

aneurysm in his mind, as he quotes cases manifestly due to embolism without mentioning the points in favour of this.

In Peste's case, a man of 77, the arteries were diseased extensively, and the presence of a cyst in the corpus striatum would harmonise either with embolism or hæmorrhage.

Bristowe's case must have been embolic I think. The patient was only 22, the aneurysms were mainly at points of divisions of the arteries, which elsewhere were quite sound, and there was pulmonary apoplexy, while the cortex of the kidney is described as being "thickly studded with buff-coloured patches and with dark red-coloured masses which were shown pretty conclusively by microscopic examination to be due to hæmorrhage occurring at different times in different situations." This was written in 1856, and I think most of us would now attribute the appearances to embolism, and not as Dr. Bristowe did at that time to the "existence of partial arterial disease."

It is difficult to give any cause other than embolism for Gee's case, in which the patient was 7 years old, and died with scarlatina, dropsy, pneumonia, and meningitis, for Malet and Evans's case in which the child was only 5 years old, though in this instance the valves were noted as normal, or for the remaining Bartholomew's Hospital case, where the boy was only 11 years old.

In the cases of Markoe, Wood, Hedland, and Merat, I can find no facts on which to form an opinion, but in the St. Thomas's Hospital case there was pulmonary hæmorrhage and hæmorrhage into the kidneys, conditions which I think suggest embolism more forcibly than that suggested by Douglas Powell, namely, that the patient, who was only 22 years old, was the subject of general arterial disease.

I have intentionally refrained from any attempt to discuss the clinical phenomena of coronary aneurysm. The symptoms are, with the exception of those caused by rupture, chiefly those of the associated condition. The affection might be guessed at, but hardly, I think, diagnosed, and the two chief points I desire to emphasise [are, the rarity of its occurrence, and the probability of its sharing the peculiarity of aneurysms on small vessels elsewhere, in being embolic in origin.

#### NOTES.

<sup>1</sup> Coats states that 90 per cent. of horses and asses are the subject of verminous aneurysms. The worms (sclerostoma armatum, or equinum) are found in the large intestine, and from this they work into the vessels of the viscera, largely into the gastric and mesenteric. <sup>2</sup> But Pollock, quoted by Holmes in his *System*, is also reported to have found the clot.

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THE German Emperor has conferred the honour of hereditary nobility on Professor Emil Behring, Director of the Hygienic Institute of the University of Marburg, whose name is so well known in connection with serumtherapeutics. The Professor is henceforth entitled to put the *particule nobiliare*, "von," before his distinguished name.

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

### TWO CASES OF VARICELLA.

CHICKEN-POX is generally regarded as so trivial an ailment that perhaps the accompanying charts of two recent cases may be of interest.

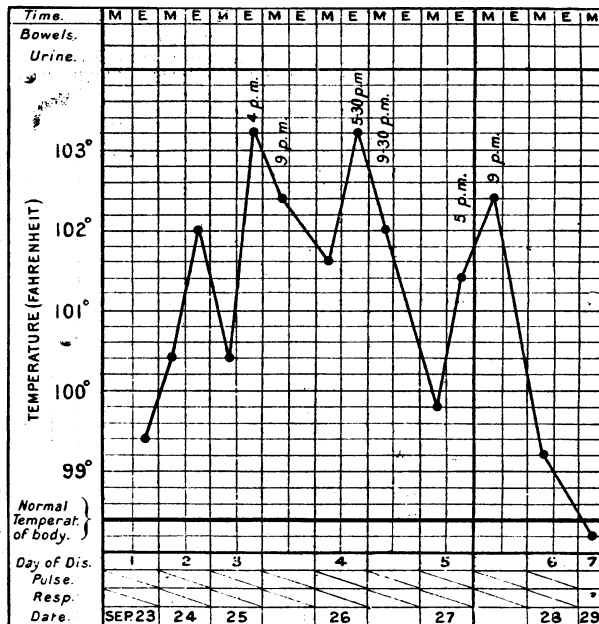


Chart 1.

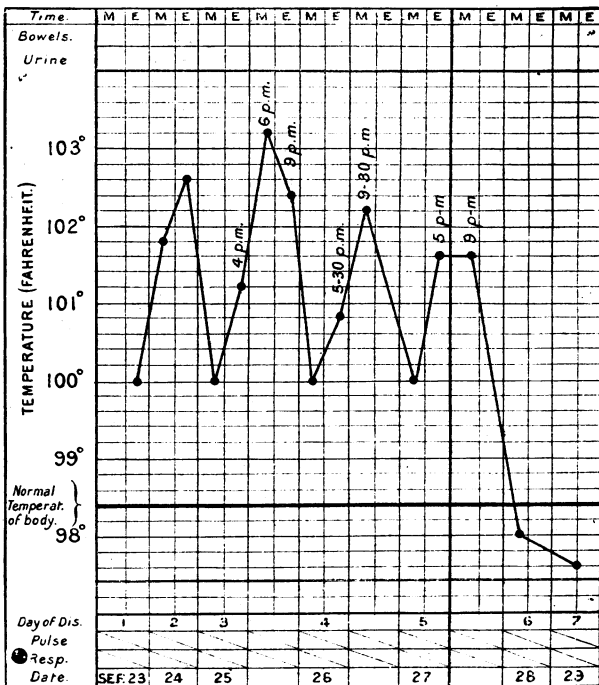


Chart 2.

The cases are those of two brothers, aged 13½ and 12½ years respectively. They were taken ill on the same day, and exhi-

bited no symptoms of ill-health until the actual attack. The first crop of spots came out on the evening of the day of attack, and fresh crops came out for several days, appearing for the most part towards evening, and being accompanied by a rise of temperature. The spots were very numerous and quite characteristic in appearance. The attack caused considerable depression in each case, which lasted for a day or two after the fall of temperature. The scabs did not completely separate until the end of the third week.

VALENTINE MATTHEWS,  
Surgeon to the Westminster General Dispensary,  
Associate of King's College, London, etc.

#### LAPAROTOMY FOR INTESTINAL OBSTRUCTION : REMOVAL OF A LARGE VERMIFORM APPENDIX.

In a case recently under my care, marked by the presence of a large tumour in the abdomen, towards the right iliac region, as symptoms of intestinal obstruction supervened, laparotomy was done.

On opening the abdomen, the tumour was found to be partly occupying the pelvis and pressing on the upper part of the rectum. Examination showed it to be a very much enlarged vermiform appendix, and it was accordingly removed. At the same time the existence of several tumour masses inside the cæcum and ascending colon were made out.

Examination of the tumour removed showed it to be kidney-shaped, of fleshy appearance, and of a bright red colour, resembling in places the hue of a boiled lobster-shell. Its distal extremity was somewhat pointed, and on its base was a small area the size of a florin, where the division took place when it was removed. The remains of a mesentery could be distinctly made out. The surface, as already mentioned, was of a bright red mottled appearance, but in other respects was like the outer surface of a vermiform appendix. A narrow cavity admitting a probe ran down its centre, and when cut into its exposed surface was soft and friable and of a delicate pink colour, except towards the distal extremity, where it was much darker, owing apparently to hæmorrhage into the tissue. A distinct capsule existed, in appearance like the thickened coats of an appendix. It measured 5 ins. in length and 3 ins. across the thickest part.

Microscopically the fleshy substance referred to above was seen to consist entirely of lympho-sarcomatous tissue, and a delicate framework of fibrous tissue forming the capsule was invaded by and almost obscured by the cells of the new growth.

From the above state of matters it would appear that the appendix had participated in a lympho-sarcomatous invasion of the large intestine. From its bulk one might almost be justified in regarding it as the starting point of the disease. Whether this be so or not, I have thought it right to record the case as one that, if not unique, is at any rate very rare.

GEORGE THOS. BEATSON, M.D.,  
Surgeon, Western Infirmary, Glasgow.

#### A CASE OF ACROMEGALY.

A MARKET GARDENER, aged 36, married, is at present under my care suffering from this disease. His height is 5 feet 11 inches, and his weight  $14\frac{1}{2}$  stone. His father died at the age of 81, and his mother is alive and well at 82. He has seven brothers and three sisters, all of whom are well. He had never been ill until he had a severe attack of influenza seven years ago, from which he dates his present trouble. He first noticed that his hands were getting larger about six years ago. The hands and feet have slowly increased in size ever since. His hands are large and broad, and very spade-like; the nails are broad, and the lines on the hands and wrists are very deep. His feet are very large, especially the great toes. The feet measure  $11\frac{1}{2}$  inches from toe to heel, and  $5\frac{1}{2}$  inches across the root of toes. The toe-nails are small. The head is large and long; its circumference is 24 inches, its width across the forehead is 5 inches, across the malar bones 6 inches. The nose is  $2\frac{1}{4}$  inches long; the nostrils are large and broad. The teeth are separated  $\frac{1}{8}$  inch in the upper jaw. The chin does not protrude. The eyelids and ears are normal. The lower lip is much thickened and protruding. The face is 13 inches long from forehead to chin. The chest measures 43 inches in inspiration,  $40\frac{1}{2}$  inches in expiration; the ribs are thickened.

There is dulness over the manubrium. The spine is normal; there is no kyphosis. He does not suffer from headache, but is always drowsy, and can sleep anywhere and at any time. His heart is normal. Sight is normal; there is no hemianopia. The muscles and skin are normal, but he perspires easily. He cannot close his fists tightly, and has great trouble in picking up a pin. He is somewhat bow-legged, especially on the left side.

Chadwell Heath.

T. REVELL ATKINSON, M.D. Durh.

#### FOREIGN BODIES IN THE RECTUM.

THE patient came to me complaining of a pricking sensation in the rectum. On external examination nothing could be seen, but on passing the finger within, a thin hard body could be felt lying transversely across the rectum, from before back, and situated just above the internal sphincter. I tried to remove it there and then by passing a speculum and endeavouring to pick it out with a pair of forceps. However, the sharp point had completely perforated the mucous membrane, and my endeavours to remove it having torn the membrane, I thought it advisable to give an anæsthetic and cut down on it, making a linear incision as for fissure, and this I did and the wound healed up in the ordinary way, without leaving a pocket or indication of fistula. On trying to trace the origin of the foreign body, which was apparently a piece of galvanised wire, I was forced to come to the conclusion that it must have been swallowed in an oyster. No doubt the oyster would have tried to get rid of it, but being sharp-pointed like a pin at one end, and jagged at the other, it must have got caught in the gills of the oyster, and so the bivalve was prevented from extruding it.

London. W. M. ABBOT ANDERSON, M.B., B.S., M.R.C.S.

#### NERVOUS HYPERPYREXIA FOLLOWING PARTURITION.

THE following case may be of some interest, owing to the extraordinary course followed by the temperature without obvious cause.

Mrs. A., aged 30, was confined on December 10th, 1899, the delivery being instrumental, owing to the large size of the infant, a male, weighing just over 10 lbs. No anæsthetic was administered, although considerable traction was necessary. In every other respect the labour was normal.

The patient had had one normal labour (a girl) four years previously. There had been no miscarriages, and the previous history was quite unimportant.

On this occasion she got on well, and seemed to be convalescing rapidly till the sixth day after labour, when she complained of some *malaise*, and her temperature was found to be  $100.4^{\circ}$ . She had just had her bowels opened well for the second time since delivery, castor-oil being the aperient employed. The next morning the temperature had risen to  $102.8^{\circ}$ , but on examination nothing could be found to account for this. The lochia continued quite normal in quantity and odour, and there was no hypogastric tenderness. Sulphate of quinine (gr. j) was given every four hours, and the same evening (one week after delivery) the temperature was  $102.2^{\circ}$ .

The next morning (eighth day) the temperature was  $100.2^{\circ}$ , and I decided to give a douche, in order to satisfy myself there was nothing in the uterus which might be causing this fever. I used a Hayes's tube and a quart of warm 1 to 4,000 sublimate solution. Nothing except a few shreds came away, and there was no smell. An hour later (mid-day) there was a severe rigor, and the thermometer registered  $104^{\circ}$ . I increased the quinine, and four hours later the temperature had fallen to  $101^{\circ}$ . From that time it gradually rose again, being  $105.6^{\circ}$  at midnight. When I saw the patient the next morning she merely complained of feeling very hot and of having passed a restless night. Her temperature was then  $103.6^{\circ}$ , and I repeated the uterine douche, again with negative results. This was followed once more by a most severe rigor, the temperature rapidly running up to  $107^{\circ}$  (verified by means of two different thermometers). Dr. T. Crawford Hayes was now called in to consult, and, being able to detect nothing to account for the alarming hyperpyrexia, gave a favourable prognosis. The temperature continued to pursue an erratic course during the next week. By the sixteenth day after labour it had fallen to normal, and did not go up again.

The interesting points in this case are:

1. The force used to deliver the child without the help of anæsthesia, and with little or no immediate shock to the patient.

2. The prolonged period which elapsed between the labour and the advent of pyrexia.

3. The complete absence of any symptoms pointing to septicity, the lochia continuing normal and the abdomen free from tenderness throughout.

4. The long period (ten days) during which the fever continued, producing very little ill-effect on the general condition of the patient.

5. The occurrence of a rigor after each of the uterine douches, and at no other time.

In conclusion, Dr. Hayes and I considered the erratic temperature to be of purely nervous origin.

Enfield, Middlesex.

HOWARD DISTIN, M.B.

## REPORTS

ON

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

#### ULSTER HOSPITAL FOR WOMEN AND CHILDREN, BELFAST.

##### ABDOMINAL SECTION FOR ADHESIONS OF STOMACH.

(By JOHN TENNANT, M.A., M.B. Edin.,)

E. L., aged 39, was admitted on December 27th, 1899.

*History.*—She had had good health till 1892, when she had hæmatemesis. Afterwards she had almost constant dyspepsia, but there had been no further hæmorrhage until December 6th, 1899, when she says she vomited a quart of blood; since the latter date she had been in bed, unable to retain solid food, and suffering almost constant pain in the stomach.

*Condition on Admission.*—She was pale and emaciated; weight, 5st. 6lbs.; the pulse was constantly over 100, but the thoracic organs and kidneys appeared to be healthy. A tumour as large as a pheasant's egg could be seen and felt in the abdominal wall, immediately to the left of the umbilicus. It was tender and immovable, and came within the area of stomach resonance.

*Progress.*—During the four weeks following admission her temperature continued to rise irregularly at night; vomiting was frequent and pain almost constant; and her weight decreased by 7 lbs. Drs. William Calwell and J. St. Clair Boyd saw her several times with me, and advised operation.

*Operation.*—On January 27th, under ether, the abdomen was opened through the left rectus abdominis muscle over the tumour. The latter proved to be a thickened and vascular area of the rectus sheath, which was incorporated with the stomach wall, and surrounded by filamentous adhesions. Strong adhesions also existed between the anterior wall of the stomach and the falciform ligament of the liver (which was much thickened), and the lower surface of the liver as far back as the gastrohepatic omentum. The left rectus muscle was divided, and the adherent part of its sheath was cut away and left attached to the stomach. The remaining adhesions to the ligament and capsule of the liver were tied and divided, and the free end of the gastrocolic omentum was brought up and sutured to the under-surface of the liver, to prevent adhesions reforming, as it was found that the diseased area of the stomach was so thickened and friable as to prevent invagination of the wall. The wound was then closed.

*After-History.*—The patient made a good recovery from the operation, and was free from pain and vomiting during the remainder of her stay in hospital. She was discharged on March 14th, at which time she was taking the ordinary hospital diet without discomfort, and weighed 5st. 9lbs. She was last seen in July, when she was still very thin, but free from dyspepsia.

#### NORTH LONSDALE HOSPITAL, BARROW-IN-FURNESS.

##### PSEUDO-CYST OF ABDOMEN: OPERATION: RECOVERY.

(By J. T. WILLIAMS, M.R.C.S., etc., Honorary Surgeon to the Hospital.)

J. C., aged 15 years, apprentice fitter, was admitted on October 27th, 1900, suffering from a large swelling in the left hypochondriac and epigastric regions. He had always been a delicate boy, troubled much with diarrhoea in the morning, never at night. His present illness began quite suddenly on October 5th with vomiting at 7 A.M. This sickness continued all the day, accompanied by severe pain in the epigastrium, but very soon spread over the upper part of the abdomen, and continued until his removal to his home, when hot cloths were applied. The vomiting and pain continued, but not so

frequently and severely. He could take milk generally; nothing else could be retained.

On examining the site of the pains no swelling was discovered; no rigor, no rise of temperature. The symptoms continued much the same for ten days, when an enlargement became apparent in the left hypochondriac region, which increased pretty rapidly and encroached on and gradually passed across the middle line for about two fingerbreadths, and extending downwards into the umbilical and left lumbar regions. The swelling was tender to the touch; there was no œdema or redness or dilatation of the veins of the abdominal wall. There was dullness over this area on percussion, and a thrill could easily be ascertained. The liver percussion area was normal; the spleen dullness was not increased in the axillary line. The tumour did not move with respiration; the dullness was not continued into the left kidney region behind. The urine was healthy, pale, straw colour, faintly acid reaction, specific gravity 1014. The features were pinched and the expression anxious. Pain was very severe at night, and morphine had to be given hypodermically to relieve the extreme restlessness. There was no vomiting on the day of his admission to hospital or during his stay there; the tongue had a thick white moist fur.

On consultation with my colleagues it was generally considered that we had a hydatid cyst to deal with, probably of the spleen. His condition was so serious at this time and so urgently called for relief that it was determined to explore the swelling. On October 30th an incision about 2 inches in length was made vertically over the most prominent part of the tumour. On opening the peritoneum it was found that the anterior wall of the stomach presented in the wound, and being so pushed from behind that it was impossible to proceed any further until the wound was enlarged. By carefully pushing the omentum aside the wall of the cyst was reached, and was packed round as well as possible with sponges and tapped with a trocar, but owing to its depth and the firm manner in which it was held, I am afraid there was some soiling of the peritoneum with the contained fluid. When the bulk of the fluid had been drawn off it was possible with great difficulty to bring up the cyst wall and stitch it to the skin margins; then a piece of tissue about the size of two fingers was pulled out of the cavity, looking like fat or omentum much necrosed; at the time of the operation or since no real cyst wall has been seen. A large rubber drain was inserted; the amount of fluid drawn off measured 3 pints, and was of a dull opalescent colour and quite odourless. The Clinical Research Society report says:

The necrosed piece of tissue is fatty, probably omentum or mesentery, but being in a necrosed condition is quite useless for histological purposes. The fluid contains many cells like pus and blood cells and granular debris. A careful examination has been made for scolices with entirely negative results.

After the operation his recovery was without incident. The temperature never rose above 99° F., and he left the hospital in about three weeks with the wound soundly healed, and looking more robust than he had ever done before.

Is it likely that this very interesting case originated in a thrombus in one of the veins of the gastrosplenic omentum, with necrosis of a portion of that structure and its subsequent distension with fluid, which was evidently sterile, or it could not have failed to set up peritonitis, as it was absolutely impossible to prevent some soiling of that membrane on account of the great depth at which the tumour was placed (and before it was emptied) its immobility?

#### HERTS COUNTY ASYLUM.

##### NEEDLE TRANSFIXING LEFT LOBE OF THE LIVER WITHOUT SYMPTOMS.

(Reported by J. C. MCCONAGHEY, M.B., Ch.B. Edin., Assistant Medical Officer to the Asylum.)

A MAN, aged 39, was admitted into the asylum on April 11th, 1899. His attack of insanity had lasted six years, and at the time of his death he was suffering from dementia. He was diagnosed to be suffering from phthisis of an advanced type, from which he eventually succumbed on November 17th, 1900. On *post-mortem* examination both lungs were found to be in an advanced stage of tuberculous disease. On examining the liver a rusty needle  $1\frac{1}{2}$  inch long was found transfixing the centre of the left lobe of that organ, the point having taken a

## FEES FOR PROLONGED ATTENDANCE IN MIDWIFERY CASE.

**BUSINESS** writes: In *re* answer to "A. L. M." in regard to fees for prolonged attendance in midwifery case, you warn him off the County Court, but do not suggest how he should avoid making the same mistake again.

I find it easy enough to have a very elastic fee. When engaged I tell the person asking me to attend that my fee varies with each case; that it cannot be less than 1 guinea for the confinement if the latter is an ordinary one—that is to say, if I am not sent for too early and I have not to make any prolonged stay, nor more than one visit before the birth. All additional visits I charge for, and I only undertake to pay visits to the ninth day, an average of about seven to each case. I charge for any medicines required for mother or child, and if unfortunately I get a case like "A. L. M.", on the ninth day I tell them the attendance from then has to be paid for in the ordinary way. I have never had any difficulty in bills paid in such cases.

I remember Judge Addison in a case in one of the London County Courts two or three years ago, refusing a fee to a medical man, although engaged and not sent for. If I remember rightly, the Judge said there was no contract in a legal sense.

## LUNACY CERTIFICATES.

**A. J. A.**—The point is not specifically provided for in the Lunacy Acts. The terms, explicit and implicit, of A. J. A.'s appointment would decide the matter. If the terms are in effect that he is to perform each and every duty in any way coming out of his appointment, he cannot claim a fee. If, on the contrary, he has defined duties, specifying particulars and not including the certificates in question, then we see no objection to his charging the fee.

## PARTNERSHIP ACCOUNTS.

**PARTNER** is in partnership on these terms:—He receives a fixed salary free of all expenses, and is further allowed 20 per cent. of all the receipts over £1,000. Among the bills sent out at Christmas was one to a wealthy patient, who, apparently not thinking the charges sufficient, returned a cheque for double the amount. The charges were for attendance on the household of the patient during an outbreak of scarlet fever. The attendance was chiefly given by our correspondent, and he wishes to know whether under the circumstances he is not entitled to more than 20 per cent. of the surplus payment in this case.

\*.\* Under the terms of our correspondent's partnership he is only entitled to 20 per cent. of all receipts over £1,000. There is no valid reason why this surplus should be treated in any different manner from the other receipts. If his firm had charged double fees in this case no question could have arisen, and the extra payment on the part of the patient amounts to no more than a recognition that the attendance was deserving of higher fees. This is, of course, the strict business way of regarding the matter, and takes no account of friendly relationship between the partners.

## TURPENTINE IN BEER.

**T. B. J.** writes: A patient of mine lately suffered from an attack of gastro-enteritis consequent on drinking some stout which contained turpentine (this was proved by analysis). Is there any redress in cases of this kind? Surely the brewers or bottlers who through carelessness in washing the bottles sent out one containing enough turpentine to cause vomiting, diarrhoea, colic, etc., should be held responsible to some extent.

\*.\* Action cannot be taken under the Sale of Food and Drugs Act unless the sample was purchased and dealt with subject to the procedure laid down in the Act. This does not appear to have been the case. Probably damages and costs could be recovered in a court of law from the bottling company, but the plaintiff would have to prove that there was no possibility of the turpentine having got into the stout in the house, and that the remainder of the sample was duly sealed and protected up to the time it reached the analyst. Unless the evidence is clear and decisive on these points it would not be safe to risk an action. It is rather extraordinary that the turpentine was not detected by the palate.

## NOTICES TO PATIENTS.

**ENQUIRER.**—In issuing any such card as our correspondent proposes he must be very careful to send it only to *bona-fide* patients of his own practice.

**RUSTICUS.**—We do not feel competent to express an opinion, and would recommend our correspondent to consult the councils of the colleges of which he is a member.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF CAMBRIDGE.

At the Congregation on January 17th the following degrees were conferred:

*Bachelor of Medicine.*—G. O. Lambert, St. John's; S. Bousfield, Caius; H. S. Gabb, Downing; W. L. Ascherson, non-coll.  
*Bachelor of Surgery.*—W. E. M. Ede, King's; N. Maclaren, G. A. C. Shipman, R. H. Urwick, Trinity; G. O. Lambert, St. John's; H. Edmondson, Clare; L. Wilkin, Pembroke; G. Bousfield, T. W. S. Paterson, Caius; L. B. Scott, Christ's; A. H. Style, Emmanuel; H. S. Gabb, Downing.

## PUBLIC HEALTH

AND

## POOR-LAW MEDICAL SERVICES.

## THE REGISTRAR-GENERAL'S QUARTERLY RETURN.

THE Registrar-General has just issued his return relating to the births and deaths registered in England and Wales during the fourth, or autumn, quarter of 1900, and to the marriages during the three months ending September last. The marriage-rate was equal to 17.2 per 1,000, and was 0.9 per 1,000 above the average rate in the corresponding quarters of the ten preceding years.

The births registered in England and Wales during the quarter ending December last numbered 219,065, and were equal to an annual rate of 27.1 per 1,000 of the population, estimated by the Registrar-General to be more than thirty-two millions in the middle of last year. This rate was 1.9 per 1,000 below the mean rate in the corresponding periods of the ten preceding years. The birth-rates in the several counties ranged from 15.0 in Rutland, 18.4 in Westmorland, 19.8 in Oxfordshire, and 20.4 in Sussex to 31.3 in Northumberland, 32.0 in Monmouthshire, 33.0 in Staffordshire, and 33.4 in Durham. In thirty-three of the largest English towns, including London, the birth-rate last quarter averaged 27.4 per 1,000, and exceeded by 0.3 per 1,000 the general English rate. In London the birth-rate was equal to 26.6 per 1,000, while it averaged 27.9 in the thirty-two provincial towns, among which it ranged from 20.2 in Huddersfield, 20.7 in Bradford, 22.0 in Blackburn, and 22.9 in Halifax, to 31.8 in Sunderland, 33.3 in Gateshead, 33.5 in Sheffield, and 34.0 in Liverpool.

The births registered in England and Wales during the three months ending December last exceeded the deaths by 87,596; this represents the natural increase of the population during that period. From returns issued by the Board of Trade it appears that 61,449 emigrants embarked during last quarter for places outside Europe, from the various ports of the United Kingdom at which emigration officers are stationed. Of these 61,449 emigrants, 28,164 were English, 4,219 Scotch, and 6,663 Irish, while 22,663 others were of foreign nationality. Compared with the averages in the corresponding periods of the three preceding years the proportions of English, Scotch, and Irish emigrants increased 26.1, 16.4 and 14.5 per cent. respectively.

During the fourth quarter of last year the deaths of 131,460 persons were registered in England and Wales, equal to an annual rate of 16.3 per 1,000 of the population, the average rate in the fourth quarters of the ten preceding years having been 18.1 per 1,000. The lowest county death-rates last quarter were 11.2 in Rutland, 12.2 in Middlesex, 12.3 in Wiltshire, and 12.5 in Surrey; the highest rates were 18.9 in Lancashire, 19.3 in Northumberland, 19.6 in Staffordshire, and 19.7 in Durham. In the urban population of England and Wales, estimated at about 22 millions of persons, the rate of mortality during the quarter under notice was 17.0 per 1,000; while in the remaining and chiefly rural population of about 10 millions the rate was 14.6 per 1,000. These urban and rural rates were 2.1 and 1.7 per 1,000 below their respective averages in the corresponding quarters of the ten preceding years. Among thirty-three of the largest English towns the mean death-rate was 17.3 per 1,000, or 1.0 per 1,000 in excess of the general English death-rate during the same period. In London the rate was 16.5 per 1,000, while it averaged 17.8 in the thirty-two large provincial towns, and ranged from 12.1 in Cardiff, 12.3 in Croydon, 13.0 in Norwich, and 13.7 in West Ham to 20.1 in Gateshead, 21.7 in Liverpool, 22.0 in Manchester, and 23.1 in Salford. In sixty-seven other large towns, with an estimated aggregate population of more than four millions, the mean death-rate was 16.3 per 1,000, or 1.0 below the rate in the thirty-three great towns.

The 131,460 deaths registered in England and Wales during the three months ending December last included 3,856 which were referred to diarrhoea, 2,677 to diphtheria, 2,104 to measles, 2,090 to whooping-cough, 1,964 to "fever," (including typhus, enteric, and ill-defined forms of continued fever), 1,084 to scarlet fever, and 8 to small-pox. The mortality from diphtheria and from diarrhoea was above the average, while that from each of the other principal zymotic diseases showed a decline. Of the 8 fatal cases of small-pox registered during the quarter under notice, 3 occurred in Carnarvon Registration District.

The rate of infant mortality in England and Wales last quarter, or the proportion of deaths under 1 year of age to registered births, was equal to 151 per 1,000, and was slightly below the average in the corresponding periods of the ten preceding years. In thirty-three of the largest English towns, including London, the rate of infant mortality was 165 per 1,000; in London this death-rate was equal to 155 per 1,000, while it averaged 172 in the thirty-two provincial towns, and ranged from 106 in Plymouth, 129 in Halifax, 133 in Cardiff, and 136 in Croydon and in Norwich to 205 in Nottingham, 222 in Blackburn, 235 in Burnley, and 236 in Gateshead. The mortality in England and Wales last quarter among persons aged between 1 and 60 years was equal to 8.5 per 1,000 of the estimated population at this group of ages, and was 1.0 per 1,000 below the average in the ten preceding fourth quarters. In the thirty-three great towns the mortality at this age-group averaged 9.6 per 1,000, and ranged from 5.5 in Norwich, 6.1 in Croydon, 6.5 in Cardiff, and 7.2 in West Ham to 11.4 in Sheffield, 12.7 in Liverpool, 13.6 in Manchester, and 14.0 in Salford. Among persons aged 60 years and upwards the death-rate in England and Wales last quarter was equal to 61.1 per 1,000 of the estimated population at this age group, against an average rate of 70.3 per 1,000 in the corresponding quarters of the ten preceding years. In the thirty-three great towns this death-rate averaged 65.6 per 1,000, the lowest rates being 48.4 in Norwich, 49.7 in Brighton, 50.6 in Croydon, and 51.1 in Leicester; and the highest rates, 77.8 in Derby, 78.5 in Manchester, 80.5 in Liverpool, and 80.8 in Salford.

The mean temperature of the air at the Royal Observatory, Greenwich, was 47.6°, and was 3.9° above the average in the corresponding quarters of 1900; it showed an excess during each month of the quarter, amounting to 1.6° in October, 3.7° in November, and 6.4° in December. The rainfall during the quarter measured 5.85 inches, which is 1.25 inch below the average.

## MEDICAL NEWS.

DR. WILLIAM COLLINGRIDGE, Medical Officer of Health of the Port of London, has come forward as a candidate for the office of Medical Officer of Health for the City of London, rendered vacant by the death of Dr. Sedgwick Saunders.

At a meeting of the Elizabethan Society, to be held at Toynbee Hall, Commercial Street, E., on Wednesday next, at 8 P.M., Mr. D'Arcy Power will read a paper on The Elizabethan Revival of Surgery in England.

The Chief Secretary for Ireland received recently a deputation from the Irish Trades Congress urging him to support the aims of the Congress, including the registration of plumbers. Mr. Wyndham returned a sympathetic reply.

A MEETING of the Anatomical Society of Great Britain and Ireland will take place at Guy's Hospital on Friday, February 8th, at 4.30 P.M., when specimens will be shown, and Dr. W. H. Gaskell, F.R.S., will read a paper on The Origin of the Vertebrate Ear and Eighth Pair of Cranial Nerves, and Mr. W. L. H. Duckworth will contribute A Critical Review on Recent Literature of Fossil Anthropoids.

A PORTUGUESE SCIENTIFIC EXPEDITION IN AFRICA.—An expedition is being sent out by Portugal to Angola, which is the general name for the Portuguese possessions in Lower Guinea, West Africa, to study the sleeping sickness there. It is composed of Drs. Annibal Bettencourt, Ayres Kopke, and Gomes Rezende, jun. The expedition will probably start about the end of February.

FEMALE ASSISTANTS IN SWISS UNIVERSITIES.—There are at present four women holding the important post of Assistant in Swiss universities. At Berne, Fräulein Dr. Siglinde Stier is Assistant in the Psychiatric Clinic; Fräulein Dr. Rachel Zipkin is Second Assistant in the Anatomical Institute, Zürich; Fräulein Dr. Kworostansky is Fourth Assistant in the Obstetrical and Gynaecological Clinic; and Fräulein Dr. Fitschen, Second Assistant in the Psychiatric Clinic of the same University.

GERMAN CONGRESS OF INTERNAL MEDICINE.—The German Congress für innere Medizin will hold its nineteenth annual meeting in Berlin this year from April 16th to 19th under the presidency of Professor Senator. The subjects proposed for discussion are Cardiac Remedies and Vasomotor Remedies (to be introduced by Professors Gottlieb of Heidelberg and Sahli of Bern); Inflammation of the Spinal Cord (to be introduced by Professors von Leyden of Berlin and Redlich of Vienna).

THE INTERCOLONIAL MEDICAL CONGRESS OF AUSTRALASIA.—The sixth session of the Intercolonial Medical Congress of Australasia will be held in Hobart, Tasmania, during the month of February or March (the exact date had not been fixed) under the presidency of Dr. R. S. Bright, of Hobart. The work of the Congress will be divided into six Sections as follows: (1) Medicine, including Diseases of the Skin; (2) Surgery; (3) Diseases of the Eye, Ear, Throat, and Nose; (4) Midwifery and Diseases of Women; (5) Public Health; (6) Anatomy, Physiology, Pathology (including Bacteriology), and Pharmacology. The Tasmanian Government has agreed to issue to Members of the Congress and their wives railway tickets at half-fare rates over the Government lines. The Secretary of the Congress is Dr. Gregory Sprott, of Hobart.

METEOROLOGY OF SEVENOAKS.—Some interesting statistics and facts relating to the weather at Sevenoaks have been contributed to the *Sevenoaks Chronicle* by Mr. W. W. Wagstaffe as the result of observations extending over several years. Mr. Wagstaffe, in a paper on the climate and weather in the guidebook to Sevenoaks, had prepared some charts showing the average weather in the locality during the ten years ending 1895, and on the close of the century he has prepared similar charts for 1890-99. One of these charts shows the average temperature for each month of the year as well as the average maximum and average minimum, and the actual highest and lowest for each month of the decade. Another chart shows the maximum, minimum, and average rainfall for every month of the year, with the average number of wet days in each month. The average rainfall for the year at Sevenoaks is shown to be about 30 inches, which is fairly

high. As regards temperature, Sevenoaks is two or three degrees colder than London in the winter and is somewhat cooler in the summer. Compared with seaside places on the South Coast the ranges of temperature are wider, as would be expected at an inland station.

## MEDICAL VACANCIES.

The following vacancies are announced:

- BATH ROYAL UNITED HOSPITAL.—Resident Medical Officer. Salary, £125 per annum, with board, lodging, and washing. Applications to the Secretary by February 15th.
- BIRMINGHAM CORPORATION.—Assistant Medical Officer to the City Fever Hospital, Lodge Road. Salary, £130 per annum, with board, residence, etc. Applications to the Medical Superintendent.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL.—(1) Senior House-Surgeon. Salary, £65 per annum. (2) Junior House-Surgeon. Salary, £60 per annum, with apartments, board, and attendance. Applications to the Chairman of the Medical Board by February 18th.
- 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.
- BRADFORD ROYAL INFIRMARY.—Dispensary Surgeon, unmarried. Salary, £100 per annum, with board and residence. Applications, endorsed "Dispensary Surgeon," to the Secretary by February 5th.
- BUNTINGFORD, HADHAM, HERTFORD, STANSTED, AND WARE RURAL DISTRICTS AND THE URBAN DISTRICTS OF BISHOPS STOETFORD, HERTFORD, HODDSDON AND WARE.—Medical Officer of Health and Analyst. Salary, £200 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.
- DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square, W.C.—(1) Demonstrator at the Hospital. Honorarium, £200 per annum. (2) Two Demonstrators to assist senior students. Honorarium, £100 and £80 per annum respectively. Applications to the Dean by March 15th.
- DONCASTER GENERAL INFIRMARY AND DISPENSARY.—Assistant House-Surgeon, unmarried. Board and residence provided. Applications, stating age and amount of salary required, to the Honorary Secretary.
- DUDLEY DISPENSARY.—Resident Medical Officer. Salary, £130 per annum, with house, etc. Applications to the Honorary Secretary by February 18th.
- DUDLEY GUEST HOSPITAL.—Senior Resident Medical Officer. Salary, £100 per annum, increasing to £120, with board and residence. Applications to the Secretary by February 14th.
- EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road, S.E.—Junior Resident Medical Officer and Registrar. Salary, £50 per annum, with board and washing. Applications to the Committee of Management by February 19th.
- GLOUCESTER COUNTY ASYLUM.—Third Assistant Medical Officer. Salary, £150 per annum, rising to £180, with board, lodging, and washing. Applications to the Medical Superintendent by February 16th.
- 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.
- LAMBETH INFIRMARY, Brook Street, S.E.—Second Assistant Medical Officer. Appointment for six months. Salary at the rate of £80 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.
- LEEDS UNION.—Assistant Medical Officer for the Workhouse, Schools and Infirmary. Unmarried, and not above 35 years of age. Salary, £120 per annum, rising to £150, with board, washing, apartments and attendance. Applications, endorsed "Assistant Medical Officer," to the Clerk, Poor-law Office, East Parade, Leeds, by February 8th.
- LEWISHAM INFIRMARY.—Assistant to the Medical Superintendent. Salary, £120 per annum, increasing to £150, with board, lodging, and washing. Applications to the Medical Superintendent, 28, High Street, Lewisham, S.E., by February 11th.
- LINCOLN COUNTY HOSPITAL.—Assistant House-Surgeon. Appointment for six months, but eligible for re-election. Honorarium, £25, with board, lodging, and washing. Applications to the Secretary by February 16th.
- LONDON TUBERCULOSIS HOSPITAL, Hampstead Road, N.W.—Assistant-Surgeon. Honorarium, 50 guineas a year. Applications to the Secretary by February 16th.
- LONDON THROAT HOSPITAL, Great Portland Street, W.—Third Assistant-Surgeon. Applications to the Secretary of the Medical Committee by February 8th.
- MARGATE: ROYAL SEA BATHING HOSPITAL.—Assistant Resident Surgeon. Salary, £60 per annum, with board and residence. Applications to the Secretary, 30, Charing Cross, London, S.W., by February 15th.
- MIDDLESEX HOSPITAL, W.—(1) Assistant to the Bacteriologist. Salary, £80 per annum. (2) Obstetric Registrar. Applications to the Secretary-Superintendent by February 6th for the first vacancy, and by February 15th for the second.
- MILLER HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich Road, S.E.—Junior Resident Medical Officer. Appointment for six months, with prospect of re-election as Senior. Salary, £50 per annum, with board, attendance, and washing. Applications to the Secretary by February 12th.
- NOTTINGHAM GENERAL DISPENSARY.—Assistant Resident Surgeon; unmarried. Salary, £140 per annum, and all found except board. Applications to the Secretary.
- 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.
- OXFORD: WARNEFORD ASYLUM.—Assistant Medical Officer. Salary, £100 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.
- 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.
- RICHMOND UNION.—Medical Officer and Public Vaccinator for the Barnes District, and Medical Officer of the Children's Homes, Barnes; not more than 45 years of age; salary, together, £100 per annum. Applications to the Clerk to the Guardians, 17, The Green, Richmond, Surrey, by February 11th.
- ROCHESTER: ST. BARTHOLOMEW'S HOSPITAL.—House-Surgeon. Salary, £120 per annum, with board, washing, etc. Applications, endorsed "Application for House-Surgeon," to the Clerk to the Trustees, 42, High Street, Rochester, by February 11th.
- ST. ANDREWS UNIVERSITY.—Examiner for Graduation in Physiology. Applications to the Secretary by February 9th.
- SALFORD ROYAL HOSPITAL.—(1) House-Surgeon. Salary, £100 per annum. (2) House-Physician. Salary, £80 per annum. (3) Junior House-Surgeon. Salary, £70 per annum. Board and residence provided in each case. Applications to the Chairman of the Board of Management by March 5th.
- SALOP INFIRMARY.—Assistant House-Surgeon. Appointment for six months, but capable of renewal. Salary at the rate of £30 per annum, with board and washing. Applications to the Secretary.
- 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 before February 11th.
- WEST BROMWICH DISTRICT HOSPITAL.—Resident Junior House-Surgeon. Salary, £50 per annum, with board, lodging, washing and attendance. Applications to the Secretary.



**WESTERN GENERAL DISPENSARY**, Marylebone Road, N.W. - Second House-Surgeon, unmarried. Salary, £75 per annum, with board and residence, and 10s. a month for laundry. Applications to the Honorary Secretary.

**YORK COUNTY HOSPITAL** - Resident Assistant House-Surgeon. Salary, £90 per annum, with board, attendance, and washing. Applications to the Secretary by February 12th.

### MEDICAL APPOINTMENTS.

**ALLEN, H. M.R.C.S.**, L.R.C.P.Lond., appointed Medical Officer for the Crediton Union.

**AXTON, A. August, M.B.**, Ch.B.Edin., appointed Resident Medical Officer to the Victoria Hospital, Burnley vice J. J. Crauford, M.B., Ch.B.Dublin, resigned.

**BURSTOCK, Charles Arthur, M.R.C.S.Eng.**, L.S.A., appointed Certifying Factory Surgeon for the Haverfordwest District, co. Pembroke.

**DAVIES, Leslie, M.B.**, appointed Health Officer for the Shire of Birchp, Victoria.

**MAVIN, H. F., M.B.**, appointed Health Officer for the Shire of Glenlyon, Victoria.

**MARRIS, William Arthur, M.D.Lond.**, M.R.C.S., L.R.C.P., appointed Senior House-Physician to the National Hospital for the Paralyzed and Epileptic, Queen Square.

**MASON, J. Malcolm, M.D.**, F.R.S., D.P.H.Cambridge, appointed Chief Health Officer for the Colony of New Zealand.

**MONEY, Percy F., M.R.C.S.Eng.**, L.R.C.P.Edin., appointed Government Medical Officer and Vaccinator at Goodooke, New South Wales.

**O'DONOGHUE, D. J. F., L.R.C.P.**, L.R.C.S.Irel., appointed Medical Officer for the Coom Dispensary District of the Killybeg Union.

**RIVIERE, Olive, M.D.Lond.**, M.R.O.S., M.R.C.P., appointed Pathologist and Registrar to the East London Hospital for Children, Shadwell, vice Thomas D. Lister, M.D.Lond., F.R.C.S.

**ROCKETT, P. J., M.B.**, appointed Health Officer for the Shire of Maffra, Victoria.

**SALL, Ernest F., M.R.C.S.Eng.**, L.R.C.P.Lond., appointed Second Assistant Medical Officer to the Graylingwell Hospital (West Sussex County Asylum), Chichester.

**SINGER, Harold Douglas, M.D.Lond.**, M.R.C.S., L.R.C.P., appointed Junior House-Physician to the National Hospital for the Paralyzed and Epileptic, Queen Square.

**STEWART, Andrew, M.B.**, M.S.Case, appointed Visiting Medical Officer to the Jubilee Sanatorium for Consumption at Dalby, Queensland.

**TUBBY, A. H., M.S.**, F.R.C.S., appointed a Consulting Surgeon to the Vice Hip Hospital, Sevenoaks, vice William Anderson, F.R.C.S., deceased.

**WAGGETT, E. B., M.B.**, B.O.Camb., appointed Surgeon to Out-Patient Throat and Ear Department, Great Northern Central Hospital.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**West London Post-Graduate Course**, West London Hospital, Hammersmith Road, W., 5 P.M. - Mr. McAdam Eccles: Lantern Demonstration of Hernia Cases.

**Medical Graduates' College and Polyclinic**, 22, Chancery Street, W.C., 4 P.M. - Dr. A. Whitfield: Consultation (Skin). 2 to 3.30 P.M. Mr. Hayward Pinch. Class: Clinical Microscopy.

**Otological Society of the United Kingdom**, 11, Chandos Street, Cavendish Square, W., 4.30 P.M. - Cases and Specimens will be shown and Notes of Cases read.

#### TUESDAY.

**Pathological Society of London**, Medical School of St. Bartholomew's Hospital, 8 P.M. - Drs. Andrews and Schöbber: The Relative Agglutination Phenomena seen after Immunisation against the Typhoid Bacillus and its Near Allies. Drs. Garrod and Drysdale: The Action of Intestinal Bacteria upon Bilirobin. Dr. Klein: (1) A New Pathogenic Torula; (2) Agglutination of

Plague Bacilli. Dr. Mervyn Gordon: Bacillary Forms of Streptococci. Drs. Andrews and Horne: Demonstration of the Colloid Method applied to Paraffin Sections for Glass Purposes.

**Medical Graduates' College and Polyclinic**, 22, Chancery Street, W.C., 4 P.M. - Dr. C. T. Williams: Consultation (Medical).

#### WEDNESDAY.

**London Throat Hospital**, 204, Great Portland Street, W., 5 P.M. - Dr. Catcott: Examination of the Larynx.

**Obstetrical Society of London**, 20, Hanover Square, W., 8 P.M. - Specimens will be shown by Mr. Hastings Gifford (introduced by Mr. Targett), Dr.

William Duncan, and others. Annual Meeting: The President (Mr. Alban Doran) will deliver the Annual Address.

**Medical Graduates' College and Polyclinic**, 22, Chancery Street, W.C., 5 P.M. - Mr. Stanley Boyd: Clinical Lecture.

#### THURSDAY.

**Charing Cross Hospital Post-Graduate Course**, 4 P.M. - Mr. Waterhouse: Surgical Cases.

**Central London Throat, Nose and Ear Hospital**, 5 P.M. - Dr. Dundas Grant: Treatment of Tuberculous and other Specific Affections of the Pharynx and Larynx.

**The Roentgen Society**, 20, Hanover Square, W., at 8 P.M. - Lieutenant and Quartermaster F. Bruce, R.A.M.C.: Experiences of "X-ray" Work During the Siege of Ladysmith, with Lantern-Slide Illustration.

**Harveian Society of London**, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 P.M. - Dr. Inglis

Parsons will read a paper on Persistent Menorrhagia and its Treatment.

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

**West London Post-Graduate Course**, West London Hospital, Hammersmith Road, W., 5 P.M. - Mr. McAdam Eccles: Second Lantern Demonstration of Hernia Cases.

**Hospital for Sick Children**, Great Ormond Street, 4 P.M. - Dr. Poynton: Demonstration of Selected Cases.

**Hospital for Diseases of the Skin**, 52, Stamford Street, Blackfriars, S.E., 3 P.M. - Dr. P. S. Abraham: Clinical Demonstration.

#### FRIDAY.

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

**Clinical Society of London**, 20, Hanover Square, W., 8.30 P.M. - Papers:

Dr. Nabarro (introduced by Dr. Thini): A Case of Pronounced Splenomyelogenous Leucocythemia Subsequent to an Attack of Malarial Fever. Mr. E. W. Shenton (introduced by Dr. J. H. Bryant): Instantaneous Radiography.

### 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.

**CLARK**. - On January 19th, at Bath Lodge, Bitterne, Southampton, the wife of Mr. Alfred Clark, F.R.C.S., L.R.C.P.Edin., of a daughter.

**MANSSELL**. - On January 28th, at Crofton, West Hill, Hastings, the wife of Harry R. Mansell, M.R.C.S., of a son.

#### DEATHS.

**HORSMAN**. - On the 26th ult., at Kexhillon-Sea, Josephine Winifred, the beloved wife of Dr. Godfrey Horsman, of 22, King Street, Portman Square, W. R.I.P.

**KNOWLES**. - On January 28th, at 5, Ashford Road, Maidstone, John Knowles, M.R.C.S., aged 62 years. Interred at Maidstone Cemetery on January 29th.

### LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 429, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

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

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

#### QUERIES.

SEVERAL correspondents desire to hear of a school where children are received and treated for stammering, their general education being carried on at the same time.

**K. V. P.** asks for advice as to the best heating apparatus for a small hospital of twenty beds, with six wards and out-patient rooms. He asks whether there is any small book on the subject.

**ROSACEÆ** asks if any medical man who has had experience of spent tan instead of straw as a bedding for horses will state whether he was favourably impressed by it.

**QUITO** desires to hear of a recent work which deals with the natural history, fauna, and disease-distribution of Ecuador and the southern portion of the United States of Colombia in South America.

**G. J. D.** wishes to hear of a home where a man, aged 30, who is suffering from chronic heart trouble, but is not confined to his bed, could be taken in; he might pay a little.

**D. F.** asks whether there is any home or institution where the following case would be received: A girl (in a family of six), 6 years old, unable to walk, deaf, dumb, blind, and subject to frequent "fits." The parents are in a poor position, but would be willing to contribute a small sum weekly.

#### CLUB AND FRIENDLY SOCIETY PRACTICE.

**BOOMERANG**, writing from Australia, is "anxious to become thoroughly acquainted with the conditions of club and friendly society practice in all parts of the world," and will be much obliged if anyone can inform him "where, apart from the medical journals, he can obtain the latest information on the subject."

#### SUPRARENAL EXTRACT IN HEART DISEASE.

**DR. SAMUEL FLOERSHEIM** (New York), who intends to publish a paper supplementing that in the *New York Medical Journal*, October 6th, 1900, pp. 581-585, on the use of suprarenal capsule in organic heart disease, asks for reports of cases showing (1) the condition of the heart and pulse and the pulse-rate; (2) the effect on the heart and pulse and also the pulse-rate within 10 minutes after the suprarenal powder (3 grains) is chewed and swallowed without water by the patient.

#### BOOKS ON DENTAL SURGERY.

**CARIES** asks to be recommended a small book on practical dentistry for a medical practitioner.

\*.\* There is rather a lack of small but reliable books. *Aids to Dental Surgery*, by Underwood (London: Baillière, Tindall, and Cox. 1888, 2s. 6d.), might serve the purpose, though really intended as a sort of cram book for students going up for examination. The information would, perhaps, better be obtained from the more comprehensive *System of Dental Surgery*, by Sir J. Tomes, F.R.S., and C. S. Tomes, M.A., F.R.S., Fourth Edition (London: J. and A. Churchill. 1897. 16s.); or *Diseases and Injuries of the Teeth*, by M. Smale and J. F. Colyer (London: Longmans, Green, and Co. 1893. 15s.)

#### A CASE FOR DIAGNOSIS.

**A. D. R.** would be glad of suggestions as to the diagnosis and treatment in the following case: A man, aged 45, came to him about three weeks ago with a patch the size of a button on the right shoulder, which was red, but caused very little irritation. This gradually extended to the size of the hand or even larger, became very hard to the touch, the redness disappearing in the centre, leaving a well-marked, slightly raised border, slightly red but not at all marked in colour. After a few hours the whole patch of skin became softer and gradually disappeared. There was neither soreness nor tenderness. The man has had crops of two or three on the arms, hips, round calves of both legs, and one in front of one tibia, also in neck, the one on the left hip extending to the knee. In twenty-four hours they disappear, leaving the man little the worse for their appearance. There is no history of rheumatism nor eating of any indigestible food to diagnose the case as simple urticaria.