

denced by the total paralysis of the limb at the time of injury. The practically complete recovery of power, however (save in the opponens pollicis), together with the absence of muscular atrophy, shows that the damage to the greater part of the plexus did not amount to more than a contusion. A few fibres, however, appear to have been permanently interrupted, since there is slight analgesia of the areas to which the posterior roots of the eighth cervical and the first and second thoracic nerves are distributed, together with slight weakness of the small muscles of the thumb, which are innervated by the first thoracic anterior nerve root. The paralysis is therefore an example of the Klumpke type of partial plexus palsy—that is to say, it involves the lowest roots of the brachial plexus.

The most striking evidence, however, of injury to the lowest roots of the plexus consists in the total paralysis of the cervical sympathetic, which, as is well known, receives its oculo-pupillary fibres from the spinal cord through the rami communicantes of the first, and possibly also of the second, thoracic segment. The cervical sympathetic supplies the dilator pupillæ muscle, the non-striated part of the levator palpebræ, and the orbital muscle of Müller behind the globe. Hence in paralysis of this nerve we have narrowing of the pupil on the affected side, together with its absence of dilatation when shaded, or when the skin of the side of the neck is pinched (cilio-spinal reflex). There is also a narrowing of the palpebral fissure, a form of pseudo-ptosis due to paralysis of the non-striated muscle of the eyelid, since the upper lid can still be voluntarily elevated to its full extent by the striped portion of the levator palpebræ muscle. The sinking back of the eye (enophthalmos) is ascribed to paralysis of the orbital muscle of Müller.

In this case there was an area of anidrosis owing to paralysis of the sweat fibres of the cervical sympathetic. It was not due to a mere vasomotor condition, since subsequent hypodermic administration of pilocarpin (which stimulates sweat fibres without any action on vaso-dilator nerves) failed to produce sweating on the affected side, although it induced copious sweating on the healthy side.

The precise area of anidrosis is important, and has not, so far as I know, been hitherto recorded in any previous case. It should be observed that it is sharply limited by the middle line, that it extends as low as the third rib in front and the third dorsal spine behind, and that it includes the whole upper extremity on the affected side.

MEMORANDA:

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

QUININE AS A PROPHYLACTIC TO INFLUENZA.

JUST as successful results as those published by Dr. Clayton in the BRITISH MEDICAL JOURNAL of May 25th regarding the prevention of malaria by the daily administration of small doses of quinine await any practitioner who will use the same drug as a preventive of influenza.

During the earlier years of my professional life, whenever influenza was prevalent I was surely attacked by it. Altogether, I had five attacks in four years. The next occasion I knew the disease to be active I commenced taking 2 grs. of quinine each morning with my breakfast, and have so done each succeeding period that the disease was prevalent, with the result that I have never since been attacked.

In the same way, whenever those I have advised to follow the same treatment have assiduously carried it out they have remained free from the disease, even although they had been previously sufferers from it. Many patients will object to the treatment, saying that quinine always sets up such unpleasant symptoms in them; but just as many drugs given in ordinary doses may produce symptoms of poisoning—and I have seen dangerous results from 1/200 gr. of atropine—so it is with quinine; in such cases, however, a minimum dose may be found insufficient to produce distress, yet enough to protect against the influenza poison.

Marple.

W. HABGOOD.

A CASE OF TETANUS: RECOVERY UNDER ANTITOXIN.

As the tetanus antitoxin is still more or less on its trial, the following case seems worthy of record.

B. C., aged 6 years, was admitted to the Prince Alfred Hospital, Sydney, on January 16th, 1899. He trod on a sharp piece of bone on New Year's Day. The wound suppurated, but healed after poulticing. On January 12th the parents noticed a "fixed" look about his face, and he complained of stiffness of the jaw. Next day the stiffness had extended to the neck and legs, and there were spasms of the face.

On admission the wound was found to be quite healed. The patient had trismus and stiffness of the legs. He was put on potassium bromide. Two days later he became rapidly worse. He could only separate the jaws by 1/4 inch; there was almost constant spasm of the muscles of the neck, arms, legs, and abdomen, and well-marked opisthotonos. The facial muscles were constantly twitching. The bromide was increased to 10 grs. every three hours, but as this had no effect, 5 c.cm. of antitoxin were injected, followed three hours later by 10 c.cm. There was a distinct diminution in the severity of the paroxysms as a result. Next day two more injections of 10 c.cm. were made, and the patient improved markedly. Slight spasms, especially of the jaw and face, continued for the next four or five days, and the injections were repeated; in all, 85 c.cm. was used. The patient was discharged quite recovered.

In this case the immediate improvement of the patient after the first two injections of the antitoxin was unmistakable.

Parramatta, N.S.W.

E. CUTHBERT HALL, M.B., Ch.M.

SUPRARENAL EXTRACT IN PROSTATIC HÆMORRHAGE.

UNDER the above heading in the BRITISH MEDICAL JOURNAL of May 25th, Dr. W. Habgood reports a case in which he used suprarenal extract for prostatic hæmorrhage, internally, for a man of 75 years, but was unable to continue its use because of its toxic effects. Last year I attended a similar case in a man of 80, who suffered somewhat from cardiac debility. I used an aqueous solution of suprarenal extract (5 grs. to 5j) locally, by injecting a few drops through an indiarubber catheter to the prostate, three times a day, with completely satisfactory results as regards the hæmorrhage, and without any deleterious general effects.

WALTER W. HEELAS, M.R.C.S., L.R.C.P.Lond.

Wolverhampton.

THE SORE THROAT OF MEASLES.

FACTS with regard to the spread of infection are so difficult to get that the following as to measles seem worthy of record.

A young man in service left his place not feeling well, and made for his home. He travelled by train to a town, where he saw two sisters, who were also in service. He slept in the town, and next day walked home eight miles. He felt so ill that he went straight to bed. He complained of sore throat, and his mother saw white patches on looking into his throat. Next day the rash of measles appeared.

It was on January 8th he reached his home, and on January 9th that the rash appeared—that is, on the fifth day of the disease. The two sisters whom he had seen on the third day of the disease both took measles and spread it to others. His brothers and sisters at home also took the disease. They began to be ill on January 15th—that is, seven days after the first exposure—and on January 19th, the eleventh day from exposure, the rash appeared. His home was at an isolated farmhouse, and there was no case of measles in the town where his sisters lived or in the vicinity of his home, but the children at the farm where he was hired had measles, and he took his meals in the house.

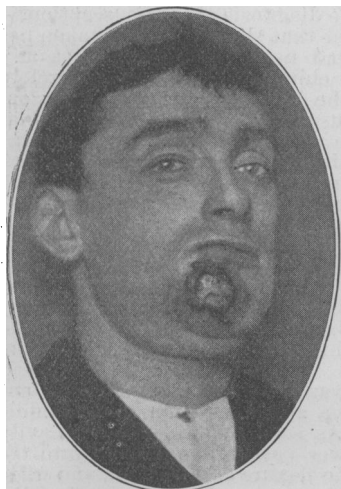
I saw in April a case of sore throat which, from the large surface covered by white membrane, was supposed to be diphtheria; but on the fifth day from the beginning of the illness the rash of measles appeared, showing the true nature of the case. The association of white membrane in such cases deserves to be noticed and studied more than it has hitherto been.

Denholm, N.B.

JOHN HADDON, M.D.

NOTE OF AN INSTANCE OF ACCIDENTAL
VACCINATION.

THE accompanying figure represents an accidental vaccination. J. M. came to the out-patient department of the Western Infirmary, Glasgow, to find out whether he had vaccinated himself or not.



On February 23rd he had his chin scratched; four days later a scab formed on the site of the scratch. On March 3rd he could hardly open his mouth; during March 5th the discomfort was at its height, that is, ten days after the abrasion of the skin. The photograph was taken on March 7th; at that time the swelling was beginning to subside.

A typical vesicle existed on the chin, there being no doubt as to the nature of the affection. The largest diameter was $1\frac{1}{2}$ inch, the transverse measured $1\frac{1}{2}$ inch. The cheek, lip, and neck were hidebound; the glands below the ear were very painful, and he complained of toothache in all his teeth. Constitutional disturbance was not more

marked than might be expected from such a successful vaccination.

A similar case was reported in the *Lancet*, vol. i., 1901, p. 594. This incident illustrates two points. It shows that even vaccination may be (from the popular point of view) infectious; the patient thought that he might have "got it off a towel" used by some other members of the house, five of whom were vaccinated. The other feature is the fact that he had declined to have the protection afforded by vaccination, as he did not think it necessary and did not wish to have a sore arm.

A. MACLENNAN, M.B.,
Extra-Dispensary Surgeon, Western Infirmary, Glasgow.

CINNAMON IN INFLUENZA.

IN March, 1898, a communication by me was published in the *BRITISH MEDICAL JOURNAL* on my experience of the value of cinnamon in influenza during the previous five or six years; and a further experience, during the three years that have since elapsed, has strengthened my conviction that, if influenza is treated with cinnamon promptly, that is to say within twenty hours from the manifestation of its first symptoms, the patient will be able to return to his usual avocations within three or four days, and the earlier the treatment is resorted to after the first manifestation of the onset of the disease, the earlier will complete convalescence be restored.

I referred to a decoction of cinnamon, and stated that Messrs. Burroughs, Wellcome and Co. had introduced a tabloid form of this decoction, but I had not, at that time, had much experience of the tabloids. After a three years' trial of them I now believe that they are wholly reliable, and they possess the great advantage that they can be easily swallowed, having little or no taste unless they are bitten.

Last year a patient, a lady, was attacked with influenza twelve times. From long and weary experience she had become painfully alive to the symptoms ushering in and accompanying an attack of influenza, which invariably in her case presented a rise of temperature, *malaise*, loss of appetite, and pains in the head and limbs; sometimes the pains were severe; sometimes not so severe, but they were always present. She always kept a bottle of cinnamon tabloids in the house, and never travelled without them, and the moment she became conscious of the symptoms I have above described she immediately swallowed two tabloids, and repeated the dose every hour, or forty minutes, till the symptoms abated, with the satisfactory result that in not one of these attacks

was she confined to bed at all, and in no instance was she confined to the house for more than a single day.

The treatment should be commenced as soon as possible after the patient becomes conscious of the onset of the disease. A delay of over twenty-four hours renders the treatment inefficacious. Two tabloids should be taken every half hour for the first two or three hours, and after that two tabloids to be taken every hour till the temperature becomes normal. After the temperature has fallen to normal two tabloids should be taken four times daily for four days. The patient should not leave the house for twenty-four hours after the temperature has become normal.

Withington, Manchester. JOSEPH CARNE ROSS, M.D. Edin.

A CASE OF WANDERING OEDEMA.

H. B., aged 28, married, has been under treatment since last June, when he first noticed a swelling of the eyelid, which occurred whilst on a cycling tour.

He has had irregular attacks ever since, usually two each week, for three weeks, followed by a month's interval. The lesions take the form of translucent, painless swellings. They involve the face generally, but have occurred on the ear, forearm, prepuce, etc. They start at night, and have completely faded by the following afternoon. The attack depicted in the accompanying photograph lasted forty-eight hours. The



patient is of a sedentary, somewhat dyspeptic disposition, but regular in his habits, and otherwise in good health. He has had one attack of herpes zoster. There is a strong family history of nervous disease.

Arsenic, potassium iodide, strychnine, purgation, change of occupation and diet have been tried, but without result, so far as the oedema is concerned.

He was formerly a sailor, and a point of some interest is that when in the tropics he was never affected by the prickly heat or the bites of mosquitos.

Chancery Lane, W.C.

BERNHARD SMITH, L.S.A. Lond.

DEAFNESS FOLLOWING MUMPS.

J. D., a youth aged 17, consulted me for deafness of the right ear, and gave the following history. Five weeks previously he had suffered from an attack of mumps, for which he was treated for three weeks. On the sixth day of illness he was seized with loud noise and marked deafness in the right ear. There was no pain or vertigo, and the symptoms had continued without intermission up to the date of consultation with me. Hearing was stated to have been perfectly normal previous to the attack.

I found a negative picture: the Eustachian tube was quite patent, the membrana tympani slightly clouded, but otherwise normal. With the sound ear tightly sealed, forks C₁,

C 2, and C 4 were not heard within half an inch of the affected ear. Weber's experiment showed the sound to be referred to the healthy side, and Politzer's aërometer was not heard when in contact with the mastoid of the diseased side.

With such a history and data I diagnosed disease of some part of the labyrinthine apparatus, and in view of the good sometimes derived from pilocarpin in somewhat similar affections, I injected through the Eustachian tube into the tympanic cavity three times weekly for a fortnight about 10 drops of a 2 per cent. solution. The deafness showed no improvement, but the tinnitus lessened considerably, and this is the condition of the case three months after onset. The passage of bougies, massage of the membrane, and inflation had no result.

The number of cases reported is small, Gradenigo¹ in the year 1883 finding only 38, and all authors are at one in the obstinacy of the disease to every form of treatment.

Dublin.

PATRICK DEMPSEY, F.R.C.S.I., M.R.C.S.

REPORTS

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

ST. BARTHOLOMEW'S HOSPITAL.

TWO CASES OF COLO-COLIC INTUSSUSCEPTION; OPERATION: RECOVERY.

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

[From the notes of Mr. C. S. HAWES and Dr. H. B. GIBBINS, House-Surgeons.]

CASE I.—S. L., a male child, aged 7 months, was admitted on April 25th, 1901.

History.—On April 23rd he had been seized suddenly with "cramp" in the stomach, which made him cry continuously. He had vomited every time he had been suckled, and he had passed a little blood and slime by the anus. The same symptoms continued throughout the day following the onset of the attack, except that the child appeared drowsy and passed neither blood nor mucus by the bowel. On April 24th he still continued to vomit, and passed blood mixed with mucus on two occasions. The child was in the hospital from January 16th to February 16th, under the care of Mr. Walsham, who performed an abdominal section for the relief of an acute ileo-cæcal intussusception.

Condition on Admission.—The child appeared rather collapsed and was very apathetic. The abdomen was distended, and a distinct tumour could be felt in the region of the hepatic flexure of the colon. There was a marked loss of resistance in the right iliac region. A discharge of blood-stained mucus followed the introduction of the finger into the rectum. The scar of a soundly-healed incision occupied the middle line of the abdomen below the umbilicus.

Operation.—Mr. D'Arcy Power made an incision immediately to the right of the scar, and on passing his fingers into the abdominal cavity felt a distinct tumour just beneath the liver. This tumour was the enlarged and thickened ileo-colic angle which had been drawn well above the level of the umbilicus. It was impossible to bring the tumour into the wound, and whilst feeling along the colon to ascertain the nature of the resistance, a colo-colic invagination was discovered about the centre of the transverse colon. This intussusception was easily reduced by pressure applied distally and without bringing the bowel out of the abdominal cavity. As soon as the intussusception had been reduced, the ileo-colic angle came easily into the wound, and the cæcum was found to be thickened by chronic inflammation, whilst the terminal portion of the ileum lay parallel with the ascending colon, to which it was adherent for some distance. The vermiform appendix was quite healthy, but was unusually long. There was no ileo-cæcal or ileo-colic intussusception. The adhesions between the ileum and the ascending colon were gently broken down, and it was noticed that portions of the small intestine were adherent to the peritoneal surface of the former wound. The entire thickness of the abdominal

wound was brought together with sutures of silkworm gut, and the operation was completed in 22 minutes.

After-History.—The child never vomited after the operation. Food was given by the mouth four hours after he recovered from the anæsthetic, and the bowels were open naturally on the following day. The baby made an uneventful recovery, and was discharged cured on May 5th.

CASE II.—E. E., a girl, aged 12 months, was admitted at 6.30 P.M. on May 3rd, with the diagnosis of intussusception.

History.—Her mother stated that she had always taken her food badly, and that she had never been weaned, as any attempt to do so made the child vomit. She was therefore still suckling her, though the baby "had a crust occasionally." The child was in her usual health on May 2nd, but on the morning of May 3rd she woke up crying with stomach-ache. She vomited several times during the day, and passed blood and slime by the rectum.

Condition on Admission.—The patient was evidently in pain, but was not collapsed. She seemed to be well nourished. The abdomen was a little distended; it was moving during respiration, and was everywhere tympanitic. There was a well-defined swelling below the right costal margin in the nipple line, which was movable; its outline suggested that it might be about the size of a large walnut. Nothing was made out by rectal examination, which was followed by the evacuation of blood-stained mucus.

Operation.—The abdomen was opened at 10 P.M., the patient being under chloroform, by a 2-inch incision in the middle line below the umbilicus. As soon as the peritoneal cavity was opened Mr. D'Arcy Power passed two fingers into the abdomen towards the hepatic flexure of the colon, and without much difficulty drew this portion of the gut out of the wound. It contained an intussusception of the colon into the colon of an inch to an inch and a-half in length, and it was easily reduced. Mr. Power then examined the ascending and transverse colon and found them healthy, but on passing his fingers into the right iliac fossa he discovered a mass which at first suggested the presence of a second intussusception. This mass was drawn into view at the wound, and was found to consist of the cæcum thickened by chronic inflammation, with several enlarged lymphatic glands lying over the ileo-colic junction. All the intestines were returned to the abdominal cavity, and the wound was closed by four sutures of silkworm gut passed through the entire thickness of the abdominal wall, with two or three additional sutures to unite the edges of the skin. The operation lasted seventeen minutes, and was well borne by the patient.

After-History.—The child was suckled by its mother, who evidently had no idea of regular feeding, for the patient vomited twice during the twenty-four hours following the operation. The patient was weaned therefore on May 5th, after which it did not again vomit, and its subsequent progress was wholly satisfactory. The sutures were removed on May 12th, and the patient was discharged cured on May 18th. There was no swelling to be felt in the abdomen at the time of discharge.

REMARKS BY MR. D'ARCY POWER.—Cases of recovery from intussusception, reduced after abdominal section, are by no means unusual, and fortunately they are becoming more frequent, as parents, acting upon the advice of their medical attendants, agree more readily to an early operation. The two cases here recorded present features of especial interest. Both are examples of the rarer but less acute form of intussusception, in which the colon slips into and is imprisoned by the colon. Both presented an abdominal swelling, which was supposed to be caused by an ileo-colic intussusception. The abdominal section showed in each case that the ileo-colic angle was indeed the seat of the tumour, which was due to a local inflammation and not to an intussusception. I am inclined to think that in both cases the colo-colic intussusception was owing to the fact that the more usual ileo-cæcal form was prevented by a purely physical cause. In the first case the end of the ileum was united to the ascending colon by adhesions which effectually prevented any invagination of the ileum into the colon; whilst in the second case the ileum and cæcum were so thickened by inflammation that they were as stiff as parchment, and it was consequently impossible for them to fold upon each other in the manner necessary to form an intussusception. The first case is

¹ Schwartz's *Handb.*, II, p. 440.

General Medical Council, who have always been "unable to see" how they can act in these cases against the offenders; just exactly as the consultants of Birmingham were a few weeks ago "unable to see" how consistently with their lofty sense of duty they could support the general practitioners of Coventry in their attempt to resist the underselling of the local provident dispensary by refusing to meet its medical officers in consultation.

Now in considering these matters it is only respectful in the humble controversialist to start with the preliminary axiom, "that the General Medical Council, like the Pope, is guarded in its pronouncements from error." It is therefore somewhat difficult to reconcile these two opposite decisions, since the offences of the medical officers of all medical aid associations etc., are obviously alike in method with those of the consulting physician of the Birmingham Institution, and are greater in extent—yet are treated by the General Medical Council very differently. It must therefore be some inherent difference in the class of persons injured which renders these apparently inconsistent decisions of the General Medical Council equitably reconcilable. Yes! that is the solution of the difficulty. The consultants are formed of flesh and blood differing in organic constitution from that of ordinary medical beings, and partakes of that of the gods in nature and in value!

It is therefore quite right that offences against this favoured class, even of the very slightest extent, should be most severely punished, while greater injuries against the humble general practitioner should be treated with the coolest indifference. It is also quite right that the rulers of the medical profession should be exclusively selected from this divine order of beings, since being of the gods they are incapable of that self-seeking care of their own interests which less divinely inspired individuals might be tempted to exhibit, and even, were they not divine, to attribute even to these.—I am, etc.,

Woking, June 1st.

W. SYKES, M.D.

THE FUTURE OF THE BRITISH MEDICAL ASSOCIATION.

SIR,—The BRITISH MEDICAL JOURNAL of June 1st calls attention to two questions of importance to the medical profession: (1) That of the attitude of the Government to the profession; (2) the midwives question.

They both of them indicate from different points of view the necessity of the thorough organisation of the profession. The day has passed when a smug respectability is a power which operates with a Government department, or one which can make itself felt. It has also passed when the profession can afford to allow half a dozen gentlemen who pull the strings of a society like the Obstetrical to push on legislation which strikes at the root of the position which has been granted by Parliament to it.

I know of no other profession to the members of which any Minister could afford to offer a gratuitous insult in the House of Commons, or of one in which it is possible for those who are disloyal to their brethren to carry a project of legislation so far as the midwives legislation has been carried.

Now I write this to impress upon the minds of the members of this Association that if they desire to prevent in future disasters happening to them, for with matters progressing as they are disasters will come, they must make up their mind to combination, to pay at least 40s. per annum to the Association, and to consent to the discipline which combination amongst men entails.—I am, etc.,

Hatfield, June 3rd.

LOVELL DRAGE.

THE REPORT OF THE CONSTITUTION COMMITTEE.

SIR,—In your article in the BRITISH MEDICAL JOURNAL of June 1st, you state that of the meetings already held (Branch and District), 99 have approved the principle of delegation and 16 disapproved. I have carefully gone over the reports in the JOURNAL, and the numbers I arrived at are: Unqualified approval, 69; qualified approval, 14; unqualified disapproval, 25; qualified disapproval, 2; or, on the whole favourable, 83; on the whole unfavourable, 27. With regard to payment of delegates, I find 75 for and 35 against. Perhaps a recount may settle the discrepancy.—I am, etc.,

Leicester, June 3rd.

FRANK M. POPE.

OBITUARY.

JAMES AITKEN MYRTLE, M.D.,

Harrogate.

It is with deep regret we record the sudden death of Dr. James Aitken Myrtle, Mayor of Harrogate, at the comparatively early age of 40, of acute laryngitis.

Two evenings previous to his death he presided at a public lecture, when he appeared to be quite well, although on the morning of that day he complained slightly of his throat. For the past week he had been in camp with the Yorkshire Hussars, of which he was Surgeon-Lieutenant, and probably caught a chill.

Dr. James Myrtle was the eldest son of Dr. A. S. Myrtle of Harrogate, and received his early education at Winchester College. From there he proceeded to Edinburgh University, and graduated M.D. in 1885. Before settling down in practice he spent some time in Vienna and Würzburg in extending and crystallising his knowledge. He joined his father in partnership, and for eighteen years conducted a large and growing practice. He was a member of the British Medical Association, the Leeds and West Riding Medico-Chirurgical Society, and a Fellow of the British Balneological Society. For some years he was Secretary to the Harrogate Medical Society, and subsequently occupied the presidential chair.

He was co-Editor of *Practical Observations on Harrogate Mineral Waters*, and among the papers he contributed to medical periodicals are the following: On Paroxysmal Hæmaturia; Gout, Rheumatism, and Rheumatoid Arthritis; Prurigo; and the Hot-air Bath, with illustrative cases.

Dr. Myrtle was a keen and energetic sportsman. As a boy he belonged to the Winchester College Rifle Corps, and subsequently at Edinburgh he was a member of the Varsity football club, the cricket club, and rifle corps. Although hunting was his favourite pastime, he supported both financially and otherwise all outdoor games. He was an ardent Conservative, and had the courage to express his conviction not only on political but also on other public matters in which he took an interest. In 1892 he was placed on the Commission of the Peace for the borough.

Dr. Myrtle took considerable interest in medical politics, and espoused the cause he had at heart with vigour and enthusiasm.

It was as a public man that Dr. James Myrtle undoubtedly won his well-earned laurels, reaching the acme of his popularity during the last two years while he was mayor of the town. The able manner in which he conducted the Town Council meetings gained for him the admiration of every member of the Corporation. He was a ready and effective speaker. Most of the beneficial reforms which have enhanced Harrogate's reputation as a health resort are largely the outcome of his initiative. He was a man of wide sympathies; a loyal, staunch, and warm-hearted friend, and a most generous benefactor to all the local charities. The very greatest sympathy is felt for his widow and parents.

Dr. Myrtle was buried on Wednesday with military honours, every institution in the town being represented at the funeral.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Lectures and Demonstrations of Pharmacology.—During the ensuing long vacation Professor Bradbury and Dr. Dixon will give a course of lectures and demonstrations on the physiological actions and therapeutic uses of remedies. These lectures and demonstrations will be open to medical students, whether members of the University or not. We understand that the buildings of the new Pharmacological Department are to be proceeded with at once.

Appointments.—Dr. A. W. Ward, Master of Peterhouse, has been elected Vice-Chancellor for the ensuing academical year. Professor Bradbury, Dr. D. B. Lees, Dr. Isambard Owen, and Professor W. S. Greenfield are appointed Examiners in Medicine; Dr. M. Handfield Jones and Dr. G. E. Herman, Examiners in Midwifery; and Mr. B. Pitts, Mr. C. T. Dent, Professor E. Ward, and Mr. C. H. Golding-Bird, Examiners in Surgery for medical and surgical degrees.

UNIVERSITY OF LONDON.

M.B. PASS EXAMINATION.—The following candidates have satisfied the Examiners:—

First Division.—A. Bevan, St. Thomas's Hospital; G. Clarke, Owens College and Guy's Hospital; T. H. B. Dobson, Owens College and Guy's Hospital; A. Eastwood, St. Bartholomew's Hospital; D. G. Greenfield, Guy's Hospital; J. A. B. Hammond, Guy's Hospital; T. Hampton, St. Bartholomew's Hospital; J. F. Jennings, St. Bartholomew's Hospital; C. A. Marsh, London Hospital; M. F. Reaney, London Hospital; W. T. Rowe, St. Bartholomew's Hospital; H. S. Ward, St. Bartholomew's Hospital.

Second Division.—J. C. M. Bailey, St. Bartholomew's Hospital; F. D. Blandy, Middlesex Hospital; H. F. W. Boedicker, University and Queen's and General Hospitals, Birmingham; F. C. Borrow, St. Bartholomew's Hospital; Josephine Brown, Royal Free Hospital; G. T. Collins, Guy's Hospital; J. A. P. Cullen, London Hospital; D. Ellis, London Hospital; C. E. Etheridge, Middlesex Hospital; F. A. Field, St. Bartholomew's Hospital; H. B. Foster, Guy's and Royal Victoria Hospitals; E. L. Gowlland, St. Mary's Hospital; C. D. Hatrick, University College; L. G. Hopkins, University College; B. F. Hussey, St. Mary's Hospital; H. S. Jenkins, Bristol Medical School; E. T. Jensen, Guy's Hospital; R. G. Johnson, University College and General Hospital, Bristol; H. C. Jonas, St. Thomas's Hospital; L. Jones, St. George's Hospital; R. B. Kinloch, St. Thomas's Hospital; J. A. Lloyd, St. Bartholomew's Hospital; R. E. Lloyd, B.Sc., University College; L. F. Marks, St. Bartholomew's Hospital; J. C. Marshall, St. Bartholomew's Hospital; F. S. Penny, King's College; C. H. D. Robbs, St. Bartholomew's Hospital; Hilda Mallinson Rowntree, London School of Medicine and Royal Free Hospital; C. C. Shaw, St. Mary's Hospital; P. T. H. Stedman, University College; C. F. Steele, Medical School, Bristol, and University College; Margaret Helen Style, Royal Free Hospital; A. B. Vine, Middlesex Hospital; Blanche Elinor Walters, London School of Medicine and Royal Free Hospital; F. N. White, St. Bartholomew's Hospital.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At the annual meeting of the Fellows held on Saturday, June 1st, a most satisfactory report was presented. The College is entirely free from debt, and has increased its investments within the year by the purchase of £3,000 Midland Great Western Railway Stock. During the past twelve months many of the Fellows and Licentiate received honours and distinctions for services in the South African campaign. One received the K.C.B., 5 the C.B., 1 the K.C.M.G., 2 the C.M.G., 5 the D.S.O. Thirteen commissions in the R.A.M.C. were granted without further examination to Licentiate of the College. Some of these were the rewards for services on the field in the present war.

The Arnott Medal, intended by the donor to be awarded to the member of the profession—civil, naval, or military—who during the previous three years had the most heroic and distinguished record was conferred on a Licentiate of the College.

There are at present living 10 Honorary Fellows, 418 Ordinary Fellows, 2,791 Licentiate, 9 Honorary Diplomates in Public Health, 102 Ordinary Diplomates in Public Health, and 496 Licentiate in Dental Surgery.

A meeting was also held on Monday, June 3rd, to elect a President, Vice-President, Honorary Secretary, and Council for the ensuing year. The following were elected:—President: Mr. Thomas Myles. Vice-President: Mr. L. H. Ormsby. Honorary Secretary: Sir Charles A. Cameron, C.B. Council: Sir Philip C. Smyly, Mr. H. R. Swanzy, Mr. E. H. Bennett, Mr. W. Stoker, Sir Charles A. Cameron, C.B., Dr. Austin Meldon, D.L., Mr. C. B. Ball, Sir William Thomson, C.B., Mr. J. B. Story, Mr. J. Lentaigne, Mr. Arthur Chance, Mr. R. D. Purefoy, Mr. H. G. Sherlock, Mr. R. Bolton McCausland, Mr. F. Conway Dwyer, Mr. J. S. McArdle, Mr. R. H. Woods, Mr. R. Lane Joynet, and Mr. P. W. Maxwell. For the 19 places on the Council there were no fewer than 30 candidates.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

THE SANITATION OF HEALTH RESORTS.

DR. W. HARDMAN, of Blackpool, is to be congratulated on the public spirit which led him, along with three others, to undertake an inquiry as to the course which should be adopted in order to solve the problem of the satisfactory disposal of the sewage of Bispham, a small seaside place a little north of Blackpool. The results of the inquiry have been embodied in an interesting letter which appeared recently in the *Blackpool Herald*, and the communication will doubtless have the effect of influencing public opinion on the matter. Dr. Hardman writes:

The reign of cheap and nasty insanitary matters is doomed. The day is fast departing when watering places can without protest make cess-pools of their seas, sewage-sludge dumps of their sands.

The long-suffering public have stood this sort of thing long enough, but evidence is rapidly accumulating that the period of hoodwinking is approaching its end. The coming generation will not mistake sewer gas for ozone, nor sewage sludge for innocent silt.

Let us be up and doing, and resist the attempt to defile our sea and shore—our only valuable asset.

The biological purification of the sewage, under the provisions adopted at Accrington, is recommended. The works at Accrington were visited, and a most interesting and lucid description of the installation and of the nature of the changes which sewage undergoes in passing through the

stages of biological purification, is given in the letter. It is pointed out that at that town the sewage is first screened, and is then allowed to flow into a series of open scum tanks, after which it is applied by means of automatic sprinklers to coke beds. The waste steam from the pumps is, moreover, made to raise the temperature of the sewage before its distribution on the beds, and this is said to increase their activity.

"The effluent water," Dr. Hardman affirms, "is almost indistinguishable from pure water, and may be at once turned into any stream, and will be a great deal purer than the water of almost any Lancashire streams I know."

It is to be hoped that the District Council will avail itself of the advice to wait and see what is being done elsewhere before adopting a hurriedly-conceived scheme of its own, and that it will thereby reap the benefit of a satisfactory and economical method of sewage purification.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 5,321 births and 3,580 deaths were registered during the week ending Saturday last, June 1st. The annual rate of mortality in these towns, which had been 16.8 and 16.7 per 1,000 in the two preceding weeks, further declined to 16.3 per 1,000 last week. The rates in the several towns ranged from 9.3 in Brighton, 10.8 in Croydon, 11.6 in Norwich, and 11.9 in Halifax, to 19.8 in Sunderland, 20.8 in Oldham, 22.5 in Hull, and 22.6 in Preston. The mean death-rate in the thirty-two large provincial towns was 16.8 per 1,000, and exceeded by 1.4 the rate recorded in London, which was 15.4 per 1,000. In the thirty-three large towns the zymotic death-rate averaged 1.6 per 1,000, and corresponded with the death-rate from the same diseases in London; in the thirty-two large provincial towns, the highest zymotic death-rates were 2.8 in Gateshead, 3.1 in Bolton, 3.2 in Preston, and 3.9 in Swansea. Measles caused a death-rate of 1.0 in Birmingham, 1.1 in Wolverhampton and in Liverpool, 1.9 in Gateshead, and 2.2 in Bolton; scarlet fever of 1.1 in Oldham and 1.4 in Preston; whooping-cough of 1.1 in Sunderland, 1.4 in Preston, and 2.2 in Swansea; and "fever" of 1.1 in Swansea and 1.4 in West Ham. The death-rate from diarrhoeal diseases did not reach 1.0 per 1,000 in any of the large towns. The 44 deaths from diphtheria in the thirty-three towns included 13 in London, 4 in Cardiff, 4 in Birmingham, 3 in West Ham, 3 in Leicester, 3 in Liverpool, and 3 in Blackburn. No fatal case of small-pox was registered last week either in London or in any of the thirty-two large provincial towns, and only 1 case of small-pox was admitted into the Metropolitan Asylums Hospitals during the week, and remained under treatment on Saturday last, June 1st. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had risen from 1,522 to 2,241 at the end of the five preceding weeks, had further increased to 2,352 on Saturday last; 318 new cases were admitted during the week, against 397, 323, and 341 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, June 1st, 1,043 births and 638 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 12.2, 20.3, and 20.7 per 1,000 in the three preceding weeks, declined again last week to 20.1 per 1,000, but was 3.8 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 12.9 in Leith and 17.4 in Perth to 25.3 in Greenock and 26.7 in Paisley. The zymotic death-rate in these towns averaged 3.1 per 1,000, the highest rates being recorded in Glasgow and Edinburgh. The 28 deaths registered in Glasgow included 1 from small-pox, 12 from measles, 2 from diphtheria, 22 from whooping-cough, 3 from "fever," and 16 from diarrhoea. Two fatal cases of measles, 17 of whooping-cough, and 4 of diarrhoea were recorded in Edinburgh. Two deaths from whooping-cough, and 2 from diarrhoea occurred in Dundee; 4 from whooping-cough in Paisley; and 2 from measles in Greenock.

BACTERIOLOGICAL EXAMINATION OF SUSPECTED CASES OF PLAGUE.

THE Local Government Board for Scotland has issued a memorandum stating that material from suspected cases of plague for bacteriological examination will in future be received from the medical officer of health of any district for the purpose of assisting in the identification of the disease on board ship or in any district. Directions are given as to the mode of obtaining lymph from a bubo, blood, or excretion from a living person, and also for the removal of parts from the dead body, and for their transmission properly packed. The directions have been drawn up with the assistance of the Council of the Royal College of Physicians of Edinburgh. Specimens are to be sent addressed to the Local Government Board, care of the Laboratory of the Royal College of Physicians, 2, Forrest Road, Edinburgh.

CERTIFICATION OF PAUPER LUNATICS.

COLYTON writes: A private patient, becoming insane, and not being in a position to pay, has to be removed as a pauper. Is it compulsory for the visiting magistrate to call on the parish doctor for the certificate?

. In such cases the justice may select the medical officer of the union or parish, and usually does so. In many cases, indeed, this is the better and safer course to take, having regard to the patient's status and how it is affected thereby.

ENDOWMENT OF THE LIGHT-TREATMENT AT THE LONDON HOSPITAL.—Mr. Alfred Harmsworth has given £10,000 for the endowment of a lamp at the London Hospital for the light-treatment of lupus.

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE TAKING OF FEES FROM HOSPITAL PATIENTS.

A CORRESPONDENCE between a family practitioner and a member of the staff of a London special hospital has been submitted to us. It appears that the family practitioner sent a lady and child to the hospital with a letter addressed to one of the surgeons for an operation to be performed, the lady not being able to afford to pay the cost of such an operation upon her child as a private patient. The lady was told that she might have something to pay to the hospital, as many of the small special hospitals demand such payments as registration fees, etc. She was seen by the surgeon, who demanded a fee of a guinea, and said his fee for the operation would be six guineas, and that she must see him again at his own house, but the surgeon maintains that he gave the patient the alternative of being treated at the hospital without payment. The rest of the correspondence is immaterial, the original letter which was sent by the family practitioner having been lost. The surgeon says that he understood the case had been sent to him as a private patient, and that he can only be blamed for a misunderstanding. On the other hand, the patient and the family practitioner accuse him of trying to extort a fee from a hospital patient.

While we are not in a position to give a judgment on the facts, as to which there is a conflict of testimony, we hope and believe that the surgeon was genuinely mistaken. We must, however, enter a strong protest and utter a warning against the practice of gleaming fees from hospital patients, as one against which every honourable man should set his face. If a hospital patient wishes for a private consultation he should be told that he cannot have it there. It is better to miss an occasional guinea than to be mixed up in such an unpleasant squabble as that related in the correspondence through which we have waded.

THE DUTIES OF A COTTAGE HOSPITAL NURSE.

A CORRESPONDENT draws our attention to the following rule lately passed by the Committee of the cottage hospital in the village where he is the sole resident medical practitioner:

"The Committee wish it to be understood that the matron attends outside cases solely as a matter of favour, and at her own discretion, and she is authorised to make the following charges:

"1. For each special attendance at the house of a working man or woman whose wages do not exceed 16s. a week, 1s.

"2. For all others each special visit, 2s.

"3. Chronic cases will be attended on special terms.

"These charges must be paid to the matron on the occasion of each attendance."

He thinks that the nurse is frequently called in by people to express an opinion upon their illness or accident, and treat it if she can. Lately she has been called in a great deal to do odd jobs in the way of nursing.

"* We think that so long as the nurse keeps to her duties as a nurse our correspondent should not complain, but if he finds that she is giving medical or surgical advice, or treatment, and charging for it, he should bring the matter to the notice of the Committee, or if he has good reason to think this probable, it may be advisable to talk it over with the Committee, and get the chairman to explain to the nurse that she must confine herself solely to nursing duties.

OBJECTIONABLE CIRCULARS.

AMICUS writes to draw attention to a postcard circulated by the Norwich Pharmacal Company, Norwich, U.S.A., which we regret to see bears also the name of the firm of Thomas Christy and Co., London, as the agents for Great Britain. This card is of a kind to attract attention from any member of one's family who might see it, as it has a large face upon it in which the ears are made up of two vaginal pessaries, the eyes of "hemorrhoid cones," the nose of a tube of unguentine, and the mouth of "urethral crayons." We have sent the card to the Postmaster-General, asking his attention to it, as in our opinion it ought not to be transmitted through the post, and have been informed in reply that the Minister shares our objections to the card and is considering whether he can usefully make any representations to the United States Post Office Administration on the subject.

"TOUTING."

A CORRESPONDENT asks whether it is, or is not, transgressing the rule of "touting" for a medical man to avail himself of the services of the collector of a provident assurance society to canvass for him to obtain members for a private club.

"* Such conduct is "touting" of a kind which has been forbidden by the General Medical Council, and might be brought before that body.

COMMISSION FOR INTRODUCING RESIDENT PATIENTS.

L. D.—The matter to which our correspondent draws our attention is not by any means new in principle. It reminds us of the circulars of the philanthropic gentlemen who offer to advance money "upon your note of hand." The terms are no doubt high, and it would probably be better if no one accepted them.

CONSIDERATION FOR THE WIDOW.

STUDENT asks whether the following conduct is in accordance with medical etiquette: Dr. A., a practitioner in a provincial town, dies, and immediately after Dr. B. takes an adjoining house, and puts his plate on the door. Ought not Dr. B. to have called on Mrs. A., the widow, with a view to the purchase of her late husband's practice? If not did not such etiquette obtain twenty-five or thirty years ago?

"* No doubt most practitioners would shrink—and rightly too—

from acting in this manner, but it is not a breach of etiquette for a newcomer to settle down by the side of an old practitioner and practise in opposition, so long as he does so in an honourable manner. Apparently therefore Dr. B. acted within his rights. But the act savours unpleasantly of a commercial pushfulness which is opposed to the true spirit of the medical profession.

MEDICAL NEWS

WE are informed that Lord Roberts intends to spend some weeks at the baths of Contrexéville during the summer.

MR. H. H. SMILEY, of Larne, co. Antrim, has given £5,000 to build a cottage hospital for that town.

THE NEW WORKSOP HOSPITAL.—During the first year of the Victoria Hospital at Worksop there have been fifty-six in-patients and a number of out-patients. The great want of the hospital is felt to be better accommodation for the nurses.

PROPOSED STATE SANATORIUM FOR TUBERCULOSIS IN MINNESOTA.—The Minnesota State Legislature has appointed a commission to investigate and report concerning the advisability of establishing a State sanatorium for the care and treatment of indigent consumptives.

PRESENTATION.—Dr. W. Semple Young, Garlieston, on leaving the district to commence practice in Greenock, was presented by a number of his patients and friends with a handsome roll-top writing desk and chair for his consulting room, as a token of their appreciation of his public and private services whilst resident among them.

SANATORIUM FOR CONSUMPTIVES AT TENERIFFE.—A sanatorium for the open-air treatment of tuberculosis has recently been opened by Dr. Stanford Harris at Guimar, Teneriffe. It is situated at an elevation of 1,200 feet above the sea level, and is surrounded by beautiful scenery. There is an English hotel within five minutes' walk of the sanatorium. This is the first institution of the kind to be established in the island.

WILLS AND BEQUESTS.—The will of the late Dr. William Moore, of Dublin, Professor of Medicine in Trinity College, has been proved, the personal estate being valued at £28,564. By the will of the late Dr. John Sykes, of Doncaster, whose personal estate was valued at £33,366, bequests were made to many charities, including the Doncaster Sick Society, the Lying-in Society, and the residue of the estate to the Ellen Wilson Hospital, founded in memory of his mother. The real and personal estate left by the will of the late Dr. James Compton Burnett, of 86, Wimpole Street, W., is valued at £67,166.

AN INTERNATIONAL INVALID ASYLUM.—The *Siglo Medico*, which is the leading medical journal of the Peninsula, states that Dona Adela Antoine, Viscountess de Barrantes, and Don Salvador Francisco Real, propose to found in Spain an international asylum for invalids unable to work. It is intended to serve as a home for persons incapacitated for work, without distinction of class. The "Asilo Internacional de Invalidos para el Trabajo" is to accommodate at least 2,000 persons, of whom 1,500 must be Spaniards. The scheme, which has the support of a number of influential persons in Spain, seems to us cold Northerners to be a dream of ardent but unpractical philanthropy.

THE VICTORIAN ORDER OF NURSES IN TORONTO.—The Toronto Branch of the Victorian Order of Nurses recently held their annual meeting in Toronto, Dr. James Thorburn, the President, being in the chair. Lady Minto was present from Ottawa, and delivered an address on the work of the Order throughout Canada. She spoke of the encouragement she was receiving for her cottage hospital scheme for the Northwest Territories. The Dominion Government had given £1,200 for this work; Sir William MacDonald, Montreal, had given £600, and contributions to the amount of £800 had been received from other sources. The report of the local superintendent showed that during the past year the Order had cared for 249 cases in Toronto. The number of visits paid to the sick had been 4,323, and there had been 16 deaths. There had been added to the list 38 medical practitioners of Toronto

who now employed these nurses. During the year about £94 had been collected in fees.

MEDICAL VACANCIES.

The following vacancies are announced :

- BARNSTAPLE UNION.**—District Medical Officer and Public Vaccinator. Salary, £85 per annum, and fees. Applications to the Clerk by June 20th.
- BIRMINGHAM JUNIERS DISPENSARY.**—Resident Surgeon, unmarried. Salary, £150 per annum, with £50 allowance for cab hire, furnished rooms, etc. Applications to the Secretary by June 27th.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL.**—Junior House Surgeon. Salary, £60 per annum, with apartments, board, and attendance. Applications to the Chairman of the Medical Board by June 15th.
- BIRMINGHAM QUEEN'S HOSPITAL.**—House-Surgeon. Appointment for fourteen months. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the Secretary by June 19th.
- BIRMINGHAM UNIVERSITY.**—Assistant Lecturer and Demonstrator of Pathology and Bacteriology. Applications to the Secretary.
- BREADFORD ROYAL INFIRMARY.**—Dispensary Surgeon, unmarried. Salary, £100 per annum, with board and residence. Applications, endorsed "Dispensary Surgeon," to the Secretary.
- BRIDGEWATER INFIRMARY.**—House Surgeon. Salary, £90 per annum, with board and residence. Applications to the Hon. Secretary by June 25th.
- BRIGHTON, HOVE, AND PRESTON DISPENSARY.**—House-Surgeon. Salary, £160 per annum, with furnished apartments, coals, gas, and washing. Applications to the Assistant Secretary, 113, Queen's Road, Brighton, by June 20th.
- BRIGHTON THROAT AND EAR HOSPITAL.**—Non-resident House-Surgeon. Appointment for six months, with renewable salary at the rate of £75 per annum. Applications to the Secretary, Mr. E. W. Pilbeam, 10, Back Lion Street, Brighton, by June 15th.
- 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.
- CARMARTHEN JOINT COUNTIES ASYLUM.**—Junior Assistant Medical Officer, duly registered, unmarried. Salary, £130, advancing £10 yearly to £150, with board, lodging, washing, and attendance. Applications to the Medical Superintendent by July 3rd.
- CHELTEMHAM GENERAL HOSPITAL.**—Junior House-Surgeon, unmarried. Salary, £60 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by June 15th.
- COSFORD UNION.**—Medical Officer and Public Vaccinator for the Lavenham District. Salary, £52 2s. per annum, and fees. Applications to the Clerk to the Guardians, Union Offices, Hadleigh, Suffolk, by June 14th.
- 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.
- GLASGOW ST. MUNGOS COLLEGE.**—Professorship of Medicine. Applications to the Secretary, 93, West Regent Street, Glasgow.
- GLOUCESTER BARNWOOD HOUSE HOSPITAL FOR THE INSANE.**—Junior Assistant Medical Officer.—Salary, £150 per annum, rising to £170, with board, etc. Applications to the Medical Superintendent.
- GEAHAMSTOWN 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.
- GREAT NORTHERN CENTRAL HOSPITAL.**—Non-resident Assistant House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with luncheon and dinner. Applications to the Secretary by June 17th.
- GUY'S HOSPITAL.**—(1) Lecturer on Biology. (2) Demonstrator of Chemistry and Physics and of Chemistry and Toxicology. Applications to the Treasurer, Superintendent's Office, Guy's Hospital, S.E., for (1) by July 1st, and for (2) by June 18th.
- HULL ROYAL INFIRMARY.**—Junior Assistant House-Surgeon. Salary, £60 per annum, with board and lodging. Applications to the Chairman of the House Committee.
- JARROW MEMORIAL HOSPITAL.**—House-Surgeon, unmarried, and not less than 25 years of age. Commencing salary £100 per annum, with board and residence. Applications to the Secretary by June 15th.
- LEEDS GENERAL INFIRMARY.**—Resident Obstetric Officer. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary to the Faculty by June 15th.
- LIVERPOOL STANLEY HOSPITAL.**—Honorary Physician. Applications to the Honorary Secretary by June 15th.
- LONDON HOSPITAL MEDICAL COLLEGE.**—Mile End, E.—Instructor of Anesthetics and Two Assistants. Applications to the Warden by June 10th.
- MANCHESTER CHILDREN'S HOSPITAL.**—Assistant Surgeon, must be F.R.C.S. Eng. Honorarium £50 per annum. Application to the Secretary, Children's Dispensary, Gartside Street, Manchester, by June 19th.
- MARGATE ROYAL SEA BATHING HOSPITAL.**—Assistant Resident Surgeon. Salary, £90 per annum, with board and residence. Applications to the Secretary at the offices, 30, Charing Cross, S.W., by June 12th.
- METROPOLITAN ASYLUMS BOARD.**—Six Assistant Medical Officers at the Fever and Small-pox Hospitals, unmarried. Salary, £160 per annum for the first year, £180 the second, and £200 the third and subsequent years, with board, lodging, attendance, and washing. Applications, on forms provided, to be sent to the offices of the Board, Embankment, E.C., by June 12th.
- NORTH-EASTERN HOSPITAL FOR CHILDREN.**—Hackney Road, N.E.—House-Surgeon. Appointment for six months. Salary at the rate of £80 per annum, with board, residence, and laundry allwance. Applications to the Secretary, at the offices, 27, Clement's Lane, Lombard Street, E.C., by June 17th.
- NORWICH NORFOLK AND NORWICH HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. Honorarium £20, with board, lodging, and washing. Applications to the Secretary before June 25th.
- 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.
- PADDINGTON INFIRMARY.**—Clinical Assistant and Second Assistant to the Medical Superintendent, unmarried, and between 21 and 30 years of age. Appointment for six months. Board, lodging, and washing provided, and honorarium of £36. Applications to the Medical Superintendent at the Infirmary, 25, Harrow Road, by June 12th.
- PERTH COUNTY AND CITY OF PERTH ROYAL INFIRMARY.**—House-Surgeon. Salary, £60 per annum, with board. Applications to the Secretary, 38, Tay Street, Perth, by June 10th.
- PRESTWICH COUNTY ASYLUM.**—Assistant Medical Officer, unmarried. Salary, £150, increasing to £250 per annum, with board, apartments, and washing. Applications to the Medical Superintendent.
- READING ROYAL BERKS HOSPITAL.**—House-Surgeon. Salary, £90 per annum, with board, lodging, and washing. Applications to the Secretary by June 14th.

- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.**—King William Street, W.C.—House-Surgeon. Honorarium £25 for six months. Applications to the Secretary by June 22nd.
- ST. ANDREWS UNIVERSITY.**—Additional Examiners for Graduation in Anatomy, Materia Medica and Therapeutics, Pathology, Medical Jurisprudence and Public Health, Surgery (Systematic and Clinical), Medicine (Systematic and Clinical), and Midwifery. Applications to the Secretary by July 8th.
- SALISBURY FISHERTON ASYLUM.**—Assistant Medical Officer. Salary, £150 per annum, with board, lodging and washing. Applications to Dr. Finch.
- SHOREDITCH PARISH.**—Second Assistant Medical Officer for the Infirmary, Hoxton Street, N. Appointment for six months. Salary at the rate of £100 per annum, with board, washing, and furnished apartments. Applications to the Clerk to the Guardians by June 10th.
- SOCIETY OF APOTHECARIES, Blackfriars, E.C.**—(1) Examiner in Medicine (2) Examiner on Midwifery. Applications to the Clerk to the Society by June 12th.
- TOTTENHAM HOSPITAL, N.**—House-Surgeon. Salary, £50 per annum, with board, residence, and laundry. Applications to the Chairman of Committee by June 17th.
- TEURO ROYAL CORNWALL INFIRMARY.**—House-Surgeon; unmarried. Salary, £100 per annum, increasing £10 yearly, with board and apartments. Applications to the Secretary.
- UNIVERSITY COLLEGE, LONDON.**—Surgical Registrar in University College Hospital. Applications to the Secretary by June 12th.
- WESTERN GENERAL DISPENSARY.**—Marylebone Road, N.W.—Second House-Surgeon, unmarried. Salary, £75 per annum, with board and residence, and 10s. a month for laundry. Applications to the Hon. 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.
- WEST LONDON HOSPITAL,** Hammersmith Road, W.—(1) House-Physician, (2) House-Surgeon. Appointment for six months. Board and lodging provided. Applications to the Secretary-Superintendent by June 15th.
- WHITTINGHAM COUNTY ASYLUM.**—Junior Assistant Medical Officer, unmarried, and not over 30 years of age. Salary £150, increasing to £250, and on promotion to £300 per annum, with furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.
- WORKSOP DISPENSARY AND VICTORIA HOSPITAL.**—House-Surgeon and Dispenser. Salary, £150 per annum, with rooms and attendance. Applications to Mr. C. A. Whall, 44, Bridge Street, Worksop.

MEDICAL APPOINTMENTS.

- BARNES.** Arthur Stanley, M.B. Lond., B.Sc., appointed Junior House-Physician to the National Hospital for the Paralysed and Epileptic, Queen Square, vice Dr. Singer, promoted.
- BLACKBURN.** Vernon K., L.R.C.P. Lond., M.R.C.S., appointed Assistant Resident Medical Officer to the Sheffield City Hospitals for the Treatment of Cases of Infectious Diseases.
- CODDY.** A. M.R.C.S., L.R.C.P. Lond., appointed Assistant Medical Officer of the Liverpool Parish Workhouse.
- COOKE.** F. A., M.B., appointed District Medical Officer of the Seison Union.
- DICKSON.** G. P., M.R.C.S. Eng., L.R.C.P. Edin., appointed Medical Officer for the Pottou District of the Binglewade Union.
- PARKER.** Herbert George, F.R.C.S., L.R.C.P. Edin., appointed Honorary Ophthalmic Surgeon to the Bolton Infirmary and Dispensary, vice Dr. A. Ennys Jones, resigned.
- SINGER.** Harold, Douglas, M.D. Lond., M.R.C.S., L.R.C.P., appointed Senior House-Physician to the National Hospital for the Paralysed and Epileptic, Queen Square, vice Dr. Morris, resigned.
- SPARKS.** J. P., M.D. Durh., appointed District Medical Officer of the Tynemouth Union.
- STEVENSON.** Edgar, M.D. Aberd., appointed Surgeon to the Liverpool Eye and Ear Infirmary.

DIARY FOR NEXT WEEK.

MONDAY.

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

West London Post-Graduate

Course, West London Hospital, Hammersmith Road, W., 5 P.M.—Mr. McAdam Eccles: The Treatment of Aneurysm and the Control of Arterial Hemorrhage. Lecture I.

TUESDAY.

Royal College of Physicians of London, 5 P.M.—Dr. W. D. Halliburton: The Chemical Side of Nervous Activity. Croonian Lecture I.

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 P.M.—Dr. H. Campbell Thomson: On the Prognosis and Treatment of Cases of Ascites occurring in the course of

Alcoholic Cirrhosis of the Liver, with especial reference to the Treatment by Laparotomy. Dr. Francis W. Goodbody, Dr. Noel D. Bardswell, and Dr. J. E. Chapman: Metabolism in Pthisis.

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

WEDNESDAY.

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

Hospital for Consumption and Diseases of the Chest, Brompton, 4 P.M.

—Dr. Wethered: Difficulties in the Diagnosis of Pulmonary Tuberculosis.

Dermatological Society of London, 11, Chandos Street, Cavendish Square, W., 5.15 P.M.—Consultation on Cases of Clinical Interest.

THURSDAY.

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

Royal College of Physicians of London, 5 P.M.—Dr. W. D. Halliburton: The Chemical Side of Nervous Activity. Croonian Lecture II.

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

British Gynaecological Society, 20, Hanover Square, W., 8.30 P.M.—Specimens will be shown by Drs. H. P. Snow, W. H. Newnham, H. Macnaughton-Jones, Mr. Skene Keith, and Mr. C. Ryall. There will be an adjourned discussion on Dr. Alexander's paper on Posterior Vaginal Coliotomy in Pelvic Disease. Dr. H. Snow will read a short communication on The Practical Distinction between the Multiple and Solitary Myomata.

Ophthalmological Society of the United Kingdom, 20, Hanover Square, Cases at 8 P.M. Chair at 8.30 P.M.—Papers: Mr. P. H. Mules: (1) Double Symmetrical Opacities of Cornea (Rare Form) Removed by Operation; (2) Paralysis of Third Nerve with Unusual Complications. Dr. Leslie Buchanan: Cyclitis: a Study of Inflammatory Exudates into the Vitreous Body. Dr. W. H. R. Rivers: On Erythropsia. Major M. T. Yarr, R.A.M.C.: Two Cases of Eye Injury due to Lightning.

West London Post-Graduate Course, West London Hospital, Hammersmith Road, W., 5 P.M.—Mr. McAdam Eccles: The Treatment of Aneurysm and the Control of Arterial Hemorrhage. Lecture II.

Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.—Mr. Pitts: Selected Cases.

FRIDAY.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C.

4 P.M.—Mr. R. Lake: Consultation (Ear).

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 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.

MARTIN.—At 8, Fernwood Road, Jesmond, Newcastle-on-Tyne, on May 31st, the wife of William Martin, M.A., M.D., M.S. Durham, of a daughter.

MARRIAGES.

BODEN—HICKS.—On June 5th, at All Saints Church, East Finchley, by the Rev. Henry Barber, M.D., Master of Ravenstone, uncle of the bridegroom, John Snedley Boden, M.B. (Lond.), B.S., to Edith, only daughter of Richards Hicks, Esq., of Hull.

HEALEY—FORSYTH.—On the 1st June, at St. George's, Hanover Square, by the Rev. Canon Page Roberts, M.A., Canon of Canterbury and Incumbent of St. Peter's, Vere Street, assisted by the Rev. David Anderson, M.A., Rector of the Parish, John Edridge, only son of John Healey, of Barton Grange, near Preston, to Sybil Ada, only daughter of William Frederic Forsyth, of 24, George Street, Hanover Square. At home, Ravenswood, July 16th and 17th.

PHILLIPS—GILL.—On the 1st instant, at Christ Church, Dover, by the Rev. Hugh Fallorn, assisted by the Rev. John Armstrong, brother-in-law of the bride, George Phillips, M.D., of Ealing, eldest son of the late Geo. Phillips, H.B.M. Consular Service, China, to Sylvia Gertrude, third daughter of the late John Beadnell Gill, M.D., and Mrs. Gill, 1, Temple Villas, Dover. No cards.

DEATH.

MYRTLE.—On the 2nd of June, at Herrogate, suddenly, of acute laryngitis, James Aitken Myrtle, M.D., in his 41st year.

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.

We would request correspondents who desire to ask questions in this column not to make use of such signatures as "A Member," "A Member B.M.A.," "Enquirer," and so on. By attention to this request much confusion would be avoided.

P. N. asks whether there is any charitable institution in Bath where a poor minister could obtain the advantages of the waters there at a small cost. He is ineligible as a patient in the Royal Mineral Water Hospital.

DR. TURNER (Felixstowe) would be much obliged if any member could inform him of any home or institution where a lady with reduced means would be received for 10s. per week. She has the craving for drugs and alcohol, but is quite well for long periods when they are strictly kept from her.

EXAMINATION OF THE BLOOD.

RUSTICUS desires to know what methods of blood examination are now in use for clinical purposes beyond those dealing with the colouring matter and cell elements. Also whether there is a simple and rapid method of diagnosing gout and rheumatism from an examination of the blood.

. There is no method at present known such as he desires of detecting gout or rheumatism by a microscopic examination of the blood. Valuable information may under certain conditions be obtained from a spectroscopic examination of the blood, from observations on the degree of its alkalinity, the estimation of sugar in the blood, and from the investigation of its bacteriology and parasitology. We would refer our correspondent to the third edition of a *Manual of Clinical Diagnosis* by means of microscopical and chemical methods by Dr. C. E. Simon (London: Henry Kimpton. 1900. 18s.), a review of which appeared on page 1348 of the BRITISH MEDICAL JOURNAL of June 1st.

TOXIC ACTION OF RHUBARB AND ASPARAGUS.

DR. H. W. HARDING (Kushey Green, S.E.) asks for information with regard to the following questions: (1) Is there any relation between the ingestion of rhubarb and hæmaturia? (2) What is the effect, if any, of asparagus on the kidney?

BETA-EUCAINE.

L. F. L. writes: Is beta-eucaine always a satisfactory local anæsthetic? I have just had occasion to use it in a case of extraction of finger nail. I injected about 30 minims of a 5 per cent. solution around the nailbed. The anæsthesia was all that could be desired, but there resulted around the end of the finger the day after the operation swelling and an unhealthy blueness of the skin, and in some places blisters were raised containing clear fluid. The finger presented such an unhealthy appearance that the patient became very uneasy as to its ultimate progress. The preparation of eucaine was freshly prepared by a chemist, and all instruments were sterilised immediately before use, so that I am quite satisfied that this unlooked-for result is due entirely to eucaine.

. Beta-eucaine is considered to be usually a satisfactory local anæsthetic. The symptoms described are not those referred to beta-eucaine in the practice of those who use the drug largely. It seems most probable either that the specimen employed was impure, or that some unsuspected source of sepsis existed and was overlooked. Somewhat similar symptoms have been seen when the injection has inadvertently been made into a blood vessel.

HUMAN SEXTUPLETS.

A CORRESPONDENT sends us the following cutting from a recent issue of the *Daily Mail*, and inquires whether the occurrence is to be regarded as possible, and what is the largest number of living children delivered at a birth, of which there is authentic record: "At Belgrade the wife of a Greek priest named Archangelos has presented her husband with six children all at once. Three are boys and three girls. The mother and children are all doing well. On a former occasion Mrs. Archangelos had triplets."

. That as many as six children can be born of the same pregnancy seems well established. Vassalli (*Gaz. med. Ital. Lomb.*, 1888, p. 216) was present at the births of five, and saw the first of the six also. Only the tattered condition of the placenta prevented his sending it to the Milan Museum. That all six children should be alive and well would make the case practically unique. There is a slab in the wall of a house at Hamelin which commemorates the birth of two boys and five girls at one time.

ANSWERS.

BELFAST is referred to the Educational Number of the BRITISH MEDICAL JOURNAL, August 25th, 1900, p. 511.

BELGRAVIA should consult her usual medical attendant or a specialist. We cannot give medical advice.

X.X.—Our correspondent does not appear to be a member of the medical profession, and we are therefore debarred from answering his questions.

YESNA.—(1) No English translation of Professor Runge's book has been published. (2) The design is a modification of the caduceus, and is of the nature of a trademark.

RUSTICUS will find useful information in the pamphlet *Facts about Small-pox and Vaccination*, published by the Council of the British Medical Association, and also in the publications of the Jenner Society, a list of which may be obtained from Dr. Bond, Gloucester.

W. A. M.—We should advise our correspondent to communicate the facts to the Medical Department of the Local Government Board, and be as precise as possible regarding particular cases which could be investigated by the Board.

"FAR AWAY" will find the information desired in (1) *Handbook for Attendants on the Insane*, published by Baillière, Tindall and Cox, for the Medico-Psychological Association (2s.), or (2) *The Attendants' Companion*, by Dr. C. Mercier. London: J. and A. Churchill. 2s.

SANTO.—The following books would probably meet the requirements of a medical man going to India: *Hygiene and Diseases of Warm Climates*. Edited by Dr. Andrew Davidson. (London: Young J. Pentland. 1893. 31s. 6d.) *Tropical Diseases*. By Dr. Patrick Manson, C.M.G. Second Edition. (London: Cassell and Co. 1900. 10s. 6d.)

SANITAS.—(1) Mr. Hankin described his method of using potassium permanganate for the disinfection of wells in an article entitled *A Simple Method of Checking Cholera in Indian Villages*, published in the BRITISH MEDICAL JOURNAL of January 22nd, 1898, p. 205. We are not aware that the information has been published elsewhere. (2) Information as to chemical disinfectants will be found in the chapter on Disinfection in *The Theory and Practice of Hygiene* (Notter and Firth), by J. L. Notter, M.A., M.D., and W. H. Horrocks, M.B., B.Sc. Second Edition (London: J. and A. Churchill. 1900. 25s.)

THE "FLEXIBLE" CYCLE.

DR. F. H. MORISON (West Hartlepool) writes: In answer to "Nesciens" I am able to state that I have had considerable practical experience of the "Flexible" bicycle built by the Royal Enfield Company, Redditch. I was led to order one after trying a friend's for about two minutes, and certainly am highly pleased with it. During fine weather I do most of my work on a bicycle, and have ridden for many years, and can honestly say I have never known what real comfort in cycling was till I got my