

marked symptoms of uraemia is very striking in these cases; indeed, cases are on record in which, though there was total suppression for several days (for example, a case recorded by Professor Reczey) not a single bad symptom was observed. In non-obstructive suppression, although a certain quantity of urine may still be passed, the cases end fatally in a few hours or in a day or two, and symptoms of uraemia are prominent. It is obvious, therefore, that uraemia does not simply depend upon an accumulation in the blood and tissues of the body of excretory products such as urea which are normally excreted in the urine.

A comparison of the state of the kidneys in the two kinds of suppression of urine gives us a clue to an explanation of the striking difference observable in the symptoms. In "non-obstructive" cases the suppression is due to acute pathological changes in the kidneys themselves. In "obstructive" cases the suppression is due to a mechanical cause outside the kidney, this organ itself being healthy and quite capable of resuming its functions of secretion directly the obstruction is removed. Now, if the function of the kidneys were purely "excretory," and nothing else, there would not be such marked differences in the symptoms observable in the two kinds of suppression of urine, and it is therefore probable that these organs have some other important function. In cases of obstructive suppression the excretory function only is in abeyance, whereas in non-obstructive suppression some other function beside that of excretion is seriously affected, and it is quite apparent that in such cases every function of the kidney would be practically in abeyance when we consider the severe inflammatory processes present. Of course the abolition of the excretory function alone will cause a fatal result, but this, as we have seen, is generally delayed for some days (in one case even as long as twenty-two days), and the symptoms of uraemia are late in appearing, and, indeed, may be quite absent even for as long as ten days, and when they supervene they are ill-marked, convulsions and coma rarely set in, and the mind generally remains clear to the end. The explanation of this probably is that the kidney is practically healthy and is carrying on its other functions.

These other functions of the kidney are possibly due to some "internal secretion" which has some influence on certain metabolic processes as yet unknown. Dr. Bradford, in his experiments, has shown that excision of large portions of the kidneys in animals actually causes an increase in the quantity of urine secreted, and also in the amount of urea. He believes that the kidneys, beside excreting toxic products normally found in the blood, have also a further function of inhibiting their abnormal formation. In obstructive suppression of urine one can conceive that there is an accumulation in the blood only of those substances normally excreted by the kidney, and that this organ being still healthy is capable of fulfilling its other functions, but that in non-obstructive suppression there is an accumulation in the blood not only of these substances but of others normally formed as the result of perverted tissue metabolism, the kidney being unable to perform any of its functions either as a "secretory" organ or as an organ "influencing metabolism," and on examining the condition of the kidneys in such cases it is not surprising that there should be a state of complete, or almost complete, paralysis of function. The pathology of so-called uraemia is a very complex question, but I venture to think that clinical observations, taken in conjunction with experimental researches, will tend to throw much light on the matter.

## MEMORANDA:

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

#### CARCINOMA AND MALARIA.

In a letter published in the *BRITISH MEDICAL JOURNAL* of January 11th, Dr. J. S. Davidson gives some interesting remarks under the above heading, in the course of which he implies that the negro in Africa is practically free from the former disease, and that where malaria is prevalent cancer

is rare. The truth can only be obtained by the collation of a large number of reports from different places.

As regards this matter, my experience during the last five years in Uganda, Central Africa, is diametrically opposite to this. In the Church Missionary Society's Hospital at Mengo, the capital of Uganda, we had over 1,000 in-patients and about 16,000 out-patients under treatment last year. These were all Baganda, or the nearly allied tribes Banyoro, Batoro, or Basoga. Among this number were some 1,300 cases of malaria; while cases of malignant disease, though much less common than among Europeans, were by no means rare.

My brother, J. H. Cook, M.B., M.S., F.R.C.S., who is associated with me in the charge of the hospital, has had the same experience. We have had cases of carcinoma of the lip, oesophagus, intestine, breast, uterus, penis, etc., sarcoma of the parotid, lower and upper jaw, and melanotic sarcoma. Malaria is certainly no bar to the occurrence of carcinoma, and I would enter an earnest protest against "inoculating cases (of carcinoma) with the protozoan of tertian fever" as a preventive of carcinoma.

Were we able to overcome the prejudices of the natives and make more frequent necropsies, we should doubtless find cases of carcinoma to be more frequent than we suspect.

Lynsted, Beckenham.

ALBERT R. COOK, M.D.Lond.

#### A DANGER OF LACHRYMAL STYLES.

A LADY came under my care suffering from an old-standing obstruction to the lachrymal duct.

On December 13th, 1901, I slit open the canaliculus and passed a full-sized probe down the canal. The obstruction, however, tended to recur owing to cicatricial contraction, and to obviate the necessity of passing the probe every day I introduced a style (Bickerton's). The flange of the style was not, however, sufficiently large to prevent it slipping down into the nasal duct, and two days later, when the patient returned, it had disappeared into the bony canal. From this it was extracted with great difficulty by Dr. Hill Griffith, after opening the sac.

Such an accident might be obviated by making the flange larger, but this might introduce the still more serious danger of the globe being injured by the flange in the movements of the eye, and the possible introduction of septic pus from the sac. Dr. Hill Griffith tells me that this accident has actually occurred.

Longsight, Manchester.

E. VIPONT BROWN, M.D.Lond.

#### PINCE-NEZ IN OPHTHALMIC PRACTICE.

WITHIN the last eighteen months a considerable number of persons wearing pince-nez have come under my notice, complaining of epiphora or flowing of tears. In some cases two pairs of glasses were in use—pince-nez and ordinary spectacles; and only when the former were used were the tears troublesome.

At first I supposed this to be due to the fact that, at least in some cases, the pince-nez frame did not sit quite straight on the face, thereby causing the wearer to see obliquely through the glasses. This would cause the lenses to act as cylinders which might produce a condition of irritation in the eyes—an asthenopia from wrong glasses in fact—associated with increased lachrymation.

However on further investigation of the matter, I found that the trouble was caused by another condition altogether. This was that the compressing force of the pince-nez dragged on the tissues at each side of the nose to such an extent that the lower lid was actually pulled away out of position and no longer lay up in close contact with bulbar conjunctiva. The displacement of the lid, with of course the inferior punctum, was small in amount, only about 0.2 or 0.3 mm., and this easily escapes detection, all the more so, as it has to be looked for while the glasses are on the patient's face. But even this small amount of eversion—this ectropion—is amply sufficient to cause the epiphora.

This is a very important matter, as such an eversion of the lid, present at first only when the pince-nez is actually on the face, will become permanent in time, and set going all the troubles associated with ectropion.

The surgeon, for the patient's sake, as well as for his own protection, should guard against this, by closely examining

the pince-nez while on the patient's face, as this is a matter which the optician can hardly be expected to know much about. If the epiphora is set up by wearing the glasses, the patient will very naturally conclude that the lenses are "wrong" and thus will associate the surgeon, rather than the optician, with the fault.

In a large proportion of cases, pince-nez will sit well on the face and be a "good fit" as far as the optician is concerned: but in a certain number of these, they are really unsuitable and injurious for the above reason.

The surgeon should see the frame on the patient, if possible before the lenses are fitted into it, and also see that the spring is as weak as is compatible with steadiness. Some cases will be seen in which it is not possible to fit pince-nez without causing this ectropion.

ROBERT D. JOYCE, F.R.C.S.,  
Ophthalmic Surgeon, Richmond Hospital, Dublin.

#### ADVANCED TUBERCULOUS DISEASE OF THE MESENTERY WITH NO SYMPTOMS.

THE following case seems to show that there may be grave disease of the mesenteric glands with no symptoms sufficiently marked to cause anxiety to a watchful mother. A girl, aged 7, active and clever, of a good colour and not thin, was apparently quite well on a Monday morning. After attending her drilling class she complained of feeling ill and of abdominal pain. She lay down for two hours and then vomited. This relieved her pain somewhat, but the sickness continued throughout the day. She had been subject to what her mother called "bilious attacks," and at the commencement, these symptoms were attributed to biliousness. The child had a restless night and vomited bile-stained mucus. In the morning she was flushed, but about midday she became pale and delirious. I saw her on the evening of the second day. She had not vomited since the morning, but little had been taken besides water. She was unconscious and delirious, with a pulse of 140 and small, her temperature was 99°, and her pupils were dilated, but acting well. The bowels had not acted since the morning before. The abdominal muscles were fixed and the breathing was thoracic. On palpation of the abdomen, although unconscious, she attempted to pull one's hand away.

Late at night she vomited some dark-green mucus; but, although she took about 5 ounces of milk and water, she did not vomit again during the night. The delirium continued, alternating with short sleeps and a few lucid intervals, in which she complained of abdominal pain. In the morning of the third day her pulse was 148 and the temperature 99°. A slight hectic flush alternated with paleness. The abdominal muscles were still fixed but not so firmly as the day before. A large plain water enema was followed by a hard motion, and three hours afterwards by a fluid light motion. This and the fact that there had been no vomiting for twelve hours seemed to preclude acute obstruction. The collapse was getting deeper.

After consultation with my partner Mr. R. G. Pollock and a neighbouring surgeon, it was decided that an exploratory incision would only hasten death in the collapsed state in which the child then was.

On the fourth day of the illness the bowels acted twice freely. She died on the morning of the fifth day.

At the necropsy the abdomen only was examined. The peritoneum was roughened and injected at the lower part of the cavity but still smooth over the stomach and liver. There was no faecal fetor or gas in the cavity. The intestines were only matted at the lower part of the abdomen. There was about 2 oz. of creamy pus in Douglas's pouch. At the back of the abdomen there was apparently a collapsed suppurating lumbar gland, from which part of the pus had evidently escaped. There were several enlarged mesenteric glands about the size of small beans, some of which were caseating. There was no ulceration of the intestine or any recent grey tubercles on the peritoneum.

I have been struck with the apparent health of cattle before slaughter, the carcasses of which have proved to be tuberculous; I was, however, much surprised to find so much evidence of suppurating tuberculosis in this child with no definite history of previous illness.

Warlingham.

W. R. ETCHES, M.D., M.R.C.S.

## REPORTS

ON

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

RADCLIFFE INFIRMARY, OXFORD.

CASE OF HYPERTRICHOSIS LOCALIS.

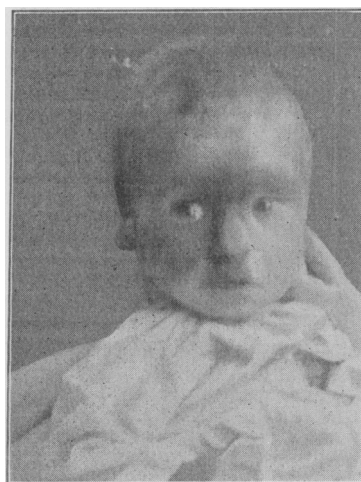
(Under the care of GABRIEL FARMER, M.A., F.R.C.S.,  
Surgeon to the Infirmary.)

F. B., male, aged 14 months, was admitted with an abnormal growth of hair on the face. On examination the hair was found to be long and silky over most of the area affected, but over the nose and upper lip it was short. It sprang from a pigmented ground, which, however, did not follow the distribution of any cutaneous nerve; it was smooth, naevoid, and varied in colour from light coffee brown to a dark chocolate. It was

not bilaterally symmetrical. There were several isolated patches on the neck. The mother gave an account of being frightened by a horse shortly before the birth of the child.

REMARKS.—This is one of those cases of hypertrichosis localis combined with a thickened and pigmented skin which are due to some tendency acquired during intrauterine life (hypertrichosis indoles hereditaria of Ziemssen). It is confined to the face and neck, and, as is generally the case in that position, the growth is not only very conspicuous, but largely developed. Echer regards it as a case of

arrested development, the embryonic lanugo, instead of disappearing to make way for the natural hair, persists—a theory which is extremely plausible if one considers the character and lines of growth of the hair. Heredity does not appear to be present in this case, although this has been ascertained to be the rule in most of the so-called hairy men.



#### HOSPITAL FOR WOMEN, SOHO SQUARE.

CARCINOMA OF THE BLADDER: RESECTION OF THE GROWTH  
AND PART OF THE BLADDER WALL: RECOVERY.

(By LAWRIE MCGAVIN, F.R.C.S., Assistant Surgeon to the  
Hospital and to the North-West London Hospital).

OPERATIONS for the relief of malignant disease of the bladder, in which any very radical method has been employed are still of sufficient rarity to warrant the publication of cases which may affect the statistics for good or bad. Taking the majority of cases, erosion and cauterization of the growth may be said to represent the usual extent of the operative interference. The case which I am able to set forth here is, I think, of interest from more than one aspect.

First, the growth was in a situation which is usually supposed to contraindicate operation; secondly, the patient was over the age of 70 years; thirdly, the growth, although not by any means so large as many already reported, occupied an area of 2 in by 1½ in.

The patient, a woman aged 72, was admitted to the Soho Square Hospital for Women on September 19th, 1901, having previously given the following history.

History.—Six months before she had noticed blood in her urine from time to time, usually intimately mixed, but sometimes clotted, sometimes she thinks bright red, and present especially towards the end of micturition. She had never had any pain, although she had from time to time passed some particles of gravel. There had always been slight frequency of micturition, while tenderness over the pubes was marked.

in London. He was lecturer on physiology and general anatomy in his own medical school, one of the first surgeons to the Great Ormond Street Hospital for Sick Children, being a colleague of Dr. West and Sir William Jenner, and surgeon to the St. George and St. James's Dispensary. In 1862, for reasons of health, he removed to Brighton, and since then he largely occupied himself in advancing the interests of many local charities. For many years he was connected with the Royal Alexandra Hospital for Sick Children, first as acting surgeon, then, up to the time of his death, as consulting surgeon. He was also consulting surgeon to the Brighton and Sussex Throat and Ear Hospital and to the Invalid Gentlewomen's Home in Brighton. He was a past-President of the Brighton and Sussex Medical Chirurgical Society and honorary surgeon to the Brighton Battery of the old Royal Naval Artillery Volunteers. He was the author of numerous contributions to the periodical literature of medicine, including the *British and Foreign Medico-Chirurgical Review*, of which his father was the founder, and he himself for a time sub-editor. About nine or ten years ago he retired from active practice. He was of a modest and retiring disposition, but it is recognised that during his life in Brighton he quietly and unostentatiously did a large amount of public good. He was greatly respected by all who knew him, and indeed it has been said of him that "to know him was to love him."

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Viscount de Cannavial, M.D., for some time Director of the Medical School of Funchal; Dr. Edward Mott Moore of Rochester, one of the leading surgeons of New York State, author of contributions to surgical literature on fractures and dislocations, and President of the American Medical Association in 1890, aged 87; and Dr. George A. Shurtleff, formerly Professor of Mental Diseases and Medical Jurisprudence in the Medical Department of the University of California, President of the California State Medical Society in 1872, Delegate to the International Medical Congress in 1876, Member of the American Medico-Psychological Association and of the State Medical Society, and for eighteen years Medical Superintendent of the State Insane Asylum at Stockton, aged 82.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

**THE MEDICAL STATISTICS OF THE FRENCH ARMY.** The partly annual volume of medical statistics of the French army always contains a vast amount of interesting and important information. The volume now before us, received a week or two ago through the courtesy of the Foreign Office, deals with the year 1899. As we have remarked in previous reviews the details are somewhat too elaborate and overlap too much to be easily analysed. The report is divided into two parts, the first gives the different diseases prevalent during the year, illustrated by shaded maps of French territory showing the intensity of diseases in different areas; the second is made up of statistical tables arranged in so many different ways as to be somewhat bewildering. The broad results are as follows: The total of effectives dealt with in 1899 was 605,867, consisting of 22,872 officers, 41,999 sons of officers, 334,397 soldiers of more than one year's service, and 206,589 of less than one year.

**Disease.**—The hospital admissions varied widely in different army corps, the most healthy being the first (Northern France) and the least the African corps. In seasonal divisions the most unhealthy periods for the entire army were from December to June; the healthiest, September and October.

**Deaths.**—The death-rate in 1899 was 5.43 against 4.98 per 1,000 in 1898; a rise which embraced all portions of the army both at home and abroad. The most deadly disease was typhoid fever, which caused 305 per 1,000 of the general deaths. The rate per 1,000 strength varied in different army corps, from 40.01 in North Africa, to 13 in Paris. The next most fatal ailments were tuberculosis, pneumonia, and influenza. Influenza, as in previous years, was most prevalent in Western France on the Atlantic seaboard; while scarlet

fever, measles and mumps were more prevalent in South-Western France. On the other hand tuberculosis was more prevalent in North-Western France. Rheumatism was pretty equally distributed. Chest diseases, such as pneumonia and bronchitis, prevailed chiefly in December and March; abdominal affections, such as diarrhoea and dysentery, culminated in August.

**Veneral diseases** were slightly more prevalent, but the very markedly decrease since 1879 continues—a fact not satisfactorily accounted for.

**Suicides.**—The large number of suicides in the French, as in other conscript Continental armies is a painful fact; and it is very curious to note that this lamentable form of crime is twice as common among non-commissioned officers, as among commissioned officers or privates. Are these sous-officers subjected to any special mental strain?

### ROYAL NAVY MEDICAL SERVICE.

The following appointments have been made at the Admiralty: HENRY C. WOODYATT, Surgeon, to the *Vengeance*, April 8th; ALEXANDER C. RENWICK, Surgeon, to the *Sphinx*, March 15th, the appointment to the *Bulwark* having been cancelled; RICHARD S. OSBORNE, Surgeon, to the *Robin*, undated; JAMES H. FERGUSSON, Surgeon, to the *Duke of Wellington*, additional, lent to the *Research* for the surveying season, April 2nd; CHARLES E. C. STANFORD, M.B., Surgeon, to the *Triton*, lent, April 2nd; George T. COLLINGWOOD, Staff Surgeon, to the *President*, additional, for service at Deptford Victualling Yard, April 2nd; AUGUST J. WERNET, M.B., Surgeon, to the *Pembroke*, additional, to be lent for service at Deptford Victualling Yard, April 2nd.

### CHANGES OF STATION.

The following changes of station amongst the officers of the Royal Army Medical Corps have been officially reported to have taken place during the last month:

	From.	To.
Colonel W. B. Major	—	Punjab.
Lieutenant-Colonel R. Blood, M.D.	—	Punjab...
" H. Grier	—	Dublin...
Major W. A. Morris	—	Aldershot...
" M. O'D. Braddell, M.B.	—	South Africa...
" H. D. James	—	Dublin...
" N. C. Ferguson, M.B., C.M.G.	—	South Africa...
" M. T. Yarr	—	Dublin...
" D. M. Saunders, M.D.	—	South Africa...
Captain C. E. Pollock	—	Edinburgh...
" E. A. Milner	—	Punjab...
" A. H. Waring	—	Madras...
" E. P. Hewitt	—	South Africa...
Lieutenant D. J. K. O'Donoghue	—	Curragh...
The undermentioned Lieutenant-Colonels on retired pay have relinquished the medical charge of troops at the stations specified: H. Knaggs, Scarborough; G. Simon, M.D., Lichfield; J. S. Comyn, M.B., Bradford; H. Harrison, Reading; W. Campbell, M.B., Caterham.		
Lieutenant-Colonel R. W. Barnes, retired pay, has assumed the medical charge of Dover Military Prison; and Lieutenant-Colonel C. W. M. Keys, retired pay, medical charge of troops at the Mauritius.		

### ROYAL ARMY MEDICAL CORPS.

MAJOR T. McCULLOCH, M.B., has been appointed Deputy Assistant Director Army Medical Service, *vice* Major W. G. Macpherson, M.B. Colonel E. TOWNSEND, M.D., C.B., C.M.G., was dangerously wounded in the shoulder during the attack near Tweebosch by the Boers on March 7th. On the 10th he was reported to be progressing favourably. Lieutenant-Colonel JAMES FITZGERALD BRODIE, M.D., died at Maidstone on February 21st. He was appointed Surgeon, August 5th, 1877; Brigade-Surgeon, August 5th, 1880; and Surgeon-Lieutenant-Colonel, August 5th, 1897. He retired from the service September 8th, 1897. He was in the Afghan war of 1878-80, and had the medal for that campaign.

### ARMY MEDICAL RESERVE.

SURGEON-LIEUTENANT-COLONEL E. SHEDD, having resigned his Volunteer appointment, ceases to belong to the Army Medical Reserve of Officers, March 19th.

### IMPERIAL YEOMANRY.

SURGEON-LIEUTENANT G. H. S. DANIELL, M.B., Dorset (Queen's Own) Imperial Yeomanry, and Surgeon-Captain P. B. MACKAY, Yorkshire Dragoons (Queen's Own), resign their commissions and receive new commissions subject to the provisions of the Militia and Yeomanry Act, 1901, retaining their rank and seniority. Surgeon-Lieutenant G. H. S. DANIELL, M.B., Dorset (Queen's Own) Imperial Yeomanry, is promoted to be Surgeon-Captain, March 19th.

### VOLUNTEER ENGINEERS.

MR. EDWARD C. ROBERTS is appointed Surgeon-Lieutenant in the 1st London, March 19th.

### VOLUNTEER RIFLES.

SURGEON-CAPTAIN J. MILL, M.B., 5th Volunteer Battalion the Royal Scots (Lothian Regiment), and A. A. ABRAHAM, 5th Volunteer Battalion the Durham Light Infantry, are promoted to be Surgeon-Majors, March 19th. Mr. JAMES M. G. BRENNER, M.B., is appointed Surgeon-Lieutenant in the 1st Volunteer Battalion the Norfolk Regiment, March 19th.

[*Statistique Médicale de l'Armée, pendant l'Année 1899.* Paris, 1901.]

bankruptcy which, although not amounting to a breach of the criminal law, were of a dishonourable nature. Each case would have to be considered upon its merits. It would be quite natural for the committee of a hospital, or for his professional colleagues to object to the presence upon the staff of a person whose appearance in the bankruptcy court had been especially discreditable.

#### LIABILITY OF GRANDPARENT.

F. H. writes that he was called in by a county alderman and J.P. to attend his granddaughter, who acted as his housekeeper. He attended during an illness extending over eight months, resulting in death from tuberculosis. The grandfather asked him to send in his bill, which was accordingly done, but it has since been repudiated on the ground of non-liability.

\*.\* Under the circumstances the grandfather appear to be liable, and can be sued in the county court if he refuses to pay. The proper charge per visit would be what is usually charged by medical practitioners in that district for attendance on patients occupying the same social position as our correspondent's patient.

#### DEATH CERTIFICATES.

REVILO is only bound to furnish one death certificate for the use of the registrar. All death certificates for insurance purposes must be obtained from the registrar of the district, and insurance societies cannot lawfully demand any further evidence of the death of the insured than the production of a certified copy of the registration of the death, which includes the medical practitioner's certificate of its cause.

#### MIDWIFERY CONTRACTS.

PERPLEXED writes: A. engages B. for her confinement, B. giving her his card with name, address, date, and amount of fee marked on it: (1) Is B. obliged to attend, that is, is there any legal obligation? (2) B. goes and finds no nurse and no sort of preparation for him. He gives up the case, and tells the husband to call in another doctor. Is he justified in doing so? Can the husband compel B. to attend?

\*.\* (1) There is a legal obligation on B. to attend or to send in his place a properly qualified substitute, and even in the latter case he might be held liable in damages for malpraxis or negligence on the part of his substitute. (2) If the conditions were such as to render it impossible for B. to fulfil his part of the contract, then he would be released from the same in consequence of breach of contract on the part of A., whose duty it was to see that B. was not prevented from performing his part of the contract by fault on her side. Except for sufficient reason, B. would not be justified in throwing up a case which he had undertaken to attend, and, if he did so, it would be at his peril.

#### TREATMENT BY UNREGISTERED PERSONS.

BETA.—If the patient in question place himself under the care of the unregistered practitioner named, the only course open to our correspondent is to decline to have any connexion with the case at all, even in respect of sick certificates. If death occurs, our correspondent, before signing a certificate under the Registration Act, should communicate with the local coroner and take his advice. In some districts the coroners hold inquests upon bodies of persons who die unattended by registered practitioners.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF LONDON. SENATE.

A MEETING of the Senate was held on March 5th.

*The University Mace.*—The Senate accepted the offer of a mace made by the Vice Chancellor, approved of the design, and directed that the mace should be borne before the Chancellor or Vice-Chancellor by a graduate of the University on ceremonial occasions.

*Medical Acts and Amendment Bill.*—The following Clause (2, a), of the Medical Acts Amendment Bill was approved by the Senate:

"2 (a). It shall be lawful for each of the medical authorities, if and when such authority thinks fit, to revoke, suspend the use of, or cancel the medical diplomas or diploma of such medical authority held by any person whose name has been erased from the *Medical Register* by order of the General Council for any of the causes mentioned in Section XXIX of the Medical Act, 1858, and subsequently to restore such medical diplomas or diploma to such person, without his being required again to pass a qualifying examination."

This change in the law, it was pointed out, was rendered necessary by the circumstance that the medical authorities granting registrable diplomas did not all possess the same powers of depriving a practitioner of his medical diploma. Thus, under the present law it sometimes happened that a medical practitioner whose name has been erased from the *Medical Register* for disgraceful conduct was enabled to continue to use his medical diploma. The proposed change in the law would in no way interfere with the existing powers which the medical authorities already possessed, but would enable every medical authority to take away his medical diplomas, either altogether or for a limited time, from a practitioner whose name had been erased from the *Medical Register* for misconduct.

#### LONDON COUNTY COUNCIL.

At a meeting of the London County Council on March 11th a lengthy report upon the reorganization of the University of London and on the allocation of the grant of £10,000 made by the Council to the University was presented by the Technical Education Board and discussed. The report stated that the grant was made upon the condition that its

advantages should be effectively opened to evening students, that adequate recognition should be given to the more advanced work of the polytechnics, that there should be no discouragement of technical education by its exclusion from university degrees, and that in particular engineering and the subjects of higher commercial education should be given a due place. The Committee reported that these objects had been attained, and that by means of the Council's aid the Senate had now determined on (1) the organization of an institute of advanced chemistry, both organic and inorganic, at one centre; (2) the provision of advanced teaching in engineering at two centres; (3) the systematic organization of the teaching of modern languages at all the university centres, including the polytechnics, and beginning with German; (4) the provision of a professorship of education in connexion with the Council's proposed day training college for teachers; and (5) the appointment of University teachers in economic history and theory, commercial geography, and history, banking, statistics, foreign trade, etc. In the course of the discussion Mr. MacDonald complained that the technical education money was being devoted rather to subsidizing secondary and academic education than to fostering the arts and crafts. Dr. Collins, while congratulating the Council on contributing £10,000 a year to the University, regretted that the Government contribution only amounted to £8,000; he objected to the proposed institution of honorary degrees, and to the admission of foreign graduates to the higher degrees of the University without passing the lower degrees, as London students would be required to do.

#### ROYAL COLLEGE OF PHYSICIANS IN IRELAND.

The President and Fellows of the Royal College of Physicians of Ireland have elected Henry Cooke Drury, M.D., F.R.C.P.I., Physician to Sir Patrick Dun's Hospital, to act in place of the recently appointed Professor of Institutes of Medicine in the School of Physic, Trinity College, Dublin, who was exempted by the College of Physicians from undertaking the clinical duties which up to the present had been associated with his chair.

## HOSPITAL AND DISPENSARY MANAGEMENT.

#### CARDIFF INFIRMARY.

THE annual report and statement of accounts of this institution was received and adopted at the annual meeting of the Governors on February 26th. The annual income showed an increase of £1,896 above that of the previous year, but the expenditure exceeded the income by £255. As the Chairman pointed out, they had increased the bed accommodation from 128 to 144, and cared for an increase of 155 in-patients and 1,285 out-patients during the year in excess of the previous year. The total number of in-patients for the year was 1,663, and the average cost per head had fallen from £63 15s. 8d. to £63 os. 1d. A sum of £1,014 was spent on renovations, and the Committee of Management appealed for an additional £5,550 for alterations and repairs. The exact alterations and requirements were stated in detail in a supplemental report. The most important increase in the accommodation during the year was the opening in October last of a ward for the treatment of diseases of women.

#### HANLEY, STOKE, AND FENTON INFECTIOUS DISEASES HOSPITAL.

ON February 6th certain additional premises of the Hanley, Stoke, and Fenton Joint Infectious Diseases Hospital were formally opened. They form the third extension which has taken place during the last six years, and consist of a new 18-bed pavilion with separate wards and annexes, a large addition to the administrative block, a power block containing steam boiler, engine, dynamo, and accumulators, additions and extensive alterations to the laundry block, a modern disinfecting station, and new stabling and ambulance house block. The total cost, including all charges, has been about £10,500.

**AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION.**—The fifty-eighth annual meeting of the American Medico-Psychological Association will be held in Montreal on June 17th to 20th. The annual address will be delivered by Dr. Wyatt Johnston, Lecturer on Medical Jurisprudence and Assistant Professor of Hygiene in McGill University, who has chosen for his subject "The Medico-Legal Appreciation of Trauma in its Relation to Abnormal Mental Conditions." The following, among other papers, have been promised: Dr. Henry M. Hurd (Baltimore), *Folklore of Insanity*; Dr. E. G. Carpenter (Columbus), *Insanity and Degeneracy*; Dr. J. H. McBride (Pasadena, Cal.), *Boarding-out for the Chronic Insane*; Dr. James M. Buckley, D.D., LL.D. (Morristown, N.J.), *The Possible Influence of Rational Conversation on the Insane*; Dr. A. B. Richardson (Washington), *Women Nurses in Hospitals for the Insane*; Dr. George Villeneuve, Longue Pointe, Que., *Conjugal Jealousy as a Cause and Excuse for Crime from a Medico-Legal Standpoint*; Dr. James Russell (Hamilton, Ontario), *The Psychology of Anarchism*; and Dr. E. D. Bondurant (Mobile, Ala.), *The Early Diagnosis of General Paresis and the Possible Curability of the Disease in its Initial Stages*.

The New Jersey House of Assembly has appropriated £2,000 to meet the expenses of an extensive and well-considered plan of campaign for the extermination of mosquitos, especially *Anopheles*, in that State.

## MEDICAL NEWS.

**THE GRESHAM LECTURES.**—A course of four lectures on food and diet will be given by the Gresham Professor of Medicine, Dr. E. Symes Thompson, at the Gresham College, Basinghall Street, on April 8th, 9th, 10th and 11th, at 6 p.m. on each day.

**ASSOCIATION OF NEW YORK NURSES.**—The trained nurses in New York State have formed an association with the view of raising the educational standard of nursing, promoting the efficient care of the sick, and maintaining the honour and character of the nursing profession. When fully organized they will seek legislation to require a uniform standard for graduate nurses and the recognition of their calling as a profession.

**A LIGHT INSTITUTE IN VIENNA.**—Under the protection of the Archduke Otto and the premier member of the Austrian House of Lords, Prince Max Egon Fürstenberg, a Committee has been formed in Vienna for the foundation in that city of a special establishment for lupus cases on the lines of Finsen's Light Institute at Copenhagen. The estimated cost is 300,000 crowns. At the head of the list of contributors is the name of His Imperial Majesty the Emperor Francis Joseph, who gives 10,000 crowns from his privy purse.

The lecture arrangements at the Royal Institution, London, after Easter include a course on Recent Methods and Results in Biological Inquiry by Dr. Allan Macfadyen, and the Tyndall Lectures on the Laws of Heredity with Special Reference to Man, by Dr. Karl Pearson. The Friday evening meetings will commence on April 11th, when Professor Dewar will deliver a Discourse on Problems of the Atmosphere. Succeeding Friday evening discourses will be delivered by Sir John H. A. Macdonald, Dr. J. Mackenzie Davidson, Sir Robert Ball, Sir Benjamin Baker, and Professor A. E. Tutton.

The annual dinner of the British Laryngological, Rhinological, and Otolological Association was held on March 14th, at the Café Royal, Regent Street. Dr. John Macintyre, F.R.S.E., the President of the Association, was in the chair. After the toast of "The King" had been duly honoured, Dr. C. O. Hawthorne proposed "The British Laryngological, Rhinological, and Otolological Association." He said that the general body of medical men were indebted to those who worked in the special departments. The justification of the Association was found in the fact that the results of the researches of its members were found sooner or later to be of service in the practice of medicine. The toast was responded to by Mr. Lennox Browne, who described how the Association began in Ireland in 1887 at the meeting of the British Medical Association, when Dr. Whistler was President of one of the Sections dealing with the subjects they were interested in. They could judge of the success of the Association by its published *Transactions*. Sir William Dunn, M.P., in replying to the toast of "The Guests," expressed the pleasure they had experienced in accepting the hospitality of the Association. Mr. Wilhelm Ganz also replied to this toast, and the proceedings terminated by a cordial speech from Mr. Mayo Collier proposing the health of "The Chairman," to which the latter suitably replied.

**ROYAL DENTAL HOSPITAL OF LONDON.**—On March 13th the annual general meeting of governors of this hospital was held in the new building in Leicester Square, which is now complete, and has been open for the reception of patients during the last nine months. During the year 70,040 patients have been treated, being an increase of 864 over the previous year.

**THE MEATH HOME FOR EPILEPTICS.**—The ninth annual report of the Meath Home for Epileptic Patients at Godalming shows that many improvements have been carried out during the past year. Foremost among these may be mentioned the foundation of a convalescent home at Hayling, given by the Countess of Meath, for the accommodation of 12 patients. The Medical Officer, Dr. Dundas Minchin, reports that this addition has proved distinctly beneficial not only to the general health, but also to the epileptic condition of several of the patients. He also reports, as a result of the treatment

in general, marked improvement in all cases in the health and morale of the patients even when the epilepsy itself has appeared to be unrelieved. Several cures and several cases of considerable clinical interest are mentioned, and the Home evidently continues to be a most useful institution.

**MEDICAL SICKNESS AND ACCIDENT SOCIETY.**—The monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on February 28th. The chair was taken by Dr. de Havilland Hall, and there were also present Dr. J. B. Ball, Dr. Walter Smith, Dr. F. R. Mutch, Dr. M. Greenwood, Mr. F. S. Edwards, Dr. Frederick S. Palmer, Dr. St. Clair B. Shadwell, and Dr. W. Knowsley Sibley. As is usual in the spring of the year there was a long list of claims. The more recent were not for the most part of a serious nature. A few arose from septic wounds and other accidents to which medical men are specially liable, some from bronchial affections, and not a few have been caused by influenza, but the more recent experience gives reason to hope that nothing like the virulence of the previous epidemics need now be apprehended. A larger number than usual of the members are availing themselves of the power given them by the rules to apply to have the sickness benefit increased to £4 4s. per week. This may be done by any member of five years' standing, and the increased rate of remuneration obtainable by competent assistants makes this course a very desirable one for general practitioners. Prospectuses and all particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

## MEDICAL VACANCIES.

The following vacancies are announced :

- BEDFORD COUNTY HOSPITAL.**—Senior House-Surgeon. Salary, £100 per annum, with apartments, board and washing. Applications to the Secretary by April 2nd.
- BIRMINGHAM AND MIDLAND SKIN AND VENEREAL HOSPITAL.**—Assistant Surgeon. Applications to the Secretary by April 2nd.
- BIRMINGHAM GENERAL HOSPITAL.**—House-Surgeon. Appointment for six months. Salary, £250, with residence, board, and washing. Applications to the House Governor by March 29th.
- BOTLE: BOROUGH HOSPITAL.**—Junior Resident. Salary, £30 per annum, with board and laundry. Applications to the Secretary.
- 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.
- BRECON INFIRMARY.**—Resident House-Surgeon; unmarried. Salary, £120 per annum, with furnished apartments, board, etc. Applications to the Secretary, No. 6, Bulwark, Brecon, by March 26th.
- BRENTFORD UNION.**—Assistant Medical Superintendent of the Infirmary and Assistant Medical Officer of the Workhouse and Schools at Isleworth; unmarried. Salary, £120 per annum, with furnished apartments, rations, washing, etc. Applications on forms provided to be sent to the Clerk to the Guardians, Union Office, Isleworth, by April 1st.
- BRIDGEWATER INFIRMARY.**—House Surgeon. Salary £20 per annum, with board and residence. Applications to Mr. John Coombs, Honorary secretary.
- BRIGHTON AND HOVE LYING-IN INSTITUTION AND HOSPITAL FOR WOMEN.**—House Surgeon; unmarried and under 30 years of age. Salary, £80 per annum, with furnished apartments, board, etc. Applications to the Clerk, 76, West Street, Brighton, by April 4th.
- CARMARTHENSHIRE INFIRMARY.**—Resident Medical Officer; unmarried. Appointment for six months. Salary at the rate of £100 per annum, with furnished apartments, board, etc. Applications to the Secretary by April 8th.
- CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL AND DISPENSARY.**—Resident House-Surgeon. Salary, £120 per annum, with board, apartments, and laundress. Applications to the Secretary by March 26th.
- DOERNWALL 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 28th.
- DOWN COUNTY INFIRMARY.**—House-Surgeon; unmarried. Salary, £60 per annum, with board and residence. Applications to Dr. Tate, Downpatrick, by April 3rd.
- DUBLIN: ROYAL UNIVERSITY OF IRELAND.**—Extern Examiners in Surgery, Midwifery, Paedology, and Ophthalmology. Remuneration, £50, £35, £25, and £20 respectively, with usual travelling, etc., allowances. Applications to the Secretaries by April 15th.
- DURHAM COUNTY HOSPITAL.**—(1) House Surgeon. Salary, £100 per annum. (2) Assistant House-Surgeon. Salary, £65 per annum. Board and lodging provided in each case. Applications to the Secretary, 681, Saddler Street, Durham, by April 4th.
- EDINBURGH: CRAIGLOCKHART 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 April 7th.
- EDMONTON URBAN DISTRICT COUNCIL.**—Assistant Resident Medical Officer for Small-pox Hospital. Applications to the M.O.H., Town Hall, Edmonton.
- GLASGOW EYE INFIRMARY.**—Resident Assistant House-Surgeon. Salary, £75, with apartments and board. Applications to the Secretary by March 29th.
- GUY'S HOSPITAL.**—Demonstrator of Bacteriology and Bacteriologist to the Hospital. Salary, £180, rising to £200 per annum. Applications to the Treasurer by April 12th.
- GUY'S HOSPITAL DENTAL SCHOOL.**—Travelling Scholarship of the value of £100. Applications to the Dean, Guy's Hospital, S.E., by June 1st.
- HANLEY, STOKE, AND FENTON JOINT HOSPITAL BOARD.**—Lady (Resident) Assistant Medical Officer at the Infectious Diseases Hospital, Bucknall. Salary, £60 per annum, with board, residence, and washing. Applications to the Clerk to the Board by March 25th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.**—Resident House-Physicians. Appointment for six months. Honorarium £25. Applications to the Secretary by April 8th.
- HUDDERSFIELD INFIRMARY.**—Assistant House-Surgeon. Salary, £30 per annum, with board, residence, and washing. Applications to the Secretary.



**LIVERPOOL DISPENSARIES.**—(1) Head Surgeon; not under 25 years of age, unmarried. Salary, £200 per annum. (2) Two Assistant Surgeons; unmarried. Salary, £100 per annum. Board and apartments provided in each case. Applications to the Secretary, 56, Vauxhall Road, Liverpool, by March 27th.

**LONDON UNIVERSITY.**—Demonstrator in the Physiological Laboratories. Initial salary, £150. Applications to the Principal by April 14th.

**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 ROYAL INFIRMARY AND DISPENSARY.**—Honorary Assistant Physician; must be F. or M.R.C.P.Lond. Applications to the Secretary by April 5th.

**MIDDLESEX COUNTY ASYLUM, Upper Tooting.**—Assistant Medical Officer. Applications to the Medical Superintendent.

**MONTROSE ROYAL ASYLUM, Sunnyside.**—Senior Assistant Medical Officer. Salary, £200 per annum, with usual allowances. Applications to the Medical Superintendent by March 31st.

**NORWICH: NORFOLK AND NORWICH HOSPITAL.**—House-Surgeon; unmarried, and not more than 30 years of age. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by April 1st.

**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.

**PIETERMARITZBURG: GREY'S HOSPITAL.**—Resident Medical Superintendent, over 25 years of age. Salary, £350 first year, £400 second year, with board, lodging, and washing. Applications to the Agent-General for Natal, 26, Victoria Street, Westminster, S.W.

**ST. PANCREAS WORKHOUSE.**—Senior Assistant Medical Officer, over 31 years of age. Salary, £135 per annum and residential allowances. Applications on forms provided to be sent to the Clerk to the Guardians, Town Hall, Pancras Road, N.W.

**SOUTHAMPTON INCORPORATION.**—Resident Assistant Medical Officer at the new Infirmary, Shirley Warren; not exceeding 28 years of age. Salary, £100 per annum, with apartments, rations, washing, and attendance. Applications, endorsed "Resident Assistant Medical Officer," to be sent to the Clerk to the Guardians, Workhouse, Southampton, by April 7th.

**TEIGNMOUTH HOSPITAL.**—House-Surgeon. Salary, £70 per annum, with board, lodging, and washing, and £6 in lieu of mineral waters or stimulants. Applications to the House Committee.

**TOTTENHAM HOSPITAL.**—House-Surgeon. Salary, £50 per annum, with board, residence, and laundry. Applications to the Chairman of the Joint Committee, Tottenham Hospital, N., by April 7th.

**TUNBRIDGE WELLS GENERAL HOSPITAL.**—House-Surgeon; unmarried. Salary, £100 per annum, with board, furnished apartments, etc. Applications to the Assistant Secretary by April 1st.

**VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, S.W.**—House-Physician. Appointment for six months. Honorarium £25, with board and lodging. Applications to the Secretary by March 29th.

### MEDICAL APPOINTMENTS.

**BRISCOE, William Thomas, M.D.Dub., M.Ch.,** reappointed Medical Officer of Health to the Chippenham Corporation.

**CRUISE, Richard R., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed House-Surgeon to the Bristol Eye Hospital.

**GRIFFIN, James, M.R.C.S.Eng.,** reappointed Medical Officer of Health for Banbury.

**JUDSON, J. E., M.R.C.S.Eng., L.R.C.P.Lond.,** late Senior Resident Medical Officer of the Manchester Workhouse, Crumpsall, appointed House-Surgeon to the District Infirmary, Ashton-under-Lyne.

**MARTIN, J. Middleton, M.B., B.C., D.P.H.Camb.,** appointed Medical Officer of Health for the Stroud Urban District Council, vice T. Partridge, M.R.C.P.Irel., M.R.C.S.Eng., resigned.

**MEACHEN, G. Norman, M.B., B.S.Lond., M.R.C.P.Edin.,** appointed Honorary Dermatologist to the Tottenham Hospital, N.

**WILSON, W. Cheyne, M.D.Edin.,** appointed Physician to the South Devon and East Cornwall Hospital.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**Medical Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.**—Dr. G. E. Herman will open a discussion on The Treatment of Puerperal Eclampsia.

**Odontological Society of Great Britain, 20, Hanover Square, W., 8 p.m.**—Communications by Mr. C. W. Gillingham, Mr. Ernest B. Dowsett, Mr. Arthur Underwood, and Mr. E. Lloyd-Williams.

#### 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 will take part in the discussion: Professor Hewlett, Mr. D'Arcy Power, Dr. H. R. Gaylord (New York), Communication on Cancer in Swine (with Lantern Slides); Professor Adams (Montreal), Communication; Dr. J. F. Payne, who will deliver the Closing Address.

**Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 p.m.**—Mr. A. W. Mayo Robson: The Surgical Treatment of Obstruction in the Common Bile Duct by Concretions, with especial reference to the operation of choledochotomy as modified by the author, illustrated by 60 cases.

#### POST-GRADUATE COURSES AND LECTURES.

**Medical Graduates' College and Polyclinic, 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

### 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.

**CULHANE.**—On the 15th instant, at Glin House, Hastings, the wife of F. W. S. Culhane, of a son.

**PEARSON.**—On the 15th March, at Alcedale, South Africa, the wife of Maurice Grey Pearson, M.B., B.Sc., F.R.C.S., of a son.

**WARRACK.**—At Glenview, Westberry Avenue, Wood Green, N., on the 15th inst., the wife of James Stratton Warrack, M.D., C.M., M.A.Aberd., of a daughter.

#### MARRIAGE.

**HOLCROFT-RICHARDSON.**—At St. Breock Church, Wadebridge, Cornwall, on the 12th inst., W. F. Lucius Austen Holcroft, M.B., B.Ch. Edin., son of the late T. W. Holcroft, of Seegrack, to Ruth Seymour, eldest daughter of J. B. Richardson, Esq., M.D., of Trevanion, Wadebridge, and Greenfield, Flintshire.

## 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 *Asiology, 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.

A. J. W. asks for advice in the treatment of facial paralysis in an infant 6 months old.

H. wishes to know whether a young man aged 19, who suffers from occasional slight asthmatic attacks (once or twice a year) would be prevented on that account from passing the medical examination for candidates for the Excise Department of the Civil Service.

#### HOME FOR DEFECTIVE PERSON.

KEELING writes to ask for information as to a suitable home or institution for a female, aged 37, who is ill-developed physically (being under 4 feet in height), and in intellect is in the condition of a child. Her behaviour is quiet, and she gives no trouble. A sum of 10s. a week could be found for her maintenance.

#### HYDROFLUORIC ACID AND FLUORIDES IN FOOD.

A. E. P. asks for references or other information in connexion with the medicinal use of hydrofluoric acid and the fluorides, and as to whether any injurious effects have resulted from their administration. He finds that there is an increasing tendency to use them as food preservatives. He has noted references with regard to their use in Martindale and Westcott's *Extra Pharmacopoeia*, 9th edition.

#### TREATMENT OF POISONED WOUNDS.

A. G. L., who has recently suffered from a poisoned wound incurred while operating on an empyema by resection of a portion of a rib, states that the inoculation took place at the thumb, which became inflamed on the following day, and on the fourth day a brawny swelling extended to the back of the hand. The thumb was incised, but a little later extension of the swelling to the arm led to another incision being made; the temperature was raised and the general symptoms grave. Eventually our correspondent made a good recovery, but the point upon which he wishes for opinions is that the incisions were treated with hot fomentations, whereas in his younger days, when house-surgeon, the treatment was by cold lead lotion. He asks whether the cold lotion and icebags would not be more likely to check the growth and spread of microbes.

#### TREATMENT FOR CASE OF ABSCESS OF ANTRUM.

DR. W. N. ISAAC (Molteno, Cape Colony) asks for suggestions for treatment under the following circumstances: For a year or more he had had an abscess at the root of the second left upper bicuspid, which was followed by evidence of suppuration in the antrum of Highmore. Free communication was established between the socket of the tooth and the antrum, and systematic syringing with weak Condy's fluid was practised. Later the turbinate bones became swollen, and facial erysipelas developed after contact with a case. Now there is on alternate days either stoppage of the affected side of the nose with cessation of discharge and frontal pain, or a constant, thin, watery discharge with no pain. Syringing will not of itself remove the obstruction.

#### THE CENSUS.

J. J. B. asks if a M.O.H. can obtain the census returns for his borough at the present time, giving particulars as to age, occupation, boundaries of enumeration districts, etc. He has been unable to obtain these particulars from the local registrar or the Registrar-General.

\*.\* Probably J. J. B. has a copy of the *Preliminary Census Report* (Eyre and Spottiswoode, 1s. 3d.). This gives the number of houses, population, and area of each sanitary district. The detailed census report for London has already been issued. The corresponding report for Lancashire is promised next. "Other counties or groups of counties will be taken up in order, having due regard to their relative industrial importance," is the promise made in the *Preliminary Census Report*. We fear that our correspondent must wait the fulfilment of this promise. As regards boundaries of enumeration districts, this probably comes within the scope of information which in accordance with the Census Act can be obtained from the Registrar-General on payment of a fee. But the Registrar-General need not supply this information until it can be conveniently done in view of the other work of his department.