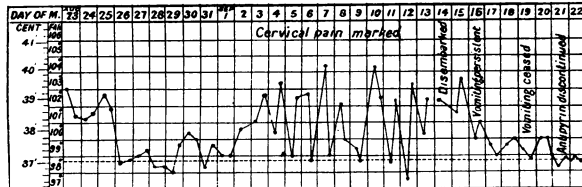
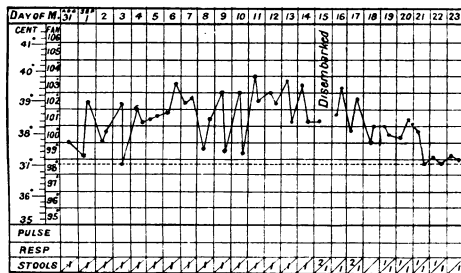


normal, pain disappeared and the patient apparently convalescent. Antipyrin was stopped on 28th, but recommenced on September 3rd, the patient having relapsed with a temperature of 102.8° , and intense cervical pain. The pain rapidly diminished under this treatment, and the temperature pursued an irregular course, with a maximum of 104.4° on September 6th and 9th. On September 14th, on the arrival of the *Montrose* at Bermuda, the patient was transferred to the hospital for prisoners of war, Ports Island. Although every care was taken, he relapsed after transfer, complaining of cervical pain; vomiting also supervened, and was very troublesome. The temperature becoming normal on September 21st, antipyrin was discontinued and champagne given. He now improved steadily, vomiting ceased, and appetite returned, and he was able to sit up. The bowels acted on alternate days with an occasional purgative. (On October 3rd he complained of inability to pass his urine, and a catheter was used until the 11th, when the power of micturition



suddenly returned. On the 12th he again complained of intense pain in the neck, and consequent insomnia, lying with his head depressed and turned to the left, and groaning constantly; these symptoms were at once relieved by antipyrin and an icebag. On the 16th some constipation set in, which was with difficulty relieved by purgatives and enemata. On September 30th he complained for the first time of general headache, and he again had an attack of "cerebral" vomiting. Symptoms were not improved by sodium bromide, but relieved by antipyrin. His temperature now continued normal, his appetite good, he slept fairly well, and had occasional attacks of vomiting, occasional cephalalgia, occasional exacerbations of cervical pain, until his death, which occurred suddenly without rigor or convulsion, on November 21st, the ninety-first day of his illness. No necropsy was permitted. Throughout the case there was no inequality of pupils. Rigidity and stiffness of the cervical muscles was very marked, also photophobia and partial ptosis of the right eyelid.

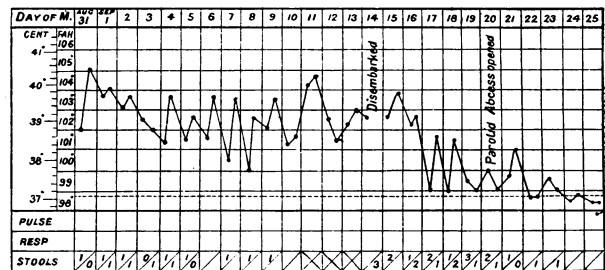
CASE II.—H. J. C. (Transvaaler), aged 13, was admitted to hospital on the ss. *Montrose* on August 31st in a semi-comatose condition, constantly crying out for water, and complaining of pain in the back of the head and neck. The temperature was 100° , reaching 102.6° next day. Antipyrin gr. v ter die was ordered and continued steadily throughout the case. The temperature pursued an irregular course, ultimately falling by lysis; the "hydrocephalic cry" was most marked; restlessness and photophobia in a less degree; the neck was stiff and tender. He remained in a condi-



tion of semistupor until after transfer to Ports Island Hospital on September 14th. All cervical pain having disappeared, antipyrin was discontinued on September 21st. The patient was thin, weak, and anaemic, but made an uninterrupted recovery, rapidly putting on flesh. He was discharged from the hospital on October 10th, his mental faculties appearing in no ways impaired. He had, however, well-marked strabismus. The bowels acted regularly throughout; there was no inequality of the pupils.

CASE III.—N. de B. (Transvaaler), aged 15, was also admitted on August 31st in a semicomatose state complaining of pain in the head and neck. His temperature was 102° , reaching 105° in the evening. Calomel was given and antipyrin gr. v ter die ordered and continued throughout the case. Patient was very restless, complaining of the light, and when not asleep constantly crying out "Doctor, doctor," or "Water, water." Cervical rigidity was well marked. On September 6th the left parotid was swollen and tender, and two days later the right was in the same condition. The patient became extremely weak, and from September 10th to 13th all evacuations were involuntary. On the 14th he was transferred to Ports Island, being very restless, constantly crying out. Temperature 104.6° . On September 18th two large boils on the back were incised. On September 20th, fluctuation being distinct, both parotids were opened, and a large quantity of pus evacuated, and the abscesses drained. The temperature fell to 99° . On the 21st there was slight rise of temperature and some vomiting. On the 24th the patient, although very deaf, seemed for the first time to understand what was said to him, and from this point onward began to make steady progress. On October 4th a large gluteal abscess was opened. On October 15th he had a relapse, his temperature rising to 104° , to 105° , and pain in the neck

returning. Antipyrin, which had been discontinued since September 22nd, was ordered and continued until September 26th, by which time he was again convalescent. Recovery was now uninterrupted, and the patient discharged from hospital on December 13th. There was no inequality of pupils; there was well-marked squint during convalescence, but it disappeared before the patient left hospital.



To sum up: Of the 6 cases of infective meningitis on the ss. *Montrose*, 3 were treated in the ordinary way and died; 3 were treated with antipyrin, and of these 2 recovered; and 1 lived ninety days. The outbreak was not confined to one part of the ship; 2 cases were from the upper, and 2 from the lower troop deck, and 2 from the infectious ward, which was aft near the hospital. The causation of infective meningitis or cerebro-spinal fever is still uncertain, but the modern view that it may be due to infection of the meninges by different pathogenic germs receives support from the outbreak under consideration when measles, pneumonia, and influenza were all present, and from the occurrence of parotid and other abscesses in the case of J. de C. It is also confirmed by the case of an orderly (St. John Ambulance Brigade), who, being in good health, scrubbed out a ward in one of the hospital buildings in Bloemfontein, which had been long and closely occupied with enteric cases, and died in three or four days with all the symptoms of acute cerebral meningitis.

MEMORANDA:

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

MALIGNANT SMALL-POX FATAL WITHIN SIX HOURS.

On April 8th I was called about 8 A.M. to visit a boy, aged 10 weeks, and I saw the child within half an hour. The case seemed a very peculiar one. The whole face was covered with a subcutaneous haemorrhagic rash or purpura. But besides this there was a rash slightly elevated on the surface which closely resembled that of an ordinary case of measles, and though that disease occurred to my mind I could at once see, from the dusky skin and extreme prostration of the child, that the disease was not measles but something of a far more serious character. Beneath the jaw and around the neck were some half-dozen well-marked red patches, giving an appearance as if produced by touching the surface with the top of the finger dipped in blood. There were, as well, some six or eight similar spots on the buttocks, which were also covered with a subcutaneous mottling similar to that on the face. The rest of the body at that time, though of an ashy pale colour, showed no rash of any kind. The temperature was 101° . The child was partly unconscious, and groaned as if in pain.

I concluded that the case was one of malignant small-pox, and I informed the relatives to that effect; but on this my first visit I was not without some doubt. I asked my partner Dr. Hine to visit the case, and though he suspected small-pox he could not pronounce definitely. I then sent a note to the medical officer of health for this district to inform him of the case, and asked him to examine the child. He went directly, and after his visit he informed me that he thought the case an extraordinary one, and that he would not then wish to decide whether it was small-pox or not. As it was the first case of suspected small-pox occurring in the district,

he telegraphed for Dr. Seaton, the medical officer of health to the Surrey County Council, to come and see the case. Dr. Seaton, however, was unable to come. I again visited the case in the afternoon, when the medical officer of health was also present, but the child died before 12 o'clock noon. The rash that in the morning was confined to the face and buttocks was now spread all over the body and limbs. The lower half of the abdomen, the buttocks, and upper third of the thighs presented one uniform blood-red surface producing a distinct contrast to the dusky subcutaneous rash over the rest of the body. The case on my second visit presented symptoms which corresponded as closely as possible to the description given in standard works of medicine of purpura variolosa or malignant small-pox. Dr. C. E. Tanner, the medical officer of health, and I, on this our second visit, concluded that without doubt the case was one of malignant small-pox, and I certified the death accordingly.

This child was quite well on the previous day. It became restless during the night. The rash was first noticed at 7 in the morning. It was dead at noon. The source or cause of the disease in this case has not up to the present been traced. I might mention that neither this child nor an elder one in the family had been vaccinated, as the parents had objections. What seems of most interest in this case is its rapid fatality and the difficulty in diagnosing the disease on its first appearance.

Farnham, Surrey.

E. R. COFFEY, L.R.C.P., L.R.C.S.

A CASE OF LOCAL HYPERIDROSIS.

WHILE vaccinating a young lady recently she called my attention to a peculiar perspiration which had broken out in the opposite hand during the operation. On examining it I found beads of perspiration lying along, and limited to the lines of distribution of the superficial palmar branch of the ulnar nerve—namely, along the cuticle over the lower third of the ulnar margin of the fifth metacarpal bone, the ulnar and radial sides of the little finger, and the ulnar side of the ring finger. The rest of the cuticle was perfectly dry and quite natural in appearance, nor was there any other abnormality to be made out in connexion with the nerve. The patient said that this always took place whenever she became excited, or sat by the fire, or attempted any needlework; the perspiration becoming sometimes so severe as to necessitate her laying aside her work. She had come to me several weeks previously, complaining of nervous debility and indigestion, and while stating her case had mentioned this phenomenon of perspiration, when I was struck with the accuracy with which she marked out the course of this branch of the ulnar.

A case of local hyperidrosis of such remarkably defined limits is sufficiently unusual and interesting to be worthy of record.

Liverpool.

WM. BRAMWELL, M.A., M.D., B.Ch.Dub.

SURVIVAL OF A PREMATURE CHILD WEIGHING LESS THAN TWO POUNDS.

IN December, 1898, I attended a lady in her third confinement who was prematurely delivered of a female child ($6\frac{1}{2}$ months) weighing less than 2 lb. I had been engaged to attend this lady in March, 1899, but was hastily summoned in the middle of the night of December 19th, 1898, and arrived at my patient's house just in time to deliver the child. As the nurse engaged was at a distance there was no one to help me, and I had to do the best I could single-handed. The mother showing symptoms of flooding, I separated the child as quickly as possible, placed it in a warm flannel, and gave my whole attention to the mother. After delivery of the placenta and checking of haemorrhage I looked at the child, which gave a faint cry. By this time a middle-aged and sensible woman had arrived on the scene. Having no incubator I determined to try what could be done to save the life of the little one. I therefore ordered it to be wrapped in cotton-wool and placed in a box inside the fender. The following morning, the nurse having arrived, I instructed her to anoint the child all over with warm linseed oil, and replace it in the cotton wool and box in the fender, having first weighed the child in the presence of the father, nurse, and a sister of the mother, when it scaled less than 2 lb.

On the second day I ordered the nurse to try to feed the

child by dipping a feather into warm, sweetened milk, and letting the child take it in drops. The little thing was too weak to suck, and the mother had no milk. It opened its mouth like a young bird, and took a few drops of milk dropped from the feather several times a day. This treatment was continued for seventeen days (when the child began to suck from a small bottle), the child being kept rolled in cotton wool in a box inside the fender, a good fire being constantly kept up. At the end of the month the nurse made a long jacket of cotton wool with sleeves, this being the first garment the child had worn. At the end of the first week it scaled just 2 lb., and it then gradually increased in weight; the inunction with oil was continued. The child continued to thrive until in November, 1899—eleven months after birth, when the family left England—it was as healthy and as well developed as an ordinary infant of that age.

I have just received a photograph of the child taken at 3 years of age—a pretty child, healthy and well grown, and, the mother writes, perfectly well and strong.

This case shows what may be done in such emergencies without an incubator and with a little perseverance.

THOMAS W. SHEPHERD, L.R.C.S. and L.M., L.S.A.

Launceston, Cornwall.

CASE OF NON-DEVELOPMENT OF THE LARGE INTESTINE AND THE GREATER PART OF THE ILEUM.

ON January 13th, 1902, an infant was sent into the Lowestoft Hospital by one of my colleagues, Dr. W. L. Bell, with the following history:

Since the child was born two days previously it had passed nothing by the bowel, but was continually vomiting up dark-coloured fluid.

I found some degree of collapse, but there was very little distension of the abdomen. On making an examination in the anal region I passed my little finger into a *cul-de-sac* extending inwards for about $1\frac{1}{2}$ in., without, however, detecting any bulging suggestive of bowel distended with meconium. Under these circumstances I felt that a search in the direction of the anal *cul-de-sac* would be attended with much difficulty and loss of time, so I determined to do a left inguinal colotomy. This I proceeded to do with the assistance of Dr. H. M. Evans and Dr. Tyson.

I found what should have been descending colon without much difficulty, but, on bringing the gut up to the wound, I found instead an impervious fibrous cord a little more than $\frac{1}{2}$ in. thick, attached by a mesentery in the usual way. I traced this up as far as I was able, and, finding it continued in this condition up to the transverse colon, I quickly sewed up the wound, and performed a right inguinal colotomy. Here, again, I came upon undeveloped bowel, with a minute enlargement representing the caecum, and a diminutive worm-like appendix attached to it. On following up the small intestine the gut was found of the same undeveloped character until about its junction with the jejunum, where it passed insensibly, without any stricture, into healthy bowel distended with meconium. I stitched this part to the abdominal wound, opened the gut, and relieved the distension, but the child died the next morning from shock. It would have hardly been possible for the result to be otherwise, seeing that so large an area of the bowel was involved.

I have read and heard of many varieties of imperforate anus, and absence of the rectum has been comparatively frequently observed, but I do not remember to have seen such an extensive abnormality noted as in the present case. An interesting fact is that two other children previously born by the same mother were subjects of imperforate anus, with the ordinary anatomical relations generally found in such cases.

MALCOLM L. HEPBURN, M.D., F.R.C.S.,
Surgeon to the Lowestoft Hospital.

OBSERVATIONS ON VELD SORES.

IN common with many more medical men engaged in the present campaign I have been interested in the subject of veld sores, and sometimes amused at the innumerable conclusions and theories advanced by different writers. One observer stated that their occurrence must be connected with horses, as he had only seen them on mounted troops. Having

seen service with infantry as well as horsemen I can state that they are not uncommon among the former, though more frequent in mounted men. Having had occasionally also to attend the enemy in the field, I can also state that the Boers suffer very much from veld sores.

My experience is that troops do not develop veld sores in the early days of their campaigning in South Africa. There is always some primary abrasion of the skin, and they are much more frequent on the left or "reins hand" than on the right.

Mr. Evenden, warrant officer of our field hospital (the 13th Brigade) has advanced a rather ingenious theory. The reason why the hands (and especially the left, which in riding is more exposed) are most subject to abrasions of the epidermis is due to the effects of the sun's rays. He had noticed whilst assisting at x-ray work at home that the ultra-violet rays had such an effect on the epidermis as to cause similar sores to form after a slight abrasion. After a year's campaigning, during which I have been on trek the whole time in the Transvaal and Free State, it is only recently that I developed a veld sore. It commenced by merely having a small piece of epidermis rubbed off the back of the left hand by contact with a button when mounting. A little serum oozed out during the first day, and gradually, without any treatment (other than washing with soap and water), it healed under a dry scab. When this was removed a pink surface of tender new epidermis remained. From observation of others I have noticed that pus often forms underneath the scab, which when rubbed off or removed leaves an ulcer.

The best treatment seems to be to wash clean when an abrasion is first noticed and dress with a piece of dry boracic lint. Unless the sore is covered it seldom heals kindly. Whether the rays of the sun have the effect of making the exposed parts of the skin more liable to the development of these sores or not is difficult to say. But such a theory would explain why the back of the left hand in mounted men is most subject, this being the only part of the body directly exposed to the sun's rays.

J. S. PURDY,

Surgeon-Captain, 6th N.Z.M.R., Plumer's
Force, S.A.

Wakkerstroom.

TREATMENT OF ACUTE PERITONITIS.

With reference to communications on this subject which have appeared recently in the *BRITISH MEDICAL JOURNAL* and elsewhere I may be excused in proposing what may prove an additional aid in the treatment of such cases.

After operation for acute peritonitis, undoubtedly one of the greatest after-dangers is the extreme collapse which so often sets in during the first few succeeding hours. One is much impressed by the extraordinary effect such peritonitis has on the circulation, and by the hitherto rather unsatisfactory remedies employed on that account, which seem to have strikingly little influence in a bad case. In considering these, it has occurred to me that the use of adrenalin ought to prove a valuable adjunct in counteracting this too often fatal condition of collapse. By producing contraction of the abdominal visceral vessels this ought to be overcome, assuming that other factors—for example, absorption of septic material from the newly-cleansed peritoneal cavity and bowel—are done away with. Adrenalin should act more thoroughly and permanently than infusion of saline solution, which is probably the most potent remedy in use at present. Judging from its action in other parts of the body, a weak solution of the extract used with swabs or irrigator ought to bring about the desired effect.

If meteorism be due chiefly to disordered circulation in the intestine this plan should help in a degree which infusion of salt solution or evacuation of the bowel by incision cannot approach. In this way the patient may be made comfortable more speedily.

Perhaps the action of the adrenalin may prove very evanescent; but this would depend on the amount left in the abdomen, strength of the solution, etc. It might be possible to repeat the dose through a drainage tube or by other means. Possibly it may be found to do harm by interfering with the absorptive and recuperative powers of the peritoneum, but experimental pathology ought to elucidate this point.

I have not had an opportunity of testing this suggestion since it occurred to me a few weeks ago. I make it, however,

in the hope that it may prove of value in this too fatal class of case, as a means of helping to tide the patient over the first few critical hours after operation.

Of course, this treatment should be carried out in conjunction with the administration of strychnine or camphor, etc., and the other remedies mentioned above.

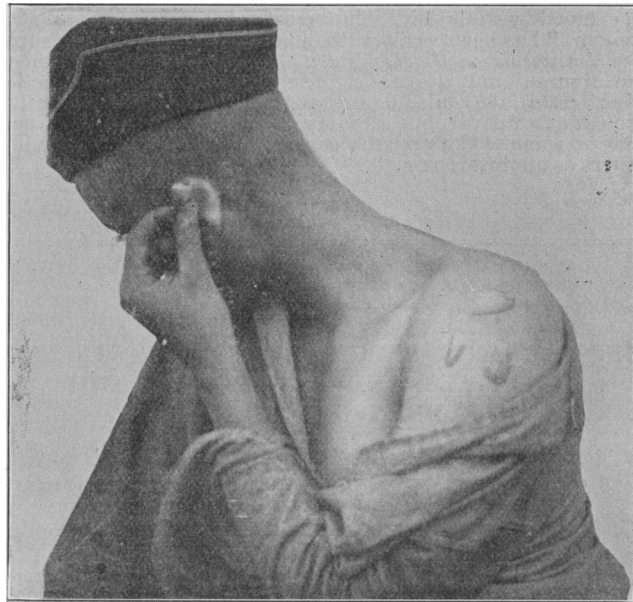
Aberdeen.

H. M. W. GRAY.

KELOID FOLLOWING VACCINATION.

The photograph accompanying this short account of a case of keloid occurring as a result of vaccination may be interesting.

The patient was a prisoner on board the transport *Kildonan*, and first came to me complaining of pain caused by any movement of the deltoid, especially in "squeezing" the deck. On examination the man showed normal old vaccination scars, the result of the operation when a child. He was revaccinated



on entering the army about three years ago, which was followed by a "swelling." This was removed by "cutting out." It recurred, and in the accompanying photograph one can see the condition fairly well. Beside those which are well marked and prominent on the arm two others will be noticed, one in the interdigital cleft, between the thumb and index finger, and a second on the back of the pinna of the left ear. I tried flexible collodion, as recommended by Da Costa, but without, as far as I could see, any appreciable alteration in the condition.

L. LAMMING BURTON,
M.D.Brux., F.R.C.S.Edin.

Longton.

VASCULAR SARCOMATA.

As I have seen in the Glasgow Eye Infirmary during the past eight years at least 10 cases of vascular sarcoma of different kinds, I have been much interested in Dr. Beatson's paper in the *BRITISH MEDICAL JOURNAL* of January 18th. To me the striking clinical feature of his case is that a growth of such size and of so malignant looking structure and connexions should have remained purely local for so long a period, and should not have recurred after operation. This surely opens up a large question as to the direct cause of metastasis and local extension, and gives rise to some doubts as to the nature of the tumour. My own experience of such structures has been as follows. Of 10 cases, 4 recovered, and were traced for over two years. Two cases were last seen alive and well a few months after the eye was removed, and 4 (young children) died at various dates after the operation, from four months on. Six of the cases were under 2 years of age, one was 3, one 7, one 27, and one 49 years of age. Only two of the ten were males. The younger children all presented a fairly healthy appearance until late stages were attained. Local recurrence

took place in all the four which died. In only one that I know of did metastasis occur, in one a cerebral growth had formed, probably by extrusion from the orbit, and in one the submaxillary glands were enlarged. As regards the structure of the growth, it is interesting to observe that in all the cases of young children the growth was round-celled, whilst in the two adults the growth was spindle-celled. The form of the blood vessels and the completeness of the vessel wall varied a good deal. In two the structures were almost identical in appearances with that shown in Dr. Fortune's photomicrographs, in two the vessel wall was thicker and better defined, and in three it was less distinct. In no case was there absolutely no lining membrane to the tubule, but in one case the tubules were lined with columnar epithelium, and had a granular appearance. Lastly, in the case of the adult aged 49 years, the structure was that of columns of spindle cells deposited mostly transversely to the columns, between which the blood vessels lay. The class of tumours "vascular sarcoma" has been dealt with at some length in H. Knapp's *Die Intraocularen Geschwülste*, 1868, where the appearances are figured and a case is cited. Fuchs's *Das Sarcom des Uvealtractus*, 1888, also describes this or a somewhat similar growth as a "cavernous sarcoma." I would myself be inclined to term some of the growths cavernous angiosarcoma, leaving others as angiosarcoma.

LESLIE BUCHANAN, M.D.,
Surgeon and Pathologist to the Glasgow
Eye Infirmary.

REPORTS

ON

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

ANCOATS HOSPITAL, MANCHESTER.

CASE OF PERFORATING WOUND OF THE STOMACH: LAPAROTOMY:
RECOVERY.

(Under the care of PETER TYTLER, M.D., C.M.Aberd., Senior
Surgeon to the Hospital.)

[Reported by SAMUEL K. HUTTON, M.B. Ch.B. Vict., House-
Surgeon to the Hospital.]

History and State on Examination.—The patient, a lad, aged 17 years, was admitted on October 26th, 1901, suffering from a bullet wound midway between the ensiform cartilage and the umbilicus, and slightly to the left of the middle line. No exit wound was visible.

The injury had been accidentally inflicted with a revolver held against the pit of the stomach.

The patient's temperature on admission was 96.4° F. He was immediately anaesthetized with chloroform, and Dr. Tytler operated as follows:

Operation.—A vertical incision in the middle line, with the bullet wound as its centre, exposed a perforating wound in the anterior wall of the stomach. The lips of the wound were brought firmly into apposition by a suture through the whole thickness of the stomach wall, and closed by a row of Lembert sutures. The lesser sac of peritoneum was then opened by an incision half an inch below the lower limit of the stomach, and the blood with which the cavity was filled was washed out with hot saline solution, and the whole packed with carefully sterilized artificial sponges. A corresponding wound in the posterior wall of the stomach was then exposed, and treated in a similar manner to the anterior. The stomach was fortunately empty. The lesser sac having been again flushed out with hot saline solution was closed by sutures, a gauze drain being introduced. The incision in the abdominal wall was then closed, the original bullet track being first excised.

Progress.—For some hours after the operation the patient's condition was critical, and enemata of beef-tea and brandy were employed at frequent intervals. Normal urine was passed twelve hours after the operation, and the bowels acted an hour later. Twenty-four hours after the operation 35 oz. of normal saline solution were transfused into a vein. From

this time sips of whisky and water were given by the mouth, feeding being maintained by means of nutrient enemata. Restlessness, which was a distressing feature for the first forty-eight hours, was met by hypodermic injections of morphine gr. $\frac{1}{8}$, with strychnine gr. $\frac{1}{16}$. On the third day (October 28th) sterilized lemon water, in sips, and Brand's essence were given by the mouth. On the fourth day barley water was given by the mouth in sips, and salol gr. v was ordered every three hours. On the fifth day raw beef-juice and white of egg were given by the mouth, the maximum quantity administered at one time being one teaspoonful. On the seventh day the temperature, which had varied since the operation from 99° F. to 100.8° F., returned to normal. On the eighth day calves' foot jelly and sterilized sugar water were added to the list of substances given by the mouth. On the tenth day sterilized milk, in tablespoonful doses, was given for the first time. On the twelfth day the rectal feeding, which had been successfully carried out since the operation, was discontinued. The various nutrient substances given from time to time by enema were sugar-water, peptonized milk, egg, beef-tea, and Brand's essence of beef. For four weeks after cessation of rectal feeding the bowel failed to evacuate its contents without the use of copious enemata of soap and water. From the twelfth day onward fluid nourishment was given by the mouth alone, with no bad symptom. The salol was diminished to gr. v night and morning. Solid food (minced chicken) was given for the first time on the eighteenth day after operation. The wound was left untouched for four days after operation. After this period the gauze drain was removed. A discharge of pus continued from the track, however, and this did not cease until a portion of sponge had come away. The patient finally left the hospital well and strong on January 4th, 1902, having eaten a heavy dinner of roast beef and plum pudding on Christmas Day without discomfort.

LIGHTBURN JOINT HOSPITAL, SHETTLESTON, LANARKSHIRE.

CASE OF ENTERIC FEVER: PERFORATION (?): RECOVERY.

(By CHARLES PORTER, M.B., B.Sc., M.R.C.P. Edin., late
Physician-Superintendent to the Hospital.)

ALTHOUGH there are several well-authenticated cases of recovery after perforation of the bowel—Murchison¹ gives details of six in his own experience and refers to others described by well-known observers—it is essential that every care should be taken in arriving at a diagnosis before claiming a recovery; and although the occurrence of this complication is in this case not certain, yet a consideration of the probabilities of the case seems to justify this conclusion.

A. B., a male, aged 11, was admitted to the hospital on November 22nd, 1901, notified as suffering from enteric fever. The history given was that the boy had been complaining of feeling out of sorts, of headache, and of cough since November 13th, and the condition on admission suggested that he was probably in the latter half of the second week of his illness. He was a little stupid and a little deaf; the pupils were dilated and the tongue dry and glazed; the abdomen was slightly full, and there were a few rose spots; there was no abdominal tenderness, and the spleen could not be felt. Two days later (November 24th) Widal's reaction was obtained, the serum being diluted 1 in 30.

The day following admission the bowels moved twice and the motions were quite typical; the boy had been delirious during the night. On the third day after admission there was a tendency to diarrhoea, but the stools showed no curds. The pulse varied up to 120 per minute, and the temperature was 102° F. Milk diet was continued, and salol gr. v. every four hours was ordered. Two days later (November 26th) there was considerable improvement; the pulse was still rapid, but from now till November 30th the temperature, which had been ranging between 101° and 104° F., began to show a downward tendency.

On November 30th diarrhoea had recommenced, and bismuth subnit. gr. x by mouth, and an enema of starch and Dover's powder gr. v were given after each stool. Two days later the diarrhoea was very much lessened, and on December 3rd it was noted that the patient was brighter, the tongue was moist, and the pulse slower. The temperature was swinging between 99° and 101° F. Improvement continued, and on the morning of December 6th, 2 weeks after admission, and the twenty-fourth day of the disease, the temperature was normal (98° F.) for the first time, pulse 104, respirations 32 per minute. That evening the temperature rose to 102° F., but the boy was quite comfortable. Next morning the same conditions were noted: at night there was a further rise to 103.4°, pulse 128, respirations 32 per minute. There had been two loose motions during the day, but otherwise there was nothing complained of. In the early hours of the following morning, the boy suddenly complained of severe abdominal pain and of an urgent desire to go to stool, but there was no action of the bowels.

¹ Murchison, *On Continued Fevers*. Cayley. Third edition, pp. 571 and 572, 580 and 581.

that regimental stretcher bearers should be instructed by their medical officers, and they suggest that effect should be given to this by a clause in the Volunteer regulations.

I have the honour to be, Sir,

Your obedient servant,

JOHN J. DE ZOUCHE MARSHALL,

Surgeon-Major A.M.R.,

Honorary Secretary, Volunteer Medical Association,
20, Hanover Square, London, W.

May 15th.

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

THE undermentioned officers, on having relinquished their temporary commissions for service in South Africa, are granted honorary rank in the army, with permission to wear the uniform of the corps:

To be Honorary Major: Major H. WRIGHT, February 14th, 1901.

To be Honorary Captains: Captains C. E. DOUGLAS, M.B., March 27th, 1901; G. G. OAKLEY, October 7th, 1901; C. A. MCMUNN, M.D., November 18th, 1900; G. BLACK, January 17th, 1901; S. LINTON, M.B., February 27th, 1902; F. W. GRANT, M.D., February 23rd, 1901; E. J. G. BERKLEY, April 9th, 1901; R. POLLOCK, February 16th, 1901.

To be Honorary Lieutenants: Lieutenants J. W. SMITH, M.B., November 6th, 1900; R. W. MICHELL, M.B., July 7th, 1901; J. C. TAYLOR, M.B., December 21st, 1901; J. K. TOMORY, M.B., August 14th, 1901; A. H. MCDUGALD, August 22nd, 1901; J. C. G. MACNAB, M.B., March 27th, 1901; W. MACRAE TAYLOR, M.B., November 29th, 1901.

ROYAL GARRISON ARTILLERY (VOLUNTEER).

SURGEON-LIEUTENANT T. CAMERON, M.B., 2nd East Riding of Yorkshire, resigns his commission, May 21st.

ROYAL ENGINEER (VOLUNTEERS).

SURGEON-LIEUTENANT A. S. WOHLMANN, M.D., 1st Devon and Somerset, resigns his commission, May 21st.

Mr. EDWARD G. STOCKER is appointed Surgeon-Lieutenant in the same corps, May 21st.

IMPERIAL YEOMANRY.

SURGEON-LIEUTENANT-COLONEL J. J. SAVILLE, North Somerset, resigns his commission, retaining his rank and uniform, May 21st.

VOLUNTEER RIFLES.

SURGEON-LIEUTENANT F. H. ALLFREY, M.B., 2nd Cadet Battalion the King's (Liverpool Regiment), resigns his commission, May 21st.

Surgeon-Lieutenant J. CHESTNUT, 2nd Volunteer Battalion the East Yorkshire Regiment, is promoted to be Surgeon-Captain, May 21st.

Messrs. RYDS D. MORGAN, and FREDERICK H. GERVIS, are appointed Surgeon-Lieutenants, in the 3rd Volunteer Battalion the Welsh Regiment and the 17th (North) Middlesex respectively, May 21st.

VOLUNTEER INFANTRY BRIGADE.

SURGEON-LIEUTENANT-COLONEL D. THOMSON, M.D., 3rd Volunteer Battalion the Bedfordshire Regiment, to be Brigade-Surgeon-Lieutenant-Colonel while holding the appointment of Senior Medical Officer to the Bedford Brigade, May 21st.

VOLUNTEER INFANTRY BRIGADE BEARER COMPANIES.

SURGEON-CAPTAIN E. F. BINDLOSS, from the 1st (Herefordshire) Volunteer Battalion the Bedfordshire Regiment, to be Surgeon-Captain, Bedford Brigade, and to command under Paragraph 55a Volunteer Regulations, May 21st.

Messrs. DAVID J. KELLY, M.B., and RODERICK MCK. GRANT, M.B., are appointed Surgeon-Lieutenants in the Seaforth and Cameron Brigade, May 3rd.

VOLUNTEER MEDICAL ASSOCIATION.

WE are asked to state that the annual competition for the Ambulance Challenge Shield of this Association will take place at the Guildhall, London, E.C., and not at Wellington Barracks as previously announced. The date remains unaltered (Saturday, June 7th, at 3 P.M.). We are also asked to state that the Honorary Secretary is making arrangements, by the kindness of the Commanding Officer, Lieutenant-Colonel J. Edward Squire, M.D., V.D., for the lodging and board of provincial squads at headquarters of the London Companies, R.A.M.C.V., Calthorpe Street, Gray's Inn Road, W.C. By the regulations (Rule 1) last year's winners are debarred from competing this year.

AN ACKNOWLEDGEMENT.

SURGEON-GENERAL H. S. MUIR begs to acknowledge with thanks donations towards the "Y Fund" from Sir George Duffey, Professor Ogston, Mr. W. Garton, Dr. Hepenstal Ormsby, Dr. G. T. Beatson (Glasgow), Dr. James Taylor (Chester), Major C. R. Johnston, I.M.S., Captain and Mrs. C. E. Gray-Stalkart, Miss Furness, Mrs. Stocker, Dr. and Mrs. Dallas Pratt, "A Well-wisher," "A Sympathizer," Civil Surgeons (attached to R.A.M.C.). H. Cooley, E. Lynch, and G. P. Meldon, Surgeon-General G. H. Evatt, Deputy-Surgeon-General Kilkelly, and the following officers of the R.A.M.C.: Lieutenant-Colonels R. D. Hodson, H. Grier, Ayle Curran, McGann, N. Alcock, W. R. G. Hinds, A. Anderson, J. B. Kelly, A. W. P. Inman, C. White, J. W. Belcher, H. Hathaway, Latchford, J. G. Williamson, G. Coutts, Steele, Le Motteé, Surgeon-Major E. J. Hunter, Majors L. Way, D. M. Saunders, Captains Hopkins, J. Davies, Lieutenant F. Bruce.

The Fund now amounts to £175.

WE are asked to state that the subscriptions have been given in response to an appeal made privately to members of the profession for benevolent aid in a distressing case which has been described in a letter sent to a limited number of medical men. Should any reader desire further particulars, with a view to expressing practical sympathy, a copy of the letter will be forwarded on application to Surgeon-General Muir, 26, Kensington Garden Terrace, W.

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. |
|---|-----|-----|--------|
| Colonel R. Exham, C.M.G. | ... | ... | 1 0 0 |
| Lieutenant-Colonel R. J. L. Fayle, D.S.O. | ... | ... | 1 0 0 |
| Captain J. Stuart Gallie | ... | ... | 0 10 6 |
| Major H. E. Cree | ... | ... | 0 5 0 |
| Major G. Scott | ... | ... | 0 5 0 |
| Previously acknowledged | ... | ... | 86 9 6 |
| Total | £89 | 10 | 0 |

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE CASE OF MR. C. A. BYNOE.

MR. E. W. ENTAGE (Holsworthy) writes: I was glad to see your article in the BRITISH MEDICAL JOURNAL a few weeks ago on the case of Mr. C. A. Bynoe, and subsequently the letters of one or two sympathisers; for I think it is a case that deserves the sympathy of the profession, even more than the case of Dr. Anderson, seeing that the injury inflicted on Mr. Bynoe has been so much greater. Mr. Bynoe, having apparently exhausted every means in his power of proving his innocence to the world at large and his profession in particular, by trying to get the case reconsidered in the light of the fresh evidence which he can now produce, and having been met at every turn by the blank *non possumus* of the law, I think that at least the General Medical Council might give him an impartial hearing, and if satisfied of his innocence by the evidence which he can lay before them, restore him to the Register, and thus in some small degree repair the injury which has been and still is being inflicted on an innocent man.

AN OLD MEMBER writes: I think our noble profession is indebted to you for introducing this terribly sad case for ventilation in the columns of the BRITISH MEDICAL JOURNAL. Law and commerce have hopelessly failed to distribute either justice or equity. The utter helplessness of the law has already called forth loud cries from the lay press for a court of criminal appeal. Let us hope that our Parliamentary Bills Committee may do something toward it before long. The Bank of England, the custodian of our great commercial interests, has taken shelter under legal technicalities, and flatly refuses to compensate a man who, through their negligence, was incarcerated as a convict; not that any money can ever compensate such a great wrong. Surely the General Medical Council can do something. It can, if it will, hear Mr. Bynoe, and convince itself of his guilt or innocence, and act accordingly. One can have little doubt as to the result. Mr. C. A. Bynoe's name must reappear in the next issue of the Register.

A BARRISTER, who writes on the same subject, has omitted to enclose his card.

MEDICAL ADVERTISING.

SUNDERLAND.—Descriptive articles of the various sanatoria opened for the treatment of phthisis seem at this stage of the development of the system to be almost inevitable. Articles praising various foreign establishments of this kind have appeared in periodicals of the highest class, and much general interest is taken in the matter. The novelty will very soon have disappeared, and newspaper writers will look elsewhere for attractive subjects for their pens.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

MR. E. G. BROWNE, M.B., has been elected Sir Thomas Adams Professor of Arabic in succession to the late Professor Rieu.

The University of Adelaide, Australia, has been added to the list of recognized schools of medicine for the purposes of the regulations for the M.B. degree.

Mr. W. B. Hardy, F.R.S., and Mr. F. G. Hopkins, M.B., have been appointed Examiners for the Gedge Prize in Physiology; and Mr. A. T. Shipley has been appointed a Member of the Council of the Marine Biological Association.

The Thurston Prize at Caius College will be awarded this year to that member of the College, being of not more than fifteen years' standing, who shall within the last three years have published the best original investigations in Physiology, Pathology, or Practical Medicine. Candidates are to send their publications to the Master of the College by September 30th, 1902. The value of the prize, which is triennial, is £54.

ROYAL UNIVERSITY OF IRELAND.

At a meeting of Senate held on Thursday, May 15th, the Rev. Dr. Hamilton (President of Queen's College, Belfast) moved, and the Most Rev. Dr. Healy (Clonfert) seconded a vote of condolence on the death of the Most Honourable the Marquess of Dufferin and Ava, K.P., Chancellor of the University, which was unanimously agreed to.

The results of the Spring Medical Examinations were presented and approved, and the following exhibitions were awarded:—Second Examination in Medicine: O'Connell Sullivan Catholic University School of Medicine, Second Class Exhibit, £15. Third Examination in Medicine: William M. Crofton, B.A., Catholic University School of Medicine, First Class Exhibit, £30; Denis J. Keane, Catholic University School of Medi-

cine, Second Class Exhibit, £20. M.B., B.Ch., B.A.O. Degrees Examination: Walter Phillips, B.A., Queen's College, Belfast, First Class Exhibit, £40; John Armstrong, Queen's College, Belfast, Second Class Exhibit, £25.

The report of the Medical Committee in reference to the appointment of extern examiners was referred back for further consideration.

On the afternoon of Thursday, May 15th, a meeting of the University was held, Sir Thomas Moffett presiding as Pro-Vice-Chancellor, when the following degrees were conferred:—M.D.: E. H. Grills, H. J. Monypenny, Isabel A. Tate. M.Ch.: R. S. Ryce, B.A., M.D. M.B., B.Ch., B.A.O.: W. Phillips, B.A., John Armstrong, A. L. Black, B.A., S. R. Hunter, B.A., C. F. White, D. R. Campbell, B.A., John Clements, A. W. Hamilton, J. P. Higgins, M.A., J. L. Lunham, M. J. Macanley, F. H. McCaughey, E. J. McKenna, F. C. Mann, L. T. Moore, W. F. O'Connor, Patrick O'Doherty, John J. Hare, F. W. Stewart, B.A., William A. Stoops, B.A., W. J. Thompson.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE COMING COUNCIL ELECTION.

The Council is at present constituted as follows:

President.

Mr. Howse; C, (1) 1889, (2) 1897.

Vice-Presidents.

Mr. Jessop; C, (1) 1891, (2) 1899; Mr. Howard Marsh; C, (1) 1892 (substitute), (2) 1894.

Other Members of Council.

Mr. Bryant; C, (1) 1880, (2) 1888, (3) 1896; P, 1890-92. Sir William Mac Cormac, Bart. (deceased); C, (1) 1833, (2) 1891*; P 1896 to 1901 inclusive.

Mr. R. Harrison; C, (1) 1886, (2) 1894.

Mr. A. Willett; C, (1) 1887, (2) 1895.

Mr. Pick; C, (1) 1888, (2) 1896.

Mr. Langton, C, (1) 1890, (2) 1898.

Mr. H. Morris; C, (1) 1893 (substitute), (2) 1898.

Mr. J. Tweedy; C, (1) 1892, (2) 1900 (substitute for Mr. Davies-Colley till 1904).

Mr. J. Ward Cousins; C, (1) 1895 (substitute), (2) 1897 (substitute), (3) 1900.

Mr. R. C. Lucas; C, 1901.

Mr. Mayo Robson; C, (1) 1893, (2) 1901.

Mr. J. Hardie; C, 1894.

Mr. Alfred Cooper; C, (1) 1895 (substitute), (2) 1900.

Mr. H. T. Butlin; C, 1895.

Sir Frederick Treves; C, 1895.

Mr. Edmund Owen; C, 1897.

Mr. Godlee, C, 1897.

Mr. Watson Cheyne, C.B.; C, 1897 (substitute), (2) 1901.

Mr. Richardson Cross, C, 1901.

Mr. H. W. Page, C, 1899.

Mr. Pearce Gould, C, 1900.

The following list shows the proportional representation of Metropolitan medical schools, of special hospitals in London, and of the Provinces.

| | | | | |
|---|-----|-----|-----|----|
| St. Bartholomew's | ... | ... | ... | 4 |
| Guy's | ... | ... | ... | 3 |
| King's College | ... | ... | ... | 1 |
| London | ... | ... | ... | 1 |
| Middlesex | ... | ... | ... | 2 |
| St. George's | ... | ... | ... | 1 |
| St. Mary's | ... | ... | ... | 2 |
| St. Thomas's | ... | ... | ... | 1† |
| University College | ... | ... | ... | 2 |
| Total number attached to London schools | ... | ... | ... | 17 |
| Members attached to special hospitals in London | ... | ... | ... | 2 |
| Provincial members | ... | ... | ... | 5† |
| Total | ... | ... | ... | 24 |

* A member of Council who is President at the time when he has served eight years does not retire.

† Deceased. ‡ Leeds 2, Manchester 1, Bristol 1, Southsea 1.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In seventy-six of the largest English towns, including London, 8,648 births and 4,919 deaths were registered during the week ending Saturday last, May 17th. The annual rate of mortality in these towns, which had been 16.6 and 17.2 per 1,000 in the two preceding weeks, further rose last week to 17.3 per 1,000. Among these large towns the death-rates ranged from 7.2 in Walthamstow, 8.0 in Warrington, 8.3 in Hornsey, 9.4 in Devonport, 10.3 in Hastings and in King's Norton, 11.0 in Bournemouth, and 11.3 in Aston Manor, to 23.5 in Bolton, 23.7 in South Shields, 23.9 in Manchester, 24.9 in St. Helens, 25.7 in Middlesbrough, 26.3 in Wigan, 26.4 in Sunderland, and 20.7 in Bootle. In London the rate of mortality was 16.2 per 1,000, while it averaged 17.7 per 1,000 in the seventy-five other large towns. The mean death-rate from the principal zymotic diseases in the seventy-six towns was 1.8 per 1,000; in London this rate was equal to 2.0 per 1,000, while it averaged 1.7 in the seventy-five other large towns, among which the highest zymotic death-rates were 4.0 in West Bromwich and in South Shields, 4.2 in Gateshead, 4.5 in Barrow-in-Furness, 4.9 in Sunderland, and 5.5 in St. Helens. Measles caused a death-rate of 1.8 in Bury and in Rhondda, 1.9 in Bradford, 2.4 in St. Helens, 2.5 in Bournemouth, in Rochdale and in Sunderland, and 3.6 in Barrow-in-Furness;

scarlet fever of 1.0 in South Shields, 1.5 in Bolton, 1.6 in West Bromwich and 1.8 in Smethwick; whooping-cough of 1.2 in Walsall and in St. Helens 1.6 in West Bromwich, 1.7 in Bootle, 1.9 in Wallasey, 2.0 in Tynemouth, 2.1 in South Shields, and 2.8 in Gateshead; "fever" of 2.2 in Merthyr Tydfil, diarrhoea of 1.2 in Northampton, and 1.5 in Merthyr Tydfil. The mortality from diphtheria showed no marked excess in any of the large towns. Of the 48 fatal cases of small-pox registered last week, 37 belonged to London, 6 to West Ham, and 1 each to Hornsey, Tottenham, Leyton, Birmingham, and Newcastle. The number of small-pox patients in the Metropolitan Asylums Hospitals at the end of the week was 1,360, against 1,515, 1,442, and 1,419 at end of the three preceding weeks; 233 new cases were admitted during the week, against 367, 250, and 248 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital, which had been 2,188, 2,222, and 2,212 respectively on the three preceding Saturdays, had further declined to 2,207 on Saturday, May 17th; 270 new cases were admitted during the week, against 283, 258, and 256 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, May 17th, 990 births and 628 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.1, 18.9, and 18.1 per 1,000 in the three preceding weeks, rose again last week to 19.4 per 1,000, and was 2.1 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 11.2 in Leith and 12.3 in Edinburgh to 21.6 in Glasgow and 25.0 in Perth. The zymotic death-rates in these towns averaged 2.3 per 1,000, the highest rates being recorded in Paisley and Perth. The 322 deaths registered in Glasgow included 4 from measles, 4 from diphtheria, 10 from whooping-cough, 2 from "fever," and 11 from diarrhoea. Six fatal cases of measles, 5 of whooping-cough, and 3 of diarrhoea were recorded in Edinburgh.

THE REMOVAL OF SMALL-POX PATIENTS.

IN THE BRITISH MEDICAL JOURNAL of May 10th, p. 1187, there was published a report of a case in which an application was made to the Divisional Court on Friday, May 2nd, on behalf of one Quelch, to quash an order for the removal of a patient suffering from small-pox. The *causa causans* of the application was that Mr. Quelch had been summoned for obstructing the removal of his son, while Mrs. Quelch was also summoned for obstructing the removal of her husband, who became infected at a later date. These summons came on for hearing before the Croydon Bench on Saturday, May 3rd. A report of the proceedings, which was published in the *Croydon Guardian* of May 10th, throws much light upon methods of those who are opposed to the proper administration of the law of public health. It having been ruled by the Bench that the validity of the order could not be called in question, the defendants pleaded not guilty. The inspector of nuisances for the Croydon District Council was called to prove that in trying to execute the order every obstacle was put in his way. In cross-examination on the part of the defendants he was asked, apparently without any foundation in fact, "whether he had not gone round and told tradesmen not to supply the defendants with any goods!" Mr. Quelch gave evidence on his own behalf. He said that he kept a chain on his door all the year round as a protection against burglars. His medical attendant, "Dr." Allinson, ex-L.R.C.P. Edin., was also called to prove that precautions had been taken by the defendant to ensure isolation. He was of opinion that the patient was better off at home than at any hospital. He also said it would have been harmful to have removed him. In the event the Bench fined Mr. Quelch £5, Mrs. Quelch £3, and allowed the prosecutor £6 4s. in respect of costs.

PAROCHIAL MEDICAL OFFICERS IN SCOTLAND.

P. M. O. E. asks if a parochial medical officer in Scotland is expected to attend emergency cases of midwifery occurring in his district without special fee, when there exists no private arrangement with the District Board to the contrary or to that effect, and when there is provision in the neighbouring poorhouse for such cases and a separate salary allowed to another medical officer for this poorhouse work.

** The parochial medical officer in Scotland is bound to attend all cases, whether they are emergency cases or not, when requested to do so by the inspector of poor, and unless there is some special arrangement he must do so without receiving any extra fee. If called suddenly to some emergency case he might decline to attend unless he got an order from the inspector of poor; it might, however, not be advisable for him to decline; he might consider it better to attend to the case and then to bring the special circumstances under the notice of his Board. Naturally he would order the removal of a midwifery case to the poorhouse for treatment.

VACCINATION IN SCOTLAND.

WITH reference to the answer in the BRITISH MEDICAL JOURNAL of May 10th, p. 1188, to the query: Is a Private Practitioner in Scotland bound to Grant a Certificate of Successful Vaccination if his Fee is Unpaid? A Correspondent writes: Let me point out that the form sent to a public vaccinator in Scotland provides for that functionary certifying insusceptibility on the ground of previous vaccination, that is, if he is satisfied it has been done; therefore the law provides for the contingency, and no private practitioner can be compelled to certify if his fee remain unpaid. I have already pointed this out to one of our county sheriffs, who thanked me and said he noticed the correctness of the point I drew his attention to.

** No doubt the law provides for the contingency if the public vaccinator is satisfied that the vaccination has been successful, but he is not bound to grant a certificate unless he is satisfied; thus he may find himself not in a position to grant the necessary certificate.

hedral crystal of an oxalate might become dumb-bell shaped in an albuminous or colloidal fluid, but not otherwise.

I could have written much more fully on the charming personal characteristics of my friend; but they are known and estimated by his large circle of friends and acquaintances. I could have written a much more detailed description of his clinical and his scientific work, but this will be known and accurately gauged by the still wider circle of the medical profession. He was a man whom we can ill spare at the present moment.

S. T.

MAJOR GREENWOOD (SEN.), M.D. ST. ANDREWS,
M.R.C.S., L.S.A.

ON May 14th, after a lingering illness, passed away Dr. Major Greenwood, sen., one of the oldest practitioners in the North-east of London.

Dr. Greenwood was born in November, 1829, and commenced his professional studies as an apprentice to one of the old apothecaries. He entered as a student of the London Hospital in 1849, and later held the office of House-Surgeon there. In 1853 he was appointed District Medical Officer and Public Vaccinator to the parish of St. Leonard, Shoreditch, and settled down to practise in Queen's Road, Dalston. In spite of heavy professional work he graduated as M.D. St. Andrews in 1862, and continued in the active practice of his profession for nearly half a century, only retiring in 1900. He was a man of retiring disposition, and went but little into society, but his kindly manners and courteous bearing gained him the esteem and respect of those he came in contact with. All the time he could spare from his profession he devoted to music, which was his only recreation. He has gone to his rest after a well-spent life for which the world is the better. Many of his former patients in different parts of the world will learn with regret that their old doctor is no more. Four of his sons are members of the medical profession.

WE regret to record the death of Mr. A. BRAXTON HICKS, Coroner for the South-Western District of London and the Kingston Division of Surrey, which took place on May 17th after a few days' illness from pneumonia. He was the son of the late Dr. J. Braxton Hicks, the well-known obstetrician, and was called to the bar in 1875. He was appointed Coroner seventeen years ago, but had previously served as Deputy Coroner. Though a member of the legal profession Mr. Braxton Hicks took great interest in medical questions affecting his office, and for a time served on the Joint Committee of the British Medical Association and the Coroners Society, of which he was Honorary Secretary. The funeral at Norwood Cemetery on May 21st was attended by many colleagues and friends.

DR. FERDINAND TRAUTMANN, the distinguished German otologist, whose death was announced in a recent issue of the BRITISH MEDICAL JOURNAL, was born in 1833, and received his medical education in the Friedrich-Wilhelm Military Medical College, Berlin. After graduation he served as a medical officer, becoming Staff Surgeon in 1859, and Staff Surgeon-Major in 1864. He served in the Austro-Prussian war of 1866, and in the Franco-German war of 1870-71. He remained on the active list till 1887, when he retired with the rank of Surgeon-General. While still in the service he began to give special attention to ear diseases, and qualified as *Privat-docent* of that subject in the University of Berlin in 1876. In 1888 he became Professor Extraordinary of Otology at Berlin, and when an aural department was founded in the Charité Hospital in 1893 he was appointed its head. He was the author of numerous papers on subjects connected with his special province of practice, in which he was recognized throughout the medical world as a high authority.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Friedrich Leopold Goltz, Professor of Physiology in the University of Strassburg, aged 68; Dr. Nicholas Kalindéro, Professor of Medicine in the University of Bucharest; Dr. Isaak Tschazkin, one of the most popular

physicians of Odessa, author of works on diseases of the lungs, and of a Russian translation of Virchow's *Cellularpathologie*; and Dr. Alexander Raszffetoff, sometime Professor of Surgery in the University of Moscow, aged 76.

MEDICAL NEWS.

THE prizes at the Charing Cross Hospital Medical School will be distributed on Wednesday, June 11th, at 3.30 p.m., by Sir Frederick Treves, K.C.V.O.

THE President, Council, and Professors of University College, London, will give a *conversazione* on Thursday, June 19th.

THE annual dinner of the Ophthalmological Society of the United Kingdom will take place at the Trocadero Restaurant on Friday, June 13th, at 7.30 p.m.

THE Council of the Sanitary Institute will give a Coronation dinner at the Midland Grand Hotel, St. Pancras, on Monday, June 2nd. The chair will be taken by the Duke of Northumberland, K.G., Vice-President, at 7.30 p.m.

BEQUEST AND DONATION.—The Board of Management of the Norfolk and Norwich Hospital have received a donation of £100 from Sir Reginal Beauchamp for the purpose of endowing a bed in memory of his parents.

WEST LONDON HOSPITAL DINNER.—The "Past and Present" West London Hospital Dinner will be held at the Trocadero Restaurant on Wednesday, June 11th, not on July 11th, as stated in the BRITISH MEDICAL JOURNAL of May 17th. The dinner will take place at 7.30 p.m., and Mr. Percy Dunn will preside.

IMPERIAL YEOMANRY HOSPITAL.—We are asked to state that the anniversary dinner of the members of the Imperial Yeomanry Field Hospital and Bearer Company in commemoration of their capture at Roodewal will be held at the Criterion Restaurant on June 7th. Further particulars can be obtained from the Secretary, Mr. Oliver Williams, 116, Victoria Street, Westminster, S.W.

DEATH UNDER CHLOROFORM AT SWANSEA.—On May 16th a death occurred under chloroform at the Swansea Hospital. The patient was a man, aged 42, a dock labourer, and the operation was for fracture of the arm. The man struggled a great deal, and death was stated to be due to heart failure. The man was stated at the inquest to have undergone several previous operations for a badly-united fracture.

A MEETING of the Otological Society of the United Kingdom will be held on Saturday, May 31st, at 11 a.m., in the anatomical department of the medical school of Trinity College, Dublin, by the kind permission of the Rev. the Provost. Communications will be made by Dr. Macnaughton-Jones, Professor Cunningham, Professor Coffey, Professor Birmingham, Dr. Dempsey, Professor Urban Pritchard, Mr. Arthur H. Cheatle, and Dr. Jobson Horne.

BRITISH MEDICAL TEMPERANCE ASSOCIATION.—The annual meeting of this Association was held in the rooms of the Royal Medical and Chirurgical Society on May 20th, under the presidency of Professor Sims Woodhead, of Cambridge. According to the twenty-sixth annual report, which was presented to the meeting and adopted, the membership of the Association had risen to 520, and in addition there were now 436 student-associates. It was pointed out that nothing influenced public opinion on the temperance question more than the example, attitude, and advice of the medical profession. During the previous year meetings had been held in order to direct the attention of medical students to the importance of the objects of the Association; such meetings were held at the London Hospital, at Guy's Hospital, at St. Thomas's Hospital, and in Edinburgh and Glasgow. It was intimated that some 200 medical practitioners—British, Russian, and Swedish—had already signed an international manifesto against the use of alcohol—it is to be presumed as a beverage. Professor Sims Woodhead, the President of the Association, delivered an address on alcohol as a cause of fatty degeneration of the heart.

LIFE-SAVING SOCIETY.—From the annual report of the Life Saving Society for 1901 we learn that, as compared with the previous year, there has been an increase of 60 per cent. in the number of candidates who have passed the tests for rescuing those in danger of drowning. Instruction is now afforded in many schools and educational institutions; the London School Board alone provided instruction in swimming and life saving during the past season to 12,555 pupils in its evening continuation schools. The Prince of Wales has shown his appreciation of the work of the Society by presenting a silver cup, to be competed for at Highgate on June 28th.

MEDICAL VACANCIES.

The following vacancies are announced:

- BANBURY: HORTON INFIRMARY.**—House-Surgeon and Dispenser. Salary, £80 per annum, with board and lodging. Applications to Mr. C. H. Davids, Honorary Secretary, 21, Marlborough Road, Banbury.
- BARBADOS GENERAL HOSPITAL.**—Junior Resident Surgeon. Salary, £200 per annum, with unfurnished house. If resident in England passage paid to Barbadoes and (after three years' appointment) back. Applications to Mr. W. E. Sargent, School Registrar of St. Bartholomew's Hospital, by June 10th.
- BETHLEM HOSPITAL.**—Two Resident House-Physicians. Appointment for six months. Honorarium at the rate of £25 each quarter, with apartments, board, and washing. Applications to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., by June 2nd.
- BIRMINGHAM GENERAL DISPENSARY.**—Resident locum for two or three months. Terms 4 guineas per week, with furnished apartments. Applications to the Secretary by May 28th.
- BIRMINGHAM GENERAL HOSPITAL.**—(1) Resident Medical Officer. Salary, £70 per annum. (2) Two House-Surgeons. Appointments for six months. Salary, £50. (3) Aural Surgeon and Laryngologist. Salary, £100 per annum, with board and washing provided for (1) and (2). Applications to the House-Governor by May 31st.
- BEADFORD ROYAL INFIRMARY.**—Junior House-Surgeon; unmarried. Salary, £50 per annum, with board and residence. Applications, endorsed "Junior House-Surgeon," to be sent to the Secretary.
- BURY ST. EDMUNDS: SUFFOLK GENERAL HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by May 20th.
- CAMBRIDGE: ADDENBROOKE'S HOSPITAL.**—Second Assistant Physician. Applications to the Secretary by June 7th.
- CANCER HOSPITAL, Fulham Road, S.W.**—Junior House-Surgeon. Appointment for six months, but eligible for re-election. Salary at the rate of £70 per annum, with board and residence. Applications to the Secretary by May 25th.
- CANTERBURY: CITY AND COUNTY OF CANTERBURY BOROUGH ASYLUM.**—Medical Superintendent. Salary, £350 per annum with unfurnished house, washing, etc. Applications to the Clerk to the Committee of Visitors, Town Clerk's Office, 15, Burgate Street, Canterbury, by May 30th.
- CANTERBURY: KENT AND CANTERBURY HOSPITAL.**—Assistant House-Surgeon; unmarried. Salary, £60 per annum, with board and lodging. Applications to the Secretary by May 30th.
- CARDIFF UNION.**—Assistant Medical Officer for the Workhouse; unmarried. Salary, £130 per annum, with rations, apartments, attendance, and washing. Applications to the Clerk, Union Offices, Queen's Chambers, Cardiff.
- CHORLEY: RAWCLIFFE HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications to the Honorary Secretary by June 6th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.**—Two House-Physicians. Appointments for six months. Salary at the rate of £30 per annum, with board, washing, and residence. Applications to the Secretary by May 26th.
- COLOMBO MUNICIPALITY.**—Medical Officer of Health. Appointment for five years, with option of re-engagement. Salary, £400 for first three years, and £500 for the last two years. First class passage provided. Applications to Dr. Perry, care of British Medical Association, 429, Strand.
- DEVONPORT: ROYAL ALBERT HOSPITAL.**—Resident Medical Officer; unmarried, under 32 years of age. Salary, £110 per annum, with board and lodging. Applications on forms provided, to be addressed to the Chairman of the Selection Committee by May 30th.
- DOWN COUNTY INFIRMARY.**—House-Surgeon; unmarried. Salary, £60 per annum, with board and residence. Applications to Dr. Tate, Downpatrick, by June 5th.
- 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 June 5th.
- DURHAM COUNTY ASYLUM, Winterton, Ferry Hill.**—(1) Junior Assistant Medical Officer; salary, £150 per annum, rising to £180. (2) Locum Tenens; 4 guineas a week. Apartments, board, laundry, and attendance. Applications to the Medical Superintendent.
- EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.**—House-Physician. Board, residence, etc. provided, and honorarium of £25 on completion of six months' approved service. Applications to the Secretary by June 14th.
- GAILLON PARISH COUNCIL.**—Medical Officer for the Southern Division. Salary at the rate of £100 per annum up till February 1903, increasing afterwards to £150. Applications to the Clerk of the Parish Council, Poolewe, by June 2nd.
- GRAVESEND HOSPITAL.**—House-Surgeon. Salary, £90 per annum, with board and residence. Applications to the Honorary Secretary, 146, Milton Road, Gravesend, by June 2nd.
- GUY'S HOSPITAL DENTAL SCHOOL.**—Travelling Scholarship of the value of £100. Applications to the Dean, Guy's Hospital, S.E. by June 1st.
- HAVERSTOCK HILL AND MALDEN ROAD PROVIDENT DISPENSARY, 132, Malden Road, N.W.**—Medical Officer. Applications to the Honorary Secretary by June 1st.
- HEREFORD COUNTY AND CITY ASYLUM.**—(1) Senior Assistant Medical Officer, not over 30 years of age. Salary, £150 per annum. (2) Junior Assistant Medical Officer, not over 28 years of age. Salary, £100 per annum. Board, lodging, and washing provided in each case. Applications to the Medical Superintendent.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.**—(1) Clinical Pathologist and Bacteriologist; non-resident. Honorarium 50 guineas. (2) House-Physician; unmarried. Appointment for six months. Salary, £20, washing allowance £2 10s., with board and residence. Applications on forms provided to be sent to the Secretary by June 4th.
- HOSPITAL FOR WOMEN, Soho Square, W.**—(1) Honorary Assistant Anaesthetist. (2) House-Physician. Appointment for six months. Salary, £30. Applications to the Secretary by May 31st.
- HULL ROYAL INFIRMARY.**—Casualty Officer. Salary, £60 per annum, with board and lodging. Applications to the Chairman, House Committee, by June 5th.
- HULME DISPENSARY, Manchester.**—Honorary Physician. Applications to the Secretary of the Medical Committee by June 2nd.
- KENT COUNTY ASYLUM, Barming Heath.**—Fourth Assistant Medical Officer and Pathologist; unmarried, not over 30 years of age. Salary, £175 per annum, rising to £240, with furnished quarters, etc. Applications to Dr. F. Fritchard Davies Superintendent.
- KESTEVEN COUNTY ASYLUM.**—Assistant Medical Officer for the new asylum near Sleaford; unmarried. Salary, £150 per annum, with board, etc. Applications to the Medical Superintendent, Asylum, Grantham.
- LANCASHIRE COUNTY ASYLUM, Whittingham.**—Junior Assistant Medical Officer, unmarried, and not over 30 years of age. Initial salary, £150 per annum, with furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.
- LIVERPOOL INFIRMARY FOR CHILDREN.**—Assistant House-Surgeon. Appointment for six months. Salary, £25, with board and lodging. Applications to the Honorary Treasurer by June 7th.
- LONDON SCHOOL OF MEDICINE FOR WOMEN, Hunter Street, W.C.**—(1) Lecturer on Forensic Medicine. (2) Lecturer on Toxicology. (3) Curator of School Museum. The Lectureships may be held by the same Lecturer. Applications to the Secretary by May 30th.
- LONDON TEMPERANCE HOSPITAL, 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 26th.
- LONDON THROAT HOSPITAL, Great Portland Street, W.**—Non-resident House-Surgeon. Honorarium at the rate of £25 per annum. Applications to Dr. E. F. Potter, Honorary Secretary, Medical Committee, before June 7th.
- MAONIESFIELD: CHESHIRE COUNTY ASYLUM.**—Temporary Assistant Medical Officer. Salary, £14 4s. per week. Applications to the Medical Superintendent.
- METROPOLITAN ASYLUMS BOARD.**—Male Assistant Medical Officers (Class II) for the fever and small-pox hospitals. Salary, £180 per annum, rising to £240. Board, lodging, attendance, and washing provided in each case. Candidates must be unmarried, and not to exceed 35 years of age. Applications, on forms provided, to be sent to the offices of the Board, Embankment, E.C., by May 25th.
- MOUNT VERNON HOSPITAL FOR CONSUMPTION, Hampstead.**—(1) Physician (Senior Assistant Physician is a candidate, and if elected there will be a vacancy of an Assistant Physician); (2) Two Clinical Assistants for the Out-patient Department, Fitzroy Square. Honorarium, £25. Applications to the Secretary, 41, Fitzroy Square, W., by May 31st.
- NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.**—(1) House-Physician; (2) House-Surgeon; (3) Clinical Assistant for Out-patient Department; (4) Qualified Medical Woman to take charge of Roentgen Ray Department. Applications to the Secretary by May 28th.
- NORTHAMPTON GENERAL INFIRMARY.**—Assistant House-Surgeon; unmarried, and not under 22 years of age. Salary, £75 per annum, with furnished apartments, board, attendance, and washing. Applications to the Secretary by June 4th.
- NORTH-WEST LONDON HOSPITAL, Kentish Town Road, N.W.**—(1) Resident Medical Officer. (2) Assistant Resident Medical Officer. Appointments for six months. Junior Officer eligible for senior post. Salary at the rate of £50 per annum each with board, residence, and washing. (3) Second Honorary Anaesthetist. Applications to the Secretary by May 26th.
- NORWICH: NORFOLK AND NORWICH HOSPITAL.**—Second Assistant House-Surgeon. Appointment for six months. Honorarium, £30. Applications to the Secretary by June 3rd.
- NOTTINGHAM GENERAL DISPENSARY.**—Assistant Resident Surgeon; unmarried. Salary, £160 per annum, increasing £10 yearly, with furnished apartments, etc. Applications to the Secretary, Mr. M. I. Preston, Journal Chambers, Nottingham.
- OMAGH DISTRICT ASYLUM.**—Assistant Medical Officer, unmarried, and not exceeding 30 years of age. Salary, £120 per annum, and £30 in lieu of rations, with furnished apartments, etc. Applications to the Resident Medical Superintendent by June 11th.
- POPLAR HOSPITAL FOR ACCIDENTS, E.**—Assistant House-Surgeon. Appointment for six months, but eligible for re-election. Salary at the rate of £80 per annum, with board and residence. Applications to the House-Governor by May 30th.
- RICHMOND UNION.**—Medical Officer and Public Vaccinator for the Barnes Union. Salary, £70 per annum and fees; and Medical Officer of the Children's Home, Barnes, salary, £30 per annum. Not more than 45 years of age. Applications to the Clerk to the Guardians, 17, The Green, Richmond, Surrey, by June 3rd.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—(1) Hunterian Professors. (2) Erasmus Wilson Lecturer. (3) Arris and Gale Lecturer. For the ensuing year. Applications to the Secretary by June 2nd.
- ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge Road, S.E.**—(1) Assistant Obstetric Physician, must be F.R.C.S. or M.B.C.P.Lond. (2) Resident Medical Officer. Applications to the Secretary by May 27th.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, W.C.**—Clinical Assistants. Appointments for six months. Applications to the Secretary by May 31st.
- SEAMEN'S HOSPITAL SOCIETY, Greenwich.**—(1) Surgeon to in-patients at the Branch Hospital, Victoria and Albert Dock. (2) Honorary Anaesthetist at the Dreadnought Hospital, Greenwich. Applications to the Secretary by May 26th.
- SCHOOL BOARD FOR LONDON.**—Assistant in the Medical Officer's Department: must be registered. Salary, £250 per annum. Applications, on forms provided, and marked outside "Application for post of Assistant Medical Officer," to be sent to the Clerk of the Board by June 7th.
- SOCIETY OF APOTHECARIES OF LONDON, Blackfriars.**—(1) Examiner in Medicine. (2) Examiner in Midwifery. Applications to the Clerk by June 2nd.
- SOMERSET AND BATH LUNATIC ASYLUM, Cotford, Taunton.**—Assistant Medical Officer; unmarried, not over 30 years of age. Salary, £150 per annum, with furnished apartments, board, etc. Applications to the Medical Superintendent by June 10th.
- STAFFORD: STAFFORDSHIRE GENERAL HOSPITAL.**—Assistant House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the House-Surgeon by May 25th.
- THROAT HOSPITAL, Golden Square, W.**—Junior House-Surgeon, Salary, £100 per annum, with lunch daily. Applications to the Secretary-Superintendent by June 6th.
- TORQUAY: TORBAY HOSPITAL.**—House-Surgeon. Salary, £100 per annum, £5 for nurses' lectures, with residence, board, and washing. Applications to the Secretary by May 31st.
- TRURO: ROYAL CORNWALL INFIRMARY.**—House-Surgeon; unmarried. Salary, £60 per annum, increasing £10 yearly, with board and apartments. Applications to the Secretary, 4, Parkverdes Terrace, Truro.
- VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, S.W.**—House-Surgeon. Appointment for six months. Honorarium, £25, with board and lodging. Applications to the Secretary by May 31st.
- WEST LONDON HOSPITAL, Hammersmith Road, W.**—(1) House-Physician. (2) House-Surgeon. Appointments for six months. Board and lodging provided. Applications to the Secretary-Superintendent by June 18th.
- WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.**—(1) House-Physician. (2) House-Surgeon. Salary, £100 per annum each, with food, lodging, and washing. Applications to the House-Governor by May 27th.

MEDICAL APPOINTMENTS.

- BAILLY, E. C. M.B., B.S.Durh.**, appointed Certifying Factory Surgeon for the Crews District of Uxbridge.
- BELL, K. de Bisle, M.D.Brux.** M.R.C.S., L.R.C.P.Lond., appointed Certifying Factory Surgeon for the Uppingham District of Rutland.
- BLACK, A. L. B.A., M.B., B.Ch., B.A.O.**, appointed House-Surgeon to the Royal Victoria Hospital, Belfast.
- BOOTH, George, M.D.Durh.**, appointed Honorary Physician to the Chesterfield and North Derbyshire Hospital.
- BOTHWELL, G. Granville, M.B., C.M.Aberd.**, late Senior Resident Surgeon Memorial Hospital, Bulawayo, appointed Resident Surgeon to the Bonsor Gold Mining Company, Bulawayo, Rhodesia, South Africa.
- BROWN, W. H. Edw., L.R.C.P., L.R.C.S.Edin.**, appointed House-Surgeon to the Northern Infirmary, Inverness.
- BROOK, T. S., M.R.C.S., L.R.C.P.Lond.**, appointed District Medical Officer of the Peterhead Union.
- COOMBS, Rowland H. M.D.**, etc., appointed Medical Officer to Bedford Rural District Council's Isolation Hospital. (Correction.)
- DAVIDSON, Norman, M.B., Ch.B.Aberd.**, appointed Medical Officer of Health to the Peterhead Town Council.

DUNN, F. J., M.B., B.Ch., R.U.I., appointed Second Resident Medical Officer of the South Dublin Union Workhouse.

FIRLAY, Hunter, M.D., of Anledon Hospital, N.S.W., appointed Medical Officer to the Uearying District Hospital at Mulwarrie, West Australia.

FRANKMANTLE, Francis E., M.B., Ch.B., Oxon., appointed County Medical Officer of Health to the Herts County Council.

GLANVILLE, E. M., M.B., B.S., Edin., appointed Second Assistant Medical Superintendent of the Paddington Parish Infirmary.

GRACE, A. H., L.S.A., appointed Certifying Factory Surgeon for the Chipping Sodbury District of Gloucestershire.

HARVEY, Frank, M.R.C.S. Eng., reappointed Medical Officer of Health to the Padstow (Cernwall) Port Sanitary Authority.

HEFFERNAN, P., L.R.C.P., L.R.C.S. Edin., appointed Assistant Medical Officer to the Clonmel Asylum, vice E. J. Cummins, L.R.C.P., L.R.C.S. Edin.

HEWITSON, William Andrew, M.R.C.S. Eng., L.R.C.P. Edin., appointed Medical Officer to the Workhouse, District Medical Officer, and Public Vaccinator by the Easington Board of Guardians; also Medical Officer to the Infectious Diseases Hospital, Thorp, near Easington, by the Rural District Council of Easington, vice Donald Wingate, M.B., C.M., deceased.

LAMBERT, R. A., M.D. Edin., appointed District Medical Officer of the Wantage Union.

MACDONALD, T. J., L.S.A., appointed District Medical Officer of the Malling Union.

MICHELL, J. C., M.R.C.S. Eng., L.S.A., appointed Certifying Factory Surgeon for the Lynton District of Devonshire.

PURNELL, Richard, M.D. Dub., reappointed Medical Officer of Health for the City of Wells.

RADCLIFFE, P. A. H., M.B., Ch.B., Viet., appointed Assistant Medical Officer to the Leeds Union Infirmary.

RICHARDS, R. W., M.D. Lond., appointed Certifying Factory Surgeon for the Dolgelly District of the County of Merioneth.

RICHARDSON, Wm. P., M.B., C.M. Edin., appointed District Medical Officer of the Towcester Union, and Certifying Factory Surgeon for the Blisworth District of Northamptonshire.

SHAW, James, M.D. Glas., appointed Certifying Factory Surgeon for the Aylesbury District of Bucks.

THOMSON, W. Ernest, M.A., M.D., appointed a Surgeon to the Glasgow Eye Infirmary.

TURNER, A. F., L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer of Health to the Tewkesbury Corporation.

TYNDALL, Francis, L.R.C.P. Lond., M.R.C.S. Eng., appointed Certifying Factory Surgeon for the Westhoughton District of Lancashire.

WILLIAMS, Chisholm, F.R.C.S. Edin., appointed in charge of the Electrotherapeutic Department, West London Hospital.

WOBLE, E. S., M.R.C.S., L.R.C.P. Lond., appointed in charge of the Radiographic Department, University College Hospital, London.

WORTHINGTON, S., M.D. Lond., appointed Honorary Physician to the Chesterfield and North Derbyshire Hospital.

YOUNG, John C., M.R.C.S., L.R.C.P. Lond., appointed Assistant Medical Officer to the Birmingham Parish Infirmary.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Annual Conversazione. Reception by the President, 8.45 p.m.—Oration: Dr. Stephen Mackenzie: The Powers of Natural Resistance or the Personal Factor in Diseases of Microbic Origin.

Odontological Society of Great Britain, 20, Hanover Square, W., 8 p.m.—Communications by Mr. J. Sefton Sewill and Mr. Kenneth W. Goadby. Paper: Mr. J. H. Targett: Some Growths about the Jaws.

TUESDAY.

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 p.m.—Mr. T. J. Tonkin: Some General and Etiological Details concerning Leprosy in the Sudan. Mr. Jonathan Hutchinson: Leprosy in Natal and Cape Colony.

University of London Physiological Laboratories, South Kensington, 5 p.m.—Dr. Waller: The Signs of Life.

WEDNESDAY.

University of London Physiological Laboratories, South Kensington, 5 p.m.—Dr. Leonard Hill: The Physiology of Respiration.

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital, Thursday, 4 p.m.—Demonstration of Surgical Cases.

Hospital for Sick Children, Great Ormond Street, W.C.—Thursday, 4 p.m.—Demonstration of Hare-lip and its Treatment.

Medical Graduates' College and Polytechnic, 23, Chancery Street, W.C.—Demonstrations will be given at 4 p.m. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, eye.

National Hospital for the Paralyzed and Epileptic, Queen Square, W.C. Tuesday, 8.30 p.m. Lecture on Some Spinal Mysteries.

West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows:—Monday: Rickets, its Manifestation and Treatment. Tuesday: Mania. Wednesday: Surgical Anatomy. Thursday: Medical Anatomy and Physical Diagnosis. Friday: Small-pox and Vaccination.

Westminster Hospital, S.W., Tuesday, 4.30 p.m.—Demonstration on Tuberculous of the Skin.

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.

BURROWS.—On May 9th, at The Haven, Harrow-on-the-Hill, the wife of Harold Burrows, M.B., F.R.C.S., of a son.

LE RICHE.—On Thursday, May 15th, at Wenington House, Marine Parade, Worthing, the wife of Philip John Le Riche, M.R.C.S., L.R.C.P., L.S.A., of a daughter.

SINCLAIR.—At 5, Walker Street, Edinburgh, on May 18th, the wife of Arthur H. H. Sinclair, M.D., F.R.C.S. Edin., of a son.

MARRIAGE.

BRYETT-LEONARD.—On April 29th, at Holy Trinity Church, Winchester, by the Rev. Allan Gunn, Rector, assisted by the Rev. J. F. Matthews Duncan, William Robert Bryett, B.A., M.D. Lond., second son of Lewis Bryett, to Mary Elizabeth, daughter of his Honour the late Judge Leonard, of Kerkfield, Winchester, and Queen's Fort, Tuam, Ireland.

DEATHS.

GREENWOOD.—On May 14th, at his residence, 467, Kingsland Road, N.E., Major Greenwood, Senior, M.D., late of 26, Wood's Road, Delaton, in his 73rd year.

ORD.—On May 14th, at the residence of his son, The Hall, Salisbury, William Miller Ord, M.D., F.R.C.P., aged 67.

PITT.—On May 17th, at Wellesbourne, Richard Pitt, M.R.C.S., L.S.A., in his 85th 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 *Astology, 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.

G. W. S. is desirous of finding an instructress to teach a young lady, who is partially deaf, lip-reading. Can any member tell him whether any institution or agency supplies teachers?

J. E. St. G. Q. asks for advice in the treatment of a crack in the lip which, although small, occasions much worry. The patient is middle-aged, healthy; the cut is clean, and there is no induration.

PIPECLAY.

DR. HENTON WHITE (Edgbaston) writes: Is any return published giving the mortality from phthisis and other respiratory diseases in the different regiments? I want to ascertain the respiratory mortality in regiments such as the Coldstream Guards, who habitually use pipeclay to clean their tunics. This necessitates the frequent inhalation of the dust in fine powder. I am informed the tunics are pipeclayed every evening.

* * Our correspondent would probably get the information he requires by writing to Brigade-Surgeon-Lieutenant-Colonel Harrison, Guards Hospital, Rochester Row. A medical officer of long experience tells us he never had any reason to suspect that pipeclay was deleterious.

A MILITARY MEDICAL LIBRARY.

TOUT OU RIEN asks to be recommended works on the following subjects:

1. Epidemiology.
2. Laws and Customs of War in Relation to Sick and Wounded.
3. Medical History of Important Campaigns.

* * * 1. *Epidemiology*.—(a) There are many instructive papers in the appendices to the Blue Books (Annual Reports, Army Medical Department, published yearly). (b) The reports of the Sanitary Commissioner with the Government of India also gives much information. (c) The annual reports of the Medical Officer, Local Government Board, London, which should be supplied to all military hospital libraries, also contain a fund of information. (d) The *Proceedings of the Epidemiological Society of London* also are very instructive on these matters.

2. *Laws and Customs of War in Relation to Sick and Wounded*.—(a) The actual rules of the Geneva Convention are to be found at p. 886, *Appendix Official Manual of Military Law*, War Office 1899. (b) Chapter xiv of the same book deal with the customs of war and is useful reading. (c) *Twiss on the Law of Nations* is a valuable book. (d) General order No. 100 of the *American Military Code* deals with this matter to a certain extent. (e) *The Life of Henri Dunant*, the founder of the Red Cross Movement, and Sir John Furley's book on the same organization are also worth reading. We shall hope to see a professor of medical military history and organization appointed at the Staff College for medical officers in London. At present no regular handbook exists officially sanctioned and easily obtained by any medical officer of the army. The professor we refer to above must compile the book.

3. *Medical History of Important Campaigns*.—(a) The Blue Books of the Crimean campaigns are an inexhaustible source of information as to the sufferings of a badly-equipped army in a practically sedentary campaign. These Blue Books need to be summarized by the professor we have above referred to, and a manual of medical history written. The report of Lord Morley's Committee of 1883 is also important, and the recent Blue Books as to South African experiences. (b) Baron Larrey's *Memoirs* deal with French experiences in the Napoleonic wars. (c) Exhaustive reports of the war of the secession in the United States of America are available in the publications of the Medical Department, U.S. Army. The history of the Walcheren expedition would be interesting reading. Jackson's work on military medical matters are also full of interest. The Blue Books of the Army Medical Department for past years also have important scattered papers on these matters.