

time, and then the stool was scanty and of a light colour. At first the child was fed on the breast, and appeared to put on flesh. Not until it was a fortnight old did it begin to vomit after every feed. Cow's milk and barley water and Nestlé's milk were then tried. Occasionally there was no vomiting for one day or two days; then it vomited a large quantity at once.

*State while in Hospital.*—The following is a summary of the notes taken during the time the case was under observation in hospital.

*The Vomiting and its Relation to the Diet.*—On admission (January 24th) the child was put on condensed milk (Milkmaid brand) 3ss, water 3j, and brandy mx, every two hours. After every feed vomiting occurred in small quantity. Hiccough, present on admission, remained troublesome until a few doses of sod. bicarb., gr. j, had been administered.

January 25th.—As vomiting continued, raw meat juice was given, 3j every quarter of an hour, for eight hours. Cocain. hydrochlor. gr. ʒss in 3j water was given every four hours to allay the gastric irritability. Vomiting became less frequent, occurring every three or four hours.

January 26th.—On resuming the condensed milk, vomiting occurred after almost every feed. "Ideal" milk 3ss, water 3j every two hours was then tried. As the "Ideal" milk contains no sugar, a small quantity of sugar was added to most of the feeds. Vomiting at once diminished in frequency, and the hiccough ceased.

On January 29th the condensed milk was resumed. Frequent vomiting at once set in, and a considerable amount of blood-streaked mucus was brought up. On January 30th and 31st, however, vomiting occurred only at long intervals, once or twice during the day, and a very large quantity was brought up at these times.

As vomiting became more frequent again on February 1st, whey 3vj, with brandy mx, was given every hour. This gave no better result, even when bismuth was taken before alternate feeds. Therefore the "Ideal" was ordered, 3ss to water 3vj every hour during the day, and every two hours from 10 P.M. to 8 A.M. This diet appeared to agree better than any other, and it was continued up to the time of death (February 5th). The size of the feeds during the last three days of life was regulated from hour to hour as the occasion required. Vomiting after February 1st occurred only once or twice a day: the vomited matter was large in quantity and contained mucus. No bile was ever observed in the vomit.

Throughout the short time the case was under observation it appeared that foods which caused fermentation, such as sweet condensed milk, excited frequent vomiting; while foods such as "Ideal" milk and raw meat juice were retained in the stomach several hours longer. On the other hand, while whey was being taken there was frequent vomiting.

*Condition of the Bowels.*—On admission, hyd. c. cret. gr. ss morning and evening was ordered, and on the following day a drachm of castor oil was given and retained. No result followed. On the third day a glycerine enema was administered, with but scanty result. The bowels moved spontaneously only three times during the thirteen days the case was in hospital. Water or glycerine enemas were given on six occasions. The stools were always very small in amount, of dark colour, and sometimes constipated.

*General Condition.*—On admission there was great emaciation; the fontanelles were depressed, the sutures overlapped. The complexion was of a greyish pallor, the eyes sunken, half-closed, the features pinched. The infant had not, however, the apathetic expression associated usually with severe gastro-enteritis. The tongue was clean. There was constant hiccough. The infant weighed 4 lbs. 8 ozs. For a few days after admission he appeared to improve; the cheeks gained a rosy colour, and in five days he weighed 4 lbs. 11 ozs. On January 29th the child began to lose weight, and on three occasions (January 29th, January 31st, and February 1st) he became collapsed, gasped for breath, and was expected to die every moment. With hot fomentations, brandy, and hypodermic injections of strychnine and ether he rallied, took his feeds well, and cried vigorously at intervals. On one occasion a rectal injection of normal saline solution was administered; of 5 ʒs. given, about 3 ozs. were retained. Death took place unexpectedly on February 5th. During the thirteen days the temperature in the rectum was always below 98°, and only on one day did it rise above 96°.

*Local Signs.*—The abdomen was never distended; its wall was rigid, and the superficial veins were unduly visible. Nothing was made out by which one could diagnose the existence of a dilated stomach. No tumour was palpable.

*Post-mortem Examination.*—The body was greatly emaciated. The abdomen was not distended. On cutting through the abdominal wall the stomach bulged out, and was seen to occupy almost the whole of the abdominal cavity. The intestines were crowded into a small space corresponding to the hypogastric and left iliac regions. On raising the stomach a quantity of slimy and curdy fluid flowed from the mouth and nostrils. At the pyloric region there was felt a thickening, sausage-shaped, of cartilaginous consistence, seven-eighths of an inch in length. While the stomach was being removed a considerable amount of the contents escaped into the abdominal cavity from the cardiac orifice, thus rendering it impossible to measure accurately the quantity of food contained in the stomach at the time of death. About 3 ʒs. of thick curdled fluid mixed with mucus remained in the stomach. On filling the organ with water, closing the cardiac orifice with the hand, and exerting pressure towards the pyloric region no fluid could be seen to flow through the stenosed orifice. On cutting along the lesser curvature and so exposing the interior of the stomach, the lining membrane was seen to be healthy, but covered with stringy mucus. The intestinal canal contained a small quantity of semisolid faecal matter; the greater part was quite empty.

The stomach was placed in spirit, and after four days, when it had undergone a certain degree of contraction, was again examined. A probe about the size of a thick hairpin could be easily passed through the pyloric orifice.

#### REMARKS.

Congenital hypertrophic stenosis of the pylorus is regarded as a rare condition, inasmuch as only about 45 cases have been described. Of these 45, nearly half have been recorded during the last three years. It has been suggested, therefore, that many cases of so-called marasmus are in reality due

to pyloric hypertrophy. References to the literature of the subject are given in the papers by Dr. J. Thomson<sup>1</sup> and Dr. Cautley,<sup>2</sup> and in the more recent papers which have appeared in the *Lancet*, *BRITISH MEDICAL JOURNAL*, and other magazines, by Batten, Nicoll, Still, and others.

*Etiology.*—In the absence of further knowledge on the etiology of this interesting condition, it would be out of place to discuss here the various theories that have been ably put forward. They may be broadly divided into three: (1) Developmental hypertrophy; (2) muscular spasm of nervous origin, or due to some irritant in the stomach, with subsequent hypertrophy; and (3) congenital narrowing of the pyloric lumen, with resulting compensatory hypertrophy of the stomach. Batten<sup>3</sup> published an interesting case in which a child 11 weeks old, presenting symptoms of pyloric stricture, recovered under treatment by nasal feeding. The child died at 11 months, with broncho-pneumonia, and the *post-mortem* examination revealed pyloric hypertrophy with moderate stenosis. The fact that the symptoms disappeared with nasal feeding points to this case as an illustration of Dr. Thomson's theory: "A functional disease of the nerves of the stomach and pylorus, leading to an ill co-ordination and therefore antagonistic action in their muscular arrangement." The theory of muscular spasm may account for the slighter cases, but in the more marked cases it is difficult to believe that over-action of the muscle could in so short a time result in so great a degree of hypertrophy.

*Diagnosis.*—The diagnosis is simple where a tumour can be felt. Constant vomiting, especially when it assumes the character peculiar to the vomiting of dilated stomach, and when it is associated with obstinate constipation from birth, is very suggestive of the presence of pyloric hypertrophy. Marked constipation alone may be due to fissure of the anus, or to spasm of the sphincter ani;<sup>4</sup> in such cases, however, there is increasing abdominal distension, and local examination usually settles the diagnosis.

*Treatment.*—In the slighter cases, where the condition is probably due to spasm, the indication is to avoid exciting any unnecessary peristaltic action. The child should be fed by the nasal tube (Batten), or *per rectum*. Rolleston and Crofton-Atkins recorded a case<sup>5</sup> which put on weight while being fed by the rectum. In the more marked cases it is difficult to believe that other than operative treatment can be successful. Nicoll<sup>6</sup> records a case which recovered after Loreta's operation. Gastro-enterostomy and pyloroplasty have been performed in Germany and in America.

#### REFERENCES.

- <sup>1</sup> *Scot. Med. and Surg. Journ.*, 1897. <sup>2</sup> *Med. Chir. Trans.*, vol. lxxxii. <sup>3</sup> *Lancet*, vol. ii, 1899. <sup>4</sup> Fenwick, *BRITISH MEDICAL JOURNAL*, vol. ii, 1900. <sup>5</sup> *BRITISH MEDICAL JOURNAL*, December 22nd, 1900. <sup>6</sup> *BRITISH MEDICAL JOURNAL*, September, 1900.

## MEMORANDA:

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

#### SEA-SICKNESS.

FROM notes made of several cases while at sea, I have come to the conclusion that the cause of sea-sickness is purely reflex and physiological, acting primarily through the semi-circular canals.

The affection commences in a very large percentage of cases with a feeling of giddiness, much increased if the weather be cold.

As the malady develops, the patient becomes faint, the face assumes a sallow appearance, and there is diminished desire for exertion. In some cases symptoms will remain at this stage until the patient becomes convalescent by becoming used to the motion of the ship; in others it passes on to a stage of secretion of saliva, with contraction of the stomach and actual vomiting.

From my observations, I believe the whole of the symptoms can be traced to irritation of the two terminal branches of the auditory nerve to the cochlea and semi-circular canals. The upper division of the auditory nerve is connected at the base of the internal auditory meatus

with the geniculate ganglion of the facial nerve, and this latter in its turn gives off fibres which pass to the trunk of the pneumogastric by means of its auricular branch; there is thus a complete chain of nerve fibres, starting from the terminal branches of the auditory and finishing with the terminal branches of the pneumogastric, distributed over both surfaces of the stomach.

The stimulation of the auditory nerve would be caused by the movement of the endolymph set up by the motion of the ship. This gives rise to a feeling of giddiness. From here the stimulation would pass through the various secretory and vaso-dilator fibres of the facial to the submaxillary and sublingual glands, causing a flow of saliva. The remaining course would be by the trunk of the pneumogastric and the depression of the heart's action, and the vomiting can be accounted for by the depressor fibres which this nerve gives to the heart, and the motor fibres which it gives to the walls of the stomach.

As to treatment, none of the usual remedies appeared satisfactory. When the patient could be induced to take active exercise it always had a beneficial effect, and this fact too would help to point to a disturbed condition of the semi-circular canals as being a cause of this malady.

Leeds.

C. BUTLER SAVORY, M.D., M.Ch.

#### A VASOMOTOR NEUROSIS IN VARYING REGIONS OF THE SAME PATIENT.

IN May, 1900, I was consulted by M. F. R., a woman aged 32, for supposed bronchitis or phthisis, with profuse perspirations. She was a clerk-telegraphist in the Post Office, and, although of strong, enjoyed fair health up to six years ago, when she began to be troubled with diarrhoea, about six or eight times a day, with very liquid evacuations; this was checked by medicine only during its exhibition, and on its suspension at once recommenced, and continued for four years, when it ceased. About three years ago she began to have fits of definite hysteria, manifested by causeless crying and noises in the throat, at first once a day, though sometimes (principally during her menstrual periods) twice a day. These seizures lasted a year, and then gradually diminished in frequency, and ceased. Two years ago she caught cold. She began to perspire very freely without cause. She would first feel cold and then hot, and would then burst out in a violent perspiration which at first lasted about ten minutes, afterwards about an hour. At the time she consulted me, if she talked much or was startled the perspiration would come, also after meals; but it did not last quite so long as it had done, varying in length of occurrence from five minutes to half-an-hour, leaving her, however, very wet. They occurred indifferently in the night and day. In November, 1899, she began to have frequent attacks of wheezing, with cough, lasting about half-an-hour at first, but later becoming more continuous. This she believed to be bronchitis, and remained indoors the whole of the winter, from October to April, and again after going out once, until May. Her breathing was very bad from November to March, when the wheezing left her to return in May. Her family history, with the exception of the death of one brother from phthisis, was satisfactory and not particularly neurotic. One brother, however, aged 17, suffers from asthma.

There were no physical signs of phthisis. The expectoration was a simple mucorrhoea, pus-free, and very slightly frothy. There were musical *râles* over both back and front of chest, varying from day to day, and sometimes quite absent. Her temperature was normal both morning and evening. Paroxysmal nocturnal dyspnoea was sometimes complained of, which prevented her lying down all night. The sputa were free from tubercle bacilli.

*Remarks.*—(1) At first sight the connection between her various morbid attacks was not evident, and one was inclined to suspect hysterical simulation or exaggeration. When, however, one considered that every one of her varied ailments was accompanied by excessive fluid secretion from one region or another, one began to see that there might be one factor common to them all, namely, vasomotor dilatation, varying in position and producing (a) diarrhoea, (b) perspiration, and (c) bronchial mucorrhoea with asthma. (2) The case throws light on the pathology of asthma, tending to support the late Sir Andrew Clark's theory that asthma is a vasomotor neurosis

and not, as held by Sir Douglas Powell and most authorities, a muscular spasm of the smaller bronchi.

Does not this case throw some light on the case of rhinorrhoea about which "A. C. G." (Eastbourne) asks for suggestions in the BRITISH MEDICAL JOURNAL for March 9th, page 619?

Woking, Surrey.

WILLIAM SYKES, M.D.

#### CASE OF ACUTE LOBAR PNEUMONIA: EMPYEMA: OPERATION DURING LATE PREGNANCY.

S. L., aged 38, multipara, was taken ill on August 25th, 1900, with acute lobar pneumonia of the left lower lobe. She was eight months and a-half pregnant. During the course of the attack there was very great dyspnoea and prostration; by free exhibition of stimulants she came safely through until the seventh day, when there was a fall of temperature. The dyspnoea abated for a time, but rapidly recurred. The physical signs did not clear up. On September 4th the temperature was again very high, and the dyspnoea more marked. As there were signs of fluid I explored and found pus on September 8th. The same day I aspirated and drew off 34 ounces of pus. The dyspnoea was greatly relieved and the temperature fell. As the nursing was of necessity of a very primitive nature, on September 10th she was driven up to St. George's Hospital, where she was admitted under the care of Dr. Penrose. On September 11th, under chloroform, Mr. Pendlebury removed a portion of the seventh rib, evacuating a large quantity of pus. A large-sized empyema tube was inserted. On the same evening labour commenced, and the child was born after a few hours. The child seemed strong and healthy. There was nothing abnormal in the labour. The puerperal period passed off satisfactorily, and beyond an oscillating temperature the empyema treatment followed a normal course. The tube was left off early in December. I saw her early in January last, with the sinus quite healed. The child died of bronchitis when it was seven weeks old.

I am indebted to Mr. C. R. Keyser, Surgical Registrar, for the notes of the case while in St. George's Hospital.

Hampton-on-Thames.

H. M. COOPER, M.B.Lond.

#### INFLUENZA OR MUMPS.

FIVE brothers and sisters, living in different houses, but frequently seeing one another, suffered from a somewhat unusual affection.

The first case, a girl aged 26, developed an acute inflammatory swelling of one parotid gland, which lasted three days, and was immediately followed by severe headache, vomiting, constipation, and great prostration, with a temperature of 102°, lasting four days, and leaving considerable enfeeblement.

Within a fortnight of exposure a sister developed typical mumps, without complications. Next the two brothers developed the same symptoms as the first case, and finally, a third sister developed typical mumps without complications.

It is remarkable that not one out of some twenty strangers, none of whom had had mumps, and who were equally exposed to the contagium, took the disease, which was entirely confined to blood relations.

Chancery Lane, W.C.

BERNHARD SMITH, L.S.A.Lond.

#### SURVIVAL OF A PREMATURE CHILD WEIGHING TWO POUNDS.

ON January 31st, 1901, a female child, 13 inches long and weighing 2 lbs., was born in the Glasgow Maternity Hospital. The mother, a multipara, had had several miscarriages previously. Her last menstrual period had ended on July 15th, 1900, so that gestation could not have lasted more than six and a-half months. The child was quite lively, and at once sucked anything put into its mouth, but the mother's nipple was too large for it to grasp. It fed readily from a spoon, but could only take about a drachm at a time. It was kept in the incubator at a temperature of about 95°, and fed every hour with mother's milk. At the end of a fortnight it had lost ½ lb. in weight. For the next two weeks the weight remained the same. It then gained 2 ozs., but a few days later went back to 1½ lb. It has again begun to gain weight, and now weighs 2 lbs. It is quite lively, and moves its limbs

vigorously when being washed. We have a considerable number of premature children to deal with every year. My experience has been that any under 3 lbs. in weight, even after the seventh month of gestation, were not likely to survive. This one, however, has proved an exception to this rule. If she lives it will be interesting to note whether or not she is a midget.

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

## REPORTS

ON

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

#### LUNATIC HOSPITAL, NETLEY.

CASE OF PROLONGED MELANCHOLIC STUPOR: TREATMENT BY  
THYROID EXTRACT: PARTIAL RECOVERY.

(Reported by Lieutenant-Colonel W. L. CHESTER, M.B.,  
R.A.M.C.)

GUNNER H. C. was admitted to hospital in India, May, 1897, for melancholia.

His condition at that time was noted "a most melancholic disposition, mopes all day long. Some days he will speak, other days he will take no notice of anyone." He was invalided, and arrived at Netley on November 5th, 1897.

His condition then was "very feeble and prostrate, extremities cold, pulse slow and weak, respirations shallow and slow, was fed all the way home by a tube (his stuporous condition appears to have commenced on the homeward voyage), but since admission takes his nourishment. He lies quite still with his eyes shut, lost to all the world, and vouchsafes no sign of intelligence."

By February 2nd, 1898, his state of stupor had become more profound. He frequently required a catheter and purgatives; he became more emaciated and feeble, and was resistive to feeding, but only so far as his jaws were concerned. From this time on, and for two years and a-half, he was fed twice a day with the "double spoon"—that is, one tablespoon was forced between the teeth, while with a second the food was poured into the first; as soon as the food reached the back of the mouth it was swallowed. With this exception every voluntary function of the body seemed to be in complete abeyance.

On March 4th, 1898, his dietary—which already consisted of eggs, milk, beef-tea, and brandy—was increased by the addition of fresh meat juice, pounded vegetables, and 4 ozs. of sugar daily. He had also  $\frac{1}{2}$  oz. of cod-liver oil and  $\frac{1}{2}$  oz. of ferri strychninae et quini phosph. (Easton's) twice daily, with faradism, massage, and inunction of cod-liver oil once daily. This dietary and treatment was continued with but slight variation for the next two years. His weight at this time was only 6 st. 13 lb. His plantar and nasal reflexes were absent, but the patellar reflexes were exaggerated.

Towards the end of March he was noticed occasionally to be resistive with both head and arms; throughout the whole course of the disease he was resistive with his jaws and eyes. The latter were habitually closed, and, if forcibly opened, were turned up so that only the sclerotic could be seen. He was nine months in hospital before his iris was ever seen by me. On April 7th he weighed 6 st. 5½ lbs., being an increase of 5 lbs. On May 6th he weighed 7 st., an increase of 13½ lbs. In June he was carried out of doors, reclining in an easy chair in the garden for about seven hours daily, and thus he spent this long summer and the succeeding one, with, at all events, obvious improvement to his complexion. In July he was seen to scratch his head twice, and on one occasion to raise his arm up. In August he was reported to have opened his eyes one night, stretched himself, and said "Oh! dear." In November he was reported to be inclined to assist a little while being dressed and washed. His weight was then 8 st. 13½ lbs., an increase since admission of 2 st. 13 lbs.

In January, 1899, his plantar and abdominal reflexes were found to be normal, but there was still absence of any nasal reflex, and he had become very sensitive to faradism, writhing and rolling about the bed during its use. His muscles had filled out fairly well.

Throughout the year 1899 there was little change in his condition. In May it was found he would keep his arms up for some time if ordered to do so, and in June he was seen by another patient to sit up in bed at night and look round.

On January 20th, 1900, the administration of thyroid extract was commenced. One tablet = 5 grs. (Burroughs, Wellcome and Co.) being given night and morning. His weight was then 9 st., 8½ lbs., pulse 80, temperature 97°.

On February 4th he was reported to be more conscious, opened his eyes a few times, and once scratched his face. On February 15th his pulse was full and bounding, 100, heart sounds tumultuous, no rise of temperature. The tabloids were reduced to one daily. On March 2nd he had lost 3 lbs. in weight since the thyroid treatment was commenced. For the first time I caught his eye, momentarily, looking at me. The tabloids were again increased to three daily. On March 25th I saw him looking intelligently about the room. During May he was frequently seen with his eyes open.

On July 13th he took a glass of lemonade in his hand and slowly drank it. From this time on the feeding with the "double spoon" was discontinued, and he fed himself. On July 14th he wrote with a pencil on paper

a lot of disconnected nonsense. He was conscious of everything going on, and looked at pictures but did not speak at all.

He continued to improve slowly day by day. He wrote a fairly intelligent letter to his mother, but most of his writing was done at great speed, and consisted of long words, fairly correctly spelt but disconnected. He would spend hours at this writing, in fact, as long as he was supplied with paper. When asked why he did not speak, he wrote, "I find a difficulty, sir." On August 9th he began to talk, but his conversation was incoherent. He had lost 14 lbs. in weight since the thyroid treatment was begun. On August 31st the thyroid extract, which had been discontinued for a couple of weeks, was again administered, two tabloids daily, but was finally discontinued three weeks later. He was still unable to use his legs.

On September 7th he began to walk about with the aid of a stick. From this time on his physical condition improved rapidly. His weight increased to 11 st. 8 lbs., being at the time of his discharge 5 st. 7½ lbs. heavier than on admission. He by degrees completely recovered his walking power, but there was but little improvement in his mental condition. He remained a good deal demented and wandering generally in conversation, but occasionally made very shrewd remarks.

He was discharged to the care of his friends on December 4th, 1900, as a harmless lunatic, but after some weeks at home he was found to be beyond the control of his parents, insisting on walking off long distances by himself and objecting to being brought back, and he had finally to be sent to an asylum.

REMARKS.—I think there can be no question that his recovery from his so-called "trance" was directly due to the administration of the thyroid extract. Of this preparation he had in all close on 600 tabloids, and only on one occasion—at the commencement of the treatment—did it cause any functional disturbance. As to the amount of consciousness that was present during his prolonged state of stupor (over two and a half years) it was difficult to judge. He could give little account of himself; he said on one occasion that he "had been flying around the moon." He spontaneously recalled the names of two attendants who had looked after him, and had left before he began to recover; and he also said he recollected the several classes of surgeons on probation who attended the hospital, session by session, coming to see him.

This case is remarkably similar in almost every particular to that of "F. O.," published by Dr. Clouston in his work on *Mental Diseases*, page 313, fourth edition. In his case the state of stupor lasted for three years.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

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

Tuesday, March 26th, 1901.

#### PERNICIOUS ANÆMIA.

DR. WILLIAM HUNTER read a paper on this subject, in which he described the following case:

A man, aged 37, was admitted to Charing Cross Hospital on July 4th, 1900, complaining of great weakness, breathlessness, and palpitation of two years' duration. There was nothing of importance in the family history. Four years before admission he had had two injuries to his head and had been kicked by a horse over the spleen. His habits and general surroundings had been excellent. His present illness had commenced two years previously with loss of appetite and of weight; he became pallid and sometimes yellowish; he had an almost constant pain in the abdomen, particularly over the spleen, and occasionally severe pain in the mouth, with swelling of the gums and the appearance of red patches on the dorsum of the tongue. Six months before admission he had three carious teeth extracted. Latterly there had been nausea and retching, with breathlessness, palpitation, and giddiness. His skin had become lemon yellow, there was great weakness, and he had pains shooting down the limbs, numbness, and tingling referred to the shins. On admission he was found to be fairly well nourished, but to be very anæmic and slightly lemon-yellow in colour. Several teeth were carious. The liver was normal, but there was marked epigastric tenderness, and his spleen and heart were slightly enlarged. The urine was dark sherry in colour and contained urobilin. The red blood corpuscles numbered 1,500,000 per c.c.m., and the hæmoglobin was reduced to 35 per cent. There were numerous nucleated red cells present, and poikilocytosis was marked. He was given an antiseptic mouth wash, and  $\frac{1}{2}$ -drachm doses of the solution of perchloride of mercury as an intestinal antiseptic. This treatment was continued for five days, with little if any improvement. During the next five weeks the same treatment was continued, and in addition four injections of antistreptococcus serum were administered. After three weeks the red blood corpuscles had risen to 3,200,000 and the hæmoglobin to 75 per cent. His appearance had greatly improved, and his urine was normal in colour. After six weeks spent in the country, during which time he put on 7 lbs. in weight, he was given Fowler's solution ( $\frac{2}{3}$  to 5 m.t.i.d.) in addition to the oral and intestinal antiseptics. He made rapid improvement. This was continued for sixteen weeks, and at the end of that time his red corpuscles numbered 4,550,000 and his hæmoglobin 104 per cent.

Dr. Hunter then explained his views in regard to the nature of the disease—a definite infective disease, the channel of infection being localised to the mucosa of the alimentary canal, oral

the thirty-three large towns. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and the London Fever Hospital, which had declined from 2,535 to 1,652 at the end of the twelve preceding weeks, had further declined to 1,598 on Saturday last; 151 new cases were admitted during the week, against 185, 140, and 130 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, March 23rd, 993 births and 663 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, and 21.7 per 1,000 in the three preceding weeks, further declined last week to 21.1 per 1,000, but was 2.7 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 13.4 in Perth and 15.5 in Greenock to 22.4 in Dundee and 23.1 in Glasgow. The zymotic death-rate in these towns averaged 2.8 per 1,000, the highest rates being recorded in Edinburgh and Dundee. The 325 deaths registered in Glasgow included 11 from small-pox, 2 from scarlet fever, 3 from diphtheria, 18 from whooping-cough, 3 from "fever," and 5 from diarrhoea. Five fatal cases of measles, 3 of diphtheria, 6 of whooping-cough, and 3 of "fever" were recorded in Edinburgh. Eight deaths from whooping-cough and 4 from diarrhoea occurred in Dundee; 3 from diarrhoea in Aberdeen; and 3 from whooping-cough in Leith and in Paisley.

#### SMALL-POX IN SCOTLAND.

THERE is a sensible improvement in the epidemic of small-pox in Glasgow, and though the disease still lingers in the east end of the city, few cases have occurred recently in the other districts. During the week ending March 22nd there were 65 new cases, while 79 patients were dismissed, and 10 died. Since that date the daily number of cases has been very small, and the number of patients remaining in hospital on March 25th was 373. There have now been in Glasgow altogether 1,590 cases, with 197 deaths. There is also an encouraging reduction in the number of cases in the surrounding towns, where at one time there was considerable danger of a general outbreak. However, revaccination has been vigorously practised, and this safeguard, along with extreme vigilance of the medical officers, has proved very successful.

#### MEDICAL CERTIFICATION OF PAUPER LUNATICS.

H. E. T. writes in reference to the answer on this subject which appeared in the BRITISH MEDICAL JOURNAL of March 16th, 1891, p. 682 drawing attention to part of Section XVIII of the Lunacy Act of 1890, which enacts that "if a lunatic is visited by the district medical officer at the expense of the rates, he is to be regarded as in receipt of relief." H. E. T. says: I take it from this that the district medical officer must be called in to make the lunatic a pauper, and that "M. T." was "not legally qualified" to give the certificate in question.

\*.\* A lunatic may become a pauper without the district medical officer having anything to do with the case. On the other hand, even if he is called to give professional attendance to the patient by an order signed by the relieving officer, this does not make it compulsory on the magistrate who acts in the case to call him (the district medical officer) to certify to the lunacy. The magistrate is quite at liberty to select any legally-qualified medical practitioner for this duty.

#### MEDICAL ATTENDANCE ON SALARIED OFFICIALS OF WORKHOUSES.

INDEX asks: Is it compulsory on the part of a medical officer to a workhouse (non-resident) to attend the salaried officials of that institution for nothing?

\*.\* It is not compulsory.

#### FEEES FOR CERTIFYING AND VISITING LUNATICS IN WORKHOUSES.

W. M. D. asks: 1. Whether a workhouse medical officer is entitled to the usual fee for certifying a pauper inmate as a lunatic. 2. Whether he can claim the fee of 2s. 6d. for his quarterly visits to lunatics in the workhouse.

\*.\* 1. If the certificate is given to enable the lunatic to be sent to an asylum, the usual fee is payable to the medical officer of the workhouse for it; but if it is required to enable the lunatic to be retained in the house, no fee is payable to the medical officer of the workhouse for giving it. 2. The medical officer of a workhouse is not entitled to a fee either for quarterly visits to lunatics in the house, or for his quarterly reports thereon.

#### THE NEW WORKHOUSE DIETARY ORDER.

DR. JOHN HADDON (Denholm, N.B.) writes: In the BRITISH MEDICAL JOURNAL of March 16th, page 680, I notice the new dietary tables of the Cardiff and Chorlton Unions. I have made calculation as to the weight of food given daily to each inmate, and I find it varies from, say, 35 to 40 ozs. of solid food, with 2 pints of fluid. From 20 to 24 ozs. of bread are given to each inmate daily—that is, each is expected to eat from 7 to 8 ozs. of bread three times daily. Now, the bread alone, with the 2 pints of tea or coffee, is more than sufficient to keep the old people in perfect health and vigour. In truth, they cannot eat half of the bread, if they eat the other items of the dietary. Further, when we know that Cornaro lived from 40 to 100 years of age on 12 ozs. of solid food and 14 ozs. of red wine, we get some idea of the waste of good food that goes on in our workhouses where even

35 ozs. is the daily allowance. It surely is time that the attention of the medical profession was directed to the study of food. America and Germany are paying some attention to this subject, but so far they have been but groping in the dark. I would suggest that the Association should offer a prize of £200 for the best work on "the chemical constitution and physiological action of the several foods, together with observations showing the destiny of food, and the amount required by the body under varying conditions." Such work is much needed, and our Association is in a position to assist in having it done.

## UNIVERSITIES AND COLLEGES.

#### SOCIETY OF APOTHECARIES OF LONDON.

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

**Surgery.**—W. A. Brown, McGill; P. J. R. Bucknill (Section I), Manchester and Dublin; R. Gillett (Sections I and II), Royal Free Hospital; J. I. Halstead (Section II), Manchester; J. J. Haverson, London Hospital; W. J. Hogg (Section I), Belfast; F. P. Joscelyne (Section I), Leeds; C. A. Lower (Sections I and II), Guy's Hospital and Bristol; J. C. McCarroll (Section I), Belfast and Middlesex Hospital; F. McTavish (Sections I and II), Toronto; C. G. Meade (Section II), St. Bartholomew's Hospital; A. C. Oliver (Section I and II), Charing Cross Hospital; H. Smith (Section I), Birmingham.

**Medicine.**—J. W. Bowd, St. Bartholomew's Hospital; W. A. Brown, McGill; P. C. Burgess (Section I), Middlesex Hospital; H. P. Fox (Sections I and II), London Hospital; F. P. Joscelyne (Section I), Leeds; J. Kemp (Sections I and II), Manchester; B. S. O. Maunsell (Section II), St. Bartholomew's Hospital; J. C. McCarroll (Section I), Belfast and Middlesex Hospital; W. B. Skelton, Guy's Hospital.

**Forensic Medicine.**—G. Aldridge, London Hospital; W. A. Brown, McGill; P. J. R. Bucknill, Manchester and Dublin; H. N. Collier, Guy's Hospital; W. P. A. Hardwicke, Durham; A. T. Harvey, London Hospital; D. T. Jones, Middlesex Hospital; F. P. Joscelyne, Leeds; J. Kemp, Manchester; J. C. McCarroll, Belfast and Middlesex Hospital; P. G. Sheppard, Cambridge and Liverpool; W. B. Skelton, Guy's Hospital; C. H. Williams, St. Bartholomew's Hospital.

**Midwifery.**—J. W. W. Adamson, St. George's Hospital; J. B. Bradley, Birmingham; W. A. Brown, McGill; A. T. Harvey, London Hospital; J. J. Haverson, London Hospital; H. C. Hocken, Cambridge and Westminster Hospital; F. P. Joscelyne, Leeds; F. M. Payne, Royal Free Hospital; W. B. Skelton, Guy's Hospital; A. F. Van Dijk, St. Bartholomew's Hospital; C. M. Woods, Charing Cross Hospital.

The diploma of the Society was granted to G. Aldridge, W. A. Brown, H. P. Fox, F. McTavish, A. C. Oliver, and C. H. Williams.

## HOSPITAL AND DISPENSARY MANAGEMENT.

#### ST. MARY'S HOSPITAL, PADDINGTON.

THE executors of the late Mr. Siegfried Rudolf Zunz, to whose discretion the allotment of a sum of £25,000 was entrusted for the construction, maintenance, and endowment of a ward to be called in perpetuity the "Annie Zunz Ward" in memory of the testator's wife, have awarded this sum to St. Mary's Hospital, Paddington, for the completion of the Clarence Memorial Wing, on condition that a further sum of £25,000 be raised within six months. This selection was made by the executors from a large number of applications after careful inquiries and personal inspection. Nine years ago the foundation stone of the new wing was laid by the Prince of Wales, who named it in memory of his son, the late Duke of Clarence. Ground adjacent to the hospital was cleared of houses and a spacious out-patient department was erected, which has now been in use for nearly three years. But after spending some £30,000 the hospital authorities were obliged to discontinue the work on account of lack of funds. The special needs of the hospital at the present time are for more wards and better accommodation for the nursing staff, some of whom have now to be lodged outside the hospital. When the Clarence Wing is completed, for which £50,000 is according to estimate required, the hospital will contain between 360 and 400 beds.

#### EDINBURGH ROYAL INFIRMARY.

THE following gentlemen were appointed at the weekly meeting of managers on March 25th, for six months, from May 1st next: Resident Physicians: J. Stewart Geikie, M.B., Ch.B., to Professor Fraser; A. Murray Wood, M.B., Ch.B., to Professor Greenfield; F. D. Simpson, M.B., Ch.B., to Professor Simpson; Patrick S. Haldane, M.B., Ch.B., to Professor Whyllie; William H. Hill, M.B., Ch.B., to Dr. Smart; Norman Glegg, M.B., Ch.B., to Dr. James; George Robertson, L.R.C.P. & S. Edin., to Dr. Berry Hart; Arthur C. Heath, M.B., Ch.B., to Dr. Bramwell. Resident Surgeons: L. C. Peel Ritchie, M.B., Ch.B., to Professor Annandale; W. J. Stuart, M.B., Ch.B., to Professor Chiene; J. Hardwick Thornley, M.B., Ch.B., to Mr. Cotterill; Alexander Frew, M.B., etc., to Mr. Caird. Non-Resident House-Physician: Henry Grey Brown, M.B., Ch.B., to Dr. W. Allan Jamieson. Non-Resident House-Surgeons: A. C. W. Bowie, M.B., Ch.B., to Mr. Hodsdon; Alexander Sharpe, L.R.C.P. & S. Edin., to Dr. M'Bride; W. Morrison Milne, M.A., M.B., etc., to Dr. Mackay. Clinical Assistants: James G. S. Jameson, M.A., M.B., Ch.B., to Dr. Smart; F. Mayes Willcox, M.B., Ch.B., to Dr. Philip (Ward 6); Charles J. Hill Aitken, M.D., to Dr. Philip (Medical Waiting-Room); D. W. MacLagan, M.B., Ch.B., to Dr. Murdoch Brown; Fred. M. Graham, M.B., Ch.B., to Dr. Lovell Gulland; C. M. Pearson, M.B., Ch.B., to Dr. J. J. Graham Brown; J. D. Lithgow, M.B., Ch.B., to Dr. M. B. B. Watson, formerly assistant to Mr. Cotterill, was appointed Resident Physician at the Convalescent House, Corstorphine.

## MEDICAL NEWS.

THE King has signified his intention of becoming patron of the Royal City of Dublin Hospital.

**PRESENTATION.**—An illuminated address and a cheque for £200 were recently presented to Dr. W. Spalding by the inhabitants of several parishes in the Gorebridge (Edinburgh) district, on the occasion of his retirement after thirty-nine years' practice among them. The address set forth that the testimonial was an expression of the esteem and affection the subscribers bore towards Dr. Spalding as a physician, a friend, and a neighbour. Whatever their social position they had always found in him a true friend, a wise counsellor, a kind physician, and one in whom at all times the fullest confidence could be reposed.

**SOUTH AMERICAN MEDICAL CONGRESS.**—The Latin-American Scientific Congress has just held its second meeting at Monte Video. The following were among the subjects discussed in the Section of Medical Science: The present state of knowledge in regard to yellow fever; the prophylaxis of leprosy in America; the course which the common "infective-contagious" diseases have run in the countries of South America since the introduction of compulsory notification; Is it possible to prevent the implantation of yellow fever by substituting scrutiny observation for disinfection?

**SEASIDE CAMPS FOR WORKING BOYS.**—The twelfth annual report of the Committee of the London Diocesan Council for the Welfare of Lads gives an account of the work done during 1900 by this excellent organisation—Seaside Camps for London Working Boys. At the camps at Bexhill-on-Sea and at Winchelsea, poor boys between the ages of 14 and 17, of good character, living or working in the London dioceses, are admitted for a seaside holiday for a fortnight on contributing from 6s. to 17s. 6d. Further information can be obtained from the Secretary, Mr. F. Abel Bloxam, Northumberland Chambers, Charing Cross, W.C.

**MEDICAL PRACTITIONERS IN GERMANY.**—According to the *Reichsanzeiger*, the number of candidates who passed the German *Staats-examen* and obtained the legal qualification to practise medicine in the German Empire in the year 1899-1900 was 1,384, being an increase of 20 as compared with the previous year. In the period 1880-81 to 1890-91 the number rose from 556 to 1,570, falling again to 1,294 in 1896-97. In Prussia alone the number shows a considerable increase, while in Bavaria, where—particularly at Munich and Würzburg—South German practitioners mostly get their qualification, there has been a marked decrease.

**THE GERMAN INSTITUTE OF TROPICAL MEDICINE.**—The Institute of Tropical Medicine established by the Senate of Hamburg, with the support of the German Empire, will shortly be in working order. It is housed in the Old Seamen's Hospital, Hamburg. The Director of the Institute is Dr. Nocht, formerly Port Medical Officer of Hamburg. He did admirable service to Hamburg in the cholera epidemic of 1892. He was formerly a surgeon in the German army, and afterwards worked under Professor Koch in the Institute of Hygiene at Berlin. Dr. Nocht has made original researches on the parasitology of malaria. He will have as his assistant in his new office Dr. Ollwig, who accompanied Professor Koch in his tropical expedition.

**MEDICAL TRIPS TO FRENCH WATERING PLACES.**—Mention has more than once been made in the BRITISH MEDICAL JOURNAL of the *Voyages d'Etudes Médicales* to watering places, and seaside and other health resorts of France, first organised a year or two ago by Dr. Carron de la Carrière, of Paris. We are requested to state that the next excursion will take place in the first fortnight of September, 1901. The excursion will include visits to the following resorts of the south-east of France: Evian, Divonne, St. Gervais, the Hauteville Sanatorium, Aix, Marioz, Challes, Salins-Moutiers, Brides, Allevard, Uriage, La Motte, Vals, and Lamalou. The excursion is under the scientific direction of Professor Landouzy, who at each place will deliver lectures on mineral water medication, its indications and applications. Further information may be obtained from Dr. Carron de la Carrière, 2 Rue Lincoln, Paris.

## MEDICAL VACANCIES.

The following vacancies are announced:

- BATH: EASTERN DISPENSARY.**—Resident Medical Practitioner. Salary, £130 per annum, with furnished apartments, etc. Applications to the Honorary Secretary, 10, Darlington Place, Bath, by April 4th.
- BEDFORD COUNTY HOSPITAL.**—Senior House-Surgeon. Salary, £100 per annum, with apartments, board, and washing. Applications to the Secretary by April 12th.
- BIRKENHEAD BOROUGH HOSPITAL.**—Three Honorary Assistant Medical Officers for the Out-patient Department. Applications to the Secretary by April 8th.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL.**—House-Surgeon. Salary, £80 per annum, with board, apartments, and attendance. Applications to the Chairman of the Medical Board by April 13th.
- BEADFORD POOR-LAW UNION.**—Junior Resident Medical Officer for the Hospital and Workhouse; unmarried. Salary, £100 per annum, with prescribed rations, apartments, and washing. Applications to the Clerk to the Guardians, 22, Manor Row, Bradford, by April 8th.
- BRIGHTON THROAT AND EAR HOSPITAL,** Church Street.—Non-Resident House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £75 per annum. Applications to the Secretary, Mr. E. W. Pilbeam, 10, Black Lion Street, Brighton, by April 13th.
- BURY ST. EDMUNDS: SUFFOLK GENERAL HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by April 1st.
- CAPE OF GOOD HOPE.**—Six Medical Officers for Plague Duty; experience indispensable. Terms, £750 per annum. First-class passage out and back. Engagement for one year. Applications to the Medical Superintendent, London School of Tropical Medicine, Royal Albert Dock, E.
- CARDIFF INFIRMARY.**—Assistant House-Physician. Appointment for six months, but renewable. Salary, £150 per annum, with board, lodging, washing, and apartments. Applications to the Secretary by April 1st.
- CATERHAM ASYLUM,** Surrey.—Medical Superintendent: not less than 30 nor more than 45 years of age. Salary, £800 per annum, rising to £890, with unfurnished house, coals, gas, etc. Applications, on forms provided, to be sent to the offices of the Metropolitan Asylums Board, Victoria Embankment, E.C. by April 30th.
- CHELSEA, BROMPTON, AND BELGRAVE DISPENSARY,** 41, Sloane Square, S.W.—Honorary Physician. Applications to the Secretary by April 1st.
- CHORLEY: RAWCLIFFE HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications to the Hon. Secretary.
- CITY DISPENSARY,** College Street, E.C.—Physician; must be F. or M.R.C.P. Applications to the Secretary, 98, Cannon Street, E.C., by April 19th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—(1) Pathologist. Salary, 100 guineas per annum. (2) 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.
- DOVER HOSPITAL.**—House-Surgeon; unmarried. Salary, £100 per annum, increasing to £120 after twelve months' service, with board, lodging, and washing. Applications, on forms provided, to be sent to the Honorary Secretary, 2, Castle Street, Dover.
- 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.
- GLASGOW 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 UNIVERSITY.**—Two Additional Examiners for Degree in Medicine. Salary, £45 per annum. Applications to the Secretary of the University Court, 91, West Regent Street, Glasgow, by April 13th.
- GOVAN DISTRICT 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.
- HAMPSHIRE HOSPITAL,** Parliament Hill, N.W.—Resident Medical Officer. Appointment for six months, but eligible for re-election. Salary at the rate of £120 per annum, with rooms, coals, and gas. Applications to the Honorary Secretary by April 10th.
- HULL ROYAL INFIRMARY.**—Junior Assistant House-Surgeon. Salary, £80 per annum, with board and lodging. Applications to the Chairman of the House Committee by April 3rd.
- LEICESTER: BOROUGH OF.**—Medical Officer of Health and Public Analyst. Total Salary, £500 per annum. Applications, endorsed "Medical Officer of Health," to the Town Clerk by April 15th.
- LIVERPOOL HOSPITAL FOR CONSUMPTION.**—Resident Medical Officer for the new Sanatorium at Kingswood. Salary, £480 per annum, with board and apartments. Applications, endorsed "Sanatorium," to Mr. A. Shawfield, 77A, Lord Street, Liverpool.
- LIVERPOOL: ROYAL SOUTHERN HOSPITAL.**—House-Surgeon. Salary, 60 guineas per annum, with board and residence. Applications to the Chairman of the Medical Board by March 30th.
- LONDON OPEN-AIR SANATORIUM,** Pinewood, near Bracknell, Berkshire.—Resident Physician; unmarried. Salary, £300 per annum, with furnished apartments, board, attendance, and washing. Applications to the Honorary Secretary, 30, Wimpole Street, W., by April 15th.
- MANCHESTER ROYAL INFIRMARY.**—(1) Resident Surgical Officer; unmarried, and not less than 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.
- METROPOLITAN ASYLUMS BOARD.**—Visiting Medical Attendant at Rochester House, Little Ealing. Salary, £100 per annum. Applications, on forms provided, to be sent to the Clerk of the Board, Embankment, E.C., by April 15th.
- METROPOLITAN HOSPITAL,** Kingsland Road, N.E.—Ophthalmic Surgeon; must be F.R.C.S. Eng. Applications to the Secretary by April 15th.
- MILLER HOSPITAL AND ROYAL KENT DISPENSARY,** Greenwich Road, S.E.—Junior Resident Medical Officer. Salary, £80 per annum, with board, attendance, and washing. Appointment for six months, with prospect of election as Senior. Applications to the Secretary by April 13th.
- NATIONAL DENTAL HOSPITAL,** Great Portland Street, W.—Anaesthetist. Applications to the Secretary by April 17th.
- NEWCASTLE-ON-TYNE DISPENSARY.**—Two Visiting Medical Assistants. Salary, £160 for first year, £180 afterwards. Applications, on forms provided, to the Honorary Secretary, 41, Mosley Street, Newcastle-on-Tyne, by April 20th.
- NON-RESIDENT LONDON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.**—Clinical Assistant at the Central Out-patient Department, Fitzroy Square. Appointment for six months. Honorarium at the rate of £35 per annum. Applications to the Secretary by April 1st.
- ROTTERDAM HOSPITAL.**—Assistant House-Surgeon. Salary, £80 per annum, with board, residence, and washing. Applications to the Secretary.
- ROYAL LONDON OPHTHALMIC HOSPITAL,** City Road, E.C.—Senior House-Surgeon. Salary, £75 per annum, with board, and residence. The Junior House-Surgeon is an applicant, and if appointed candidates must state whether they would accept the junior office. Applications to the Secretary by April 10th.



**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.

**SEAMEN'S HOSPITAL SOCIETY** (Dreadnought), Greenwich, S.E.—House-Surgeon. Salary, £50 per annum, with board, residence, and washing. Applications to the Secretary by April 9th.

**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.

**TRURO: ROYAL CORNWALL INFIRMARY.**—House-Surgeon; unmarried. Salary, £85 for first year, increasing by £10 a year, with board and apartments. Applications to the Secretary by April 17th.

**WALTHAMSTOW CHILDREN'S AND GENERAL HOSPITAL.**—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Honorary Secretary, Rev. T. Parks, St. Peter's Vicarage, Walthamstow.

**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.

**WREXHAM INFIRMARY.**—House-Surgeon. Salary, £100 per annum, with board and washing. Applications to the Secretary.

### MEDICAL APPOINTMENTS.

**ANDERSON, Miss Annie M.S., M.D.Lond.,** appointed Honorary Physician to the Manchester Clinical Hospital.

**AUDLAND, W. E., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Certifying Factory Surgeon for the Welkborough District of Northants.

**AYRES, George H., L.R.C.P., L.R.C.S.Irel.,** appointed Certifying Factory Surgeon for the Tarporley District of Cheshire.

**BREWIS, N. T., M.B., F.R.C.S.Eng.,** appointed Assistant Gynaecologist to the Edinburgh Royal Infirmary.

**BROOKER, H. H., M.B., C.M.,** appointed Senior Demonstrator of Anatomy at Owens College, Manchester.

**COTTON, William, M.A., M.D., D.P.H.,** appointed Medical Officer H.M. (local) Prison, Bristol, vice J. E. Pritchard, B.A., M.B., M.R.C.S., deceased.

**COX, Joshua J., M.D.Eng.,** appointed Honorary Physician to the Manchester Clinical Hospital.

**CROOKSHANK, F. Graham, M.D.Lond.,** appointed Medical Officer of Health for the Urban District of Barnes.

**FULLER, A. Leonard, M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Assistant Anaesthetist to the Royal United Hospital, Bath.

**GARDEN, H. W., M.B., Ch.B.Aberd.,** appointed Medical Officer to the Tati Concessions, Francistown, Rhodesia.

**HOGG, John A., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Medical Officer of Health to the Shardlow Rural District Council.

**KINGSFORD, B. H., M.B.Lond., M.R.C.S.Eng.,** appointed Certifying Factory Surgeon for the Woking District of Surrey.

**NEDHAM, R. A., B.Sc., M.B., Ch.B.,** appointed Junior Demonstrator of Anatomy at Owens College, Manchester.

**NELSON, W. E., M.R.C.S., L.R.C.P.Lond.,** appointed District Medical Officer of the Stratford-on-Avon Union.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**Medical Society of London, 9 P.M.**—Dr. J. Mitchell Bruce: Diseases and Disorders of the Heart and Arteries in Middle and Advanced Life. Lettsomian Lecture III.

#### TUESDAY.

**Pathological Society of London, 20, Hanover Square, W., 8.30 P.M.**—Professor Stirling: The Pathology of Dropsy. Dr. Leasars-Barlow and Dr. Ewart have promised to take part in the discussion.

#### WEDNESDAY.

**Obstetrical Society of London, 20, Hanover Square, W., 8 P.M.**—Specimens will be shown by the President, Dr. Cuthbert Lockyer. Dr. Herbert R. Spencer, and others. Paper: Dr. E. W. Hey Groves: The Pathology and Treatment of Puerperal Eclampsia, with Special Reference to the Use of Saline Transfusion; with notes of two cases.

#### THURSDAY.

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

### 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.*

#### BIRTH.

**O'REGAN.**—On March 12th, at the Royal Naval Hospital, Bermuda, the wife of Surgeon Matthew O'Regan, of a son.

#### MARRIAGES.

**COCHRANE-RICHARDSON.**—On February 28th, at Gurdaspur, Punjab, India, by the Ven. Archdeacon Griffiths, Archer William Rose, M.B., F.R.C.S.Eng., Capt. I.M.S., younger son of the late Colonel George Henry Cochrane, late commanding 2nd Battalion 8th King's (Liverpool) Regiment, and grandson of the late Colonel George Cochrane, Ceylon Rifles, to Winifred Durie Innes, eldest daughter of Surgeon-Colonel John Richardson, M.A., M.B., I.M.S. (retired).

**JAMIESON-MILNES.**—On March 30th, at St. Andrew's Cathedral, Singapore, by the Rev. D. Holland Stubbs, T. Hill Jamieson, M.B., C.M.Eng., of Penang, to Mary, eldest daughter of J. Milnes, Esq., Huddersfield, Yorkshire.

**STURROCK-CLARK.**—On March 8th, at H.B.M. Consulate-General, Baghdad, Turkish Arabia, by the Rev. J. T. Pargit, Peter Sturrock Sturrock, B.A.Oxon., B.A., M.B., B.C.Cantab., of the Church Missionary Society, to Ada Edith, only daughter of the late Captain Clark, 14th King's Hussars.

**THORNE-THORNE-SINGLETON.**—On March 21st, at Christ Church, Lancaster Gate, W., by the Rev. G. R. P. Preston, M.A.Oxon., Leslie Thorne-Thorne, M.D., of 45, Inverness Terrace, W., second son of the late Sir Richard Thorne-Thorne, K.C.B., F.R.S., to Marcella Mildred, second daughter of Edward Singleton, Esq., of East Brook, Teignmouth, and daughter of the late Hugh Singleton, of Hazlewood co. Clare.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

### QUERIES.

**MONTROSE** desires particulars as to a combination of formalin and sulphur put up in tablet form for disinfection by fumigation.

**OUTLYING SUBURB** asks for references to statistics of the results of the various modern methods of operation for extirpation of varicose veins of the lower extremities.

### THE EXAMINATION FOR THE F.R.C.S.EDIN.

**DERMOID** asks what books are recommended for the F.R.C.S.Edin. examination when it is intended to take midwifery as the optional subject?

\* \* \* No books are specially recommended, but any of the standard textbooks will suffice, say the last edition of Playfair or Winkler's textbook. A thorough practical knowledge is expected.

### HOME FOR PARALYTIC EPILEPTIC.

**A. W. P.** desires to hear of an institution where a young man, partially paralysed and subject to epileptic convulsions, would be taken in. His mother, a widow, could pay practically nothing for his maintenance.

\* \* \* Charitable provision for cases of this class is very limited. The Home for Epileptics, Maghull, Liverpool, charges at least 7s. 6d. a week, for maintenance. Our correspondent might, perhaps, communicate with the Secretary to the David Lewis Trust, 17, Tokenhouse Yard London, E.C.

### THE EXAMINATION FOR THE F.R.C.S.ENG.

**B.** asks for information on the following points: (1) Is it possible to manage both Primary and Final examinations for the Fellowship of the Royal College of Surgeons of England reading at home, and if so, would two or three hours' steady daily reading for twelve months give a fair chance of passing? (2) What are the essential books for the two examinations?

\* \* \* (1) It is practically impossible for anyone to pass the Primary Examination for the Fellowship of the Royal College of Surgeons unless he can have facilities for practical work in a dissecting room and a physiological laboratory. The books of most use are Quain's *Anatomy*, tenth edition (London: Longmans, Green, and Co., 1890-96, £5); Morris's *Treatise on Human Anatomy*, second edition (London: J. & A. Churchill, 1898); Ellis's or Cunningham's *Manual of Dissections* (London: Smith, Elder, and Co., 1876); Foster's *Textbook of Physiology* (London: Macmillan and Co. 1891-95, 46s. 6d.); Stirling's *Practical Physiology*, third edition (London: C. Griffin and Co., 1895, 9s.). (2) For the Final Examination the best textbooks are: Tillman's *Principles of Surgery* (London: Henry Kimpton, 1895, 63s.), or Erichsen's *Science and Art of Surgery*, tenth edition (London: Longmans, Green, and Co., 1895, 48s.); Waring's *Manual of Operative Surgery* (Edinburgh and London: Young J. Pentland, 1898, 12s. 6d.), or Jacobson's *Operations of Surgery*, third edition (London: J. and A. Churchill, 1897, 34s.); and Surgical Anatomy in Morris's *Treatise*. It is improbable that two or three hours' daily reading would be sufficient. In order to have a fair chance of passing much more time is usually found necessary.

### ANSWERS.

#### INCONTINENCE OF URINE.

**DR. J. AURIOL ARMITAGE** (Wolverhampton) writes: In answer to "Enquirer's" question with regard to incontinence of urine in a boy of 8 years, I would suggest the use of the constant current of electricity. A large electrode applied to the lower dorsal region which should preferably be the negative electrode, and a small positive electrode to the perineum—a current of about 3 milliamperes, used for about ten minutes on alternate days will often give excellent results.

#### PHYSICAL REGISTER FOR USE IN SCHOOLS.

**SCHOLASTICUS.**—There does not appear to be any special form of physical register in use among either preparatory or public schools. Simple leaflets ruled in columns for details of age, height, weight, chest-girth, etc., are sufficient. A convenient form, consisting of loose sheets, which can be filed or bound as preferred, is in use at King Edward's School, Birmingham. Our correspondent will find interesting observations on this subject in Mr. C. Hawkins's paper on *The Physical Examination and Development of Public School Boys*, published by Messrs. Churchill for the Medical Officers of Schools Association (rs.). Observations should, if possible, be made and recorded at least once a year in the case of each individual.

#### MERCURY PERCHLORIDE SOLUTIONS.

**LA FLEUR.**—The addition of glycerine and common salt to a solution of perchloride of mercury intended for antiseptic purposes is not necessary. The solution mentioned as containing glycerine may have been prepared from a glycerine solution of perchloride. This solution is made by dissolving mercury perchloride, 2 parts in glycerine, 3 parts by weight. One fluid drachm contains about 40 grains of mercury perchloride, and this quantity mixed with 4½ pints of water forms a solution approximately 1 in 1,000. The solution in use at Guy's Hospital, London, is of the same strength as the liquor hydrargyri perchloridi of the *British Pharmacopoeia*. This contains 10 grains of mercury perchloride in 20 fluid ounces of distilled water, and is approximately 1 in 1,000. Acidulating with hydrochloric or tartaric acids is said to prevent the precipitation of insoluble mercury albuminate, and thus to increase antiseptic power and render it continuous.