

in mind. The outer part of the external auditory canal is not a solid cartilaginous tube, its continuity is interrupted by two or three transverse fissures—the fissures of Santorini. These transverse clefts are filled in with fibrous tissue, which is continuous with the cellular tissue over the mastoid process. Again, the upper part of the cartilaginous tube does not meet, the roof of the canal is filled in with dense fibrous tissue, which serves the function of closing the upper gap, and at the same time unites the cartilaginous tube to the temporal bone. This upper fibrous structure is continuous with the loose cellular tissue around the ear in front, above, and behind. Hence it will readily be understood that inflammatory, and more especially septic inflammatory, conditions may spread by continuity of tissue from the external auditory canal through the fissures of Santorini or along the fibrous band in the roof of the canal to the cellular tissue over the mastoid process, simulating closely a mastoid periostitis, and that the oedema may spread forwards and give rise to an oedematous condition of the eyelids on the same side.

A reference to the accompanying photographs will make this clear, and shows how closely this condition arising from a furuncle in the external auditory canal may simulate graver conditions involving bone lesions, and will emphasise the fact that a correct diagnosis and prognosis can only be made after a thorough inspection of the external auditory canal.

CASE I.—A boy, 8 years of age, complained of deafness and great pain in the right ear of eight days' duration. The pain was severe, and prevented him sleeping at night. Previously he had always been a strong healthy boy. He was seen on September 5th for the first time (Fig. 1 shows his condition at this date). Examination showed two furunculi—one on the floor and one on the posterior cartilaginous wall of the canal. There was marked swelling over the mastoid, displacing the auricle downwards and forwards, while the oedema involved the eyelids on the same side. An incision was made into the furunculi in the canal. The pus showed a pure culture of the staphylococcus aureus. By September 13th (eight days later) he was quite well.



Fig. 2.—Girl, 10 years of age, with furuncle in the external auditory canal, oedema over the mastoid and extending forwards involving the eyelids on the same side.

CASE II.—A girl, 12 years of age, seen for the first time on December 22nd, gave a history of dulness of hearing and severe pain in the left ear of three weeks' duration. She was feverish, and had profuse sweatings at night.

There was swelling behind the auricle extending over the squamous portion of the temporal bone to the front of the ear and forwards to the left eyelids, which were nearly closed (Fig. 2). Examination showed a large furuncle at the junction of the roof and the posterior wall of the canal, from which pus was liberated by incision. Bacteriologically, the pus showed a pure culture of the staphylococcus aureus. In about ten days she was quite well.

In this case the inflammatory disturbance had involved the fibrous band in the roof of the canal, and from this had spread to the loose cellular tissue around the ear. In neither of these patients was there any middle-ear disease.

An inspection of the photographs and a perusal of the clinical history of these cases will show that it is extremely difficult in some instances to distinguish between mastoid periostitis and oedema over the mastoid arising from a furuncular inflammation in the external auditory meatus. This difficulty in diagnosis is increased if there is—as sometimes happens—a coexisting purulent otitis media. It has been pointed out that in furunculosis the retro-auricular groove is obliterated; in mastoid periostitis the retro-auricular groove is maintained. But this is not always so. Personally I should be inclined to emphasise the importance of a thorough inspection of the external auditory meatus when the presence or absence of a localised furuncular swelling with its attendant sensitiveness to touch with the probe would, I think, settle the diagnosis.

## MEMORANDA:

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

#### COMPLETE INVERSION OF THE UTERUS: RECOVERY.

At 5.45 A.M. on September 16th, 1900, I was called, as district medical officer, to the case of M. P., aged 25, a primipara. The child had been born at 4.30 A.M., the placenta at 5 A.M. I found a large, dark-red, globular mass protruding from the vulva. The patient was in a state of utter collapse, with cold extremities, and a rapid and almost imperceptible pulse. The case was clearly one of complete inversion of the uterus.

In view of her desperate condition I decided to attempt reduction of the mass without resorting to anæsthesia. I grasped the inverted fundus in the hollow of my left hand, and proceeded to make firm but gentle pressure upwards in the direction of the axis of the pelvic inlet, at the same time making counterpressure with the right hand on the abdominal wall; the final reduction was accomplished with the closed fist. The operation was performed quite easily, and with comparatively little distress to the patient. I gave her at once a hypodermic injection of ergotine and strychnine, and followed it by a hot intrauterine douche of perchloride of mercury solution (1 in 3,000), with the object of aiding contraction, and minimising the risk of sepsis. A copious rectal injection of salt solution was then given; she was wrapped in blankets, hot bottles were applied, and milk and brandy administered. In a short time her pulse, though still very rapid, had considerably improved in tone. At 11 A.M. I saw her again, when she expressed herself as feeling better. Her pulse was 140, and her temperature 100.8°. I gave her a second hypodermic injection of strychnine. At 5.30 P.M. she was still improving. Her pulse was 132 and much stronger; the temperature was 101.4°. The catheter was passed. At 10.30 P.M. the patient said she felt very comfortable. Her pulse was 124, and her temperature 100.4°. The catheter was again passed. After this a daily improvement was manifest; she continued taking a mixture containing ergot and strychnine, and retained all her nourishment. The catheter was discontinued after a week, and she made a complete recovery, and is now in perfect health.

The case is interesting not only on account of its extreme rarity, but also in view of the absence of any clearly defined cause. As regards the latter I had to rely entirely upon the history given by the midwife who conducted the case. She stated that the pains were very heavy, but emphatically denied having exerted either traction on the cord or pressure on the abdomen; she also said that the placenta came quite

spontaneously, and was in no way adherent to the mass that followed, adding that had it not been for her alarm at the appearance of the latter she would not have sent for me. The case is also interesting in having been practically unattended by hæmorrhage. If the history of the midwife is worthy of credence the case would appear to be one of spontaneous inversion.

Darlaston.

SYDNEY PARTRIDGE, M.D. Edin.

#### A CASE OF ECLAMPSIA.

ON March 20th, 1901, my colleague, Mr. Goldie, was called to see a young woman aged 21, about eight months pregnant—her first pregnancy. She had had two fits prior to his arrival about 9.30 A.M., and had bitten her tongue. She had a typical epileptiform fit while he was present. He could elicit no history of any previous fits, and no history of any renal trouble. No premonitory symptoms. The os was slightly dilated.

Mr. Goldie prescribed a mixture containing potassium bromide and chloral hydrate every two hours. On his return at 11 A.M., and again at 1 P.M., she was practically *in statu quo*, getting an occasional fit and between times drowsy, and irritable when roused. She strongly objected to vaginal examination. During the afternoon the fits increased in frequency. The midwife and mother asserted she had quite twenty fits between 1 P.M. and 6 P.M. I saw her about 6.30 P.M. She had a typical epileptiform fit in my presence. The os was slightly dilated and the head was presenting.

Under deep anæsthesia with chloroform I drew off about 4 ounces of urine, which became almost solid with heat and nitric acid, dilated the os, at first manually and latterly with Champetier de Ribes's bag, punctured the membranes, put on forceps, and delivered a living child. Prolapse of the cord caused a little trouble.

I saw her again at midnight. She had had two fits since delivery, and she had a third while I was there. I gave her a quarter of a grain of morphine by subcutaneous injection. She remained comatose for thirty-six hours, took no nourishment by the mouth, but had no more fits. The bowels were freely moved with croton oil and nutrient enemata were given by the rectum. Thirty-six hours after delivery she roused up, took milk by the mouth, and passed about a pint of urine which showed the merest trace of albumen.

She made an uneventful recovery, and is now downstairs. The child lived for four days.

Congleton.

E. J. W. CARRUTHERS, M.D. Edin.

#### SUPRARENAL EXTRACT IN PROSTATIC HÆMORRHAGE.

THE two reports in the BRITISH MEDICAL JOURNAL of April 27th, 1901, on the action of suprarenal extract prompt me to recount the following case.

In March, 1899, I attended an old gentleman, 75 years of age, for a slight attack of hemiplegia. He was a man who had for years too freely indulged in the pleasures of the table. He was subjected to a strict diet; the paresis passed off and there had been no further attack. In February, 1900, he commenced to have prostatic hæmorrhage. This went on increasing in severity, in spite of all treatment. His former ruddy countenance was thereby changed to one of great pallor. Four months ago I began giving him 5-grs. tabloids of suprarenal extract twice daily. The hæmorrhage in a few days lessened, and after some weeks nearly disappeared. Unfortunately, however, palpitation came on to such a degree that he was prevented taking his usual exercise. The extract was reduced to one tabloid a day for some days, but not until it was discontinued altogether did the palpitation cease. A few days afterwards the hæmorrhage returned. Again the extract was used, the hæmorrhage checked, and palpitation produced as before. The pulse, which is naturally very small, becomes large and bounding when the extract is being taken, this change being well marked within twenty-four hours of commencing the drug. Desirable as it is to check the hæmorrhage—for his anæmia is extreme—yet the cardiac distress which ensues upon the administration of the extract is so great that I fear using the treatment further in this case.

Marple.

W. HABGOOD, M.D. Brux.

#### VELD SORES.

REFERRING to the letters of your correspondents, Civil-Surgeon J. W. Longmore<sup>1</sup> and of Mr. Ernest E. Austen<sup>2</sup> on this subject, I beg leave to state that I have for some time been investigating the conditions and causes of these sores.

So far as I have gone I am able to say that "veld sores" are not due to any novel specific organism, but to the well known staphylococcus pyogenes which has, by reason of the unfavourable conditions afforded for the growth of micro-organisms by the veld, become attenuated in its virulence and by a process of adaptation gained a peculiarly powerful resistance to destruction.

By reason of its attenuation it appears that it is rarely able to successfully produce the sore in people fed on a varied supply of fresh foods, but the organism readily produces its characteristic effects amongst unwashed folk, whose resistance is diminished by long feeding on preserved foods.

Sores of a character identical with the veld sore are produced under like conditions in North Queensland (Australia), and are there known as "Barcoo rot."

The veld sores appear to occur considerably more frequently among mounted men than amongst infantry; not by reason of any infection through ticks or horse lice, but by the greater liability of horsemen to abrasions in the handling of their mounts, harness, etc.

The infective organism of the "Natal sore" is the same as that of the veld sore, but its conditions are different. The sores are readily distinguishable in their general characters. The veld sore arises primarily within the deep layers of the epidermis, which it lifts to form a bleb; whilst the true Natal sore arises beneath the true skin, and its discharge is more purulent.

I hope to publish an account of these sores, with the evidence for my statements, on conclusion of the research.

Field Force, S. Africa.

N. BISHOP HARMAN,  
B.A., M.B. Cantab., F.R.C.S. Eng.

#### STRETCHING THE SPHINCTER ANI IN A CASE OF PROLAPSUS ANI, WITH INTERNAL AND EXTERNAL HÆMORRHOIDS.

ABOUT 1893, in the Naval Hospital, Hong Kong, a patient aged about 50 came under my care for prolapse of the rectum and internal and external hæmorrhoids.

He had suffered from this condition for some years, and his life in consequence had not been a happy one; a short stroll ashore would cause the bowel to prolapse and necessitate his return to his ship to replace it; the hæmorrhoids, also, were extensive and debilitating. He had sought surgical relief on more than one occasion previously, but was informed that at his age such a procedure might be followed by grave consequences to his general health.

I treated the case gradually on old-fashioned lines, excising the external, ligaturing the internal, hæmorrhoids; and, in consultation with the medical officer of his ship, determined to ligature also a vertical portion of the prolapsing bowel.

Although the result was everything I could desire, as there was another patient in hospital (an alcoholic artisan) admitted with his trousers saturated from hæmorrhage from internal piles, to cure which sphincter-ani stretching alone sufficed, my elderly patient importuned me to stretch his sphincter also, a procedure I considered unjustifiable in his case, so discharged him to his duty.

In a short time he returned as a patient, with vague and indefinite symptoms of anal discomfort, and again importunate for the stretching of his sphincter ani; as I found him difficult to dissuade from this, and he accepted all responsibility for the consequences in his special case, his sphincter ani was stretched.

The result surpassed my anticipations. In 1897 I met him a perfect cure, and it has been permanent.

ALEXANDER TURNBULL, M.D.,  
Inspector-General of Hospitals and Fleets.

<sup>1</sup> BRITISH MEDICAL JOURNAL, January 26th, 1901, p. 211.

<sup>2</sup> BRITISH MEDICAL JOURNAL, February 23rd, 1901, p. 486.

A SOCIETY for the Prevention of Consumption has been formed in Buffalo on the initiative of Dr. Benjamin G. Long. The principal function of the Society will be the diffusion of information concerning tuberculosis.

We note that on April 16th of this year the following appeared in the *London Gazette*:

**THE COMPANIES ACTS, 1862 TO 1893.**

The General Council of Safe Medicine, Limited.  
Notice is hereby given, that a general meeting of the members of the General Council of Safe Medicine, Limited, will be held at 20, New Oxford Street, W.C., on Monday, the 20th day of May, 1901, at 6.30 o'clock in the afternoon precisely, for the purpose of having an account laid before them by the liquidator (pursuant to Section CXLII), showing the manner in which the winding up of the said Company has been conducted, and the property of the Company disposed of, and of hearing any explanation that may be given by the liquidator.

ROBT. HOARE, Liquidator.

We sent a representative to attend the duly-notified "general meeting of the members of the General Council of Safe Medicine, Limited," at the date specified by the liquidator, but on arrival he found that the meeting was as limited as the company, only the liquidator himself being in attendance!

**EMPLOYERS' LIABILITY FOR ATTENDANCE ON WORKMEN.**

F. D. F. writes: A firm of railway contractors has a medical officer for its workmen, each of whom has a sum deducted from his pay. Some of these men are working quite close to me, and about eight miles from their medical officer. A boy, who also resides near, came with a scalp wound which I treated, and the sick fund committee "cannot see that they are in any way liable, as they did not give any authorisation for the cases to be attended." Can I claim against the contractors themselves?

Our correspondent does not state the case with sufficient fulness to enable a decided opinion to be given. We assume that the boy was in the employ of the railway contractors, that he sustained the injury in the course of such employment, that he was a contributor to the sick fund by deductions from his wages, such deductions being made with his consent, as required by the Truck Act; and we further assume that our correspondent is not the medical officer to the workmen; and that the contractors gave no authority to the boy to consult our correspondent. Assuming that the boy's assent to the deductions from his wages had been given, it would be his duty, if he required medical assistance, to go to the medical officer appointed. Under these circumstances we are advised that it is not probable that our correspondent could recover payment from the contractors.

**IN WANT OF A PRACTICE.**

A RESPECTED correspondent, who has retired from practice, writes to complain that a gentleman unknown to him has addressed him as follows:

"Dear Sir,—If you are still in active practice and care for a partner, I am willing to negotiate with you. You would find me loyal, strictly sober, and honest in financial matters. If you entertain the idea, please to reply to me. If not, no reply is necessary.—Yours faithfully,

Our letter shows a good deal of want of tact in approaching a total stranger upon a subject of some delicacy. Our correspondent says he thinks "the practice" one to be condemned, and, if it is a practice, we entirely agree with him; but we cannot believe there are many people so thoughtless and indiscreet as to write letters so little likely to serve the purpose they have in view.

**MEDICAL WITNESSES AT CORONERS' INQUESTS.**

A COUNTRY MEMBER.—The fact that medical men do not receive fees for giving evidence at an inquest when death has occurred in a hospital to which they are attached has repeatedly been discussed in the pages of the *BRITISH MEDICAL JOURNAL*. A Subcommittee of the Parliamentary Bills Committee of the Association has been appointed, and will shortly meet to draft a Bill, which will go on the lines that payment shall be made to medical witnesses without exception who are called upon by a coroner in virtue of his office to make *post-mortem* examinations or to give evidence as to the cause of death at an inquest. At the present time the coroners are bound by the existing law, and can only pay medical witnesses in accordance with the Coroners Act.

**INTRODUCTION AFTER DEATH VACANCY.**

A CORRESPONDENT inquires whether it is usual in taking over a practice, sold on account of a death vacancy, to send round circulars to the patients, where one of the family of the deceased introduces the successor.

If a personal introduction is given to all the patients there is no necessity for circulars, but where the practice is widespread, and this is impossible, it is justifiable to send a notice of the change to the *bond fide* patients of the practice.

**FEE FOR SPECIAL TREATMENT.**

SANDY inquires what would be a reasonable fee to charge a patient (who usually pays 5s. for a professional visit) for electrical massage of the prostate, with the finger in the rectum, ordered by a specialist to be done twice a week for four months, and necessitating the purchase of an apparatus costing £10.

Our correspondent might reasonably charge one guinea instead of 5s. for his visit on these occasions.]

**CANVASSING.**

A CORRESPONDENT inquires whether it is legal for a practitioner to accept an appointment to attend members of the Liverpool Victoria Legal Company, where canvassing for members is constantly carried on, the members paying so much per week for medical attendance.

Any practitioner accepting the post of medical officer to a society in which improper canvassing, that is, "touting" is employed to procure members, is liable to have his conduct brought before the General Medical Council.

## UNIVERSITIES AND COLLEGES.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

#### THE COMING COUNCIL ELECTION.

The Council is at present constituted as follows:

#### President.

Sir William MacCormac, Bart.; C, (1) 1883, (2) 1891\*; P, since 1896.

#### Vice-Presidents.

Mr. Langton; C, (1) 1890, (2) 1898; Mr. H. Morris; C, (1) 1893 (substitute), (2) 1898.

#### Other Members of Council.

Mr. Bryant; C, (1) 1880, (2) 1888, (3) 1896; P, 1890-92.

Mr. Macnamara; C, (1) 1885, (2) 1893.

Mr. Reginald Harrison; C, (1) 1886, (2) 1894.

Mr. Willett; C, (1) 1887, (2) 1895.

Mr. Pick; C, (1) 1888, (2) 1896.

Mr. Howse; C, (1) 1889, (2) 1897.

Mr. Jessop; C, (1) 1891, (2) 1899.

Mr. Marsh; C, (1) 1892 (substitute), (2) 1894.

Mr. Tweedy; C, (1) 1892, (2) 1900 (substitute for Mr. Davies-Colley till 1904).

Mr. Mayo Robson; C, 1893.

Mr. J. Hardie; C, 1894.

Mr. Alfred Cooper; C, (1) 1895 (substitute), (2), 1900.

Mr. Butlin; C, 1895.

Sir F. Treves; C, 1895.

Mr. Edmund Owen; C, 1897.

Mr. R. Godlee; C, 1897.

Mr. Watson Cheyne; C, 1897 (substitute for Mr. Oliver Pemberton till 1901).

Mr. Cross; C, 1898.

Mr. Page; C, 1899.

Mr. Ward Cousins; C, (1) 1895 (substitute for Mr. Hulke till 1897), (2) 1897 (substitute for Mr. Rivington till 1899), (3) 1900.

Mr. Pearce Gould; C, 1900.

The following list shows the proportional representation of metropolitan medical schools, of special hospitals in London, and of the provinces:

St. Bartholomew's	...	...	...	4
Guy's	...	...	...	2
King's College	...	...	...	1
London	...	...	...	1
Middlesex	...	...	...	2
St. George's	...	...	...	1
St. Mary's	...	...	...	2
St. Thomas's	...	...	...	1
University College	...	...	...	2
Westminster	...	...	...	1
Total number attached to London schools	...	...	...	17
Members attached to special hospitals in London	...	...	...	2
Provincial members†	...	...	...	5
Total	...	...	...	24

### ROYAL COLLEGE OF SURGEONS, EDINBURGH.

The following gentlemen, having passed the requisite examinations, were at a meeting of the College, held on May 16th, elected ordinary Fellows:

J. Beard, M.R.C.S.Eng., L.R.C.P.Lond.; E. C. Bourdas, M.R.C.S.Eng., L.R.C.P.Lond.; G. L. Chiene, M.B., C.M.; W. T. Clegg, M.R.C.S.Eng., L.R.C.P.Lond.; J. H. Gibbs, L.R.C.S.E., L.D.S.; G. Halley, M.B., C.M.; A. Kinsey-Morgan, M.R.C.S.Eng., L.R.C.P.Lond.; J. Livingstone, L.R.C.S.E.; G. D. Maynard, M.R.C.S.Eng., L.R.C.P.Lond.; W. M. Milne, M.B., C.M.; W. McKay, M.B., Ch.B.; W. R. Nasmyth, M.B., C.M.; R. Stirling, M.D.; and T. G. Wilson, M.B., L.R.C.S.E.

The Gold Medal presented to the College by Colonel William Lorimer Bathgate, in memory of his late father William McPhune Bathgate, F.R.C.S.E., as a prize in *Materia Medica*, was after examination, awarded to Robert Bathgate Johnston.

### CONJOINT BOARD IN SCOTLAND.

The following gentlemen having completed the requisite examinations of the Conjoint Board were admitted Diplomates in Public Health: C. H. Johnson, G. H. Wilson, T. Rogerson, and C. C. Forrester.

### SOCIETY OF APOTHECARIES OF LONDON.

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

*Surgery*.—J. C. Baggs (Section I), St. Thomas's and Westminster Hospitals; P. A. Chilcott, London Hospital; W. T. Colyer, Cambridge; B. Goitein (Section II), Vienna; W. O. Greenwood (Sections I and

\* A member of Council who is President at the time he has served eight years does not retire.

† Leeds 2, Manchester 1, Bristol 1, Southsea 1.

II), Leeds; S. K. K. Haslam (Section II), Royal Free Hospital; J. Kemp (Sections I and II), Manchester; J. W. H. Morrison (Sections I and II), Durham; R. T. Vaux (Sections I and II), Durham; V. F. Wall (Section II), St. Mary's Hospital.

**Medicine.**—J. C. Baggs (Sections I and II), St. Thomas's and Westminster Hospitals; D. J. Ferris (Sections I and II), Manchester; W. Garstang (Section II), Manchester; B. Goitein (Sections I and II), Vienna; W. O. Greenwood (Section II), Leeds; J. I. Halstead (Section II), Manchester; S. K. K. Haslam (Section II), Royal Free Hospital; C. G. Meade (Sections I and II), St. Bartholomew's Hospital; M. J. Ryan, St. Bartholomew's Hospital; P. P. Tobit (Section I), King's College Hospital; V. F. Wall (Sections I and II), St. Mary's Hospital; M. J. Williams, St. Bartholomew's Hospital.

**Forensic Medicine.**—J. C. Baggs, St. Thomas's and Westminster Hospitals; B. Goitein, Vienna; C. A. Lower, Guy's Hospital and Bristol; C. G. Meade, St. Bartholomew's Hospital; V. F. Wall, St. Mary's Hospital.

**Midwifery.**—D. J. Ferris, Manchester; C. J. Francis, Guy's Hospital; C. S. Scott, St. Bartholomew's Hospital; P. P. Tobit, King's College Hospital; M. J. Williams, St. Bartholomew's Hospital.

The diploma of the Society was granted to P. A. Chilcott, D. J. Ferris, B. Goitein, W. O. Greenwood, J. I. Halstead, S. K. K. Haslam, J. Kemp, C. G. Meade, M. J. Ryan, and V. F. Wall.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,704 births and 3,689 deaths were registered during the week ending Saturday last, May 18th. The annual rate of mortality in these towns, which had been 18.4, 17.3, and 16.5 per 1,000 in the three preceding weeks, rose again last week to 16.8. The rates in the several towns ranged from 8.9 in Croydon, 12.6 in Brighton, 12.8 in Leicester, and 14.0 in Oldham, to 20.0 in Liverpool, 20.7 in Manchester, 22.0 in Sunderland, and 22.1 in Preston. In the thirty-two large provincial towns the mean death-rate was 17.4 per 1,000, and exceeded by 1.6 the rate recorded in London, which was 15.8 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.7 per 1,000; in London this death-rate was equal to 1.5 per 1,000, while it averaged 1.8 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.8 in Salford, 3.3 in Gateshead, 3.9 in Swansea, and 4.3 in Sunderland. Measles caused a death-rate of 1.1 in Portsmouth, in Wolverhampton, and in Birmingham, and 1.4 in Sunderland; and whooping-cough of 1.0 in West Ham, 1.1 in Wolverhampton, 1.3 in Bristol and in Hull, 1.4 in Birkenhead and in Preston, 1.8 in Sunderland, 2.0 in Bradford, 2.4 in Gateshead, and 3.3 in Swansea. In none of the thirty-three towns did the death-rate from scarlet fever, from "fever," or from diarrhoeal diseases reach 1.0 per 1,000. The 45 deaths from diphtheria in the thirty-three large towns included 14 in London, 4 in Burnley, 4 in Leeds, 3 in Sheffield, and 3 in West Ham. One fatal case of small-pox was registered in Liverpool, but not one in any other of the thirty-three large towns; and no small-pox patients were under treatment on Saturday last, May 18th, in any of the Metropolitan Asylums Hospitals. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 1,705 and 1,913 at the end of the two preceding weeks, had further risen to 2,052 on Saturday last; 323 new cases were admitted during the week, against 198, 371, and 397 in the three preceding weeks.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, May 18th, 997 births and 633 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 24.1 to 19.3 per 1,000 in the six preceding weeks, rose again last week to 20.2 per 1,000, and was 3.4 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 16.0 in Dundee and 18.9 in Leith and in Paisley to 21.6 in Greenock and 23.5 in Perth. The zymotic death-rate in these towns averaged 2.8 per 1,000, the highest rates being recorded in Glasgow and Edinburgh. The 307 deaths registered in Glasgow included 3 from small-pox, 9 from measles, 4 from diphtheria, 18 from whooping-cough, 2 from "fever," and 10 from diarrhoea. Four fatal cases of measles, 14 of whooping-cough, and 4 of diarrhoea were recorded in Edinburgh; 5 of whooping-cough, and 2 of diarrhoea in Dundee; and 2 of whooping-cough in Leith.

### GUARDIANS AND WORKHOUSE MEDICAL OFFICERS.

J. F. writes to express deep sympathy with Dr. Oldacres, who has been driven to resign his appointment as medical officer of the Daventry Workhouse, in consequence of his work having recently so much increased as to cause the salary paid to be no remuneration for the services rendered (BRITISH MEDICAL JOURNAL, May 4th, 1901, p. 1123). J. F. expresses his surprise and deep regret that there should have been under such circumstances even a single applicant for the vacant appointment. We assure our correspondent that Dr. Oldacres has also our sincere sympathy, and we regret as much as he does that a successor should have so readily accepted office on the terms which Dr. Oldacres had found by experience to be absolutely unremunerative. J. F. asks the following question: "Does Dr. Oldacres forfeit his claim for superannuation if he has not served ten years?" He adds, several Poor-law medical officers will be glad to have information on this point. If Dr. Oldacres had not served ten years as a Poor-law medical officer at the time he resigned his workhouse appointment he cannot at present claim superannuation, but we understand that he holds a district appointment still, and that it is not his intention to resign the latter. If, therefore, at some future time Dr.

Oldacres should be claiming superannuation on resigning his present district, or any other Poor-law medical appointment, the period for which he served as medical officer of the Daventry Workhouse may be calculated, if required, in reckoning the duration of his service as a Poor-law medical officer. This, however, would not be of any value if he held his present district appointment during the whole of the time he held his workhouse appointment, the two appointments when held simultaneously only being regarded as one for this purpose.

### STATE OF THE UNION INFIRMARIES IN ULSTER.

THE inquiry recently held before the Judicial Committee of the Privy Council in Ireland, regarding the power of the Local Government Board to compel a Board of Guardians to appoint nurses, does not tend to diminish disquietude regarding the condition of many workhouses. Dr. E. C. Bigger, Local Government Board Inspector, is reported to have said that there were twenty-eight infirmaries in Ulster where there were no trained nurses. Dr. Agnew, another inspector, said that in the Armagh Workhouse Infirmary there was a total absence of closet accommodation (apparently in some parts of the building), and that the pauper attendants were unsuitable persons. Speaking generally, he said the same state of matters existed in almost all the Northern unions. In Ballycastle there was no night nurse. At Larne the attendants in the sick wards were unsuitable persons. In Banbridge the Local Government Board were three years pressing before a night nurse was appointed. In Londonderry a vacancy occurred in the office of nurse, and the guardians appointed as the only nurse in charge of the workhouse a farmer's daughter who had never seen the inside of a workhouse until she was appointed. The guardians have been influenced, no doubt, by past custom and the desire to economise, and have not recognised their growing responsibilities as regards the care of the sick. Improvement on a vast scale have been effected within the last few years in the Belfast Infirmary and a home, to accommodate 130 nurses, has been decided on. This is as it should be, and no doubt the same spirit will by degrees animate the various rural Boards of Guardians. Much still remains to be done on all sides.

### PAUPER ALLEGED TO BE LUNATIC.

M.B. (Stourbridge) writes: I am Poor-law medical officer, and was asked by the relieving officer to fill in a certificate for an alleged lunatic, and also requested by the magistrate's clerk to attend before the magistrate when the said alleged lunatic was brought up before him. I filled in the certificate and attended before the magistrate. The alleged lunatic was not sent to the asylum, but was bound over to keep the peace. The magistrate's clerk now tells me that half a guinea is all the magistrate has allowed me for my fee. Can I demand any more?

\* \* No. The guardians of the union may have power, however, to add to the payment ordered.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### SUTTON COLDFIELD PROVIDENT DISPENSARY.

FROM the twelfth annual report of the Sutton Coldfield Provident Dispensary we learn that some 2,269 persons were benefit members during the year, and that 10,698 prescriptions of the medical officers were dispensed. The sum of £459 was contributed by these benefit members, of which £368 was distributed among the medical officers *pro rata*; this is equivalent to 3s. 3d. a head, or about 8½d. a prescription. There is an admission subcommittee in connection with the dispensary which has examined all applications for admission, and has investigated several cases where altered circumstances rendered members no longer eligible for benefit, and several names have been rejected or struck off the list of members.

### THE MARY WARDELL CONVALESCENT HOME.

DURING the year 1900, 165 patients convalescent from scarlet fever were admitted. Her Majesty the Queen has graciously consented to continue her patronage of the Home, which was opened by her in 1884. The Committee report that the reconstruction of the entire drainage system, as required by the District Council, has during the year been completed, and they appeal for funds to meet this and other incidental expenses. No death has occurred in the Home during the year, but one case of a second attack of scarlet fever occurred in a girl aged 13.

## MEDICAL NEWS

MR. G. RUSSELL BEARDMORE, D.P.H. Cantab., L.R.C.P. Lond., M.R.C.S., L.S.A., F.C.S., Barrister-at-Law of the Inner Temple, informs us that his name should be added to the list of candidates for the Coronership of the City of London.

**SUCCESSFUL VACCINATION.**—Dr. F. H. A. Taylor, Public Vaccinator for the Kidlington District of the Woodstock Union, has been awarded the Government grant for successful vaccination.

**LEGACIES TO WELSH INFIRMARIES.**—The late Mr. Walter Insole, of Pencisely, has bequeathed a legacy of £2,000 to the Barry Infirmary, on condition that a new wing or ward is added to the present building and named after the late Mr. Walter Insole. Under the same will £500 has been bequeathed to the Cardiff Infirmary.

THE past and present West London Hospital dinner will be held at the Trocadero Restaurant on Tuesday, June 25th, when the chair will be taken by Mr. F. Swinford Edwards, F.R.C.S. Further particulars can be obtained from Mr. L. A. Bidwell, F.R.C.S., 59, Wimpole Street, W.

**ROYAL METEOROLOGICAL SOCIETY.**—Through the bequest to it by Mr. G. J. Symons, F.R.S., of such of his books, pamphlets, maps, and photographs as were not already in its library, the Royal Meteorological Society has become possessed of over 5,000 books and pamphlets, and about 900 photographs. By this addition, which includes many works of historical interest, some dating back to the fifteenth century, the library becomes, it is said, the most complete and extensive meteorological collection in existence.

**PRESENTATION.**—At a recent meeting of the Woking Ladies' and Men's Ambulance and Nursing Classes, for the purpose of receiving St. John Ambulance and Nursing Certificates at the hands of Lady Betty Balfour, the Honorary Lecturer, Dr. Sykes, was presented by the members of the classes with a Yost typewriter as a token of affection and gratitude on the conclusion of his first series of lectures. The Woking classes claim that they are the largest in existence, comprising as they did last session 66 members Ladies' First Aid Class, 91 members Ladies' Nursing Class, and 33 members Men's First Aid Class.

**GERMAN CONGRESS OF GYNÆCOLOGY.**—The fourth Congress of the German Gynæcological Society is to be held at Giessen from May 29th to June 1st under the presidency of Professor Lohlein. The subjects proposed for discussion are (1) Cancer of the Uterus (to be introduced by Professor W. A. Freund of Strassburg and Dr. Winter of Königsberg); (2) Eclampsia (to be introduced by Drs. Fehling of Strassburg and Wyder of Zurich). The Secretary of the Congress, to whom all communications should be addressed, is Professor Walker of Giessen.

**MEDICAL SOCIETY OF LONDON.**—The *conversazione* of the Medical Society of London, customarily given at the end of each winter session, took place in the rooms of the Society in Chandos Street, Cavendish Square, on the evening of May 20th, and was attended by a large and representative gathering, including the President of the Royal College of Physicians. A reception was held by the President of the Society, Mr. John H. Morgan, M.A., F.R.C.S., after which the annual oration was delivered by Mr. F. Richardson Cross, F.R.C.S., of Bristol, who took as his subject Some Landmarks in the Progress of Medicine. A vote of thanks to the orator was proposed by Mr. Christopher Heath and seconded by Mr. Henry Morris. The strictly social part of the *conversazione* occupied the rest of the evening, and the music rendered by the Bijou Orchestra contributed not a little to its success.

### MEDICAL VACANCIES.

The following vacancies are announced:

- BETHLEM HOSPITAL.**—Two Resident House-Physicians. Board and washing provided, and honorarium £12 12s. each per quarter. Applications, endorsed "House-Physicians," to be sent to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., by June 3rd.
- BIRKENHEAD UNION.**—Assistant Medical Officer for the Infirmary, Workhouse, and Sanatorium. Salary, £120 per annum, with board, washing, and apartments. Applications, endorsed "Assistant Medical Officer," to the Clerk to the Guardians, 45, Hamilton Square, Birkenhead, by May 27th.
- BIRMINGHAM: GENERAL HOSPITAL.**—(1) Two Assistant House-Physicians. (2) Two House-Surgeons. Appointments for six months. No salary, but residence, board, and washing provided in each case. Applications to the House-Governor by June 1st.
- BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon; unmarried. Salary, £150 per annum, with £30 allowance for cab hire, furnished rooms, etc. Applications to the Secretary by June 27th.
- BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES.**—Clinical Assistant. Applications to the Secretary, John Bright Street, Birmingham, by June 3rd.
- BRADFORD POOR-LAW UNION.**—Junior Resident Assistant Medical Officer for the Hospital and Workhouse; unmarried. Salary, £100 per annum, with rations, apartments, and washing. Applications to the Clerk to the Guardians, 22, Manor Row, Bradford, by June 4th.
- BRIDGNORTH AND SOUTH SHROPSHIRE INFIRMARY.**—House-Surgeon. Salary, £80 per annum, with board and lodging. Applications to the Secretary by June 8th.
- BRIGHTON: SUSSEX COUNTY HOSPITAL.**—Ophthalmic Surgeon. Applications to the Secretary by June 5th.
- BURTON-ON-TRENT INFIRMARY.**—House-Surgeon. Salary, £150, for the first year, and £170 for the second year, with furnished rooms, coals, and gas. Applications to the Honorary Secretary.
- BUXTON: DEVONSHIRE HOSPITAL.**—Assistant House-Surgeon. Salary, £50 per annum, with furnished apartments, board, and washing. Applications, endorsed "Assistant House-Surgeon," to be sent to the Secretary.
- CANTERBURY: KENT AND CANTERBURY HOSPITAL.**—Assistant House-Surgeon unmarried. Salary, £60 per annum, with board and lodging. Applications to the Secretary by June 10th.

- CAPE COLONY: QUEEN'S CENTRAL HOSPITAL, Cradock.**—House-Surgeon; unmarried. Salary £150 per annum, with board, lodging, and washing. Applications to the Treasurer at the Hospital by June 30th.
- DEVONPORT: ROYAL ALBERT HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the Chairman of Medical Committee by June 5th.
- DORCHESTER: DORSET COUNTY HOSPITAL.**—House-Surgeon; unmarried. Salary, £100 per annum, with board and residence. Applications to the Chairman of the Committee by May 31st.
- DUNDRE ROYAL INFIRMARY.**—Resident Medical Assistant. Appointment for six months. Salary at the rate of £40 per annum, with board and washing. Applications to Dr. Fraser, Medical Superintendent, by June 5th.
- EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.**—House-Physician. Board and residence provided, and honorarium of £25 after six months' approved service. Applications to the Secretary by June 15th.
- EDINBURGH HOSPITAL AND DISPENSARY FOR WOMEN AND CHILDREN.**—(1) Two Assistant Medical Officers as Dispensary Physicians. (2) Pathologist. (3) Oculist. (4) Ear and Throat Specialist. Applications to the Honorary Secretary by May 27th.
- EXETER: ROYAL DEVON AND EXETER HOSPITAL.**—Junior Assistant House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the House-Surgeon by June 5th.
- GLAMORGAN COUNTY ASYLUM, BRIDGEND.**—Assistant Medical Officer. Salary, to commence, £175 per annum, with board, lodging, and washing. Applications to the Medical Superintendent by May 29th.
- GLASGOW: DRY POOLHOUSE AND HOSPITAL.**—Male Junior Assistant Medical Officer. Salary, £90 per annum, with board, apartments, etc. Applications marked "Assistant Medical Officer" to the Clerk, 30, Cochrane Street, Glasgow, by May 29th.
- GRAHAMSTOWN ASYLUM AND CHRONIC SICK HOSPITAL, South Africa.**—Assistant Medical Officer. Salary, £250 per annum, with board and quarters, and free passage. Applications to the Agent-General for the Cape of Good Hope, 100, Victoria Street, London, S.W., by June 30th.
- HAMPSTEAD BOROUGH.**—Medical Officer of Health. Salary £600 per annum. Applications on forms provided, to be sent to the Town Clerk, Town Hall, Haverstock Hill, N.W., by May 31st.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.**—Assistant Resident Medical Officer. Salary, £100 per annum, with board and residence. Applications to the Secretary by May 29th.
- HULL ROYAL INFIRMARY.**—Junior Assistant House-Surgeon. Salary, £80 per annum, with board and lodging. Applications to the Chairman of the House Committee.
- JARBOW MEMORIAL HOSPITAL.**—House-Surgeon; unmarried, and not less than 25 years of age. Board, lodging, and washing provided. Applications, stating salary required, to the Secretary by June 6th.
- KENSINGTON DISPENSARY AND CHILDREN'S HOSPITAL.**—Resident Medical Officer, unmarried, and under 35 years of age. Salary £100 per annum, with furnished apartments, board, etc. Applications to the Honorary Secretary, Church Street, Kensington, W., by June 3rd.
- KINGSTON UNION INFIRMARIES.**—Resident Medical Officer. Salary, £150 per annum, rising to £200, with house partly furnished, coals, etc. Applications to the Clerk, Union Offices, Coombe Road, Kingston-on-Thames, by May 25th.
- LANCASTER COUNTY ASYLUM.**—Assistant Medical Officer, unmarried and not over 30 years of age. Salary, commencing at £150 per annum, increasing to £200, and on promotion to £250, with furnished apartments, board, washing and attendance. Applications to the Medical Superintendent.
- LEEDS CITY.**—Assistant Medical Officer and Chief Inspector of Nuisances, not less than 25 years or more than 37 years of age. Salary, commencing at £300 per annum. Applications, endorsed "Assistant Medical Officer of Health," to be sent to the Town Clerk by May 31st.
- LEEDS INFECTIOUS DISEASES HOSPITALS.**—Assistant Resident Medical Officer. Salary, £150 per annum, increasing to £150, with board, lodging, and washing. Applications to the Medical Superintendent, Leeds City Hospitals, Seacroft, near Leeds, by June 6th.
- LIVERPOOL HOSPITAL FOR CONSUMPTION.**—Non-resident Medical Officer. Salary, £70 per annum. Applications to the Secretary, 77A, Lord Street, Liverpool, by May 27th.
- MAIDSTONE: KENT COUNTY OPHTHALMIC HOSPITAL.**—House-Surgeon. Salary £100 per annum, with board and lodging. Applications to the Secretary by May 29th.
- MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT AND CHEST.**—Resident Medical Officer for the In-patient Department, Bowdon. Salary, £100 per annum, with board, apartments, and washing. Applications to the Secretary by June 1st.
- MANCHESTER ROYAL INFIRMARY.**—Resident Medical Officer; unmarried, and not less than 25 years of age. Remuneration, £150 per annum with board and residence. Applications to the General Superintendent by June 8th.
- METROPOLITAN ASYLUMS BOARD.**—(1) Six Assistant Medical Officers at the Fever and Small-pox Hospitals. Salary, £160 for first year, £180 for the second, and £200 for the third and subsequent years. (2) Senior Assistant Medical Officer for the Asylum for Imbeciles, Caterham. Salary, £250 per annum, rising to £300. Board, lodging, etc. provided in each case. Candidates must be unmarried, and not exceeding 35 years of age. Applications, on forms provided, to be sent to the office of the Board, Victoria Embankment, E.C., for (1), by May 29th, and for (2) by June 3rd.
- NEW HOSPITAL FOR WOMEN.**—(1) Two Resident Medical Officers. (2) Pathologist. (3) Clinical Assistant. Must be qualified medical women. Applications to the Secretary, 144, Euston Road, by May 29th.
- NORTH LONDON HOSPITAL FOR CONSUMPTION, Hampstead.**—Junior Resident Medical Officer. Honorarium, £60. Applications to the Secretary, at the offices, 41, Fitzroy Square, W., by June 1st.
- NORTH-WEST LONDON HOSPITAL, Kentish Town Road.**—(1) Resident Medical Officer. (2) Assistant Resident Medical Officer. Appointments for six months. Junior officer eligible for senior post. Salary at the rate of £50 per annum each, with board, residence, and washing. Applications to the Secretary by May 23th.
- NOTTINGHAM GENERAL DISPENSARY.**—(1) Senior Resident Surgeon. Salary, £200 per annum, increasing £15 yearly. (2) Two Assistant Resident Surgeons. Salaries £160 per annum, increasing £10 yearly. Furnished apartments, attendance, etc., provided in each case. Applications to the Secretary, Mr. M. I. Preston, Journal Chambers, Nottingham.
- PLAISTOW: ST. MARY'S HOSPITAL FOR SICK CHILDREN.**—(1) Resident Medical Officer. Salary, £100 per annum. (2) Assistant Resident Medical Officer. Salary, £80 per annum. Board, residence, etc., provided in each case. Applications to the Secretary by May 31st.
- READING: ROYAL BERKS HOSPITAL.**—(1) House-Surgeon. Salary, £60 per annum. (2) Assistant House-Surgeon. Salary, £50 per annum, board, lodging and washing provided in each case. Applications to the Secretary by May 30th.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—(1) Hunterian Professor. (2) Eminent Medical Lecturer, (3) Arris and Gale Lecturer. Applications to the Secretary before June 3rd.
- ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.**—Senior Resident Medical Officer. Salary, £100 per annum, with board, residence, and washing. Applications to the Secretary by June 2nd.
- ROYAL ORTHOPÆDIC HOSPITAL, 297, Oxford Street, W.**—Resident House-Surgeon and Lecturer. Salary, £100 per annum, but eligible for re-election. Salary, £100 per annum, with full board. Applications to the Secretary by June 8th.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, W.C.**—Clinical Assistant. Applications to the Secretary by June 1st.
- SALFORD BOROUGH.**—Assistant Medical Officer at the Ladywell Sanatorium for Infectious Diseases, Eccles. Salary, £150 per annum, with board, lodging, etc. Applications to the Medical Superintendent by May 31st.
- SOCIETY OF APOTHECARIES, Blackfriars, E.C.**—(1) Examiner in Medicine. (2) Examiner on Midwifery. Applications to the Clerk to the Society by June 12th.



**SOUTHEAST-ON-SEA BOROUGH.**—Medical Officer of Health. Salary, £400 per annum, rising to £500. Applications, on forms provided, endorsed "Appointment of Medical Officer," to be sent to the Town Clerk by May 28th.

**STOCKPORT INFIRMARY.**—(1) Assistant House and Visiting Surgeon. Salary, £70 per annum. (2) Junior Assistant House-Surgeon. Appointment for six months. Salary at the rate of £24 per annum. Board, washing, and residence provided in each case. Application to the Secretary.

**THROAT HOSPITAL, Golden Square, W.**—Junior House-Surgeon, non-resident. Salary, at the rate of £100 per annum, and lunch daily. Applications to the Secretary-Superintendent by June 8th.

**TRURO: ROYAL-OORNWALL INFIRMARY.**—House-Surgeon; unmarried. Salary, £100 per annum, increasing £10 yearly, with board and apartments. Applications to the Secretary.

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

**WEST HAM HOSPITAL, Stratford, E.**—Junior House Surgeon. Salary, £75 per annum, with board, residence, etc. Appointment for one year, but eligible for election as Senior at £100 per annum. Applications marked "Junior House-Surgeon," to the Secretary.

**WESTON-SUPER-MARE HOSPITAL AND DISPENSARY.**—Medical Officer to the Provident Dispensary. Salary, £100 per annum, with board, lodging, and washing. Applications to the Honorary Secretary.

**WINDSOR AND ETON ROYAL DISPENSARY AND INFIRMARY.**—House-Surgeon; unmarried. Salary, commencing at £110 per annum, with residence, board and attendance. Applications to the Secretary by May 29th.

### MEDICAL APPOINTMENTS.

**BROWNFIELD, H. M., L.R.C.P. Edin., M.R.C.S. Eng.,** appointed Certifying Factory Surgeon for the Petersfield Division of Hampshire.

**CHARTRES, E. A., F.R.C.S. and L.R.C.S.I.,** appointed Senior Medical Officer Northern Nigerian Protectorate Colonial Government.

**DUNLOP, J. B., B.A. Cantab., M.R.C.S., L.R.C.P.,** appointed Resident Medical Officer to the Swansea Hospital.

**EVANS, Frederick Hudson, M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Medical Superintendent at the Mendip Hills Sanatorium for Consumption, Hill Grove, Wells, Somerset, vice Charles Joseph Whitby, B.A., M.D. Cantab., resigned.

**HARRISON, A. E. M.B., B.C. Cantab.,** appointed Certifying Factory Surgeon for the Daventry District of Northants.

**HAYDON, Arthur George, M.D., M.R.C.S.,** appointed Medical Officer in charge of the Suffolk Regiment; and Civil Surgeon, Royal Army Medical Corps.

**HOGARTH, R. G., F.R.C.S. Eng.,** appointed Assistant Surgeon to the General Hospital, Nottingham.

**HUNTER, William, M.D. Edin., F.R.C.P. Lond.,** appointed Examiner in Medicine (Systematic and Clinical) in the University of Glasgow.

**LOCKYER, Outhbert, M.D., B.S., M.R.C.P. Lond., F.R.C.S. Eng.,** appointed Obstetric Registrar to Charing Cross Hospital.

**NICHOL, Reginald S., M.B., Ch.B. Vict. Univ.,** appointed Senior Resident Medical Officer to St. Mary's Hospital, Manchester.

**PENTREATH, C. H. E., M.B., B.C., B.A. Camb.,** appointed Honorary Physician to the Auckland Hospital, New Zealand.

**POLLARD, F. W., B.A., Lic. Med. Surg. and Mid. Univ. Dub.,** appointed Medical Officer and Public Vaccinator for the No. 2 District of the Blackburn Union.

**SYKES, W., M.D., M.R.C.S., L.R.C.P.,** appointed Honorary Physician to the St. Peter's Convalescent Home, Maybury, Woking.

**TAYLOR, F. E., M.A., M.Sc., M.B., Ch.B.,** appointed Resident Medical Officer at the Chelsea Hospital for Women.

**THOMPSON, A., M.R.C.S., L.R.C.P.,** appointed Medical Officer to the Newbury Union Workhouse.

**TURNER, A. C. K., M.B., C.M. Edin.,** appointed Certifying Factory Surgeon for the Fairfield District of Gloucestershire.

**WILCOX, H. M. B. Aherd., M.R.C.S. Eng.,** appointed Certifying Factory Surgeon for the Fleet District of Hampshire.

### DIARY FOR NEXT WEEK.

#### TUESDAY.

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

#### WEDNESDAY.

**London Throat Hospital, 204, Great Portland Street, W., 5 P.M.**—Dr. Stoker: Chronic Glandular Disease of the Nose and Naso-Pharynx. **Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C.,** 4 P.M.—Mr. W. H. A. Jacobson: Consultation (Surgical).

#### THURSDAY.

**Charing Cross Hospital Post-Graduate Course, 4 P.M.**—Mr. Waterhouse: Surgical Cases. **West London Post-Graduate Course, West London Hospital, Hammersmith Road, W., 5 P.M.**—Mr. S. Edwards: The Treatment of Gleet.

#### FRIDAY.

**British Bacteriological and Climatological Society, 20, Hanover Square, W., 5 P.M.**—General Meeting: Election of Officers and Council; Council's Report. 6.30 P.M., Annual Dinner at Limmer's Hotel, Conduit Street, W.; 9 P.M., Annual Conversazione at 20, Hanover Square, when Dr. I. Burney Yeo will give an address on Hepatic Inadequacy. **Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C.,** 4 P.M.—Mr. N. MacLehose: Consultation (Eye).

### 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.*

#### MARRIAGE.

**KENDALL—IZARD.**—On April 80th, at All Saints Church, Blackheath, by the Rev. R. S. Kendall, Vicar of Luxulyon, Cornwall, uncle of the bridegroom, and the Rev. Arthur IZARD, Rector of Shindon, Sussex, cousin of the bride, Nicholas Fletcher Kendall, M.R.C.S. Eng., L.R.C.P. Lond., of Chislehurst, eldest son of Franklin R. Kendall, Esq., of Blackheath, to Kathleen Addison IZARD, eldest daughter of Walter IZARD, Esq., of Blackheath.

#### DEATH.

**FFYFE.**—May 17th, at 2, Rodney Place, Clifton, William Johnstone Fyffe, M.D., Deputy-Surgeon-General (retired), aged 75 years.

## 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 *Attitology, 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.

"NESCIENTS" would be glad to learn whether any form of "flexible" or "antivibration" cycle has yet stood the test of practical experience by any member of the profession.

C. C. S. asks to be informed about a home where a case of hemiplegia could be taken in. The patient is a male in very moderate circumstances, but probably a few shillings a week could be raised to partially defray the expenses of his keep. He has been a butcher.

DR. W. ELLIOTT PRICE (Herefordshire) writes: Will any reader refer me to a book to consult upon the treatment of chronic poisoning by thyroid gland? The symptoms in my case are as follows:—The patient was in robust health, but was putting on flesh at an excessive rate and determined to reduce his weight by thyroid. He therefore began taking the gland in the tabloid form; but, being impatient of delay, he took three tabloids instead of one three times a day. The early results were apparently good (feeling of *bien-être*, increased appetite, loss of weight), but in the course of weeks to these were added impaired locomotion and superficial soreness. This increased—the thyroid being persevered with—till locomotion, especially in the dark, became difficult. He was an exceedingly temperate man, but now found an occasional glass of whisky and water at night take an immediate effect upon him. The superficial soreness increased, and he got an occasional attack of acute lumbago, instantly relieved by a hypodermic injection of  $\frac{1}{4}$  gr. morphine. After taking thyroid for about three months he interrupted it and began to improve. It is now three years ago, and the symptoms have not yet disappeared. There is extreme lassitude, superficial soreness—especially over the chest, back and front—grogginess, and impairment of locomotion.

#### A QUESTION OF NOMENCLATURE.

L. R. C. P. wishes to know how the holder of a D.P.H. should describe himself? Is there no English word to correspond to the French word "*Diplômé*"? The holder of a licence is a licentiate; what is the holder of a diploma?

#### A SUMPTUARY QUESTION.

HISTORICUS writes: May I ask if any of your readers can inform me if the mayors of Oxford and Cambridge, should they happen to be members of the University, wear their academic hood over the official robe? Is it usual or correct for provincial mayors, who are also Doctors of Medicine, to wear their hoods over their mayor's robes on official occasions?

#### "CARBOLIC GANGRENE."

DR. WALDO (Bristol) writes: In the *American Journal of the Medical Sciences* for July, 1900, a case of "carbolic gangrene" is recorded, with an exceedingly good plate of the gangrenous finger, and also one of the microscopical appearances. The former is stated to be a picture of the finger four weeks after the application for twenty-four hours of a solution of carbolic acid not stronger than 5 per cent. The finger was wrapped in cloths which were saturated with the carbolic solution. Amputation was necessary. As carbolic acid solutions are so much used without harm arising, I am inclined to think the cloths, perhaps by being allowed to get dry, may have acted as a ligature. I should much like to know if the application of carbolic acid is recognised as being liable to produce the above state of things.

#### OPHTHALMOSCOPE LAMP.

R. M. A. would be much obliged by being informed where a cheap lamp (gas, oil, or candle) for ophthalmoscope work can be procured, or any special chimney and lens that could be fitted on to an ordinary lamp.

\*A special oil lamp for ophthalmoscopic work is made by Messrs. J. Weiss and Sons, of Oxford Street. There is, however, no necessity for having anything so elaborate as this. An ordinary argand gas