

A "penetrator" tube of medium hardness was used throughout; it gave primrose-green iridescence with no intrapolar flow of violet light. The tube glowed even when discharges were passing across an interval of only 2 inches on the coil.

The growth was at first isolated by foil, but, later, as no dermatitis had resulted in the area of skin exposed near the growth, the foil was omitted in favour of a flannel protection. The exposures were made two or three times a week for ten to twenty minutes: the distance of the tube from the skin varied from two to four inches. In all ten applications were made over a period extending from December 5th, 1901, to January 8th, 1902. Unfortunately the patient developed croupous pneumonia on January 11th and died on January 14th.

Improvement was noticeable at the end of a week's treatment and on January 8th the character of the growth had completely changed. It then measured 1 by $\frac{3}{4}$ in., the margin was only slightly raised and the central ulcer was very small. The skin area which was previously undermined by the growth appeared deep red in colour. The discharge and pain had decreased to a minimum. There was no indication of a Roentgen burn.

The death of the patient when her long standing trouble had so much diminished prevented the completion of the treatment, but the local result was very encouraging. Neither photographs nor a necropsy were obtainable. The patient's age was 93.

REFERENCES AND NOTE.

¹ BRITISH MEDICAL JOURNAL, 1901, vol. ii, p. 1663. ² *Lancet*, 1901, vol. i, p. 1308. ³ In response to my inquiry Lord Lister kindly looked up his notes, but unfortunately there was no reference to this case.

MEMORANDA:

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

CASE OF FETID BRONCHORRHOEA TREATED BY PROLONGED OXYGEN INHALATION.

I have recently had a case of fetid bronchorrhoea in which the marked effect of prolonged oxygen inhalation was very striking. The patient was a man, aged 65, with a previous history of attacks of asthma diminishing as age advanced, the last attack being some years ago. Each winter he suffered from a certain amount of chronic bronchitis, expectorating thick, sticky mucus.

His present illness started with a chill about a week previous to my seeing him on October 27th, 1901. He complained then only of a "liver attack," and appeared to think nothing of the increased bronchial trouble. A week later he began to expectorate very offensive sputum. Benzoin and creolin inhalations made no improvement. On November 11th Dr. Goodhart saw him with me in consultation. The foul-smelling sputum continued with slight intervals till November 16th, when Dr. Goodhart saw the patient again. With Dr. Goodhart's consent and approval, I procured Dr. G. Stoker's oxygen apparatus, which consists of a cubic foot collapsing bag with india-rubber tube and nasal attachment.¹ The bag was filled with oxygen gas from a cylinder, and the nasal end inserted in one nostril, the other being plugged with cotton wool. The patient then allowed the bag to empty its contents very slowly through the naso-pharynx, breathing quietly during the process. The next morning there was only a slight taste of offensive sputum. Oxygen was inhaled continuously for several hours in the same manner. The sputum became less and entirely free from odour. The patient also felt better. Daily oxygen treatment was continued till November 22nd, when it was stopped. The patient rapidly improved generally, and beyond small doses of cinchonine had no other treatment. He was allowed out on November 27th, and went to the seaside on the 30th.

Ovington Gardens, S W.

FREDERIC VICARS, M.D. BRUX.

¹ The oxygen apparatus used was supplied by Fellows, Hertford Street, Mayfair.

THE TREATMENT OF ENURESIS IN FEMALES.

THE paper published in the BRITISH MEDICAL JOURNAL, of January 11th, p. 72, by Mr. Parnell on the treatment of enuresis in females reminds me very forcibly of exactly similar treatment carried out by myself several years ago with very varying results.

I have now discarded this and various other methods for what I believe to be a more perfect and, moreover, an exceedingly simple, way, which I may briefly describe as the formation of a day-habit of retention or continence.

Nearly every child or young woman suffering from incontinence of urine is urged by her friends to empty her bladder frequently so as to avoid the unpleasant consequences of incontinence. Not infrequently the child is awakened by older relatives (on going to bed at eleven or twelve o'clock) in order that the urine may be passed once, at least, during the night; the child herself often assists in the carrying out of this domestic treatment and the consequence is that the bladder becomes more or less permanently contracted, and the incontinence is necessarily perpetuated.

Such a patient can usually hold her water during the day for only three or four hours, and the first step in the way of successful treatment is to train the patient to hold it longer during the day. While this is in progress, she is not to be found fault with if incontinence occurs, but to be encouraged cheerfully and hopefully to hold her urine as long as possible, even to the very point of incontinence.

As a rule, in my experience, an additional hour of retention can be obtained by this method every three or four weeks, and this without any severe pain or discomfort.

When the urine can be held for six or seven hours during the day, it will be found that there is no nocturnal incontinence.

JOHN W. TAYLOR, F.R.C.S.,
Professor of Gynaecology, Birmingham University.

A CASE OF GENERALIZED VACCINIA.

On January 21st I vaccinated a servant, aged about 23. When I inspected on the sixth day all four places had taken well, but there was some oedema and swelling extending down to the elbow. About the left wrist and the back of the hand were nine large shotty papules, one or two of which were commencing to be vesicular. Upon the right wrist and the back of the hand were six similar papules.

I mentioned the case to Dr. Alfred Ashby, medical officer of health for the borough, and he and I examined the girl together on January 29th. All the papules were then either vesicular or semipustular, and were umbilicated. The vesicles or pustules were multilocular. The palms were quite free from eruption, and there were no traces of either vesicles or pustules upon any other parts of the body than those mentioned. Upon this date the inflammatory area around the remains of the vaccination pustules was lessening. The woman had been vaccinated in infancy, and showed three typical foveated marks. Somewhat similar cases are mentioned in the *British Journal of Dermatology*, 1901, p. 433 (Dr. Morrow), and the *Medical Annual* for 1901, p. 244 (T. Colcott-Fox, Haslund). Generalized vaccinia is probably bovine small-pox evidencing itself in the human subject. It is a very rare condition, and its infectivity as far as other human beings are concerned is almost certainly limited to actual inoculation.

Reading.

W. T. FREEMAN, M.D.

THE TREATMENT OF PUERPERAL ECLAMPSIA.

I WAS very much interested in the article on this subject in the BRITISH MEDICAL JOURNAL of January 11th, p. 71, by my old friend Mr. Francis, of Uxbridge. I quite agree with his line of treatment, and have tried it in three cases with the greatest success, the mother recovering in each case. In one case labour came on spontaneously during a fit about an hour after the first injection of morphine; in the second case I dilated the os with my fingers, and delivered by forceps; and in the third case, to which I was called by a brother practitioner, who for some years had been trying the old chloral and chloroform treatment unsuccessfully, I injected morphine gr. $\frac{3}{4}$, which caused the fits to cease at once, after which he

ruptured the membranes, the labour coming on normally the next day. In my opinion labour should be brought on as soon as possible, because as soon as it is over the fits will cease.

G. H. BRAND, M.D., L.R.C.P., L.S.A., L.M.

Northampton.

REPORTS

ON

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

THE INFIRMARY, BURY.

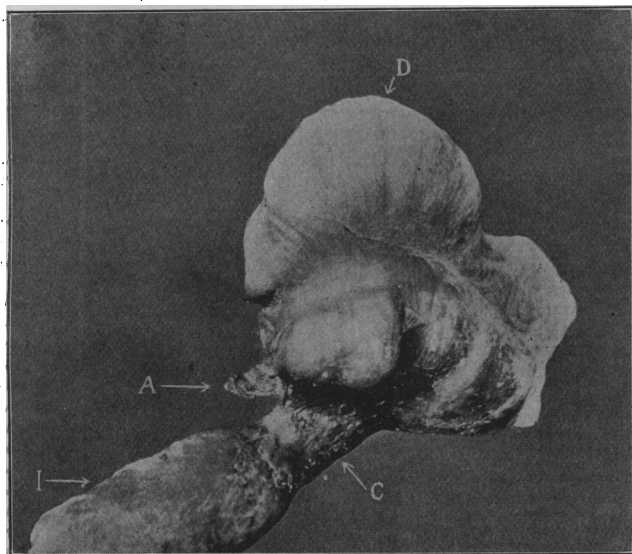
CASE OF INTESTINAL OBSTRUCTION DUE TO A BAND
PASSING FROM APPENDIX TO MESENTERY.

(Under the care of Dr. J. B. KERR.)

[Reported by EDGAR W. SHARP, M.B., Senior House-
Surgeon to the Hospital.]

W. B., a male, aged 19, was admitted to the hospital on November 19th, 1901, suffering from intestinal obstruction.

History.—Early in April, 1901, whilst working in a coal mine, the patient sustained a somewhat severe crush between two coal wagons, involving his abdomen: he did not, however, complain much at the time. About a month later he complained of pain and tenderness in one or other iliac



A, appendix (stump). I, ileum. C, seat of constriction; D, caecum.

region—his friends could not say definitely which side. The seat of the pain was limited in area, the patient himself having stated that he could “cover the spot with a half-crown.” His friends volunteered the information that at this time he felt “a lump” at the part affected; this, however, disappeared. He was in bed for a short time, but resumed his work in the latter end of May, 1901, and from this time onwards he was troubled with constipation. During the last week of October, 1901, he complained of severe abdominal pain, which came on somewhat suddenly and caused him to take to bed. He ceased to have movement of the bowels (according to his friends), and began to vomit; the vomit at a later date becoming evidently faeculent; he lost all inclination for food, and also lost flesh rapidly. When brought to the hospital, three weeks had elapsed since the onset of the obstruction. He was almost moribund, and emaciated to the last degree. His temperature was subnormal; his pulse weak, fairly rapid, and of very low tension; he was also suffering from sordes and several bedsores. Vomiting was frequent and faeculent, nothing being retained.

The obstruction, however, was only partial, as he frequently passed small yellowish, semi-fluid motions.

State on Examination.—The abdomen was somewhat distended, and the stomach and coils of intestine could be seen through the abdominal wall; percussion revealed a general tympanitic note; there was no special area of superficial tenderness, and no tumour could be felt. The temperature gradually sank, becoming 96° on the second day after admission. Delirium supervened, and was soon followed by death.

Necropsy.—This revealed a constriction of the last part of the ileum, due to a fibrous band about 2½ inches long, passing from the end of the appendix to the mesentery opposite about the fourth lumbar vertebra, the ileum being firmly bound down between this and the posterior wall of the abdomen. There were signs of some subacute inflammation about the appendix, which itself presented an enlargement at its distal end, about the size of a bean. On dissection this was found to be a cyst-like cavity, with relatively thickened walls, and containing a yellowish fluid of thin consistency.

For the accompanying photograph and other help in the case I am much indebted to my colleague, Dr. McIlraith. The photograph is taken from the part affected after it had been immersed, first, in perchloride of mercury solution, 1 in 1,000, for twenty-four hours, and then in methylated spirit for forty-eight hours, and finally injected with plaster-of-paris and dried.

OLDHAM INFIRMARY.

CASE OF PERFORATING GASTRIC ULCER.

(Reported by W. A. STEWART, M.A., M.B., C.M., Honorary
Pathologist to the Infirmary.)

History.—A girl aged 18, but looking older, was carol-singing on Christmas morning, when she felt “a pain like the stab of a knife.” She sank down and was carried home. This was at 6 a.m., and I was sent for at 2.30 p.m., of the same day.

State on Examination.—Her face was very pale, her pulse 140, and her temperature subnormal. She vomited every few minutes a fluid containing mucus, and a little admixture of coffee grounds, which might have been a brown “composition powder” she had taken. She complained of intense pain, but bore it very quietly. The abdomen was rigid, slightly tympanitic, and very tender all over, but especially at the pit of the stomach. The liver dullness to slight percussion was absent.

There was a previous history of indigestion and frequent vomiting, and now and then of vomiting “brown stuff,” but no red blood. I diagnosed perforation of a gastric ulcer, and had her removed at once to the infirmary. At 4 p.m. Dr. Martland operated.

Operation.—On opening the abdomen there was an escape of odourless gas. There was a great quantity of fluid in the abdomen resembling dirty water. It also was odourless, and there were a few flocculi of coagulated lymph in it, but no (macroscopic) trace of food. The stomach, peritoneum, and that of adjacent bowel and omentum were acutely inflamed. A perforation was found overlapped by the liver on the upper curvature of the stomach slightly to the left of the middle line. The opening was quickly and effectively closed, and the abdomen, which was full of fluid, irrigated until the returning stream was fairly clear. As much of the water as possible was sponged out, but the condition of the patient did not allow of its absolute removal.

Progress.—After the operation the patient rallied to some extent. She had hypodermic injections of strychnine and brandy enemata, which, however, were partly rejected. About 11 a.m. on the following day the pulse at the wrist was hardly perceptible. A vein was opened in the arm, and a sodium chloride solution injected. She rallied for a little, but finally sank and died at 4 p.m.

Necropsy.—Permission was given for a modified examination over all the walls of the abdomen. The peritoneum was acutely inflamed. The same applies to the covering of the bowels, only the coils of small intestine lying near the seat of lesion in the stomach were most markedly inflamed. The ulcer on opening the stomach was found to be a chronic ulcer with a wide bevelled thickened margin—like a single-holed

done in his principal's practice. Where special work is done by an assistant during an emergency, it is usual for the principal to give him an increase of salary, or a share of the fees derived therefrom, and the amount allowed by B. to A. seems fair and reasonable. In spite of his direct relations with the guardians, A. does not occupy the position of an independent extra vaccinator.

MIDWIFERY FEES.

M. C. M.—A country practitioner writes that he was called one night to a midwifery case six miles from his residence, and on arrival found a midwife in charge, who was unable to deliver the patient of a second child. He gave the necessary assistance, and visited the patient the next day, when he was paid a fee of one guinea. The following night he was again sent for, and found the patient showing symptoms of puerperal fever. He attended her for this for about six weeks, and on sending in a claim the husband declined to pay on the ground that the whole attendance was included in the guinea fee. Can he recover in the county court?

* * Where a medical man attends a confinement the fee paid is usually considered to cover attendance up to the tenth or fourteenth day. All further attendance is usually paid for extra, and our correspondent would probably have no difficulty in recovering charges for at least this portion of his attendance.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

MATRICULATION EXAMINATION.

THE number of successful candidates at the Matriculation Examination in January was 731. The Honours Division contained 12 names, the First Division 410 names, and the Second 309.

CONJOINT BOARD IN ENGLAND.

THE following candidates passed the First Examination of the Board in the subjects undernoted:

In Chemistry.—L. E. Acomb, Middlesex; G. K. Awbery, King's College; A. J. K. Brayton, Owens College, Manchester, and University College, Liverpool; W. A. J. M. Briggs, Owens College, Manchester, and St. Thomas's; W. W. D. Chilcott, Charing Cross Hospital; R. M. Coalbank, St. Bartholomew's; G. W. Collinson, Yorkshire College, Leeds, and Halifax Technical School; G. H. Curtis, Birkbeck Institute; G. Eager, King's College; F. G. Edholm, Birkbeck Institute; L. G. H. Furber, Cambridge, St. Bartholomew's, and Hartley College; W. J. G. Gayton, London; H. G. Gibson, Felsted School; V. B. Green-Armytage, University College, Bristol; G. Holryde, Yorkshire College, Leeds; T. J. Jenkins, University College, Cardiff; V. G. Johnson, St. Mary's; M. A. Kenny, Yorkshire College, Leeds; W. K. Kershaw, Owens College, Manchester; W. W. King, University College, Bristol; A. L. Loughborough, St. Thomas's; J. L. Meynell, London; A. J. Mundy, University College, Bristol; E. Morgan, F. Morris, C. M. Ockwell, and H. A. Pallant, Guy's; D. Phillips, St. Mary's; F. E. L. Phillips, London; S. K. Raina, Allahabad, Charing Cross, King's College, and Birkbeck Institute; H. T. Rossiter, University College, Bristol, and St. Thomas's Hospital; H. K. Salsbury, University College, Bristol; G. A. Simmons, St. Thomas's; F. Smith, Firth College, Sheffield; L. E. M. Smith, Charing Cross; F. H. Stephens, St. Mary's; E. J. F. Thomas, University College, Bristol; G. Wachter, Guy's Hospital; J. G. Watkins, St. Bartholomew's; J. W. Whiteman, University College, Bristol; A. B. Wolfenden, Yorkshire College, Leeds, and Halifax Municipal Technical School.

In Practical Pharmacy.—G. K. Awbery, King's College; F. Barnes, Guy's; H. F. Bodvel-Roberts, Cambridge and St. Bartholomew's; R. Burges, London; A. H. Davis, St. George's; C. J. S. Dismore, Guy's; K. A. C. Dole, Westminster; C. R. B. Eyre, St. Thomas's; G. E. O. Fenwick, Otago, and University College; C. A. Godson, St. George's; E. H. Griffin, Cambridge and Guy's; R. G. E. Grote, Charing Cross; C. J. H. Gunning, St. George's; G. R. Hannon, King's College; H. F. Hatfield, Guy's and St. Bartholomew's; G. W. Heron, Westminster; A. E. Hills, E. T. Holland, St. Thomas's; B. Hood, Charing Cross; F. R. Humphrey, M. O. Hunter, St. George's; E. Joseph, J. A. Laughton, Charing Cross; R. E. H. Leach, G. M. L. Lester, Oxford and St. Thomas's; G. M. Levick, St. Bartholomew's and University College; H. Nicol, Westminster; B. Pick, St. George's; C. H. Reinhold, J. F. Rey, Guy's; E. S. Routley, St. Mary's; M. W. Shuttle, St. George's; F. M. V. Smith, Guy's; C. Speers, St. Mary's; F. J. Turner, Guy's; G. S. Welham, Charing Cross; F. E. Whitehead, A. C. Wilson, and F. H. Wood, St. Bartholomew's; G. E. Wood, St. Mary's.

In Elementary Biology.—R. N. W. Biddulph, University College, Bristol; A. J. K. Brayton, Owens College, Manchester and University College, Liverpool; A. Cordon, Mason College, Birmingham; H. D. Dakin, Yorkshire College, Leeds; L. E. Davies, University College, Liverpool; H. A. de Pinna, Middlesex; F. C. Doble and G. Eager, King's College; H. G. Gibson, Felsted School; C. V. Griffiths, King's College; W. R. Greening, J. K. A. Helm, H. J. Hills, Guy's; H. G. Hobson, Middlesex; G. Holroyd, Yorkshire College, Leeds; C. M. Kennedy and J. I. F. Knight, London; T. G. Lewis, King's College; A. L. Loughborough, St. Thomas's; P. J. Lush, London; O. Le F. Milburn, Birkbeck Institute; M. K. Nelson, University College, Belfast; J. H. Mayston, E. Morgan, G. H. Morris, G. R. Phillips, E. E. Rendle and A. T. Rivers, Guy's; C. F. Rumsey, Charing Cross; G. B. Scott, St. Bartholomew's; G. N. B. Sebastian, St. George's; S. Slade, Middlesex; F. Smith, Firth College, Sheffield; H. McL. Staley, Owens College, Manchester; A. W. Swinburne, Yorkshire College, Leeds; R. H. E. Stevens and A. C. Watkin, University

College; R. Willan, Guy's; J. D. Williams, University College, Belfast.

The following candidates have passed the Second Examination of the Board in the subjects undernoted:

In Anatomy and Physiology.—W. G. Attenborough, King's College; J. M. Barrionuevo and A. M. Benett, Guy's; C. M. Bernays, St. Thomas's; J. B. Binns, St. Bartholomew's; W. Bowater, Mason College, Birmingham; H. A. Bodkin and L. H. Bowkett, London; R. J. Brogden, University College, Cardiff; G. H. Cheyney, Guy's; P. D. MacI. Campbell and G. P. Claridge, St. Mary's; T. A. Clarke, King's College; O. C. P. Cooke, London; H. P. Costobadia, Guy's; J. A. Cowie, B.A., B.Sc., New Zealand, Otago and Glasgow Universities; J. R. Davies, University College, Cardiff; A. Dixon, St. Mary's; E. M. Dolan, Yorkshire College, Leeds; P. A. S. Dyson, Guy's; S. Field, St. Mary's; E. S. H. Gill, University College, Liverpool; A. D. Griffith, King's College; H. Gray and E. C. Hayes, St. Bartholomew's; S. C. Hayman, University College, Bristol; F. C. Hepburn, Cambridge University; R. R. James, St. George's; H. E. Kitchin, B.A., Cambridge, and Owens College, Manchester; A. Leeming, Guy's; A. S. Littlejohns, B.A., Cambridge and Guy's; S. H. Lockwood, St. Mary's; C. Loddiges, St. Bartholomew's; F. J. Macphail, University College, Liverpool; E. W. Matthews, King's College; F. W. Morgan, University College, Bristol; E. B. Miles, H. F. F. Mortimer, and W. G. O'Malley, London; A. O'Neill, St. Bartholomew's; H. F. Powell, University College; W. H. P. Parker, University College, Cardiff; H. E. Priestly, St. George's; L. Rawes, H. W. Read, St. Thomas's; F. J. Rees, Calcutta; W. Reeve, Guy's; F. M. P. Rice, St. Bartholomew's; T. M. Roberts, University College; E. W. Routley, Guy's; A. Salmon and E. L. Sandiland, London; G. M. Taylor and W. R. M. Turtle, London; T. R. Waltenberg, M.A., Oxford and Owens College, Manchester; F. Weber, St. Bartholomew's; W. J. Weston, St. George's; L. White, Westminster; T. H. Watkins and W. J. Wilkinson, St. Thomas's; E. D. Wolff, King's College.

In Anatomy only.—U. M. Asplen, King's College; W. R. Pagen, London.

In Physiology only.—J. W. W. Hogan, Madras; C. F. Stileman, St. George's.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Fellowship Examination.—Mr. F. J. C. Heffernan, Miss M. R. Kapadia, Mr. H. Pringle, and Mr. M. J. Russell have passed the examination for the Fellowship; and Mr. F. J. S. Heaney, Miss C. McCrea, and Mr. R. S. Ryce the Primary part of the same examination.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, February, 1902.—The following candidates passed in:

Surgery.—W. V. Braddon (Section I), Cambridge and Manchester; T. S. Davies, St. George's Hospital; E. N. de V. Dawson (Section II), St. Thomas's Hospital; J. C. S. Dunn, St. Bartholomew's Hospital; B. Gauld (Section II), London Hospital; S. F. Hickman (Sections I and II), Royal Free Hospital; H. Jacques (Sections I and II), London Hospital; C. C. Morgan (Section II), St. Bartholomew's Hospital; E. Osborne (Section I), Birmingham; P. G. Sheppard (Sections I and II), Cambridge and Liverpool; J. H. Williams, London Hospital.

Medicine.—J. E. Bolton (Section II), Leeds; R. Gillett (Sections I and II), Royal Free Hospital; C. E. A. Huddart (Sections I and II), London Hospital; M. E. S. Scharlieb (Sections I and II), Royal Free Hospital; C. Watson (Sections I and II), Dublin and Westminster Hospital.

Forensic Medicine.—D. Fletcher, St. Bartholomew's Hospital; M. E. S. Scharlieb, Royal Free Hospital; C. Watson, Dublin and Westminster Hospital.

Midwifery.—W. C. P. Bremner, University of Toronto; I. Griffith, London Hospital; M. E. S. Scharlieb, Royal Free Hospital; R. H. Terry, Guy's Hospital.

The diploma of the Society was granted to J. E. Bolton, E. N. de V. Dawson, D. Fletcher, R. Gillett, C. E. A. Huddart, P. G. Sheppard, and C. Watson.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,844 births and 6,059 deaths were registered during the week ending Saturday last, February 22nd. The annual rate of mortality in these towns, which had been 17.9, 20.6, and 22.6 per 1,000 in the three preceding weeks, further rose last week to 24.4 per 1,000. Among these large towns the death-rates ranged from 13.1 in Ipswich, 13.4 in Derby and in Barrow-in-Furness, 14.2 in West Bromwich, and 14.7 in Portsmouth, to 29.7 in Wigan, 29.8 in Rochdale and in Newcastle, 32.7 in Plymouth, and 36.2 in Merthyr Tydfil. In London the rate of mortality was 29.3 per 1,000, and exceeded by 7.0 the mean rate in the seventy-five other large towns, which was 22.3 per 1,000. The death-rate from the principal zymotic diseases in the seventy-six large towns averaged 2.0 per 1,000; in London this death-rate was equal to 2.5 per 1,000, while it averaged 1.8 in the seventy-five other large towns, among which the highest zymotic death-rates were 4.2 in Brighton, 4.4 in Bootle and in Merthyr Tydfil, 5.0 in Hanley and in Stockton-on-Tees, 5.3 in Burnley, and 5.6 in Rotherham. Measles caused a death-rate of 1.7 in Stockport, 1.8 in Preston, 2.8 in Rotherham, 3.0 in Merthyr Tydfil, and 5.3 in Burnley; scarlet fever of 1.0 in Tottenham, in South Shields, and in Newcastle; diphtheria of 1.7 in King's Norton, 2.0 in Burton-upon-Trent, 3.0 in Stockton-on-Tees, and 4.2 in Hanley; whooping-cough of 1.3 in Brighton, 1.4 in Birmingham and in Gatshead, 1.5 in

careers can have started with greater promise than his, and it is an additional pang to his friends to feel that for long before the final blow his energies were so hampered by ill-health as to make it impossible for him to fully justify the hopes raised by his youth.

It is with much regret that we record the death of Dr. J. F. L. MULLIN, of Newport, Mon., which occurred with tragic suddenness on February 17th. We are indebted to an old and intimate friend for the following appreciation of his career: "In Dr. Mullin's death the poor have lost a good friend, and Newport has lost a good citizen." With these words the Coroner for Newport wound up the inquest on the late Dr. John Francis Langan Mullin, and words more appropriate to the occasion were never uttered. The deceased gentleman was a native of Ireland, having been born in Drogheda some 52 years ago. He was not the only member of his family who was connected with medicine, for he had two brothers in the profession, one of whom, after an honourable record in the British navy, still occupies a high position as a practitioner in Monte Video, and the other, after a distinguished career as a student in the late Queen's University in Ireland, died of phthisis a few years ago in Texas. The late Dr. Mullin himself was an *alumnus* of the Queen's University, Ireland, having graduated as M.D., M.Ch., and L.M. in 1880. Previous to his medical career he had sojourned for some time in the Southern States of America, and was an intimate friend of General Beauregard, and other well-known Confederate leaders. Throughout his career as a student Dr. Mullin was distinguished for his remarkable assiduity and the whole-hearted zeal with which he devoted himself to the mastery of his profession. After a few years of preliminary study in Queen's College, Galway, he went to Dublin and studied medicine at the Meath Hospital under the late Dr. Foot, and surgery at the Richmond Hospital under the late Sir William Stokes. By both these distinguished teachers he was held in the highest personal esteem. After graduating in 1880 he acted as assistant for some years in London. He then commenced practice on his own account in Cardiff, but finally settled down in Newport, Mon., to the career of a general practitioner. "His career in Newport extended over some ten years, and although he went there as a perfect stranger, by his genial manner and kindly disposition, he soon succeeded in winning hosts of friends, and by his skill, attention, and unflagging energy, he gathered together an enormous practice. During his ten years' residence in the town of his adoption, he probably had not ten days' holiday. This unremitting labour could have but one result, and the inevitable breakdown occurred without any premonitory symptoms, when he dropped dead on January 17th. The cause of death was heart failure produced by the strain of overwork. His funeral was probably one of the most striking spectacles that has ever occurred in the annals of Newport: from his house to the cemetery, a route over a mile in length, all traffic was suspended, and all that distance was completely blocked by the multitude who followed his hearse. It was quite touching to see how many were in tears, the poor especially manifesting the deepest grief. But the townspeople were not satisfied with even this tribute of affection to his memory, as they started a shilling subscription to erect a memorial that would keep his name ever green amongst them. Assuredly such a career and such an ending is to be envied." Another correspondent, who writing as one who knew him well, adds his testimony that "he was the soul of courtesy and honour. A dishonourable action was foreign to his nature."

Dr. PAUL FORTUNATUS MUNDÉ, who died recently in New York, in the fifty-sixth year of his age, was born at Dresden, and was taken to the United States when he was but three years old. He received his medical degree from the Harvard Medical School in 1866, having previously served as an acting medical cadet in the Federal army. After his graduation he went to Germany, and served as a volunteer medical officer in the Bavarian army. He then went to Würzburg, where he served in the Maternity Hospital. In the Franco-Prussian war he was a battalion surgeon on the German side, and at the siege of Paris won distinction by his bravery in saving

some wounded men from a field hospital that had been set on fire. For his valour on that occasion he received the decoration of the Iron Cross. At the close of the war he pursued his obstetrical and gynaecological studies in Vienna, where he obtained the degree of Master of Obstetrics. He returned to New York in 1873, and soon acquired an active practice in obstetrics and gynaecology. Dr. Mundé was a member of many learned societies, and he taught gynaecology in the Dartmouth Medical College and in the New York Polyclinic. From Dartmouth he received the degree of LL.D. He was the author of an excellent work on Minor Surgical Gynaecology, and, in collaboration with Dr. T. Gaillard Thomas, he made a thorough revision of Dr. Thomas's treatise on *Diseases of Women*. He was the editor of the *American Journal of Obstetrics and Gynecology and Diseases of Women and Children*, and the author of many valuable articles on obstetrical and gynaecological subjects, and a frequent speaker on such topics in society meetings.

WE regret to announce the premature death of Dr. CHARLES E. G. SIMONS, of The Hollies, Merthyr. Born in Merthyr in 1868 he received his early training there, and later at Bedford County School. Subsequently he was a student at University College, Cardiff, and at the Universities of Aberdeen and Edinburgh. He obtained the M.B., C.M. Aberdeen in 1891, and in the following year the D.P.H. of the Royal College of Surgeons, Edinburgh. He soon settled down to practice in Merthyr first with the late Dr. Dyke and subsequently with Dr. Pechell. For some time he was a member of the Merthyr District Council. After Dr. Dyke's death, the then medical officer of health for Merthyr, Dr. Simons, who had acted as his deputy for some years, was appointed, the appointment being changed to a whole time one. After a few months, owing to differences with some of the members of the Council, he resigned the appointment and returned to private practice. For some time he had been in weak health, being a sufferer from diabetes, and on February 16th he succumbed to an attack of pneumonia. Dr. Symons, who was well known in the town and neighbourhood, was only 34 years of age. A keen worker and especially interested in all public health matters, the resignation of the appointment of medical officer of health was a great disappointment to him. He leaves a widow and two children.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Nil Filatoff, Professor of Children's Diseases in the University of Moscow, aged 55; Dr. H. Barella of Chapelle-les-Herlaimont, a Member and some time President of the Belgian Academy of Medicine; Dr. Julius Wolff, Professor of Surgery in the University of Berlin, and author of writings on osteoplasty, fractures, resection of joints, trophic lesions of bone, etc., aged 65; and Dr. G. Siegmund, one of the oldest physicians of Berlin, author of numerous papers on medical chemistry, aged 82.

MEDICAL NEWS.

ON Wednesday, March 5th, 8.30 p.m., at the Medical Society's Rooms, Dr. Vivian Poore, the President of the Life Assurance Medical Officers' Association, will shortly review the work of the Society, and introduce a discussion on the influence on life assurance of a history of appendicitis and insanity.

BRITISH CHILD STUDY ASSOCIATION.—The attention of late years devoted to the minds and bodies of children should be fruitful of good results to the rising generation. In addition to the Childhood Society, which was established to carry on work similar to that in former years conducted by a Committee appointed by the Council of the British Medical Association for the Scientific Study of the Mental and Physical Conditions of Childhood, there exists a large Society, with branches in ten of the principal towns of the kingdom, called the British Child Study Association. From the report of the London branch, of which Dr. Fletcher Beach is President for the year, we learn that the object of the Association is to gather inform-

ation about the life and training of children; and that this work is promoted not only by formal lectures, but by studies, psychological and practical, carried on by local centres and circles meeting in sixteen different localities in the metropolitan area. These studies are periodically compared and discussed at general meetings at present held at the Sesame Club, Dover Street. A journal called the *Paidologist* is published by the Association three times a year, and contains articles bearing upon child study. The Secretary of the London Branch is Miss K. Stevens, Carlisle House, Dartmouth Park Hill, N.W.

SUICIDE IN THE UNITED STATES.—There were 7,245 cases of suicide in the United States during the past year, and it is probable that a great many suicides are concealed. The published statistics show that the number of people who take their own lives is increasing much more rapidly proportionately than the population. As usual poison heads the list of agencies, and as usual medical practitioners are at the top of the list of victims in professional life.

THE WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—The annual dinner of this Society was held on February 19th at Frascati's Restaurant, Mr. Alfred Cooper, President, in the chair. The guests numbered over 100, amongst whom were the President of the Royal College of Physicians of London (Sir William S. Church), the President of the Royal College of Surgeons of England (Mr. H. G. Howse), the President of the Medical Society (Dr. W. H. Allchin), the President of the Pathological Society (Mr. Watson Cheyne), the Director-General of the Army Medical Service (Surgeon-General W. Taylor, C.B.), Sir J. Crichton-Browne, and Mr. Edmund Owen. The President proposed the toast of "The West London Medico-Chirurgical Society." This was replied to by Mr. C. B. Kestley, who in turn proposed "The Imperial Forces," with which he coupled the name of Surgeon-General Taylor. In responding, the Director-General said that, through the kindness of the Secretary of State he was now supported by some of the most eminent men in the medical profession in London. Mr. F. Swinford Edwards gave the toast of "The Kindred Societies," which was replied to by Dr. Allchin. Mr. L. A. Bidwell proposed "The Guests," and in replying to this toast Sir J. Crichton-Browne said that if he had to characterize the individuality of the West London Medico-Chirurgical Society, he would say that it consisted in conciseness and in practicality, which were due no doubt to the influence of the general practitioners amongst its members. "The Health of the President" was proposed by Dr. J. Barry Ball. The President having acknowledged this toast, the proceedings ended by Dr. McCann proposing "The Officers of the Society," which was replied to by Dr. L. Dobson (who said that the number of members was 385) and by Mr. Percy Dunn, the editor of the journal of the Society.

MEDICAL VACANCIES.

The following vacancies are announced:

- BELGRAVE HOSPITAL FOR CHILDREN**, Gloucester Street, S.W.—House Surgeon. Appointment for six months. Board and lodging provided, and gratuity of £5. Applications to the Hon. Secretary by March 8th.
- BIRKENHEAD BOROUGH HOSPITAL**.—Junior Male House Surgeon. Salary, £80 per annum, with board and washing. Applications to the Chairman of the Weekly Board.
- BIRMINGHAM GENERAL DISPENSARY**.—Resident Surgeon; unmarried. Salary, £150 per annum, £30 per annum cash hire, furnished rooms, etc. Applications to the Secretary by March 15th.
- BIRMINGHAM, TAME, AND REA DISTRICT DRAINAGE BOARD**.—Bacteriologist. Salary, £160 per annum. Applications to Mr. J. D. Watson, Engineer to the Board, Tyburn, near Birmingham, by March 15th.
- BLACKBURN COUNTY BOROUGH**.—Medical Officer of Health; between 25 and 45 years of age and must hold D.P.H. Salary, £450 per annum. Applications, endorsed "Medical Officer of Health," to be sent to the Town Clerk by March 6th.
- BRADFORD 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.
- BRIDGEWATER INFIRMARY**.—House Surgeon. Salary £80 per annum, with board and residence. Applications to Mr. John Combs, Honorary Secretary.
- 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.
- Bristol General Hospital**.—(1) Assistant House-Physician. Salary £70 per annum, with board, residence, etc. (2) Assistant House-Surgeon. Applications to the Secretary by March 15th.
- BUXTON, DEVONSHIRE HOSPITAL**.—Assistant House-Surgeon. Salary, £70 per annum, with furnished apartments, board, lodging, and laundry. Applications to the Secretary.
- CARLISLE, CUMBERLAND INFIRMARY**.—Resident Medical Officer to act as House-Physician for first six months and House Surgeon for second six months. Salary, at the rate of £80 and £100 per annum respectively, with board, lodging, and washing. Applications to the Secretary by March 15th.

- DORCHESTER: DORSET COUNTY HOSPITAL**.—House-Surgeon; unmarried. Salary, £100 per annum, with board, and residence. Applications to the Chairman of the Committee by March 10th.
- 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.
- EAST LONDON HOSPITAL FOR CHILDREN**, Shadwell.—House-Surgeon. Board and residence provided, and a honorarium of £40 on completion of six months' approved service. Applications to the Secretary by March 10th.
- EDINBURGH: CRAIGLEITH POORHOUSE AND HOSPITAL**.—Medical Officer. Salary, at the rate of £100 per annum, with board and apartments. Applications to the Clerk, Parish Council Chambers, Castle Terrace, Edinburgh, by March 10th.
- EDINBURGH HOSPITAL FOR WOMEN AND CHILDREN**.—Resident Medical Officer (woman). Appointment for six months. Residence board, and washing provided. Applications to the Secretary, 1, White House Loan, Edinburgh.
- EDINBURGH ROYAL INFIRMARY**.—Assistant Pathologist. Honorarium, 50 guineas per annum. Applications to the Treasurer by March 7th.
- FAREINGDON GENERAL DISPENSARY**.—Honorary Physician. Applications to the Honorary Secretary, 17, Bartlett's Buildings, Holborn Circus, E.C., by March 3rd.
- HAYWARD'S HEATH: EAST SUSSEX COUNTY ASYLUM**.—Second Assistant Medical Officer and Pathologist; unmarried. Salary, £175 per annum, with board, lodging, washing, and attendance. Applications to the Medical Superintendent by March 15th.
- HOSPITAL FOR SICK CHILDREN**, Great Ormond Street, W.C.—House-Physician; unmarried. Appointment for six months. Salary, £200, washing allowance, £2 10s., with board and residence. Applications, on forms provided, to be sent to the Secretary by March 4th.
- JENNER 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.
- KING'S NORION AND NORTHFIELD URBAN DISTRICT**.—Assistant Medical Officer at the Infectious Diseases Hospital. Salary, £120 per annum, with rations, rooms, etc. Until accommodation is provided, officer will be paid at the rate of £60 per annum in lieu of apartments, rations, etc. Applications, on forms provided, to be sent to the Clerk to the Council, 10, Newhall Street, Birmingham, by March 15th.
- LEICESTER INFIRMARY**.—Surgical Dresser. Board, apartments, and washing provided, and honorarium of £10 10s. for six months. Applications to the Secretary, 24, Friar Lane, Leicester.
- LEITH 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, Bedford Street, Leith, by March 15th.
- LONDON COUNTY ASYLUM**, Banstead.—Junior Assistant Medical Officer, between 25 and 30 years of age. Salary, £150 per annum, with board furnished apartments, and washing. Applications, on forms provided, to be sent to the Clerk of the Asylums Committee 6, Waterloo Place, S.W., by March 6th.
- LONDON LOCK HOSPITAL**, Harrow Road, W.—Anaesthetist to the Female Hospital. Applications to the Secretary by March 30th.
- MANCHESTER CHILDREN'S HOSPITAL**.—Junior Resident Medical Officer; unmarried. Appointment for six months, but eligible for election as Senior for six months. Salary at the rate of £80 per annum as Junior and £100 as Senior, with board and lodging. Applications to the Secretary, Dispensary, Gartside Street, Manchester, by March 5th.
- MANCHESTER CLINICAL HOSPITAL FOR WOMEN AND CHILDREN**.—House-Surgeon. Salary, £80 per annum, with apartments and board. Applications to Mr. H. Teague, Secretary, 38, Barton Arcade, Manchester, by March 25th.
- MANCHESTER ROYAL INFIRMARY AND DISPENSARY**.—Honorary Assistant Physician; must be F. or M.R.C.P. Lond. Applications to the Secretary by April 5th.
- MANCHESTER SCHOOL BOARD**.—Medical Officer. Salary, £250 per annum. Applications, to the Clerk to the Board, School Board Offices, Deansgate, Manchester, by March 8th.
- MADRAS MUNICIPALITY**.—Health Officer. Salary, Rs. 600, rising to Rs. 900 a month by annual increments of Rs. 40. Applications to Mr. I. Calderarai, Secretary of the Municipality, by March 24th.
- MARGATE: ROYAL SEA-BATHING HOSPITAL**.—Resident Surgeon (Junior for six months and Senior for six months). Salary at the rate of £80 and £100 per annum respectively, with board and residence. Applications to the Secretary, 30, Charing Cross, W.C., by March 15th.
- MIDDLESEX HOSPITAL, W.**—Medical Registrar. Applications to the Secretary-Superintendent by March 14th.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC**, Queen Square, W.C.—Senior House-Physician. Salary, £100 per annum. (2) Junior House-Physician. Salary, £50 per annum. Board and apartments provided in each case. Applications to the Chairman of the Board by March 10th.
- NEW HOSPITAL FOR WOMEN**, 144, Euston Road, N.W.—Anaesthetist (female). Applications to the Secretary by March 25th.
- PETERBOROUGH INFIRMARY AND DISPENSARY**.—House-Surgeon, male. Salary, £80 per annum, rising to £100, with board, residence, and washing. Applications to Dr. T. J. Walker, senior Surgeon.
- QUEEN'S CHARLOTTE'S LYING-IN HOSPITAL**, Marlborough Road, N.W.—Pathologist. Remuneration at the rate of £100 per annum. Applications to the Secretary by March 17th.
- 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.
- ST. GEORGE'S UNION INFIRMARY**, Fulham Road, S.W.—Assistant Medical Officer. Salary, £70 per annum, with board, residence, and washing. Applications to Dr. Webster at the Infirmary.
- SALFORD ROYAL HOSPITAL**.—(1) House Surgeon. Salary, £100 per annum. (2) House-Physician. Salary, £80 per annum. Board and lodging provided in each case. Appointments for six months. Applications to the Superintendent by March 15th.
- SHEFFIELD: JESSOP HOSPITAL FOR WOMEN**.—House-Surgeon; unmarried. Salary, £75 per annum, with board, lodging, and washing. Applications to the Hon. Secretary of the Medical Staff, Mr. F. E. Barber, Leavygreave House, Hounfield Road, Sheffield.
- TOTTENHAM HOSPITAL, N.**—(1) Honorary Dermatologist. (2) Two Honorary Anaesthetists. Applications to the Chairman of the Joint Committee by March 14th.
- TOTTENHAM URBAN DISTRICT COUNCIL**.—Medical Officer of Health. Salary, £500 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.
- WEST LONDON HOSPITAL**, Hammersmith Road, W.—(1) House-Physician. (2) House-Surgeon. Board and lodging provided in each case. Appointments for six months. Applications to the Secretary-Superintendent by March 22nd.

MEDICAL APPOINTMENTS.

- ALLPORT, R. H., M.R.C.S., L.R.C.P. Lond.**, appointed Certifying Factory Surgeon for the Loughdon District of Essex.
- BELBIN, H. A., L.S.A.**, appointed District Medical Officer of the Stourbridge Union, vice E. Sturges-White, M.B., O.M. Edin, resigned.
- BELL, J. T., M.B., B.S. Durh.**, appointed Medical Officer of the Bledlow School of the Wootton Union, vice J. B. McKay, M.D., M.Ch. E.U.I., resigned.
- BEVERS, Edmund C., M.A., M.B., B.Ch. Oxon., M.R.C.S., L.R.C.P.**, appointed House-Physician to the Radcliffe Infirmary, Oxford.
- COLLYM, E. W., L.R.C.P., M.R.C.S. Eng.**, appointed Anaesthetist to the Charing Cross Hospital.
- Crowe, Daniel, M.B., B.Ch. Dub.**, appointed Certifying Factory Surgeon for the Ulceby District of Lincoln.

GEDGE, A. S., M.R.C.S., L.R.C.P.Lond., appointed District and Workhouse Medical Officer of the Pewsey Union, *vice* W. F. Manners M.R.C.S.Eng., resigned.
 JEFFERISS, F. B., M.R.C.S., L.R.C.P., appointed Assistant Physician to St. Bartholomew's Hospital, Rochester.
 LACEY, Hugh K., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Obeam Hospital of the Croydon and Wimbledon Joint Small-pox Hospital Board.
 RAMSBOTTOM, A., M.B., Ch.B.Vict., appointed Assistant Medical Officer to the Salford Union Infirmary.
 ROBERTS, Miss A. M., M.B., B.S.Lond., appointed Second Assistant Medical Officer and Dispenser at the Hendon Asylum of the Central London Sick Asylum District, *vice* Miss M. B. Austin, resigned.
 ROSS, Robert Hamilton, L.R.C.P., L.R.C.S.Édin., appointed Medical Officer to the Clogher Union Workhouse.
 THORP, Winifred, L.S.A., appointed House-Surgeon to the Mater Infirmorum Hospital, Belfast.
 SIMCLIFF, G. T., M.D., appointed Certifying Factory Surgeon for the Clackmannan District.
 UPPELBY, T. G., L.R.C.P. & S.Édin., reappointed Honorary Visiting Surgeon to the Provincial Hospital, Port Elizabeth, South Africa.
 VAN PRAAGH, Harold, M.D.Lond., appointed Casualty Physician at St. Mary's Hospital, Paddington.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 11, Chandos Street, Cavendish Square, W., 9 p.m.—Mr. A. Pearce Gould: Lettsomian Lectures on Certain Diseases of the Blood Vessels. Lecture II.—Obliterative Arteritis; Nature of the Disease; Symptoms; Treatment; Liability to Recurrence.
Obitological Society of the United Kingdom, 11, Chandos Street, Cavendish Square, W., 4.30 p.m.—Cases and specimens will be exhibited by Mr. Hugh Jones, Dr. A. Brouner, Mr. Cresswell Baber, Dr. Herbert Tilley, Mr. Arthur Cheate, and Dr. Jobson Horne.
Royal College of Surgeons of England, 5 p.m.—Professor F. G. Parsons: The Blood Vessels of Mammals in Relation to those of Man. Lecture I.

TUESDAY.

Pathological Society of London, 20, Hanover Square, W., 8.30 p.m.—Professor Vaughan Harley: A Case of Low Nitrogenous Metabolism. Dr. Hédin: Splenic Enzymes. Dr. E. Hutchison: Chyliform Ascites. Dr. Schöberg: An Unknown Pigment of Urine. Dr. Thiele: A Brown Pigment in Urine.
Royal College of Physicians of London, 5 p.m.—Dr. G. F. Still: Some Abnormal Psychological Conditions in Children. Goulstonian Lecture I.

WEDNESDAY.

Obstetrical Society of London, 20, Hanover Square, W., 8 p.m.—Specimens will be shown by Dr. Comyns Berkeley, Dr. Victor Bonney, the President (Dr. Horrocks), and Dr. Boxall. Paper: Dr. K. G. McCreron, Suppression of Urine after Labour.
Royal College of Surgeons of England, 5 p.m.—Professor F. G. Parsons: The Blood Vessels of Mammals in Relation to those of Man. Lecture II.

THURSDAY.

Harveian Society of London, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 p.m.—Mr. P. L. Daniel: Some Rare Cases of Sarcoma of the Throat. Clinical cases will be shown by Dr. Cautley and others.
North-East London Clinical Society, Tottenham Hospital, 4 p.m.—Demonstration of Clinical Cases.
Roentgen Society, 20, Hanover Square, W., 8.30 p.m.—Dr. Barry Blacker: On Localization; with Demonstration of a Simple Direct Reading Apparatus.
Royal College of Physicians of London, 5 p.m.—Dr. G. F. Still: Some Abnormal Psychological Conditions in Children. Goulstonian Lecture II.

FRIDAY.

Royal College of Surgeons of England, 5 p.m.—Professor F. G. Parsons: The Blood Vessels of Mammals in Relation to those of Man. Lecture III.
Society of Anaesthetists, 20, Hanover Square, W., 8.30 p.m.—Clinical evening. Followed by a General Meeting to Consider Addition to Rules.
West Kent Medical-Chirurgical Society, Royal Kent Dispensary, Greenwich Road, E., 8.45 p.m.—Clinical Cases and Pathological Specimens will be shown or Notes read by Dr. Toogood, Mr. Chisholm Williams, the President, Dr. Leonard Williams, Dr. James Donegan, Dr. Herschell, Dr. E. V. Donnellan, Dr. Caesar, Dr. Peacock (for Mr. Poland), and Dr. Henry.

SATURDAY.

Medical Society of London, Whitehall Rooms, Hotel Metropole, 7.30 p.m.—129th Anniversary Dinner. Dr. W. A. Alchlin, President, in the Chair.
POST-GRADUATE COURSES AND LECTURES.
 Charing Cross Hospital, Thursday, 4 p.m.—Dermatological Demonstration.
 Hospital for Sick Children, Great Ormond Street, W.C.—Thursday, 4 p.m.—Lantern Lecture on Lesions of the Cerebellum.
 Medical Graduates' College and Polytechnic, 22, Chenies Street, W.C.—Demonstrations will be given at 4 p.m. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, throat.
 National Hospital for the Paralyzed and Epileptic, Queen Square, W.C.—Tuesday, 8.30 p.m. Lecture on Myopathies.
 West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows:—Monday: Therapeutics. Tuesday: Some Common Diseases of the Eye. Wednesday: Therapeutics. Thursday: Medical Anatomy and Physical Diagnosis. Friday: Diseases of the Tonsils.

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.

GREENWOOD.—On February 22nd, at Garbett House, Accrington, the wife of Alan Y. Greenwood, M.B.Édin., of a son.

DEATHS.

POWER.—On February 17th, at Bournemouth, Julia Charlotte, wife of F. D. Power, M.R.C.S., Brixton.
 SMITH.—At his residence, Cotherstone, Yorkshire, on February 20th, aged 57 years, Robert Ayre Smith, M.D., late of Sunderland and West Norwood, London.
 TOLLE.—On the February 19th, to the great distress of his parents, and deeply lamented by his friends, at his residence, Cairo, Egypt, Seymour Graves Toller, M.D., M.R.C.P. Lond., aged 35, late Physician to Kas-el-Aini Hospital, Cairo, a late Assistant Physician to St. Thomas's Hospital, London. Friends will kindly accept this, the only intimation.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 429, Strand, W.C., on receipt of proof.

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

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

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

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

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

THE DIAGNOSIS BETWEEN SCARLET FEVER AND GERMAN MEASLES.
 C. E. R. writes: My partner and I have had several cases of what we believe to be German measles; some had the rash on the face, while others had not, but all had a scarlatiniform rash on the body. Nearly all peeled in small flakes or in branny scales. What are the reliable diagnostic points to determine between scarlatina and German measles as one cannot rely upon the description in the ordinary textbooks?

ASSURANCE.

W. M. S. is considering the matter of insurance with respect to (1) life; (2) accident and sickness, (3) servants, (4) horses and traps, (5) slander, etc., and asks for advice.

*(1) Several small books have been published, but we are not prepared to recommend any of them. The *Medical Annual*, published by Messrs. Wright and Co., Bristol, contains a list of assurance companies, with information as to rates, etc.; (2) our correspondent should obtain information as to the Medical Sickness Assurance Society from the Secretary, 33, Chancery Lane, London, W.C.; as to (3) he might communicate with the Employers Liability Assurance Corporation, 84-85, King William Street, E.C.; (4) several companies insure against accidents to horses, including the Horse, Carriage, and General Insurance Company, 17, Queen Victoria Street, E.C., and the Imperial Accident Live Stock and General Insurance Company, 17, Pall Mall East, S.W.; (5) information can be obtained from the Secretary of the Medical Defence Union, 4, Trafalgar Square, W.C., or from the Secretary of the London and Counties Medical Protection Society, 31, Craven Street, Strand, W.C.

ANSWERS.

T. D. B. has omitted to enclose his card.

A CASE FOR DIAGNOSIS.

G. P. C. writes: In answer to your correspondent, "J. S." in the BRITISH MEDICAL JOURNAL of February 22nd, I think possibly some light might be thrown on his obscure case if he were to read the article on the status lymphaticus in Osler's *Medicine*, p. 826.

J. D. W. writes: The positive and negative signs and symptoms detailed by "J. S." are highly suggestive of primary diphtheria of the trachea involving the larynx and right bronchus. After symptoms of slight bronchial and tracheal catarrh of one or two days' duration, which may cause no alarm, sudden spasm of the glottis with cyanosis occurs from extension of the membrane into the larynx; the symptoms and course are much like those of a foreign body. Jacobi, in his treatise on diphtheria, says he has operated perhaps fifteen times on such cases, and no case, from the commencement of urgent symptoms to death, ever lasted more than a day, but many a few hours only.

CHRONIC ENLARGEMENT OF THE TESTICLE.

DR. H. OPPENHEIMER (South Hampstead, N.W.) writes: In reply to a query by "A. W. M.," I beg to state that in thickening and induration following gonorrhoeal epididymitis, systematic strapping with adhesive plaster is, in my experience, superior to and quicker in its action than any other plan of treatment I have tried. The diseased testicle being first fixed by a circular layer of strapping plaster applied near the root of the scrotum, and by a longitudinal one applied at the seat of the raphe, the whole of the diseased half is systematically and completely covered with alternate circular and longitudinal strips of plaster. I find Mead's $\frac{1}{2}$ -inch adhesive plaster answering the purpose well. Care should be taken that no skin remains visible in the diseased half of the scrotum, since uncovered portions are in danger of being strangulated and sloughing. The plaster dressing remains *in situ* for a period of from 10 to 14 days, when a few days are allowed to elapse before a fresh plaster dressing is applied, so that any soreness of the skin that might show after taking the bandage off has a chance to disappear, and the slight excoriations which occasionally form may heal.