve months in the cause of primary education; but during the same time for the highest education, for university colleges and universities, grants of less than £100,000 only had been made. The position of the nation to-day was due to the efforts of men like Watt, Arkwright, or in our own time the Armstrongs, the Whitworths, the Kelvins, the Siemenses—men who by their discoveries, their geniuses had produced ideas upon which others had acted, and which had permeated the whole mass of the nation. Though they could not create such men of genius, yet they could multiply tenfold the numbers of those who would be qualified to be their assistants and interpreters—men who could take their ideas and carry them in a practical operation.

Finance was at present the crux of the situation. Upon their finance depended the extent to which they would be able to develop the new experiment. Donations, which at their last meeting amounted to £350,000, had since risen to an estimated amount of £450,000, a sum, however, which included the estimated value of the land, which they owed to the munificence of Lord Calthorpe.

In the matter of State grants, higher education in this country stands at a great disadvantage with such education in such countries as Germany and the United States. In Germany the State came forward with munificent grants. In the United States and in our own Colonies newly made millionaires had recognised the obligations, as well as the privileges of wealth, and had rendered the most admirable equipment of universities possible by the munificent gifts.

The policy of the Birmingham University, while waiting for similar gifts, would be to proceed to a certain extent by faith. They had appointed as architects Messrs. Aston Webb and Ingress Bell, and had invited them to give them a block plan of the scientific schools of the University. When this had been secured they would begin with what was most urgent, absolutely necessary, and what their means would allow. They would be like the builders of the great cathedrals of old, who laid out their plans beforehand for a magnificent pile of building, and were then well content from time to time to add portions—a chapel, a choir, or a portion of the nave—but never lost sight of the original plan, never prejudiced its final realisation by the manner of their beginnings.

The motto of the Birmingham University was "*Per ardua ad alta*." The motto of its promoters must be "*Per alta ad altiora*."

REPORT OF COUNCIL.

The report of the Council was then presented and adopted. This referred to the many valuable gifts which had already been made to the University. There are at present 161 students who have been admitted undergraduates of the University. Eighty-four of these, or more than half, are studying in the Faculty of Medicine. The total number of students preparing for University examinations, or who had entered the University for technical or general courses of instruction was on December 31st, 1900, as follows:

Matriculation	34	Engineering	41
Intermediate Science	20	Chemists	7
B.Sc.	27	Technical	7
M.Sc.	2	Brewing	21
Intermediate Arts	15	Day training	96
B.A.	7	General	87
M.A.	5	Medical students	158
Total			527

The land which Lord Calthorpe has presented to the University as a site for its new buildings lies on the Bounbrook side of his Edgbaston estate. It is about 25 acres in extent. A new road is to be constructed to be called the University Road, and along this the University will have a frontage of about 420 yards. The land is within a short distance of a tramway service along the Bristol Road, and about ten minutes' walk from Somerset Road Station on the Midland Railway Suburban line.

UNIVERSITY OF LONDON. MEETING OF CONVOCATION.

AN ordinary meeting of Convocation was held at the University's new building at South Kensington on Monday, January 21st. Several minutes elapsed after the stated hour of the meeting before there was a quorum of fifty: the Chairman, Sir Edward H. Busk, thereupon took the chair.

Report of the Standing Committee.—Dr. R. M. Walsley, D.Sc., presented the report of the Committee and moved its reception. He said that Convocation under the new charter had new duties and new privileges, involving a greater measure of home rule than was granted by the original charter. Convocation would for the future elect the Chancellor of the University, and Convocation also would now directly appoint its representatives on the Senate, and might elect a deputy chairman of Convocation; and these representatives would after a term of office have to come before Convocation for re-election. The greatest reform was possibly this, that Convocation possessed now an opportunity of effective criticism of new statutes to be framed by the Senate, who had two months to consider their suggestions. Convocation further had an ultimate right to appeal to Her Majesty in Council if their suggestions should be disregarded. Convocation had also the power to make its own standing orders, and to arrange its procedures. Convocation had not the administration of its finances, nor did he think that a power for which they should hanker so long as they possessed the power of financial criticism.—Mr. G. Eastes, M.B., seconded the reception of the report, which was carried unanimously.

Standing Orders.—Dr. Walsley moved that the standing orders as now revised and submitted by the Standing Committee be adopted as the standing orders of Convocation. These orders were framed in eleven sections, headed respectively: summonses of Convocation, formation of house and order of business, rules of debate (motions, amendments, putting the question, further amendments, adjournments, miscellaneous, voting, and appointment of committees), election of Chancellor, election and appointment of members of the Senate, Standing Committee, Clerk of Convocation, Chairman of Convocation, Deputy Chairman of Convocation, alterations in statutes and regulations, and alteration of standing orders. The orders were put to the House section by section. Dr. Walsley, in proposing the adoption of each section in turn, explained its nature, and showed where it differed from the present standing orders, such change being necessitated by the new constitution of the University, and the new powers and privileges of Convocation. Each resolution was formally seconded by Dr. A. Freeman Gell, and every section was adopted after some verbal amendments had been carried, and 4 of the 109 orders had been referred back to Convocation for reconsideration. Dr. R. M. Walsley finally moved that the Standing Committee as at present constituted be continued in office till May 14th, 1901. This was seconded, and carried unanimously.

Rearrangement of the Seats of Members.—In the course of the meeting Mr. W. J. Spratling complained of the difficulty of hearing the speakers, and the Chairman promised to give the question of the rearrangement of seats his careful consideration before the May meeting of Convocation.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following have passed the Second Professional Examination for the diploma of Fellow:

F. P. Maynard (Major I.M.S.), M.B.Durh., L.R.C.P.Lond., D.P.H.Camb., St. Bartholomew's Hospital; E. G. Carpenter, L.R.C.P.Lond., D.P.H.Camb., St. Bartholomew's Hospital; J. H. Parsons, M.B., B.Sc.Lond., L.R.C.P.Lond., University College, Bristol, and London and St. Bartholomew's Hospitals; E. W. Brewerton, L.R.C.P.Lond., St. Bartholomew's Hospital; A. G. Wilson, M.B., L.R.C.P.Lond., London Hospital; E. S. E. Hewer, L.R.C.P.Lond., St. Bartholomew's Hospital; I. W. W. Hunter, M.A., B.Sc.New Zealand, L.R.C.P.Lond., Otago University, New Zealand, and London Hospital; P. W. G. Sargent, M.A., M.B., B.C.Camb., L.R.C.P.Lond., Cambridge University and St. Thomas's Hospital; T. A. Mayo, M.B.Camb., L.R.C.P.Lond., St. Bartholomew's Hospital; W. A. Logan, M.B., Ch.B.New Zealand, L.R.C.P.Lond., Dunedin University, New Zealand, and King's College Hospital; J. Sherren, L.R.C.P.Lond., London Hospital; R. J. Johnstone, B.A., M.B., B.Ch. R.U.I., Royal University of Ireland and Queen's College, Belfast.

One other gentleman passed the examination, but not having yet attained the legal age of 25 years, will receive his diploma at a future meeting of the Council. Thirty-seven gentlemen presented themselves for this examination, 13 of whom passed and 24 were referred, 21 for six months and 3 for one year.

The following have passed the First Professional Examination:

O. F. H. Atkey, King's College, London; S. A. Boyd, Charing Cross Hospital; A. R. Brailey, B.A.Camb., Cambridge University and Guy's Hospital; J. H. Burgess, St. Mary's Hospital; H. B. Day, King's College, London; R. V. Dolbey and A. S. Downton, London Hospital; J. H. Evans, M.R.C.S.Eng., M.A., M.B., M.Ch.Oxon., L.R.C.P.Lond., Oxford University and St. George's Hospital; R. J. Ewart, M.R.C.S.Eng., M.B., Ch.B., B.Sc.Vict., L.R.C.P.Lond., University College, Liverpool; F. W. Goyder, B.A.Camb., Cambridge University and St. Mary's Hospital; V. T. Greenyer, M.R.C.S.Eng., L.R.C.P.Lond., St. Bartholomew's Hospital and King's College, London; A. H. Greg, M.R.C.S.Eng., L.R.C.P.Lond., Cambridge University and St. Thomas's Hospital; A. Gregory, Yorkshire College, Leeds; W. L. Harnett, Cambridge University and St. Thomas's Hospital; G. S. Hett, University College, London; D. M. Hughes, University College, Cardiff; G. J. Jenkins, M.B., C.M.Edin., Edinburgh University and King's College, London; F. S. Kidd, B.A. Camb., Cambridge University and London Hospital; P. N. Lakshmanan, M.R.C.S.Eng., L.R.C.P.Lond., M.B., C.M.Madras, University of Madras and King's College, London; S. T. Lewis, M.B., B.C. Camb., Cambridge University and Middlesex Hospital; A. T. Moon, London Hospital; J. K. Murphy, M.R.C.S.Eng., M.A., M.D.Camb., L.R.C.P.Lond., Cambridge University, St. Bartholomew's Hospital and King's College, London; H. B. Mylvaganan, L.M. and S.Ceylon, Ceylon Medical College and London Hospital; D. L. K. Naesmyth, M.R.C.S.Eng., L.R.C.P.Lond., Charing Cross Hospital; W. R. Nichols, M.R.C.S.Eng., L.R.C.P.Lond., M.D.Trin.Coll.Toronto, Trinity Medical College, Toronto, Canada, and University College, London; F. Norman, M.R.C.S.Eng., L.R.C.P.Lond., M.D.Brux., St. Bartholomew's Hospital and King's College, London; F. M. M. Ommanney, Guy's Hospital; L. J. Paton, B.A., B.C.Camb., Cambridge University and St. Mary's Hospital; E. A. Peters, M.R.C.S.Eng., M.D., B.C.Camb., L.R.C.P.Lond., Cambridge University, Guy's Hospital, and King's College, London; W. Primrose, M.R.C.S.Eng., M.B., C.M.Glasg., Glasgow University, London Hospital, and King's College, London; W. A. Rees, Middlesex Hospital; W. H. Richards, M.B., B.S.Durh., L.S.A.Lond., Durham University, London Hospital, and King's College, London; W. J. Richards, M.R.C.S.Eng., L.R.C.P.Lond., St. Bartholomew's Hospital; H. Rischbieth, B.A.Camb., Cambridge University and London Hospital; R. H. Robbins, B.A.Camb., Cambridge University and St. Mary's Hospital; E. E. R. Sawrey, M.D., B.S.Melb., University of Melbourne and King's College, London; A. R. Short, B.Sc.Lond., University College, Bristol; T. De Smith, B.A.Camb., F.C.S., Cambridge University and London Hospital; E. M. Stockdale, M.R.C.S.Eng., L.R.C.P.Lond., University College, Liverpool; H. M. Turnbull, B.A.Oxon., Oxford University; and E. A. Wilson, Yorkshire College, Leeds.

Eighty-nine gentlemen presented themselves for this examination, 41 of whom were approved, and 48 were referred.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, January, 1901.—The following candidates passed in:

Surgery.—S. R. Dudley, St. Bartholomew's Hospital; A. E. U. Hawkes (Sections I and II), Liverpool; H. A. Higgins (Section I), Guy's Hospital; C. G. Meade (Section I), St. Bartholomew's Hospital; A. U. Parkhurst, Cardiff and St. Mary's Hospital; W. B. Price, St. Thomas's Hospital; F. A. Segreda (Section II), Guy's Hospital; A. H. Thomas (Sections I and II), St. Mary's Hospital; A. J. Watson (Section II), St. Mary's Hospital.

Medicine.—S. R. Dudley, St. Bartholomew's Hospital; H. B. Hanson (Section II), Royal Free Hospital; A. E. U. Hawkes (Sections I and II), Liverpool; S. F. Hickman (Section I), Royal Free Hospital; C. J. Marsh, University College Hospital; L. R. Marshall, St. Mary's Hospital; B. S. O. Maunsell (Section I), St. Bartholomew's Hospital; S. Page (Section I), Birmingham; F. M. Payne (Section I), Royal Free Hospital; E. R. Risien (Section I), St. Bartholomew's Hospital; F. A. Segreda (Sections I and II), Guy's Hospital; W. C. Spooner (Sections I and II), Edinburgh.

Forensic Medicine.—S. R. Dudley, St. Bartholomew's Hospital; A. E. U. Hawkes, Liverpool; F. A. Hort, Middlesex Hospital; B. S. O. Maunsell, St. Bartholomew's Hospital; F. M. Payne, Royal Free Hospital; W. C. Spooner, Edinburgh.

Midwifery.—H. J. Aldous, King's College Hospital; H. T. Barber, Geneva and St. Mary's Hospital; S. F. Hickman, Royal Free Hospital; R. L. Jones, Middlesex Hospital; C. E. H. Leggett, St. Mary's Hospital; F. McTavish, Toronto; R. A. Pitter, Middlesex Hospital; F. P. Rose, London Hospital; P. Southam, Birmingham.

The diploma of the Society was granted to S. R. Dudley, C. J. Marsh, F. A. Segreda, W. C. Spooner, and A. J. Watson.

INEBRIATES' HOME FOR YORKSHIRE.—At a meeting of the West Riding County Council held at Wakefield on January 9th, reference was made to the proposed establishment of a reformatory for inebriates, if possible for the whole of Yorkshire. The Chairman of the General Purposes Committee, in presenting the special report concerning the scheme, brought up the question of the control of the reformatory, and it was assumed that the representative committee of control would contain members from all the county councils and all the county borough councils of the county of York.

MEDICAL NEWS.

SIR JAMES SAWYER, M.D., has been elected a Fellow of the Society of Antiquaries.

MR. W. H. WILLCOX, M.B., B.Sc.Lond., D.P.H., A.I.C., has been elected to the post of Lecturer on Chemistry and Physics at St. Mary's Hospital Medical School, London.

THE MECCA PILGRIMAGE AND THE PLAGUE.—The Indian Government is doing its best to minimise the danger to Europe and the world at large arising from the annual pilgrimage to Mecca. The pilgrimage is absolutely forbidden to all residents in the Presidency of Bombay (except the Province of Sind), the Madras Presidency, Mysore, Coorg, Julundur, and the whole of the Province of Bengal, except the districts of Chittagong. All other persons must embark from Karachi or Chittagong, where they will be kept under observation for a sufficient period of time before being allowed to embark.

SUCCESSFUL TOTAL EXTIRPATION OF THE STOMACH.—At a recent meeting of the French Academy of Medicine, Dr. Boeckel, of Strassburg, related the case of a woman, aged 38, whose stomach he had excised for cancer. He had united the duodenum to the cardiac opening, and closed the wound without drainage. The result was most satisfactory, as the patient was able to get up at the end of twenty-two days, and to leave the hospital completely cured on the thirty-third day. Her digestive functions rapidly became satisfactory, the only precautions taken being to give her frequently repeated light meals. She gained 20 lbs. in weight during the time she was under treatment.

A SOCIETY FOR THE STUDY OF TUBERCULOSIS.—A society for the study of tuberculosis, which takes its name from Laennec, the discoverer of auscultation, has been organised in connection with Johns Hopkins Hospital, Baltimore. Its purpose is to systematise and stimulate the work on tuberculosis in the hospital, educate its members, and diffuse in the profession and the public a knowledge of the disease. Monthly meetings are to be held throughout the session, and the programme will consist of a historical review of the great epochs relating to the disease, a critical summary of the conditions relating to tuberculosis in the United States, with a presentation from each of the departments of the hospital of the work on tuberculosis during the first decade. At the first meeting of the Society Dr. Osler was elected chairman, and made some introductory remarks, in the course of which he emphasised the fact that the chief work in the battle with tuberculosis must be done by the general practitioner.

HEAT AS A MEANS OF DIAGNOSING THE PRESENCE OF PUS.—According to Dr. K. Lewin of Berlin the application of heat, while relieving pain resulting from simple acute inflammation is found to have exactly the contrary effect when supuration is present. Dr. Lewin has applied this observation to the solution of the question of the presence of pus in cases of appendicitis. In ten persons attacked by appendicitis where Dr. Lewin applied hot compresses for one or two hours, eight were greatly relieved, while two found their pains increased. In all the former group a spontaneous cure resulted in the course of two or three weeks, while in the others after persistent trial of medical treatment without result operative interference became necessary, and pus was found in both instances. The author considers that in applying the test it is important to use no other calumative means and of keeping from the patient its meaning, that the effect of the application may not be modified by any dread of an operation.

MEDICAL VACANCIES.

The following vacancies are announced:

- BARNSTAPLE: NORTH DEVON INFIRMARY.**—House-Surgeon. Salary, £80 per annum, with board, residence and washing. Applications to the Honorary Secretary.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL.**—Assistant House-Surgeon. Salary, £30 per annum, with apartments and board. Applications to the Chairman of the Medical Board by February 18th.
- BIRMINGHAM CORPORATION.**—Assistant Medical Officer to the City Fever Hospital, Loize Road. Salary, £120 per annum, with board, residence, etc. Applications to the Medical Superintendent.

- BOLTON INFIRMARY AND DISPENSARY.**—Senior House-Surgeon; age not to exceed 30 years. Salary, £120 per annum, with furnished apartments, board, and attendance. Applications, endorsed "Senior House-Surgeon," to the Secretary by February 12th.
- BRISTOL CITY HOSPITALS.**—Resident Medical Officer at the Ham Green Fever Hospital. Salary, £150 per annum, with board, lodging, and washing. Applications to Dr. D. S. Davies, Public Health Officer, 40, Prince Street, Bristol, by January 30th.
- BUNTINGFORD, HADHAM, HERTFORD, STANSTED, AND WARE RURAL DISTRICTS AND THE DISTRICTS OF BISHOPS STORTFORD, HERTFORD, HODDESDON AND WARE.**—Medical Officer of Health. Salary, £600 per annum. Applications to the Clerk to the Joint Committee, Town Hall, Ware, by February 8th.
- CAMBRIDGE: ADDENBROOKE'S HOSPITAL.**—Dispenser. Salary, £100 per annum, with luncheon and tea provided. Applications to the Secretary, 23, St. Andrew's Street, Cambridge, by February 16th.
- CENTRAL LONDON SICK ASYLUM DISTRICT.**—First and Second Assistant Medical Officers and Dispensers. Salary, £100 and £75 per annum respectively, with board and residence. Applications to the Clerk, Cleveland Street Asylum, W., by January 25th.
- DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY.**—Lecturer Square, W.C.—(1) Demonstrator at the Hospital. Honorarium, £200 per annum. (2) Two Demonstrators to assist senior students. Honorarium, £100 and £50 per annum respectively. Applications to the Dean by March 15th.
- DORCHESTER: DORSET COUNTY HOSPITAL.**—House-Surgeon. Unmarried. Salary, £100 per annum, with board and residence. Applications to the Chairman of the Committee by January 30th.
- GUY'S HOSPITAL MEDICAL SCHOOL.**—Gordon Lectureship in Experimental Pathology. Applications to the Secretary to the Board of Electors of the Gordon Lectureship, Guy's Hospital, S.E., before March 9th.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.**—House-Surgeon; unmarried. Appointment for six months. Salary, £20, with board and residence. Applications on forms provided to the Secretary by January 25th.
- HOSPITAL FOR WOMEN, Soho Square, W.**—(1) Assistant Physician. (2) Assistant Surgeon; must be F.R.C.S. Eng. Applications to the Secretary by January 25th.
- LEEDS GENERAL INFIRMARY.**—House Physician. Appointment for six months. Board, lodging and washing provided. Application to the Secretary to the Faculty by January 20th.
- LEEDS UNION.**—Assistant Medical Officer for the Workhouse, Schools and Infirmary. Unmarried, and not above 35 years of age. Salary, £130 per annum, rising to £150, with board, washing, apartments and attendance. Applications, endorsed "Assistant Medical Officer," to the Clerk, Poor-law Offices, East Parade, Leeds, by February 8th.
- LONDON THROAT HOSPITAL, Great Portland Street, W.**—Third Assistant-Surgeon. Applications to the Secretary of the Medical Committee by February 8th.
- MANCHESTER: CHORLTON-UPON-MEDLOCK DISPENSARY.**—Resident House-Surgeon. Unmarried. Salary, £120 per annum with furnished rooms and attendance. Applications to the Honorary Secretary by January 31st.
- MARGATE: ROYAL SEA BATHING HOSPITAL.**—Assistant Resident Surgeon. Salary, £50 per annum, with board and residence. Applications to the Secretary, 30, Charing Cross, London, S.W.
- MIDDLESEX HOSPITAL, W.**—Assistant to the Bacteriologist. Salary, £50 per annum. Application to the Secretary-Superintendent by February 6th.
- MILLER HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich Road, S.E.**—Junior Resident Medical Officer. Post tenable for six months, with prospect of re-election as Senior. Salary, £60 per annum, with board, attendance, and washing. Applications to the Secretary by January 30th.
- NOTTINGHAM GENERAL DISPENSARY.**—Assistant Resident Surgeon; unmarried. Salary, £140 per annum, and all found except board. Applications to the Secretary.
- NOTTINGHAM GENERAL HOSPITAL.**—House Physician. Salary, £100 per annum, rising to £120, with board, lodging, and washing. Applications to the Secretary by February 2nd.
- OLDHAM INFIRMARY.**—Senior House-Surgeon. Salary, £100 per annum. Candidates to state whether willing to accept Junior Post at £75 per annum. Board, residence, and washing provided in each case. Applications to the Honorary Secretary by February 4th.
- PADDINGTON GREEN CHILDREN'S HOSPITAL, W.**—Pathologist. Applications to the Secretary by February 16th.
- PAISLEY, BURGH.**—Medical Officer of Health. Salary, £400 per annum. Applications to the Town Clerk, Paisley, by February 5th.
- QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.**—Assistant Resident Medical Officer. Appointment for four months. Salary at the rate of £50 per annum, with board, residence, and washing. Applications to the Secretary by January 25th.
- ROXBURGH DISTRICT ASYLUM, Melrose, N.B.**—Assistant Medical Officer. Salary, £10, rising to £120 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.
- ROYAL EYE HOSPITAL, Southwark.**—Clinical Assistants. Applications to the Secretary.
- SEAMEN'S HOSPITAL SOCIETY, Greenwich, S.E.**—(1) Senior Dental Surgeon. (2) Junior Dental Surgeon. Applications to the Secretary by February 2nd.
- SCHOOL BOARD FOR LONDON.**—Lecturers and Examiners in First Aid and Home Nursing. Fee, 6 guineas for course of six fortnightly lectures. Applications to the Clerk of the Evening Continuation Schools Committee, School Board for London, Victoria Embankment, W.C., by February 2nd.
- STOCKPORT INFIRMARY.**—Junior Assistant House-Surgeon. Appointment for six months. Salary at the rate of £24 per annum, with board, washing and residence. Applications to the Secretary by February 11th.
- FIVETON INFIRMARY AND DISPENSARY.**—House-Surgeon. Salary, £80 per annum and all found. Applications to the Honorary Secretary.
- WEST HAM HOSPITAL, Stratford, E.**—Junior House-Surgeon. Salary, £75 per annum, with board, residence, etc. Appointment for one year, but eligible for post of Senior House-Surgeon at a salary of £100. Applications marked "Junior House-Surgeon" to the Secretary.
- WEST BROMWICH DISTRICT HOSPITAL.**—Resident Junior House-Surgeon. Salary, £50 per annum, with board, lodging, washing and attendance. Applications to the Secretary.
- WESTMINSTER GENERAL DISPENSARY.**—Honorary Physician. Applications to the Secretary, 9, Gerrard Street, Soho, W., by January 25th.
- WESTMINSTER HOSPITAL, S.W.**—(1) Obstetric Physician. (2) Assistant Obstetric Physician. Must be F. or M.R.C.P. Lond. Applications to the Secretary by January 30th.

MEDICAL APPOINTMENTS.

- ALLEN, H., M.R.C.S., L.R.C.P. Lond.**, appointed District Medical Officer of the Crediton Union, *vice* G. A. H. Barton, M.R.C.S. Eng., resigned.
- BARBER, Percival E., B.A. Camb., L.R.C.P. Lond., M.R.C.S. Eng.**, appointed Honorary Medical Officer to the Jessop Hospital for Women, Sheffield, *vice* A. H. Laver, M.E. Durh., deceased.
- BARTLETT, T. W., L.R.C.P., L.R.C.S. Edin.**, appointed Medical Officer for the Fourth District of the Halstead Union, *vice* R. Reynolds, M.R.C.S. Eng.
- BROWN, G. A., M.B., C.M. Glasg.**, appointed Medical Officer of Health for the Burgh of Partick, *vice* James Paterson, M.D. Glasg., deceased.
- COLEMAN, E., M.R.C.S. Eng., L.R.C.P. Lond.**, appointed Medical Officer for the Blankney District of the Sleaford Hospital, *vice* J. H. Pim, L.R.C.P., L.R.C.S. Ire., resigned.
- DAVIES, Sidney, M.A., M.D. Oxon, D.P.H. Camb.**, appointed Medical Officer of Health for the Borough of Woolwich.
- DODD, Henry, M.B., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg.**, appointed Assistant House and Visiting Surgeon to the Stockport Infirmary.
- FIELD, R. C., M.B. Lond.**, appointed District Medical Officer to the Pattrington Union, *vice* Edward Robinson, M.D. Edin., resigned.
- FOX, G. A. T., M.R.C.S. Eng., L.R.C.P. Lond.**, appointed District Medical Officer to the Dore Union, *vice* T. C. Lawson, M.R.C.S. Eng., resigned.

HAMILTON, Patrick J., M.B., B.Ch., B.A.O., R.U.I., appointed Medical Officer and Medical Officer of Health, Arklow Dispensary District, Rathrum Union, co. Wicklow.

HOLMES, T., M.B.Lond., appointed Medical Officer for the South District of the Lancaster Union, *vice* G. R. Parker, L.R.C.P., M.R.C.S.Eng.

HOWDEN, Robert, M.B., C.M.Edin., appointed Examiner in Anatomy in the University of Edinburgh.

HUBY, John J., L.S.A., appointed District Medical Officer of the Doncaster Union, *vice* B. Sweeten, M.B.

JACKSON, H. W., M.D.Lond., appointed District Medical Officer to the Middlesbrough Union, *vice* Arthur Webster, M.R.C.S., L.R.C.P.Lond., deceased.

McLAREN, T. D., M.B., B.S.Edin., appointed Medical Officer for the Litcham District of the Mitford and Launditch Union, *vice* E. R. MacDonnell, L.R.C.P., L.R.C.S.Edin.

OSTON, Wm. Fletcher, M.B., Ch.B.Vict., appointed District Medical Officer to the Northallerton Union, *vice* J. Clark, resigned.

PRIESTLEY, Thomas, M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Neepsend District of the Sheffield Union.

ROBERTSON, William, M.D.Glasg., D.P.H., F.P.S.Glasg. appointed Medical Officer of Health for the Burgh of Leith.

RUST, Montagu, L.R.C.P. and S.Edin., appointed as a Civil Medical Officer to the troops in South Africa.

SMITH, R. R., L.R.C.P., L.R.C.S.Irel., appointed Medical Officer for the Everton No. 1 District of the West Derby Union, *vice* J. J. Flinn, L.R.C.P.Edin., M.R.C.S.Eng., resigned.

THOMPSON, Peter, M.D.Vict., appointed Lecturer on Anatomy to the Middlesex Hospital Medical School.

WILKINSON, W. A. H., M.B., Ch.B.Vict., appointed Medical Officer of Health for the Gainsborough Urban District.

YOUNG, Chas. W., M.R.C.S., L.R.C.P.Lond., D.P.H.Camb. appointed District Medical Officer of the Luton Union, *vice* W. Duncan, L.R.C.P., L.R.C.S.Edin., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

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

West London Post-Graduate
Course, West London Hospital, Ham-
mersmith Road, W., 5 P.M.—Mr. H. P.
Dunn: Cataract.

Odontological Society of Great
Britain, 20, Hanover Square, W., 8 P.M.—

M. Jules Choquet: The Non-Specificity
of the Micro-organisms of Dental De-
cay, with lantern illustrations. Casual
communications by Mr. C. Scheeling and
Mr. Ernest B. Dowsett.

Medical Society of London, 8.30
P.M.—Dr. Fred. J. Smith will open a
Discussion on the Treatment of
Typhoid.

TUESDAY.

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

British Balaenological and Clima-
tological Society, 20, Hanover Square,
W., 8.30 P.M.—Discussion on Anemia
and its Therapeutics, to be opened by
Professor Clifford Allbutt.

Medical Graduates' College and
Polyclinic, 22, Chancery Street, W.C.,
Mr. R. Harrison: Consultation. (Sur-
gical.)

THURSDAY.

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

West London Post-Graduate
Course, West London Hospital, Ham-
mersmith Road, W., 5 P.M.—Dr.
Saunders: Arsenical Neuritis.

Charing Cross Hospital Post-
Graduate Course, 4 P.M.—Dr. Bruce:
Medical Cases.

Central London Throat, Nose,
and Ear Hospital, 5 P.M.—Dr. Dundas
Grant: Treatment of Inflammatory
Affections of the Pharynx and Larynx.

Ophthalmological Society of the
United Kingdom, 8 P.M.,
Chair at 8.30 P.M.—Papers: Dr. C. A.
Berry: (1) On So-called Paresis of Diver-
gence; (2) Note on Two Rare Forms of
Non-paretic, Non-concomitant Squint.
Dr. Kayser: D. Batten: "Eclipse Blind-
ing," with Choroido-retinitis and Ob-
struction of a Retinal Artery. Mr.
Anderson Critchett: A Case of Bullet
Injury of Occipital Lobes, with Loss of
Lower Half of Each Visual Field. Dr.
Edridge-Green: Evolution of the
Colour Sense.

FRIDAY.

Medical Graduates' College and
Polyclinic, 22, Chancery Street, W.C.,
4 P.M.—Dr. Dundas Grant: Consulta-
tion (Throat).

West Kent Medico-Chirurgical
Society, Royal Kent Dispensary,
Greenwich Road, 8.45 P.M.—Mr. Ernest
Clarke: On the Diagnosis and Treatment
of Corneal Affections. This paper will
be illustrated by a number of typical
clinical cases.

Laryngological Society of Lon-
don, 20, Hanover Square, 5 P.M.—Cases
and specimens will be shown by Sir
Felix Semon, Dr. Brönnert, Dr. Wyatt
Wingrave, Dr. Donelan, Mr. Waggett,
and others.

West London Medico-Chirurgical
Society, West London Hospital, Ham-
mersmith Road, W., 8.30 P.M.—Discus-
sion: The Feeding of Infants in
Health and Disease.

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.

RICHARDSON.—On January 22nd, at Kirkstall, Alverstoke, Hants., the wife of Dr. Martin Richardson, of a daughter.

WHEATLEY.—On January 21st, at Irwell House, Paley Road, Bradford, the wife of A. J. Wheatley, M.D., of a son.

MARRIAGE.

CALVERT—MARGETTS.—At St. Paul's Cathedral, Calcutta, on December 15th, by Rev. Canon A. Luckman, Captain J. T. Calvert, M.B.Lond., I.M.S., second son of J. M. Calvert of Rochdale, to Ethel Blanche, only daughter of the late W. G. Margetts of Rochester.

DEATHS.

CREE.—On January 15th, at 2, Pemberton Gardens, Upper Holloway, N., Edward Hodges Cree, M.D., D.I.H., R.N., aged 87.

KEMPSTER.—On 11th inst., at 1, Albert Bridge Road, Battersea, of heart failure, William Henry Kempster, M.B., M.R.C.S., D.P.H., eldest son of William Henry Kempster, M.D. of Chesterfield North Side, Clapham Common, aged 40. Friends kindly accept this (the only) intimation.

MYERS, Walter, M.A., M.B.Cantab. only son of George and Flora Myers, 166, Hagley Road, Birmingham, of yellow fever, contracted whilst working for the Liverpool Tropical School of Medicine, in his 29th year.

SHEPHERD.—On January 4th, 1901, at Sorrento, Cowbridge, South Wales, Albert Wilberforce Shepherd, L.R.C.S.I., L.R.C.P.I., M.O.H. for Cowbridge Borough, aged 40 years.

TINLEY.—At the Bungalow, Sandstead, near Whitby, Thomas Tinley, M.D., J.P., on January 10th, aged 55 years.

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 *Aitiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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

QUERIES.

H. W. S. asks what would be the best part of New Zealand for a medical woman threatened with pulmonary phthisis to settle in with some prospect of obtaining employment in her profession.

INKPOT desires to know of a reliable handbook dealing with the duties of a Scottish county justice of the peace.

* * Barclay's *Digest of the Law of Scotland for Justices of the Peace*, published by Messrs Clarke, Edinburgh (£11s.), may be recommended.

VIRIDOVIX would be grateful for hints for treatment of a small patch of leukoplakia of mucous membrane at the angle of mouth. It is of long standing and giving no trouble, but the patient is worried and wants to get rid of it. Excision, or cautery, or application of acid nitrate of mercury have been suggested. Or is there any blander application of alternative character among the newer remedies?

TREATMENT OF RODENT ULCER.

MR. HERBERT ALEXANDER, M.R.C.S., L.R.C.P. (The Barracks, Cardiff) would be much obliged for information regarding the efficacy of Frere's arsenical paste (formula in Squire—R. Arsenic 1, charcoal 1, red sulphide of mercury 4, water q.s.)—as a means of destroying a small rodent ulcer within half an inch of the eye just above the prominence of the malar bone. Also for any points regarding the application of the paste, the length of time for application, or indication to judge necessary length of time, also best after-treatment to prevent any contracting scar. In this case the knife is very undesirable. Is the process in any degree painful?

ANSWERS.

E. C.—So far as the information supplied goes, the procedure followed does not appear to be in any way illegal or unusual. Custom seems to vary in different localities.

COLONIAL.—So far as we are aware no restrictions of the kind mentioned exist, but most of the scholarships are in the gift of Universities, which not unnaturally prefer their own graduates. The scholarships and grants of the British Medical Association are open, as are also those of the Grocers' Company.

M. F.—(1) The figures for the death-rates and birth-rates in rural England and Wales for 1900 are not yet in existence; we shall hope to publish them as soon as they are available. (2) The new regulations of the General Medical Council as to the examinations for the D.P.H. will, as at present arranged, come into force on January 1st, 1902.

ZEPHYR.—The period of training for a woman wishing to be trained in a London lying-in hospital is three months; each pupil is required to witness or conduct not fewer than twenty-five cases. The fees for training vary from 10 guineas to 25 guineas for the thirteen weeks.

SURGEON AND APOTHECARY.—One hundred beds has in practice been accepted by most public bodies as the minimum for a nurse training school, and it is doubtful if any appointment under Government could be obtained on any other certificate. As, however, there is no standard of training authoritatively set, many certificates are accepted in private and other nursing that do not come up to this standard.

PARTNER.—We are advised that a fair allowance (1) for "carriage expenses, where one horse is kept by the senior partner in a London suburban practice," would be £200; and (2) for "use, with fire and lighting, of surgery, waiting-room and consulting rooms, in a practice where there is a good deal of surgery work carried out at the senior partner's house, the rental of which is £100 a year on repairing lease," would be £35 per annum.

LAUGHTER.—The treatment of cataract and of obstruction of the canalculus are discussed in all textbooks of ophthalmology; but one which can be highly recommended is Swanzy's *Handbook of Diseases of the Eye*,