

MEMORANDA:

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

THE SETON IN MIGRAINE AND ALLIED AFFECTIONS.

THE following case may be of general interest as showing the striking effect of a seton in the neck, in the most severe and persistent case of headache I have ever seen.

The patient, a labourer, aged 25, had suffered from headaches as long as he remembered. At first vomiting used to accompany the attacks, but latterly the headaches had grown worse, but were less often associated with vomiting. In February, 1901, he fell whilst carrying a pole and struck the back of his neck. Since then the headaches have practically incapacitated him from work.

When first he came under treatment he was delirious for a fortnight and at times maniacal. His sole complaint was of his head, and he several times attempted to strangle himself in the paroxysms of pain. As he had no rise of temperature all this time and no abnormal signs were discoverable, one was able to exclude meningitis, pneumonia, cerebral tumour, uraemia, or typhoid. Icebags to the head, a blister to the neck, massage, bromide, salicylate, cannabis indica, and morphine, all completely failed to give relief. Ten grains of antipyrin hourly for three hours "took the edge off" his pain for a few hours, but it returned with all its severity. After three weeks in bed he so far improved as to be able to get up. His vision was $\frac{2}{3}$ with Hm. 0.5 in each eye, but he refused to wear glasses, and with reason, as his occupation was that of wood sawing.

As the patient hesitated to submit to Mr. Whitehead's seton he was sent to Herne Bay for a month (still with daily headaches), promising to let me "saw his head off" if he was not benefited by the change. Early in December he returned with the headaches as bad as ever. Antipyrin in rather larger doses still made life just bearable, but did not relieve him sufficiently to allow of his returning to work, although he was sincerely anxious to do so.

He was so dejected about his condition that he now willingly allowed me to put the seton in under anaesthetic. From that day until now (more than four months) he has had but one slight headache (on Christmas night after a particularly festive meal), and from being gloomy and suicidal he has become bright and active, and he has been back at his work for a month. The tape is changed fortnightly, and the wound is dressed with one boracic fomentation a day by his wife, who gently moves the tape.

Although the three months are over he refuses to have the tape removed lest the pain should return. This result in a man with almost daily headache (though it is perhaps early to be too hopeful) is, I think, wonderful. I am convinced no "moral effect" can be invoked in this case; there is nothing of the neurotic in the patient (he has his living to get), and his family history is good. A large blister was of no use.

I imagine the seton acts much in the way that acupuncture does in lumbago and sciatica—by counter-irritation.

Derking.

SYDNEY CORNISH, M.D., B.S.Lond.

TRAUMATIC EMPHYSEMA OF THE LOWER EYELID. LAST October J. W., 19 years of age, rivetter, came to me with emphysema of the right lower eyelid, and stated that on the previous day he had got a slight blow with a hammer, that the force was applied at the outer angle of the orbit, causing apparently a mere excoriation, and that as he blew his nose on the same night the eyelid became suddenly swollen.

The emphysema was slight and strictly limited to the lower lid, and was less than it had been; the upper lid had not been affected. As in Dr. Watt's case,¹ the violence was slight, and there was neither pain nor haemorrhage. The blow on the malar bone, I take it, caused a fracture indirectly of the orbital plate superior maxilla, so that when the air pressure in the maxillary sinus was increased some found its way through the crack.

Dundee.

W. S. MACCOLM, M.B.

¹ BRITISH MEDICAL JOURNAL, March 15th, p. 653.

KERNIG'S PHENOMENON.

THE presence of Kernig's sign has justly been regarded by Osler (Cavendish Lectures, BRITISH MEDICAL JOURNAL, June 24th, 1899) and others as a valuable help in the diagnosis of epidemic cerebrospinal meningitis. Recently, however, I met with it in the case of a low-caste Hindu, who came to our dispensary four weeks ago and who presented all the classic symptoms of early spastic paraplegia. As I have not seen any other such case recorded it may be of interest as showing that the sign is by no means pathognomonic of meningitis, whether of the epidemic variety or not. The man had no history, nor did he present any symptoms of having had any meningitis.

J. RUTTER WILLIAMSON, M.B.

Mission Hospital and Medical School,
Miraj, S.M.C., Western India.

SUDDEN SYNCOPE OCCURRING AFTER THE INJECTION OF ANTITOXIN IN CASES OF DIPHTHERIA.

READING the report of a case of severe diphtheria in which sudden syncope occurred after the injection of antitoxin, published by Dr. Arthur Somers of Selby in the issue of the BRITISH MEDICAL JOURNAL for February 22nd, recalls to my mind two cases of my own which presented somewhat similar symptoms.

The patients were sisters, both of them being about the age of puberty and in poor circumstances and surroundings. The sufferers were seen by me upon following days; both showed clinically well-marked symptoms of a fairly severe attack of diphtheria with high temperature, albuminous urine, enlarged glands at the angles of the jaw, etc., in addition to the usual throat signs.

Case 1 received 1,500 units of antitoxin, was immediately notified and removed to the fever hospital, where she died shortly after admission from a sudden attack of syncope. Case 2 received a similar quantity of serum, was also at once notified and removed the day after her sister to the same institution, arriving there, as I was subsequently informed, in a state of extreme collapse, and only brought round with the greatest difficulty. The serum used was injected with all antiseptic precautions and in both instances was supplied by a well-known London firm of wholesale chemists, also the patients were removed with due care in the special infection ambulance.

Like Dr. Somers I wondered at the time whether the antitoxin produced these symptoms of syncope. I have not seen any similar cases recorded but shortly after the experience of my two cases a medical man informed me that he had noted similar symptoms in others, which symptoms he had placed to the credit of the serum employed.

Upper Norwood, S.E.

ARTHUR H. M. SAWARD.

ENURESIS IN FEMALES.

IN an article on this subject in the BRITISH MEDICAL JOURNAL of January 11th, the writer recommended the treatment of this condition by dilatation of the urethra and the application of a strong solution of silver nitrate to it and to the neck of the bladder. This seems to me (judging from my experience of the complaint) a somewhat heroic remedy, and one would like to know what medical means had been tried in the various cases reported in that paper before the operation was resorted to.

In the textbooks incontinence is said to be due to various causes, of which a highly acid state of the urine is one. A report of the following case brings out that point well, and in addition, emphasizes the importance of medical means in its treatment:

History.—B.B., aged 8, was brought to me on December 31st, 1901, with the complaint that she could not (for more than two months back) hold her water above an hour at a time, and that it was getting impossible to live in the same house with her owing to the smell of her bed and body clothes. Her mother, under the belief that she had to deal with a bad habit (as in those patients of whom Professor Taylor writes in the JOURNAL of March 1st) whipped the child without pro-

ducing any change. There was no pain on micturition, but the calls of Nature were so urgent that the girl had just to obey them wherever she was. She was a small "wiry" creature, thin and nervous, a poor eater, but healthy herself and of a healthy stock.

Condition of Urine and Treatment.—The urine was dark in colour, slightly turbid, having no disagreeable odour, but highly acid and showing a copious deposit on cooling. Under the microscope this deposit was seen to consist mainly of crystals of uric acid, amorphous urates, pus, and mucus cells. Ten grains each of potassium bicarbonate and acetate in infusion of buchu, to be taken every four hours in Pitkeathly water was prescribed.

Progress.—On January 3rd the patient was decidedly better. On January 6th the incontinence was gone, the urine was clear, pale in colour, very faintly acid, and showed no deposit on cooling. The mixture was discontinued, but the patient was advised to go on with the Pitkeathly water. There has been no return of the incontinence. Patient is still (March 3rd) taking Pitkeathly water occasionally, and her diet has been changed somewhat. She is having less meat and more milk. The urine is pale, faintly acid, there is no deposit, and nothing abnormal is found microscopically.

D. HAMILTON KYLE, M.B., C.M.Glasg.

St. Andrews, N.B.

REPORTS

ON

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

No. 21 GENERAL HOSPITAL, DEELFONTEIN, CAPE
COLONY.

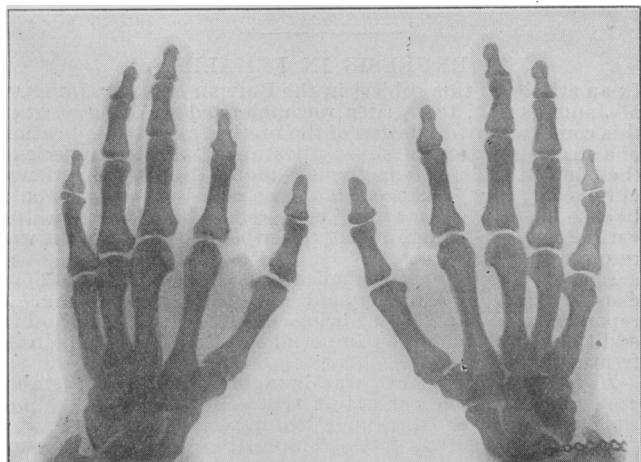
CASE OF CONGENITAL DEFICIENCY OF CERTAIN PHALANGES.

(Reported by DONALD MONRO, M.B., C.M.Glasg.,
D.P.H.Camb., Civil Surgeon to the Hospital.)

THE following notes and accompanying radiographs illustrate a condition of probably rare occurrence.

W. S., aged 29, a trooper in Driscoll's Scouts, was sent into hospital suffering from bronchitis. While examining the patient it struck me that his hands seemed malformed. On examination the forefinger was found to be $1\frac{1}{2}$ in. shorter than the middle one, and the fourth finger about $1\frac{1}{2}$ in. shorter than the third. There was only one interphalangeal joint in the first and fourth fingers of both hands. This condition the patient stated to be congenital.

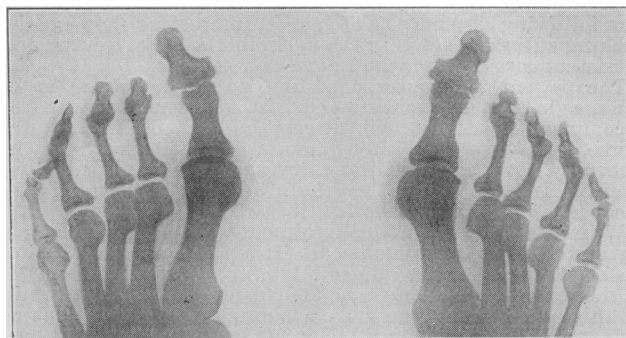
Radiographs of both hands and feet were taken by Sergeant-Major A. Harwood, R.A.M.C., radiographer to the hospital.



These show that the bones of the thumb, second, and third fingers are normal. In the forefingers of both hands the second phalanges are absent. The proximal phalanx is

normal. The terminal phalanx has the expanded basal portion longer and larger than usual. In the little finger, in the joint between the first and third phalanges, on its outer side, a small wedge-shaped bone is interposed, partially dividing the joint. This wedge is probably a rudimentary second phalanx. The missing bone of the forefinger in all probability forms part of the enlarged base of the terminal phalanx.

In the right foot the second phalanges are all rudimentary,



and differ in size and shape from the normal. In the left foot the second phalanges are absent from the second and third toes.

The patient states that he had a cousin (on the paternal side) who had a very short forefinger; his other fingers, however, being normal in size. Patient's father, mother, and other relatives have normal hands. His two children are also normal in this respect.

SALOP INFIRMARY, SHREWSBURY.

CASE OF BULLET WOUND OF STOMACH.

(Reported by R. S. C. EDLESTON, M.R.C.S., L.R.C.P., late Senior House-Surgeon to the Infirmary.)

J. O., aged 26, Volunteer Active Service Corps, was admitted on March 22nd, 1901, at 2.30 P.M., under the care of Mr. Jackson, Senior Surgeon, suffering from a perforating pistol-shot wound of the abdomen.

History.—The patient was trying to charge a small breech-loading pistol, and, having opened the breech, he placed the nose of the cartridge in the barrel, when it became jammed, and, in endeavouring to knock the cartridge home with his jack knife, it exploded, and he felt a sharp pain in the stomach. He was carried to the infirmary, and on admission to the casualty department vomited a small quantity of undigested food. He complained of some pain in the stomach, and appeared much frightened.

State on Examination.—The bullet was found to have taken a direction downwards, backwards, and towards the left through a woollen sweater, a shirt, and a thick box-cloth belt all of which were powder marked. His tunic, being open at the time, was not perforated. The bullet entered the abdominal wall half an inch below and to the left of the tip of the ensiform cartilage, making a round wound the size of the end of an ordinary lead pencil; the skin around the wound was blackened. On probing the wound the direction taken by the bullet was as above stated but no bullet could be felt. The patient was one of a batch of volunteers bound for South Africa on the following morning, and immediately preceding the accident had partaken of a hearty farewell dinner. The abdomen over the region of the stomach was distended, the epigastrium rising sharply above the level of the lower ribs. Abdominal respiration was not impaired. On removal to the ward he again vomited a small quantity of undigested food. He complained of some pain in the wound, but from time to time cried out with excruciating pain in the left shoulder, at the same time seizing the front of the shoulder with the opposite hand. These paroxysms of pain recurred several times but only appeared to last a few seconds.

Operation.—The abdominal wound was slightly enlarged in the direction taken by the bullet and a search made for it, but without success. Some pieces of clothing were removed, and the wound cleansed and dressed. A hypodermic injec-

after lunch is inaccurate, as it is shown by the books of the Bank that they were cashed in two batches, between 11 and 1 and between 3 and 4 on the day in question. In addition to this, it is shown, by reference to certain other documents, that the accused was at No. 1, Endsleigh Gardens from 12 to 12.45, and also from 3 to 3.40, on the day in question, his presence at this place being inconsistent with his attendance at the Bank. These facts having been brought to the attention of the jury who try the case, they memorialise the Home Secretary, describing their verdict as "a miscarriage of justice," and a "wrong one in fact," and attributing the miscarriage of justice to their having been misled by the false evidence given from the records of the Bank. The accused, having worked out his full sentence, brings suit in the High Court of Justice, claiming damages against the Bank and their officer for negligence, which he alleges gave rise to his conviction—the negligence alleged against the Bank being the keeping of false and erroneous records; the negligence of their officer, who gave evidence at the trial, being that he made false statements founded upon such entries.

On various occasions while the prisoner is undergoing penal servitude, the Bank is asked to furnish a written statement to the effect that the evidence upon which the plaintiff was convicted was erroneous; but the Bank refuse to supply any statement, although without the aid of such materials it was impossible for the defendant to obtain a reconsideration of his sentence by the Home Secretary or the restoration of his name to the *Medical Register*, from which it had been removed by the General Medical Council.

All the above facts are, *inter alia*, set out according to the usual practice in the plaintiff's statement of claim. The defendants apply to a judge to have the statement of claim struck out on the ground that it discloses no cause of action. This course is adopted by the judge, and his ruling is confirmed in the Court of Appeal, where the law is stated to be as follows:

"An action will not lie against a witness to recover damages for negligently giving false evidence in criminal proceedings, whereby the plaintiff was convicted, so long as the conviction stands unreversed."

The above are the material facts of Mr. Bynoe's case down to the date of his conviction. The doctrine upon which the Court of Appeal founded their decision dates from an early period in the history of English law. In a case entitled *Vanderbergh v. Blake*,¹ the plaintiff sought to obtain damages against a custom house officer for seizing goods which were afterwards condemned as forfeited by judgment of the proper court. Chief Baron Hale in giving judgment said: "If such an action were allowed the judgment would be blowed (*sic*) off by a side wind; and so in other actions, as if a man be convicted of perjury, an action upon the case lies not though the prosecution were malicious."

The above statement of the law is consonant with the well-known maxim, *Interest reipublicae ut sit finis litium*. The well-known action for malicious prosecution cannot avail Mr. Bynoe, for it is a condition precedent to that action that the plaintiff was acquitted. If ever the propriety of establishing a court of criminal appeal in this country comes to be seriously considered, this case may be cited in support of the view that such a tribunal is necessary in the interests of justice; for if the jury admit they were misled by evidence which subsequently turns out to be false, it is clear that there is a miscarriage.

MEDICAL ADVERTISING.

Two correspondents have sent us a copy of *Morton's Illustrated Guide to Woodhall Spa and Neighbourhood*, which contains, amongst other matter, a paragraph headed "The Medical Superintendent," written in the most laudatory terms, respecting not only his general character and popularity, but also his medical attainments. The gentleman so spoken of is Mr. C. J. Williams, L.R.C.P., L.R.C.S., and we hope that he will see that it is desirable, not only for his own sake, but for that of the dignity of the medical profession, to have this paragraph cut out or very much modified in future editions of the guide.

MEDICAL DISPUTES IN THE LAY PRESS.

DR. WILLIAM BRUCE (Dingwall) informs us that he much disapproves of medical disputes being discussed in the lay press, or even in the medical press, and that the reason he wrote to the *Aberdeen Daily Journal* was to correct a mis-statement that appeared in a leading article in that journal, that in consequence of quarrels he resigned his position as one of the medical officers of the Ross Memorial Hospital.

¹ 1656, Hardres, 195.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

MEDICAL AND SURGICAL EXAMINATIONS.—The first and second examinations for the degree of Bachelor of Medicine will commence in the Examinations Schools of Wednesday, June 19th; the names of intending candidates must be sent in to the Secretary of the Board of Faculties not later than 10.30 a.m. on Wednesday, May 28th. The examination for the degree of Master in Surgery will commence on Thursday, June 19th; notice must be given not later than June 2nd.

UNIVERSITY OF BIRMINGHAM.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY.—The following candidates have satisfied the Examiners:

Class I.—H. C. H. Bracey.

Class II.—J. S. Austin, H. N. Crowe, L. C. Hayes, R. S. W. Hunt, G. F. Jotham, W. R. S. Roberts, S. G. Walker, E. S. Whitcombe.

SECOND EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY.—The following candidates have satisfied the Examiners:

Class II.—F. T. H. Davies, F. N. Walsh, H. H. Warren.

CONJOINT BOARD IN ENGLAND.

The following gentlemen have passed the Second Examination of the Board at the quarterly meeting of the Examiners in the subjects indicated, namely:

Anatomy and Physiology.—H. W. Acton, Middlesex Hospital; J. E. Adler and C. S. Archer, London Hospital; F. C. J. Baker, St. Mary's Hospital; W. G. Ball, St. Bartholomew's Hospital; E. C. P. Barnes, London Hospital; H. G. W. Beckett, St. Mary's Hospital; S. L. Benton, University College, London; A. O. Bisson, University of Lausanne, Switzerland; A. E. Blackburn, Yorkshire College, Leeds; R. O. Bodman, University College, Bristol; J. T. Bowker, Owens College, Manchester; R. A. Bowling and R. H. Bott, St. Bartholomew's Hospital; S. Bott, London Hospital; J. R. Briscoe, B.A.Camb., Cambridge University; J. Bryan, London Hospital; A. H. Burnett, Royal Colleges of Physicians and Surgeons, Edinburgh; J. G. Castellain, B.A.Camb., St. George's Hospital; C. B. D. Butcher and W. R. Collingridge, St. Bartholomew's Hospital; V. Colmer, London Hospital; D. K. Coutts and R. J. H. Cox, St. Thomas's Hospital; A. D. Crofts, Guy's Hospital; C. H. Cross, St. Bartholomew's Hospital; F. S. Davies, St. Thomas's Hospital; L. G. Davies, B.A.Camb., Guy's Hospital; P. A. Dingle, St. Bartholomew's Hospital; A. Dinnis, Charing Cross Hospital; M. O. Dollie, University College, London; C. Elliott, St. Bartholomew's Hospital; T. Evans, London Hospital; H. W. Farebrother, Charing Cross Hospital; G. E. Ferguson, St. Mary's Hospital; G. Finch, Yorkshire College, Leeds; G. W. M. Fletcher, University College, Bristol; J. Freeman, B.A.Oxon., Oxford University; C. J. Galbraith, and A. H. Gifford, King's College Hospital; L. Gray and J. P. Griffin, St. Bartholomew's Hospital; G. Hamilton, Guy's Hospital; J. C. L. Hingston, Middlesex Hospital; E. C. Hobbs and H. S. Hollis, St. Mary's Hospital; A. W. Hooker, St. Thomas's Hospital; W. G. Howarth, B.A.Camb., Cambridge University and King's College Hospital; J. B. Howell, University College, Cardiff; R. R. Huxtable, Charing Cross Hospital; F. S. Jones, University College, Liverpool; F. H. L. Jones, Guy's Hospital; G. F. Jones, University College, London; K. N. Karanjia, Grant Medical College, Bombay; J. R. Kemp, St. Bartholomew's Hospital; C. F. Kernot, London Hospital; G. J. Langley, St. Thomas's Hospital; A. E. Leapingwell and F. C. Lloyd, St. Mary's Hospital; W. A. T. Lloyd, London Hospital; W. S. C. McClure, Firth College, Sheffield; J. E. R. McDonagh, St. Bartholomew's Hospital; D. G. McGill, Owens College, Manchester; C. B. McNeile, Middlesex Hospital; C. L. Morgan, St. Thomas's Hospital; D. Macrae and J. F. Murphy, London Hospital; J. O. Musson, Guy's Hospital; R. C. Neil, University College, London; L. E. C. Norbury, St. Thomas's Hospital; A. B. O'Brien, Guy's Hospital; G. R. Plaister, London Hospital; V. G. J. Paul and W. H. Powell, St. Mary's Hospital; J. E. Prentice and W. P. Purdom, Guy's Hospital; A. G. L. Reade, Charing Cross Hospital; P. A. Reckles, Firth College, Sheffield; M. B. Reichwald, St. Bartholomew's Hospital; V. E. Ridewood, B.A.Lond., London Hospital; H. C. Samuel, University College, London; J. D. Sinclair, Edinburgh School of Medicine; A. A. Smith, Charing Cross Hospital; A. Smith, Middlesex Hospital; C. M. Stevenson, Cambridge University and Guy's Hospital; T. Sturdy and H. F. Strickland, Charing Cross Hospital; J. H. Sutcliffe, Yorkshire College, Leeds; R. J. C. Thompson, St. Thomas's Hospital; J. A. Torrens, St. George's Hospital; H. S. Vivian, Middlesex Hospital; H. R. S. Walford, St. George's Hospital; J. Wallace, B.A.Oxon., Oxford University and St. Thomas's Hospital; J. Warburton, Owens College, Manchester; H. F. Warner, Prelim. Sci., M.B.Lond., London Hospital; W. Welchman, Prelim. Sci., M.B.Lond., Guy's Hospital; J. A. R. Wells, St. Thomas's Hospital; S. M. Wells, Guy's Hospital; C. F. O. White, B.A.Camb., Cambridge University; C. S. White, University College, London; R. O. Williams, Guy's Hospital; W. W. Williams, King's College Hospital; W. S. Williamson, Yorkshire College, Leeds; D. Wilson, Prelim. Sci., Lond., St. Thomas's Hospital; M. R. O. Wilson, University College, Bristol; H. D. Wyatt, Guy's Hospital.

Anatomy only.—J. W. W. Hogan, Madras Medical College and St. Bartholomew's Hospital.

MEDICAL WOMEN IN CANADA.—A female house-surgeon will, it is stated, be appointed each year on the staff of the Toronto General Hospital. Two medical women will also be appointed as registrars.

MEDICAL NEWS.

At a meeting of the Institute of Actuaries to be held on Monday, April 28th, at 5.30 p.m., at Staples Inn Hall, Holborn, Mr. Burridge will read a paper on vaccination.

We are asked to state that a *matinée* in aid of the funds of the Royal Dental Hospital of London will be given at the Queen's Gate Hall on May 2nd, when three original plays will be produced. Tickets can be obtained from the Secretary of the hospital.

The Local Government Board in England has issued an order authorizing Boards of Guardians to make such modifications in the regulations in force with regard to the discipline and diet of the poor persons in workhouses and other establishments as may seem to be suitable for the due celebration of the public holidays on June 26th and 27th in connexion with the Coronation of His Majesty the King.

We are requested to state that at the next meeting of the Medical Society of London on Monday, April 28th, a special demonstration illustrated by lantern slides, etc., will be given on the bilharzia parasite by Lieutenant Lelean, F.R.C.S., R.A.M.C. The demonstration will be preceded by a surgical paper by Mr. A. H. Tubby. As a large attendance is expected, intending visitors are reminded that they must be introduced by a member of the Society. The meeting will be held at 8.30 p.m. at 11, Chandos Street, Cavendish Square.

The Spring meeting of the South-Eastern Division of the Medical-Psychological Association will take place at the Surrey County Asylum, Brookwood, on Wednesday, April 30th. Dr. Barton invites the members to visit the asylum in the morning, and to luncheon at 1.30. Papers will be read at the meeting in the afternoon on the Treatment of Colitis by Dr. N. H. MacMillan, and on Melancholia as an Expression of Physical Disorder by Dr. H. Corner. A dinner will take place in the evening at the Café Monaco, Piccadilly Circus.

MEDICAL MISSIONARY ASSOCIATION.—The annual meeting of this Association was held on April 18th, under the presidency of Dr. George Saunders, C.B. In the annual report, which was read by Dr. Maxwell, it was stated that although there had recently been a dearth of volunteers for this work, yet there had been many inquiries in regard to it indicating an awakened interest. During the year over 2,340,000 persons, including 85,169 in-patients in 379 hospitals had been under the care of medical missionaries, of whom at least 320 were from this country. The Association had now a home connected with which were 9 resident and 9 non-resident students. Affiliated medical missions were also being carried on in Islington and St. Pancras.

On April 11th the members of the Darwen Medical Society presented Dr. Edgar Alfred Field with an illuminated address signed by all the members, together with a fitted midwifery bag, on the occasion of his leaving Darwen to practise at Owston Ferry, Lincolnshire. The presentation was made on behalf of the Society by Dr. J. T. Ballantyne, Deputy Mayor of Darwen, who said that the members of the Society desired to take that opportunity of expressing their appreciation of Dr. Field as a fellow practitioner and fellow member, and of the high esteem in which he was held. They wished him every success in his new sphere of labour. Dr. Field returned thanks and expressed his regret at the severance of his connexion with the district.

MEDICAL VACANCIES.

The following vacancies are announced:

- AXLESBURY: ROYAL WICKINGHAMSHIRE HOSPITAL.—House-Surgeon; unmarried. Salary, £80 for first year, rising to £100, with board and furnished apartments. Applications to the Secretary by May 1st.
- BIRMINGHAM AND MIDLAND SKIN AND URINARY HOSPITAL.—Surgical Assistant. Honorarium at the rate of 50 guineas per annum. Appointment for six months, but eligible for re-election. Applications to the Secretary, John Bright Street, Birmingham, by May 7th.
- BRENTFORD UNION.—Assistant Medical Superintendent of the Infirmary and Assistant Medical Officer of the Workhouse and School, 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 26th.
- BRENTWOOD: ESSEX COUNTY ASYLUM.—Locum Tenens; not over 35 years of age. Terms 4 guineas weekly, with board. Applications to the Medical Superintendent.

- BURY ST. EDMUNDS: SUFFOLK GENERAL HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by May 5th.
- CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—Second Assistant Physician. Applications to the Secretary by June 7th.
- CANCER HOSPITAL, Fulham Road, S.W.—Junior House Surgeon. Salary at the rate of £70 per annum, with board and residence. Applications to the Secretary by May 1st.
- CARMARTHENSHIRE INFIRMARY.—Resident Medical Officer; unmarried. Salary, £100 per annum, and all found. Applications to the Secretary by April 26th.
- CENTRAL LONDON SICK ASYLUM.—First Assistant Medical Officer. Salary, £120 per annum, with board and residence. Applications to F. W. Bailey, Clerk's Office, Cleveland Street Asylum, Cleveland Street, W.
- CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—Registrar. Honorarium, 20 guineas per annum. Applications to the Secretary by May 10th.
- CHELTENHAM EYE, EAR, AND THROAT HOSPITAL.—Non-resident House-Surgeon. Applications to Dr. Bower, Portland House, Cheltenham.
- COSFORD UNION.—(1) Medical Officer and Public Vaccinator for the Bildeston District. Salary, £72 per annum, and fees. (2) Medical Officer of the Workhouse. Salary, £50 per annum, and fees. Applications to be sent to the Clerk to the Guardians by May 1st.
- DUBLIN: SIR PATRICK DUN'S HOSPITAL.—Assistant Physician. No salary. Applications to the Secretary of the Medical Board before May 1st.
- DUDLEY: GUEST HOSPITAL.—Assistant House Surgeon. Appointment for six months. Salary at the rate of £40 per annum, with residence, board, and washing. Applications to the Secretary by May 8th.
- GERMANY UNION INFIRMARY.—Second Assistant Medical Officer; unmarried. Salary, £100 per annum, with board, lodging, washing, attendance, and £3 per annum in lieu of per. Applications on forms provided, to be sent to the Clerk to the Guardians, Union Offices, Greenwich, S.E., by May 8th.
- 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 DISEASES OF THE THROAT, Golden Square, W.—Senior Clinical Assistant. Applications to the Secretary-Superintendent by May 10th.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) House Surgeon unmarried. Appointment for six months. Salary, £20. Washing allowance, £2 10s., with board and residence. (2) Medical Registrar. Honorarium, 50 guineas per annum. Applications on forms provided to be sent to the Secretary by April 29th.
- ISLE OF MAN: KING WILLIAM'S COLLEGE.—Medical Officer. Applications to the Secretary by May 1st.
- KINGS NORTON AND NORTHFIELD URBAN DISTRICT COUNCIL.—Medical Officer of Health and Medical Superintendent of the Infectious Diseases Hospital. Salary, £500 per annum. Applications, endorsed "Medical Officer of Health," to be sent to the Clerk to the Council, 10, Newhall Street, Birmingham, by May 21st.
- LISCAID: WALLASEY DISPENSARY AND VICTORIA CENTRAL HOSPITAL.—House-Surgeon, unmarried. Salary, £100 per annum, and board. Applications to Mr. Andrew Lindsay, Newbold, Liscaid, Liverpool, by April 26th.
- LIVERPOOL STANLEY HOSPITAL.—Third House-Surgeon. Salary, £70 per annum, with board, residence, and washing. Applications to the Chairman of the Medical Board.
- LONDON TEMPERANCE HOSPITAL, Hampten Road, N.W.—Assistant Resident Medical Officer. Appointment for six months. Honorarium at the rate of 50 guineas per annum, with board, residence and washing. Applications to the Secretary by May 1st.
- METROPOLITAN ASYLUMS BOARD.—Male Assistant Medical Officer for the Asylum at Osterham; unmarried, and not to exceed 35 years of age. Salary, £150 per annum, rising to £170, with rations, lodging, attendance, and washing. Applications, on forms provided, to be sent to the Office of the Board, Embankment, E.C., by April 26th.
- MILLER HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich Road, S.E.—Junior Resident Medical Officer. Salary, £80 per annum, with board, attendance, and washing. Post tenable for six months, with prospect of election as Senior at £100 per annum. Applications to the Secretary by May 7th.
- NORTHAMPTON: BERRYWOOD ASYLUM.—Junior Assistant Medical Officer; unmarried, and under 30 years of age. Salary, £150 per annum, increasing to £200, with board, lodging, washing, and attendance. Applications to the Medical Superintendent by May 6th.
- NORWICH: NORFOLK AND NORWICH HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided, and honorarium £20. Applications to the Secretary by May 6th.
- PADDINGTON GREEN CHILDREN'S HOSPITAL, W.—(1) House-Physician; (2) House-Surgeon. Appointments for six months salary at the rate of 50 guineas a year, with board and residence. Applications to the Secretary by May 2nd.
- PUBLIC DISPENSARY, 59, Stanhope Street, Clare Market.—Resident Medical Officer. Salary, £105 per annum, with furnished apartments, coal, and gas. Applications to Mr. J. Phillips, Secretary, 14 and 15, Portugal Street, Lincoln's Inn, W.C., by May 3rd.
- QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.—Assistant Resident Medical Officer. Appointment for four months. Salary at the rate of £50 per annum, with board, residence, and washing. Applications to the Secretary by May 5th.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—(1) Four Examiners in Elementary Biology, first examination; (2) Four Examiners in Anatomy, second examination, must be F. or M.B.C.S.; (3) Three Examiners in Physiology, second examination; (4) Four Examiners in Midwifery, third examination; (5) Examiner for Part I and Examiner for Part II for the Examination in Public Health; (6) Four Examiners in Anatomy; (7) Four Examiners in Physiology. Vacancies 1 to 5 are for Joint Examining Board, and 6 and 7 are for the Fellowship. Applications to the Secretary by April 28th.
- SHEFFIELD ROYAL INFIRMARY.—Junior Assistant House-Surgeon. Salary, £70 per annum, with board, lodging, and washing. Applications, endorsed "Application for the post of Junior Assistant House-Surgeon," to be sent to the Secretary by May 10th.
- STOCKPORT INFIRMARY.—Assistant House and Visiting Surgeon. Salary, £80 per annum, with board, washing, and residence. Applications to the Secretary by April 26th.
- TAYNTON AND SOMERSET HOSPITAL.—Assistant House Surgeon. Appointment for six months. Salary at the rate of £60 per annum, with board, lodging, and laundry. Applications to the Honorary Secretary.
- TEIGNMOUTH HOSPITAL.—House-Surgeon. Salary, £70 per annum, £6 per annum in lieu of stimulants or mineral waters, with board, lodging, and washing. Applications to the House Committee.
- TRURO: ROYAL CORNWALL INFIRMARY.—House Surgeon; unmarried. Salary, £100 for first year, increasing £10 yearly, with board and apartments. Applications to the Secretary, 4, Parkvedras Terrace, Truro.
- WARLINGHAM LUNATIC ASYLUM.—Medical Superintendent. Salary, £450 per annum, with unfurnished house, etc. Applications, endorsed "Applications for Medical Superintendent, Lunatic Asylum," to be sent to the Clerk to the Visiting Committee, Town Hall, Croydon, by May 7th.
- WESTERN GENERAL DISPENSARY, Marylebone Road, N.W.—Second House-Surgeon; unmarried. Salary, £80 per annum, with board, residence, and laundry. Applications to the Honorary Secretary.
- WESTMINSTER HOSPITAL, S.W.—Surgical Registrar. Salary, £50 per annum. Applications to the Secretary by April 30th.
- WIGAN INFIRMARY.—Male Junior House-Surgeon. Salary, £80 per annum, with apartments and rations. Applications to the General Superintendent by May 6th.
- WORCESTER GENERAL INFIRMARY.—House-Physician; unmarried. Salary, £70 per annum, with board, residence, and washing. Applications to the Secretary by May 10th.

MEDICAL APPOINTMENTS.

BYWATER, H. Haward, M.B. Vict., appointed House-Surgeon to the Central London Ophthalmic Hospital.

CABLESS, Albert, M.B., M.S. Lond., F.R.C.S., Consulting Surgeon to the St. John's Hospital, Twickenham, and Honorary Consulting Operative Surgeon to the Ealing Cottage Hospital.

EMERY ROBERTS, E. M.B., Ch.B. Vict., appointed Assistant Medical Officer to Mill Road Infirmary, Liverpool.

GREDDIS, George, M.B., C.M. Aberd., appointed Medical Officer to the Heywood Post Office.

HARPER, Alexander, M.D. Durh., M.R.C.S., appointed Assistant Medical Officer to the Princess Alice Memorial Hospital, Eastbourne.

HOLMES, James, M.D. Edin., appointed Certifying Factory Surgeon for Heywood, *vice* J. S. Forrop, M.D. Edin.

LEMARCHAND, A. W., M.R.C.S., L.R.C.P. Lond., appointed Honorary Medical Officer to the North Devon Infirmary, Barnstaple.

LOGAN, E. R. W., M.R.C.S. Eng., L.S.A., appointed Certifying Factory Surgeon for the Ashby-de-la-Zouch District of Leicestershire.

McKECHNIE, M. V., L.R.C.P., L.R.C.S. Edin., appointed District Medical Officer of the Fording Union.

NASH, J. T. G., M.D., D.P.H., reappointed Acting Professor of Hygiene at King's College, London, during the absence of Professor Simpson on special duty.

PRESTON, Lionel L., M.B., B.S. Durh., appointed Assistant Surgeon to the Royal Isle of Wight County Hospital.

RIDER, Alonso G., M.B. Lond., appointed Surgeon to the Royal Albert Hospital, Devonport, *vice* T. N. Leah, M.B., B.S. Lond., resigned.

SINGLAIR, W. J. H., M.B., C.M. Aberd., appointed Medical Officer to the Barlinnie Prison.

SMITH, Reginald, M.R.C.S., L.R.C.P. Lond., appointed Honorary Assistant Surgeon to the Warrington Infirmary.

WILLEY, Florence E., M.B., B.Sc. Lond., appointed Pathologist to the Royal Free Hospital, Gray's Inn Road.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 p.m. Mr. A. H. Tubby: The Quiescent Period in the course of Grave Abdominal Inflammation. Captain F. S. Leelan, R.A.M.C.: A Series of Cases of Bilharzia, illustrated by Lantern and Microscopical Demonstrations.

Odontological Society of Great Britain, 20, Hanover Square, W., 8 p.m.—Communication by Mr. J. G. Turner. Paper by Mr. Kenneth W. Goadby.

TUESDAY.

Pathological Society of London, 20, Hanover Square, W., 8.30 p.m.—Papers on Endotheliomata occurring in Various Situations, by Dr. Seigmann, Mr. Raymond Johnson and Mr. Laurence, Dr. Emmanuel, Dr. Rolleston and Dr. Grünbaum, Mr. Shattock, Dr. Corner and Mr. Scott, and Mr. Gask. Mr. Pernet: Congenital Multiple Sarcomata of the Skin. Dr. Fawcett: Chyle Cyst of Mesentery. Mr. W. Watkins: Pituitary: Pancreatic Tumour. Card specimens will be shown by Mr. W. G. Spencer and Dr. Malcolm.

THURSDAY.

Ophthalmological Society of the United Kingdom, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Clinical evening. Cases and specimens by G. Hart-ridge, H. Grimsdale, W. Adams Frost, E. T. Collins, L. V. Cargill, George M. Thompson, Wm. Lang, and G. M. Thomson and A. Brunker.

Roentgen Society, 20, Hanover Square, W., 8.30 p.m.—Mr. Ernest Payne will open a discussion on The Relation between "X" Rays and Allied phenomena in Light and Electricity.

FRIDAY.

British Electro-Therapeutic Society, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Discussion on Dr. Sequeira's paper on The Finsen Treatment of Lupus, Rodent Ulcer, etc.

Laryngological Society of London, 20, Hanover Square, W., 5 p.m.—Cases, specimens, and instruments will be shown by Dr. Brunner, Dr. Walker Downie, Dr. Johnson Horne, and Dr. Donelan.

Society of Anaesthetists, 20, Hanover Square, W., 8.30 p.m.—Dr. Blumfeld: On Some Points concerning Complete Relaxation of the Abdominal Walls under Anaesthetics. Dr. Flax: On the Use of the Open Stomach.

West Kent Medical-Chirurgical Society, Miller Hospital, Greenwich, 8 p.m.—President's Address on Migraine. Smoking concert to follow.

POST-GRADUATE COURSES AND LECTURES.

Medical Graduates' College and Polytechnic, 22, Chancery Street, W.C.—Demonstrations will be given at 4 p.m. as follows: Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, ear.

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.

BELL.—On April 17th, at The Green, Lockerbie, N.B., the wife of John Stothart Bell, M.B., C.M. Edin., of a son.

JAMIESON.—On April 16th, at Penang, the wife of Dr. T. Hill Jamieson, of a son.

MANSSELL.—On Tuesday, April 15th, at Crofton, West Hill, Hastings, the wife of H. B. Mansell, M.R.C.S., of a daughter.

MARRIAGES.

BURNET-TWEDDIE.—At Christ Church, Edinburgh, on April 22nd, by the Rev. C. M. Black, Morton Burnet, M.D. Edin., Clerk, N.B., to Mary Dorothea, youngest daughter of Charles Tweedie, late of Edinburgh.

WALKER-SECKER.—On April 24th, at All Saints, Daresbury, Cheshire, by the Rev. H. Milnes Walker, brother of the bridegroom, assisted by the Rev. F. Clifton Smith, Vicar, and the Rev. E. C. E. Carleton, Henry Secker Walker, F.R.C.S., of Leeds, to Elaine Mary Secker, only daughter of the late Rev. T. J. Secker, some time Vicar of St. Peter's, Bishop Wearmouth, and niece of John White, Esq., of Moore Hall, Cheshire.

DEATHS.

ACKERLEY.—On April 19th, at Naples, Eliza Helen (Lillie), wife of Richard Ackerley, M.B., of Surbiton.

BENNETT.—On April 17th, Herbert Leopold Bennett, M.R.C.S. Eng., L.S.A. Lond., of Ewell, Old Charlton, Kent, second son of the late Edwin A. Bennett, M.I.C.E., of Chatham, aged 46 years.

COLEMAN.—On April 18th, at his residence, Salop Street, Wolverhampton, John Major Coleman, M.D., in his 71st year.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

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

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

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

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

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

QUERIES.

CARRIAGE LAMP.

A COUNTRY PRACTITIONER in IRELAND would like to know the best and most suitable lamps to use for driving at night in a country where roads are bad and dangerous and winds often very high. Would acetylene be suitable?

ANSWERS.

PHOS.—The rent received must, we apprehend, be reckoned as part of income, and the whole rent paid as part of expenditure, but the question is really one for a lawyer or expert.

PHYSIOLOGY OF THE NERVOUS SYSTEM.

R. R. (Birmingham) could not probably find anything better for his purpose than in the last edition of Foster's *Textbook of Physiology*, vol. iii (London: Macmillan and Co., 1897, 7s. 6d.); or, if he wished the subject matter to include the special senses, vol. iv (1900, 10s. 6d.) in addition. If a shorter treatment of the subject were desired he would probably find Halliburton's *Handbook of Physiology*, Fourth Edition (London: John Murray, 1901, 14s.) suitable.

PASTEUR INSTITUTES AND THEIR STATISTICS.

ANXIOUS INQUIRER.—At the beginning of 1900 there were 8 Pasteur Institutes in France—at Paris, Algiers, Tunis, Montpellier, Marseilles, Bordeaux, Lille, Lyons; 5 in Italy—at Bologna, Milan, Naples, Palermo, Turin; 2 in Austria-Hungary—at Vienna and Buda-Pesth; 7 in Russia—at St. Petersburg, Moscow, Samara, Kharkof, Warsaw, Odessa, Tiflis; 2 in the Ottoman Empire—at Constantinople and Aleppo; 1 in Roumania—at Bucharest; and 1 in Malta. The Pasteur treatment is also carried out in the rabies station of the Charité Hospital, Berlin. A few other institutes have been established in other places in the last year or two. At the Pasteur Institute in Paris from 1886 to 1894 the total number of persons treated was 13,817, with a mortality of 0.5 per cent; during the four succeeding years 5,814 patients were treated, and the mortality was 0.258 per cent. The number of persons treated in 1898 was 1,465; of these 3 died, a death-rate of 0.20 per cent. In 1899 the number treated was 1,614, of whom 10 died. The death-rate in previous years, taken separately, was as follows: 1886, 0.04 per cent.; 1887, 0.79; 1888, 0.55; 1889, 0.38; 1890, 0.32; 1891, 0.25; 1892, 0.22; 1893, 0.36; 1894, 0.50; 1895, 0.33; 1896, 0.30; 1897, 0.39. All these figures refer to the Pasteur Institute, Paris. With regard to other places it would be a somewhat laborious task to give full statistics. The following are a few particulars which we have been able to collect: At the Antirabic Institute of Marseilles the number of persons treated between December 10th, 1893, and July 31st, 1894, was 167; of these 2 died. At the Pasteur Institute of Buda-Pesth from April 15th, 1892, to April 14th, 1893, the total number of persons treated was 647. In 12 cases the development of hydrophobia was not prevented, but 6 of these came too late for effectual treatment. This leaves 6 cases of death in 641. The total number of patients treated in the Institute is given as 17,734. The total number of persons treated at the Antirabic Institute of Padua in 1891 was 57, in 1892 48. No death occurred. At the Alexander the Third Hospital at Moscow, to which a Pasteur Institute is attached, the number of persons treated during 1892 was 907; of these 6 died. At the Antirabic Institute of Jassy in Moldavia, the total number of persons treated in 1891 was 34 with no deaths; in 1892, 133 with 2 deaths; in 1893, 144 with 2 deaths; in 1894, 50 with 1 death. At the Pasteur Institutes in New York and St. Louis the number of patients treated in 1900 and 1901 was 241, of whom 1 died—a mortality of 0.41 per cent. The number of persons treated at the Chicago Pasteur Institute from its establishment on July 2nd, 1890, to December 31st, 1894, was 366, of whom only 2 died. The statistics of antirabic vaccinations performed at Saigon, in Cochinchina, from May 1st, 1892, to May 1st, 1893, the total number of persons treated was 62. Only one of the 62 patients treated died of hydrophobia. From the establishment of the Institute on April 15th, 1891, up to May 1st, 1893, the total number of persons treated was 110, with 2 deaths. In the Pasteur Institute at Kasauli, India, during the first year of its existence (1900-1901) 321 patients were treated, including 95 from the British army and 226 European civilians; 1 death occurred among the Europeans, but 2 natives died.