

## MEMORANDA:

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

**SKIN LESION FROM EXPOSURE TO ROENTGEN RAYS.**  
A PATIENT who came to me two years ago said that her brother had experimented on her with the Roentgen rays to find out the proper exposure to give for an injury to the hip-joint.

The first day he gave an exposure of one hour in the morning and 50 minutes in the afternoon, and the next day 40 minutes in the morning.

Three weeks after this she felt a burning pain over the lower part of the abdomen and upper part of the right thigh, with redness over an area of about 6 square inches. This terminated in a kind of superficial ulcer. Little islands formed over the ulcerated surface, joining together, and healed up in three weeks under carbolic oil dressing.

Nine months after I found the area covered with most beautiful scarlet mottled rings about the size of a threepenny piece, brightest round the circumference, and shading off to pale in the centre. These rings were united together, and were all about the same size, and appeared to be permanent.

If this occurred on the face of a patient or any exposed surface, it might prove very awkward for the medical attendant.  
Clapham Road, S.W. A. WYLIE, M.D.

A CASE OF ACUTE DIGITALIN POISONING:  
RECOVERY.

J. W., male, aged 1 year 11 months, was first seen by me on January 30th, 1900, about noon, when he was semi-conscious, pale, with pupils somewhat dilated, and vomiting a small quantity of bile-stained mucus. He was sweating profusely. The extremities were cold, the pulse exceedingly irregular and intermittent, so irregular indeed that I was unable to count it, and his respiratory movements were extremely shallow and slow. The previous day, about 10.30 A.M., he was seen playing with a box of Nativelle's digitalin granules, which I had supplied to his aunt; the granules were taken from him and nothing thought of the incident. He remained perfectly well until evening, when he became unusually cross. At 7.30 the next morning he vomited, and after that repeatedly vomited and became increasingly drowsy until I saw him. The diagnosis was obvious, and I ordered the child to be put to bed between blankets, and kept warm by hot-water bottles. I gave instructions that he must, if possible, be kept flat and quiet, and gave him 2 grs. of calomel and ordered a liberal quantity of brandy and water. I saw him again at 3.30 P.M., when he was distinctly worse; the respirations shallow, the pupils more dilated, the pulse as before, and the limbs warm, but the child was absolutely comatose.

At 5.30 P.M. Dr. Robertson, of Oldham, saw the child in consultation with me. We then found he was able to recognise his relatives; was not sweating so profusely; the pupils were not so dilated, and were reacting to light; the vomiting had not yet ceased, and the pulse was still markedly irregular and intermittent, but fairly rapid and small. Dr. Robertson agreed with me as to the diagnosis and treatment. At 10 P.M. the child was quite conscious, but still vomiting, extremely cross, and very thirsty. The pulse was not quite so irregular. On January 31st the child had some sleep. He had passed urine and faeces, was extremely thirsty, and had again vomited. The pulse was slower and not so irregular, and at times I could feel a large and small beat alternately.

On February 1st, after a good night, he was still much inclined to sleep. He was passing a large quantity of urine. The pulse was steadier, and had ceased to intermit, but still showed large and small beats alternating.

On February 3rd the child was almost well; the pulse was quite regular. I insisted on the child being kept quiet, to prevent syncope. On February 12th he had entirely recovered; careful auscultation revealed nothing wrong with the heart.

REMARKS.—After careful inquiry, and after guarding against obvious sources of error, I came to the conclusion that the child must have swallowed 5 granules, and that therefore he must have taken  $1\frac{1}{4}$  mg. of Nativelle's digitalin.

It seems to me remarkable that the symptoms came on so late after taking the drug, and the very alarming condition in which the child was 29 hours after. Had the child vomited earlier, or had I seen it earlier and emptied its stomach and cleared its intestinal tract, this could probably have been avoided, yet when I saw it more than 24 hours after taking the drug I thought it useless to do more than I did, especially as he had then been vomiting for about five hours. A peculiar feature of the case was that until more than two days had elapsed the pulse was not slow, but rather fast. I failed to count the pulse during the first two days of my attendance; and whether it had first been slow and then became fast I am unable to say. Dr. Dixon Mann, in his book on *Forensic Medicine and Toxicology*, states that the fatal dose of digitalin is not known; he also states that the drug varies in its activity according to the method used in its manufacture. He refers to a case in which a woman took 56 mg. of Homolle's digitalin without a fatal result; in fact, the patient does not seem to have presented such alarming symptoms as were present in my patient.

Oldham.

FRANK RADCLIFFE, M.D. Vict.

ECCHYMOSIS OF HEAD AND NECK DUE TO PARTIAL  
STRANGULATION BY TIGHT COLLAR DURING  
EPILEPTIC FIT.

A SHORT time ago I received an urgent request to see a girl who was said to have fainted. I was given the following history:

The patient, whilst standing talking to some friends, had suddenly fallen, striking her head against the wall as she fell. For a few seconds she lay there, as her friends were too frightened to go to her assistance; when they did so they noticed that she was black in the face. On arriving at the house I found the patient, a girl of 21, conscious, but very drowsy. There was subcutaneous extravasation of blood over the head and neck, subconjunctival extravasation in both eyes, and that she was bleeding slightly from the right nostril and left ear. The subcutaneous extravasation ended abruptly by a sharply-defined line about the level of the upper border of the thyroid cartilage. On further inquiries I was told that just before she fell her friends noticed her eyes were "fixed." I ordered her to bed, prescribing a mixture of potassium iodide and bromide. As there seemed some doubt as to the nature of the case, I asked Dr. Johnston, one of the physicians to the St. Marylebone Dispensary, to see the case with me.

When I returned with him I found that the girl had fully recovered consciousness, and said she felt quite well. She assured me she had never previously fainted or had had anything of the nature of a fit. The ecchymosis was now even more marked and the subconjunctival hæmorrhage greater. Dr. Johnston pointed out that the line limiting the ecchymosis curved upwards below the angle of the jaw to the mastoid process on both sides, then straight across the back of the neck. On comparing the collar of the dress she had been wearing at the time it was seen that its upper border exactly corresponded with this line.

It then appeared clear that the attack had been of an epileptic character, during which the congested condition of the vessels and the consequent swelling of the neck had increased the tightness of an already tight collar, and had produced a condition of strangulation with rupture of the engorged vessels. She was extraordinarily disfigured, her face being a blackish blue and the sclerotics a bright red. The ecchymosis disappeared in a few weeks; since then she has had another slight attack, presumably of the nature of *petit mal*.

I have since met with a case where there were slight petechiæ over the face after an epileptic seizure, and this condition does not seem uncommon, as pointed out by Trousseau and others.

Wilks<sup>1</sup> described a case where the face was mottled and had almost a purpuric appearance; and a case has been recorded by Dr. Crossman<sup>2</sup> where the patient, according to her parents' description, "looked like a Red Indian." But I cannot find any instance where the hæmorrhage was so severe

<sup>1</sup> *M.d. cal Times and Gazette*, 1869, vol. i., p. 59.

<sup>2</sup> *Ibid.*, 1876, vol. ii., p. 723.

as in this case; one could not get a better example of the extreme danger of allowing an epileptic to wear anything tight round the neck.

JOHN S. MAYNARD, M.B., C.M.,  
Welbeck Street, W. Resident Medical Officer to the Marylebone  
General Dispensary.

### LARYNGOTOMY IN A CASE OF THORACIC ANEURYSM.

THE interesting case of thoracic aneurysm recorded by Dr. de Havilland Hall and the discussion thereon at the Medical Society of London have induced me to record the following case. I received an urgent message on April 2nd, 1897, to see a coachman, aged 53, supposed to be "dying from suffocation." When I saw him at 7 A.M. he was sitting up in bed suffering from severe dyspnoea, with a very livid face and sweating profusely. The dyspnoea would abate for a few seconds, and he would cough up some clear watery mucus. After a hurried examination and by questioning the wife I came to the conclusion that the dyspnoea was due to laryngeal spasm, and a laryngotomy tube which I had fortunately taken with me was inserted, with great relief to him. He wore the tube for seven days, when it was permanently removed. The history was that during the previous few months he had been hoarse at times, and had a very loud cough. I could find no physical signs of a tumour or aneurysm within the thorax or detect any paralysis of the vocal cords, or symptoms of locomotor ataxy or any other lesion of the central nervous system which might account for the paroxysmal dyspnoea. His arteries were atheromatous, but there was no history of syphilis.

On May 1st Dr. Curnow kindly took him into King's College Hospital for examination, and he wrote to me to the effect that he could not find any definite physical signs to account for his symptoms but that Dr. Greville Macdonald reported that the left vocal cord lagged behind the right in abduction. The patient returned home on May 7th, and on the 9th he had several severe attacks of dyspnoea, which rendered him more or less unconscious for several hours, but he would not consent to have the tube reinserted. He died on June 13th, 1897, in one of these attacks, without my being able to detect any definite physical signs to account for them. On *post-mortem* examination I found a dilatation of the transverse aortic arch, and from the front of this projected a saccular aneurysm or rather pouch, which admitted the tip of one's thumb, and over this the left pneumogastric nerve was spread out. There was no pressure on the trachea or bronchi, and the heart's cavities were not noticeably altered. This patient for some time seemed only to have suffered from the effects of pressure on his left recurrent laryngeal nerve, namely, a huskiness of voice and a clanging cough. When the trunk of the left pneumogastric became irritated by the small pouch, severe attacks of paroxysmal dyspnoea set in due possibly to reflex bilateral spasm of the adductors, and the permanent use of a tracheotomy tube would have prolonged life.

The history of this case illustrates very well the clinical fact that an aneurysm of the transverse arch may be only an aneurysm with symptoms and with no physical signs, and that in such a rare case paroxysmal dyspnoea may be relieved at the time by a laryngotomy, a tracheotomy being performed at one's leisure later on, or a permanent opening will be necessary to ward off a sudden attack of suffocation which might prove fatal before help arrived.

F. W. JOLLYE, L.R.C.P.Lond., F.R.C.S.E., D.P.H.  
Alresford, Hants.

### INDENTATIONS IN THE SKULLS OF THE NEWBORN.

IN connection with the paper on the above subject by Dr. Munro Kerr in the BRITISH MEDICAL JOURNAL of January 19th, it may be interesting to relate the facts of two cases which occurred in my practice a few years ago and the means adopted to place the bone in proper position. They are the only cases I have seen, and strangely enough happened within a few weeks of each other.

The first was one in which the mother had a slightly contracted pelvis, with the sacral promontory rather sharp. Forceps were used, and while the head was passing the brim a grating sensation was felt, indicating that "something had

happened," which turned out to be an indentation in the frontal bone about two inches long and somewhat deep, extending downwards, outwards, and slightly forwards from about half an inch from the fontanelle, and situated almost midway between the pressure marks of the forceps blades. The child seemed quite healthy and cried lustily; but, as the mother informed me she had had a similar experience with the previous child with evidently some brain symptoms, I thought it best to at once raise the depressed bone with the most convenient instrument I had at hand, which was a hernia director. I made an incision about a quarter of an inch long through the scalp, about a third of an inch outside the fontanelle, drew the scalp wound to the edge, and inserted the director between the dura and the skull, when slight pressure sufficed to restore the bone (or cartilage) perfectly. I had previously tried pressure without effect. The wound healed at once without any bad symptom and the child has remained well.

The second case was somewhat similar, and as it occurred in the middle of the night some miles from home, the only instrument I had at all likely to be of use was a hernia needle, the point of which I rubbed off on the hearthstone. This case also did well, with no other symptom of any kind. It seems as if a small instrument can be passed between the dura and the skull without much risk.

Ramsey, Isle of Man.

J. M. GELL, M.B., M.R.C.S.

### CONCURRENT EPIDEMIC MEASLES AND DIPHtheria.

DIPHtheria and measles affecting the same persons concurrently is by no means a common occurrence, and a short account of such an outbreak, which I have recently observed, may be of interest. The cases all occurred in a rural district. Early in September, 1900, a number of children were absent from the village school, suffering from measles, and the school was closed in consequence on September 21st.

On September 27th I was sent for in the evening to see A. H., aged 4, one of a family, living in a small wooden hut on the border of a Common. The child was moribund, with fauces full of false membrane, laryngeal obstruction, and oedematous lungs, and died early next morning.

I examined the rest of the family on September 28th, and found that two older boys were recovering from measles, and did not exhibit any symptoms of diphtheria. A girl, E. H., aged 8, had a patch of white membrane involving one tonsil and pillar of the fauces, without any glandular enlargement or constitutional symptoms. I notified this case and that of the child that died as diphtheria, and directed the fauces of the girl and boys to be well mopped with liq. ferri perchlor. and glycerine twice daily. All these children had been attending school.

The medical officer of health of the district informed me that there were, at the time I notified the above cases, two other cases of diphtheria in the village—J. and H.—living in cottages a considerable distance from each other and from the family H. Both these were children who had attended the village school. He also told me that there were a large number of cases of measles in the village.

On October 2nd the throat of E. H. was quite clean, as also were those of the rest of the family.

On October 4th I was sent for to see A. J., aged 29, a married woman living in a van near the family H. She had thick grey false membrane, involving the whole of the fauces and a temperature of 102°. She ascribed her illness to having nursed some children of a family A. living near, who were suffering from measles and sore throats. One of these children died without medical attendance, but the others recovered without any symptoms of diphtheria.

On the same day, October 4th, I found that the child, E. H., had developed measles. The rash and other symptoms were very decided and typical.

On October 6th A. J. was very ill. The larynx had become involved, and she died suddenly in the afternoon, apparently of syncope. Antitoxin was not available.

On the same day E. H. appeared to be progressing favourably, but on October 8th was found to be suffering from a purulent nasal discharge, aphonia, and some laryngeal obstruction, and, in spite of the injection of antitoxin she died in the evening.

About this time both the cases J. and H. who had been notified as suffering from diphtheria, developed measles and both died. I did not see these cases. Another family, B. also, living on the Common about a quarter of a mile from H. and J., were found to be suffering from measles, and two of the children also exhibited symptoms of diphtheria, one of whom died. This case also I did not see.

On October 14th the mother of the family B. was found to have contracted diphtheria. I saw her on this date in consultation with her medical attendant. The case was severe, and she was nursing a small baby. She was injected with antitoxin 2,000 units. A child suffering from measles with some laryngeal and pulmonary symptoms was also injected with 1,500 units, and the baby received 500 units as a prophylactic. On October 15th the injection was repeated in the case of the woman B. These cases recovered.

No further cases of diphtheria have been notified; measles continued prevalent, but without mortality. A child aged 10 of the family H., terribly deformed by old

burns, had measles after the death of E. H., and afterwards had some whitish exudation inside the lips, and aphonia, but she recovered without the use of antitoxin.

It is interesting to note that in all the fatal cases the symptoms of diphtheria preceded those of measles, pointing to a shorter incubation. That whereas the epidemic of measles was extensive and widespread, only a few scattered cases of diphtheria occurred, pointing to a more limited susceptibility. From the distribution of the earlier cases it is hardly possible to doubt that both infections were derived from the same source. The sanitary surroundings of those who developed diphtheria appeared to be almost identical with those who developed measles only, and personal intercourse appeared to be the only factor in the dissemination of both. The two diseases appeared to run independent courses, but the combination of the two had very fatal results and laryngeal complications were frequent.

My acknowledgments are due to Dr. Denny, the Medical Officer of Health, for information as to the cases I did not see.

St. Mary's Gate, Stafford.

C. E. BADDELEY, M.D.Lond.

#### TURPENTINE POISONING.

F. W., aged 20, a married woman, who had had three children, swallowed by mistake, on Friday, November 2nd,  $\frac{3}{4}$  j to  $\frac{3}{4}$  ss of turpentine. She felt no immediate effects, and went to bed very shortly afterwards (9 P.M.). At 10.40 P.M. she woke up feeling very cold, and with a sensation of dying. She got up and walked about the room, but felt very giddy and "sinking," and walked with a staggering gait. After about ten minutes she returned to bed. The next morning micturition was accompanied with great pain and followed by the passage of clots of blood. Later in the day her menses which were eight weeks' overdue came on, but she only used one diaper—these did not reappear afterwards. There was great "bearing-down" pain, and patient felt thirsty and feverish. On November 4th there was increased pain at the end of micturition and a greater amount of blood passed; also pain in the loins, severe headache, and no appetite. Patient, who is a servant, kept on with her work. The pains became gradually worse until November 8th, when she consulted me. I ordered her to bed, gave her two linseed poultices over the kidneys and had applied to her abdomen hot water flannels. I also gave her mag. sulph.  $\frac{3}{4}$  j, and injected morph. hydrochlor, gr.  $\frac{1}{4}$ . During the evening she was slightly delirious, after which she had a good sleep for five hours. Her diet was restricted to barley water chiefly, and also to milk and soda water. For medicine she had diuretics, potassium acetate, infusion of buchu (full doses), and hyoscyamus. On November 9th there was a slight improvement in her condition. The urine contained a little albumen and blood. The pulse was quick, irregular, and easily compressible, but there was no pyrexia. There was a pungent smell of violets from the urine. A gradual improvement followed until November 12th, when she refused to stay in bed, and insisted on resuming her work, and in consequence she became worse in every respect.

On November 15th I gave her tr. opii  $\mathfrak{m}$  x, pot. brom. gr. x every four hours (four doses in all).

On November 16th there was a very marked improvement. The headache had completely disappeared, as had the pains in the loins. The dysuria was better, and there was hardly any blood passed after micturition. The urine no longer contained albumen, but it still had a strong smell of "violets." Patient was again put on the diuretic mixture, and had also in one dose mag. sulph.  $\frac{3}{4}$  j. This improvement went on until November 20th, when she was completely free from pain. She stated that she had not felt so well for years. I then gave her iron as a tonic. On November 26th the urine still had the odour of "violets."

Croydon.

FRANCIS G. GRAPEL, M.R.C.S., L.R.C.P.

#### CASE OF "SURGICAL" SCARLET FEVER.

In the autumn of 1900 I attended a youth, aged 17, with a deep abscess on the dorsum of the foot, and who at the time was exposed to the infection of scarlet fever. The evening temperature was 100.6°. The abscess I immediately opened, washing it with mercury perchloride lotion (1 in 2,000) and

dressings it with every antiseptic precaution. The second day after the incision I found the whole foot up to the ankle covered with a uniform bright red rash, but not raised, and the skin was not oedematous. There was no rash on any other part of the body. The glands in the groin were slightly enlarged but not tender. The patient did not complain of any pain or tenderness in the foot, and the wound (except for the surrounding rash) looked healthy. He had some loss of appetite, a little *malaise*, and complained of slight feverishness, the evening temperature not being above 101°F. His general health was not seriously affected otherwise. Three days after the invasion of the rash it began to fade and had all gone within six days, the temperature falling to normal. There were no other signs of scarlet fever, except a slight redness of the fauces. Eight days from the onset of the rash desquamation began and became most abundant, the epidermis coming away in large flakes, every part of the body except the face being affected. There was transient albuminuria for a few days during this stage. Altogether the symptoms of scarlet fever were few and mild, with the exception of the almost excessive desquamation, which continued for seven weeks. I may add the wound healed rapidly and without trouble, seemingly being but little affected.

E. T. LARKAM,

Prestwich.

M.D.BruX. M.R.C.S.Eng., D.P.H.Lond.

#### DISLOCATION OF A SESAMOID BONE.

THE patient, a female of middle age, was a shopkeeper. No distinct history of an accident could be elicited, but she complained of a pain on the inner side of the head of the first metacarpal bone of the left thumb, and I gathered that this spot had been painful for some considerable time, probably years. Upon examination I found a round, hard, painful swelling the size of a pea in this situation. The sesamoid bone in the outer head of the flexor brevis pollicis was easily felt, but that in the inner head could not be found in its proper place. The painful body was, I considered, this sesamoid bone, which by some muscular effort had been forced from its situation in the tendon. I regret that I was unable to obtain a radiograph, which would have been helpful to the diagnosis. The treatment I advised was rest and, if that proved insufficient, excision.

G. R. PARKER,

Honorary Surgeon to the Royal Lancaster Infirmary.

#### A SUCCESSFUL CASE OF THE SERUM TREATMENT OF TETANUS.

J. M., aged 35, a gardener, wounded his thumb with a potting stick, to which soil adhered, on August 29th, 1900. The first symptoms of tetanus appeared on September 4th. He was first seen by me on the morning of September 6th. Anti-tetanus serum was injected as follows: On September 6th, late at night, 30 c.cm. of Pasteur's serum; on the 8th, 30 c.cm.; on the 11th, 10 c.cm.; and on the 18th, 20 c.cm., giving a total 90 c.cm. of serum. I prescribed full doses of chloral to obtain sleep, and kept his bowels freely open with rectal injections of magnesium sulphate.

The case was a well-marked one. The serum injections were followed by a gradual subsidence of the muscular rigidity and spasms. The last injection was almost at once followed by pyrexia, and a copious rose rash over the whole surface of the body, both of which disappeared on the following day. The serum was obtained from Burroughs, Wellcome and Co.

ARTHUR E. LYSTER, M.R.C.S., L.S.A.

Great Baddow, Chelmsford.

#### MENSTRUATION IN A NEWBORN INFANT.

I HAVE under my care in the Glasgow Maternity Hospital an infant which menstruated on the fourth, fifth, sixth, and seventh days of its life. The flow was quite profuse, and could be distinctly seen coming through the opening in the hymen. The child's breasts were both engorged and tender during the time. Dr. Aitken, who is at present examining the blood of all the infants, reports that the number and proportion of red and white corpuscles did not differ from those of the other children.

Three and a half years ago I reported a somewhat similar case. The child is now well developed, but there is no evidence of any excessive development of the genital organs. The discharge has never recurred.

ROBERT JARDINE, M.D.,  
Senior Physician to the Glasgow Maternity Hospital.

## REPORTS

ON

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

#### NORTH CAMBRIDGE HOSPITAL.

##### CASE OF LUPUS TREATED WITH TUBERCULIN.

(Reported by CHARLES HERBERT GUNSON, M.B., Ch.B.)

The following is a report of a case of lupus non-exedens of long duration which was successfully treated by subcutaneous injections of tuberculin.

**A. F.**, aged 32, a nurse, was admitted to the hospital complaining of discomfort caused by several small nodules on her nose and upper lip. Her father was alive but very delicate. Her mother died from "consumption." She was one of a family of three; the other two had died from tuberculosis. When she was 3 years of age the disease started simultaneously on both cheeks as small nodules which did not ulcerate. At about 14 several large nodules appeared on the outer aspect of her left arm; these were then incised and scraped. Shortly after, owing to the progressive nature of the disease on her face, she was admitted to a London hospital, but received no benefit from the treatment adopted. Two years later she was readmitted and was discharged much improved. Since then she has been under treatment several times.

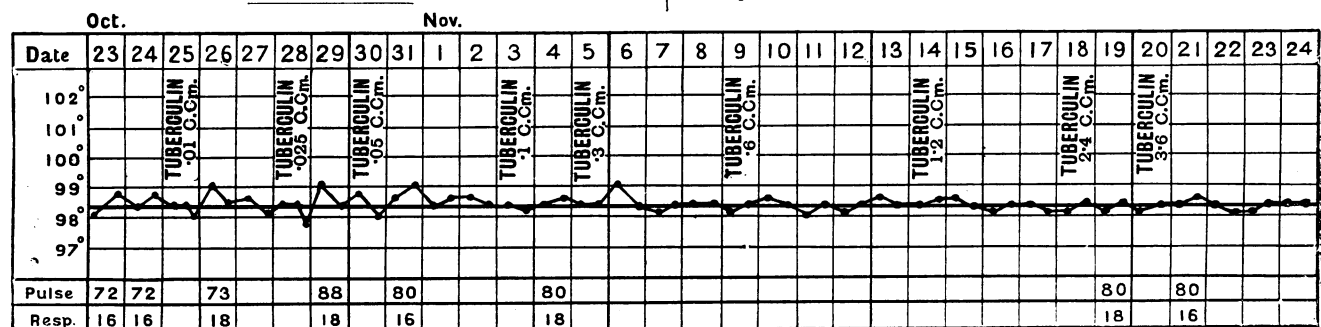
**Anamnesis.**—The skin of her face is of a purplish hue and many subcutaneous cicatricial markings may be seen. On the nose and upper lip are a number of shot-like nodules, surrounded by an infiltrated and hyperemic zone, and on pressure being made with a glass slide they have an "apple-jelly" like transparency. There are also similar new formations on her left arm. There is no ulceration present.

**Treatment.**—The site chosen for the injections was the abdominal walls. The initial dose of tuberculin given was 0.01 c.c.m. and was doubled at each dose until the last one, when 3.6 c.c.m. was given.

**Progress.**—On the morning following the first dose, which was given in the evening, there was much local reaction, the face being red, swollen, and hot, as also was the affected part on the left arm. The same local reaction followed the second and third injections, but on no subsequent occasion. This was followed by the skin of the face and affected part on the arm desquamating, which continued for fourteen days, large flakes being shed continuously during that time. The nodules now commenced to disappear, which they finally entirely did. The pronounced purplish coloration of the skin gradually grew very faint. After the first three doses there was a fall in the temperature, accompanied by a general depression, but was followed by a rise of temperature the following morning, which, however, was only a slight one. On only one other occasion was there a slight increase in the temperature. When the larger doses were reached the only inconvenience the patient complained of was severe pain in her shoulder and knee-joints, which, however, soon passed off.

#### Remarks.

The patient left the hospital quite well, and has remained well. The absence of fever was due possibly to the fact that there was no tuberculosis of the lungs or other internal organs. I am much indebted to Dr. Copley, for permission to carry out the treatment and for his interest in watching the result. The tuberculin used corresponded in strength to a 10 per cent. solution of Koch's original tuberculin supplied by the Jenner Institute of Preventive Medicine.



Lupus treated with tuberculin.

#### CROYDON INFIRMARY.

##### CASE OF ACUTE INTUSSUSCEPTION IN AN INFANT AGED 4 MONTHS: LAPAROTOMY: RECOVERY.

By HERBERT GEORGE TYMMS, M.B., B.S. (Melb.), M.R.C.S. Eng.,  
L.R.C.P. Lond.)

**History.**—About 6 p.m. on November 15th last, the patient, a well-nourished suckling male infant aged 4 months 10 days, was suddenly seized with vomiting, followed quickly by collapse. He seemed to have severe griping pains, and shortly after passed a perfectly normal stool. The mother being anxious about the child, which had enjoyed such good health previously, took it at 7 p.m. to Dr. Addison, of Thornton Heath, who examined it, and found a tumour occupying the left side of the abdomen. There was then much collapse, the head hung limply and the face was pale. Up to this time no blood had been passed by the rectum, but the child had had a good deal of tenesmus, and was vomiting at frequent intervals. The finger was passed into the rectum, and nothing definite could be felt, but on its withdrawal there was a discharge of blood-stained mucus. Acute intussusception of the bowel was diagnosed, and the child sent at once to the infirmary. No injections were given by the rectum or sedatives administered.

**State on Admission.**—The infant was very collapsed and the extremities cold; vomiting was frequent, and the child kept drawing up the lower limbs as if in pain. The abdominal wall was very lax, and on palpation a tumour could be felt in the region of the descending colon, and there was a loss of resistance in the right iliac fossa. A warm bath was given, which improved the general condition, and the abdomen was prepared for operation.

**Operation.**—At 11 p.m. the same evening chloroform was administered, and Dr. Addison assisted me at the operation. Whilst on the operating table the child passed a considerable quantity of blood-stained mucus *per rectum*. An incision nearly 3 inches long was made through the left rectus muscle near the linea semilunaris, and the abdominal cavity opened. The intussuscepted mass was found in the descending colon extending from the splenic flexure to just below the brim of the pelvis. No ascending or transverse colon was visible. The small intestines were then systematically examined by withdrawing small portions at a time, and two small intussusceptions were found in the jejunum, which were easily reduced by traction. The large mass was then attended to, and the invagination found to be very tight. Reduction was effected in the following manner: Steady pressure was made on the lowest limit of the swelling in the pelvis by the fingers aided by traction on the entering portion.

**Pari passu** with the reduction the swelling travelled slowly round to the transverse colon, and owing to the presence of the mesocolon the tumour could be partially withdrawn from the abdomen and reduction facilitated. The last portions to escape were the ileo-cæcal junction and the vermiform appendix. The cæcum was rather congested, but elsewhere the intestine looked healthy. The variety of intussusception was hence ileo-cæcal, but in addition there were two enteric intussusceptions similar to those found *post mortem*. The abdominal wall was sutured with silkworm gut and horse-hair, and dressed with double cyanide gauze.

**Progress.**—A few hours after the operation the child's tem.

retained the office of Public Vaccinator for Chelsea to the end of his days. Though one of the old school—he was on the verge of 80 when he died—he kept an open mind to the advance of bacteriology and other sciences bearing upon public health; and it was mainly owing to his persevering insistence that, after a long struggle, the isolation hospital at Mogden was established by the Corporation of Richmond in conjunction with a neighbouring authority. In the wordy warfare incidental to Local Government Board inquiries the Medical Officer of Health was “always ready with a Roland for an Oliver,” and though in private life a peaceful, genial citizen, he knew how to hold his own in matters of public duty. The respect in which he was held in the district was evidenced by the large attendance at his funeral in Richmond Cemetery of representatives of the Corporation and of professional and official colleagues.

WE regret to have to record the death on January 25th of Mr. JOHN KNOWLES, Surgeon to the West Kent General Hospital. Mr. Knowles, who was in his 53rd year, had been in failing health for the last twelve months, and had been confined to bed by acute phthisis for six weeks. He was a native of Suffolk, and after an apprenticeship to Dr. Harris, became a student at King's College, and took the diplomas of M.R.C.S. and L.S.A. in 1869. His connection with Maidstone began in 1870, when he became an Assistant to Messrs. Joy and Hoar. In the following year he was appointed House-Surgeon to the West Kent General Hospital, a post which he retained for nine years. Soon after retiring he was appointed one of the Honorary Surgeons to the Hospital, and remained a member of its staff until his death. During twenty years he enjoyed an extensive private practice in Maidstone, and his opinion was much valued by his brother practitioners in the town and neighbourhood. He was a member of the South-Eastern Branch of the British Medical Association, and was Chairman of the West Kent District in 1899, when it met in Maidstone. He leaves a widow and a daughter, who have the sympathy of a large circle of friends in their bereavement. A friend writes: “John Knowles's name and fame were well known in the town and for miles around. His genial and kind-hearted nature endeared him to all who came in contact with him. He had for many years a large practice, and made many friends wherever he went. He was loved by his patients, rich and poor alike. He was possessed of a keen sense of humour, and his skill as a surgeon won him a great name in the district.”

WE regret to record the death of Dr. GEORGE MYLES, of Limerick, who succumbed to an attack of acute pneumonia after a few days' illness, on January 24th. Dr. Myles was Consulting Physician and previously Visiting Physician to the Limerick Lying-in Hospital, Visiting Physician to the Frederick Street Lying-in Hospital, Consulting Surgeon to the Barrington Hospital, Admiralty Surgeon and Certificated Factory Surgeon. Dr. Myles belonged to a very old-established Limerick family. He was a son of the late Alderman Zachary Myles, J.P., a brother to Dr. James Myles, of Birr; and cousin to the President of the Royal College of Surgeons in Ireland, Mr. Thomas Myles. His demise is greatly regretted in his native city, where much sympathy is felt for his widow and grown-up family.

WE regret to observe the announcement of the death of Dr. EUGENE GODDARD, of Highbury New Park, a member of the Metropolitan Counties Branch of the British Medical Association. He was the son of the late Dr. L. M. Goddard, and received his early education at the City of London School. He was afterwards a student of St. Thomas's Hospital, and took the diplomas of M.R.C.S. Eng. and L.S.A. in 1862, and L.R.C.P. Lond. in 1871. He graduated M.D. Durham in 1882. Soon after obtaining his diplomas he was for a time House-Surgeon to the West Herts Infirmary; and subsequently settled in Highbury, where he practised continuously for upwards of thirty years. He was Public Vaccinator for Clerkenwell, and Surgeon to the New River Company.

WE regret to observe the announcement that Civil Surgeon W. LONGSTAFF WHITE WALKER, who was wounded in action at Modderfontein, died on January 31st. He was 26 years of age, and was the son of Dr. Allan Walker, of Seaton Burn, Dudley, Northumberland. He received his preliminary education at the Grammar School, Morpeth, and subsequently became a student of the Newcastle-upon-Tyne (University of Durham) College of Medicine. He was Goyder scholar in 1897, and had held the post of House Surgeon to the Royal Infirmary, Newcastle-on-Tyne, as well as that of Visiting Medical Officer of the Newcastle Dispensary. He graduated M.B., B.S. in 1897, and M.D. in 1899 in the University of Durham. He volunteered as a Civil Surgeon twelve months ago, and left for South Africa on February 13th, 1900. Great sympathy will be felt with Dr. Allan Walker, who has another son, Dr. A. M. G. Walker, serving in South Africa.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Professor A. Berne, some time senior surgeon to the Charité Hospital, Lyons, and author of a large work on surgical pathology, aged 70; Dr. Dubreuil, Honorary Professor of Clinical Surgery in the Medical Faculty of Montpellier; Sanitary Privy Councillor Dr. Kreusler, of Brandenburg, author of the famous song “König Wilhelm sass ganz heiter,” which in 1870 stirred national sentiment in Germany to a fierce glow, aged 86; Dr. Alexander Spengler, the “creator” of Davos as a health resort, aged 74; Dr. Ephraim Ingals, Emeritus Professor of Materia Medica and Medical Jurisprudence in Rush Medical College, Chicago, of which he was a liberal benefactor, aged 77; Dr. M. Bernstein, a rising ophthalmologist of St. Petersburg, and author of several contributions to the literature of his speciality, aged 36; Dr. Julius Lehmann, of Copenhagen, well known as a hygienist, especially in relation to tuberculosis; Dr. G. A. Chatin, a former President of the Paris Académie de Médecine, of which he was at the time of his death the oldest member, and Professor of Botany in the Ecole de Pharmacie, of which he was for many years director, aged 87; and Dr. Robert Moericke, for many years Professor of Gynaecology in the University of Santiago de Chile, and author of a recently published monograph on extrauterine pregnancy, aged 50.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### THE SOUTH AFRICAN HOSPITALS CONTROVERSY.

THE publication of a recapitulation of the charges originally made against the Army Medical Service by Mr. W. Burdett-Coutts, M.P., in a book entitled *The Sick and Wounded in South Africa*, together with the issue of the *Report and Minutes of Evidence of the Royal Hospitals Commission*,<sup>1</sup> now enables us to review the controversy as a whole. The book preceded the *Report* in order, as stated in the preface, to give a summary of the charges, as well, doubtless, as to anticipate some possible findings of the Commission. Both volumes are much too discursive to admit of detailed criticism, save on the broader issues of the controversy.

The *Minutes of Evidence* is a large foolscap volume containing over 600 pages, and the minutes are preceded by a regional list of witnesses and an alphabetical index of names. The *Appendix* contains reprints of those letters written by Mr. Burdett-Coutts and published in the *Times*, to which he referred in his evidence before the Royal Commission, and also the text of Mr. Burdett-Coutts's speech in the House of Commons on June 29th, 1900. There is also a table of the embarkation of the field force for South Africa, showing the dates of embarkation and those of arrival at Capetown, which occupies over 130 pages; a statement of the dates of requisition by the Army Medical Department for shipment of stores; memoranda by Professor Dunlop and others; a note on the composition of the South African Field Force and the embarkation of the Army Medical Service, and details of units and detachments of that service sent out to South

<sup>1</sup> *Royal Commission on South African Hospitals: Minutes of Evidence*, price 5s. 2d.; *Appendix*, price 3s.; to be obtained from Eyre and Spottiswoode, London; John Menzies and Co., Edinburgh; and Glasgow, and Hodges, Figgis, and Co., Dublin.



## VOLUNTEER MEDICAL ASSOCIATION.

The monthly Council meeting was held at its headquarters, 20, Hanover Square, on Tuesday, January 29th, Brigade-Surgeon-Lieutenant-Colonel A. Clark, V.D., in the chair. In connection with the Challenge Shield Competition it was resolved: "That all notices concerning the Challenge Shield Competition should be sent through the brigade office by means of a special letter to each brigade, such letter to be directed to the officer commanding regimental district," and accompanied by circulars, etc., on the subject for each regiment in his command. Also "that, in order to save time and expense, it is suggested that preliminary competitions should be held in each brigade to select one or more squads for the final competition," and "that a prize might be offered by each brigade, to encourage entries." It was agreed that the final competition should be held at Wellington Barracks on Saturday, June 8th.

The annual meeting was fixed to take place after the Council meeting on Tuesday, April 30th.

The following report of a subcommittee, moved for by Surgeon-Major V. Matthews, "to consider the effect of the new Volunteer Act, (1900) upon volunteer medical officers" was adopted: "That the attention of the proper authorities be called to the possible effect of the Volunteer Act, 1900, pressing unduly on volunteer medical officers, as it may necessitate their throwing up their practices if they are liable to compulsory service at long distances from their homes, as owing to shortness of the Medical Department of the Regular Army the Volunteer Medical Services would, in all probability, be called out first and released the last." It was resolved that a letter embodying the resolution be written to the Secretary of State for War.

## LOCAL RANK—PAY AND ALLOWANCES.

We have lately shown the inequity of a decision that local rank granted to medical officers in important positions in South Africa was not to carry increased pay or allowances. It gives us great pleasure, therefore, to state that a correspondent has forwarded to us the following ruling which has lately been published in South African Army Orders.

"15. Local Rank—Pay and Allowances.—Officers of the Royal Army Medical Corps who are granted local rank in *London Gazette* are entitled to draw pay and allowances of local rank from the date fixed in *London Gazette*, and for periods of performance of duty for which local rank was given. Army Agents have been authorised as regards officers in their payment."

Thus, at last, is simple justice done.

In relation to this "Black Lion" writes: A tardy act of justice has been done, which might well be extended. The same regulation which lays down that officers in charge of general hospitals should be colonels affirms that those of field and stationary hospitals should be lieutenant-colonels; but the latter get no increase of local rank if majors. The responsibilities are the same in each hospital, differing only in degree. Why not extend brevet rank to the R.A.M.C.? It is a recognition that injures no one, but would be highly appreciated.

Another correspondent, "Equity," writes: Majors, and even captains, have in a number of instances held charge (a) of divisions of general hospitals; (b) stationary hospitals; (c) field hospitals, all of which are supposed to be under charge of lieutenant-colonels, yet none have received any step in local rank.

## INDIAN MEDICAL SERVICE.

ALPHA, a candidate for the Indian Medical Service, asks: (1) Whether he could be accepted in the physical test to compete for the above examination if his mean chest girth is 33 inches and weight 9 st., he being otherwise fit according to the requirements. (2) Does rejection at one physical examination mean forfeiture of one of the three chances for appearance for the above examination?

\*.\* (1) Would depend on age and height. (2) No.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF CAMBRIDGE.

**Appointments.**—Sir Michael Foster has been appointed a Member of the Military Subjects Syndicate, and Dr. W. H. R. Rivers a Member of the Moral Sciences Board.

**Humphry Museum.**—A Grace has been passed authorising the Medical School Buildings Syndicate to procure specifications and tenders for the Humphry Museum. The old building in which the collections were housed has been pulled down.

**Naples Zoological Station.**—The University has for a number of years maintained a laboratory table at Dr. Dohrn's Station for the accommodation of Cambridge biologists. It is proposed to renew the annual grant of £100 for another term of five years.

**Degrees.**—On January 31st the following degrees were conferred:—*M.B.*: E. E. Glynn, Clare; R. A. Walker, Clare; J. P. Candler, Corpus Christi; S. V. Pearson, Emmanuel. *B.C.*: E. E. Glynn, R. A. Walker, J. P. Candler, and W. H. O. Woods, Selwyn.

## ROYAL COLLEGE OF PHYSICIANS.

An ordinary Comitia was held on January 31st, 1901, the President (Sir W. S. Church, Bart.) in the chair.

## The President.

After a resolution of condolence with the King and Royal Family on the death of the Queen, which is published at page 360, a resolution, conveying to the President the congratulations of the College, was moved by the Senior Censor, and seconded by the Treasurer. The Senior Censor, in moving the resolution, expressed the pleasure with which the College welcomed their President, referring to his work upon the South African Hospitals Commission, and congratulating him upon the honour conferred upon him, and the circumstances under which it had been conferred by Her late Majesty Queen Victoria.

The President, in a brief reply, said that he valued deeply the honour conferred upon him by Her late Majesty, as being bestowed chiefly in recognition of his proud position as President of the College.

## Vote of Thanks.

The best thanks of the College were unanimously accorded to Dr. Pavy for the manner in which he had carried out the duties of the chair during the absence of the President in South Africa.

## Lectures.

The President announced that he had nominated Dr. Norman Moore as Harveian Orator, and Dr. Judson S. Bury as Bradshaw Lecturer for the ensuing year. The Council had nominated Dr. W. H. Corfield as Milroy Lecturer for 1902.

## Members Admitted.

The following gentlemen, having passed the required examination, were admitted as Members: F. A. Bainbridge, B.A. Camb., L.R.C.P.; W. S. O. Byrne, B.A., M.D. Dubl.; N. B. Elliot, M.D. Durh., L.R.C.P.; J. S. Fairbairn, M.A., M.B. Oxon., L.R.C.P.; H. A. McCallum, M.D. Western Univ., Ontario; F. S. Palmer, M.D. Durh., L.R.C.P.; G. E. C. Pritchard, M.A., M.D. Oxon.; H. J. F. Simson, M.D. Edin.; F. H. Thiele, M.D. Lond.

## Licences and Diplomas.

Licences to practise Physic were granted to 130 candidates. Of these, 24 were under regulations dated October 1st, 1834.

Diplomas in Public Health were granted to the following gentlemen: T. Gibson, M.D., C.M. Edin.; T. Halliwell, L.R.C.P., M.R.C.S.; H. C. Highet, M.D., C.M. Glasg.; T. B. Jobson, M.D. Trin. Coll. Dublin; P. N. Lakshmanan, M.B., C.M. Madras, L.R.C.P., M.R.C.S.; C. G. Moffitt, L.R.C.P., M.R.C.S.; C. Rundle, M.B. Lond., L.R.C.P., M.R.C.S.; A. H. Spicer, M.B., B.S. Lond., L.R.C.P., M.R.C.S.

## Communications.

Among the communications received and referred to the Committee of Management for consideration and report was one from the General Medical Council, forwarding a resolution of December 4th last, announcing their adherence to their former resolution (June 7th, 1899) with reference to the registration of medical students; and another from the same, asking for a detailed list of exemptions granted by the College from any part of its examinations held during 1897, 1898, and 1899.

## Election of Councillors.

Upon the nomination of the Council, Sir George H. Philipson, Dr. Goodhart, Dr. F. de Havilland Hall, and Dr. W. Ewart were elected Councillors in the place of Dr. Pollock, Dr. Corfield, Dr. Galabin, and Dr. Savage, retiring by rotation. Dr. W. H. Dickinson was elected a Councillor in the place of Dr. Thorowgood, resigned.

## Examiners.

Professor J. Millar Thomson, F.R.S., was elected an Examiner in Chemistry in the place of Dr. Laurie, resigned; Dr. Andrew M. Paterson an Examiner in Anatomy in place of Dr. A. W. Hughes, deceased.

## Laboratories Committee.

A report from the Laboratories Committee dated December 7th, 1900, was received and adopted: The Superintendent of the Bacteriological Department reported that (a) during the preceding two months 6,975 doses of diphtheria antitoxin, each containing 3,000 units, had been supplied to the hospitals of the Metropolitan Asylums Board, making a total of 20,925,000 units; that (b) under the grant from the Goldsmiths' Company 304 doses of antitoxin containing 3,000 units have been supplied to the general and children's hospitals in or near London since October 5th, 1900; that (c) during the quarter further batches of antitoxin supplied by Messrs. Parke, Davis, and Co. had been tested in the laboratory, and a certificate granted showing strength, sterility, and freedom from excess of antiseptic.

## Reports.

The annual report of the Conjoint Finance Committee, the quarterly report of the College Finance Committee, the annual return by the Examiners of the results of the examinations for the licence for the year 1900, and a final report from the Adjudicators of the Weber-Parkes Prize for the year 1900 stating that no work had been found of sufficient merit, were also received and adopted.

## Alteration of By-law.

The Registrar moved that By-law CXXXVI be amended and re-enacted for the first time as follows, to render it conformable to the regulations of the Conjoint Board, the alteration consisting in the addition of the words printed in italics: "A candidate shall not be admitted to the third or final examination till the expiration of five winter and five summer sessions from the date of registration as a medical student, and of four winter and four summer sessions after passing parts I and II of the first examination, and of two winter and two summer sessions after passing the second examination."

## PUBLIC HEALTH

AND

## POOR-LAW MEDICAL SERVICES.

## VITAL STATISTICS.

The following are the approximate rates for England and Wales, 1900

Birth-rate ... .. 28.9 per 1,000 living.

Death-rate (all causes) ... .. 18.3 " "

Principal Zymotic Diseases ... .. 2.0 " "

Infant Mortality ... .. 154 per 1,000 births.

The approximate rates for rural England and Wales, 1890, are

Death-rate (all causes) ... .. 17.5 per 1,000 living.

Principal Zymotic Diseases ... .. 1.57 " "

Infant Mortality ... .. 138 per 1,000 births.

The phthisis death-rate, for which a correspondent asks, cannot be given and will probably not be available before the autumn.

## ARSENIC IN BEER.

MR. C. ESTCOURT, F.I.C., City Analyst for Manchester, in his report on the articles analysed by him under the Sale of Food and Drugs Acts, states that he examined 52 samples of beer submitted by an officer acting under the orders of the Corporation, and that he found arsenic in all but 13. In 1 he found arsenious acid to the extent of not less than  $\frac{1}{10}$  gr. per gallon, in 10 others  $\frac{1}{10}$  gr., and in others various estimable quantities, ranging down to as little as  $\frac{1}{100}$  gr. per gallon. In 11 others there was an "appreciable quantity," and in 2 more "traces."

In commenting on these results, Mr. Estcourt points out that with regard to those beers contaminated with arsenic which contain  $\frac{1}{10}$  gr. of arsenious acid per gallon and upwards, there can be no doubt from the investigations carried out that this quantity is largely due to the impure glucose used in the manufacture of beer.

He adds the rather disquieting information that although the glucose from one firm of manufacturers only has so far been mentioned he has informed the Health Department of the Corporation that at least two other manufacturers have delivered glucose to brewers in Lancashire which contained arsenic in considerable quantity. It thus became imperative, he says, that brewers should examine every sample of glucose which is delivered into their breweries.

With regard to the smaller quantities of arsenic found in the samples of beer, quantities from  $\frac{1}{10}$  to  $\frac{1}{100}$  gr. of arsenious acid, he has come to the conclusion that the contamination is probably due to the malt. He has found malt on the market, and in use by brewers, which if used in brewing without any glucose would pollute the beer to the extent of  $\frac{1}{10}$  gr. of arsenious acid per gallon.

Upon this point he expresses the opinion that nothing but a new method of drying malt which will prevent the fumes of the fuel from coming in contact with the grain will do away with the certainty of pollution with arsenical fumes.

He contends, therefore, that "until a change is made in this respect, a beer brewed from malt and hops alone will not necessarily be pure."

No doubt the "farmers' friends" have been making rather too much of the risk of the contamination of glucose by arsenic to support their pure beer crusade, but Mr. Estcourt in this last opinion seems to go a little too far in the other direction.

## HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,088 births and 3,707 deaths were registered during the week ending Saturday last, February 2nd. The annual rate of mortality in these towns, which had been 19.6, 19.1, and 17.9 per 1,000 in the three preceding weeks, further declined last week to 16.4. The rates in these towns ranged from 10.0 in Burnley, 10.2 in Leicester, 11.8 in Cardiff, and 11.9 in Derby and in West Ham, to 19.6 in Manchester and in Wolverhampton, 21.9 in Liverpool, 24.1 in Gateshead, and 26.4 in Norwich. In the thirty-two provincial towns the mean death-rate was 16.6 per 1,000, and exceeded by .5 the rate recorded in London, which was 16.1 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.4 per 1,000, which was also the rate in London, and corresponded with the average rate in the thirty-two large provincial towns, among which the highest zymotic death-rates were 2.2 in Birkenhead, 2.3 in Nottingham, 2.5 in Liverpool, and 3.3 in Salford. Measles caused a death-rate of 1.0 in Sunderland and 1.1 in Liverpool; scarlet fever of 1.2 in Salford; and whooping-cough of 1.2 in Wolverhampton, 1.3 in Nottingham, and 1.7 in Birkenhead. The death-rate from "fever" did not exceed 1.0 per 1,000 in any of the large towns. The 69 deaths from diphtheria in the thirty-three towns included 24 in London, 8 in Sheffield, 6 in Liverpool, and 5 in Leeds. One fatal case of small-pox was registered last week in Newcastle, but not one in any other of the thirty-three large towns; 1 small-pox patient was admitted into the Metropolitan Asylum Hospitals during the week, and 3 remained under treatment on Saturday last, February 2nd. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 2,535 to 2,078 at the end of the five preceding weeks, had further decreased to 2,037 on Saturday last; 178 new cases were admitted during the week, against 156, 187, and 172 in the three preceding weeks.

## HEALTH OF SCOTCH TOWNS

DURING the week ending Saturday, February 2nd, 849 births and 695 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 24.0 and 21.1 per 1,000 in the two preceding weeks, rose again last week to 22.2 per 1,000, and was 5.8 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 17.6 in Leith and 20.2 in Paisley and in Perth to 23.5 in Glasgow and 23.6 in Aberdeen. The zymotic death-rate in these towns averaged 4.0 per 1,000, the highest rates being recorded in Glasgow and Edinburgh. The 340 deaths registered in Glasgow included 24 from small-pox, 3 from scarlet fever, 3 from diphtheria, 34 from whooping-cough, 5 from "fever," and 21 from diarrhoea. Eight fatal cases of measles, 3 of whooping-cough, and 3 of diarrhoea were recorded in Edinburgh; 2 of measles and 2 of whooping-cough in Dundee; 4 of measles in Aberdeen; and 2 of whooping-cough in Paisley.

## POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

At a meeting of the Council of the Poor-law Medical Officers' Association, held at 6, Copthall Avenue, E.C., on January 31st, it was resolved that the Honorary Secretary be instructed to write to the Secretary of the Local Government Board, and ask if the President would receive a deputation from that Association to address him on—

1. The evasion of the law constantly taking place in London, when offenders against the Vaccination Acts were prosecuted.
2. The necessity of giving the same tenure of his office to the public vaccinator as that enjoyed by the district medical officer.
3. The equity of permitting the public vaccinator to rank with other officers of the guardians with respect to superannuation.

It was further resolved that a small handbook on the law relating to Poor-law medical officers and vaccination, written by the Honorary Secretary, Dr. M. Greenwood, should be published by the Association for the use of Poor-law medical officers.

## MEDICAL NEWS.

**SUCCESSFUL VACCINATION.**—Mr. J. Davies, Public Vaccinator for New Mills, Manafon, Montgomery, has received for the tenth time in succession the Government grant for efficient vaccination.

At the last quarterly meeting of the General Committee of the Corngreaves Hall Retreat for Inebriate Women near Birmingham, which is under the management of the Worcester Diocesan C.E. Temperance Society, it was stated that there were 23 patients in residence, and that 4 who had left were reported as being well. Steps had been taken to increase the accommodation, and application has been made for the licensed number to be increased from 20 to 32. The year 1900 closed with a deficit of £141, and the fees to patients have been slightly raised.

A GENERAL meeting of the Medico-Psychological Association of Great Britain and Ireland will be held at the London County Asylum, Claybury, near Woodford, Essex, at 3 P.M., on Thursday, February 14th. Demonstrations will be given in the Pathological Laboratory by Dr. Mott on the chemistry of nerve degeneration, and by Dr. J. S. Bolton on the morbid changes in dementia. Dr. J. Wigglesworth will read a paper on a case of murder the result of pure homicidal impulse. Dr. Mott will also be pleased to show the laboratory to members interested.

A FRENCH MEDICAL ASSOCIATION IN CANADA.—A movement has been started in Montreal by leading French Canadian members of the medical profession for the organisation of a French Medical Association, embracing all French practitioners of medicine on the American continent. It has been decided to hold a French medical congress in Montreal next summer, and this is intended to form the basis of a permanent association. A French practitioner in Louisiana has, it is stated in the *New York Medical Journal*, written to the promoters that his brethren in that State are in full sympathy with the movement, and will attend the congress. It is estimated that there are over 500 French medical practitioners in the United States and Canada.

## MEDICAL VACANCIES.

The following vacancies are announced:

- ASHTON-UNDER-LYNE: DISTRICT INFIRMARY.**—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications, marked outside "Application for the Office of House-Surgeon," to the Honorary Secretary by February 19th.
- BAINSTAPLE: NORTH DEVON INFIRMARY.**—House-Surgeon. Salary, £80 per annum, with board, residence, and washing. Applications to the Honorary Secretary.
- BATH ROYAL UNITED HOSPITAL.**—Resident Medical Officer. Salary, £125 per annum, with board, lodging, and washing. Applications to the Secretary by February 13th.
- BIRKENHEAD BOROUGH HOSPITAL.**—(1) Senior Resident House-Surgeon. Salary, £100 per annum. (2) Junior Resident House-Surgeon. Salary, £80 per annum. Board and washing provided in each case. Applications to the Chairman, Weekly Board, before March 29th.
- BIRMINGHAM CITY ASYLUM.**—Resident Clinical Assistant, unmarried and under 30 years of age. Honorarium, £50 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.
- BIRMINGHAM CORPORATION.**—Assistant Medical Officer to the City Fever Hospital, Lodge Road. Salary, £120 per annum, with board, residence, etc. Applications to the Medical Superintendent.
- BIRMINGHAM AND MIDLAND EYEHOSPITAL.**—(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.
- 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) Demonstrator 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 15th.
- DUDLEY: QUEEN'S HOSPITAL.**—Senior Resident Medical Officer. Salary, £100 per annum, increasing to £120, with board and residence. Applications to the Secretary by February 14th.
- DUNDEE: ROYAL INFIRMARY.**—Resident Medical Assistant. Appointment for six months. Salary at the rate of £40 per annum, with board and washing. Applications to Dr. Fraser, Medical Superintendent, by February 13th.
- 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.
- GLASGOW: SAMARITAN HOSPITAL FOR WOMEN.**—Lady House-Surgeon. Applications to the Honorary Secretary, 89, West Regent Street, Glasgow, by February 11th.
- 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.

**HULL ROYAL INFIRMARY.**—Junior Assistant House-Surgeon. Salary, £40 per annum, with board and lodging. Applications to the Chairman, House Committee by February 18th.

**KENT COUNTY ASYLUM,** Barming Heath, Maidstone.—Fourth Assistant Medical Officer and Pathologist. Salary, £175 per annum, rising £5 a year, with furnished apartments, attendance, etc. Applications to Dr. F. Davies, Superintendent.

**LANCASHIRE COUNTY ASYLUM,** Whittingham.—Senior Assistant Medical Officer. Salary, £225 per annum, rising to £250, with board, lodging, washing, and attendance. Applications to the Medical Superintendent.

**LEEDS: GENERAL INFIRMARY.**—House-Physician. Appointment for six months. Board, lodging, and washing provided. Applications to the Secretary to the Faculty.

**LEWISHAM INFIRMARY.**—Assistant to the Medical Superintendent. Salary, £120 per annum, increasing to £150, with board, lodging, and washing. Applications to the Medical Superintendent, 282, 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.

**LIVERPOOL DISPENSARIES.**—Assistant Surgeon, unmarried. Salary, £100 per annum, with board and apartments. Applications to the Secretary, Leith Offices, Liverpool.

**LONDON COUNTY ASYLUM,** Cane Hill, Purley.—Junior Assistant Medical Officer, between 23 and 30 years of age. Salary, £150 per annum, with board, furnished apartments, and washing. Applications, on forms provided, to be sent to the Clerk of the Asylums Committee, 6, Waterloo Place, S.W., by February 18th.

**LONDON TEMPERANCE HOSPITAL,** Hampstead Road, N.W.—Assistant-Surgeon. Honorarium, 50 guineas a year. Applications to the Secretary by February 16th.

**MANCHESTER: OWENS COLLEGE.**—Senior Demonstrator in Anatomy. Applications to the Registrar by March 1st.

**MARGATE: ROYAL SEA BATHING HOSPITAL.**—Assistant Resident Surgeon. Salary, £80 per annum, with board and residence. Applications to the Secretary, 30, Charing Cross, London, S.W., by February 13th.

**METROPOLITAN ASYLUMS BOARD.**—Three Assistant Medical Officers at the Fever and Small-pox Hospitals, unmarried. Salary, £180 for the first year, £180 the second, and £200 the third, subsequent years, with board, lodging, and attendance. Applications, on forms provided, to the Clerk to the Board, Victoria Embankment, E.C., by February 20th.

**MIDDLESEX HOSPITAL, W.**—Obstetric Registrar. Applications to the Secretary-Superintendent by February 15th.

**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, £20 per annum, with board, attendance, and washing. Applications to the Secretary by February 12th.

**NORTH RIDING ASYLUM,** Clifton, York.—Assistant Medical Officer, not more than 30 years of age. Salary, £125 per annum, increasing to £175 and £10 per annum in lieu of liquor, with board, lodging, washing, and attendance. Applications to the Medical Superintendent by February 25th.

**NORWICH: HEIGHAM HALL ASYLUM.**—Assistant Medical Officer. Applications to the Medical Superintendent.

**NOTTINGHAM GENERAL DISPENSARY.**—Assistant Resident Surgeon; unmarried. Salary, £140 per annum, and all found except board. Applications to the Secretary.

**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.

**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. BATHOLOMEW'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.

**ROYAL EAR HOSPITAL, Soho.**—House-Surgeon, non-resident. Small honorarium given. Applications to the Medical Board before February 22nd.

**ST. OLAVE'S UNION.**—Assistant to the Medical Officer and Dispenser at the Workhouse, Ladywell. Appointment for six months. Salary at the rate of £50 per annum, with rations, furnished apartments, etc. Applications, on forms provided, to the Clerk to the Guardians, Union Offices, Tooley Street, S.E., 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.

**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.

**WARRINGTON INFIRMARY AND DISPENSARY.**—Senior Resident House-Surgeon, unmarried. Salary, £120 per annum, with furnished residence and board. Applications to the Honorary Secretary by February 18th.

**WEST BROMWICH DISTRICT HOSPITAL.**—Resident Junior House-Surgeon. Salary, £50 per annum, with board, lodging, washing and attendance. Applications to the Secretary.

**YORK COUNTY HOSPITAL.**—Resident Assistant House-Surgeon. Salary, £60 per annum, with board, attendance, and washing. Applications to the Secretary by February 12th.

### MEDICAL APPOINTMENTS.

**ALSTROM,** Miss H., M.B., R.S.Durb., appointed Assistant Medical Officer to the Newcastle-upon-Tyne Union Workhouse, *vice* Miss M. J. Ross, M.B. Glasg., resigned.

**ARKE,** G. M., L.S.A., appointed Medical Officer of the Belmont Road Workhouse of the West Derby Union, *vice* J. J. Plinn, L.R.C.P. Edin., M.R.C.S. Eng., resigned.

**BARTLETT,** T. W., L.R.C.P., L.R.C.S. Edin., appointed District Medical Officer of the Risbridge and Saffron Walden Unions, *vice* R. Reynolds, M.R.C.S. Eng., resigned.

**BRECHALL,** E. H., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Walton Workhouse of the West Derby Union, *vice* R. Koss Smith, L.R.C.P., L.R.C.S. Ire., resigned.

**CARMICHAEL,** W. J., M.B., C.M. Edin., appointed Certifying Factory Surgeon for the Darlington District.

**CLAPHAM,** Crochley, M.D., F.R.C.P.E., appointed a Consulting Physician to the Royal Hospital, Sheffield.

**EDMOND,** W. R., M.B. Edin., appointed District and Workhouse Medical Officer of the Totnes Union, *vice* L. J. C. Hains, L.R.C.P., L.R.C.S. Edin., resigned.

**FINDLING-OWEN,** R., M.D., M.D. Oxon., appointed Assistant Lecturer at the School of Tropical Medicine, Liverpool.

**HELM,** W. A., M.B., Ch.B. Vict., appointed Assistant Medical Officer to the Parish of Birmingham Infirmary, *vice* E. S. Gorman, M.B., B.Ch. R.U.I., resigned.

**INGLE,** C. D., M.R.C.S., L.R.C.P. Lond., appointed District Medical Officer of the Shepton Mallet Union, *vice* R. L. Hildyard, M.R.C.S. Eng.

**JONES,** A. L., M.B. O.S. Eng., D.P.H. Camb., appointed District Medical Officer to the Gower Union, *vice* J. I. Bovan, M.B., C.M. Edin., resigned.

**LEPPER,** E. J., L.R.C.S.I., L.A.H. Dubl., appointed Certifying Factory Surgeon for the Market Bosworth District of Leicestershire.

**LITTLEJOHN,** E. Sydney, B.A., M.D., C.M., appointed Visiting Medical Officer to the Thomas Walker Convalescent Hospital, Concord, Sydney.

**MARSHALL,** T. B., M.R.C.S., L.R.C.P. Lond., appointed District Medical Officer for the Maldon Union, *vice* P. Pershouse, M.R.C.S., L.R.C.P. Lond., resigned.

**MOULD,** Gilbert E., M.R.C.S. Eng., L.R.C.P. Lond., appointed Physician for Mental Diseases to the Sheffield Royal Hospital.

**NORMAN,** E. H., M.D. Lond., B.S., M.R.C.S., L.R.C.P., appointed Honorary Physician to the Holloway and North Islington Dispensary.

**LEGG,** T. Percy, M.B., F.R.C.S., appointed Assistant Surgeon with charge of Out-patients at the Royal Free Hospital, Gray's Inn Road, W.C.

**SPENCE,** W. J., L.R.C.P., L.R.C.S. Edin., appointed Certifying Factory Surgeon for the Syston District of Leicestershire.

**STUART,** M. B., M.B., C.M. Edin., appointed District Medical Officer to the Newton Abbott Union, *vice* H. Goodwyn, L.R.C.P., L.R.C.S. Edin., resigned.

**TROUGHTON,** A. J., L.R.C.S., L.R.C.P. Edin., L.F.P. & S. Glasg., appointed Medical Officer of the Bentham District of the Settle Union.

**WEBSTER,** A. I., M.B., C.M. Edin., appointed District Medical Officer of the Parish of Willelsen.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**Medical Society of London,** 8.30 P.M.—Clinical Evening.—Dr. C. F. Beever: Two Cases of Paralysis of the Serratus Magnus and Lower Half of Trapezius. Mr. F. C. Wallis: Two Cases of Partial Paralysis of the Forearm and Hand (1) from Eschmarch's Bandage, (2) from a Splint. Mr. Marmaduke Shield: (1) Case of Gastro-jejunoscopy; (2) Case of Esophagotomy for Foreign Body in a Child, aged 6 years; (3) Case of Enormous Chronic Abscess Treated by a Novel Method. Dr. W. Hunter: Case of Pernicious Anæmia after Serum Treat-

ment. Mr. Stanley Boyd: Case of Gastro-jejunoscopy. Dr. St. Clair Thomson: Two Cases to Illustrate the Desirability of Removing the Tonsils by Enucleation in certain instances. Dr. J. L. Bunch: Case of Abdominal Swelling in a Child, aged 3.

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

**West London Post-Graduate Course,** West London Hospital, Hammersmith Road, W., 5 P.M.—Dr. Abraham: Skin Affections.

#### TUESDAY.

**Royal Medical and Chirurgical Society,** 20, Hanover Square, W., 8.30 P.M.—Adjourned Discussion on Cases of Arsenical Beer Poisoning. Dr. Reynolds (Manchester) will show illustrations, and Dr. Dreschfeld, Dr. Judson Barry, Dr. Deligne, Dr. Dixon Mann, Dr. Nathan Raw, Dr. Kelynnack, and Sir Lauder Brunton will speak.

**Pharmaceutical Society of Great Britain,** 17, Bloomsbury Square, W.C., 8 P.M.—Professor H. G. Greenish: Communication from the Research Laboratory.

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

#### WEDNESDAY.

**London Throat Hospital,** 204, Great Portland Street, 5 P.M.—Mr. Claud Woakes: Examination of Ear and Nose.

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

**Hospital for Consumption and Diseases of the Chest,** Brompton, 4 P.M.—Dr. Green: Demonstration of Cases in the Wards.

#### THURSDAY.

**British Gynecological Society,** 20, Hanover Square, W., 8 P.M.—Papers: The President's Introductory Address. Mr. Bowdman Jossett: The Surgical Treatment of Polypus Uteri. Specimens will be shown by Mr. F. Edge, Mr. Christopher Martin, and Dr. H. Macnaughton Jones.

**Central London Throat, Nose, and Ear Hospital,** 5 P.M.—Dr. Dundas Grant: Treatment of Malignant and Non-Malignant Tumours of the Pharynx and Larynx.

**Hospital for Sick Children,** Great Ormond Street, 4 P.M.—Mr. Steward: Intussusception.

**West London Post-Graduate Course,** West London Hospital, Hammersmith Road, W., 5 P.M.—Dr. Seymour Taylor: Physical Diagnoses.

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

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

#### FRIDAY.

**Society for the Study of Disease in Children,** Paddington Green Children's Hospital, 5.30 P.M.—Cases will be shown by Mr. Watson Cheyne, Mr. J. Buckton Clark, Mr. Arnold Lawson, Mr. H. Lambert Lack, Dr. Dan MacKenzie, Dr. George Carpenter, and Dr. Leonard Guthrie. Paper: Dr. John McCaw (Belfast): A Case of Tetanus Neonatorum Successfully Treated with Antitetanus Serum.

**Medical Graduates' College and Polyclinic,** 22, Chancery Street, W.C., 4 P.M.—Dr. Herbert Tilley: Consultation aged 48.

**Neurological Society of London,** 11, Chandos Street, W., 8.50 P.M.—Annual General Meeting: Election of Officers. Dr. W. J. Mickle: Presidential Address, Automatic Wandering.

**London Temperance Hospital,** 2 P.M.—Dr. Soltan Fenwick: Clinical and Pathological Demonstration to Senior Students.

**Class, Practical Ophthalmology,** 20, Hanover Square, 8.30 P.M.—Mr. George Eastes: The Conclusions of the Anæsthetics Committee of the British Medical Association.

**Epidemiological Society,** 11, Chandos Street, Cavendish Square, 8.30 P.M.—Dr. Arthur Newsholme: The Epidemiological Aspects of Isolation Hospitals.

### 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.

**ALEXANDER.**—On January 29th, the wife of John Alexander, M.D., 3, Queen's Crescent, Glasgow, of a daughter.

**PRICE.**—On January 31st, at Denstone, Winchester, the wife of Arthur B. Price, M.B. Lond., of a son.

#### DEATHS.

**LONG.**—On January 14th, at his residence, 99, Queen's Crescent, Haverstock Hill, N.W., from pneumonia, Richard Patrick Long, L.F.P.S. Glasg., L.S.A. (Gork, Glasgow, and Paris), Fellow British Gynecological Society, Member British Medical Association, aged 48.

**PRICHARD.**—On February 2nd, at his residence, 90A Redland Road, Bristol, James Edward Prichard, B.A., M.B. Oxon., Surgeon to H.M. Prison, Horfield, aged 61.

**SULLY.**—On February 3rd, at Manchester, Emmie Heath, the beloved wife of Albert Max Sully, M.R.C.S. Eng., L.R.C.P. Lond.

**WIGG.**—On January 23rd, at the Royal Infirmary, Edinburgh, Frank Morewood Wigg, M.B., Ch.B., Resident Physician, only son of E. Neale Wigg, Melbourne, Victoria.