

## MEMORANDA:

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

## THE DIRECT INTRODUCTION OF PURGATIVES INTO THE INTESTINE DURING OPERATION FOR SEPTIC PERITONITIS.

I WAS much interested to read Mr. Sheild's communication on the subject of direct injection of purgatives into the bowel of patients suffering from septic peritonitis. I have employed this treatment in a few cases myself, and while Resident Assistant Surgeon at St. Thomas's Hospital have had the opportunity of watching this procedure in the hands of others. I enclose the notes of three of my own cases.

T. B., male, aged 32, carman, admitted to St. Thomas's Hospital on July 6th, 1899, with a three days' history of appendicitis; features pinched, pulse 100, tongue dry and brown, abdomen rigid, vomiting. Coeliotomy. Diffuse peritonitis in lower two-thirds of abdomen, much sero-pus, intestines much distended, appendix removed, evisceration and irrigation; magnesium sulphate in solution to extent of half an ounce of the solid salt injected into small gut; abdomen sutured; no great shock; bowels failed to act before death, which occurred in thirty hours.

L. H., female, aged 23, admitted January 16th, 1899, with well-marked general peritonitis from appendicitis; pulse 148, temperature 101° F. Coeliotomy through right rectus; appendix sloughed at base, removed; general peritonitis; evisceration and irrigation; intestine punctured, and much gas and faecal matter evacuated. Magnesium sulphate to extent of half an ounce of the solid salt injected into jejunum; abdomen closed; two enemata yielded no result; an ounce of castor oil given on January 28th; bowels open on January 29th; recovery; discharged on March 4th, 1899.

M. P., female, admitted February 15th, 1899. Hysterectomy (March 3rd) was performed, and followed by intestinal paralysis, which failed to yield to treatment by purgatives (castor oil and calomel) or enemata: vomiting, expression anxious, eyes sunken, pulse rapid and rising. March 7th abdomen reopened; small gut distended; incised, contents evacuated. Large intestine greatly distended, punctured, but immediately refilled; small artificial anus made into transverse colon; one ounce of castor oil injected into small intestine. On March 7th colotomy commenced to act slowly. Discharged cured on May 10th, 1899.

Twice I injected half an ounce of magnesium sulphate (solid salt) in solution, and in the fatal case the bowels failed to act before death, which occurred in thirty hours. In the case that recovered an ounce of castor oil was needed before the bowels were moved. The third case was one of intestinal paralysis following a hysterectomy for gangrenous fibroids, and the patient made a good recovery. It is to be noted that in both patients who recovered the bowels were punctured and much gas and intestinal contents removed.

The impression produced by this treatment in my own hands and those of others did not lead me to be enthusiastic about the results likely to be obtained, though the results reported by the originators of this method—who were, I believe, American surgeons—were encouraging. The point arises as to whether grand results are obtained by the purgative treatment of peritonitis. If this is admitted, then the injection of a purgative into the bowel is the ideal treatment, and it would seem that the higher it is injected the better, as by this means the small gut will be emptied. On the other hand, Mr. Sheild's cases seem to point to the efficacy of this method, even if injected into the caecum.

Against the purgative treatment of peritonitis may be advanced the fact that the constipation or intestinal obstruction is due to paralysis of the gut brought about by septic absorption from the peritoneal surface. If the absorption can be stopped the intestines will recover their tone and expel their contents, and it is open to doubt whether purgatives will act until some recovery has taken place. Patients whose bowels act as a rule recover, but this does not prove that the purgative is the salvation of the patient, and it is possible and, I believe, probable, that the bowels act because the patient is combating successfully the septic absorption from the peritoneum. Some of the worst cases of peritonitis, on the other hand, suffer from uncontrollable diarrhoea.

The most effective way to limit septic absorption in acute appendicitis is to give free exit to the purulent collections. If the peritonitis is general this is best obtained by removal of the appendix, which usually in these cases presents a sloughing perforation, and by evacuation and irrigation of the abdominal cavity. Should the peritonitis be less general, a fairly free incision, removal of the appendix, and a mopping

out of the sero-pus from the coils until freely normal peritoneum is reached seems to me to be the best plan.

Experience seems to show that in acute abscesses there is usually no actual localization, but a gradual decrease in the infection of the peritoneum. Under these circumstances there is little danger of infecting healthy peritoneum by the more extensive operation. I do not of course here refer to late-forming abscesses which are more definitely circumscribed.

Though my previous experience of this method was not successful, Mr. Sheild's results would certainly encourage a further trial.

I may add that if castor oil is used it is best to dispense with a needle and to inject the oil through the nozzle of a syringe; the oil is so viscid that it will not run through a fine aperture.

CUTHBERT S. WALLACE, F.R.C.S. Eng.,  
Assistant-Surgeon, St. Thomas's Hospital.

## SEVERE CASE OF DIPHTHERIA TREATED BY ANTI-TOXIN ON THE SEVENTH DAY.

As it is acknowledged that the death-rate rises progressively with each day the treatment by antitoxic serum is delayed, I think the following cases may be of interest as showing that even in the most apparently hopeless cases there is a chance of a successful issue when it is used.

During an epidemic of diphtheria I was called one Monday morning at 12.30 A.M. to see a child said to be suffering from sore throat. The mother informed me that her daughter had been complaining of sore throat since the previous Tuesday, but her symptoms had not caused alarm till the Sunday night. I found a girl, aged 14, suffering from dyspnoea, cyanosed, and with the extremities cold. The pulse was almost imperceptible at the wrists. She had been unable to swallow for six hours, and lay with her mouth open in a semi-comatose condition. Both tonsils, uvula, and palate were covered with membrane which had extended to the posterior nares. There was also evidence of obstruction of the larynx, and the glands at the angles of the jaw were enlarged.

I injected 2,000 units of serum at once, and left the house having given a very grave prognosis. About six hours later I found the child much improved. She had coughed up a large piece of membrane, and was able to swallow a little milk and water with difficulty. I again injected 2,000 units, and the same night I found still further improvement in the general condition. The cyanosis had disappeared, and the pulse was stronger. From this time convalescence was slow, being retarded by an attack of acute nephritis, and afterwards by post-diphtherial paralysis. However, after three months the patient, though never of a very robust constitution, was restored to her usual health.

The mother informed me that two hours after the first and the same time after the second injection of serum she thought the child was dying, as she became cold, and appeared to faint, but after half an hour or so she improved again. This statement is of interest, owing to the attack of syncope occurring twice, and at the same period after each administration of serum. It may, of course, have been only a coincidence, or the serum may have been the cause. I have not seen any mention of a similar effect in cases recorded.

Selby. ARTHUR SOMERS, M.B., B.Ch., B.A.O. Univ. Dub.

## SUPRARENAL EXTRACT IN GASTRO-INTESTINAL HAEMORRHAGE.

At the time when Mr. Thelwall Thomas's article on the use of suprarenal extract as a haemostatic appeared in the BRITISH MEDICAL JOURNAL of November 23rd, 1901, I had under my charge a very severe case of haematemesis from gastric ulcer; severe haemorrhage had occurred three times in spite of the usual treatment with ice, gallic acid, and starvation. I at once put the patient on a 5-grain tablet of suprarenal extract reduced to a powder and placed on the back of the tongue every three hours for twelve doses. No return of the haematemesis occurred after the first dose. As I see that Dr. Soltau Fenwick records great success from the use of this drug in cases of gastric haemorrhage in the JOURNAL, the above result may be worth recording as confirmatory evidence.

Liverpool. J. C. M. GIVEN, M.D., M.R.C.P.

Wellington, Somerset, and forty years Rector of Claverton, Bath. He was educated at the Edinburgh Academy, where he won the prizes for the best Latin elegiaes and sapphics, and one for scholarship in the fifth class in July, 1846. He was at Bath United Hospital in 1849, and matriculated at the London University in 1850. He entered the College of St. Bartholomew's Hospital in 1850, where he was prizeman in Physiology in May, 1851. In 1859 he joined the medical service of Her Majesty's Indian Army, and was attached to the 1st European Regiment of Madras Fusiliers (102nd Royal Dublin Fusiliers). In 1861 he returned from India on sick leave, and from that date was in practice at Mentone, and held the grade of *Officier de Santé* (Alpes Maritimes) from 1864. Whilst at Mentone Dr. Marriott's unaffected simplicity and kindness were well known, and he was much beloved by many. He was, unknown to most people, a deeply religious man. His kindness to numbers of the poorer class of English who were sent there for their health was remarkable, not only attending them free, but even inducing landlords of hotels to remove his patients from cheap little cold north rooms to those that faced south and were sunny. His hobby was botany and he made a valuable herbarium in the Alpes Maritimes and other parts of Europe. He married a daughter of the late Gerald FitzGerald, of the Queen's County, Ireland, and Bath, and leaves one son.

**THE LATE INSPECTOR-GENERAL SLAUGHTER.**—A correspondent writes: Let me add a few remarks to your notice in the BRITISH MEDICAL JOURNAL of February 8th of the death of my "sea-dad," C. H. Slaughter, Inspector-General of Hospitals and Fleets. He was one of the few medical students who joined the navy as Acting Assistant Surgeon during the Crimean war; was employed in the Baltic, and received the Baltic medal. Afterwards he returned to St. Thomas's Hospital, qualified, and joined the service as Assistant Surgeon. He also received the Abyssinian medal. He was very generally loved by all who knew him, was an excellent messmate, careful and painstaking in his professional capacity, and entirely devoted to the service to which he belonged. Dr. Slaughter took an immense amount of trouble in training the young surgeons who were under him, and did his best always to make them know and love the service as he knew and loved it. No one in the navy who was intimate with him but enjoyed at times the great pleasure of listening to his old service yarns; he had a wonderful memory, even for trifles, and the only pity is that he did not commit his reminiscences to paper.

WE regret to announce the death of Dr. CHARLES H. BURNETT, the well-known otologist of Philadelphia, who died on January 30th, at the age of 61. He took his degree as Bachelor of Letters at Yale in 1864, and graduated as Doctor of Medicine at the University of Pennsylvania in 1866. He was the author of a textbook entitled *The Ear: its Anatomy, Physiology, and Diseases*, which appeared in 1877, and of a work on *Diseases and Injuries of the Ear*. He was the senior editor of *An American Textbook of Surgery for Practitioners and Students*, and was one of the editors of *An American Year-book of Medicine and Surgery*.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are: Mavroyéni Pasha, Physician-in-Ordinary to the Sultan, and formerly Professor in the Medical School of Constantinople; Dr. A. Kosheffnikoff, Emeritus Professor of Neuropathology in the University of Moscow, aged 66; Dr. Eugenio Fazio, Professor of Hygiene in the University of Naples; Dr. Alfonso Masi, Deputy Professor of Operative Surgery in the Medical Faculty of Buenos Aires; Dr. Elias Blix, Professor of Otology in the University of Christiania; Dr. Arthur Geissler, of Dresden, Director of the Statistical Bureau of the Kingdom of Saxony, formerly a practising physician at Meran, aged 70; Dr. Maximilian Bansen, formerly Medical Director of the Chapui Lunatic Asylum, Costa Rica, aged 54; Dr. Chedeveigne, Director of, and Professor of Clinical Medicine in, the Medical School of Poitiers; and Dr. John T. Metcalfe, formerly Professor of

Clinical Medicine at the New York College of Physicians and Surgeons, and for many years one of the leading consultants of New York, aged 83.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following is the distribution of medical officers employed on the Active or Reserve Lists, according to the *Army List* for February:

*Distribution in February Army List.*

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks.]	
						Seconded.	Reserve of Officers.
Surgeon-Generals ...	4	1	2	1	8	1	—
Colonels ...	11	5	10	1	27	4	—
Lieutenant-Colonels...	60	56	84	5	205	5	24
Majors ...	43	134	111	2	290	3	4
Captains ...	26	87	108	5	226	9	4
Lieutenants ...	20	144	67	3	234	2	—
Total... ..	164	427	382	17	990	24	32

The total is 3 fewer than in January, with a few changes in distribution. There are 5 more at home, 8 fewer in South Africa, and 4 fewer in other foreign stations; there are 4 more unposted, the same number (24) seconded, and 1 more employed from the reserve of officers.

Deducting seconded and reserve officers, the effective active list numbers 934. Excluding the Director-General, but including the Deputy, the Surgeon-Generals number 8, or 2 short of the normal complement.

There are 98 retired officers employed; 2 are in South Africa, where are also 2 of the Royal Army Medical Corps (Militia).

**THE NAVY ESTIMATES FOR THE YEAR 1902-1903.**  
THE First Lord of the Admiralty, Lord Selborne, in his statement explanatory of these Estimates, dated February 10th, 1902, intimated that: "The recent changes in the conditions of service and pay of the medical officers of the army necessitated an immediate revision of the position of the medical officers of the navy. Fresh regulations will shortly be issued giving details of a substantial improvement of pay." These regulations will be awaited with interest in the hope that they will include reforms in the "position" as well as the "pay" of naval medical officers.

**Increase in Pay.**—As regards future pay, we find in these Estimates for the coming financial year provision for an increase of full pay in all ranks, with the apparent exception of that of Deputy Inspector-General. The salary of the Director-General of the Medical Department of the Navy is raised from £1,300 to £1,700. That of the Inspectors-General of Haslar and Plymouth Hospitals from £1,004, with hospital allowance of £85 each, to £1,300 each. The daily pay of fleet surgeons will range, according to years of service, from 30s. to 36s. as compared with 27s. to 33s. as at present; that of staff surgeons from 24s. to 27s. as compared with 21s. to 24s.; that of surgeons from 14s. to 20s. as compared with 11s. 6d. to 15s. 6d. No change is apparent in the half-pay rates.

**Establishment.**—The Estimates also indicate that forty-one more naval medical officers will be required for the Royal Navy, Coast Guard and Royal Marines than in the year 1901-1902.

**Hospital Vote.**—The amount provided for hospital and infirmary works and buildings (alterations, improvements, and additions) is £95,160.

**Chatham Naval Hospital.**—This new Hospital with some

The undermentioned Surgeons on probation are appointed Lieutenants: WILLIAM J. S. HARVEY, January 14th; BARRY A. CRAIG, January 29th.

INDIAN MEDICAL SERVICE.

The following is a list of the candidates for his Majesty's Indian Medical Service who were successful at the Competitive Examination held in London on February 10th, 1902, and following days. Thirty candidates have been passed instead of seventeen as previously announced:

Marks.		Marks.	
J. Macpherson ...	3,210	H. Hallilay ...	2,629
W. C. Ross ...	3,086	F. E. Wilson ...	2,610
J. C. G. Kunhardt ...	3,051	B. B. Paymaster ...	2,577
G. D. Franklin ...	3,026	H. Crossle ...	2,560
J. H. Gill ...	3,011	L. Cook ...	2,546
R. A. Lloyd ...	2,878	J. Forrest ...	2,490
F. A. F. Barnardo ...	2,870	L. B. Scott ...	2,483
C. A. Gourlay ...	2,853	J. H. Ferris ...	2,456
E. A. Walker ...	2,750	W. S. Patton ...	2,445
F. W. Sime ...	2,746	N. W. Mackworth ...	2,409
L. H. Hirsch ...	2,713	W. L. Trafford ...	2,393
H. Ross ...	2,684	L. Rundall ...	2,365
H. E. J. Batty ...	2,666	E. C. C. Maunsell ...	2,342
G. J. Davys ...	2,656	G. C. I. Robertson ...	2,277
A. J. V. Betts ...	2,650	D. S. A. O'Keefe ...	2,062

Captain A. E. H. PINCH, Bengal Establishment, is permitted to retire from the service from December 17th, 1901. He joined the department as Surgeon-Lieutenant, July 29th, 1896, and was placed on half pay December 17th, 1899.

IMPERIAL YEOMANRY.

SURGEON-CAPTAIN W. RENDALL, Dorset (Queen's Own) Imperial Yeomanry, resigns his commission, is granted the rank of Surgeon-Major, and retains his rank and uniform, February 19th.

Surgeon-Lieutenant L. J. H. OLDMEADOW, M.D., from the 2nd Volunteer Battalion the Royal Fusiliers, is appointed Surgeon-Lieutenant in the 4th County of London (King's Colonials) Imperial Yeomanry, February 5th.

Mr. CHARTERS J. SYMONDS, M.D., is also appointed Surgeon-Lieutenant in the same corps, February 5th.

THE VOLUNTEERS.

SURGEON-MAJOR J. THOMSON, M.D., 1st Ayrshire and Galloway Artillery, is promoted to be Surgeon-Lieutenant-Colonel, February 19th.

Surgeon-Lieutenant A. C. OLDBAM, 1st Worcestershire Artillery, is promoted to be Surgeon-Captain, February 19th.

Surgeon-Lieutenant A. E. LARKING, M.D., 1st Volunteer Battalion the Buffs (East Kent Regiment), is promoted to be Surgeon-Captain, January 11th.

The appointment of Mr. H. J. BAILEY, M.B., as Surgeon-Lieutenant in the 2nd County Battalion the King's (Liverpool Regiment), announced in *London Gazette* of January 17th, is cancelled at his own request.

Surgeon-Lieutenant J. R. FOULDS, M.B., 1st Dumfriesshire Rifles, resigns his commission, February 19th.

DEARTH OF CANDIDATES.

ICHTHYOSIS writes: The present dearth of candidates for the Navy, Army, and Colonial Services arises mainly from insufficient inducements in the shape of pay and pension. The suggestion to increase pension by 1s. a day for each year of service after twenty, up to a maximum, seems great.

\*.\* The present dearth of candidates for the public services is a fact admitting of more than one explanation. First comes increased demand in civil life through the abolition of unqualified assistantships; next, the using up of the available supply through the temporary employment in the army of a large number of young medical men. At the same time, we doubt if even the end of the war will much assist the regular establishments of the public services unless sufficient inducements are offered to eligible candidates.

CHANGE OF TITLES OF MILITIA AND VOLUNTEER MEDICAL SERVICE CORPS.

V.M.O. AND A.M.R. writes: There are, according to the *Army List* (January), one Artillery Volunteer Medical Officer, one Engineer Volunteer Medical Officer, one Yeomanry Medical Officer, and eight regimental Volunteer Medical Officers serving with the Royal Army Medical Corps, as against two only of the Volunteer Medical Staff Corps. Surely if the services of the Volunteer Medical Staff Corps merit its new designation and change of titles, the other medical officers have earned for themselves and their colleagues—if the change from a professional to a combatant title is a compliment—a right to omit—if only for the sake of uniformity—the prefix "Surgeon" when describing their rank.

PROMOTION IN THE ROYAL NAVY MEDICAL SERVICE.

R. W. writes: In the reform of the naval medical service promotion for professional merit must find a place. When all is said and done this can only be secured by competitive examination. Now, all do not want special promotion, but are content to jog along in the old easy style. For such as these let there be no change from the present state of affairs. For those, however, who wish to push ahead, let the Admiralty demand first of all a thesis on some subject which shall give evidence of an originality of thought; then, if this is considered satisfactory, and the surgeon obtains, say, 85 per cent. of marks in the staff surgeons examination, let the ambitious man be given two, three, or four years seniority, according to the value of his original work and examination.

THE TRAINING OF PRIVATES OF THE R.A.M.C.  
R.A.M.C. writes: It is frequently stated in the public press that batches of non-commissioned officers and men of the Royal Army Medical Corps leave England for South Africa. It is to be feared that if the public is not made aware of the qualifications of some of the privates, the War Office will, as heretofore, urge the efficiency of the present arrangements against increasing the strength of the subordinate rank of the Royal Army Medical Corps. It should be generally known that a large proportion of the privates transferred from the dépôt Royal Army Medical Corps, Aldershot, to South Africa, have had no hospital training whatever, as there has been no time to give it to them. They are enlisted, sent to the dépôt for a few weeks drill, and then embarked for South Africa as trained sick attendants, although many have never been within the doors of any hospital. This is not fair to the sick or the Royal Army Medical Corps, and ought to be proclaimed aloud.

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE ADVERTISEMENT OF HEALTH LECTURES.

A CORRESPONDENT sends us the copy for December 14th of the *Buteman and Advertiser* for the Western Isles, published at Rothsay, which contains the advertisement of a lecture by Dr. Gordon Cluckie, Surgeon to the Eye Infirmary, Greenock, on the subject of The Eye: its Diseases and Defects, the lecture to be followed by a cinematograph and phonograph entertainment. Admission was to be obtained for the moderate prices of 1s. 6d., 1s., and 6d. In addition to the advertisement the paper contains a paragraph which, after stating that "Dr. Cluckie has made the eye his special study, and his fame as an oculist has drawn large numbers to him from different parts of the country, who really avow that they owe that most precious of boons—the preservation of their eyesight—to his skilful treatment," goes on to say that "the proceeds of the lecture will go to the Deacon's Court of the Chapelhill United Free Church, and that to add to the variety and attractiveness of the programme the doctor has agreed to give a most interesting cinematograph and phonographic entertainment after the lecture." It is very much to be regretted that health lectures, the intention of which may be justified by the existence of much preventable disease due to ignorance of health principles on the part of the public, should be made the occasion of objectionable advertisements and puffing paragraphs. A medical man who undertakes to give such lectures owes it to himself and to his profession to take care that the announcements of the lecture are consistent with good taste and with generally recognised ethical principles. We do not wish to condemn health lectures altogether, but we think that they ought to be organised by responsible committees, and given by persons selected by such committees. As it is, they sometimes seem to become means for improper self-advertisement, and we regard it as most desirable that the profession should recognize clearly the need for greater supervision over the announcements of lectures and lecturers upon such occasions.

FEE FOR TREATING COLLES'S FRACTURE.

IN AN answer to a correspondent under this head in the *BRITISH MEDICAL JOURNAL* of February 14th, p. 431, it was by a slip of the pen stated that the Consolidated Orders of the Local Government Board allowed the parish doctor £3 for attending a Colles's fracture. This is an error, as the fee allowed in the Order for simple fractures and dislocations of the upper extremity is £1.

OSTEOPATHY IN NEW YORK.

A BILL for the recognition of the system of the treatment known as "osteopathy," which has been before the New York Legislature for some time, has just been thrown out in Committee. It proposed to give to "osteopaths," whose method consists in the application of a kind of massage, all the rights of medical practitioners to treat all kinds of diseases, sign death certificates, etc., without any State examination whatever. A public hearing on it was given before the Joint Committee on Judiciary on January 29th, during the meeting of the State Medical Society at Albany, and at the executive session of the Committee which was held directly afterwards the measure was dropped. Among those who spoke against it were Drs. A. G. Root and Albert Vanderveer of Albany, A. Jacobi of New York, and H. R. Hopkins of Buffalo.

CLUB CERTIFICATES.

ABERDEEN.—A correspondent complains that a club in his neighbourhood has made a rule that no sick money will be paid to members without the certificate of the club surgeon. He wishes to know whether this is legal, as he thought that such societies could not legally refuse the certificate of a registered practitioner.

\*.\* Such a rule is very invidious. Nevertheless, if a club makes such a rule the members dissenting must either obey it or retire from the club, for otherwise they may be put out of benefit. It is not illegal for a club to make such a rule.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Degrees.—The following degrees were conferred at a congregation on February 13th: M.D.: L. T. R. Hutchinson, Trinity; G. C. Taylor, Christ's. M.B. and B.C.: D. J. Morgan, St. John's; J. G. Cooke, Sidney.

UNIVERSITY OF LONDON.

PRELIMINARY SCIENTIFIC EXAMINATION.—The following candidates have satisfied the Examiners: *Entire Examination.—First Division.*—S. J. A. Beale, London Hospital

and University of New Zealand; S. F. Dudley, Merchant Taylors School; H. J. Nightingale, St. Thomas's Hospital; A. M. Pollard, King's College and Alwyne Institution. *Second Division*.—Josephine Eugenie Louise Griffiths, University College, Aberystwith; C. C. Holman, Eastbourne College; A. T. Nankivell, Dulwich College and private study; B. T. Parsons-Smith, University Tutorial College; Elsie Muriel Smith, London (Royal Free Hospital) School of Medicine for Women; J. H. Spencer, Charing Cross Hospital and Alwyne Institute; R. E. Todd, St. Thomas's Hospital.

*Chemistry and Experimental Physics*.—G. F. E. Allison, Guy's Hospital and William Ellis Endowed School; \*J. Appleyard, University College and private study; \*C. J. Armstong-Dash, St. Bartholomew's Hospital; \*C. A. Basker, Guy's Hospital; \*J. A. Bullbrook, Guy's Hospital; \*Angel Comacho, Charing Cross Hospital and Alwyne Institute; L. Croft, Yorkshire College and Bradford Municipal Technical College; \*W. J. P. Dicks, private tuition; R. L. E. Downer, St. Bartholomew's Hospital; \*A. T. W. Forrester, St. Bartholomew's Hospital; \*H. M. Fort, Owens College; \*E. H. R. Harries, London Hospital; \*C. T. Hawkins, University College, Cardiff; \*R. B. Heygate, Middlesex Hospital and Epsom College; \*R. de B. M. Hopkins, University College, Bristol, and private study; \*C. R. Hoskyn, St. Bartholomew's Hospital; \*H. T. Howells, University College, Cardiff; \*E. H. Hugo, Charing Cross Hospital and Epsom College; \*E. J. G. Jones, University College, Cardiff; \*R. de V. King, St. Mary's Hospital; \*A. J. Lee, University College and University Tutorial College; H. H. Leeson, University Tutorial College; \*Ethel Mary Lomas, London (Royal Free Hospital) School of Medicine for Women; C. Lovell, University Tutorial College and private study; \*P. J. Marett, Birkbeck Institution; \*E. M. S. McCreedy, Yorkshire College and private study; H. E. H. Mitchell, Guy's Hospital; A. W. Mongredien, University Tutorial College and Birkbeck Institution; \*J. G. Morgan, London Hospital; H. Nockolds, Hartley College, Southampton; \*C. L. C. Owen, private study; \*J. Owen, London Hospital; \*O. B. Parry, Birkbeck Institution and University Tutorial College; W. Patey, Dulwich College; A. J. S. Pinchin, South-Western Polytechnic and private study; \*E. J. Price, University College, Aberystwith; \*Eliza Macdonald Smith, London (Royal Free Hospital) School of Medicine for Women and Alwyne Institute; \*Nora Frances Smith, London (Royal Free Hospital) School of Medicine for Women; E. W. Squire, St. Mary's Hospital; W. F. Sutcliffe, St. Thomas's Hospital; H. Thwaite, Birmingham University and private tuition; \*T. W. Wade, University College, Cardiff; \*N. H. Walker, St. Bartholomew's Hospital; H. I. Welsh, St. Paul's School and private tuition; \*E. Wharton, Owens College; \*J. W. J. Willcox, University College, Bristol; H. O. Williams, University College, Cardiff.

*Biology*.—\*A. Alcock, Owens College; F. A. Barter, London Hospital; H. H. Blake, University Tutorial College and private study; \*H. J. Cates, University Tutorial College and private study; \*B. W. Cherrett, Hartley College, Southampton; P. C. Conran, St. Paul's School and University Tutorial College; \*S. W. Daw, Guy's Hospital; A. F. W. Denning, Guy's Hospital; T. Evans, University College, Aberystwith, and University Tutorial College; R. Farrant, Epsom College and private study; \*Margaret Fisher, London (Royal Free Hospital) School of Medicine for Women; \*A. L. Foster, Guy's Hospital; \*S. F. Fouracre, Charing Cross Hospital and Alwyne Institute; \*L. H. Grabham, St. Thomas's Hospital and Bedford Grammar School; \*H. Houwink, Birkbeck Institution; \*H. E. Jones, London Hospital; R. P. Jones, University College, Cardiff; \*C. H. Marshall, Guy's Hospital and Dulwich College; M. H. E. R. Montesole, St. Thomas's Hospital; \*C. M. Page, St. Thomas's Hospital; \*A. H. Pollard, London Hospital; \*E. N. Ramsbottom, Owens College; \*R. J. Reynolds, Alwyne Institution and private study; \*A. H. Rich, University Tutorial College; C. M. Rigby, Dulwich College; \*C. F. Robertson, Middlesex Hospital and private tuition; \*A. F. Sanderson, St. Thomas's Hospital; F. Standish, London Hospital; K. H. Stokes, University Tutorial College; \*S. A. Tucker, St. Bartholomew's Hospital; \*H. A. Whitcombe, Birmingham University and private study; \*C. U. Whitney, Westminster Hospital; \*A. Zorab, Guy's Hospital.

\*These candidates have already passed a part of the examination.

**PRELIMINARY AND INTERMEDIATE TEACHING.**—We learn from the *Times*, which appears to be the accredited organ of the Senate of the University of London, that the Senate has approved the report from the Academic Council, recommending, in accordance with a suggestion made by the Faculty of Medicine, that, subject to the liberty to be left, as recommended by the Faculty, to those schools which desire to retain the teaching of the preliminary and intermediate medical subjects, the Senate should take steps to secure funds to enable it to establish in the near neighbourhood of the University an Institute of Medical Sciences, and appointed a Committee to consult with the Faculty on the whole question. The report of the Faculty of Medicine was published in the *BRITISH MEDICAL JOURNAL* of December 21st, 1901, page 1837.

#### ROYAL COLLEGE OF PHYSICIANS OF LONDON,

AN Extraordinary Comitia of the Fellows was held at the College on Tuesday, February 18th; the President, Sir W. S. Church, Bart., in the chair.

*The King*.—The Registrar read a letter from Sir Francis Knollys, conveying a gracious reply from His Majesty the King to the resolution adopted by the College at the last meeting.

*The Croonian Lectures*.—The President announced that the Royal Coronation being fixed for June 26th, the Croonian Lectures would be delivered upon June 10th, 12th, 17th, and 19th, instead of upon the dates previously announced.

*Communications*.—Communications were received from: (1) The Secretary of the College of Surgeons, reporting certain proceedings of their Council on February 13th. (2) From the Sanitary Institute, inviting the College to send delegates to the annual congress to be held at Manchester, September 6th. Upon the nomination of the President, Dr. Vivian Poore and Dr. Corfield were appointed to represent the College. (3) From the Clerk to the Management Committee of the Chelsea Physic Garden,

inviting the College to appoint a member of the Committee for a term of four years. Upon the nomination of the President, Dr. Cayley was appointed.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary council was held on February 13th, Mr. H. G. Howse, President, in the chair.

#### University of London Examinations.

The council agreed to lend a set of surgical instruments to the University of London for the M.B. and B.S. examinations, the agreement to last for three years.

#### Bradshaw Lecturer.

Mr. Howard Marsh was appointed Bradshaw Lecturer for the ensuing collegiate year.

#### Medical Congress at Cairo.

Mr. Reginald Harrison was appointed delegate to represent the College at the above Congress, which is to be held from December 19th to 23rd next, instead of from December 10th to 14th as previously proposed.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,456 births and 6,451 deaths were registered during the week ending Saturday last, February 15th. The annual rate of mortality in these towns, which had been 17.7, 17.9, and 20.6 per 1,000 in the three preceding weeks, further rose last week to 22.6 per 1,000 last week. Among these large towns the death-rates ranged from 11.7 in Hornsey, 12.2 in Handsworth, 12.5 in East Ham, 13.4 in Barrow-in-Furness, 13.9 in Walthamstow, and 14.1 in Portsmouth and in Reading to 26.7 in Norwich, 26.8 in Liverpool, 27.3 in South Shields, 27.5 in Preston, 29.7 in St. Helens, 29.9 in Rhondda, 31.0 in Merthyr Tydfil, and 31.7 in Burnley. In London the death-rate was 25.9 per 1,000, while it averaged only 21.2 per 1,000 in the seventy-five other large towns. The zymotic death-rate last week in the seventy-six large towns averaged 1.8 per 1,000; in London this death-rate was 2.4 per 1,000, against a mean-rate of 1.6 in the seventy-five other large towns, among which the highest zymotic death-rates were 3.0 in Stockton-on-Tees and in South Shields, 3.1 in Leicester, 3.3 in Birmingham, 3.4 in Tottenham, 3.6 in St. Helens, 4.1 in Burnley, and 5.8 in Hanley. Measles caused a death-rate of 1.5 in Croydon and in Southampton, 1.6 in Warrington, and in Huddersfield, 1.8 in St. Helens, 2.6 in York, and 3.7 in Burnley; diphtheria of 1.2 in St. Helens, and 4.2 in Hanley; whooping-cough of 1.1 in Liverpool, 1.5 in Birmingham and in Aston Manor, 1.4 in Leeds, 1.5 in Leyton, 1.8 in Rhondda, 2.0 in Stockton-on-Tees, 2.1 in Newcastle, and 2.5 in South Shields; and "fever" of 1.1 in Sunderland. The mortality from scarlet fever showed no marked excess in any of the large towns. The 60 deaths from small-pox registered in these towns last week included 4, which belonged to London, 3 to Tottenham, and 1 each to West Ham, East Ham, and Plymouth. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals on Saturday last, the 15th inst., was 1,185, against 870, 1,135, and 1,102 at the end of the three preceding weeks; 390 new cases were admitted during the week, against 204, 499, and 287 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital, which had declined from 3,137 to 2,500 at the end of the seven preceding weeks, had further decreased to 2,455 on Saturday last; 260 new cases were admitted during week, against 299, 226, and 277 in the three preceding weeks.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, February 15th, 908 births and 761 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 20.3, 21.8, and 23.9 per 1,000 in the three preceding weeks, declined again to 23.6 per 1,000 last week, but was 1.0 per 1,000 above the mean rate during the same period in the seventy-six large English towns. The rates in the eight Scotch towns ranged from 12.5 in Perth and 19.5 in Aberdeen, to 25.1 in Leith and 25.2 in Glasgow. The zymotic death-rate in these towns averaged 2.0 per 1,000, the highest rates being recorded in Dundee and Greenock. The 376 deaths registered in Glasgow included 2 from small-pox, 8 from measles, 2 from diphtheria, 10 from whooping-cough, 5 from "fever," and 5 from diarrhoea. Three fatal cases of "fever" and 2 of diarrhoea were recorded in Edinburgh. Two deaths from measles and 6 from diarrhoea occurred in Dundee; 3 from whooping-cough in Paisley and in Leith; and 2 from scarlet fever and 2 from "fever" in Greenock.

### SCOTTISH POOR-LAW MEDICAL OFFICERS.

**SHETLANDER**, who is a parochial medical officer, writes: Having had to sign two certificates of lunacy at the request of the poor inspector, I in due course sent in a bill for the work done. The parish council decline to pay on the ground that it came within the scope of my "retaining fee" or fixed salary that I receive as medical officer. The patients were not paupers until they became insane, but became so in virtue of the inability of their friends to keep them in an asylum; they applied to the inspector, and were duly made paupers, and sent away as such. (1) Can I not claim to be paid for visiting and certifying them? They both lived more than ten miles from my house, and long distances from any road. (2) Is there any limit fixed by law beyond which I cannot ask? I asked £1 is. for each case. One of the patients I had to visit twice, as the inspector allowed the first certificate to lapse because he could not see anything wrong with her. It was a case of puerperal mania—one attempt at suicide by drowning had been made, as well as attempts to kill her child. I thus had to go forty miles over that case alone. At the time of my appointment here nothing was said about lunacy fees. (3) Can I

claim for medicines and surgical dressings, etc., supplied to paupers, or does that come under my salary?

\*.\* 1) The appointment as parish medical officer is under the Local Government Board Acts, and the duties are laid down by that Board. We are of opinion that it is not part of the duty of a parish medical officer to do work under the Lunacy Act unless he receives a special salary for lunacy work; further, as the parish council receives a special grant to pay the salary of the parish medical officer, this salary must not include work outside the regular parish duties; and, if the parish council include other work, they are apparently doing what is irregular. (2) We are not aware of any limit fixed by law for the fee. The usual fee charged is £1 1s. for each case certified, exclusive of any expenses incurred; and in the case where our correspondent visited the patient twice, he is, in our opinion, entitled to an extra fee; considering that he had to go forty miles, a substantial fee. (3) A claim can be made for medicines and surgical dressings supplied to paupers, unless a fixed sum for medicines is allowed.

We would suggest that our correspondent should write the Secretary, Local Government Board, Edinburgh, and, without making any complaint, ask the advice of that Board.

#### REMUNERATION OF MEDICAL OFFICERS OF INFECTIOUS HOSPITALS.

G. P. E. writes: A temporary small-pox hospital of twelve beds is being erected. What is the usual method of remuneration for the medical officers? Is it by salary or by fee per case? What would be a reasonable amount, and should the medical officer have any retaining fee while the hospital is unoccupied?

INDEFATIGABLE asks what salaries are offered to medical officers of isolation hospitals. He states that the Union is offering a salary of £200 a year and one guinea a case treated at the isolation hospital, which is established at a distance of three or four miles from the nearest town.

#### ISOLATION AND REMOVAL OF SMALL-POX PATIENTS.

PRACTITIONER.—The law requires compulsory removal to hospitals of a patient suffering from any dangerous infectious disease if he be without proper lodging and accommodation, but not otherwise.

#### SMALL-POX AND VACCINATION.

##### Fees for Vaccination.

RE-VACCINATION suggests certain rules for charging patients for vaccinations and revaccinations. He says that in order to encourage people to be vaccinated, in the case of the poor a uniform fee of 2s. 6d. should be charged. With regard to the more wealthy, that a charge of twice the visiting fee would meet the justice of the case where only a single operation was done. Where two or more were vaccinated, for all after the first a single visiting fee might suffice. There seems to be no objection to such a scale. Where however, owing to distance, the visiting fee is somewhat high, the extra charge for vaccination might appear a little large.

A CORRESPONDENT asks what he is entitled to charge for vaccinating at a school within his district as public vaccinator. May he charge the same as if he did them at the homes of the children, or is he only entitled to be paid the same fee as if the vaccination were done at his own surgery?

\*.\* For all residing at the school, such as boarders, he is entitled to charge the same as if done at their own homes. In the case of day pupils and others not residing at the school, he can only make the same charge as if done at his surgery.

#### ATTENDANCE AT SMALL-POX HOSPITAL BY POOR-LAW MEDICAL OFFICER.

R. W. L. asks: If the medical officer of a Poor-law district is required to attend persons in receipt of outdoor relief suffering from small-pox who have been removed to a temporary isolation hospital, can he make any extra charge?

\*.\* If the isolation hospital is located within the area of the district of the Poor-law medical officer whose duty it is to attend the patient as a pauper, he would not (except by some special arrangement officially sanctioned by the Local Government Board) be able to claim any extra remuneration, because the case in question was one of small-pox. Should the isolation hospital not be in the district of the medical officer in question, his remuneration for attendance on the patient must be a matter for special arrangement.

#### THE MEDICAL STAFF OF RATE-SUPPORTED HOSPITALS.

SPITAL asks whether in any district the services of the medical staff are given gratuitously to rate-supported hospitals as they are given to hospitals supported by voluntary contributions.

\*.\* So far as we are aware this has never been done, and we certainly think that it would be inadvisable.

The Faculty of Rush Medical College, Chicago, has adopted resolutions recommending the opening of the courses of that institution to women, the change to take effect in the autumn. This recommendation will undoubtedly, says the *New York Medical Journal*, be adopted by the Board of Trustees.

## INDIA AND THE COLONIES.

### INDIA.

MIDWIVES.—According to a Reuter telegram from Calcutta dated January 31st, Lady Curzon has issued a letter thanking subscribers to the Victoria Scholarship Memorial Fund, the purpose of which is to provide for the training of Indian midwives throughout the country. The fund, which is now closed, amounts to more than six lakhs of rupees. Lady Curzon says that the generosity of the donors testifies to the profound veneration felt for the late Queen Victoria, and states that the work is progressing well, and enjoys the warm support and interest of Queen Alexandra.

### BRITISH GUIANA.

The Report of the Surgeon-General for the year ending March 31st, 1901, consists as usual of financial and statistical returns and departmental reports from the officers in charge of the various medical institutions. Drs. Anderson and Snell retired during the year, and another vacancy in the service was caused by the death of Dr. Ozanne.

General Observations.—The Surgeon-General states that the health of the Colony has been fairly good throughout the year, in so far that there was no severe epidemic; there were no cases of small-pox or yellow fever. The principal diseases prevailing were malaria, dysentery, diarrhoea, pneumonia, influenza and catarrh. A severe drought prevailed throughout the period under review, and much difficulty in obtaining good water resulted; in the medical establishments rain water is almost entirely relied on for drinking and domestic purposes. Intestinal disorders were rife as a result of the drought and with the rains at the end of the year came influenza.

Public Hospitals.—The number of patients treated in the public hospitals during the year showed an increase of nearly 14,000. The large hospital at Georgetown accommodated more than three-fourths of the whole number of in-patients, the average daily number being 477. There were 371 deliveries in this institution and 116 major operations. The deaths after operation were eight in number, but in no instance was the fatal result due to the operation itself. The medical officer in charge remarks on the increased prevalence of ankylostomiasis and its extension to new districts throughout the Colony. Though the fact is not commented on in the report, the returns from the hospitals show a large percentage of cases of tuberculosis; 57 cases of cataract extraction at Georgetown hospital appear to show that this condition is also prevalent.

Lunacy.—In the public lunatic asylum at Berbice the average daily number resident was 700; of the admissions, the large majority were natives of the Colony and of India, in about equal numbers; the chief causes of insanity were ganje, alcohol, and epilepsy.

Leprosy.—The leper asylum returns show a slightly diminished admission rate; the inmates are all given occupation, for the most part, in the open air, with the result that the death-rate is low and tuberculosis is rare.

Sanitation.—The reports of the district medical officers show that sanitary requirements are fairly well complied with on the estates, but that in the villages generally the arrangements are of the most primitive description, and dysentery and diarrhoea are common among the coolies. Malaria was not as prevalent throughout the year as usual, but it is widely distributed, and no attempt has hitherto been made to combat the disease by modern methods. There are no doubt many difficulties in the way of such attempts, and, from the remarks of one of the medical officers, the lay authorities do not lend any support to medical suggestions in this direction. Throughout the Colony there is evidently much difficulty in obtaining a good water supply, and in protecting present supplies from pollution.

## MEDICAL NEWS.

PROHIBITION OF HOMOEOPATHY IN JAPAN.—We learn from the *Philadelphia Medical Journal* that the American Minister at Tokio, in a dispatch dated December 12th, 1901, stated that on July 20th, 1899, the Central Sanitary Council of Japan resolved not to permit the practice of homoeopathy in Japan.

SUCCESSFUL VACCINATION.—Dr. Alfred G. Hebblethwaite, Public Vaccinator for Keighley, has been awarded by the Local Government Board a gratuity for successful vaccination. This is all the more satisfactory, as Keighley is a hotbed of antivaccination, and the Board of Guardians, under whom the public vaccinator acts, are wholly against vaccination.

PRINCESS SOPHIE BAMBA DHULEEP SINGH, daughter of the Maharajah of Lahore, India, who had begun her medical studies in the North-Western Women's Medical College, Chicago, which recently had to close its doors, has betaken herself to the Women's Medical College, Toronto. We trust that nothing will now happen to interrupt Her Highness's triumphal progress to a medical degree.

THE INVESTIGATION OF CHRONIC DISEASES.—The late Miss Ellen O. Proctor has bequeathed to the President and Fellows of Harvard College and their successors the sum of £10,000 to constitute a fund to be known as the Proctor Fund for the Study of Chronic Diseases. The income of the fund is to be devoted to the care in a hospital, or hospitals, of persons

afflicted with chronic diseases, and to investigations into the nature and treatment of such diseases. The special disposition of the income of the fund is to be under the control of the heads of the Departments of Theory and Practice of Medicine, Clinical Medicine, and Pathology in the Harvard Medical School.

**CHELSEA CLINICAL SOCIETY.**—The annual clinical debate of this Society will be held on March 17th and 18th in the Jenner Institute of Preventive Medicine, Chelsea Gardens, Grosvenor Road, S.W., at 8.30 p.m. The subject selected for discussion is Cancer, its Nature, Origin, and General Principles of Treatment; and the debate will be opened by Dr. J. F. Payne. These meetings will be open to all members of the medical profession.

OWING to the fact that the next meeting of the International Medical Congress has been fixed for 1903, it has been decided to postpone the meeting of the International Dermatological Congress which was to have been held in that year till September, 1904, when it will take place in Berlin under the presidency of Professor E. Lesser. The Secretary-General of the Congress is Dr. B. Rosenthal.

THE International Jury of the Paris International Exhibition has awarded Dr. Mackenzie Davidson a gold medal in Class 15 (mathematical and scientific instruments), and a silver medal in Class 12 (photography). His name is also mentioned in the Grand Prix Diploma awarded to the Board of Education, South Kensington, for its collective exhibit of mathematical and scientific instruments.

**CONSTANTS FOR OFFICIAL FORMULAE.**—Messrs. Southall Brothers and Barclay, Birmingham, send a copy of their tenth annual laboratory report. This consists chiefly of a record of experiments done to determine either the proportion of active constituent or, in cases where this is not possible, of extractive matter in galenical preparations as prepared by them according to the official formulæ. This is done with a view to the suggestion of official constants for such preparations, and will doubtless serve as a useful guide in their selection.

A COMPETITION FOR A MODEL SANATORIUM IN ITALY.—We stated a short time ago that a Committee with Professor Durante, Senator of Italy, as Chairman had been appointed by the Italian Government to adjudicate on the essays and plans sent in by competitors for the prizes of the value respectively of £200, and £140, for the best design of a model sanatorium. The prizes have just been awarded, and the Minister of the Interior will publish a volume containing the descriptions and plans sent in by the successful candidates together with the report of the Committee.

**MEDICAL MISSIONARIES.**—*Mercy and Truth* for February quotes a list compiled by Dr. Maxwell of all medical missionaries holding British degrees or diplomas, and others who, while working in connexion with British societies, have foreign or colonial diplomas. The number has increased from 295 a year ago to 312, of whom 91 are women. This compares with 113 men and 12 women twelve years ago. Of the 312, the Presbyterians claim 114, and the number assigned to the Church of England is put down at 87, but we think that is short of the mark, for the C.M.S. has 59 (British diplomas only), the S.P.G. 15, C.E.Z.M.S. 12, Ranagat 5, Universities Mission 3 (equals 94), and we believe that 2 or 3 are working with the C.I.M. and Z.B.M.M. As in previous years, India takes the lead with 115, and China follows close with 106. Africa claims 36, and Palestine 17. At a long interval Persia follows with 7, Madagascar and New Hebrides each with 6, while Egypt and Japan each has 4. The remaining 11 are scattered as units in various parts.

**PROFESSIONAL EARNINGS OF BERLIN DOCTORS.**—In Germany returns of professional incomes can be obtained for statistical purposes, the names of the individual taxpayers being suppressed. Some interesting figures obtained in this way as to the earnings of the medical profession in Berlin have recently been published. One practitioner returns the handsome amount of £14,800, but on the whole the financial condition of the Berlin doctor is by no means brilliant. There are in the Prussian capital 1,946 medical practitioners, of whom 529, or more than one quarter, have a yearly income of less than £140; 273 have an income ranging between £140 to £260,

while 785 exceed the latter sum and approximate, for the most part *longo intervallo*, to the £15,000 which is the high-water mark of professional prosperity. No fewer than 107 earn less than £40, and are consequently exempt from income tax.

**CREMATION IN MID-AIR.**—An ingenious American is the inventor of the Navohi, a balloon-like apparatus, the object of which is to cremate bodies high in mid-air. We do not think that this method, whatever other advantages it may possess, will get over the religious difficulty. If the clergy denounce cremation conducted on *terra firma* as pagan, they are likely to condemn it when carried out in mid-air as Mohammedan, for was not the prophet's coffin suspended between earth and heaven? This is as good an argument as some of those advanced in defence of the theological position in regard to cremation.

**ANTIRABIC INOCULATIONS IN PORTUGAL.**—From a report of the work of the Royal Bacteriological Institute at Lisbon published in *A Medicina Contemporanea* of February 9th, it appears that during the year 1900 the total number of patients treated was 651. Of these two died, one of the deaths occurring during the course of treatment. This case being left out of account, the rate of mortality is 0.15 per cent. During the last four years the treatment has also been carried out in the Pasteur Institute at Oporto, founded by Dr. Avantes Pereira, under whose direction it has from the first been conducted. The following statistics show the results obtained: In 1897, the number of patients treated was 79 with no death; in 1898, 77 also without a death; in 1899, 140 with a mortality rate of 0.71 per cent.; and in 1900, 395 with a death-rate of 0.50 per cent.

**ASSOCIATION OF MEDICAL LICENTIATES OF THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.**—We are asked to state that an Association of Medical Licentiates of the Faculty of Physicians and Surgeons has recently been formed for the purpose of (1) conserving their interests, (2) encouraging a feeling of *esprit de corps* amongst them, and (3) enabling them to take effective action in matters affecting their interests. The meetings of the Association are at present being held in the Southern Medical Club, 18, South Portland Street, Glasgow, but a general meeting of the Association is to be held in the Faculty Hall, 242, St. Vincent Street, Glasgow, on February 27th, at 4 p.m., when the recent action of the General Medical Council in reference to prosecutions under the Sale of Poisons Act will be considered. All Licentiates of the Faculty are invited to be present.

**AMERICAN CONGRESS OF TUBERCULOSIS.**—The third annual session of the American Congress of Tuberculosis will be held conjointly with the Medico-Legal Society on May 14th, 15th, and 16th, 1902, in the City of New York. Besides papers of a miscellaneous nature, four "symposia" have been arranged, each to occupy one sitting, as follows: (1) Preventive Legislation, embracing the Social, Municipal, and State Aspects of Tuberculosis; (2) Tuberculosis in its Pathological and Bacteriological Aspects; (3) The Medical and Surgical Aspects of Tuberculosis; and (4) The Veterinary Aspects of Tuberculosis. The Presidents of the Central and South American Republics, and all Governments on the American Continents, have been invited to send delegates, and to name suitable persons to act as vice-presidents. Scientific men from every part of America have been invited to contribute to the work of the Congress.

**PROTECTION OF INFANTS IN SPAIN.**—The Spanish Legislature has before it two Bills for the better protection of infants. One, which has several members of the Senate among its promoters, is based on the Roussel law, which, though it has been in force only a few years in France, has already been found to need considerable modification. The other is under the auspices of the Spanish Society of Hygiene.

#### MEDICAL VACANCIES.

The following vacancies are announced:

**BELGRAVE HOSPITAL FOR CHILDREN.**—(1) Ophthalmic Surgeon. (2) Assistant Physician. (3) Assistant surgeon. (4) Sanitary Officer, must be D.P.H. Applications to the Secretary, 78, Gloucester Street, S.W., by March 1st.

**BIRKENHEAD ROYAL HOSPITAL.**—Junior Male House Surgeon. Salary, £80 per annum, with board and washing. Applications to the Chairman of the Weekly Board.

**BLACKBURN COUNTY BOROUGH.**—Medical Officer of Health; between 28 and 45 years of age and must hold D.P.H. Salary, £550 per annum. Applications, endorsed "Medical Officer of Health," to be sent to the Town Clerk by March 6th.

**BOYLE BOROUGH HOSPITAL.**—Senior Resident. Salary, £100 per annum, with board and laundry. Applications to the Secretary.

**BOURNEMOUTH: ROYAL B'OSCOMBE AND WEST HANTS HOSPITAL.**—House-Surgeon on. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by February 24th.

**BRENTFORD UNION.**—Assistant Medical Superintendent of the Infirmary, and Assistant Medical Officer of the Workhouse and Schools at Isleworth; unmarried. Salary, £100 per annum, with furnished apartments, rations, washing, etc. Applications, on forms provided, to be sent to the Clerk to the Guardians, Union Offices, Isleworth, W., by February 25th.

**BRIGHTON: SUSSEX COUNTY HOSPITAL.**—House-Physician; unmarried, and under 30 years of age. Salary, £80 per annum, with board, residence, and washing. Applications to the Secretary by February 26th.

**BRENTFORD POOR-LAW UNION.**—First Resident Assistant Medical Officer for the Hospital and Workhouse. Salary, £125 per annum, with prescribed rations, apartments, and washing. Applications to the Clerk, 22, Manor Road, Bradford, by March 25th.

**BRIGHTON, HOVE, AND SUSSEX THROAT AND EAR HOSPITAL.**—Non-resident House-Surgeon. Appointment for six months, but renewable for similar period. Salary at the rate of £75 per annum. Applications to the Secretary, Church Street, Brighton.

**BUXTON: DEVONSHIRE HOSPITAL.**—Assistant House-Surgeon. Salary, £70 per annum, with furnished apartments, board, lodging, and laundry. Applications to the Secretary.

**CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's Inn Road.**—House-Surgeon; non-resident. Honorarium at the rate of 40 guineas a year. Applications to the Secretary.

**DONCASTER RURAL DISTRICT.**—Medical Officer of Health. Salary, £300 per annum. Application, endorsed "Medical Officer," to be sent to Clerk to the Council, Union Offices, High Street, Doncaster, by February 27th.

**DURHAM COUNTY ASYLUM.**—Junior Assistant Medical Officer. Salary, £150 per annum, rising to £180, with board, apartments, laundry, and attendance. Applications to the Medical Superintendent, at the Asylum, Winterton, Ferryhill.

**DURHAM COUNTY HOSPITAL.**—(1) House Surgeon. Salary, £100 per annum. (2) Junior House-Surgeon. Salary, £50 per annum. Board and lodging provided in each case. Applications to the Secretary by February 28th.

**EAST LONDON HOSPITAL FOR CHILDREN, Shadwell.**—House-Surgeon. Board and residence provided, and a honorarium of £25 on completion of six months approved service. Applications to the Secretary by March 10th.

**EDINBURGH ROYAL INFIRMARY.**—Assistant Pathologist. Honorarium, 50 guineas per annum. Applications to the Treasurer by March 7th.

**FARRINGTON GENERAL DISPENSARY.**—Honorary Physician. Applications to the Honorary Secretary, 17, Barton Buildings, Holborn Circus, E.C., by March 3rd.

**HASTINGS, ST. LEONARD AND EAST SUSSEX HOSPITAL.**—House-Surgeon (male); unmarried. Salary, £75 per annum, with residence, board, and washing. Applications to the Secretary by February 28th.

**HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.**—House-Physician; unmarried. Appointment for six months. Salary, £20, washing allowance, £2 10s., with board and residence. Applications, on forms provided, to be sent to the Secretary by March 5th.

**JENNERS INSTITUTE OF PREVENTIVE MEDICINE.**—Studentship of the value of £150 for the purpose of research in the Bacteriological Department of the Institute. Applications to Dr. Allan MacFadyen, Chelsea Gardens, S.W., by March 15th.

**JOINT COUNTIES LUNATIC ASYLUM FOR BRECON AND RADNOE.**—Medical Superintendent for the new asylum at Talzarth. 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.

**LEAMINGTON WARNEFORD HOSPITAL.**—House Surgeon. Salary, £100 per annum, with board, washing, and apartments. Applications, on forms provided, to be addressed to the Secretary by February 25th.

**LEIGH HOSPITAL.**—(1) House Physician, (2) Assistant House-Physician (non-resident), (3) House-Surgeon, (4) Assistant House-Surgeon, (5) Surgeon for the Outdoor Department. Appointments for six months from May 1st. Applications to the Secretary, 33, Bernard Street, Leigh, by March 15th.

**LICHFIELD CITY OF.**—Medical Officer of Health. Salary, £70 per annum. Applications, marked "Application, Medical Officer of Health," to be sent to the Town Clerk, Lichfield, by February 26th.

**LIVERPOOL: DAVID LEWIS NORTHERN HOSPITAL.**—Assistant House-Surgeon. Salary, £70 per annum, with residence and maintenance. Applications to be sent to the Chairman, by February 26th.

**LIVERPOOL INFECTIOUS DISEASES HOSPITAL, Parkhill.**—Assistant Resident Medical Officer; unmarried, and not exceeding 28 years of age. Salary, £120 per annum with board, washing, and lodging. Applications, endorsed "Assistant Resident Medical Officer," to be addressed to the Chairman, Port Sanitary and Hospitals Committee, under cover to the Town Clerk, Liverpool, by February 24th.

**MANCHESTER CHILDREN'S HOSPITAL.**—Junior Resident Medical Officer; unmarried. Appointment for six months, but eligible for election as Senior for six months. Salary, £120 per annum, with board, lodging, and laundry. Applications to the Secretary, Dispensary, Gartside Street, Manchester, by March 5th.

**MANCHESTER ROYAL INFIRMARY.**—Junior Anaesthetist. Non-resident. Salary, £50 per annum. Applications to the General Superintendent by March 1st.

**MANCHESTER SCHOOL BOARD.**—Medical Officer. Salary, £250 per annum. Applications to the Clerk to the Board, School Board Offices, Deansgate, Manchester, by March 8th.

**MANDALAY MUNICIPALITY.**—Health Officer. Salary, Rs. 600, rising to Rs. 800 a month, by annual increments of Rs. 40. Applications to Mr. I. Calderarai, Secretary of the Municipality, by March 24th.

**MIDDLESEX HOSPITAL, W.**—Medical Registrar. Applications to the Secretary-Superintendent by March 14th.

**PETERBOROUGH INFIRMARY AND DISPENSARY.**—House-Surgeon, male. Salary, £80 per annum, rising to £120, with board, residence, and washing. Applications to Dr. T. J. Walker, Senior Surgeon.

**QUEEN'S JULIEN HOSPITAL EXTENSION, Earl's Court, S.W.**—(1) Physician. (2) Gynaecologist. (3) House-Surgeon. Salary, £50 per annum, with board, etc. Applications to the Secretary by March 1st.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Three members of the Court of Examiners. Applications to the Secretary by March 12th.

**ROYAL DENTAL HOSPITAL FOR LONDON AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square, W.**—Demonstrator. Honorarium, £100 per annum. Applications to the Dean by March 17th.

**ROYAL PIMLICO DISPENSARY.**—Attending Medical Officer. Applications to the Secretary, 104, Buckingham Palace Road, by February 22nd.

**SHEFFIELD ROYAL HOSPITAL.**—Junior Assistant House Surgeon; unmarried. Salary, £50 per annum, with board and lodging. Applications to the Honorary Secretary of the Staff, Dr. S. Riseley, 339, Glossop Road, Sheffield, before February 28th.

**THRINGOE UNION.**—Medical Officer for the No. 3 District. Applications to the Clerk, Bury St. Edmunds, by February 26th.

**TOTTENHAM URBAN DISTRICT COUNCIL.**—Medical Officer of Health. Salary, £50 per annum. Applications, on forms provided, endorsed "Appointment of Medical Officer of Health," to be sent to the Clerk of the Council, 712, High Road, Tottenham, by March 8th.

**WESBON-SUPER-MARE HOSPITAL.**—House-Surgeon; unmarried. Salary, £100 per annum, with board, and residence. Applications to the Honorary Secretary by February 25th.

MEDICAL APPOINTMENTS.

**ANDERSON, D. Lechmere, L.R.C.P., L.R.C.S. Edin., D.P.H.,** appointed Medical Officer of Health for the Borough of Doncaster and the Parish Councils of Balby-with-Hexthorpe, and Wharfedale.

**COCK, M. F., L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Medical Officer of the Staines Union Workhouse, *vice* A. J. Anderson, M.B., C.M. Ed. n. resigned.

**COOPER, Arthur, M.R.C.S.,** appointed Honorary Consulting Surgeon to the Westminster General Dispensary.

**COOPER, F. W. R., M.B., Ch.B. Vict.,** appointed House Surgeon to the Devonshire Hospital, Buxton.

**DAWE, F. S., M.B. Lond., M.R.C.S.,** appointed Second Assistant Medical Officer of the Kensington Infirmary *vice* E. C. Austin, M.R.C.S. Eng., L.R.C.P. Lond., promoted.

**FAY, Cradock A., M.A., M.B., B.O. Cantab., L.R.C.P., M.R.C.S. Lond.,** appointed Honorary Assistant Surgeon to the Essex and Colchester Hospital.

**FULCHEB, G. F., M.B., C.M. Edin.,** appointed Medical Officer of Health to the Chingford District Council, *vice* W. Strover, M.R.C.S. Eng., resigned.

**GRAVELY, F., M.R.C.S. Eng.,** appointed Medical Officer of Health for the Chailey Rural District and Medical Officer of the Chailey Workhouse and No. 1 District of the Lewes Union, *vice* E. G. Avelly, M.R.C.S. Eng.

**HUMPHRY, R., L.R.C.P. Edin., M.R.C.S. Eng.,** appointed Medical Officer of Health for the City of Chichester, *vice* C. S. Jones, M.R.C.S. Eng., resigned.

**LAWSON, T. C., M.R.C.S. Eng.,** appointed District Medical Officer of the Clutton Union, *vice* H. C. Linden, L.R.C.P. Edin., L.F.P.S. Glas., resigned.

**NEILSON, H. J., M.D. Glas.,** appointed District Medical Officer of the Nottingham Union, *vice* G. B. Bury, L.R.C.P. Edin., L.R.C.S. I.

**POWELL, W. Wyndham, F.R.C.S. Eng.,** appointed Honorary Surgeon to the Westminster Dispensary.

**REYNOLDS, F. E., M.R.C.S., L.R.C.P.,** appointed District Medical Officer of the Totnes Union, *vice* J. L. Cuppaide, M.D. Dub., B. Oh., resigned.

**SANDERS, Alfred W., M.D. Lond., F.R.C.S.,** appointed District Surgeon for Pretoria, Transvaal and Surgeon for the Preoria Hospital.

**SARSON, Charles Lane, F.R.C.S. Edin., L.S.A.,** appointed District Health Officer of the Transvaal.

**SYMONS, Robert Fox, M.R.C.S., L.R.C.P.,** appointed Medical Officer of Health for Pretoria and District and Assistant Medical Officer of Health for the Transvaal.

**WYNCOLL, J. W., M.B., C.M. Edin.,** appointed Resident Medical Officer to the Westminster Dispensary.

DIARY FOR NEXT WEEK.

MONDAY.

**Medical Society of London, 11, Chandos Cavendish Square, W., 8.30 p.m.—Dr. Markham Skerritt: Cardiac Pain. Dr. H. Rolleston: Note on Hypostatic Albuminuria of Splenic Origin.**

**Otolological Society of Great Britain, 20, Hanover Square, W., 8 p.m.—Communications by Mr. W. Gifford Nash: On Sarcoma of the Submaxillary Gland proving rapidly fatal; and Mr. J. Bland-Sutton on Anomalous Union of the Antrum. Paper by Dr. Harry Campbell on The Influence of Mastication on the Jaws and Appendages.**

**Royal College of Surgeons of England, 5 p.m.—Professor W. McAdam Eccles: On the Imperfectly Descended Testis: Its Anatomy, Physiology, and Pathology. Lecture I.**

TUESDAY.

**Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 p.m.—Mr. Charles Ballance and Dr. Purves Stewart: Clinical and Experimental Observations introducing a Discussion on the Regeneration of Peripheral Nerves, with lantern, epidiascope, and microscopical demonstrations.**

**Royal College of Physicians of London, 5 p.m.—Dr. Corfield: On the Etiology of Typhoid Fever and its Prevention. Milroy Lecture II.**

WEDNESDAY.

**Dermatological Society of Great Britain and Ireland, 20, Hanover Square, W., 4.0 p.m.**

**Hunterian Society, London Institution, Finsbury Circus, E.C., 8.30 p.m.—Mr. Robert Hartley: The Hunterian Lecture on Some Points in Practical Surgery Suggested by the Study of the Life and Work of John Hunter.**

**Royal College of Surgeons of England, 5 p.m.—Professor W. McAdam Eccles: On the Imperfectly Descended Testis: Its Anatomy, Physiology, and Pathology. Lecture II.**

THURSDAY.

**Royal College of Physicians of London, 5 p.m.—Dr. Corfield: On the Etiology of Typhoid Fever and its Prevention. Milroy Lecture III.**

FRIDAY.

**Clinical Society of London, 20, Hanover Square, W., 8 p.m.—Exhibition of Clinical Cases, followed by discussion. Patients will be in attendance from 8 p.m. to 9 p.m.**

**Royal College of Surgeons of England, 5 p.m.—Professor W. McAdam Eccles: On the Imperfectly Descended Testis: Its Anatomy, Physiology, and Pathology. Lecture III.**

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital, Thursday, 4 p.m.—Surgical Cases.

Hospital for Sick Children, Great Ormond Street, W.C.—Thursday, 4 p.m.—Demonstration of Selected Cases.

Medical Graduates' College and Polyclinic, 22, Chancery 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, 5.30 p.m. Lecture on Hysteria.

West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows:—Monday: Therapeutics. Tuesday: Backward Displacement of the Uterus. Wednesday: Hygiene of the Mouth. Thursday: Medical Anatomy and Physical Diagnosis. Friday: Skin Cases.

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.*

BIRTHS.

**JUDD.**—On February 8th, at Stockport Road, Ashton-under-Lyne, the wife of W. Rossell Judd, M.R.C.S., L.R.C.P., of twins (daughter).

**POWELL.**—On February 15th, at Calverton Lodge, Eaton Stratford, the wife of Cecil Powell, M.A., M.B. Cantab., of a daughter.

**WARRINGTON.**—On February 15th, at Roiney Street, Liverpool, the wife of W. B. Warrington, M.D., M.R.C.P. Lond., of a son.

DEATH.

**CARTER.**—On February 5th, at Victoria Park, Shipley, from acute pneumonia, aged 42 years, D'Arcy Bainbridge Carter, M.R.C.S. Eng.