

SUPRAPUBIC CYSTOSCOPY.

By E. HURRY FENWICK, F.R.C.S.,

Surgeon to the London Hospital and to St. Peter's Hospital for Stone.

I NOTICE in the EPITOME of the BRITISH MEDICAL JOURNAL, March 15th, par. 172, a report of an article by Dr. Kraske (*Centralbl. f. Chir.*, No. 6, 1902), in which he states that he has recently had two opportunities of making cystoscopic examination of the bladder through a suprapubic fistula established by ordinary high cystotomy, and that this method of examination is dignified with the term "novel." I venture to remark that I have used this manoeuvre for ten years when necessary. This, however, by the way. Dr. Kraske advocates an instrument devised by himself which consists of a straight cystoscope, which is pointed at the end like a trocar and so makes its own puncture. May I draw the attention of those seriously engaged in cystoscopy to the fact that this method is open to grave objections, for it may lead to dangerous subsequent leakage of urine into the cavity of Retzius? With my own instrument, substantially the same as Dr. Kraske's, the danger of extravasation is lessened. I published this in 1894¹ after two years' trial, and described its use as follows:

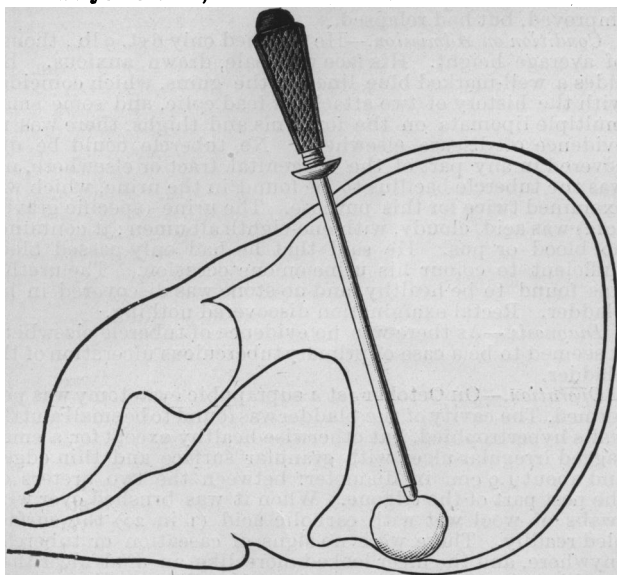


Fig. 1.

' The difficulties in sounding for stone in certain cases of much enlarged or in irregularly enlarged prostate are great, for calculi are sometimes so deeply fixed behind and below an upraised median lobe or collar, that the sound introduced *per urethram* cannot reach them, however much rotated it is, or however forcibly it is thrust towards the base over the lobe. Moreover, harmful pressure is often exercised in this manoeuvre upon the prostate, and cystopyelitis and haemorrhage are apt to ensue. I suggest that whenever the prostate is very large, or whenever it is difficult to traverse, or if it bleeds easily, that an aspirator trocar and cannula should be thrust suprapubically into the full cleansed bladder, the trocar replaced by a loosely-fitting blunt pilot, and the post-prostatic pouch and bladder base carefully prodded with the latter to ascertain the absence or the presence of the stone without incurring those risks which are consequent upon urethral sounding (Fig. 1). Through the same cannula a straight electric cystoscope can be introduced into the washed-out bladder, and the interior examined (Fig. 2). I advise this latter procedure only in cases of much enlarged prostate in which a suspicion of benign growth exists; for in these cases the ordinary cystoscope cannot be used. If a stone or benign growth is discovered, a director can be passed through the cannula, the latter withdrawn over the director, and the bladder opened by a limited incision on the director. The disease can then be dealt with and the bladder drained. I believe that this method of sounding and cystoscopying

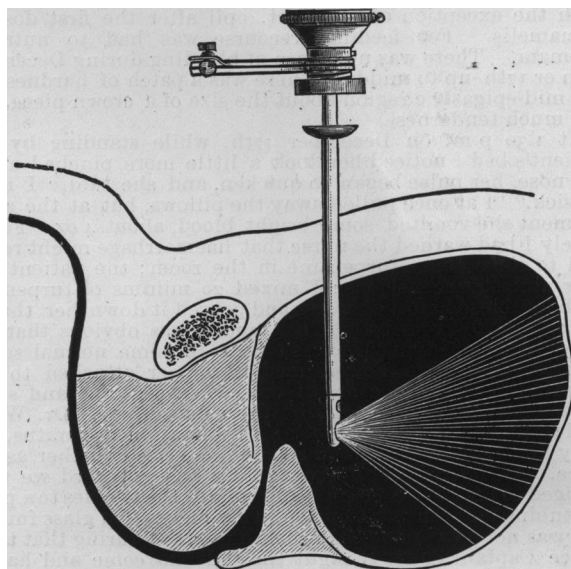


Fig. 2.—Fenwick's Trocar Cystoscope.

saves exploratory suprapubic cystotomy, which is a severe procedure in old age, and one which should not be undertaken lightly." My experience of a hundred suprapubic cystotomies for all forms of bladder disease amply substantiates this latter statement.

REFERENCE.

¹ *Epitome of Modern Urinary Surgery*, p. 82.

MEMORANDA:

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

ACUTE ASCENDING PARALYSIS.

THE disease known as Landry's paralysis or acute ascending paralysis is so comparatively rare that scanty as the following notes are they seem worth reporting.

W. P., aged 23 years, a farmer of good physique and leading an exceptionally regular and temperate life was perfectly well on Sunday, October 20th. On the Monday he did his usual work but complained of being "out of sorts" and some time during Monday morning he vomited. He had a bad night that night; he complained of having had no sleep and that he "could not find an easy place." So far as I can learn he was never feverish and certainly had no rigor. On the Tuesday he declared himself better, but stayed all day in the house. He had a better night, and had his breakfast in bed on the Wednesday morning. He dressed about nine but complained of pain in his back and said that his feet were numb, and that he could not walk. He managed, however, to hobble with two sticks into the next room, where he sat till evening. He passed water when he dressed, but was unable to do so during the day, although he made several attempts. He made a fair tea and went to bed about six. By this time he was quite unable to walk, and was wheeled in his chair to his bedside. He had a supper of porridge about nine, but asked to be fed as he could not raise himself nor use his arms. About 10 p.m. the friends seem to have become for the first time alarmed and sent a messenger to my house some nine miles away. About this time he began to complain of shortness of breath and palpitation. The difficulty in breathing grew rapidly worse. His mind remained perfectly clear, and he frequently said, "I cannot breathe—I am dying." The messenger got to my house about midnight, but the patient died some fifteen minutes before I reached the house. When I saw him he was deeply cyanosed. Rigor mortis had not set in. Unfortunately no necropsy could be obtained. These notes are necessarily

very imperfect, but the history of vomiting, of pain in the back and limbs, the rapidly increasing paralysis of legs, arms, and diaphragm seems to give a sufficiently clear clinical picture to justify the diagnosis.

There was no history of exposure to cold or wet, none of any acute infectious disease, or of syphilis. I am unable to suggest any cause for so quickly fatal an illness. It is stated in Allbutt's *System of Medicine* that in some cases no distinct cause can be found, and that some cases end fatally in forty-eight hours from the commencement of the illness.

Hovingham, York. CHAS W. SMEETON, M.R.C.S., L.R.C.P.

SURVIVAL OF A PREMATURE CHILD WEIGHING 18 OZ.

I HAVE just read the sequel to Dr. Jardine's case of a premature child, weighing 2 lb., surviving, and feel I must publish a still more extraordinary case which happened in my own practice.

On September 25th, 1890, I delivered a patient of a living premature ($6\frac{1}{2}$ months) female child, weighing 18 oz. This small particle of humanity was never dressed for some three months, but was swaddled in cotton wool, and had cod-liver oil rubbed every day over the abdomen and chest. No incubator was used. The sequel is, at the present moment, a strong and healthy child, somewhat stunted in growth, with a particularly fine crop of black hair. I am inclined to think that this case must be a record.

Hastings.

H. R. MANSELL.

SIMULTANEOUS FRACTURE OF BOTH CLAVICLES.

A HORSEKEEPER, about 60 years of age, was forced by the hindquarters of a horse edgewise against the wooden stable partition, the horizontal clavicular line receiving the whole force, transmitted through the two humeral heads and acromio-clavicular prominences. The man's shoulders, he tells me, were greatly approximated to each other at the time; no other fractures occurred. The accident happened some months ago, and now the seats of both fractures (well united without marked deformity) are seen at the junction of the outer and middle thirds on each side.

Finsbury Circus, E.C.

T. D. PATMORE.

VELAMENTOUS INSERTION OF THE CORD.

THIS condition is not a common one, but it is not so rare as one of your correspondents would make out. Of the cases I have seen more than one were in connexion with placenta prævia. In one I delivered a live child by version through the triangular space between the vessels. There was just room for the child to pass without rupturing the vessels. An exactly similar specimen from a case of placenta prævia was shown by Dr. Edgar to the Glasgow Obstetrical and Gynaecological Society. I believe the condition exists more frequently with placenta prævia than with an ordinary implantation of the placenta.

Glasgow.

ROBERT JARDINE, M.D.

THE TREATMENT OF PYREXIA.

I HAVE read your editorial on pyrexia¹ with great interest. In it you give the opinion of Jendrassik, who expresses the importance of giving antipyretics continually during the course of the pyrexia. In confirmation of this view I have given antipyretics continually during the course of enteric. I have adopted the treatment with the most satisfactory and successful results, and "without any untoward symptoms occurring," for the last twelve years. The antipyretic I use is acetanilid, and this in doses from 4 to 12 gr. dissolved in brandy, every six to eight hours, according to the height of the pyrexia and the age of the patient, and I may state this is the only drug I use. I have treated over a hundred cases of enteric in this way without a single death and without any alarming symptoms. I have always thought there has been too much timidity shown in the use of this drug. The convalescence in my cases has been unusually short.

Finsbury Park, N.

ROBERT MAIN.

¹ BRITISH MEDICAL JOURNAL, January 18th, p. 157.

REPORTS

ON

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

COVENTRY AND NORTH WARWICKSHIRE HOSPITAL.

DOUBLE TEMPORAL DISEASE FROM SUPPURATIVE OTITIS.

(Under the care of Mr. FAULDER WHITE.)

F. H., aged 20, was admitted to the hospital on May 19th, 1900. She had had discharge from both ears for a long time. For some months there had been very severe pain in both temporal regions extending across the head, and it was noticed there was a swelling over the right mastoid. Her temperature was 100°. On May 20th, Mr. White opened up the right mastoid and antrum with osteotribe and drill. The bone was found to be very hard. In this operation the lateral sinus was exposed but not opened.

There was little reaction after this operation, the temperature remaining about normal or a little above; but, severe pain being felt in the left mastoid region, on June 14th, Mr. White operated upon this side also. The bone was found to be much congested. The patient's condition being unfavourable, a complete operation was not performed, but an opening was made into the antrum and part of the mastoid was gouged out. The operation was followed by decided relief. During July the temperature remained about normal, but owing to severe pain in the right mastoid region it was decided to open up the old wound, on July 22nd, and on August 14th a similar course was taken with the left wound for the same reason. During September the patient seemed to be improving, but in October complaints of pain were more frequent, and in November both wounds were again opened with relief to the patient. Towards the end of the month the temperature began to creep up, reaching 103°, and facial paralysis of both sides, though not absolute, was noticeable. On December 1st a further operation was performed on the left temporal bone. The antrum was scraped, the ossicles removed, and the upper and posterior wall of the meatus removed with great relief to the pain and this relief proved to be permanent.

But as the general symptoms remained unrelieved, Mr. White decided in January, 1901, to again operate on the right side. The wound being reopened, the right antrum and adjacent cavities were scraped out, and parts of the meatal wall removed. There was severe reaction after this operation, the temperature ran up to 105°, and remained near that point for over a fortnight, the condition of the patient being alarming. Antistreptococcus serum was twice injected without any effect on the temperature.

On February 14th there was a sudden drop to normal, followed by a rise to 105.6°, with subsequent daily remissions of temperature. From this time the course of the case was uneventful, though convalescence was protracted. The hearing remained fairly good. The facial paralysis never altogether cleared up, though some improvement was noted. Discharges had ceased when the patient left hospital in September. She was seen on December 5th, 1901, in good health.

REMARKS BY MR. WHITE.—I have thought well to report this case as an extreme example of the results of neglect in suppurative disease of the ear. The sufferings of this unfortunate girl were extreme before and after admission, and her recovery was at one time very doubtful. Although I was driven to adopt the most drastic measures for the removal of her disease, I believe that such will rarely be required; and I have had many cases of bone disease from suppurative otitis which have done well after partial operations. In obstinate cases of suppurative otitis I am greatly in favour of the removal of the ossicles through the meatus. A subsequent course of irrigation will generally effect a cure.

WE are asked to state that the annual conversazione at University College, London, will take place on the evening of Thursday, June 19th.

MEDICO-LEGAL AND MEDICO-ETHICAL.

MEDICAL ADVERTISING.

JUNIOR B.M.A.—We have frequently pointed out that care should be exercised to see that such circulars are sent only to persons who are bona fide patients of the practice in which the change is taking place, and we agree that the paragraph complained of is open to the objection made by our correspondent, and should not have been included in a circular of this kind.

APPOINTMENTS VACANT ON TRANSFER OF PRACTICE.

NEWCOMER asks if it is not considered a breach of good medical manners to take or apply for any of the appointments of a practice sold to another practitioner.

. If, on the sale of a practice, the appointments that up to that time had formed part of it, are publicly advertised, or openly put up for competition, it is no breach of medical etiquette for other practitioners to become candidates.

FEES OF MEDICAL WITNESSES.

H. S. (Dublin).—The person on whose behalf our correspondent was subpoenaed is alone responsible for the fee. As "H. S." was not in court at the time the action was tried, it is exceedingly doubtful whether he could recover a fee, especially as he had no right to leave the court under the circumstances detailed without the consent of the judge.

DEATH CERTIFICATES.

ENQUIRER.—By 37 and 38 Vict., c. 88, every medical practitioner is bound to give a certificate stating to the best of his belief the cause of death of any patient whom he may have attended during his last illness without any fee for the same. Such certificate, however, is only for the use of the district registrar; any other the practitioner may lawfully charge for.

INCOME TAX.

SIGMA.—A correspondent asks our opinion on the following case: A, B., and C. were partners in an old-established credit practice, the major portion of the accounts being rendered in January for the preceding year; the larger portion of the income being consequently for work done the year before. A. retired on December 31st, 1901, his share of the goodwill being bought by B. and C., A. still retaining his share of the outstanding debts, which are now being collected in the name of the old firm. A. claims that because he ceased to earn on December 31st he is not liable to pay income-tax for the full year April 5th, 1902, to April 5th, 1902, but only three-fourths of it, the remainder becoming a liability of the new firm, although the receipts of the practice to a very large extent go to the old firm during the last quarter of the year.

. As A. ceased to be a member of the firm at the end of December, 1901, he will only be liable to pay income-tax for three-quarters of the last year, but he will have to pay income-tax on his share of all money earned during those nine months, whether received before his retirement or at any time afterwards.

UNTRUSTWORTHY ASSISTANTS.

A "SUFFERER" writes that he has recently discharged his assistant, and since his departure has discovered that his conduct has been very unsatisfactory in various ways. "Sufferer" has been informed that this assistant has been engaged by another medical practitioner. Is it his duty to inform the latter of his experience?

. Not unless specially solicited by his late assistant's present employer. In that case it would be his duty to give a true report of his own experience; but if he were to volunteer such information, he would undoubtedly lay himself open to an action for defamation.

PARTNERSHIP AGREEMENTS.

(1) It is impossible to answer this question without a knowledge of all the clauses of the deed of partnership. If the house and surgery of the outgoing partner is his private property, and does not belong to the firm, his control over it is not altered by his ceasing to be a member of the firm, but he would be debarred from practising within the prescribed limit. In nearly all such cases, however, a clause in the partnership deed stipulates that the outgoing partner shall neither practise, nor assist another to practise, that is, by letting his premises to another practitioner. (2) By "good book debts" are meant all debts due to the firm that are likely to be recoverable.

ANXIOUS.—The matter is one upon which we should recommend our correspondent to consult his solicitor.

UNIVERSITIES AND COLLEGES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on March 20th, Mr. Henry G. Howse, President, in the chair.

The Fellowship of His Majesty the King.

The President reported that he had ascertained that it was the pleasure of His Majesty the King to continue an Honorary Fellow of the College,

and that on behalf of the Council he had written to express appreciation of this mark of His Majesty's continued favour.

The Jubilee of the Owens College, Manchester.

The President reported that in accordance with the wishes of the Council, he had attended as the Delegate of the College at the celebration of the jubilee of the Owens College, Manchester, and that on behalf of the Council he had presented an address of congratulation.

The Board of Examiners in Surgery.

Sir William Henry Bennett, K.C.V.O., was re-elected, and Mr. Frederick S. Eve and Mr. William Watson Cheyne, C.B., were elected in place of Mr. Page and Mr. Walsham, lately retired.

International Conference on Venereal Diseases.

Mr. Alfred Cooper was appointed to attend as Delegate at the above Congress, to be held at Brussels from September 1st to 6th.

Bodleian Library.

The President was appointed to represent the College at the ceremonies on October 8th and 9th, to be held to commemorate the 300th anniversary of the opening of Sir Thomas Bodley's Library, Oxford.

University of Birmingham.

The President, Mr. H. G. Howse, was appointed Representative of the College to serve on the Court of Governors of the above University for the remainder of the term (that is, to the end of 1902), for which the late Sir William Mac Cormac, Bart., was appointed.

ROYAL COLLEGE OF PHYSICIANS.

An extraordinary comitia of the Fellows was held on Monday, March 24th, the President, Sir W. S. Church, Bart., in the chair.

President's Address.

The President, in accordance with custom, delivered his annual address, making special reference to the fact that the College for the first time in its history included upon its roll of Honorary Fellows the name of the reigning Sovereign. The address contained short notices of the eleven Fellows deceased during the past year.

Sir Samuel Wilks, in moving a vote of thanks to the President, conveyed a request of the Fellows that the address might be printed, and spoke in cordial terms of the ability with which Sir William Church had on all occasions represented the College, and of the assiduity with which he had fulfilled the duties of the chair.

Re-election of Sir William Church.

The President having vacated the chair, the ballot for a new President was taken, when Sir William Church was elected by a practically unanimous vote. The insignia of office having been delivered to him by the Senior Censor, the President gave his faith to the College, and expressed his deep sense of the honour thus for the fourth time conferred upon him.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ANNUAL DINNER OF THE VOLUNTEER MEDICAL OFFICERS.

We are informed that the annual dinner of the Volunteer Medical Officers will take place at the Hotel Cecil, London, on Wednesday, April 9th, under the presidency of Surgeon-General Taylor, the Director-General. Among those who have accepted invitations are Sir Henry Trotter, K.C.V.O., commanding the Home District, Surgeon-General Keogh, C.B., Lieutenant-Colonel Babbie, V.C., Major Macpherson, Lieutenant-Colonel Wilson, C.M.G., Colonel Gubbins, P.M.O. Home District, and Captain Molyneux Montgomerie. It is hoped that there will be a good attendance. Medical officers who have inadvertently not received notice can get particulars from Surgeon-Major J. J. de Zouche Marshall, Shortwood, Teddington, S.W., who has undertaken the duty of honorary secretary.

MEMORIAL TO THE LATE SURGEON-GENERAL W. NASH.

We are asked to state that the following subscriptions to the above fund have been received by the Honorary Secretary, Major B. M. Skinner, R.A.M.C., 18, Victoria Street, S.W., since the last notification. Cheques should be made payable to Major B. M. Skinner, R.A.M.C., crossed "Sir C. R. McGrigor and Co., Memorial to Surgeon-General Nash," and addressed to Sir C. R. McGrigor and Co., 25, Charles Street, St. James's Square, S.W.

	£	s.	d.
Lieutenant-Colonel E. A. H. Roe ...	...	...	1 1 0
Colonel F. W. Moore ...	...	...	0 10 0
Sir J. Fayer, K.C.S.I. ...	...	...	2 2 0
Previously acknowledged in the BRITISH MEDICAL JOURNAL ...	...	...	19 9 0
Total ...	23	2	0

OBITUARY.

WE regret to announce the death of Dr. W. TOWLSON KAY, late of Gateshead, which occurred at Eastbourne on March 9th. Dr. Kay was born in Yorkshire in 1849, and was a student at the Newcastle-on-Tyne College of Medicine, where he had a distinguished career. He took the diploma of M.R.C.S. in 1871, and that of L.R.C.P. Edin. in 1873. After qualifying he was appointed Medical Tutor to his College. He joined the late Dr. Dixon, of Gateshead, in partnership, afterwards commencing on his own account. He soon secured a large and good class practice, and was appointed Surgeon to the Gateshead police, a post which he held for twenty-five years. Three or four years ago his health began to fail, and in October, 1900, he retired from practice and went to live at Eastbourne. For a time his health improved, but in the autumn of last year he had a relapse, which ended fatally on March 9th. Dr. Kay was a great favourite with his patients, owing to his genial manner and assiduous attention to them. He took no part in public life, but was a member of all the medical societies in the district. He leaves a widow, but no family.

MEDICAL NEWS.

SUCCESSFUL VACCINATION.—Dr. W. H. Kerbey, Public Vaccinator for the No. 5 and Charnmouth Districts of the Bridport Union, has been awarded, for the eighth time in succession, the grant for successful vaccination.

LEPROSY IN GREECE.—According to a statement made by Professor Hadjimichalis, of the University of Athens, to the first Panhellenic Medical Congress, the total number of lepers in Greece does not exceed 200. This estimate was accepted by Dr. T. Mitatsis, of Athens, who, however, expressed the belief that a certain number of cases were concealed.

A MEETING of the Northern and Midland Division of the Medico-Psychological Association will be held at Shaftesbury House Asylum, Formby, near Liverpool, on Wednesday, April 16th. The business meeting will be held at 3 p.m., when papers will be read by Dr. F. V. Simpson on Calcification of the Pericardium, and Dr. T. P. Cowen on Pupillary Symptoms in the Insane and their Import. The members will be the guests of Dr. Gill.

We are asked to state that in order to suit the convenience of the majority of the members of the St. Luke's Medical Lodge of Instruction, it has been decided to change the day of meeting from Monday to Tuesday. The first meeting under the new arrangement will be held at 9 p.m. on Tuesday, April 8th, in the Masonic Temple of the Criterion Restaurant, where after this date all the meetings will take place. April 8th being an officers' meeting, the various offices will be filled by the members of the Executive Committee, the chair being taken by W. Bro. T. Wakley, jun., W.M. of the Cheselden Lodge.

REQUESTS TO LIVERPOOL CHARITIES.—The residual estate of the late Miss Olivia Atherton, amounting to £20,250, has recently been allocated to Liverpool charities. Under her will the Royal Infirmary, the David Lewis Northern Hospital, the Southern Hospital, and the Liverpool Country Hospital for Chronic Diseases receive £1,000 each; the Liverpool Hospital for Women, the Eye and Ear Infirmary, the Liverpool Dispensaries, the Children's Infirmary, the Bootle Hospital and the Stanley Hospital receive £500 each; while the Wirral Children's Hospital, the Children's Convalescent Home, and the Hospital for Consumption receive £250 each.

CHRISTIAN SCIENCE IN GERMANY.—Berlin is by no means the only city of Germany in which Christian Science finds a congenial soil to flourish. The superstition has also struck root in Hanover, Königsberg, and Stettin. In Hanover the Chief Priestess is the widow of a physician; in Königsberg a lady belonging to the inner circle of "Society." In Stettin the hierophants of the cult are a pastor and his wife, whose establishment, it is said, has shown such signs of increasing prosperity since they have taken up the practice of the Eddy treatment as to suggest that their ministrations are not paid for as those of Mark Twain's healer were—with imaginary cheques.

A SCIENTIFIC TOUR TO GERMAN HEALTH RESORTS.—At a general meeting of the Committee for the Promotion of Study Tours to the Baths and Health Resorts of Germany and Austria-Hungary, held recently under the presidency of Professor von Leyden, the following programme was arranged: The party will start at the beginning of September from Dresden, and proceed to Schandau, Königsbrunn, Bilin, Teplitz, Giesshübel, Elster, Franzensbad, Lobenstein, Steben, Marienbad, the tour ending at Carlsbad, which the members are timed to reach the day before the opening of the German Congress of Scientists and Medical Practitioners to be held in that city from September 21st to 28th.

INTERNATIONAL CONFERENCE ON SYPHILIS.—The second International Conference on the Means of Prophylaxis against Syphilis and Venereal Diseases will be held under the patronage of the Belgian Government at Brussels from September 15th to 20th. Governments and municipalities will be asked to send delegates, and invitations will be sent to members of the medical and legal professions, public officials, and sociologists who have given special attention to questions of hygiene and administration relating to prostitution and venereal diseases. The Permanent Committee consists of MM. Jules le Jeune, Minister of State; Emile Beco, Secretary-General of the Public Health Service; and Dr. Dubois-Havenith, Member of the Superior Council of Public Hygiene. All communications should be addressed to Dr. Dubois-Havenith, 19, Rue du Gouvernement Provisoire, Brussels.

MEDICAL VACANCIES.

The following vacancies are announced:

- BEDFORD COUNTY HOSPITAL.**—(1) Senior House-Surgeon. Salary, £100 per annum, with apartments, board and washing. (2) House-Physician. Salary at the rate of £80 per annum, with board, lodging, and washing. Applications to the Secretary (1) by April 2nd; (2) by April 4th.
- BIRMINGHAM AND MIDLAND SKIN AND URINARY HOSPITAL.**—Assistant Surgeon. Applications to the Secretary by April 2nd.
- BRENTFORD UNION.**—Assistant Medical Superintendent of the Infirmary and Assistant Medical Officer of the Workhouse and School 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 Offices, Isleworth, by April 1st.
- BRIDGEWATER INFIRMARY.**—House-Surgeon. Salary £80 per annum, with board and residence. Applications to Mr. John Combe, 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.
- CITY OF LONDON UNION INFIRMARY.**—Assistant Medical Superintendent at the Infirmary, Bow Road, not more than 35 years of age. Salary, £150 per annum, with furnished apartments, rations, washing, etc. Applications on forms provided to be sent to the Clerk to the Guardians, 61, Bartholomew Close, E.C., by April 7th.
- COLCHESTER: ESSEX AND COLCHESTER GENERAL HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board, washing, and residence. Applications to the Secretary.
- DOWN COUNTY INFIRMARY.**—House-Surgeon; unmarried. Salary, £60 per annum, with board and residence. Applications to Dr. Tate, Downpatrick, by April 8th.
- DUBLIN: RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.**—Assistant Physician. Applications to the Secretary by April 7th.
- DUBLIN: ROYAL UNIVERSITY OF IRELAND.**—Extern Exam'ners in Surgery, Midwifery, Pathology, and Ophthalmology. Remuneration, £50, £35, £25, and £20 respectively, with usual travelling, etc., allowances. Applications to the Secretaries by April 16th.
- DUMFRIES: CRICHTON ROYAL INSTITUTION.**—Assistant Medical Officer, not exceeding 30 years of age. Salary, £150, and all found. Applications to Dr. Rutherford, Medical Superintendent.
- DURHAM COUNTY HOSPITAL.**—(1) House Surgeon. Salary, £100 per annum. (2) Assistant House-Surgeon. Salary, £85 per annum. Board and lodging provided in each case. Applications to the Secretary, 68, 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.
- EDINBURGH: DEACONESS HOSPITAL.**—Medical Officer. Appointment for six months. Salary at the rate of 40 guineas per annum. Applications to the Secretary, 22, Queen Street, Edinburgh.
- FOLKESTONE: VICTORIA HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board, residence, and laundry. Applications to the Secretary by April 5th.
- 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.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.**—Resident House-Physician. Appointment for six months. Honorarium £25. Applications to the Secretary by April 5th.
- LEEDS: GENERAL INFIRMARY.**—Honorary Dental Surgeon. Applications to the General Secretary by April 17th.
- LONDON UNIVERSITY.**—Demonstrator in the Physiological Laboratories. Initial salary, £150. Applications to the Principal by April 14th.
- MANCHESTER ROYAL INFIRMARY AND DISPENSARY.**—Honorary Assistant Physician; must be F. or M.R.C.P. Lond. Applications to the Secretary by April 5th.
- MONTROSE ROYAL ASYLUM, Sunnyside.**—Senior Assistant Medical Officer. Salary, £200 per annum, with usual allowances. Applications to the Medical Superintendent by March 31st.
- NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, N.E.**—House-Physician. Appointment for six months. Salary at the rate of £80 per annum, with board, residence, and laundry allowance. Applications to the Secretary, 27, Clements Lane, Lombard Street, E.C., by April 5th.

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

NOTTINGHAM GENERAL DISPENSARY.—Assistant Resident Surgeon, unmarried. Salary, £100 per annum, increasing £10 yearly, with furnished apartments, etc. Not eligible. Applications to the Secretary, Mr. M. J. Preston, Journal Chamber, Nottingham.

OLDHAM INFIRMARY.—Senior House Surgeon. Salary, £180 per annum, with board, residence, and washing. Candidates to state if willing to accept Junior post at £75 per annum, etc. Applications to the Hon. Secretary by April 18th.

OMAGH DISTRICT ASYLUM.—Assistant Medical Officer, unmarried, and not exceeding 30 years of age. Salary, £150 per annum, with board, residence, and washing, and applications to the Resident Superintendent by April 8th.

PADDINGTON INFIRMARY.—Clinical Assistant and Second Assistant to the Medical Superintendent, unmarried, between 21 and 30 years of age. Appointment for six months. Board, lodging, and washing provided, and honorarium of £36. Applications to the Medical Superintendent at the Infirmary, 85, Harrow Road, W.

SHEFFIELD: UNIVERSITY COLLEGE.—Demonstrator in the Bacteriological Laboratory. Salary, £150 per annum, increasing to £200. Applications to the Registrar by April 7th.

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

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.

MEDICAL APPOINTMENTS.

ARMOUR, Donald John, B.A., M.R., M.R.C.P.Lond., F.R.C.S.Eng., appointed Assistant Surgeon to the Belgrave Hospital for Children.

BRETON, Lancelot M., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer and Public Vaccinator to No. 3 District of the South Stoneham Union.

BULLMORE, O. Cecil, L.S.C.P., L.R.C.S. Edin., appointed Medical Officer of Health to the Falmouth and Truro Port Sanitary Authority, vice Wm. King Bullmore, M.D.St.And., resigned.

BURD, H. Farquhar, M.A., M.B.Oxon., M.R.C.P.Lond., appointed Assistant Physician to the Belgrave Hospital for Children.

CHIFFERFIELD, T. J. B., L.R.C.P. Edin., M.R.C.S.Eng., appointed District Medical Officer of the Liskeard Union.

CRICKSHANK, R.W., M.D., C.M.Aberd., appointed District Medical Officer of the Witney Union.

DALY, F. J. P., M.R.C.S., L.R.C.P., appointed Honorary Anaesthetist to the Tottenham Hospital.

EVANS, J. Jameson, M.B.Edin., F.R.C.S.Eng., appointed Ophthalmic Surgeon to the Birmingham Workmen and the Marston Asen Cottage Homes.

GREEN, Robert, M.B.Lond., L.R.C.P., M.R.C.S., appointed Coroner for the Hundred of Seaford, North-East Derbyshire, vice C. B. Bushy, resigned.

JONES, Helena G., M.B.Lond., appointed Assistant Medical Officer to the District Asylum, Mullingar.

LAW, A. T., M.B., C.M. Edin., appointed District Medical Officer of the Penrith Union.

PHILLIPS, Hubert C., M.R.C.S.Eng., M.&L.S.A.Lond., appointed Anaesthetist to the Female Lock Hospital, Harrow Road, W.

SOLTAU, Grace, L.R.C.P.&E. Edin., appointed House-Surgeon to the Belgrave Hospital for Children.

STEWART, Robert, M.B.Glasg., appointed District Surgeon of Prince Alb rt, Cape Colony.

WILKINSON, T. B. P. M., B.Ch.Q.U.I., appointed District Medical Officer of the Plymouth Incorporation.

EDINBURGH ROYAL INFIRMARY—The following gentlemen have been appointed for six months from April 1st:

Consulting Physicians—Montgomery Bell, M.B., Ch.B.; Andrew Hunter, M.B., Ch.B.; W. H. Prentice, M.A., Ch.B.; James Brownlie, M.B., Ch.B.; R. M. Rowe, M.S., etc.; C. W. Saseby, M.B., Ch.B.; G. Duncan Whyte, M.B., Ch.B.

Resident Surgeons—Arthur W. Christie, M.S., Ch.B.; A. Murray Wood, M.B., Ch.B.; P. F. M. Fayian, M.B., Ch.B.; J. Turtou Price, M.B., Ch.B.

Accidental Surgeons—James A. Adams, M.B., Ch.B.; Ch. B. Ch.B.

Non-Resident House-Surgeons—C. M. Pearson, M.S., Ch.B.; D. W. Macalagan, M.B., Ch.B., M.R.C.P.S.; Charles J. Halliwell, M.D.

Clinical Assistants—A. M. Malcolmson, M.B., Ch.B.; F. Gardiner, M.B., C.M., B.Sc.; W. Leslie Lysal, M.B., C.M., B.S. de la Faculté, L.R.C.P.&S.; Wm. T. Ritchie, M.B., L.S.C. Edin., M.D., M.R.C.P. Edin.; Henry Gray Brown, M.D.; John W. Bence, M.B., Ch.B.; J. Graham McBride, M.B., Ch.B.

DIARY FOR NEXT WEEK.

WEDNESDAY.

Obstetrical Society of London, 20, Hanover Square, W., 8 p.m.—Specimens will be shown by Drs. Fairbairn, Williamson, Berkeley, Munro Kerr, and Amand Routh. Paper—Dr. Lewers: A case of Primary Tuberculosis of the Cervix Simulating Cancer, Treated by Vaginal Hysterectomy.

THURSDAY.

Röntgen Society, 20, Hanover Square, W., 8.30 p.m.—Dr. Ch. Leonard, of Philadelphia: X-ray Diagnosis of Renal Calculus (forwarded).

FRIDAY.

British Electro-Therapeutic Society, 11, Chanos Street, Cavendish Square,
 W., 8.30 p.m.—Dr. Hugh Walsham: On the Diagnosis of Thoracic Aneurysm by the
 X rays illustrated by the lantern. Dr. Sequeira: On the Finest Treatment of Lupus,
 Rodent Ulcer, etc.; illustrated cases will be in attendance at 8.15.

West Kent Medico-Chirurgical Society, Royal Kent Dispensary, Greenwich Road, S.E., 8.45 p.m.—Discussion on Anaesthetics, to be introduced by Dr. Balamy Gardner.

POST-GRADUATE COURSES AND LECTURES.

Medical Graduates' College and Polyclinic, 22. Queen's Street, W.O.—Demonstrations will be given at 4 p.m. as follows:—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.

BIRTH.

MUIR -On March 20th, at the Limes, New Cross Road, London, S.E., the wife of Robert Douglas Muir, M.D. Bruns, a daughter.

DEATH.

PEARSON.—On the 23rd inst., at Alicedale, South Africa, the infant son of Maurice Grey Pearson, M.B., B.Sc., 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, 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 *Aitiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

Q 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.

INCOME TAX.

X. S. writes: In this district the surveyor has lately been making a separate and additional assessment for notification fees, which I am now objecting to pay, on the ground that my return included income from all sources. Would you allow me to ask if the practice exists in any other district of making such a separate assessment, and if there is any authority for so doing?

ANSWERS.

TREATMENT OF POISONED WOUNDS.

DR. JOHNSON (Blackpool) writes, in answer to "A. G. L.": Wherever there is a poisoned wound, or any suppurating wound accompanied with inflammation of the surrounding tissues, hot applications are decidedly the best, preferably hot boracic lint. Boric acid causes destruction of low organisms, without endangering the vitality of the living tissues; it also checks suppuration when applied locally by paralyzing the white blood corpuscles as they emerge from the wound. I use this (Surz) in all applications to a wound, because as a rule it is a dirty dressing, and may do more harm than good. Lead lotions, or lead and opium (which I always prefer) are better than hot fomentations when applied to inflamed parts where there is no suppuration.

LETTERS, NOTES, Etc.

A WARNING.

DR. STEPHEN SMITH (Forest Gate) writes: The canvasser of a trade directory is calling at the houses of medical men at an hour when these are probably out, and interviews their wives or housekeepers. He represents that the name of the medical man was in the last edition of his directory, and asks sometimes two, sometimes three shillings for a reinsertion. His manner is plausible, and he generally gets the money.

AIRBORNE INFECTION IN TYPHOID.

DR. ARTHUR POWELL, B.A., M.B., late Captain and Medical Officer Lumsden's Horse, writes: I beg to offer my mite to the discussion on this subject. While agreeing that typhoid under normal circumstances is mostly waterborne, I cannot deny either the possibility or the frequency of infection by windborne particles. In South Africa "devils" or "dust spouts" are very frequent. One suddenly sees a little whirlwind (or a "waterspout of dust," as an Irish trooper called it) get up and career about the veld, picking up and depositing in its track any light object it meets with. While messing in the open, my comrades and I have on many occasions had to abandon our dinner in disgust owing to one of these dust spouts, which had first passed over the trenches, covering our food with dust and toilet paper which gave ocular demonstration of faecal contamination. Many a time food must have been eaten covered with dust from the same quarter, when there was no tell-tale paper to betray its origin. These trenches contained the faeces of many enteric patients.

LIEUTENANT-COLONEL R. H. QUILL, R.A.M.C. (S.M.O. Ceylon) writes: With reference to my paper on airborne typhoid, which appeared in the **BRITISH MEDICAL JOURNAL** on February 15th, I wish to make the following corrections: (a) Between September 21st, 1900, and December 31st, 1900, 691 cases of typhoid occurred among the prisoners of war, not 600 cases; (b) during the same period, no cases were diagnosed as ship fever; (c) and never (d) the medical care of the prisoners of war is entirely in the hands of the Principal Civil Medical Officer of Ceylon, Dr. Allan Perry.

TOTAL SUPPRESSION OF URINE DUE TO THE OBSTRUCTION OF BOTH URETERS BY RENAL CALCULI.

DR. F. GRAHAM CROOKSHANK (Barnes, S. W.) writes: In the BRITISH MEDICAL JOURNAL of March 22nd, there is an article by Dr. W. M. Stevens on suppression of urine from obstructed ureters. In Section IV of this article Dr. Stevens puts forward an explanation of the clinical differences between cases of obstructive and non-obstructive suppression of urine which is based on a distinction drawn between the excretory and meta-