

There is still some deposit around the axillary vein, but, seeing what has already happened, I am hopeful that a further course (which is about to begin) of the "rays" will remove that also. A 12-inch spark coil was employed, and the distance of the tube from the body was from 8 to 10 inches. Notwithstanding a mask of mackintosh she became much "rays burnt" in the face, and she has lost both her eyebrows. But what are these drawbacks compared with what she has gained?

At the same time an intractable case of rodent ulcer of the face has been healed by the same treatment in the same institution. The first-mentioned case has been seen by several of my colleagues, all of whom unite in expressing their surprise and satisfaction. One of them saw the patient also just before the use of the rays.

MEMORANDA:

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

OÖPHORECTOMY IN THE TREATMENT OF CANCER OF THE BREAST.

WHILST reading the account of the interesting cases related by Mr. Butlin, in which oöphorectomy had alleviated or cured malignant disease of the breast, I was struck by the frequency with which thyroid extract was employed in the treatment. It seemed to me that, perhaps, oöphorectomy was receiving more than its fair share of credit, especially as in my own experience thyroid gland has been the means of completely removing all evidence of cancer in an undoubted case of malignant disease of the uterus with secondary growths in the neighbouring viscera.

The case to which I refer occurred in my private practice, and from my rough notes I find that Mrs. C., aged 51, came under my care in July, 1900, having been under treatment in a nursing home off and on for the previous twelve months.

About two months before she came to me, Sir John Williams and Sir Francis Laking had in consultation decided that the case was one of malignant disease, and that it was too late to advise an operation.

Upon examination I found all the signs of advanced uterine cancer to be present. There was a hard mass between the uterus and rectum, which bled easily: the uterus was fixed and enlarged. From the peritoneal surface on the right side there was a hard irregular lump, measuring 5 by 4 inches, growing upwards. There was a nodular growth springing from the lower border of the right lobe of the liver, and an enlarged gland as big as a marble in the right groin. The patient was extremely emaciated, confined to bed, and suffering great pain. There were the usual pressure symptoms shown by the other pelvic organs, and occasionally a blood-stained discharge from the vagina.

The only indication was to allay pain and to render life endurable. Towards the end of November there was so much suffering that I asked Sir Francis Laking to see her again. We agreed that treatment must be directed wholly for the relief of pain, and that the case was rapidly nearing its end. A month longer seemed more than could be expected.

I now determined to try the effect of thyroid extract. Commencing with 5 grs. daily, the dose was quickly increased to 20 grs., with a result that was little short of marvellous. Convalescence began immediately, so that by the end of January the patient was up and free from pain. At this time the various growths were much reduced in size, and weight was being rapidly regained. When I last saw her in October she was quite well and was following an active life; nothing abnormal was to be felt in the pelvis.

I am of course aware of the danger of arguing from the result obtained in a single case, but in this instance the improvement followed so quickly upon the employment of the remedy and was so striking, that in my own mind I have not the slightest doubt that it was entirely due to its use, and I am equally certain that thyroid extract should always be given a trial in this class of case before more heroic measures are adopted.

Cloughton.

H. ATWOOD BEAVER.

SUPRARENAL EXTRACT AS A HAEMOSTATIC IN HAEMOPHILIA.

IN THE BRITISH MEDICAL JOURNAL of November 23rd Mr. W. Thelwall Thomas, writing upon the value of suprarenal extract as a haemostatic, remarks that Dr. F. Grünbaum doubts the efficacy of the drug in cases of haemophilia, assuming as he does that the condition is due to congenital hypoplasia of the muscular coats of the arteries. Quite recently I had an opportunity of testing the value of the drug in a case of severe haemorrhage following the removal of naso-pharyngeal adenoid vegetations in a boy, aged 10, who happened to be a haemophilic. The fact that the patient was a haemophilic was unknown to the parents and to myself. The operation was performed under chloroform anaesthesia and with a Gottstein's curette, the patient's head hanging over the end of the table. The amount of bleeding at the time of operation was comparatively slight, but about twenty hours after the operation the boy vomited several clots of blood of a peculiarly pale colour. Examination revealed a constant though slow oozing of a pale pinkish fluid from the naso-pharynx along the posterior pharyngeal wall. The nose was syringed with iced water and a hypodermic injection of ergotine given. The oozing, however, continued, and on the following day the naso-pharynx was packed with an iodoform gauze plug. Despite the tight packing the constant oozing continued, and the boy became pale and blanched. The plug was removed and another soaked in turpentine introduced, with, however, no better result. Finally a plug of gauze soaked in a solution of suprarenal extract was tightly packed into the naso-pharynx. No further haemorrhage ensued, and the patient made a good although somewhat slow recovery.

I think it right to record this case in the event of some confrère finding himself unexpectedly confronted with naso-pharyngeal haemorrhage in a patient who turns out to be a haemophilic.

Manchester.

WILLIAM MILLIGAN.

THREE CASES OF IMPERFORATE ANUS AND RECTUM.

THE relative infrequency of congenital defects of the rectum and anus prompts me to report the following cases, which came under my observation and treatment in 1895.

Keating, quoting Ball, says: "In a joint collection of 66,654 deliveries in Vienna and Dublin Lying-in Hospitals there were only 3 cases of imperforate rectum."

CASE I.—I was called at 11 o'clock one night to see an infant (female), aged 24 hours, and on my arrival at the house found a midwife busy giving it injections of soap and water, but "still it could get no passage." There was a well-formed anus, and, on passing my finger three-quarters of an inch into it, I found a very dense membrane occluding the passage. I opened it by a crucial incision, much to the relief of the child, and instructed the mother and nurses how to keep it dilated by passing the finger, well oiled, into the part. I saw the child some time after, and it was doing well.

CASE II.—In the second case, which was also a midwife's, there was a very fine and delicate membrane closing the external aperture of the anus. The child had been born the evening before, and no faeces had passed. The membrane was easily torn by a pair of dressing forceps, and the mother was instructed to keep it dilated.

CASE III.—I was informed by the nurse that the child had been born sixteen hours before, and had no anus. On examining the perineum there was a well-marked raphé and considerable bulging when the child strained or cried, but no indication of an anus. Under chloroform, which was administered by Dr. A. G. Newell, I made an incision from the centre of the raphé to the coccyx, and felt the rectum bulging downwards. By a blunt dissection for an inch through cellular tissue I found the rectum ending in a blind pouch. Gently pulling it down, I incised it by transfixion antero-posteriorly, and sutured the end of the bowel to the skin. The sutures held, the child made a good recovery, and had full control over its motions.

The infants were all well nourished, and were doing well when I heard of them last.

JAMES LAURIE, M.B., C.M.,
Surgeon, Greenock Infirmary.

THE INDISCRIMINATE USE OF ATROPINE IN EYE DISEASES.

HAVING lately witnessed the dire results of instilling atropine into the eyes of two patients, one predisposed to, and the other suffering from glaucoma, I believe the notes of the cases, together with a recapitulation of the differential diagnosis between glaucoma and iritis will be of interest to the general body of medical practitioners.

CASE I.—A woman, aged 30, found her sight defective, and was ordered by an ophthalmic surgeon to use atropine drops (gr. 2 to the oz.) twice a day for a week, to facilitate retinoscopic examination for glasses, as she was suffering from hypermetropic astigmatism at that time. At the end of the week she was examined retinoscopically for the glasses, but as the assistant who saw her could not get a satisfactory result he ordered her to continue with the drops for another week, although she complained that they caused pain. When seen again she was found to be suffering from double acute glaucoma. Iridectomy in the right eye was immediately performed for the relief of the condition, but the patient unfortunately developed a double cyclitis, and refused to have the left touched, with the result that now, some months later her R.V. is $\frac{2}{3}$; L.V. *nil.*, the cyclitis having disappeared.

CASE II.—A man came under my notice, having had atropine instilled into his right eye for some eighteen days by his medical attendant for an inflammatory condition of that organ, which, instead of improving, rapidly became worse. He was found to be suffering from acute glaucoma, and in spite of appropriate medicinal treatment, it was deemed necessary to enucleate the eye to relieve pain, the vision then being *nil.*

Such results as these from the use of atropine as a cure-all (in which light, I regret to say, it appears to be regarded) have impressed upon me the necessity of warning general practitioners of the danger incurred by its indiscriminate use, and I therefore subjoin a short recapitulation of the differential points between acute glaucoma and iritis.

In acute glaucoma the pupil is larger than usual, and does not react to light; in iritis we find it smaller than usual, and also fixed.

On examining a case of acute glaucoma with the ophthalmoscope, a practice which should never be omitted, the media will be found to be hazy, and will give a greyish-green reflex; but in iritis it will be seen that there are small exudations in the media, and that the pupil's irregularity is due to these binding the iris to the lens. In acute glaucoma the tension, a point often missed, will be found increased; but in iritis it is normal.

In acute glaucoma the loss of vision is out of all proportion to the turbidity of the media, and is greatest on the nasal side; in iritis it is often not diminished except by photophobia, and if at all, the loss will be found to correspond to the amount of exudation present.

In acute glaucoma the cornea is generally almost insensitive to touch, whereas in iritis it is hypersensitive.

In acute glaucoma the transient obscurations of vision before the actual attack, as well as the colour rings seen round a flame at night—the latter being due to the diffuse haziness of the cornea—help to distinguish it from iritis, where the obscurations of vision is of a more permanent character, and the colour phenomenon is absent. The presence of vomiting with an inflamed eye is almost diagnostic of glaucoma, though it may occur in iritis; but in such cases confirmatory symptoms should always be sought, and on no account should atropine be used if there is the least suspicion of glaucoma.

In conclusion, I would warn all medical men to use atropine with the greatest care, and in all patients over 30 years of age—the predisposition to glaucoma increasing with age—to use it only in case of necessity, and then only if the patient can be kept under constant observation, any suspicious symptom at once indicating a discontinuance of the drug.

Wolverhampton.

H. CARTER MAC TIER, M.B., B.Ch.

TRIONAL IN CHOREA.

I CAN cordially endorse all that Dr. J. Noonan Meade reports in the BRITISH MEDICAL JOURNAL of November 2nd, 1901, in favour of trional in chorea. Last year, while on a visit to Poona, I was asked by Colonel Bull, I.M.S., the Staff Surgeon of that station, to see a case of very severe acute chorea which had resisted all treatment. The case was that of a very tall girl, aged 16, who had evidently outgrown her strength. When I saw the patient there were violent choreic movements of all the limbs, speech was affected, and there was considerable fever. Arsenic in large doses had failed, and other sedatives seemed to have no effect. I

recommended trional. The drug was given in 10-gr. doses to begin with, three times a day. After a few doses there was marked improvement. The movements became less frequent and less violent. A dose of 20 grs. at bedtime was then substituted for the 10 grs. three times a day. Sound and refreshing sleep followed, and the patient became rapidly convalescent. She was sent to Simla for a change, where she soon became strong and well, and has had no return of the chorea since.

Bombay. W. HUME HENDERSON, F.R.C.S.I.,
Lieutenant-Colonel I.M.S.

CASE OF ABSCESS IN THE NECK, WITH SIGNS OF VAGUS IRRITATION.

THE following case owes its chief interest to the fact that it exhibits very markedly the symptoms and signs which may arise from irritation of the vagus.

The patient, R. J., a boy aged 13, was first seen by me on August 22nd, 1901, in conjunction with Dr. Thorpe. On August 14th he went to a swimming bath, and stopped in the water for several hours. On August 15th he had a sore throat, felt sick, and was feverish. His tonsils were enlarged, but there was no ulceration of the throat and no membrane. On August 16th he was too ill "to come out." His temperature was 101° , and the swelling of the tonsils had increased. On the same day a slight swelling was noticed on the left side of the neck, which was attributed to enlargement of glands secondary to tonsillitis. During the next four days his throat did not trouble him so much, but the swelling on the left side of the neck rapidly increased, and became very painful. Deep fluctuation could be felt, but an incision was not permitted.

On August 21st something seemed to burst in his throat, and he brought up a large quantity of blood and matter through his nose and mouth, and at the same time the swelling in his neck decreased very much in size. This seemed to afford him considerable relief, the temperature fell to normal, and his pulse, which had hitherto been rapid, dropped in frequency to about 80.

On the morning of August 22nd he suddenly commenced vomiting, and later in the day had a little diarrhoea, and became extremely collapsed. Ordinary remedies failed to stop the sickness. He was extremely restless, flinging his arms and legs about continually. His face was livid and his lips had a bluish tinge. His breathing was quite easy. The swelling in his neck had almost disappeared, but the skin was much wrinkled. He was retching every few minutes, and from time to time brought up a little bile-stained water. The heart was beating at the rate of 30 to the minute. Its action was perfectly regular. The beats were forcible, and the two heart sounds distinct and clear. There was not the least sign of any feeble beats between the others, or any murmur audible. The cardiac impulse was in the upper part of the fifth space just inside the nipple line. The cardiac dullness extended out to the level of the nipple. He was ordered tinct. belladonnae π x every four hours, and a hypodermic injection of strychnine sulphate gr. $\frac{1}{5}$ was given thrice daily.

I saw him again twice on August 23rd, 1901. He seemed slightly better. The sickness was less violent, and the heart beats were 36 to the minute. He was still very restless in the morning, but towards night he became drowsy and inclined to sleep. In the evening the frequency of his heart beat had risen to 44, and he had only been sick three times during the day.

During the night he again became very restless, and was very anxious to get into another room. At about 5.30 A.M. on August 24th, 1901, he was left alone for a few minutes, and got out of bed and out of his room, but fell down in the passage outside in a state of collapse. He was carried back to bed. When Dr. Thorpe arrived he found that his heart was beating feebly (88), he was practically moribund, and died at about 6 A.M.

This case is unique in my experience, and, as there was no necropsy, I cannot prove conclusively that my explanation is the correct one; yet it seems to me that the symptoms and signs which the patient exhibited were just such as one would expect from irritation of the vagus.

Tollington Park, N.

J. BASIL PAGE, M.B. Lond.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DR. ALRX HILL, Master of Downing, has been appointed a representative member of Girton College.

Balfour Studentship.—A Balfour Studentship in Biology, of the annual value of £200, will be vacant on March 25th. Candidates are to apply by February 28th to Mr. J. W. Clark, Cambridge, from whom the conditions may be ascertained.

Honorary Degree. The degree of Master of Arts, *honoris causa*, has been conferred on Walter Ernest Dixon, M.D.Lond., Assistant to Professor Bradbury in the Department of Pharmacology.

UNIVERSITY OF LONDON.
FACULTY OF MEDICINE.

A MEETING of the Faculty of Medicine was held at the University Buildings on January 24th, Mr. Butlin, the Dean of the Faculty, being in the chair.

Admission of Junior Teachers to the Faculty.

A communication was received from the Senate, stating that, in accordance with a recommendation recently presented by the Faculty, a considerable increase had been made in the membership of the Faculty. The recommendation presented by the Faculty was as follows: That the Senate should admit to the Faculty of Medicine in accordance with its powers defined in Statute 60 (iii)—

(1) Every person recognised as a teacher of one of the subjects of "Advanced Medical Studies,"

(2) Every person recognised, or provisionally recognised, as a teacher of one of the subjects of "Intermediate Medical Studies," and

(3) At least one recognised, or provisionally recognised, teacher in each subject of "Preliminary Medical Studies" from each School of the University in the Faculty of Medicine.

The Dean informed the meeting that the Senate had carried out the proposals made by the Faculty, and that as a result the membership had been increased from 158 to 339. He pointed out that the additional members consisted for the most part of the junior teachers on the staff of the medical schools upon whose efforts the future prosperity of the Medical Faculty of the University largely depended. At the same time, adequate representation upon the Faculty was given to the teachers of anatomy and physiology and of the preliminary sciences.

The Matriculation Examination.

A report from a Special Committee appointed to consider the subject of the Matriculation Examination was received and adopted. In it the Faculty reaffirmed a resolution previously passed to the effect "That no scheme of matriculation will be satisfactory which does not permit a wide choice of subjects for examination so as to meet the requirements of candidates, whether from the 'classical' or 'modern' side of secondary schools," and expressed its approval of the proposals for the conduct of the examination made to the Senate by the University's Advisory Board for the admission of students.

Honorary Secretary.

Dr. Lauriston Shaw was reappointed Honorary Secretary to the Faculty.

UNIVERSITY OF BIRMINGHAM.

MR. T. E. DYSON has passed Parts I and II of the examination for the Diploma in Public Health.

CONJOINT BOARD IN IRELAND.

FINAL PROFESSIONAL EXAMINATION.—Candidates have passed this examination as undernoted:

J. F. Allen, V. F. Connor, P. N. Creagh, S. H. Curry, Haidée Aleen Driver, A. Ellenbogen, W. N. Eustace, A. T. Mulhall, J. J. McInerney, C. J. O'Connell, C. R. M. Pattison, S. Potter, R. A. Ross, J. C. Ryan, J. P. Ryan, W. Scott, S. A. Tucker.

HOSPITAL AND DISPENSARY MANAGEMENT.

DEVONSHIRE HOSPITAL, BUXTON.

THE annual report of the Devonshire Hospital at Buxton, presented to the annual meeting held, under the presidency of the Duke of Devonshire, on January 11th, stated that, in addition to the provision of new accident wards, improvements and extensions had been carried out during the past year representing an expenditure of £2,161. During the year 3,039 in-patients had been under treatment (of whom 2,645 were discharged as improved), and there had been 226 out-patients. Dr. R. O. G. Bennet and Mr. A. Shipton were elected to the Honorary Consulting Staff, and Drs. Braithwaite, T. B. Flint, Lorimer, and Herbert Shipton to the Acting Staff. Mr. Joseph Taylor, who had resigned his post as Secretary to the Hospital after thirty-six years' service, was presented by the Duke of Devonshire, on behalf of the Trustees, with a handsome silver inkstand, and he was unanimously elected to fill a vacancy on the Board of Management. The Earl of Derby, K.G., was elected Chairman in succession to the Duke of Devonshire.

THE MEDICAL PROFESSION IN AUSTRIA.—According to official statistics recently published, the total number of practitioners in Austria at the end of 1901 was 10,895. The number at the corresponding period of the previous year was 10,576. The number of practitioners in Vienna alone was 2,470, as against 2,493 in the previous year.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

OWING to the recent extension of Bournemouth, the present area of which contained a population exceeding 50,000 at the last census, the number of towns included in the Registrar-General's weekly return has been increased to seventy-six. In these seventy-six large English towns, 8,394 births and 5,048 deaths were registered during the week ending January 25th. The annual rate of mortality in these towns, which had been 20.1, 18.2, and 17.7 per 1,000 in the three preceding weeks, was again 17.7 last week. The rates in the several towns ranged from 6.2 in Walthamstow, 7.1 in Barrow-in-Furness, 7.5 in East Ham, 10.2 in Bournemouth, 10.3 in Derby, 10.8 in Ipswich, 14.2 in Rotherham, and 11.3 in Burton-upon-Trent, to 22.0 in Preston, 23.3 in Aston Manor, 23.6 in Liverpool and in Rhondda, 24.1 in Swansea, 26.2 in Stockton-on-Tees, 27.3 in Merthyr Tydfil, and 30.3 in York. In London the death-rate was 17.9 per 1,000, and exceeded by 0.3 the mean rate in the seventy-five other large towns, which was 17.6 per 1,000. The zymotic death-rate in the seventy-six towns averaged 1.8 per 1,000; in London this death-rate was equal to 1.9 per 1,000, while it averaged 1.7 in the seventy-five other towns, among which the highest zymotic death-rates were 3.1 in Rhondda, 3.4 in Willesden, 3.7 in Merthyr Tydfil, 3.8 in Handsword, 3.9 in Middlesbrough, 4.1 in Preston, 4.9 in St. Helens, and 5.0 in Stockton-on-Tees. Measles caused a death-rate of 1.8 in St. Helens, 1.9 in Handsword and in Rotherham, 3.0 in Merthyr Tydfil, and 3.7 in Preston; scarlet fever of 1.0 in Leyton, 1.2 in St. Helens, and 1.7 in Middlesbrough; diphtheria of 1.0 in Walthamstow, 1.1 in Oldham, 1.2 in Northampton, 1.3 in Willesden and in Hull, 1.4 in Reading, and 1.6 in Burnley and in West Hartlepool; whooping-cough of 1.4 in Leeds, 1.5 in Devonport, 2.2 in Rhondda, and 4.0 in Stockton-on-Tees; and "fever" of 1.1 in Middlesbrough, 1.3 in York, and 1.7 in Bootle. Thirty-four deaths from small-pox were registered in London, and 1 each in Willesden, Tottenham, Leyton, and Reading, but not one in any other of the seventy-six large towns. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals, which had been 754, 873, and 877 on the three preceding Saturdays, had declined again to 870 at the end of last week; 203 new cases were admitted during the week, against 261, 306, and 213 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital on Saturday, January 25th, was 2,658, against 2,987, 2,864, and 2,760 at the end of the three preceding weeks; 299 new cases were admitted during the week, against 313, 250, and 288 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, January 25th, 899 births and 656 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.6 and 20.8 per 1,000 in the two preceding weeks, declined again last week to 20.3 per 1,000, but showed an excess of 2.6 per 1,000 over the mean rate during the same period in the seventy-six large English towns. The death-rates in the eight Scotch towns ranged from 11.2 in Leith and 18.2 in Greenock to 21.9 in Perth and 22.1 in Glasgow. The zymotic death-rate in these towns averaged 2.4 per 1,000, the highest rates being recorded in Glasgow and Greenock. The 329 deaths registered in Glasgow included 23 from measles, 10 from whooping-cough, 3 from "fever," and 13 from diarrhoea. Four fatal cases of diarrhoea were recorded in Edinburgh; 6 of measles in Dundee; 3 of diphtheria in Aberdeen; and 2 of scarlet fever in Greenock.

ZYMOTIC MORTALITY IN LONDON.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]

THE accompanying diagram shows the prevalence of the principal zymotic diseases in London during the fourth, or autumn, quarter of last year. The fluctuations of each disease, and its relative fatality as compared with that recorded in the corresponding periods of recent years, can thus be readily seen.

Small-pox.—The fatal cases of small-pox in London last quarter amounted to 193, against 35 in the preceding quarter, the corrected average number in the fourth quarters of the ten preceding years being 4. These 193 deaths included 29 which belonged to Holborn, 22 to Stepney, 21 to St. Pancras, 15 to the City of Westminster, 14 to Bermondsey, 13 to Hammersmith, and 13 to Southwark. The number of small-pox patients admitted into the Metropolitan Asylums Hospitals during the quarter was 1,491, against 5, 6, and 286 during the three preceding quarters; the number remaining under treatment on December 28th, 1901, was 666, against 163 at the end of September.

Measles.—The deaths from this disease, which had numbered 434, 545, and 437 in the three preceding quarters, rose again last quarter to 542, and slightly exceeded the corrected average number. Among the various metropolitan boroughs measles showed the highest proportional fatality in Kensington, Hammersmith, Islington, Shoreditch, Bethnal Green, and Battersea.

Scarlet Fever.—The fatal cases of this disease, which had been 91, 163, and 170 in the three preceding quarters, declined again last quarter to 160, and were more than 50 per cent. below the average number in the corresponding periods of the ten preceding years. Among the various metropolitan boroughs in which scarlet fever was proportionally most fatal were St. Marylebone, Hackney, Finsbury, Bethnal Green, Southwark, and Bermondsey. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospitals, which had been 1,533, 2,752, and 3,006 at the end of the three preceding quarters, had declined again to 2,080 at the end of December; 4,594 new cases were admitted into these hospitals during the quarter, against 2,012, 3,781, and 4,572 in the three preceding quarters.

Diphtheria.—The deaths referred to diphtheria in London, which had been 308, 234, and 349 in the three preceding quarters, further rose to 453.

minor sanitary works. The report has been drawn up by Colonel C. W. Carr-Calthorpe, M.D., Sanitary Commissioner.

MEDICAL NEWS.

CAPTAIN R. J. BLACKHAM, R.A.M.C., has been elected Worshipful Mark Master of Lodge "Worthy Apprentice" of Mark Master Masons, No. 193 E.C., Umballa, Punjab, India.

PROFESSOR THEODOR ESCHERICH, of Graz, has been appointed Ordinary Professor of Children's Diseases in the University of Vienna in the room of the late Professor Widerhofer.

THE AMERICAN CONGRESS OF TUBERCULOSIS.—The third annual session of the American Congress of Tuberculosis will be held on May 14th, 15th, and 16th, 1902, in the city of New York, in conjunction with the Medico-Legal Society.

THE BROMPTON HOSPITAL FOR CONSUMPTION.—Owing to the closure of half the hospital for repairs, and the necessary conversion of the entertainment hall into a ward for patients, it is impossible to hold any lectures at the Brompton Hospital for Consumption, etc., until after Easter. The ensuing lectures will be advertised in due course.

VENTILATION OF SCHOOLS.—At a meeting of the Medical Officers of Schools Association, to be held at the house of the Medical Society, Chandos Street, London, W., on February 6th, at 4 P.M., a discussion on the Ventilation of School Buildings will be opened by Mr. W. M. Shaw, F.R.S., late Lecturer on Physics in the University of Cambridge.

MR. PHILIP DE SANTI, F.R.C.S., Senior Assistant Surgeon and Surgeon to the Ear Department at Westminster Hospital, having been appointed Surgeon in charge of the Throat and Nose Department at this Hospital, has resigned the Assistant Surgeoncy, but still retains charge of the Ear Department.

RUSSIAN CONGRESS OF SCIENTISTS AND MEDICAL PRACTITIONERS.—The eleventh meeting of the Congress of Russian Scientists and Medical Practitioners was recently held in St. Petersburg under the honorary presidency of Prince Alexander of Oldenburg. Dr. Nikolai Menschulkin, Professor of Chemistry in the University of St. Petersburg, was chosen President of the Congress which was in session for ten days.

THE Belgian Government has, it is stated, decided to appoint a Commission to inquire into the means of checking the spread of tuberculosis in Belgium. In addition to delegates of the public administrative departments directly concerned in the matter, the Commission will include a number of authorities on phthisis, hygiene, sickness assurance societies, workmen's dwellings, and other subjects having a direct bearing on the question.

BEQUESTS TO HOSPITALS.—Under the will of the late Mr. Thomas Whitfield of South Hampstead, a sum of £76,500 is bequeathed to various charities, among which are the London Hospital, Guy's Hospital, St. Bartholomew's Hospital, St. George's Hospital, St. Thomas's Hospital, St. Mary's Hospital, the Middlesex Hospital, the Royal Free Hospital, Charing Cross Hospital, Earlswood Asylum, the Cancer Hospital, the Royal Hospital for Incurables, the North-Eastern Hospital for Children, and the Hospital for Consumption and Diseases of the Chest.

EDINBURGH ROYAL INFIRMARY.—At the meeting of the managers on January 27th, the following intimations were received: Legacy by the late Mr. J. A. Molleson, C.A. (residue of estate); legacy of £5,000 by the late Dr. D. McCosh, Bridge of Allan, per Mr. Thomas Hunter, W.S., Town Clerk of Edinburgh; legacy of £2,507 18. 9d. by the late Miss Margaret Cunningham, Edinburgh; legacy by the late Miss Robina Wedderspoon, Haddington (residue of estate). Intimation was also made that the executors of the late Miss Martha Brown, of Lanfine and Waterhaughs, are to settle at Whitsuntide next the bequests of £5,000, £100, and £100 to the permanent capital of the infirmary, to the convalescent house, and to the Murray Keith fund for incurables respectively.

BRADFORD AND WEST RIDING MEDICO-ETHICAL UNION.—A most successful dinner in connection with this Society was held at the Victoria Hotel, Bradford, on Wednesday, January 22nd, Dr. Goyder, the retiring President, in the chair. Seventy ladies and gentlemen were present. After the toast of "The King," proposed by the Chairman, had been received with musical honours, the toast of "The Union" was proposed by Dr. H. J. Campbell, and was responded to by the President (Dr. Dunlop) and the Secretaries (Drs. Metcalfe and Mitchell). A very excellent entertainment was then given by members of the Society, consisting of songs, recitations, and solos on the violoncello.

AN INSTITUTE FOR INFECTIOUS DISEASES IN CHICAGO.—The Memorial Institute for Infectious Diseases, founded in Chicago by Mr. and Mrs. Harold McCormick in memory of their son, John Rockefeller McCormick, who died a year ago of scarlet fever, was recently incorporated. The institution has been generously endowed, but for the present it will have no building of its own. At first the researches carried on in the Institute will be limited to scarlet fever, but the work will be carried on in some other institution. It is intended, however, to house the institution later in a building of its own, and to broaden the scope of its inquiry so as to include all diseases of an infectious nature.

A VACCINATION ORDER IN QUEBEC.—The Board of Health of the province of Quebec has decreed that any person who cannot show proof that he had been successfully vaccinated or has had small-pox within seven years, or who cannot establish that either he had been unsuccessfully vaccinated within six months, or that he had not been vaccinated because his health would not permit, will be liable to a fine of 5 dols., and an extra dollar for each day's delay in having the operation performed. A certificate of such vaccination must be furnished when required to the executive officer of municipal sanitary authority. Provision is made for free vaccination, and for penalties for false certificates.

THE Fellows' dinner of the Royal Medical and Chirurgical Society will take place at the Hôtel Métropole on Wednesday, February 26th, at 7.30 P.M. The chair will be taken by the President, F. W. Pavy, M.D., LL.D., F.R.S., and among those who will be present are the President of the Royal College of Physicians (Sir William S. Church), the President of the General Medical Council (Sir William Turner), the Principal of the University of London (Professor Rücker), Dr. Conan Doyle, Mr. Oulless, R.A., Sir Michael Foster, K.C.B., M.P., the Director-General of the Navy (Sir Henry Norbury, K.C.B.), and the Director-General of the Army (Surgeon-General Taylor, C.B.).

MEDICAL PRACTICE IN SOUTH AFRICA.—In the BRITISH MEDICAL JOURNAL of December 21st, 1901, a note was published to the effect that the Medical Council of Cape Colony had decided not to admit foreign subjects to practise in the Colony unless they belonged to a country in which the holders of British medical diplomas were accorded similar privileges. We learn from a Reuter's telegram, dated January 4th, that a proclamation has been issued applying the same principle to the Transvaal. This course of action appears to be reasonable and proper. The exact terms of the proclamations would be interesting to us if any correspondent would be so good as to forward them.

A UNITED STATES HEALTH SERVICE.—A Bill has been introduced in the House and in the Senate at Washington by which it is proposed to change the name of the Marine Hospital Service to that of the United States Health Service. The Marine Hospital Service is already in fact a Public Health Service. In addition to its marine hospitals and relief stations, where some 56,000 seamen are treated annually, to it is entrusted the enforcement of quarantine regulations, domestic, insular, and in foreign ports; the management of epidemics, and the medical inspection of immigrants. It has imposed upon it by law the scientific investigation of all matters relating to the public health, and it publishes sanitary reports and statistics from every part of the world. The evolution outlined in the Bill is in conformity with resolutions passed by the American Medical Association and by the National Conference of State Boards of Health.

THE office of Assistant Obstetric Physician to St. Thomas's Hospital, rendered vacant by the recent promotion of Dr. Walter Tate, has been filled up by the appointment of Mr. John Shields Fairbairn, M.B. Oxon., F.R.C.S., M.R.C.P. Mr. Fairbairn is succeeded in the office of Obstetric Tutor and Registrar by Mr. R. H. Bell, M.A., M.B., B.C. Cantab., a former student at St. Thomas's and now one of the assistant physicians at the Samaritan Free Hospital for Women.

LEGACIES TO EDINBURGH MEDICAL CHARITIES.—The late Mr. William Ford, sometime merchant in Leith, by his will dated March 10th, 1900, has bequeathed to the Royal Infirmary of Edinburgh, £4,000; to Leith Hospital, £4,000; to the Royal Edinburgh Hospital for Sick Children, £1,000; to the Queen Victoria's Jubilee Institute for Nurses (Scottish Branch), £1,000; and a balance to be applied in payment of the duty on these and other legacies. The late Mr. James Alexander Molleson, C.A., has bequeathed £2,000 to the Longmore Hospital for Incurables at Edinburgh; £1,000 to the Sick Children's Hospital; £1,000 to the Victoria Hospital for Consumptives; £1,000 to the Indigent Old Men's Society, Edinburgh; £100 to the Home for Cripple Children, Mansion House Road, Edinburgh; and the residue of his estate to the Royal Infirmary, Edinburgh.

THE CAUSE OF SUDDEN DEATH UNDER CHLOROFORM.—We are asked to state that Professor Martin, of Melbourne, at the meeting of the Society of Anaesthetists on Friday, February 7th, at 8.30 p.m., at 20, Hanover Square, will communicate an interesting paper on Experiments upon the Cause of Sudden Death under Chloroform, which will be illustrated by a lantern-slide demonstration. Dr. Embley, of Melbourne, has with Professor Martin been engaged for some time in investigating the effects produced by vagus stimulation during chloroform narcosis, and has arrived at results which we are informed are more in accord with clinical observations than have been some of the physiological researches undertaken upon this subject. All medical practitioners can, upon presentation of their visiting cards, gain admission to the meeting.

THE GROSS PRIZE.—The Philadelphia Academy of Surgery, as trustee of the Samuel D. Gross prize of one thousand dollars (£200) for original research in surgery have awarded the prize after six years' interval, to Dr. Robert H. M. Dawbarn, of New York City, for a treatise entitled, "The Treatment of Certain Malignant Growths by Excision of both External Carotids." On this subject Dr. Dawbarn has worked, as opportunity served, for seven years past. The essay when published will contain the histories with pathologists' report in each instance confirming diagnosis of malignancy, and specifying its variety, of forty carotid extirpations performed by the author himself; and as many additional cases by about a dozen other surgeons. At least two of these are members of the Philadelphia Academy of Surgery. By the terms of Dr. Gross's bequest the prize essay must be published in book form, and a copy thereof deposited in the Samuel D. Gross Library of the Philadelphia Academy of Surgery.

MEDICAL VACANCIES.

The following vacancies are announced:

ASHTON-UNDER-LYNE: DISTRICT INFIRMARY.—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications, marked outside "Application for the Office of House Surgeon," to be sent to Mr. W. Bottomley, Honorary Secretary, 120, Stamford Street, Ashton-under-Lyne, by February 15th.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—Resident Surgical Officer. Salary, £60 per annum, with board, washing, and attendance. Applications to the Secretary, Children's Hospital, Steelhouse Lane, Birmingham, by February 5th.

BOLTON INFIRMARY AND DISPENSARY.—Junior House-Surgeon; not exceeding 30 years of age. Salary, £80 per annum, with furnished apartments, board, and attendance. Application, endorsed "Junior House-Surgeon," to be sent to the Honorary Secretary, Mr. W. W. Cannon, 20, Mawdaley Street, Bolton, by February 12th.

BRADFORD ROYAL INFIRMARY.—Dispensary Surgeon; unmarried. Salary, £100 per annum, with board and residence. Applications to the Secretary.

BRECON INFIRMARY.—Resident House Surgeon; unmarried. Salary, £100 per annum, with furnished apartments, board, attendance, fire and gas. Applications to the Secretary, 8, Bulwark, Brecon, South Wales, by February 15th.

BRISTOL EYE HOSPITAL.—House-Surgeon. Salary, £80 per annum, with residence and maintenance. Applications to the Secretary by February 15th.

BRISTOL ROYAL INFIRMARY.—Casualty Officer. Appointment for six months. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the Secretary by February 4th.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—House-Surgeon; unmarried. Salary, £110 per annum, with board and lodging. Applications to the Secretary by February 21st.

CHESTER: COUNTY ASYLUM.—Third Assistant Medical Officer; unmarried, and not more than 30 years of age. Salary, £160 per annum, with board, lodging, and washing. Applications to Dr. Lawrence, County Asylum, Chester, by February 12th.

COLCHESTER: ESSEX AND COLCHESTER HOSPITAL.—Assistant House-Surgeon (male); unmarried; not exceeding 30 months, but renewable. Salary at the rate of £60 per annum, with board, lodging, and washing. Applications to the Secretary by February 7th.

DURHAM COUNTY ASYLUM.—Junior Assistant Medical Officer. Salary, £140, rising to £160 per annum, with board, laundry, and attendance. Applications to the Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.

EASTINGTON UNION AND RURAL DISTRICT COUNCIL.—Medical Officer for the Eastington Workhouse, and Medical Officer for the Eastington Relief District, and Public Vaccinator for the Eastington Vaccination District. Salary, £40, and usual vaccination fees. Candidate appointed will probably be elected Medical Officer of the District Infectious Diseases Hospital at a salary of £50 per annum. Applications, on forms provided, and endorsed "Application for Medical Officer, etc.," to be sent to the Clerk, Union Offices, Eastington, Castle Eden, E.S.O., co. Durham, by February 13th.

HALIFAX ROYAL INFIRMARY.—House Surgeon; unmarried. Salary, £120 per annum, with residence, board, and washing. Applications to the Secretary by February 5th.

HASTINGS, ST. LEONARDS AND EAST SUSSEX HOSPITAL.—House-Surgeon (male) unmarried. Salary, £75 per annum, with residence, board, and washing. Applications to the Secretary by February 25th.

HULL: VICTORIA CHILDREN'S HOSPITAL.—(1) Lady House-Surgeon. Salary, £50 per annum. (2) Lady Assistant House-Surgeon. Salary, £40 per annum. Board and laundry provided in each case. Applications to the Honorary Secretaries by February 7th.

JOINT COUNTIES LUNATIC ASYLUM FOR BRECON AND RADNOR.—Medical Superintendent for the new asylum at Talsarnau. Not under 30 or over 45 years of age. Salary, £450 per annum, with partially furnished house, etc. Applications, endorsed "Application for Medical Superintendent," to be sent to the Clerk to the Visiting Committee, County Hall, Brecon, by February 28th.

KENT COUNTY ASYLUM, Barming Heath, Maidstone.—Fourth Assistant Medical Officer and Pathologist; unmarried. Salary, £175 per annum, rising to £200, with furnished quarters, etc. Applications to Dr. P. Davies, Superintendent.

LANCASHIRE COUNTY ASYLUM, Winwick.—Assistant Medical Officer; unmarried, and not more than 30 years of age. Salary commencing at £150 per annum, with prospect of annual increase of £25 to £200, and further increases according to promotion, with furnished apartments, board, attendance and washing. Applications to the Medical Superintendent.

LINCOLN COUNTY HOSPITAL.—Junior Male House Surgeon. Appointment for six months, but eligible for re-election. Honorarium, £25 for each six months, with board, residence, and washing. Applications to the Secretary by February 6th.

LIVERPOOL ROYAL SOUTHERN HOSPITAL.—Two Senior Students to do Out-patient Dressings and Casualty Work. Board and residence free. Applications to the House-Surgeon.

MANCHESTER: ANCOATS HOSPITAL.—Resident House-Surgeon. Salary, £100 per annum, with board, etc. Present House Physician candidate for the post, and if elected office of House Physician will be vacant at £80 per annum, with board. Applications to the Secretary by February 11th.

MANDALAY MUNICIPALITY.—Health Officer. Salary, Rs. 600, rising to Rs. 800 monthly, by annual increments of Rs. 40. Applications to Mr. J. Calderaral, Secretary of the Municipality, by March 24th.

NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.—Female Resident Medical Officer for the Maternity Department. Appointment for six months. Applications to the Secretary by February 1st.

NEW SOUTH WALES: NEW SANATORIUM FOR PHTHISICAL PATIENTS OF THE POORER CLASSES, Blue Mountains.—Resident Medical Officer; unmarried. Salary, £300 per annum, with board and residence. Applications to Dr. Cecil Purser, Lewisham, Sydney, N.S.W.

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 all wance. Applications to the Secretary at the City office, 27, Clement's Lane, Lombard Street, E.C., by February 8th.

NORTH STAFFORDSHIRE INFIRMARY, Hartsbill, Stoke-on-Trent.—Assistant House-Surgeon. Board, apartments, and washing provided, and honorarium of at least £25 at the end of six months. Applications to Mr. A. E. Boyce, Secretary and House Governor, by February 10th.

OXFORD: RADCLIFFE INFIRMARY.—House-Physician. Appointment for six months. Salary at the rate of £80 per annum, with board and lodging. Applications to Mr. W. Farmer, 11, Beaumont Street, Oxford, before February 12th.

PADDINGTON GREEN CHILDREN'S HOSPITAL, W.—Surgeon to the Throat and Ear Department; must be R.C.S. Applications to the Secretary by February 8th.

POPPLAR HOSPITAL FOR ACCIDENTS, E.—Resident House Surgeon. Salary, £135 per annum, with board and residence. Applications to the House Governor by February 14th.

ROYAL DENTAL HOSPITAL FOR LONDON AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square, W.—Lecturer on Materia Medica in Relation to Dental Surgery. Applications to the Dean by February 17th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—House-Surgeon. Appointment for six months. Salary at the rate of £60 per annum, with furnished apartments, board, and washing. Applications to the Acting Secretary by February 11th.

ST. PANCRA'S AND NORTHERN DISPENSARY, 126, Euston Road, N.W.—Resident Medical Officer; unmarried. Salary, £105 per annum, with residence and attendance. Applications to the Hon. Secretary, Mr. H. P. Bodkin, 23, Gordon Street, W.C., by February 6th.

SALISBURY: FISHERTON ASYLUM.—Assistant Medical Officer; unmarried and not more than 30 years of age. Salary to commence at £150 per annum, with board, lodging, and washing. Applications to Dr. Finch, The Asylum, Salisbury.

SEAMEN'S HOSPITAL SOCIETY (DREADNOUGHT), Greenwich, S.E.—House-Surgeon for the Society's Branch Hospital, Royal Victoria and Albert Dock. Salary, £50 per annum, with board and residence. Applications to the Secretary by February 3rd.

STROUD GENERAL HOSPITAL.—House-Surgeon. Salary, £40 per annum, with board, lodging, and washing. Applications to the Secretary by February 5th.

SUFFOLK COUNTY ASYLUM.—Second Assistant Medical Officer. Salary commencing at £130 per annum, rising to £150, with board, lodging, laundry, and attendance. Applications to the Medical Superintendent, County Asylum, Melton, Suffolk.

WEST BROMWICH DISTRICT HOSPITAL.—Resident Junior House-Surgeon. Salary, £50 per annum, with board, lodging, washing, and attendance. Applications to Mr. T. F. Baeh, Honorary Secretary, Churchill House, West Bromwich.

WOLVERHAMPTON: GENERAL HOSPITAL.—(1) Assistant House-Physician; (2) Assistant House-Surgeon. Appointments for six months. Honorarium at the rate of £75 per annum, with board, lodging, washing. Applications to the House Governor by February 10th.

MEDICAL APPOINTMENTS.

BENNETT, James, M.R.C.S., L.R.C.P. Lond., appointed Public Vaccinator for the No. 3 District of the Warrington Union, vice J. H. Gornall, deceased.

BENNETT, W. F., M.R.C.S., L.R.C.P., appointed District Medical Officer of the Thingoe Union, vice J. F. Brown, M.D. Toronto, L.S.A., resigned.

BARNISTER, W. J., M.B., appointed Junior House-Surgeon to the Maeclesfield Infirmary.

CANT, Arthur, M.R., B.Ch. Pym., appointed Certifying Factory Surgeon for the Colehill District of the County of Warwick.

CROFT, D. M.D., B.Ch. Dub., appointed Medical Officer for the Uiscey District of the Brig Union.

CUNNINGHAM, J. F., L.R.C.P., M.R.C.S., appointed a House-Physician at the Bethle n Royal Hospital, S.E.

FISHER, Charles, M.B., B.S. Durh., M.R.C.S., L.R.C.P. Lond., appointed House-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, London.
FLETCHER, J. Howard, M.R.C.S., L.R.C.P. Lond., appointed Medical Officer of Health for the Ince Urban District, vice J. E. Parker, M.R.C.S. Eng., L.R.C.P.I., resigned.
FULLER, A. Leonard, M.R.C.S. Eng., L.R.C.P. Lond., appointed Anaesthetist to the Royal United Hospital, Bath.
LAUDIE, A. K., M.B. Edin., etc., appointed House-Surgeon to the Wrexham Infirmary.
LITTLE, A. J., L.R.C.P.I., L.S.A., appointed District Medical Officer of the Uxbridge Union, vice M. Sharman, M.B., C.M. Glas.
MCGREGOR, J. M.D. Glas., appointed Medical Officer to the Kyle Union Poorhouse, vice George McKerron, M.B., C.M. Glas.
MACLENNAN, Alex., M.B., C.M., appointed an Extra Honorary Surgeon to the Royal Hospital for Sick Children, Glasgow.
MEIKLE, R. H., M.B., C.M. Glas., appointed District Medical Officer of the Darlington Union.
NICHOLSON, Balfour S., M.B., C.M. Glas., appointed Medical Officer for the Parish of Clackmannan, vice Dr. Dunlop.
PATCHETT, E., L.R.C.S. Edin., appointed District Medical Officer of the Clitheroe Union, vice R. Craven, M.B., C.M. Edin., resigned.
PATCHETT, S. I., M.R.C.S., L.R.C.P. Lond., appointed a Medical Officer of Health for the City and Port of Rochester, and Medical Officer to the Rochester and Chatham Joint Isolation Hospital.
SAWYER, James E. H., M.B., M.A. Oxon., appointed a House-Physician at the Bethlem Royal Hospital, S.E.
SAYE, Thomas, M.R.C.S. Eng., L.R.C.P. Lond., appointed Resident Medical Officer at the Leeds Sanatorium for Consumptives at Gateforth.
SCOTT, R. J. H., F.R.C.S.E., appointed Consulting Surgeon to the Royal United Hospital, Bath.
STANSFIELD, H., M.B., Ch.B. Viet., appointed Medical Officer of Health for the Clayton Urban District, vice G. H. Oliver, L.R.C.P. Lond., M.R.C.S. Eng.
TURPIN, D. W. M., L.R.C.P.S.I., L.M., appointed District Medical Officer and Public Vaccinator to the Alveston Division of the Shardlow Union.

DAIRY FOR NEXT WEEK.

MONDAY.

Otological Society of the United Kingdom, 11, Chandos Street, Cavendish Square, W., 4.30 P.M.—Address by the President, Professor Urban Pritchard. Cases and Specimens will be shown by Mr. Arthur Cheate, Mr. Lake, Mr. Lawrence, Dr. Macnaughton-Jones, Dr. Pegler, Dr. Tilley, Mr. Whitehead, Mr. Yearsley, Dr. Miligan, and Dr. Johnson Horne.

TUESDAY.

Pathological Society of London, King's College, W.C., 8 P.M.—Laboratory meeting: Exhibits by Dr. Norman Dalton, Dr. Whitfield, Dr. Hewlett, Dr. Daniels, Mr. Cheate, and Dr. Hewlett for Professor Simpson.

WEDNESDAY.

Obstetrical Society of London, 20, Hanover Square, W., 8 P.M.—Specimens will be shown by Drs. Amand Routh, William Duncan, Mr. Bland-Sutton, and others. Annual meeting. The President (Dr. Horrocks) will deliver the annual address.

THURSDAY.

Harveian Society of London, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 P.M.—Dr. W. Ewart: Scleroderma with Raynaud's Disease. Dr. Sidney P. Phillips: Epistaxis in Rheumatism.

Neurological Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Annual meeting. Mr. H. W. Page: Presidential Address on Concomitant of the Brain in some of its Surgical Aspects.

Röntgen Society, 20, Hanover Square, W., 8.30 P.M.—Mr. E. W. H. Shenton: On a System of Radiography.

FRIDAY.

Laryngological Society of London, 20, Hanover Square, 5 P.M.—Cases and specimens will be shown by Dr. Lambert Lack, Mr. Richard Lake, Dr. F. W. Bennett, Mr. Atwood Thorne, Dr. L. H. Pegler, Mr. Waggett, Dr. H. J. Davis, and Dr. Donellan.

Society of Anaesthetists, 20, Hanover Square, W., 8.30 P.M.—Clinical evening.
West Kent Medico-Chirurgical Society, Royal Kent Dispensary, Greenwich Road, S.E., 8.45 P.M.—Dr. E. E. Scholefield: Some Cases of Feigned or Functional Disease.

West London Medico-Chirurgical Society, West London Hospital, Hammer-smith Road, W., 8.30 P.M.—Discussion on the Treatment of Inoperable Cancer. Mr. Alfred Cooper, Mr. Stanley Boyd, Mr. H. T. Butlin, and Mr. Henry Morris will take part in the discussion.

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital, Thursday, 4 P.M.—Demonstration of Medical Cases.
Hospital for Sick Children, Great Ormond Street, W.C.—Thursday, 4 P.M.—Demonstration of Selected Cases.

Medical Graduates' College and Polyclinic, 72, Chenies Street, W.C.—Demonstrations will be given at 4 P.M. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, eye.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C.—Tuesday, 3.30 P.M. Lecture on Varieties of Gait.

West London Hospital, Hammer-smith Road, W.—Lectures will be delivered at 5 P.M. as follows:—Monday: Surgical Emergencies. Tuesday: Uterine Haemorrhage. Wednesday: Lantern Demonstrations on Hernia. Thursday: Physical Diagnosis. Friday: Surgical Emergencies.

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 orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTH.

COPEMAN.—On January 20th, at the Parade, Fowes, I.W., the wife of Alfred Heathcote Copeman, M.A., M.D., M.R.C.S., L.R.C.P., D.L., of a daughter.

MARRIAGE.

SMYTH-SMYTH.—On January 22nd, at Rutland Square Church, Dublin, by the Rev. J. H. Morton, M.A., of Belfast, James Smyth, M.B. Clapham Junction, London, son of J. Smyth, Esq., Limerick, to Marion Moore, daughter of M. Smyth, Esq., Kilkenny.

DEATHS.

GWYNN.—On January 27th, suddenly, on board the Nile steamer "Puritan," near Cairo, Edmund Gwynn, M.D., of Ashdown House, Rosslyn Hill, N.W., late Medical Officer of Health for Hampstead. To be interred in the Hampstead Cemetery.

STOCKTON.—On January 25th, at King's Sutton, near Banbury, Arnold Stockton, M.R.C.S., L.R.C.P., youngest son of the late James Stockton, aged 29.

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, 420, 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, 420, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Atiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

SCLEROSIS wishes to know in what strength chloride of zinc may be safely injected into the tissues.

VACCINATION OF SYPHILITICS.

O. P. asks for advice on the following points:—(1) Is it advisable to vaccinate a syphilitic patient? (2) Is the syphilitic poison likely to destroy the action of the vaccine lymph introduced into the system? (3) Are persons suffering from syphilis more likely to contract any infectious disease than healthy persons, or less likely?

ACETYLENE GAS FOR A HOSPITAL.

MEDICAL OFFICER asks for information as to acetylene for an infectious hospital of 20 beds in four wards; about eighty lights would be required. What would be the cost of fitting up and expense of working, and can the gas be used for cooking?

. The Acetylene Association was formed recently as a "company limited by guarantee, and not having a capital divided into shares" for the purpose of obtaining information as to the uses of acetylene gas and disseminating such information among its members. Further information can be obtained from the Secretary, Mr. Lacey Downes, at the temporary offices, 11, Ironmonger Lane, London, E.C.

PRESERVATION OF DIPHTHERIA ANTITOXIN.

W. A. C. (St. Luke's Hospital, Chemulpo, Corea) writes: I have not seen it stated how long antiphtherial serum can retain its power. I have lately had a case of diphtheria in a Korean child, and the only serum I had to hand was bottled December 13th, 1899, by Messrs. Burroughs, Wellcome, and Co.—almost two years ago. I injected 10 c.cm. immediately, and gave another bottle to be taken by the mouth. The infection was pharyngeal but on the point of spreading to the larynx. The following day the membrane was much loosened, and another 10 c.cm. were given by the mouth and 10 c.cm. to be taken in the evening. On the third day there was only a small patch about an eighth of an inch in diameter left on the right tonsil. The patient was treated as an out-patient as we have no female ward in this hospital. I should like to hear if any of your readers have had good results from serum older than this was. It would be interesting to know how long the serum will retain its properties. This case also goes to show that the serum is almost or quite as effectual when swallowed as when injected.

ANSWERS.

H. E. T.—We are advised that a fair and moderate annual salary under the conditions mentioned would be from £180 to £200.

INCOME TAX.

DISSATISFIED.—When making a return of profits for assessment, private income is not to be mentioned.

T. R. A.—In making a return under Schedule D payments received from a union as district medical officer should not be included. If this has been done and a separate assessment has been made under Schedule E, then the double assessment should be discharged. The Income Tax Repayment Agency, 6, Chichester Road, W., advises in such matters.

E. K. is rightly assessed and has to pay on his proportion of the assessment upon his predecessor. If he has not made the amount, he should appeal under the 133rd Section.

. We are informed that the price of the new edition of *Income Tax: How to get it Refunded*, is 2s. 2d., post free. It can be got from A. Chapman, 6, Chichester Road, Paddington, W.

TREATMENT FOR SUPERFLUOUS HAIRS.

W. asks for advice in regard to the treatment of hair growing on the upper lip of a girl, aged 15.

. An answer to "L. D.," dealing with the subject of electrolysis for superfluous hairs, appeared in the BRITISH MEDICAL JOURNAL of January 12th, 1901, at p. 131. About five Leclanché cells are required,