

As to the colouring, most had brown hair and brown or grey eyes. Very few had dark hair, only two had red hair. Several were described as having fair hair, but brown and dark brown greatly predominated. The colour of the eyes was noted as either dark, brown, hazel, grey, and blue. Brown hair with hazel or grey eyes greatly predominated, so also does this type normally in the London area; the dark Iberian-Mediterranean type being comparatively infrequent outside Cornwall.

REFERENCES.
¹ *Mental Diseases*, 1883. ² *Edinburgh Medical Journal*, vol. x. ³ *Traité de a Folie des Femmes Encéintes*. ⁴ *West Riding Asylum Reports*, 1872.
(To be continued.)

A CASE OF TUMOUR OF THE CEREBRAL CORTEX.

By H. CECIL BARLOW, M.B.LOND., L.R.C.P., M.R.C.S.,
Farnborough.

THE following is a somewhat incomplete account of a case of tumour of the cerebral cortex, which is interesting in that several of the symptoms and physical signs which are diagnostic of that condition were absent.

History.—W. R., aged 57, an armourer sergeant, apparently in good health, was suddenly seized with convulsions, while at his work on May 10th, 1901, which were confined to the left side of the body, beginning in and mainly affecting the face, but also the arm. During the attack he was perfectly conscious, but was unable to articulate distinctly. This attack lasted for about an hour, and he appeared to get quite well. Between May 10th and May 16th he had another attack, and obtained medical advice. On May 16th he was admitted as an in-patient to St. Bartholomew's Hospital, where he remained until May 23th.

Unfortunately I have been unable to obtain any account of his condition while there, but I have learned from his friends that he had one attack of convulsions.

State on Examination.—On the night of May 31st I saw him for the first time. He was standing with head and shoulders bent forward—perfectly conscious, and appearing to understand all that was said to him, but he was unable to articulate distinctly. There was frequent and marked spasm of the left facial muscles, and of the left arm, and to a less extent of the left leg. The mouth was open—tongue protruded, and saliva flowing from the mouth. The grasp of the left hand was decidedly weaker than that of the right. The deep reflexes were very brisk on the affected side, while sensation was markedly dulled and delayed to pain and touch on that side. The pulse-rate was 78. He appeared free from pain. The attack came on while in bed, and the twitching began in the face. He was put to bed, and a mixture of chloral and ammonium bromide administered. There was no obtainable history of alcoholism, epilepsy, or specific disease.

Progress.—Next morning, June 1st he appeared fairly comfortable having slept during the night, there was still marked twitching of the muscles of the left side of the face occurring every three or four minutes and very slight occasional spasm of the muscles of left arm. In the intervals between the spasms left facial palsy was obvious, and the left arm was decidedly weaker than the right. Temperature was normal, pulse 68, regular, good volume, moderate tension. There was no abnormal rigidity of the arterial walls. Sensation on the left side was dulled and delayed to touch and pain. An examination of the urine revealed nothing abnormal. Taste and smell were normal. Sight was good and the optic discs were normal. There was no discharge from the ears and no pain or tenderness of the head. The chest was emphysematous—the only abnormality discovered was a systolic *bruit* loudest at the aortic cartilage. He was ordered a liberal diet and given a mixture of bromide and potassium iodide (ten grains) three times a day. For the next four days, June 2nd, 3rd, 4th and 5th, the patient's general condition appeared to improve. The twitching gradually subsided, leaving marked facial palsy and paresis of the left arm and hand. The temperature was normal each day, and the pulse ranged between 68 and 76. He slept comfortably at night. He complained of no pain, he was able to read his paper and converse with those about him. On June 3rd there was a very decided increase of power in the left arm and hand, but no improvement in the face. He took his food well. On June 6th he began to be drowsy—the bromide was discontinued, but the iodide was still given—he complained of slight pain in the right parietal region. On June 7th, 8th, 9th, 10th and 11th his condition remained the same as on 6th, with the exception that the pain in the head passed off. On June 12th he was more drowsy but easily roused, and spoke intelligently in answer to questions. He said he had no pain. The optic discs were examined and found normal. His pulse was regular of good volume and tension, rate 68. Temperature normal. The palsy was unaltered. On June 13th he died suddenly, without any preliminary coma, apparently from heart failure.

Necropsy.—I obtained leave to examine the brain. On removing the skull cap there was no abnormal appearance of the dura mater and no marked increase of tension. On exposing the brain marked injection of the vessels of the pia arachnoid over the right Rolandic area was evident. Just below the surface of the cortex, which was considerably softened for a distance of half an inch round it was a perfectly circumscribed firm tumour the size and shape of a walnut. The main bulk of the tumour was situated in the lower portion of the ascending frontal lobe. My friend, Dr. Bertram Abrahams, has examined the tumour, and reports that it is an alveolar sarcoma.

A consideration of the facts of the case would naturally lead to a diagnosis of a lesion in the right Rolandic area, but

as to the nature of that lesion the data obtained did not give any very clear indication. The absence of optic neuritis, vomiting, and the very slight pain in the head all seemed to negative cerebral tumour. The short duration of the illness (thirty-three days) and the sudden termination without any preliminary stage of coma are points which are deserving of notice.

MEMORANDA:

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

THE TREATMENT OF INFLUENZA.

IN the short paper in the BRITISH MEDICAL JOURNAL of February 15th I related a case of diabetes cured in a few weeks by measures exactly the opposite of those followed by the profession. This disease is a comparatively rare one. I now wish to speak of one of the most common and most fatal diseases of the period which may also be treated with success by methods the opposite of what are now ordinarily employed.

I allude to influenza. My first experience of influenza was in Aberdeen, when beginning my medical studies in the winter of 1836-7. The epidemic was almost universal, affecting more of the community than any I have met with since. Whole families were laid down and were absolutely helpless, and sometimes were discovered in this condition by their neighbours.

The last thing that was thought of in those days was to feed the sick, who wished for nothing, or to give them any stimulant whatever. They were absolutely left to Nature and I do not remember hearing of a death during the whole epidemic; it is quite possible that such may have occurred in old and feeble individuals, but I have no recollection of it; nor do I remember any epidemic occurring since with anything like the same severity or numbers. Common colds, which occur also in epidemics as being of a most infectious nature, got to be spoken of as influenza, but I am not aware of cases like those in Aberdeen occurring till the appearance of the severe form of the disease which originated in Russia and spread thence to this and other countries. The general method of treating disease had now completely altered, and with it the treatment of influenza. The toxic element, whatever it is, led as formerly to intense depression, but, instead of being left to Nature to be got rid of in its own way, was opposed by giving food and stimulants, both of which, especially the stimulants, stopped the natural actions of the system in expelling the poison, and in many cases led at once to a fatal result. The after-effects are too well known to need mention, and the deaths from them have been much more frequent after a more or less prolonged period than were those from the original attack. For myself I have all along treated cases of influenza on the old method of leaving them absolutely to Nature, and, so far as my memory goes, I do not remember the loss of a single case. Certainly for twenty-five years after my late colleague and successor joined me we did not lose a single case.

In *Plea for a Simpler Life*, and also in the preface to the conjoint volumes of *Plea and Fads*, I give numerous cases of patients who were cured when left to Nature, and of others which went wrong on the usual treatment of the day. Perhaps the most remarkable of the recoveries was that of an old lady of 87, given fully at p. 87 of *Plea*. She has enjoyed the best of health ever since, and at the age of 94 she gives every promise of living her hundred years at least. On the other hand several cases which were treated wrongly from the beginning or were interfered with when making good progress to recovery are instances of the sad results daily occurring from what has come to be regarded by the profession as the proper method of treating the disease.

Diabetes and influenza are typical diseases which differ the one from the other as to their cause and treatment. Diabetes is the result of bad feeding and its cure is effected by a return to a more rational dietary.

In influenza an active poison has got into the system causing intense temporary depression which Nature if left free to

act soon eliminates not only with no permanent damage but it also carries off morbid matters in the blood which may have been affecting the general health of the patient perhaps for a long period.

I have invariably found that influenza wisely treated leaves the patient in better health than before.

GEORGE S. KEITH, M.D., F.R.C.P.E.

Currie, Mid-Lothian.

THE SETON IN MIGRAINE AND ALLIED AFFECTIONS.

SOME twelve months ago I was much interested in a paper on the Surgical Treatment of Migraine, by Mr. Whitehead of Manchester, which appeared in the *BRITISH MEDICAL JOURNAL*, 1901, vol. i, p. 335. At that time I had under my care a young woman who had been suffering for a considerable time with paroxysmal hemicrania, and pain referred to the lower jaw, neck, and arm of the same side. She was of a highly neurotic temperament, and twice previously had simulated perforated gastric ulcer. Before coming under my care many of the teeth had been removed, but I gathered from her history that this gave only temporary relief, the pain returning again with as much severity as before. All manner of medicinal treatment had been resorted to without permanent benefit.

After a careful examination of the patient I was unable to detect any cause for the pain she was suffering—and that she did suffer there was no doubt; the remaining teeth were sound, the eyes were normal, and the ears were examined without effect. The urine was free from any abnormal constituent, but occasionally, after a severe attack, she passed a large amount of light-coloured urine of low specific gravity. The intervals between the attacks of pain had become shorter and the attacks were of longer duration.

I came to the conclusion that the patient was suffering from a paroxysmal neurosis, and therefore of a nature analogous to migraine. On these grounds I decided to try the effect of a seton, as suggested by Mr. Whitehead, and on February 11th, 1901, I inserted one *secundum artem*. Shortly after its introduction the duration of the attacks and the severity of the pains began to diminish, and after it had been worn for nine weeks I removed it, the patient declaring herself well, and wishing to go away from home for change. There being some return of the attacks of pain I, at the request of the patient, introduced a second seton on August 22nd, and this one was worn for four months. She has had no pain for upwards of three months, has improved in every way, and now does a share of the household work, an employment she has been unable to do for several years.

How does the seton produce this effect in these cases? The etiology of migraine being obscure, one can only theorize upon how the seton acts. It may be that the attacks of pain are of the nature of discharges of energy from certain cells in the central nervous system, and that the irritation of the seton acts by preventing an accumulation of energy in these cells, draining it away, as it were, and so allowing them time in which to recover their normal equilibrium. The moral effect of the seton must also be borne in mind, for a majority of these cases are met with in those of a hysterical temperament. If I have another suitable case I shall certainly make trial of the seton, and it would be instructive to introduce it into some part of the body where its presence would not be so forcibly kept before the mind of the patient as is the case when it is introduced into the nape of the neck.

This is only one case, but the beneficial result of Mr. Whitehead's treatment has been so marked that I have deemed it well to put it on record, in the hope that it may be suggestive to some one who has under his care one of these most troublesome cases.

Catcliff, Bakewell.

THOMAS FENTEM, M.D.

MICRO-ORGANISMS ISOLATED FROM THE LESIONS OF GROUND ITCH.

ABOUT a year ago Dr. Bennett, of Trinidad, forwarded to Professor Crookshank, cultures of an organism isolated by plate culture from the feet of persons afflicted with "ground itch." These were handed to me for examination, and after due investigation, I concluded they were merely varieties of *bacillus mesentericus*, and probably without any causal

relationship to the disease. Besides these, Dr. Bennett had recognized a few ordinary pyogenic organisms, such as *staphylococcus pyogenes aureus*, etc.

This negative bacterioscopic evidence is of little value except as an incidental support to Dr. Bentley's observations on the causal relationship of the larvae of *ankylostoma duodenale* to ground itch. His investigations¹ are a model of careful observation, well considered experiment, and logical deduction, in spite of limited laboratory apparatus, etc.

J. T. C. NASH, M.D., D.P.H.,

Late Demonstrator in Bacteriology, King's College, London.
Southend-on-Sea.

THE THERMO-CAUTERY *VERSUS* SUPRARENAL EXTRACT AS A HAEMOSTATIC IN HAEMOPHILIA.

MUCH has been written and many cases have been quoted in the *BRITISH MEDICAL JOURNAL* during the past year in favour of suprarenal extract as a haemostatic in the treatment of haemophilia. The following case illustrating its failure may be of interest.

A boy, aged 10, with a well-known haemophilic family history, fell down on December 7th and bit his tongue with the two upper incisor teeth. He lost a good deal of blood at the time, and every styptic was tried in vain, one after the other, each in its way affording some temporary cessation of the bleeding. Digital pressure, too, answered for a time, but nothing gave permanent relief. The powdered suprarenal extract was used frequently; it was dusted on the wound, it was made into a paste, and finally the wound was filled with it and covered with collodion.

On December 18th I was summoned in a hurry with the urgent message that the boy was bleeding to death, which appeared to be the case. I found him deathly pale, with a feeble, fluttering pulse, and blood oozing from the tongue. I at once gave him a hypodermic injection of strychnine, and under chloroform, after clearing away the clots, freely cauterized the wound with a Paquelin's thermo-cautery. The bleeding instantly stopped, the wound healed in a few days, and the boy made an excellent recovery.

I think that in this case the suprarenal extract had a fair trial and failed, and in future I shall rely on the cautery only, and use it at once instead of wasting time in the vain hope of finding some styptic which may have the desired effect.

Horsham.

F. W. E. KINNEIR, M.R.C.S.

REPORTS

ON

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

LONDON TEMPERANCE HOSPITAL.

TETANY OF GASTRIC ORIGIN: DEATH IN THE FIRST ATTACK.

(Under the care of Dr. SOLTAU FENWICK.)

[Reported by CHARLES M. YOUNG, M.B., Ch.B. Aberd.]

History.—A man, aged 64, was admitted on October 12th, 1901, for gastric disease. He stated that his digestion had been weak for fourteen years, but that during the last three years the symptoms had been unusually troublesome, and had been accompanied by vomiting. Pain after food was an inconstant phenomenon, but there was always distension and discomfort after meals, with occasional regurgitations of an acid fluid. The vomiting was especially troublesome at night, when the ejecta often amounted to two or three pints. He had never brought up blood, nor to his knowledge had he ever voided any by the bowel. During the three years he had lost over 4 st. in weight.

State on Examination.—On examination the patient was found to be very emaciated, but not cachectic. The tongue was flabby and moist, the pulse of low tension, and the temperature subnormal. With the exception of some slight emphysema, the lungs were apparently healthy, and there were no indications of cardiac disease. The abdomen was

¹ *BRITISH MEDICAL JOURNAL*, January 25th, 1902.

every L.R.C.P., M.R.C.S., who has not already a degree in medicine, a copy of the petition to the Royal Colleges, asking the Royal Colleges to consider the disabilities of their petitioners.

The Secretaries would be glad to receive signatures as soon as possible, that the presentation of the petition may be proceeded with.

As it is very important that the petition should be as numerous and as influentially signed as possible, we hope that all Licentiates and Members will sign, quite irrespective of whether they belong to the Society or not.—I am, etc.,

FRED. J. SMITH,

Harley Street, W., March 1st. President and Treasurer of the Society.

THE TREATMENT OF HIP-JOINT DISEASE IN CHILDREN.

SIR,—It may interest your readers to know that on the outskirts of London there exists an institution which, for twenty-six years, has been working on the lines advocated in recent issues of the *BRITISH MEDICAL JOURNAL*. It is St. Monica's Home Hospital for Children, 16, Brondesbury Park, N.W.; and its object (as stated in the by-laws) is, "The surgical and medical treatment of poor children requiring treatment for longer periods than can be afforded in general hospitals." Its advantages of site and architecture enable it to carry out fully the aims so ably defined by Mr. Robert Jones, giving to its patients careful hospital treatment in a healthy and beautiful environment.—I am, etc.,

Kilburn, N.W., March 5th.

W. WINSLOW HALL.

OBITUARY.

JOHN HENRY ECCLES, M.R.C.S., L.S.A.

WE regret to record the death, on March 1st, of Mr. J. H. Eccles, of Plymouth, at the ripe age of 87. After his curriculum at St. Bartholomew's Hospital he qualified in the year 1839, and subsequently settled in Plymouth, where he was in active practice for over forty years. Always a man of thorough earnestness of purpose, he soon became connected with hospital and other philanthropic work in his town, and at the time of his death he was Consulting Surgeon to the Royal Eye Infirmary. He also held numerous and important appointments in connection with the port, particularly that of Medical Inspector of Emigrants. His cheery nature and great kindness of heart made him a friend of many and won the esteem of all. He was an intense lover of Nature, and nothing was a greater delight to him than to discover to relatives and friends the natural beauties of his county, and especially of the magnificent view from the Hoe. He was twice married, and three sons by his first wife followed in the same profession, while four of his grandsons are also medical men.

MR. J. J. TWEED, who died at his residence in Upper Brook Street, Grosvenor Square, on February 22nd, at the ripe old age of 82, was the son of a well-known surgeon, who practised at Bishop Stortford in Essex, where Mr. Tweed was born in 1819. Here he was educated at The Parsonage, and after at London University College, and prosecuted his medical and surgical studies at University College Hospital, of which latter institution he was a life governor. He became a Member of the Royal College of Surgeons in 1842, and was elected a Fellow in 1864; thus he was actively engaged in his profession for the unusually long period of over sixty years. Mr. Tweed was the oldest inhabitant of Upper Brook Street, and was one of the most hard-working and deservedly respected of the members of his profession. He was a Fellow of the Obstetrical Society, and had had a very large obstetric practice, to which he devoted the best years of his life. He was remarkably abstemious and temperate in all things, never brilliant, but was patient, self-denying, and enduring beyond the ordinary. His old-fashioned courtliness of manner, his unquenchable zeal for the relief of suffering, and his unfailing readiness to give his whole attention and sincere sympathy to all those by whom he was consulted, however poor and forlorn, won for him the respect and affection of a very large number of patients and friends. Mr. Tweed was a good example of the quiet, sincere, unselfish friend of the invalid,

by whom he was never heard to speak of himself or his attainments, and to whom he devoted himself absolutely, cheering and counselling his patient with a kindness, charm, and sympathy known so well by those whom he treated. *Requiescat in pace!*

DR. T. L. BARNES, of Ukiah, California, who died recently, had a romantic history. He was born in North Carolina in 1812. At the age of 18 he was sent by his father to Fort Dearborn, now Chicago, to purchase supplies from that trading post. He was not able to buy a pair of shoes for himself, so he had to go barefooted. At that time Chicago had two houses. Young Barnes was offered 160 acres of land along the lake front for his yoke of oxen; but the deal was not made. Dr. Barnes served as a medical officer in the Black Hawk war. In the early Forties the Mormon troubles at Nauvoo saw the young doctor an officer of a military company called the Carthage Grays, and when Joe Smith, the "Mormon prophet," was arrested for conspiracy and put in gaol at Carthage, the Grays were stationed around the gaol as guards, as the Mormons threatened to storm the gaol and rescue their leader. Dr. Barnes was a member of the detail. During an attempt to escape from gaol, Joe Smith was fired upon and killed. Dr. Barnes made a necropsy of the body of the "Prophet," and for years had in his possession the lead slug which sent Joe Smith into the silent land. In 1854 the Barnes family and party started westward. On reaching the country around the Great Salt Lake the emigrant party had a narrow escape. The Mormons had not forgotten Nauvoo and Dr. Barnes and the Carthage Grays. The "Danities" or "Destroying Angels" were about to execute vengeance on the travellers, when Dr. Barnes overheard a conversation at the small trading post which assured him that his party had been recognized, and it was planned to attack them that night. Dr. Barnes rode swiftly to his companions, and by means of forced marches all night and the next few days, they all escaped the "Danities" vengeance. They reached California without further incident, and settled in Petaluma. Later, Dr. Barnes went to Ukiah, where he lived until his death, respected and beloved by all.

WE regret to have to record the death of Mr. THOMAS SMALLHORN, M.R.C.S., L.R.C.P., L.M., of Eynsham, Oxford, which occurred after a short illness on February 9th, at the age of 63. After qualifying in 1863, he commenced practice in Eynsham, and was medical officer for the district for thirty-seven years. He was untiring in his efforts for the relief of the sick and suffering, and his extreme kindness and many acts of benevolence, more especially to his poorer patients, will not soon be forgotten. He was held in much esteem by his brother practitioners in the district.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Ranz de la Rubia, a well-known Spanish balneologist; Dr. Bouqué, Professor of Surgical Pathology in the University of Ghent; Dr. Eduard Cramer, Extraordinary Professor of Hygiene in the University of Heidelberg; Dr. Heinrich Lahs, Professor of Gynaecology in the University of Marburg, aged 64; and Dr. Emil Holub, of Vienna, a well-known African explorer, aged 54. Dr. Holub first went to Africa with the view of practising his profession. He devoted seven years to ornithology and zoology, and wrote several books, including *Contributions to South African Ornithology*, *Seven Years in Africa*, a sketch of the Mambunda people, whom he visited in 1880; but his most important work was *From Capetown to the Land of the Masku-kulumbé*, among whom he spent four years.

RESTRICTION OF OPIUM SMOKING IN THE UNITED STATES.—A Bill is to be introduced into the United States Congress prohibiting the importation of opium manufactured for smoking to any port in the States. Before any package containing opium exclusively shall be delivered, an affidavit must be made that the opium is to be used solely for medicinal purposes. If these provisions are not complied with the opium will be forfeited. For breach of these regulations a fine not exceeding £100, or imprisonment not to exceed one year is imposed.

eminent gentlemen whose names are quoted above would be the first to deprecate such use of the testimonials they may have given to any former alumnus of the distinguished medical school of Aberdeen.

ILLNESS OF NURSE.

M.O.H. writes: A sanitary authority has a nurse for an isolation hospital from a certain institution. The nurse contracts scarlet fever and is disabled for seven weeks. During this time she is looked after by the sanitary authority, and another nurse is employed from the same institution. Can the latter claim for the services of the nurse while she was ill?

* * If it had been notified to the institution at the time the nurse contracted the fever that her engagement was at an end, the former could only have claimed a week or a month's salary in lieu of notice. If no such notification were given, the sick nurse practically continued in the service of the sanitary authority, and the institution would be entitled to her salary during the time she was ill, or until due notice had been given of the termination of her engagement.

TRANSFER OF PRACTICE.

RECTUS.—According to the facts stated, our correspondent appears to have parted with his practice to his assistant, the consideration being a payment by the latter of £10 a month to him out of the receipts. It further appears that this payment was faithfully made during the lifetime of the assistant, so that in the absence of any special agreement to the contrary his executors would be entitled to the proceeds derived from the sale of the practice, the value of the debts being therein included. If, however, our correspondent did not actually transfer his practice the answer would be different. We should advise him to consult his solicitor.

TESTIMONIALS AS ADVERTISEMENTS.

WE have received further copies of the prospectus of a school for stammerers apparently conducted by Mr. P. Beasley, Brampton Park, Huntingdon, which contains a testimonial letter from Mr. E. Luke Freer, of Birmingham. We are informed that Mr. Freer has been absent in South Africa, but we think that he ought to take steps to prevent the continued circulation of this pamphlet (see BRITISH MEDICAL JOURNAL, March 9th, 1901).

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Degrees.—At a congregation on February 27th the following medical degrees were conferred:—*M.D.*: G. H. Goldsmith, Caius. *M.B.*: J. S. S. Perkins, St. John's; J. L. Timmins, Emmanuel. *B.C.*: J. S. S. Perkins, St. John's; J. E. W. Cole, Corpus.

UNIVERSITY OF EDINBURGH.

THE University Court has appointed Dr. Dawson Turner Additional Examiner in Experimental Physics. Dr. Dawson Turner has been a Lecturer in Physics in the Extra-Academical School for the last ten years. Hitherto Examiners in Physics have never been members of the medical profession.

HONORARY DEGREES AT THE SCOTTISH UNIVERSITIES.

THE Senatus Academicus of the University of Aberdeen has resolved to confer the degree of LL.D. on Sir Thomas Barlow, Bart., M.D., etc., and on Professor Wright, of Oxford.

THE Senatus of St. Andrews University has agreed to confer the same degree on Professor Sir William Turner; Professor Frankland, Birmingham; and on Mr. A. S. McCormick, Secretary of the Carnegie Trust.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen having passed the necessary examinations and conformed to the by-laws, have been admitted Members of the College:

J. W. W. Adamson, St. George's; F. E. Anley, Charing Cross; H. L. Atkinson, Yorkshire College and General Infirmary, Leeds, and St. Mary's; S. B. Atkinson, B.Sc. Lond., L.L.M. and M.A. Camb., St. Bartholomew's; A. L. Badcock, Charing Cross; E. W. Bain, London; H. Barber, Owens College and Royal Infirmary, Manchester, and Guy's; W. B. Blandy, Charing Cross; J. C. Bridge, Middlesex; H. S. D. Browne, B.A. Camb., Cambridge and St. Thomas's; W. W. Browne and J. B. Burt, University College; A. Cameron, Middlesex; G. F. M. Clarke, L.S.A. Lond., Charing Cross; E. L. Clay, Mason College and Queen's and General Hospitals, Birmingham; J. B. Cook, Owens College and Royal Infirmary, Manchester, and St. Bartholomew's; E. A. Cox, King's College; W. T. Crawford, University College; R. J. Cumming, St. Thomas's; H. T. Doble, St. Mary's; R. V. Dolbey and R. A. Eastmond, London; H. A. Easton, St. Thomas's; C. J. E. Edmonds, L.S.A. Lond., St. Thomas's; F. K. Eilinger, University College, London, and Newcastle Royal Infirmary; D. E. Finlay, St. Mary's; E. F. Fisher, London Hospital; E. C. Foster, University College; G. D. Franklin, B.A. Camb., Cambridge and St. Thomas's; J. G. French, St. Mary's; C. H. Gask and A. W. Gater, Guy's; G. F. Gill, Otago and St. Bartholomew's; J. C. G. Glassford, Melbourne and Edinburgh; B. W. Gonin, St. Mary's; E. W. Grogono, London; W. R. Harrison, St. Mary's; P. G. Harvey, St. Bartholomew's; S. Hastings, Middlesex; W. T. Haydon, St. Thomas's; F. L. Henderson, Cambridge and Middlesex; G. S. C. Hayes, H. A. Higgins, Guy's; W. H. P. Hill, M.D., C.M. McGill, McGill University, Montreal; A. F. Horn, University College; C. R. Howard, B.A. Camb., Cambridge and Guy's; L. E. Hughes, St. Bartholomew's; E. Hyde, Cambridge and St. George's; F. W. Jackson, St. Bartholomew's;

L. R. Jimenez, Guy's; H. N. Keeling, Yorkshire College and General Infirmary, Leeds, and St. Mary's; T. T. Kelly, A. D. E. Kennard, W. P. Kerr, Guy's; H. H. Kiddle, St. Thomas's; H. A. Kingsmill, M.D. West. Univ., Ontario, Edinburgh and Middlesex; F. S. Langmead, St. Mary's; A. P. Laycock, Cambridge and London; A. N. Leatham, Charing Cross; N. Leonard, St. Bartholomew's; J. W. Lewellyn, University College, Cardiff, and St. Bartholomew's; A. M. Macintosh, St. Mary's; M. R. C. MacWatters, King's College; F. D. Martyn, Westminster; H. G. McKinney, H. N. Marret, H. M. H. Melhuish, G. W. Miller, St. Bartholomew's; O. Mills, St. Thomas's; W. J. Morrish, St. Mary's; C. R. Moss, M.A. Oxon., Oxford and University College and Royal Infirmary, Liverpool; S. G. Mostyn, M.A. Oxon., St. Bartholomew's; N. H. Munmyer, University College; L. G. Nash, Guy's; H. R. FitzNattle, University College; R. A. Needham, B.Sc., M.B., Ch.B. Vict., Owens College and Royal Infirmary, Manchester; W. Nicholson, L.D.S. Eng., Owens College, and Royal Infirmary, Manchester; P. A. B. Odgers, B.A. Oxon., Oxford and Guy's; J. N. Parrott, St. Mary's; V. S. Partridge, L.S.A. Lond., Westminster and Charing Cross; N. R. Phillips, University College, Cardiff, and University College; C. A. G. Phipps, Owens College, and Royal Infirmary, Manchester, and London; J. F. Powell, St. George's; J. P. Prell, London; W. R. Read, L.D.S. Eng., St. Bartholomew's; M. J. Rees, Guy's; B. E. Sansom, L.S.A., St. Thomas's; L. D. Saunders, St. George's; S. S. H. Shannon, Guy's; J. Sharples, Cambridge and St. Mary's; C. B. Shuttleworth, M.D., C.M. Toronto, Medical College, Toronto; E. Smallwood, L.S.A. Lond., M.D. Brux., University College and Royal Infirmary, Liverpool, and University College; G. F. D. Smith, M.A., M.B. Oxon., B.Ch. Oxon., Oxford and St. George's; G. M. Soper, St. Mary's; R. D. Stacey, St. Bartholomew's; W. H. L. Stewart, Cambridge and St. Thomas's; G. W. Stone, St. Bartholomew's; W. B. Swete-Evans, B.A. Camb., Cambridge and St. George's; E. R. L. Thomas, London; R. E. G. Tillecke, M.D. Brux., L.R.C.P. & S. Edin., and D.P.H. Lond., Ceylon Medical College and King's College; F. I. Trimmer and J. H. Tripe, London; J. Walker, St. Thomas's; A. H. E. Wall, Guy's; J. Walters, University College, Cardiff, and King's College; H. K. Ward, Mason College, Queen's and General Hospitals, Birmingham; V. G. Ward, St. Bartholomew's; A. T. Waterhouse, B.A. Oxon., Oxford, and St. Thomas's; R. J. Waugh, St. Bartholomew's; A. R. Wellington, St. Mary's; J. A. West, St. Bartholomew's; G. H. L. Whale, B.A. Camb., Cambridge, and St. Bartholomew's; J. L. Whitley, Guy's; P. W. White, University College, Bristol; F. E. Wilson, University College; A. S. Woodward, C. S. Woodwark, and A. C. Young, St. Bartholomew's.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,455 births and 6,633 deaths were registered during the week ending Saturday last, March 1st. The annual rate of mortality in these towns, which had increased from 17.7 to 24.4 per 1,000 in the six preceding weeks, declined again last week to 23.3 per 1,000. The rates in the several towns ranged from 10.6 in Aston Manor, 11.7 in Hornsey, 12.4 in Walsall, 12.6 in Leyton, 12.9 in Kings Norton, and 13.8 in Norwich, to 27.3 in Great Yarmouth, 27.6 in Reading, 28.2 in London, 28.5 in St. Helens, 28.8 in Merthyr Tydfil, 29.3 in Hastings, and 29.4 in Plymouth. The death-rate in London, 28.2 per 1,000, exceeded by 7.1 the mean rate in the seventy-five other large towns, which was 21.1 per 1,000. The zymotic death-rate in the seventy-six large towns averaged 2.0 per 1,000; in London this death-rate was equal to 2.9 per 1,000, while it averaged 1.6 in the seventy-five other large towns, among which the death-rates from the principal zymotic diseases ranged upwards to 3.0 in Stockton-on-Tees, 3.4 in West Ham, 3.9 in Willesden, 4.4 in Huddersfield, 4.7 in Tottenham, and 5.3 in Burnley. Measles caused a death-rate of 1.5 in Tottenham and in Southampton, 1.8 in Northampton, 1.9 in Rotherham, 2.1 in Willesden and in Brighton, 3.8 in Huddersfield, and 4.2 in Burnley; scarlet fever of 1.7 in Wigan; diphtheria of 1.3 in Willesden, 1.5 in Coventry, and 1.6 in West Hartlepool; whooping-cough of 1.1 in Liverpool, 1.3 in Aston Manor and in York, 1.4 in Gateshead, and 1.9 in Wallasey; and "fever" of 1.5 in Devonport. Of the 84 deaths belonging to these large towns registered last week 75 belonged to London, 7 to West Ham, 1 to Tottenham, and 1 to Swansea. There were 1,300 cases of small-pox under treatment in the Metropolitan Asylums Hospitals on Saturday last, March 1st, against 1,102, 1,185, and 1,321 at the end of the three preceding weeks; 379 new cases were admitted during the week, against 287, 390, and 502 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital, which had decreased from 3,137 to 2,406 at the end of the nine preceding weeks, had further declined to 2,307 on Saturday last; 215 new cases were admitted during the week, against 277, 260, and 219 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, March 1st, 928 births and 729 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 23.6 and 25.3 per 1,000 in the two preceding weeks, declined again last week to 22.6 per 1,000, and was 0.7 per 1,000 below the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 17.3 in Paisley and 18.5 in Aberdeen to 24.2 in Greenock and 26.3 in Dundee. The zymotic death-rate in these towns averaged 2.3 per 1,000, the highest rates being recorded in Dundee and Paisley. The 38 deaths registered in Glasgow included 10 from small-pox, 6 from measles, 4 from scarlet fever, 7 from whooping-cough, 2 from "fever," and 5 from diarrhoea. Three fatal cases of measles and 5

of whooping-cough were recorded in Edinburgh. Six deaths from measles and 4 from diarrhoea occurred in Dundee; 7 from whooping-cough and 2 from diarrhoea in Aberdeen; 3 from whooping-cough and 2 from diarrhoea in Paisley; and 2 from measles in Greenock.

INFLUENZA IN EDINBURGH.

INFLUENZA continues prevalent in Edinburgh. The mortality in the week ending March 1st was 114, and the death-rate 18 per 1,000. The inference from these figures is that the epidemic is not of a very fatal type. Diseases of the chest, however, account for 56 deaths, almost exactly half the total mortality. Of these 56 deaths 10 were due to phthisis, 6 to other forms of tuberculosis, 25 to other "chest" diseases not defined. Thirty-five deaths were in persons over 60 years of age.

MANCHESTER AND SALFORD SANITARY ASSOCIATION.

THE Committee of the Manchester and Salford Sanitary Association have been in communication with the Education Department with respect to the ventilation of schools, and having been invited by Sir John Gorst to submit a draft of such a circular as they would recommend for issue to managers and inspectors of schools, have drawn up the following:

Ventilation of Schools.

The health of the children and teachers in public elementary schools is solargely influenced by the condition of the air they breathe as to necessitate at all times that teachers should make the best use of the means provided for ventilation. Inattention to this important subject is to a large extent responsible for the sore throats, anaemia, headache, and mental dullness which occur amongst school children; moreover, it favours the spread of infectious disease, and is extremely prejudicial to children that are predisposed to phthisis. Defective ventilation also leads to conditions of ill-health among teachers, especially to hoarseness, partial loss of voice, teachers' sore throat, and undue mental weariness. The teacher should insist:

1. That foul air outlets are kept open at all times, the size of opening being regulated to minimize draughts.
2. That sufficient air inlets (which should be at a lower level than the outlets, and be air gratings, Tobin's tubes, hinged or swing windows, lower "hopper" windows, window-sill inlets, ordinary slide windows or doors) are kept open to supply fresh air during teaching hours, and that the currents of air are of a "through" character.
3. That during playtime recess, dinner hour, before morning school, and after the close of the day's work all windows and doors be left open sufficiently long to "air" and refresh the schoolroom and classrooms.
4. That fireplaces (where they exist) are not blocked up by fancy screens in summer, and that air inlet or air outlet gratings are left uncovered by maps, etc.
5. That each assistant teacher follow out and practise the same regulations.
6. That opportunity be taken to instruct the children in the value of ventilation both in school and for their own homes.
7. That the ventilation should be examined when much "school illness" is noted in the classes.

CHOICE OF THE PLACE FOR VACCINATION.

A COUNTRY PUBLIC VACCINATOR writes: Has the public vaccinator free choice to vaccinate where he likes, namely, at the surgery or at the patient's home? I frequently prefer going to the home, especially if there are a number in the same family to be done. At the home there are attendants to wait on you, supply you with water, towels, undress and dress the patient or patients, and there is a larger fee, namely, 6s. 6d., the fee being 2s. 6d. at surgery. I was requested to vaccinate the members of a convent, and about a dozen came to my house. I had just had a message to go to an urgent case, and told them I would later in the day visit them and vaccinate them, which I did at the convent. Should I charge the surgery fee or the home fee? I subsequently vaccinated more inmates who had not been to my house. For these, I presume, the home fee should be charged, although they might have come to the surgery had I asked them. Had they come to my house it would have been a case of flooding my consulting room and dining room, and perhaps surgery with the patients, and it was much nicer in every way for me to vaccinate at their home. Again, a person stops me in the street and says, "Doctor, I want you to vaccinate me (or it may be the family)." I reply "Yes," and then comes my difficulty. Am I to say "Come to the surgery," or "I will visit you and do it"? Yesterday I was asked to vaccinate a little girl, and the father said, "When shall I bring her up?" (that is, to my house). I told him if I vaccinated at his house I should get the larger fee. Then he said "Oh, come to the house." He preferred it, so do I. The question I want to try and settle is, Has the public vaccinator free choice in the matter to vaccinate where he prefers, either at the surgery or at the patient's home? If he has, well and good; but if not, there is a temptation with the larger fee to do cases at home, and where it is often far more convenient. If he has not the choice, the vaccination regulations should state it definitely.

*The public vaccinator must vaccinate primary cases under 14 years of age at the home. In regard to other cases, his contract says: "He will, if so requested, visit the home of such person for the purpose of vaccinating or revaccinating him, or will, if not so requested, perform the operation at his surgery or at such other place as may be arranged by him with the person so applying." The place of vaccination, therefore, is purely a matter of arrangement between applicant and doctor, but the latter should endeavour always to consult the public convenience rather than his private interest. Where these coincide of course there will be no difficulty, but it is not advisable to push vaccination at home for the sake of getting higher fees.

ONE-MARK VACCINATION.

PUBLIC VACCINATOR might consult the Local Government Board. Our own view is that he should not abate one jot or tittle of the full re-

quirement, but, owing to want of legal definition of sufficiency of vaccination, it would not surprise us if the Board felt itself compelled to unwillingly allow some modification of its standard. Certainly if, say, two marks are made instead of four, the two should be extra large so as to give the half-inch area. But every public vaccinator should, as a matter of principle, refrain from entering on any downward competition.

QUALIFICATIONS FOR PUBLIC APPOINTMENTS.

DUBLIN asks whether a man who has the diploma L.S.A.Lond. only is eligible to become a medical officer of health or a public vaccinator, or to hold a Poor-law appointment; also whether a medical officer of health must reside within a mile of his district.

*This depends upon the date when the diploma of the Apothecaries Society was issued. Previous to the passing of the Medical Act of 1886 these diplomas were only partially qualifying. All the diplomas, however, of this body which have been obtained since this Act came into operation are fully qualifying in medicine, surgery, and midwifery, and any holder of such is consequently eligible for a Poor-law appointment or to become a public vaccinator. He is also eligible for a Public Health appointment except for districts with a population of 50,000 or upwards: for these a D.P.H. diploma is required in addition. We are not aware that any medical officers of health are bound to reside within a mile of their districts, but it is possible that this might be made one of the conditions of any such appointment.

DRY ROT.

X. Y. Z. asks what power a medical officer of health possesses to deal with houses built within the last two years, in which floors are broken through by dry rot owing to deficient ventilation under them and a wet subsoil.

*The fact that the houses were only built two years ago does not affect the present method of dealing with the above nuisance, though it incidentally reflects upon the defective supervision of new dwellings under the building by-laws, which may be supposed to be in existence in the district in question. The medical officer of health should report the above defects to the sanitary authority, and recommend the latter to serve notices to remedy them by providing a layer of concrete under the house, and arranging for efficient cross-ventilation in the space between the new floor boards and this layer of concrete.

MEDICAL NEWS.

THE Prince of Wales has become a Vice-Patron of the Royal Institution.

ROYAL INFIRMARY, GLASGOW.—The annual dinner of the past and present residents of the Royal Infirmary, Glasgow, was held in the Windsor Hotel, Glasgow, on February 26th. Surgeon-General Jameson, C.B., lately Director-General of the Army Medical Service, and a Past Resident of the Royal Infirmary, presided. The Committee hopes that any old Residents whose names were omitted from the invitation list will communicate with the Senior Resident.

TREATMENT OF INEBRIETY IN VICTORIA.—The formation of a committee to investigate the different cures for inebriety has, according to the *Australasian Medical Gazette*, 1902, been completed by the Chief Secretary. The Committee will consist of Messrs. M'Kenzie and J.W. Billson, M.S.L.A., the Rev. Dr. Bevan, the Rev. Dr. Strong, and Dr. Godfrey, Assistant Government Medical Officer. About half a dozen methods of treating alcoholics have been brought under Mr. Trenwith's notice, and a number of persons have submitted themselves as willing to be treated.

SOCIETY OF MEDICAL PHONOGRAPHERS.—The Society of Medical Phonographers will hold its next annual shorthand examination early in May, 1902. Two prizes will be offered, each of the value of £5, one for first-year students, and one for students of more than one year's standing. The competition will be open without entrance fee to any registered medical student in the United Kingdom who has not taken a first prize at one of the Society's previous examinations. It will be held simultaneously in London, Edinburgh, Dublin, and at any provincial medical centre in the United Kingdom at which not fewer than three candidates shall offer themselves. Intending candidates should send in their names as early as possible to Dr. P. G. Griffith, Bonhams, Farnborough, Hants, who will furnish them in return with a detailed prospectus of the examination. The latest date for receiving entries will be April 15th, 1902.

TOBACCO HEARTS IN CHICAGO SCHOOL CHILDREN.—Cigarette smoking is held responsible by the medical examiners of the Chicago School Board for a startling increase in heart disease and nervous ailments among pupils in the high schools. The condition was revealed by examinations recently held for admission to athletic sports. Twenty-one out of a hundred would-be competitors were found unfit, and all but three suffered from some form of heart trouble.

MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon; unmarried. Salary, £150 per annum, £30 per annum cab 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 19th.
- BRADFORD POOR-LAW UNION.**—First Resident Assistant Medical Officer for the Hospital and Workhouse. Salary, £125 per annum, with prescribed rates, 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 Coombs, Honorary Secretary.
- 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 11th.
- CARDIFF INFIRMARY.**—(1) Assistant House-Surgeon. (2) Assistant House-Physician. Appointments for six months but renewable. Salaries at the rate of £75 per annum, with board, washing and apartments. Applications, endorsed "Assistant House-Surgeon" or "Assistant House-Physician," to be sent to the Secretary by March 10th.
- 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 12th.
- CENTRAL LONDON SICK ASYLUM DISTRICT.**—First Assistant Medical Officer. Salary, £120 per annum, with board and residence. Applications to the Clerk, Cleveland Street Asylum, Cleveland Street, W.
- COLCHESTER ESSEX AND COLCHESTER GENERAL HOSPITAL.**—House Surgeon. Salary, £100 per annum, with board, washing and residence. Applications to the Secretary.
- CORNWALL COUNTY ASYLUM.** Bodmin.—Junior Assistant Medical Officer. Salary, £120 per annum, rising to £150, with board, furnished apartments, etc. Applications to the Medical Superintendent by March 25th.
- DAGENHAM SMALL-POX HOSPITAL.**—Temporary Resident Medical Officer. Salary at the rate of £200 per annum, with rooms, board and washing. Applications to the Medical Superintendent, Plaistow Hospital, London, E.
- 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.
- DOWN COUNTY INFIRMARY.**—House-Surgeon; unmarried. Salary, £80 per annum, with board and residence. Applications to Dr. Tate, Downpatrick, by April 3rd.
- EAST LONDON HOSPITAL FOR CHILDREN.** Shadwell.—House-Surgeon. Board and residence provided, and honorarium of £25 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.
- GUY'S HOSPITAL DENTAL SCHOOL.**—Travelling Scholarship of the value of £100. Applications to the Dean, Guy's Hospital, S.E., by June 1st.
- HALIFAX ROYAL INFIRMARY.**—(1) Second House-Surgeon, (2) Third House-Surgeon. Salary, £80 per annum, with residence, board and washing. Applications to the Secretary by March 19th.
- HAYWARD'S HEATH EAST SUSSEX COUNTY ASYLUM.**—Second Assistant Medical Officer and Pathologist. Salary, £125 per annum, with board, lodging, washing, and attendance. Applications to the Medical Superintendent by March 15th.
- 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 NORBON AND NORTFIELD 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 11th.
- LEEDS UNION.**—Assistant Medical Officer for the Workhouse, Schools and Infirmary; unmarried, and not more than 35 years of age. Salary, £130 per annum, rising to £150, with board, washing, apartments and attendance. Applications to the Clerk, Poor-law Offices, South Parade, Leeds, by March 11th.
- LEICESTER INFIRMARY.**—(1) Honorary Assistant Physician. (2) 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, Bernard Street, Leith, by March 15th.
- LIVERPOOL STANLEY HOSPITAL.**—(1) Second House Surgeon. Salary, £80 per annum. (2) Third House-Surgeon. Salary, £70 per annum. Board residence, and washing provided in each case. Applications to the Chairman of the Medical Board by March 20th.
- LONDON LOCK HOSPITAL.** Harrow Road, W.—Anaesthetist to the Female Hospital. Applications to the Secretary by March 30th.
- MAIDSTONE KENT COUNTY OPHTHALMIC HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board and residence. Applications to the Secretary by March 26th.
- 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 COUNTY ASYLUM.** Prestwich.—Junior Assistant Medical Officer; unmarried and under 35 years of age. Salary commencing at £150, increasing to £250, with board, furnished apartments, and washing. Applications to the Medical Superintendent.
- MANCHESTER ROYAL INFIRMARY AND DISPENSARY.**—Honorary Assistant Physician; must be F. or M.R.C.P.Lond. Applications to the Secretary by April 5th.
- 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, London, W.C., by March 12th.

- METROPOLITAN ASYLUMS BOARD.**—Male Assistant Medical Officer at the Darent Asylum, Dartford, unmarried, and not exceeding 35 years of age. Salary, £150 per annum rising to £170, with rations, lodging, attendance, and washing. Applications on forms provided to be sent to the office of the Board, Embankment, E.C., by March 11th.
- METROPOLITAN EAR, NOSE AND THROAT HOSPITAL.**—Clinical Assistants. Applications to the Secretary, Grafton Street, Tottenham Court Road, W., by March 22nd.
- METROPOLITAN HOSPITAL, Kingsland Road, N.E.**—(1) House Physician. (2) House-Surgeon, (3) Assistant House Physician, (4) Assistant House Surgeon. Appointments for six months. Salary for (1) and (2) at the rate of £40 per annum, and for (3) and (4) at the rate of £20 per annum. Applications to the Secretary by March 17th.
- 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.
- NATIONAL ORTHOPAEDIC HOSPITAL.** Great Portland Street, W.—Honorary Assistant Anaesthetist. Applications to the Secretary by March 15th.
- NEWCASTLE-ON-TYNE DISPENSARY.**—Visiting Medical Assistant. Salary (outdoor), £160 for first year, £180 afterwards. Applications to the Honorary Secretary, Mr. Joseph C. A. McEwen, 14, Newcastle-on-Tyne, by March 19th.
- NEW HOSPITAL FOR WOMEN.** 144, Euston Road, N.W.—Anaesthetist (female). Applications to the Secretary by March 12th.
- NOTTINGHAM CHILDREN'S HOSPITAL.**—House Surgeon; unmarried. Salary, £100 per annum, with board and residence. Application to the Secretary, Mr. A. F. Kirby, St. Peter's Church Walk, Nottingham, by March 24th.
- QUEEN CHARLOTTE'S LYING-IN HOSPITAL.** Marlborough Road, N.W.—Pathologist. Salary, £100 per annum, 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. MARK'S HOSPITAL FOR FISTULA, etc.** City Road, E.C.—House-Surgeon. Salary, £80 per annum, with board and lodging. Applications to the Secretary by March 15th.
- SALFORD ROYAL HOSPITAL.**—(1) House Surgeon. Salary, £100 per annum. (2) House-Physician. Salary, £80 per annum. (3) Junior House-Surgeon. Salary, £70 per annum. Board and residence provided in each case. Appointments for six months. Applications to the Superintendent by March 15th.
- SALISBURY FISHERTON ASYLUM.**—Assistant Medical Officer, age about 30; unmarried. Salary, £150 to commence, with board, lodging and washing. Applications to Dr. Finch, Salisbury.
- 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, Housefield Road, Sheffield.
- SHEFFIELD UNIVERSITY COLLEGE.**—Demonstrator in the Bacteriological Laboratory. Salary, £150 per annum, rising to £200. Applications to the Registrar by March 22nd.
- TAUNTON AND SOMERSET HOSPITAL.**—Assistant House Surgeon. Appointment for six months. Salary at the rate of £80 per annum, with board, lodging and laundry. Applications to the Honorary Secretary.
- TOTTENHAM HOSPITAL, N.**—(1) Honorary Dermatologist. (2) Two Honorary Anaesthetists. Applications to the Chairman of the Joint Committee by March 11th.
- VENTNOR ROYAL NATIONAL HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.**—Assistant Resident Medical Officer; unmarried. Salary, £100 per annum, with board and lodging. Applications to the Secretary, 34, Craven Street, Charing Cross, London, W.C., by March 12th.
- WEST LONDON HOSPITAL.** Hammer Smith 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.
- WEST RIDING ASYLUM.** Wadsley, near Sheffield.—Fifth Assistant Medical Officer. Salary, £140 per annum, rising to £160, with board, etc. Applications to the Medical Superintendent by March 17th.
- WILTS COUNTY ASYLUM.** Devizes.—Assistant Medical Officer. Salary, £150 per annum, rising to £180, with board, residence, attendance and washing. Applications to the Medical Superintendent by March 12th.

MEDICAL APPOINTMENTS.

- ANDERSON, H. M., M.B.,** appointed Resident Medical Officer to the Sydney Hospital, New South Wales.
- AUSTEN, Harold, M.D., B.S.Lond., M.R.C.S., L.D.S.Eng.,** appointed Lecturer on Materia Medica to the Royal Dental Hospital of London.
- BALDWIN, R. B., M.R.C.S.Eng.,** appointed Honorary Surgeon to Outpatients, St. Vincent's Hospital, Melbourne.
- BARRACLOUGH, A. M., M.B., B.C.Camb.,** appointed Certifying Factory Surgeon for the Chapeltown District of the West Riding of York.
- BROADBENT, P. L., M.B.,** appointed Resident Medical Officer to the Prince Alfred Hospital, Sydney, New South Wales.
- COMBES, E. W. L., M.B.,** appointed Resident Medical Officer to the Sydney Hospital, New South Wales.
- DOYLE, Andrew Aloysius, L.R.C.S., L.K.Q.C.P.Irel., L.S.A.,** appointed Medical Officer at Roma, Queensland, and also Visiting Surgeon to the Prison, *vice* G. Stewart L'Estrange, L.R.C.S., L.K.Q.C.P.Irel., resigned.
- EVERED, A. C., L.R.C.P., L.R.C.S.Édin.,** appointed Quarantine Officer at Albany, West Australia, *vice* F. J. Ingoldby, M.R.C.S.Eng., resigned.
- HASLAM, A. C., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Assistant Medical Superintendent of the St. Pancras Infirmary.
- HENRY, Howard, M.B., B.Ch., B.A.O.Dub.,** appointed District Medical Officer to the Bonmahone and Claydon Union.
- MONCKIEFF, E. W., M.D.,** appointed Resident Medical Officer to the Prince Alfred Hospital, Sydney, New South Wales.
- O'CONNOR, Arthur Charles, M.B., M.Ch.Syd.,** appointed Government Medical Officer, and Vaccinator at Bulli and Coalcliff, New South Wales, *vice* Clifton Sturt, L.R.C.P., L.R.C.S.Édin.
- PAGE, C. M. B.,** appointed Resident Medical Officer to the Prince Alfred Hospital, Sydney, New South Wales.
- PROCTER, T., M.R.C.S.Eng.,** appointed District Medical Officer of the Ulverston Union.
- SHARP, Ellen M., M.B.Lond.,** appointed Senior House-Surgeon to the Victoria Children's Hospital, Hull.
- SHARP, W. A. R., M.B.,** appointed Resident Medical Officer to the Sydney Hospital, New South Wales.
- SHOEN, William, L.R.C.P., L.R.C.S.Édin.,** appointed Coroner for the Police District of Corowa, New South Wales, *vice* Mr. A. D. Barnett.
- STEPHEN, E. M., M.B.,** appointed Resident Medical Officer to the Prince Alfred Hospital, Sydney, New South Wales.
- SWORDEE, E. G., M.B., B.C.Cantab.,** appointed Honorary Medical Officer to St. Andrew's Convalescent Home, Folkestone, *vice* Dr. Cecil Latter, deceased.
- TOD, Hunter F., M.A., M.B., B.C.Cantab., F.R.C.S.,** appointed Surgeon to the Throat and Ear Department of the Paddington Green Children's Hospital.

WARDEN, A. A., M.D. Glasg., Docteur en Médecine de la Faculté de Paris, appointed Physician to the Hertford British Hospital, Paris, vice Dr. J. Faure-Miller, deceased.
WEBB, F., M.B., appointed Resident Medical Officer to the Sydney Hospital, New South Wales.
ZIMPEL, Adolph, M.B., M.S. Aherd., appointed Junior Medical Officer to the Lunacy Department of New South Wales.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Mr. A. M. Shield: A Series of Cases of External Operations on the Larynx.
Mr. C. Mansell Moullin: Three Cases of Gastrotomy for Recent Gastric Ulcer.
Royal College of Surgeons of England, 5 p.m.—Professor C. Stewart: On the Organs of Respiration. Lecture I.

TUESDAY.

Chelsea Clinical Society, Jenner Institute of Preventive Medicine, Chelsea Gardens, Grosvenor Road, S.W., 8.30 p.m.—Annual Clinical Debate. On Cancer, its Nature, Origin, and General Principles of Treatment. The following, among others, will take part in the discussion: Dr. J. E. Payne (who will open the debate), Dr. John F. W. Tatlam, Professor R. T. Hewlett, Dr. Beaton (Glasgow), Dr. J. Galloway, Dr. H. R. Gaylord (New York). (Communication on Cancer in Swine, with Lantern Slides.)
Royal College of Physicians of London, 5 p.m.—Dr. G. F. Still: On Some Abnormal Psychological Conditions in Children. Goulstonian Lecture III.
Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 p.m.—Adjourned Discussion on the Regeneration of Peripheral Nerves.

WEDNESDAY.

Dermatological Society of London, 11, Chandos Street, Cavendish Square, W., 5.15 p.m.—Demonstration of Cases of Interest.
Hunterian Society, London Institution, Finsbury Circus, E.C., 8.30 p.m.—Pathological Evening.
Royal College of Surgeons of England, 5 p.m.—Professor C. Stewart: On the Organs of Respiration. Lecture II.

THURSDAY.

British Gynaecological Society, 20, Hanover Square, W., 8 p.m.—Specimens will be shown by Mr. Furness Jordan and Mr. R. O'Callaghan, and short papers will be read by Mr. Freyer (introduced) on Stone in the Female Bladder, also by Dr. E. T. Collins.
Royal College of Physicians of London, 5 p.m.—Dr. F. T. Roberts: On the Comprehensive Study of Thoracic Phthisis. Lumlilan Lecture I.

FRIDAY.

British Laryngological, Rhinological, and Otolological Association, 11, Chandos Street, W., 4 p.m.—Cases will be shown by Mr. Mayo Collier, Dr. McCall, and the President. 5 p.m.—A Discussion on the Diagnosis and Treatment of Various Forms of Nerve Deafness: opened by Dr. Dundas Grant, continued by Dr. Greville MacDonald, Dr. Barclay Baron, and others. 7.30 p.m.—Annual dinner at the Café Royal.
Clinical Society of London, 20, Hanover Square, W., 8.30 p.m.—Mr. H. W. Pace and Dr. Payne and Poynton: Two Cases of Arthritis of the Knee. Dr. W. Ha White and Dr. Walter C. Pakes: A Case of Malignant Endocarditis giving Widals Reaction. Sir Thomas Barlow, Bart., and Dr. H. Batty Shaw: Hypertrophic Cirrhosis of the Liver. Mr. A. E. Sears: Acute Paralytic Dilatation of the Stomach.
Incorporated Society of Medical Officers of Health, 9, Adelphi Terrace, W.C., 7.30 p.m.—Dr. J. R. Kaye: Scarlet Fever: how far Statistics prove or disprove the Utility of Hospital Isolation.
Ophthalmological Society of the United Kingdom, 11, Chandos Street, London, W., 8.30 p.m.—Cases will be shown by Mr. Hartridge, and Messrs. Harman and Bradburne. Papers—Mr. R. Lawford Knaggs: Symmetrical Concentric Changes of Choroid and Retina in Four Cases of Unusually High Myopia. Mr. W. H. H. Jessop: Membranous Conjunctivitis, with cases. Mr. Sydney Stephenson: Diphtheria of the Conjunctiva.
Royal College of Surgeons of England, 5 p.m.—Professor C. Stewart: On the Organs of Respiration. Lecture III.
West London Medico-Chirurgical Society, West London Hospital, Hammersmith Road, W., 8.30 p.m.—Clinical Evening. Mr. Keetley, Mr. Edwards, Mr. McAdam Eccles, Dr. Ball, and Dr. Saunders will show Cases.

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.—Lantern Demonstration on Oral Sepsis in Children.
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, ear.
National Hospital for the Paralyzed and Epileptic, Queen Square, W.C.—Tuesday, 8.30 p.m.—Lecture on Visual Fields in Diagnosis.
West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows:—Monday: Therapeutics. Tuesday: Diseases of the Tonsils. Wednesday: Some Functional Disorders. Thursday: Medical Anatomy and Physical Diagnosis. Friday: Treatment of After-effects from Anaesthetics.

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.

CAMPBELL.—At 48, Belmont Gardens, Hillhead, Glasgow, on February 28th, the wife of Dr. A. Thomson Campbell, of a son.
HAWTHORNE.—On February 17th, at "Warrawee," Mudgee, New South Wales, the wife of E. Sydney Hawthorne, F.R.C.S., L.R.C.P., of a daughter.
SIMMONS.—On February 27th, at St. Ives, Portland Road, South Norwood, the wife of Stewart Septimus Simmons, M.R.C.S., L.R.C.P., of a son.
WILLS.—On February 6th, to Dr. and Mrs. W. Kenneth Wills, of 59, Apsley Road, Clifton, Bristol, of a son.

DEATHS.

JOHNSON.—At Evandale, Tasmania, on January 22nd, John George Johnson, M.R.C.S. Eng., L.R.C.P. Lond., aged 44 years.
LOUDON.—At Linnwood, Hamilton, on February 26th, James Loudon, M.D., aged 77 years.
THOMAS.—On February 27th, at Bournemouth, Robert Thomas, F.R.C.S., M.A. Oxon., of Eastbach Court, Coleford, Gloucestershire, recently Professor of Anatomy at St. Mungo, Glasgow, aged 48 years.
WAGGETT.—On February 20th, at Perivale, Bournemouth, Florence Blechynden, the beloved wife of John Waggett, M.D., F.R.C.S.

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, 422, 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, 422, Strand, W.C., on receipt of proof.

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

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

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

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

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

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

QUERIES.

RUSTICUS wishes to know where he can find an account of the effects (moral and physical) of tobacco smoking when indulged in by growing boys.

LIDUS, who is about to build on land adjoining his house a surgery, consulting, and waiting rooms, asks for help as to plans and probable cost; he wishes to know if there are any movable buildings of this kind to be obtained.

X-RAY BURN.

R. asks for hints in the treatment of an x-ray burn that has resisted all treatment for two months. The pain at times is very severe. The ulcer is on the abdomen.

MULTIPLE WARTS.

H. C. R. asks for suggestions in the treatment of multiple warts on the face, scalp, and hands of a girl aged 6 years. Warts are now developing over little scratches or abrasions on different parts of the body. The warts on the face number some hundreds.

VENEREAL WARTS.

NAVALIS asks for suggestions in the treatment of venereal warts situated in the mucous membrane below the corona glandis, which have been present for about ten months. At various times they have been completely removed by scissors, ligature, and the application of various caustics: for example, chromic acid (saturated solution), nitrate of silver, etc.; but they always appear again in about a week. There is no discharge to keep up the irritation, and strict cleanliness of the parts has always been attended to.

CASE OF INCONTINENCE OF URINE.

J. R. (Islay) asks for suggestions as to the cause and treatment of the enuresis in the following case: A young, delicate girl complains of micturition occurring two or three times an hour. The urine is apparently normal; its specific gravity is 1012. There is no indication of hysteria, no tenderness of the hypogastrium, and nothing abnormal about the meatus. Opium, belladonna, and cathartides have been tried, with elevation of the foot of the bed, but with no improvement except that she can now retain urine for about three hours.

RIGIDITY UNDER CHLOROFORM.

DR. J. GAY MOFFAT (Keighley) writes: I have recently had an experience which is to me, at any rate, of interest, as I do not remember having met with it before, and am at a loss to know exactly how to explain it. The condition I refer to is one of extremely well-marked rigidity of the muscles of the abdominal wall in a patient who was in a state of complete surgical anaesthesia. The patient was a young man, 29 years of age, the subject of gall stones. He was being anaesthetized, chloroform being used, preparatory to my doing a cholecystotomy. When declared "ready," I found his abdominal wall "as rigid as a board." More chloroform was administered until the man was under to the full surgical extent. The rigidity, however, continued throughout the whole length of the operation, thereby rendering his case unusually difficult and tedious. I was compelled to work through an incision (vertical) the margins of which could only be retracted to a very slight extent, and, as the gall bladder was difficult to reach, I had to be satisfied, after removing the gall stones, with inserting a rubber drain without any suturing, and packing underneath it with gauze. The patient, I may mention, has done quite well. My object in recording this is twofold: I should like to have the opinion of any one who has had experience of the condition—or not for that matter—as to the nature, and whether or not any steps can be taken to prevent it.

ANSWERS.

W. G.—We are not aware that there is any foundation for the statement that cancer is unknown among regular cider drinkers.

THE DIAGNOSIS BETWEEN SCARLET FEVER AND GERMAN MEASLES.
DR. C. KILICK MILLARD (Leicester) writes: In reply to your correspondent "C. E. R.," who asks what are the distinctive features of scarlet fever and German measles, he will find an excellent description of the diagnostics of these diseases in a paper entitled, *Scarlet Fever, Measles,*