

failure have to be ascertained and fully respected in connection with prognosis and treatment.

#### SYPHILIS.

Syphilis appears to account for a very considerable proportion of the more serious cases of heart disease which we meet with in older subjects, of course excluding chronic valvular disease originating remotely in endocarditis; but I ought to repeat here, what I have already mentioned, that syphilis as a cause of cardio-vascular lesions is very often associated with other morbid influences, particularly strain and alcohol. Of its position as the principal cause of serious disease of the valves as distinguished from the walls of the heart originating in middle life there can be no question. No fewer than 9 out of 28 cases of which I have private notes were the subjects of double aortic disease; practically all the others had a loud ringing second sound over the aorta significant of degeneration; pain of anginal type in half the cases was the prominent complaint; and two-thirds of the subjects had sclerosis of the radial artery. When we consider that syphilis does also affect the myocardium primarily, that fibroid disease, chronic aneurysm and fatty degeneration of the heart are all traceable to specific disease of the coronaries in many instances; and, finally, that many of the subjects of syphilitic cardio-vascular disease have perished before 40, the magnitude of this cause can be fully realised.

I believe that the profession in general have not yet woken up, if I may say so, to the gravity of this subject. How seldom we inquire for a history of specific disease in patients coming to us with cardiac disease in middle life! To no one, as far as my reading goes, are we so much indebted for the truth on this subject as to my friend and colleague, Dr. Mott. Thirteen years ago he published a paper on 21 cases of sudden death from cardio-vascular disease, and in 9 of these there was a history of either actual or probable syphilis. What was of greater interest, however, at that early date he drew attention to the association of syphilitic cardio-vascular lesions with Bright's disease in the broad acceptance of the term. Dr. Mott's work in the interval on syphilitic lesions of the arterial system of the brain has been so brilliant, and is so generally known, that it requires nothing more than this appreciative mention by me, and it saves me the trouble of an excursion into the large subjects of cerebral hæmorrhage and thrombosis in connection with these lectures.

#### NERVOUS STRAIN.

I confess that it is difficult to say much that is of real diagnostic value on the clinical aspect of cardio-vascular disorders and disease from nervous strain. As I remarked in discussing this subject from the etiological point of view, several factors come into play, besides nervous excitement followed by exhaustion and their effects on the heart, great vessels, and cerebral arteries; and the cases therefore are found to present a puzzling variety of features. Certain clinical characters are, however, common to the majority. Arterial tension is high; the radial artery is thick, sometimes markedly so; the heart enlarges; and in about one half of the cases a systolic murmur is to be heard either in the aortic or in the mitral area, significant of chronic endocardial lesions. I have already pointed out that in some of these patients polyuria and temporary albuminuria occur along with the high tension and increased action of the heart; but later on the heart may fail. The direct cardiac symptoms of which they complain are of the ordinary character, palpitation with accelerated cardiac frequency and pain—not angina—being the most common at first; feelings of indescribable discomfort and suffocation in the more advanced stage.

#### CHRONIC BRIGHT'S DISEASE.

After having reviewed, as I have attempted to do, the principal clinical characters of the diseases of the heart in middle and advanced life under their several causes, it may appear for a moment strange that the most important of all the clinical types of cardio-vascular degeneration has been mentioned only incidentally. This is chronic Bright's disease, which, from its complex pathological relations, its widespread effects on the heart and circulation and the organs that they supply, and the far greater gravity of these than

those of any other causes which we have studied, unless it be syphilis, is a subject of endless interest to us all. Fortunately for me my immediate predecessor in this chair on the medical side, our distinguished Fellow Dr. Samuel West, took for his subject the "Clinical Aspects of Granular Kidney," and thus relieved me of a task which he was so much better able to discharge than I am.

#### NOTE AND REFERENCES.

<sup>1</sup> A medical friend who has suffered from tobacco heart assures me that at one period he could distinguish the contractions of the auricles and ventricles. <sup>2</sup> Maguire, *Trans. Clin. Soc. of London*, xx, p. 235. <sup>3</sup> Dyce Duckworth, *A Treatise on Gout*, 1889, p. 108. <sup>4</sup> Murchison, *Clinical Lecture on Diseases of the Liver*, 3rd edition, 1885, p. 637. <sup>5</sup> Allbutt's *System of Medicine*, v., p. 483.

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

#### INTESTINAL SAND.

I AM much interested in the report of Sir Dyce Duckworth and Dr. Garrod's paper on this subject, because I evidently had a case some ten years ago. I was attending a gentleman whose ordinary health was good, in a severe and intractable attack of continuous diarrhoea. A previous medical attendant saw the case with me several times, and we agreed that there were no symptoms of ulceration or organic disease of the bowel, but that probably some catarrhal condition of the colon—where there was slight tenderness—existed. In the height of his illness he passed a quantity of small granules of a pinkish-red colour, generally wrapped up in balls of mucus.

I took some to a chemist who stated that they contained some inorganic salt, he cannot now remember what. I had thought they might contain urates as there was a gouty history, but, finding otherwise, I concluded that in the early part of his illness, which had begun elsewhere, he might have been treated with carbonates of lime, magnesia, or soda, and that these had formed small concretions. I did not substantiate this, and have now no doubt that it was intestinal sand.

Bournemouth.

A. G. S. MAHOMED.

At the meeting of the Royal Medical and Chirurgical Society held on the 26th ultimo, I see there was reported, and discussed, the case of a patient with diarrhoea, in whose motions sand was found.

When in Burmah I repeatedly found sand, in varying quantities, identical in appearance with the sand seen in this case in the evacuations of my patients, but was unable to attach any special significance to its presence.

Intestinal sand probably exists in the alvine discharges to a greater extent than is generally supposed, and the explanation of its frequent discovery in the stools of patients living in the tropics is probably due to the prevalence in those latitudes of looseness of the bowels, a condition which renders the detection of the sand a simple matter.

Welbeck Street, W.

OSWALD BAKER.

#### CASE OF INTESTINAL OBSTRUCTION.

The following case may be of some interest owing to its unexpected result. On January 26th, 1901, I received an urgent message at 8 P.M. to go and see a lady, aged 66, who, I was told, was taken with an attack of spasms. On arrival I was informed that whilst eating her supper she was taken with violent pains in the stomach, so bad that she had to leave the room. I found her lying on the floor, doubled up, in agonies of pain and regurgitating large quantities of wind. I injected morphine gr.  $\frac{1}{4}$ , which gave relief. On seeing her next morning I found the abdomen very distended, and that she was still regurgitating wind by the mouth, and vomiting dark green bile, but no flatus had passed by the bowel. I gave an injection by the bowels, without result. I then came to the conclusion there was obstruction in the bowels and suggested calling in another medical man (a relative) from London. He saw the patient with me that night, and agreed there was obstruction, and suggested gr.  $\frac{1}{4}$  pills of opium and belladonna every four hours, and requested to be informed in the morn-

ing how the lady was. On sending him a message that there was no improvement he brought down that night a well-known abdominal surgeon. He came to the same conclusion, that there was obstruction, probably in the hepatic flexure of the colon. After our consultation the husband of the lady was called in and informed that the only thing to do was to open the abdomen there and then, emphasising the fact—that if she was a hospital patient she would be operated on at once. The words were hardly said when the nurse walked into the room reporting that the patient had passed a large quantity of wind by the rectum, and sure enough on proceeding upstairs we found the patient's abdomen quite flat. One certainly can but congratulate the patient on her lucky escape, as ten minutes afterwards most probably we should have been operating.

Pinner, Middlesex.

H. J. HILDIGE, L.R.C.P.I.

#### TRANSPPOSITION OF RECTUM.

ON March 2nd I made a *post-mortem* examination on a coroner's order on a boy aged 5 years. The cæcum was in the right place with a very long appendix which passed through a hole in the meso-cæcum. The ascending, transverse, and descending colon were normal, but at the sigmoid flexure the bowel crossed behind the bladder to the right iliac fossa and down to the anus. The left iliac fossa was free from large bowel. The sigmoid flexure had a long mesentery which passed across the front of the sacrum. I have not heard or seen any record of such an abnormality, and thought the report might interest your readers.

At the last *post-mortem* examination I made on the coroner's order on a baby I found a very perfect horseshoe kidney.

Alfreton.

JOHN J. BINGHAM, M.D.

## REPORTS

ON

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

#### ST. BARTHOLOMEW'S HOSPITAL.

##### TWO CASES OF PERFORATED GASTRIC ULCER.

(Under the care of Mr. D'ARCY POWER.)

[From notes by G. V. BULL, B.A., M.R.C.S., House-Surgeon.]  
CASE 1.—M. R., aged 20, a single woman, was admitted on November 27th, 1900, suffering from abdominal pain.

*History.*—For about three months she has had pain shortly after taking food, but has not been sick. November 23rd. She had an attack of severe pain. She went to bed, but got up next day feeling better. November 27th. She had a meat lunch, and at 6.30, while stooping before the fire, was seized with acute pain in the epigastrium and was sick. She was sent up to the hospital, six miles, in an ambulance, and was admitted at 11 P.M.

*Condition on Admission.*—The patient was found to be anæmic, and was evidently in pain. On examining the abdomen it was seen to be motionless, but not hard; not distended, but tender in the epigastrium. Liver dullness was present. Temperature 98.6°, pulse 105.

*Operation* at 12.30, six hours after the onset of symptoms. The abdomen was opened in the middle line above the umbilicus; some gas immediately escaped, but there was no other evidence of escape of stomach contents. After a short search a perforation was found on the anterior wall, towards the pyloric end and near the lesser curvature. In this region were some flakes of lymph and recent adhesions. The stomach was brought out of the wound, some blood-stained viscid fluid then escaping. The perforation was closed by two layers of Lembert sutures, and after sponging the stomach the abdomen was sewn up by two layers of sutures. The patient stood the operation well, and on her return to the ward she was given 5 minims of an injection of morphine. Temperature 100°, pulse 120, respirations 44.

*After-Treatment.*—The patient was fed by nutrient enemata (4½ ounces) every four hours, the rectum being washed out

every twenty-four hours. Nothing was given by the mouth for twenty-four hours, but the mouth was frequently sponged out. After twenty-four hours a drachm of hot water, and after forty-eight hours of Benger's food, was given every hour. The quantity was gradually increased, and on December 10th patient was taking fish, and the enemata were stopped. Pulse 100 to 110 after November 30th, except on two occasions. Temperature 98° to 100°, except on November 29th and December 1st. On dressing the wound for the second time on December 11th some thick pus had oozed out in two places, but the wound had healed on January 16th, when she was discharged to our convalescent home, a silk stitch having come out of the wound on January 10th. At this time she was having meat and chicken, and was free from pain, so that the ulcer was apparently healed.

CASE II.—W. M., a man, aged 35, was admitted on November 29th, two days after the previous case, suffering from acute abdominal pain and collapse.

*History.*—The patient has suffered from pain after taking food for the last two years, and at times has had to lie up for three or four days. On the evening of the 29th he was walking home when he was seized with sudden pain in his abdomen, but was able to walk about a mile. He then had some milk and soda, but as the pain got worse he called a policeman and asked to be taken to the nearest hospital.

*Condition on Admission, at 8.30.*—The patient was very cold and collapsed; abdomen hard and retracted, tender in epigastrium. Liver dullness absent. Temperature 97.2°, pulse 120. Pulse got weaker in the next hour, so operation was decided upon, and was performed five hours after the onset of acute symptoms.

*Operation.*—The abdomen was opened in the middle line, and a large quantity of liquid stomach contents at once escaped. The ulcer was found on the anterior wall, about one inch from the pylorus; the stomach wall was much thickened and friable, and on attempting to close the perforation with Lembert sutures the sutures cut out, so a piece of omentum was sewn over the perforation, and then healthy stomach wall was sewn over this with mattress sutures, great difficulty being met with in closing in the pyloric end, as the stomach could not be pulled up into the wound. The abdominal cavity was rapidly flushed out with hot saline solution at 110° F., and the wound sewn up with two layers of sutures and dressings applied, although some of the saline solution was still leaking from the abdominal wound. The patient's pulse was 140 after the operation. He was given 1½ of morphine on the table, and was asleep five minutes after his return to the ward. The patient passed a fair night; pulse 112-120.

*The after-treatment* was the same as in the previous case, except that nothing was given by the mouth for forty-eight hours. The patient was much troubled with bronchitis for the first ten days. Solid food was given first on December 12th. On the night of the 12th the patient complained of pain in the stomach, and at lunch next day suddenly vomited nearly two pints of undigested milk and broth; he was put on small quantities every hour, and nutrient enemata again for six days, but was having solid food again on December 19th, and since then has put on weight and has had no further symptoms. The wound was dressed on December 5th, and it was found that it had broken down and some thin pus was exuding. It slowly healed, however, and the patient was discharged to Swanley on January 11th, 1901, the wound being soundly healed.

Since 1895 there have been 14 operations for perforated gastric ulcer at St. Bartholomew's, with 6 recoveries. Three of the successes have been in the past year, one in April and the two here narrated, and one since writing the above.

REMARKS BY MR. D'ARCY POWER.—Cases of perforated gastric ulcer in which suture of the stomach has been followed by recovery are still sufficiently rare in London hospitals to warrant a short record. These two cases form an interesting pair; and coming, as they did, in the course of a single "duty," we watched their progress towards recovery with peculiar satisfaction. One case of gastric ulcer seems, however, to differ very widely from another, and perhaps the amount of shock which the patient sustains is more variable than anything else. The shock in these two cases was comparatively slight.

speciality, and that unless the candidates have received previous training in general nursing considerably more time should be insisted upon before granting a certificate than is at present the case.—I am, etc.,

Duncan Terrace, N. March 18th.

G. E. YARROW.

#### SCHOOL SLATES AND THE SPREAD OF DISEASE.

SIR,—Whilst noting with interest the correspondence in the BRITISH MEDICAL JOURNAL, together with the remarks of Dr. Hill, M.O.H. Birmingham (which deserve the greatest respect, coming as they do from one of such considerable experience), yet I cannot endorse them in their entirety, although, as I pointed out in the *Lancet* in 1896, the fact that diphtheria is occasionally conveyed by the pencil and slate is not to be doubted, yet it is difficult to find a more suitable apparatus for educational purposes than the slate and pencil when frequent disinfection is required.

During several outbreaks of diphtheria in Maidstone I found no difficulty in dealing with slates and slate pencils by placing them in a boiler containing the common sodium carbonate and water raised to the boiling point, and kept boiling for at least half an hour with the slates and pencils entirely immersed, to be withdrawn at the end of that time whilst hot, and allowed to dry spontaneously.

On the other hand, I found books and papers much more difficult to deal with, and quite as important, owing to their dirty, greasy, and thumb-marked condition. Beside which the disinfection of books, etc., in such large numbers in the Washington Lyons apparatus is by no means a small matter, and is objected to on the ground that it interferes with the scholastic work of the school, and can only be done occasionally, whilst the slates can be dealt with daily, if necessary, in the school copper. They can also be rubbed with a cloth and a solution of bisulphite of lime in water during the school hours.

A plain piece of slate (no frame) and a slate pencil are to my mind the simplest and best materials for school children. Paper must be burnt and is often not burnt, but is kept by the children and carried away from the school; then there is no necessity for lead pencils.—I am, etc.,

P. TARGETT ADAMS.

Medical Department, G.P.O., March 13th.

#### THE LIVERPOOL CANCER AND SKIN HOSPITAL.

SIR,—In a paragraph in the BRITISH MEDICAL JOURNAL of March 9th there is a statement referring to the above hospital, wherein a crisis some years ago is spoken of "arising out of certain charges brought against one of the members of the staff. The member in question resigned; the other two members of the senior staff were not re-elected at the annual meeting," Drs. Taylor and Whitford brought charges against their then colleague, Dr. Crawford. The Committee of the hospital appointed five of their number to investigate these charges. After a protracted inquiry they unanimously decided that there was no evidence to justify them. The General Committee unanimously endorsed this finding, and called on Drs. Taylor and Whitford to resign. They refused, whereupon a special meeting of the donors and subscribers was called, at which, by a large majority, they were dismissed.

Dr. Crawford, after thirty years' service to the hospital, had decided on resigning before these charges were brought, but withheld his resignation until the Committee and the donors and subscribers had given their verdict. As to recent friction you say: "It is stated that the present crisis has arisen in consequence of some friction having occurred between the late Chairman, Colonel Pilkington, and Mr. J. D. Crawford, the former member of the staff referred to."

From the month of May last, when Colonel Pilkington and Dr. Crawford were most intimate friends, no communication of any sort, verbal or written, has passed between them. The friction has been between us and Colonel Pilkington owing to his attempted interference and dictatorship, and it was for these reasons mainly that Colonel Pilkington was rejected at the annual meeting.—We are, etc.,

H. LYLE,

J. EDWARD McCracken,

A. PAUL SWANSON,

Surgeons to the Liverpool Hospital for Cancer and Skin Diseases.

March 19th.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE

**Pathological Studentship.**—The election to the John Lucas Walker Studentship for Research in Pathology will be held next term. The value is £200 a year for three years. Candidates, who need not be members of the University, are to send in applications and testimonials to Professor Woodhead by April 16th. Further information may be obtained from the Professor, at the New Museums, Cambridge.

**Medical Regulations.**—The Special Board for Medicine have presented an amended report on the regulations for degrees in medicine, in which certain important modifications are made in their proposals of last year.

**Medical Degrees.**—At the Congregation on March 14th the following degrees were conferred:

M.D.—J. Gutch, M.A., and W. M. Sing, M.A., Christ's.

M.B.—R. H. Urwick, M.A., Trinity; E. H. Coleman, B.A., St. John's;

A. H. Style, B.A., Emmanuel.

B.C.—E. H. Coleman, B.A., St. John's.

**Botanical Department.**—Tenders amounting to some £23,000 have been accepted by the Senate for the erection of the new buildings for the botany schools.

### ROYAL COLLEGE OF SURGEONS.

An ordinary meeting of the Council of the Royal College of Surgeons was held on March 14th, Sir William MacCormac, Bart., K.C.V.O., President, in the chair.

*The late Professor Victor Pachoutine, Hon. F.R.C.S. Eng.*

The sympathy and condolence of the Council were conveyed to Madame Pachoutine, and to the Imperial Military Academy of Medicine at St. Petersburg.

*Congress of the Royal Institute of Public Health.*

Dr. S. Monckton Copeman and Dr. Christopher Childs were appointed Delegates of the College to this Congress, which is to be held at Eastbourne in July next.

*Bradshaw Lecturer.*

Mr. T. R. Jessop was chosen Bradshaw lecturer for the ensuing Collegiate year.

*Memorials.*

Memorials from the Victoria Dental Hospital of Manchester, and from the Liverpool Dental Hospital and School were referred to a committee of the Council to report upon.

*Mr. Edward Trimmer.*

The following resolution was passed in regard to the retirement of Mr. Edward Trimmer:—

On the occasion of the retirement of Mr. Edward Trimmer from the office of Secretary to the College, the Council gladly avail themselves of the opportunity to express to him their very high appreciation of his services to the College and their warm regard for him personally. The powers of organisation displayed by Mr. Trimmer during the time the arrangements for the examinations were under his supervision, his experience in all matters relating to procedure, his thorough mastery of the charters and by-laws, and his exceptional knowledge of the history of the College, have enabled him to render to the College services of the greatest value, and the Council cannot but feel that they are losing an officer who has always maintained the high traditions of the College and successfully striven to advance its interests. His unfailing courtesy, genial manner, and sound judgment have justly caused him to be highly respected, and whilst the Council express the hope that in his retirement Mr. Trimmer will enjoy many years of health and happiness, they assure him that neither he nor his services to the College will be forgotten by those who have had the pleasure of associating with him.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### THE BRITANNIA.

IN consequence of a serious outbreak of illness on board the Naval cadet training ship *Britannia*, and in consequence also no doubt of the great amount of public attention which has been called to the matter, the Admiralty appointed a Board to inquire into the matter. This Board consisted of Sir Henry Norbury, K.C.B., Director-General of the Medical Department; Dr. J. W. Fisher, Inspector-General of Hospitals and Fleets; Mr. A. W. May, Fleet-Surgeon, R.N.; and Professor W. H. Corfield, Consulting Sanitary Adviser to His Majesty's Board of Works. Instead of publishing the report of this Board, the Admiralty has taken the unusual, and as we think the unfortunate, course of publishing certain extracts from the report, and a brief summary of the recommendations made by the Board. It would have been far more satisfactory had the report been published in full. As it is, it is admitted that defects exist on the *Britannia* in the ventilation and sanitary arrangements which are to be at once remedied. The official *communiqué* is as follows:

Their report (that is, of the members of the Board) contains the following paragraphs:

We find the wood of which His Majesty's ship *Britannia* and the

house. He was also concerned in the foundation of the Dental Hospital, which had become a necessity for providing the dental student with an adequate training, which up to that time he had to acquire in a haphazard fashion as a private pupil. This was started on a small scale in Soho Square, and when it had overgrown the accommodation there available, it was Sir Edwin Saunders who found for it a new site in Leicester Square, and by his business aptitude and generous pecuniary help rendered possible the acquisition of the freehold. Later, further extension being desirable, but the hospital not being in a position to expend more money, he himself purchased the adjoining house, partly rebuilt it, and finally presented it to the hospital—a munificent gift. Thus the financial prosperity of the old hospital was in no small degree due to his great liberality. As some recognition of his services to the institution he was presented by his friends with his portrait, which is now in its council room, and with a sum of money to found a scholarship which should perpetuate his name in association with the school. But the hospital and school again outgrew the possibilities of their premises, and it is strange that the same week saw the opening of the new hospital, replete with every modern convenience, and the death of its most munificent patron.

Until advancing years rendered it necessary that he should live a quiet life he was distinguished for his hospitality, and was enabled by the wide extension of his circle of friends to secure for the Dental Hospital the interest of influential persons who might otherwise have passed it by.

He was the first dental surgeon to receive the honour of knighthood, and the first to occupy a position of special distinction in the British Medical Association. As a recognised head of his profession his death will leave a great gap, the more so as he was one of the last survivors of the band who worked so successfully for the placing of their profession upon a more satisfactory basis.

His funeral, which took place at Putney on March 20th, was largely attended by members of the medical and dental professions.

#### JAMES DUNLOP, M.D. GLASG.,

Formerly Senior Surgeon to the Royal Infirmary, Glasgow.

DR. JAMES DUNLOP died at his residence in Glasgow on March 13th at the age of 67. He had been in failing health for some years, and latterly it had been apparent to his friends that his weakness was increasing, but the end came somewhat suddenly.

James Dunlop was a native of Campbeltown, and was educated at the Grammar School of that town. Thereafter he had a distinguished career at the University of Glasgow, where he took the degree of M.D. in 1857. After graduation he was appointed one of the assistants in the Royal Infirmary, and at a later period became one of the surgeons to that institution, his whole connection with the infirmary extending to about forty years. He was moreover Professor of Surgery in Anderson's College for nearly twenty years, and for a time was surgeon to the Lock Hospital, while he was associated with the Samaritan Hospital and the Victoria Infirmary in the capacity of a Governor. Among other appointments that he held was that of Medico-Legal Adviser to the Crown, and in this connection his name has been associated with all the great criminal trials that have taken place in Glasgow for many years.

Dr. Dunlop had been connected with the Volunteer movement from its inception, and was one of the few remaining members of Queen Victoria's bodyguard on the occasion of the opening of the Loch Katrine Waterworks. At the time of his death he held the rank of Surgeon Lieutenant-Colonel to the Glasgow Brigade. Despite his failing health and advancing years, his enthusiasm continued to the end, and on the outbreak of the war in South Africa he volunteered for foreign service. This offer was accepted, and he was placed in charge of some of the surgical wards in the Wynberg Base Hospital, where he remained for six or seven months. Before leaving Capetown for home he appeared before the Hospital Commission, and gave important evidence in regard to the charges which the Commissioners had been appointed to investigate.

Owing to failing health Dr. Dunlop had given up his practice some years ago, but he continued to take an active interest in the medical institutions of the city. He was, more-

over, an enthusiastic student of natural history, and in private life his kindly genial disposition made him the centre of a wide circle of friends, to whom his death has come as a personal loss.

Dr. HENRY JOHN SHARPE, to the great grief of all his friends, died on March 5th, at the residence of his cousin, Dr. Simpson, 7, Highbury Crescent, N. He contracted a severe chill while visiting a patient late in the evening, and on the following day began to suffer from pleurisy and pneumonia which terminated fatally on the fifth day. He was the youngest son of the late John Sharpe, of Barnsbury. He received his preliminary education at the Islington Grammar School, and then entered St. Bartholomew's Hospital. He obtained the diploma of M.R.C.S. in 1862, and that of L.R.C.P., L.M.(exam.)Edin., and L.S.A.Lond. in 1869. He commenced practice 35 years ago in Worship Street, Finsbury, and continued to practise there until his death. There, by his earnest and conscientious discharge of his duties and his unassuming manner, he won the esteem and affection of his patients; to the poor he was ever generous, and by them he will be greatly missed. Self-abnegation and a desire to do good by stealth were his predominating attributes, and to remind him of any act of kindness or give any acknowledgment only seemed to cause him pain. Among those who have had the advantage of knowing him his sterling qualities will not readily be forgotten.

Dr. GALLUS RITTER VON HOCHBERGER, who died recently, in his 98th year, was the oldest practitioner in Austria. He had practised for more than seventy years at Carlsbad, where he was when Goethe went through a "cure" at that famous watering-place. Two years ago Dr. Hochberger welcomed the Congress für innere Medizin to Carlsbad in the name of the local profession, and took the chair at one of the meetings. He was an Aulic Councillor and the recipient of numerous decorations.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. A. W. Freund, Professor of Gynecology in the University of Strassburg; Dr. Wenzeslaus Manassein, Professor of Medicine at St. Petersburg and editor of the leading Russian medical journal *Vratch*, aged 60; Dr. Otto von Weiss, Chief Physician and Director of the Gynecological Department of the Bosnio-Herzegovinan National Hospital, Sarajevo, aged 44; Baron August von Haerdtl, M.D., and Aulic Councillor, of Vienna, aged 78; and Dr. Vincenzo Marchesano, Director of the Civil Hospital, Palermo, and Professor of Operative Surgery in the University of that city, aged 66.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

### FEES REFUSED TO MEDICAL WITNESSES AT CORONERS' INQUESTS.

FROM two cases lately recorded in the public press, it appears that some coroners fail to read correctly the law in relation to fees due to medical practitioners who have been summoned at their instance to give evidence in their courts.

In one instance reported in the *Morning Post* a medical witness duly attended, and gave evidence, and then applied for his fee. This was refused by the coroner, on the ground that, as the deceased died in a public institution, by certain "laws" (*sic*) laid down by the London County Council, no fee could be paid to any doctor giving evidence. The coroner is reported to have added had the man expired whilst being removed to a hospital or infirmary, even at the gates, the fee would then be paid, as the death would have occurred outside, and not inside, the public institution. We would venture to submit that this is an entirely wrong interpretation of the law as laid down by the Coroners Act, 1887. The section in respect to payment of fees to medical witnesses is Section XXII, which runs as follows:

A legally qualified medical practitioner who has attended at a coroner's inquest in obedience to a summons of the coroner under this Act shall be entitled to receive such remuneration as follows—that is to say:

Hospital, which had decreased from 2,535 to 1,746 at the end of the eleven preceding weeks, had further declined to 1,652 on Saturday last; 130 new cases were admitted during the week, against 162, 185, and 140 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, March 16th, 991 births and 713 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 24.5 and 23.4 per 1,000 in the two preceding weeks, further declined last week to 22.7 per 1,000, but was 3.8 per 1,000 above the mean rate during the same period in the thirty-three large English towns. The rates in the eight Scotch towns ranged from 11.1 in Leith and 13.4 in Perth, to 24.4 in Glasgow and 25.4 in Edinburgh. The zymotic death-rate in these towns averaged 3.1 per 1,000, the highest rates being recorded in Glasgow and Greenock. The 354 deaths registered in Glasgow included 24 from small-pox, 4 from scarlet fever, 22 from whooping-cough, 3 from "fever," and 3 from diarrhoea. Five fatal cases of measles, 6 of diphtheria, and 7 of whooping-cough were recorded in Edinburgh. Five deaths from whooping-cough occurred in Dundee; 2 from measles in Aberdeen; 2 from whooping-cough in Paisley; and 4 from whooping-cough in Greenock.

#### VACCINATION IN SCOTLAND.

ISLAY (Scotland) states that as public vaccinator he is requested by the parish council to vaccinate or revaccinate all parish poor and dependants desiring the operation. To what fee, he asks, is he entitled for each case vaccinated (1) at own home within one mile of his house, (2) at his house.

\*.\* The usual fee charged for vaccination or revaccination is 2s. 6d. "Islay" is entitled to charge that sum, unless he has entered into any special arrangement with his parish council. Owing to the presence of small-pox in Glasgow, not a few local authorities in Scotland, in virtue of powers conferred on them by Section LXXVII. Public Health Scotland Act 1897, are defraying the cost of vaccinating or revaccinating such persons as to them "may seem expedient." In such instances the recognised fee appears to be 2s. 6d. and free lymph. This, however, is a matter of arrangement.

#### BUILDINGS ON STREET REFUSE DUMPS.

A. C. asks: Will you kindly give your opinion, and quote as many authorities as possible, as to the wisdom of building on land filled up with ordinary street scrapings? After a few years under and amongst earth are these latter not likely to be quite innocuous?

\*.\* Under Section xxv of the Public Health Acts Amendment Act, 1890, a heavy penalty is imposed for erecting a new building on any ground which has been filled up with any matter impregnated with faecal, animal or vegetable matter, or upon which any such matter has been deposited, unless and until such matter shall have been properly removed by excavation or otherwise, or shall have been rendered or have become innocuous. A clause almost identical with the above is included in the model by-laws of the Local Government Board (No. 4, New Streets and Buildings, Clause 9). All authorities upon public health matters are agreed upon the danger of building upon soil which, like street scrapings, contains organic refuse matter. As to the time which must elapse before such soil can "purify itself," that must of course depend on circumstances; but the observations of Parkes, Sanderson, and others, go to show that at least three years must elapse. If street sweepings are deposited in a "shoot" with deep sides of clay, then drainage and aëration are impeded and resolution is delayed. Even when placed under the most favourable circumstances, street sweepings (containing, as they do, faecal matter) would probably take several years before they provided a suitable and healthy soil on which to build a dwelling, and in default of expert examination such material should always be removed before the site is built upon.

## INDIA AND THE COLONIES.

#### HONG KONG.

THE DISTRIBUTION OF ANOPHELES AND CULEX.—A further report of Dr. J. C. Thomson to the Governor of Hong Kong upon the distribution of mosquitos in Hong Kong and the New Territories is one of considerable importance. During the three months—October to December, 1900—Dr. Thomson examined 3,539 mosquitos which have been sent to him by the police officers who are scattered throughout the whole of the district. Of these he found that 91.7 per cent. were *Culex* and 8.3 per cent. *Anopheles*. Although it appears that there is a great preponderance of *Culex* in the whole area, this excess is not seen in each district. Tai Po, for instance, yielded 216 mosquitos, of which 111 were *Anopheles* and 105 *Culex*. On the other hand, from Yaumati 274 mosquitos were all *Culex*, and from Cheung Chai 575 were found to contain only 1 *Anopheles*. These observations are to be continued throughout 1901, and the final report will most probably throw a considerable light upon the question of the relationship between the distribution of *Anopheles* and malaria in Hong Kong.

PROPOSED MEMORIAL TO THE LATE DR. DA COSTA.—A fund is being raised for the establishment of a laboratory of clinical medicine in connection with the Hospital of the Jefferson Medical School in Philadelphia as a memorial to the late Dr. J. M. Da Costa.

## MEDICAL NEWS.

THE King has consented to become a Patron of King's College Hospital.

The total number of students in the University of Warsaw in the current semester is 1,169. Of these 367 belong to the Faculty of Medicine.

ACCORDING to the last census there are in the United States over 111,000 deaf-mutes and 88,924 persons who are totally blind.

THE King has consented to continue to be Patron of the Metropolitan Hospital. Mr. A. H. Allhusen, M.P. for Central Hackney, will preside at the festival dinner in aid of the funds of the hospital, to be held on April 22nd.

A SUCCESSFUL concert was given by the Middlesex Hospital Musical Society to the convalescent patients, nurses, and staff in the board-room of the hospital on the afternoon of March 18th.

WE are glad to observe that Dr. Forman, who was a valued member of the last London County Council, but failed to obtain re-election, has been chosen one of the Aldermen, so that his services will be retained.

DENTAL HOSPITAL OF LONDON.—The annual general meeting of the Governors of the Dental Hospital of London, Leicester Square, will be held at the new hospital on Thursday, March 28th, at 5.30 P.M., Mr. Stuart M. Samuel, M.P., one of the Vice-presidents of the hospital, in the chair. The new hospital will be open for inspection.

ITALIAN MEDICAL CONGRESS.—The Italian Congress of Internal Medicine will this year hold its annual meeting at Pisa in the latter half of October. In connection with it there will be a historical exhibition of documents, etc., relative to the University of Pisa, from its foundation to the present day.

CLINICAL RESEARCH ASSOCIATION.—Dr. J. H. S. Walker, late Assistant Bacteriologist to Dr. Hamilton, Professor of Pathology in the University of Aberdeen, has been appointed Director of the Laboratories of the Clinical Research Association. We are also asked to state that last September Dr. A. R. F. Evershed gave up the appointment he held in connection with the same Association.

WE are asked to state that the Woodburn Sanatorium for Consumptives, near Edinburgh, founded two years ago by Dr. W. P. Mears, formerly Lecturer on Anatomy in the Newcastle College of Medicine, whose death was announced in the BRITISH MEDICAL JOURNAL a few weeks ago, will be carried on by his widow, Mrs. Mears, L.R.C.P.I., who will have the co-operation of Dr. James J. Galbraith as resident physician.

PROFESSOR KOCH has, in conjunction with the Colonial Department of the German Foreign Office, organised a series of scientific expeditions to the German Protectorates and other tropical regions. The special object of the expeditions is to continue his researches on malaria. Professor Koch will direct the work from Berlin, but he reserves to himself the right of taking a personal part in it when and where this may appear to him to be necessary.

A MEETING of the Northern and Midland Division of the Medico-Psychological Association will be held at the Leicester and Rutland Asylum on Wednesday, April 3rd, when Dr. Miller (Hatton Asylum) will open a discussion on the improvement of our methods of obtaining information on matters of asylum administration and the advantages of establishing a bureau in connection therewith. Dr. Rothsay Stewart (County Asylum, Leicester) will read two notes, one on insanity following chorea, and the other on rodent ulcer treated by x-rays.

ROYAL NATIONAL PENSION FUND FOR NURSES.—At the annual meeting of this Fund it was stated that His Majesty the King had consented to become the Patron, and Her Majesty the Queen the President. During the past year there had been 700 policies granted, the withdrawals were fewer than



in the previous year, and the expenses of management were lower than in any former year. The total funds had increased during the year from £506,000 to £576,000.

**THE LATE QUEEN VICTORIA.**—At a recent meeting, the York Medical Society unanimously agreed that an address of sympathy should be forwarded to King Edward VII, and a gracious acknowledgment has been received from His Majesty. The Council of the St. Andrews Graduates Association have resolved to present an address expressive of condolence with the King on the death of Her late Majesty Queen Victoria, and of loyalty and congratulation to His Majesty on his accession to the throne.

**CHRISTIAN SCIENCE AND CÆSAR.**—It appears that Mrs. Eddy, the arch-priestess of "Christian science," condescends to render unto Cæsar the things that are Cæsar's—when a refusal to do so would be followed by a practical manifestation of Cæsar's displeasure. According to the *New York Medical Journal* she is reported to have said that she has always held that her disciples should be law-abiding. If the law demands an individual to submit to vaccination, she recommends that he obey the law "and then appeal to the Gospel to save him from any bad effects." She would also have her followers report contagious disease to the proper authorities when the law so requires.

**MEDICAL PRACTITIONERS IN BULGARIA.**—Official statistics recently published show that on April 19th there were in Bulgaria 485 medical practitioners, 15 dentists, 182 pharmacists, 586 feldskers (lower grade practitioners), and 115 midwives. Since that date 2 medical practitioners have died and 46 have left the country; there remain therefore 437 practitioners, of whom 307 are Bulgarians and 130 are foreigners. Among the latter are 63 Greeks, 21 Armenians, and 17 Jews. The average age of the Bulgarian doctor is given as 37, the youngest being 23 and the oldest 77. Of the total numbers of medical practitioners, 127 received their professional education in France, 94 in Russia, 53 in Greece, 40 in Turkey, 38 in Switzerland, 36 in Austria, 28 in Germany, 12 in Roumania, 6 in Italy, 1 in Belgium, and 1 in England.

**THE SALE OF POISONS IN NEW YORK.**—A new law recently passed by the State of New York enacts that no substance which "according to standard works on medicine or materia medica is liable to be destructive to human life in quantities of 60 grains or less, shall be sold at retail or furnished without being labelled with the name of the article, and the word 'poison' and the name and place of business of the seller plainly printed in red ink." A record must be kept of the more dangerous poisons, as arsenic, potassium cyanide, hydrocyanic acid, cocaine, morphine, strychnine, and all other vegetable alkaloids and their salts. A complete record, including the name and address of the purchaser, the amount of poison sold, and the date of the sale, must be kept where it can be inspected at any time by the proper authorities, and must be preserved for five years.

### MEDICAL VACANCIES.

The following vacancies are announced:

- ARGYLL AND BUTE ASYLUM,** Lochgilphead.—Assistant Medical Officer, not over 30 years of age. Salary, £130 per annum, with board, lodging, and attendance. Applications to the Medical Superintendent.
- BRISTOL GENERAL HOSPITAL.**—Assistant House-Surgeon and a Casualty House-Surgeon. Salary, £50 per annum, with board, residence, etc. Applications to the Secretary by March 25th.
- BURY ST. EDMUNDS: SUFFOLK GENERAL HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by April 1st.
- CARDIFF INFIRMARY.**—Assistant House-Physician. Appointment for six months but renewable. Salary at the rate of £75 per annum, with board, lodging, washing, and apartments. Applications to the Secretary by April 1st.
- CHELSEA, BROMPTON, AND BELGRAVE DISPENSARY,** 41, Sloane Square, S.W.—Honorary Physician. Applications to the Secretary by April 1st.
- CHOLEY: RAWLIFFE HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications to the Hon. Secretary.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—Second House-Physician. Appointment for six months. Salary at the rate of £30 per annum, with board and residence. Applications to the Secretary by April 4th.
- DEVONPORT ROYAL ALBERT HOSPITAL.**—Resident Medical Officer, unmarried, and under 32 years of age. Salary, £110 per annum, with board and lodging. Applications, on forms provided, to be sent to the Chairman of the Selection Committee by April 3rd.
- DUDLEY: GUEST HOSPITAL.**—Senior Resident Medical Officer. Salary, £100 per annum, increasing to £120, with board, residence, attendance, and washing. Applications to the Secretary by March 28th.
- FOLKESTONE: VICTORIA HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board, residence, and laundry. Applications to the Secretary by April 6th.
- FRENCH HOSPITAL AND DISPENSARY.**—Resident Medical Officer. Salary, £80 per annum, with full board. Applications to the Secretary, 172, Shaftesbury Avenue, W.C.

- GLAMORGAN COUNTY ASYLUM,** Bridgend.—Junior Medical Officer (male). Salary, £150 per annum, with board, lodging, washing, and attendance. Applications to the Medical Superintendent by April 4th.
- GLASGOW EYE INFIRMARY.**—Resident Assistant House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to the Secretary, 88, West Kew Street, Glasgow, by March 25th.
- GOVERNMENT ASYLUM,** Crookston, near Paisley, N.B.—Senior Assistant Medical Officer. Salary to begin at, £150 per annum, with rooms, board, laundry, and attendance. Applications to the Medical Superintendent by April 10th.
- GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.**—Resident House-Surgeon. Salary, £80 per annum, with board, residence, and laundry. Applications to the Honorary Secretary by April 10th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,** Brompton.—Resident House-Physicians. Appointments for six months, with an honorarium of £25. Applications to the Secretary by March 28th.
- HOSPITAL FOR WOMEN,** Soho Square, W.—House-Physician. Appointment for six months. Salary, £30. Applications to the Secretary before March 30th. Also, Clinical Assistants. Applications to the Dean.
- INVERNESS: NORTHERN DISPENSARY.**—House-Surgeon. Salary, £100 per annum with board, etc. Applications to the Honorary Secretary by March 29th.
- LEEDS GENERAL INFIRMARY.**—Resident Ophthalmic Officer. Salary, £50 per annum, with board and lodging. Applications to the Secretary of the Faculty by March 27th.
- LEEDS: YORKSHIRE COLLEGE.**—Junior Demonstrator in the Pathological Department. Salary, £120 per annum. Applications to the Secretary of the College by March 27th.
- LONDON COUNTY ASYLUM,** Hanwell, W.—Dispenser. Salary, £110 per annum rising to £150, with dinner daily. Applications to the Clerk to the Asylums Committee, 6, Waterloo Place, London, S.W., by March 30th.
- LONDON LOCK HOSPITAL,** Harrow Road.—Anæsthetist to the Female Hospital. Application to the Secretary by March 30th.
- LONDON OPEN AIR SANATORIUM,** Pinewood, near Bracknell, Berkshire.—Resident Physician; unmarried. Salary, £200 per annum, with furnished apartments, board, attendance, and washing. Applications to the Honorary Secretary, 30, Wimpole Street, W., by April 15th.
- MACCLESFIELD GENERAL INFIRMARY.**—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications to the Chairman of the House Committee by March 27th.
- MANCHESTER CORPORATION.**—Assistant to the Medical Officer of Health. Salary, £200 per annum. Applications, endorsed "Appointment of Medical Assistant," to the Chairman of the Sanitary Committee, Town Hall, Manchester, by March 31st.
- MANCHESTER PORT SANITARY AUTHORITY.**—Port Medical Officer; must be D.P.H. Salary, £350 per annum. Applications, endorsed "Port Medical Officer," to the Clerk, 40, Brazenose Street, Manchester, by March 28th.
- MANCHESTER ROYAL INFIRMARY.**—(1) Resident Surgical Officer; unmarried, and not over 25 years of age. Salary, £150 per annum, with board and residence. (2) Assistant Director. Salary, £50 per annum. Applications to the Superintendent for (1) by April 13th, for (2) by April 30th.
- NATIONAL HOSPITAL FOR DISEASES OF THE HEART,** Soho Square, W.—Resident Medical Officer. Appointment for six months. Salary at the rate of £40 per annum, with board and laundry. Applications to the Secretary.
- NEW HOSPITAL FOR WOMEN,** 14, Euston Road, N.W.—Fully-qualified woman as Anæsthetist. Applications to the Secretary by March 27th.
- NORTHAMPTON GENERAL INFIRMARY.**—Physician, must be F. or M.R.C.P. Lond., not under 25 years of age. Applications to the Secretary by March 29th.
- NORTH LONDON HOSPITAL FOR CONSUMPTION.**—Clinical Assistant at the Central Out-patients' Department, 41, Fitzroy Square, W. Appointment for six months. Honorarium at the rate of £35 per annum. Applications to the Secretary by March 29th.
- NORTH-WEST LONDON HOSPITAL,** Kentish Town Road, N.W.—Dental Surgeon. Applications to the Secretary by March 25th.
- NORWICH: NORFOLK AND NORWICH HOSPITAL.**—House-Physician, unmarried, and not more than 30 years of age. Salary, £30 per annum, with board, lodging, and washing. Applications to the Acting Secretary by March 26th.
- SCARBOROUGH HOSPITAL AND DISPENSARY.**—House-Surgeon (to be Assistant for three months). Salary at the rate of £75, with residence, board, and washing; and, if approved, to be Senior for twelve months from August 1st. Salary, £90, with residence board, and washing. Applications to the Honorary Secretary by April 9th.
- SHEFFIELD: JESSOP HOSPITAL FOR WOMEN.**—House-Surgeon; unmarried. Salary, £50 per annum, with board, lodging, and washing. Applications to the Honorary Secretary of the Medical Staff, Mr. P. E. Barber, Leavycroft House, Homefield Road, Sheffield, by March 28th.
- STOCKPORT INFIRMARY.**—Junior Assistant House-Surgeon. Appointment for six months. Salary at the rate of £24 per annum, with board, washing, and attendance. Applications to the Secretary.
- STRAFTFORD: WEST HAM HOSPITAL.**—Junior House-Surgeon. Salary, £75 per annum, with board, residence, etc. Appointment for one year, but eligible for election as Senior. Salary, £100. Applications, marked "Junior House-Surgeon," to the Secretary.
- TOTTENHAM HOSPITAL.**—(1) Honorary Surgeon; (2) Honorary Assistant Physician. Applications to the Chairman of the Joint Committee, The Green, South Tottenham, by March 27th.
- TUNBRIDGE WELLS GENERAL HOSPITAL.**—Resident House-Surgeon. Salary, £100 per annum, with board, furnished apartments, etc. Applications to the General Secretary by March 27th.
- VICTORIA HOSPITAL FOR CHILDREN,** Queen's Road, S.W.—House-Physician. Appointment for six months. Honorarium, £25, with board and lodging. Applications to the Secretary by March 30th.
- WESTMINSTER HOSPITAL MEDICAL SCHOOL.**—Lecturehip on Biology. Applications to the Dean by March 31st.
- WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.**—Assistant House-Physician. Appointments for six months. Honorarium at the rate of £75 per annum, with board, lodging, and washing. Applications to the Secretary by April 4th.

### MEDICAL APPOINTMENTS.

- AHERN,** John M., L.R.C.P.I., L.R.C.S.I., and L.M., appointed Assistant Medical Officer to the Warneford Asylum, Oxford.
- ALLEN,** W. T. D., M.B., B.Ch.R.U.I., appointed District Medical Officer of the Liverpool Union.
- CALLEN,** Patrick, L.R.C.S., L.K.Q.C.P.Irel., appointed Public Vaccinator for Thames, New Zealand.
- CHRISTIE,** John F., M.B., C.M.Aberd., appointed Medical Officer to the Aberdeen Dispensary, vice A. T. G. Beveridge, M.B., C.M.Aberd.
- CLEMONS,** George Ernest, M.D. Edin., appointed Honorary Medical Officer to the Launceston General Hospital, Tasmania.
- DEMSEY,** Martin, M.D., F.R.C.P., appointed Professor of Materia Medica and Therapeutics at the Catholic University School of Medicine, Dublin; also Examiner in Materia Medica at the Royal University, Ireland.
- FLOOD,** Richard F., L.R.C.P. Edin., L.R.C.S. Edin., L.M., etc., appointed House-Surgeon to the West Herts Infirmary, Hemel Hempstead.
- HAYDON,** Arthur George, M.B., M.R.C.S., appointed a Civil Surgeon Royal Army Medical Corps; and Medical Officer in charge of the Norfolk Regiment.
- HOLMES,** L. S., L.R.C.P., L.R.C.S. Edin., appointed Honorary Medical Officer to the Launceston General Hospital, Tasmania.

**KELLY, William A., L.R.C.S.I., L.R.C.S.Eng.,** appointed Government Medical Officer at Wingham, Western Australia.

**KINGSFORD, Bertram H., M.B.Lond., M.R.C.S., L.R.C.P.,** appointed Medical Officer and Public Vaccinator for the Woking District of the Guildford Union, and Certifying Factory Surgeon for the Woking District of Surrey.

**LIDDELL, G., M.B., M.S.Edin.,** appointed Public Vaccinator for the District of Otepopo, New Zealand.

**LITTLEJOHN, E.S., M.D.Edin.,** appointed Visiting Medical Officer to the John Walker Convalescent Hospital, Concord, New South Wales.

**MACBRYEN, S., M.B., Ch.M.Glasg.,** appointed Medical Superintendent to the Yarra Bend Lunatic Asylum, Victoria.

**MCCLURE, G. F., B.A., M.B., D.P.H.Cantab.,** appointed Medical Officer of Health for the Metropolitan Borough of Battersea.

**MAHOOD, Allan E., M.B.E.U.I., F.R.C.S.Eng.,** appointed Surgeon to the Bideford Infirmary.

**MASON, J. M., M.D., D.P.H.,** appointed Chief Health Officer in New Zealand.

**MORRIS, W. P., M.D.,** appointed Assistant Medical Inspector in the Department of Public Health, Victoria.

**NANCE, H. C., F.R.C.S.Eng.,** appointed Surgeon to the Jenny Lind Hospital for Sick Children, Norwich.

**PARDY, J., M'Imery, M.B., Ch.B.Melb.,** appointed Honorary Medical Officer to the Launceston General Hospital, Tasmania.

**ROCHE, Antony, M.R.C.P.I.,** Professor Catholic University Medical School, appointed Examiner in Medical Jurisprudence and Sanitary Science in the Royal University of Ireland.

**STANSFIELD, F. W., M.D., Ch.B.Vict., D.P.H.Camb.,** appointed Public Vaccinator to the Reading Union, *vice* O. Lowley, M.B.O.S., deceased.

**SPARKS, C. E., M.B.,** appointed District Medical Officer to the Chertsey Union.

**WYNNE, W. C. P., L.R.C.P., L.R.C.S.I.,** appointed Certifying Factory Surgeon for the Oxted District of Surrey.

**KING'S COLLEGE HOSPITAL.**—The following have been appointed Resident Medical Officers for the present six months:

Senior House-Physician—P. B. Jeffries, M.R.O.S., L.R.C.P.  
Junior House-Physician—W. L. Stuart, M.R.C.S., L.R.C.P.  
Assistant House-Physician—C. E. Bulteel, M.R.C.S., L.R.C.P.  
House-Surgeons—E. S. Corke, M.R.C.S., L.R.C.P.; A. Edmunds, M.R.C.S., L.R.C.P.; F. C. Carle, M.R.C.S., L.R.C.P.  
House-Accoucheur—E. L. Sanders, M.R.C.S., L.R.C.P.  
Assistant House-Accoucheur—W. W. Maxwell, M.R.C.S., L.R.C.P.

## DIARY FOR NEXT WEEK.

### MONDAY.

**Royal College of Surgeons of England, 5 P.M.**—Professor C. Stewart: On the Protection and Nourishment of the Young of the Vertebrata and some new Additions to the Museum. Lecture IV.

**Medical Graduates' College and Polylinic, 22, Chancery Street, W.C., 4 P.M.**—Dr. A. Whitfield: Consultation (Skin).

### TUESDAY.

**Royal College of Physicians of London, 5 P.M.**—Dr. J. F. Payne: On Cancer, especially of the Internal Organs. Lumen Lecture II.

**University of London: Brown Lectures, University of London, South Kensington, S.W., 5 P.M.**—Dr. J. Rose Bradford: On the Protozoa in their Relation to Disease, with Special Reference to the so-called Tsetse-Fly Disease of South Africa.

**Medical Graduates' College and Polylinic, 22, Chancery Street, W.C., 5.30 P.M.**—Annual General Meeting.

### WEDNESDAY.

**London Throat Hospital, 20, Great Portland Street, W., 5 P.M.**—Mr. C. Woakes: Selected Cases.

**Hospital for Consumption and Diseases of the Chest, Brompton, 4 P.M.**—Dr. Acland: Bronchiectasis.

**Royal College of Surgeons of England, 5 P.M.**—Professor C. Stewart: On the Protection and Nourishment of the Young of the Vertebrata and some new Additions to the Museum. Lecture V.

### THURSDAY.

**Royal College of Physicians of London, 5 P.M.**—Dr. J. F. Payne: On Cancer, especially of the Internal Organs. Lumen Lecture III.

**Medical Graduates' College and Polylinic, 22, Chancery Street, W.C., 4 P.M.**—Mr. Johnson Smith: Consultation (Surgical).

### FRIDAY.

**Royal College of Surgeons of England, 5 P.M.**—Professor C. Stewart: On the Protection and Nourishment of the Young of the Vertebrata and some new Additions to the Museum. Lecture VI.

## 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.

**JOB.**—On March 17th, at 31, Castle Gate, Newark-on-Trent, the wife of H. Percy Job, M.R.C.S.E., etc., of a son.

**OWEN.**—March 18th, at St. Alban's Place, Blackburn, the wife of O. Trafford Owen, M.B.Edin., of a son.

### MARRIAGES.

**DEACON-STEWART.**—On March 14th, at St. Mary's, Charlton Kings, Gloucestershire, by the Rev. W. Hastings Kelm, M.A., Chaplain of the Gold Coast Colony, assisted by the Rev. E. W. Parkinson, M.A., Thomas Deacon, Postmaster-General of the Gold Coast Colony, West Africa, younger son of Thomas Deacon, formerly of Milton Abbott, Tavistock, Devon, to Mary Ariel Stewart, M.B., B.S.Lond., eldest daughter of James Stewart, Lamorna, Cheltenham.

**POWELL-PRACE.**—On March 12th, at All Saints, Leavesden, Herts, by the Rev. Wilfrid Robinson, B.A., Vicar of Tadcaster, assisted by the Rev. Arthur Wilson, M.A., Vicar of the parish, Cecil Powell, M.A., M.B.Cantab., Calverton Lodge, Stony Stratford, youngest son of C. Rolland Powell of Southborough, to Emily, youngest daughter of the late W. H. Peach, Waingroves Hall, Derbyshire.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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 *Atiology, 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.

**CHIPPENHAM** asks (1) for recent experience of the arsenical treatment in saccharine diabetes, and what is the best method of exhibiting the arsenic; and (2) the best method of aborting herpes labialis at the beginning of a cold, and removing the resulting persistent stain.

### THE ROENTGEN RAYS IN LUPUS.

**J. F. T.** wishes to know the duration of exposure of cases of lupus to the x rays, the number of exposures necessary, and the indications for discontinuance. He also asks for references to the literature of the subject.

\* \* In some successful cases (those of Kummel) the duration of exposure was from fifteen to twenty minutes, twice a day, for from four weeks to several months. The indication for its cessation is the degree of dermatitis. Valuable papers on the treatment will be found in the BRITISH MEDICAL JOURNAL of May 5th, 1900, by Dr. Schiff and Dr. Schollefeld in *Fortsch. a. d. Gebiete d. Röntgenstrahlen*, Part 1, 1899, by Albers, and in *Monats. f. prak. Derm.*, No. 10, 1899, by Lambin.

### THE CLIMATE OF UGANDA.

**MEDICAL ADVISER** asks to be referred to reliable information as to the climate of Uganda and the suitability of that country for European residence. A patient, who has been offered a post there under Government, has asked our correspondent for advice on the subject.

\* \* Uganda is a large country, and, like most large countries, has considerable diversity of climate. So far as we are aware there is no work dealing in detail with the subject. Speaking generally, the days are hot, the nights cool. Malaria prevails in some spots, not in others. Blackwater fever occurs, but not so frequently as in British Central Africa and on the West Coast Colonies. Much of the risk to health formerly incidental to residence in Uganda has been obviated by the construction of the Uganda Railway, which rapidly transports the visitor from the coast and saves him from the very serious dangers—malaria and dysentery—to which he was formerly exposed during the slow march through the pestiferous coast belt.

### ANSWERS.

**J. E. G.**—It is not, we believe, usual for the members of the honorary consulting staff of a hospital to have beds in the wards, but the custom is not unknown. We believe that at the Leeds General Infirmary, for instance, the consulting surgeons, if not also the consulting physicians, have a few beds under their charge.

**C. B. G.**—There seems to be no reason why a youth who is colour blind (probably partially so) should be debarred from entering the medical profession; few persons are so deficient in colour sense as to be unable to tell certain coloured fluids and precipitates, while most of them in a good light can distinguish colours readily enough by contrast. We know of several partially colour-blind members of the profession, and at least one of world-wide surgical repute. He has stated that his red-green blindness (the commonest form) in no way gives him trouble. Should the candidate be otherwise eligible, we should not advise his rejection on this account.

### THE NAUHEIM TREATMENT.

**DR. ARTHUR ROBERTS** (Hartogate) writes: I see that you do not mention Hartogate as a health resort where the Naheim treatment can be ob-