the final halting place might be obtained. With carrying tanks of a capacity of 20 cubic feet, each water-cart would contain 124 gallons, or about 11 cwt., of water, which ought to be sufficient to supply a company for twenty-four hours.

As regards the amount of fuel required to boil this quantity, since 1 lb. of wood contains 6,600 thermal units of heat, at a moderate computation, allowing for a loss of 65 per cent. of heat by radiation, etc., 35 per cent., equivalent to 2,310 thermal units, would be available for boiling; and taking the initial temperature of the water as 60° F., to raise the temperature of 124 gallons to boiling point would require about 82 lb. of wood. Allowing 30 lb. to keep it boiling for half an hour, we should require, roughly, about 1 cwt. of wood for each water-cart. One hour and a-half ought to be sufficient to bring the water "to the boil," and this would allow plenty of time during the night for cooling and settling.

Such a water-cart, complete and filled with water, would only weigh about 22 cwt. The settling tanks, considering the rough handling they would undergo, would require to be strong, but need not weigh more than 3 cwt., with furnace complete. Using the hinge at K as a fulcrum this weight could easily be manipulated by two men.

To carry out these arrangements a special staff would be advisable. One man to superintend each water-cart would be sufficient, and, allowing one cart to each company, this would make a water staff of eight men to each regiment. These men would be under the control of the regimental medical officer, whose duty it would be to see that the purification of the water was efficiently carried out, and who would be responsible for the water-carts being ready to start each morning at the appointed hour.

The carrying tanks ought to be thoroughly cleaned out periodically, as occasion offered, and the men's water-bottles placed in one of the settling tanks and sterilized by boiling. In South Africa, during the late war, each regiment was provided with three or four water-carts, which on the march accompanied the first line of transport. The water-carts, being thus massed together in one part of the column, were out of the reach of the great majority of the men, who, in consequence, were compelled to fill their water-bottles, when emptied, with water from any wayside pool or stream. This, under the present system, does not matter much, as the water-carts themselves are replenished from similar sources; but if these carts were filled with a supply of pure water for this to be of any use it would be necessary for them to be distributed along the line of march at such frequent intervals as would ensure a supply of sound water being within easy reach of any part of the column. This would, of course, entail an increase in the number of water-carts, of which I think, there should be at least one to each company.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

THE TREATMENT OF OCCIPITO-POSTERIOR PRESENTATIONS.

I CONSIDER occipito-posterior presentations are far more common than is generally believed. Most practitioners would, in a given difficult case, straightway apply one or other of the many varieties of forceps, and drag the fetal head through the pelvis. Hence many ruptured perineums, many lacerated cervices, and other conditions, all of which make work for the gynaecologist.

The orthodox textbook treatment is to wait and see whether rotation takes place when the fetal head reaches the perineum. Exhaustion of the patient does not appear to be taken into account; and, further, rotation does not always take place.

The question of version might well, therefore, be considered, and I believe it preferable in all such cases when the procedure is practicable; delivery is expedited, and the fetal head presents the same diameters to the maternal pelvis as in normal occipito-anterior presentations. Consequently the risks to the maternal structures are minimized. I do not think the child is endangered, because the maternal passages are quite sufficiently dilated by delivery of the hips and shoulders. The most important point is bringing down the arms as soon as resistance is detected.

It might be objected that the introduction of the hand into the uterus is a dangerous proceeding, but it must be remembered that the uterus is adequately protected from sepsis by the membranes, which separate that organ from the accoucheur's hand, and are expelled soon after delivery of the child.

I have adopted this treatment in occipito-posterior presentations for two years, with the happiest results, whilst previously I regarded the condition as a serious difficulty.

Wolverhampton. W. STAINTON MERCER, M.R.C.S., L.R.C.P.

HEAT APOPLEXY.

THE paper in the BRITISH MEDICAL JOURNAL of September 20th, 1902, by Dr. Henderson, late of Shanghai, is of much interest to medical men in China. One very true point is the difficulty of diagnosing whether the hyperpyrexia is due to heat apoplexy or to malaria; but the treatment by lowering the temperature must be prompt, as one cannot wait for a blood examination. Coma due to malarial hyperpyrexia is more dangerous than heat apoplexy. Coma, that is to say, a purely heat apoplexy temperature, is less fatal than a lower temperature in coma from malarial hyperpyrexia. Heart failure is certainly the danger, especially in cases which remain unconscious for hours after the high temperature has been brought down, so that it would seem to be good treatment to strengthen the heart before it begins to fail. But there is an asphyxial type of case in which bleeding is urgently called for. The following care illustrates what seems a good method of treatment:

On August 22nd, 1902, I was called at 5 p.m. to Gunner M. The ward-master was tearing off his clothes, and said that the axillary temperature (after one minute of a 3-minute thermometer) was 109.8°. The patient was quite unconscious, with general muscular spasms. As he could not be taken into the open air (a most important point) he was carried as near the door as possible and placed under a punkah. The head and back of neck were rubbed with ice, and his body thoroughly sluiced down with ice-cold water. The temperature was thus rapidly brought down to 101°; the pulse was fair; but, warned by previous experience, I gave mv of liq. strychninae and mxx of tinct. digitalis hypodermically. Later on, as the pulse got weak, friction was made over the cardiac area, and a large sinapism then put over the heart. I am of opinion that this early attention to the heart had a large share in saving the patient. He remained unconscious till early next morning, and was then in a dazed condition. He was again washed down with iced water at 10 p.m. and at 3 a.m., as on each occasion his temperature had risen to 105°. He recovered, and is now at his duty.

In this station the evil influence of badly-ventilated rooms in bringing on hyperpyrexia is very marked, and the importance of treating such cases in the open air cannot be overestimated. It may, of course, be argued that strychnine may greatly increase the tendency to spasm; each case must be judged separately. I once had a case in India where no medicine had been used, and chloroform had to be administered to overcome the prolonged spasms of the respiratory muscles which threatened the patient's life. This, of course, was no case for strychnine.

Hong Kong. S. F. CLARK, Major R.A.M.C.

CONGENITAL OBLITERATION OF THE COLON.

I WISH to record a few details of this case on account of its rarity, and because I lately read an account of one somewhat similar in the BRITISH MEDICAL JOURNAL. The child (male) was born at the eighth month of fetal life, and appeared to be in very good health, and, so far as could be judged, had full use of all the organs. On the second day, however, it was noticed that all the faeces passed were very small in quantity, and consisted chiefly of a little discoloration of the napkin.

On examination per rectum, the little finger could only be passed in about 1½ in. to 2 in. Glycerine injection was given, with the result that a column of sebaceous matter was expelled nearly 5 in. long., without meconial colour or odour. Medicine was tried by the mouth, and the result was always sickness and vomiting, but no motion of the bowels. The vomit was decidedly faecal later, with a very foul smell. A distinct swelling was seen on the fifth day in the left hypogastric region, and notably no swelling in the situation of the descending colon. Then it was obvious that some developmental or physical obstruction was the cause of the trouble. The question of operative interference was considered, and a specialist called in, but this could not be supported with any hope of success on such a young infant. The child lived for three weeks and two days, gradually getting more and more emaciated. Occasionally it fastened to the breast and took nourishment, until sickness came on and all was ejected, when nourishment was again taken with the same result until death. A necropsy was generously allowed, when the condition diagnosed was found correct, the large intestine terminating in a balloon-shaped *cul-de-sac* at the

splenic flexure, with little trace of bowel beyond except at the anus. Otherwise the child was perfectly healthy.

Belmont, Johnstone, N.B. W. WESTWOOD FYFE, M.B.

TREATMENT OF LUPUS VULGARIS BY EXCISION AND REPLANTING.

I RECENTLY had a boy under my care in the hospital with a large patch of lupus vulgaris, covering the whole side of his foot and extending into the sole. He was of marked tuberculous constitution with angular curvature of the spine. The patch presented the usual appearance of clusters of semi-translucent nodules embedded in the corium—which Hutchinson has so aptly likened to the appearance of "apple jelly." Many of the nodules had run together, broken down, and formed small ulcers. The usual internal and external remedies were employed for a considerable time, without benefit. On account of the large extent of skin involved I determined to try the following treatment:

The foot was thoroughly disinfected by turpentine, mercury perchloride, and carbolic lotions, as for an aseptic operation; an anaesthetic was administered, and the whole patch excised, the incision being made through healthy skin. The subcutaneous fat was completely removed with scissors, and the lupoid patch of skin placed in 1 in 40 hot carbolic lotion. The haemorrhage was stopped by placing over the wound green protective gauze, and using hot carbolic lotion (120°). The lupoid patch of skin was removed from the water, dried, replanted, and dusted with sterilized iodoform. The wound was dressed with protective blue gauze, etc., and a splint applied. The graft quickly joined, the ulcerated points healed, and the result was perfect except that the skin was blue and livid.

I cannot remember having seen this method of treatment of lupus described before. I should be much interested if other members of the profession would give it a trial. I refrain from giving any ideas regarding means of cure in tuberculosis. Why Bier's method in tuberculous joints? Why laparotomy in tuberculosis of the peritoneum? It seems to be owing to a change in the blood supply repugnant to the tubercle bacillus.

B. H. NICHOLSON, M.B., C.M.Edin.,
Colchester. Surgeon to the Essex and Colchester Hospital.

NAPHTHALENE POISONING.

A SCHOOLBOY, aged 13½, ate by mistake for a sweet a piece of pure naphthalene (a moth ball) about the size of a filbert nut. He ate it so quickly that he only found out his mistake when it was swallowed. Half an hour after its ingestion he had severe pain round the umbilicus, which continued intermittently, and was followed by aching and cutting pains down the penis and at its end. The prepuce swelled and was very tender.

Within an hour micturition became very frequent, the urine, from a brownish-yellow, becoming black "like weak ink." Micturition caused pain and soreness down the urethra. There was no nausea, vomiting, or collapse, the pain being, though sharp, intermittent. He did his lessons and games as usual. He casually mentioned the accident at home, but seemed then quite well, and ate his supper. During the night he had several watery motions, "mixed with a bright red;" he thought it was blood.

Next morning I saw the urine, which, though smoky, was, he said, much less so. For two days he had severe headache and abdominal tenderness on pressure, but this was not localized. Two days later there was suppression of urine for nearly twenty-four hours, but the urine when passed was clear, and contained no trace of albumen. Four days later he would have been well again, but he developed a left-sided dry pleurisy—probably influenzal—though the temperature did not rise.

Haverstock Hill, N.W. L. FRAZER NASH, L.R.C.P. & S.

HYPERPYREXIA DURING INFLUENZA.

A FATAL case of hyperpyrexia after influenza having been recorded by Mr. F. Harman Brown, of Coventry, induces me to record the following:

On December 14th, 1902, I was called to see Mrs. C., aged 27. She was in bed, complaining of pains in the limbs and back and severe frontal headache. Her pulse was 106 per minute, and on taking her temperature in the axilla I found it to be 108.6° F.; taken in the mouth, the thermometer registered the same. As there was obviously a marked disproportion between pulse and temperature, the height of the latter did not excite so much alarm as it otherwise would have done. The patient's arms were freely sponged with tepid water, and she was put on 15-gr. doses of sodium salicylate and 3 gr. of antipyrin every six hours. I saw the patient the following morning and found her temperature 97.6°, and the pains in the limbs, back, and head quite gone. She made a good and quick recovery.

What was noticeable about the case was the complete absence of anything approaching delirium and the comparative comfort of the patient during the hyperpyrexia.

Edinburgh. GEORGE H. F. GRAVES, L.R.C.P.& S.Ed.

COMPLETE TRANSVERSE RUPTURE OF AORTA AND LEFT PULMONARY ARTERY.

ON September 8th, 1902, a painter who had fallen from a scaffold 25 ft. high on to the stone pavement of a church on the interior of which he was working, was brought, dead, into the Mater Misericordiae Hospital, Dublin.

At the necropsy I found that the aortic arch had been torn across about ¾ in. beyond the origin of the left subclavian, whilst, immediately beneath, the left pulmonary artery was also torn across about ½ in. from the bifurcation. Rupture had taken place into the left pleura, which was full of blood, partly fluid, partly coagulated, the left lung being quite collapsed and almost airless. The intima of the aorta was slightly atheromatous at the point of rupture. That of the pulmonary seemed sound. The line of rupture was more or less jagged and the coats had somewhat separated, giving the rupture an aspect quite different from a clean cut with a knife. The mediastinal tissues were infiltrated with blood for about 3 in. below the injury. The spine did not seem to have been fractured, at least no fracture was discovered by a pretty careful examination. The four upper ribs on the right side were broken close to the angle, and their sharp points had perforated the right costal pleura. The right middle fossa of the base of the skull was the seat of a transverse fissured fracture, and the apex of each temporo-sphenoidal lobe was tipped with a small blood clot and slightly lacerated. The sagittal suture was "started." Beneath the pericranium was a large effusion of blood, but the scalp was not visibly bruised or lacerated. The only external injuries were some contusions on the right side of the face. The abdominal viscera were quite uninjured.

Traumatic rupture of the aorta and pulmonary artery is an accident of comparative rarity and therefore deserves to be recorded.

E. J. MCWEENEY, M.A., M.D.
Pathologist to the Mater Misericordiae Hospital, Dublin.

A CASE OF "TRIGGER-FINGER."

"TRIGGER-FINGER" is a term applied to an affection of the fingers, of which the following are the main features: There is a hitch in the movement of one or more fingers. Up to a certain point flexion or extension is normally carried out, then the hitch occurs, which, however, can be overcome either by increased effort or by the help of the other hand, but the rest of the movement follows with a snap or click. It is this trigger-like snap which has given the name to the condition. Usually only one finger at a time is affected—usually the thumb or ring finger. Pain may vary from mere discomfort to intense suffering, and is usually referred to the metacarpo-phalangeal articulation, but the real seat of the snap is at the first interphalangeai joint. It usually occurs in adults, and women are more liable than men in the proportion of three to one. A small node can often be felt on the flexor tendon or sheath. This node, combined with a narrowing of the lumen of the tendon sheath, is the usual explanation of the hitch. Necker, in an examination of 121 cases, found rheumatism, either in the acute or chronic form, to have been the cause in 52, traumatism in 13, and occupation in 47; it was congenital in 2, and in the remaining 7 no cause was assignable.

Work causing special fatigue of the hands has been set down as a cause by Schmidt. His cases, involving frequently a thumb and middle finger, occurred in seamstresses, knitters, and soldiers require to perform straining movements of the fingers in musket drill.[1] Rest and massage are advised for the slighter forms, and for the very severe cases removal of the thickened tissues.

The patient, a man aged 39, had never found anything wrong with the working of his fingers till ten months ago, when he commenced to play golf, of which he became an

[1] For fuller details see articles by Frederic Griffith, *Ann. of Surg.* October, 1902, p. 588; and by Clari, Epitome BRITISH MEDICAL JOURNAL, October 4th, 1902, par. 208.

enthusiast. Soon after taking up this game, he found that the left little finger, on attempted flexion, became fixed in semiflexion, and could be flexed completely only by an extra muscular effort or forcible movement with the other hand. Completion of the flexion was accompanied by a very audible click, with only slight discomfort, felt at the first interphalangeal joint. On examination and comparison with the little finger of the other hand there was found a distinct thickening on the flexor surface opposite the head of the first phalanx. In view of the very slight discomfort produced, no special treatment beyond free movement was advised, operation being obviously unnecessary. The thickening was probably produced partly by the pressure of the handle of the golf club and partly by the jarring communicated to the finger in making the various strokes, which is apt to be especially violent in the case of a novice at the game.

C. Hamilton Whiteford, M.R.C.S., L.R.C.P.

Plymouth.

A LINK BETWEEN RHEUMATOID ARTHRITIS AND JAUNDICE.

When jaundice of an obstructive type becomes fully established in the system of a patient suffering from chronic rheumatism, rheumatoid arthritis, or muscular rheumatism, the pains characteristic of these diseases disappear entirely. Such at least has been my experience in four cases which have come under my observation during the past eight months. The jaundice persisted in three of the cases during the short time they were under my observation. The fourth case is that of a coalminer aged 40 years. He has been subject to attacks of muscular rheumatism at various intervals during the past eight years. Six weeks ago he was confined to bed with a severe attack of gastro-intestinal influenza. On the eighth day jaundice appeared as a complication, but gradually disappeared during the succeeding fourteen days, by which time his general condition was materially improved. On the day after that on which the jaundice had disappeared muscular rheumatism set in as a sequela, and still remains very persistent.

One may therefore conclude from the facts observed in the four cases mentioned above that the bile present in the circulation had the effect of entirely overcoming the muscular and joint pains temporarily. The exact way in which this result was attained is difficult to explain, but it may be noted that sodium salicylate which, when administered alone, has little or no effect on chronic rheumatism, is the only drug that has been proved actually to produce an increased flow of bile.

Bedlington. John Wishart, M.B., Ch.B., B.Sc.

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

SKIPTON AND DISTRICT HOSPITAL.

RECURRENT VOLVULUS OF THE SIGMOID FLEXURE TREATED BY EXCISION OF THE INVOLVED LOOP.

(Under the care of Dr. Waugh: Operation by Mr. B. G. A. Moynihan.)

F. L., male, aged 21, was admitted to the Leeds General Infirmary, under the care of Mr. Ward, on September 16th, 1899, suffering from intestinal obstruction.

First Attack.

History.—Down to a month before admission he had been quite well. He was suddenly seized with abdominal pain, not very severe or prolonged, and sickness. From that time up to admission he had been absolutely constipated; neither flatus or faeces had passed for one month. The abdomen gradually enlarged, and on admission was greatly distended. Ten days before admission he vomited, and almost every day since he had vomited more or less. Pain had become gradually more severe. Enemata of oil, turpentine and water, and soap and water had been given without any effect.

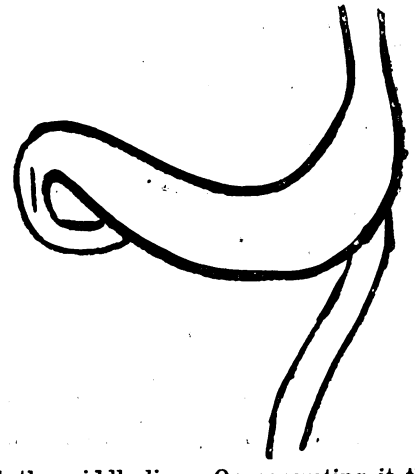
First Operation (by Mr. Ward).—The abdomen was opened on September 17th, 1899. A median incision was made below the umbilicus, and a condition of volvulus of the sigmoid flexure was found. The coil was untwisted, and, the patient being placed in the lithotomy position, and the sphincter stretched, the sigmoid and colon were partially emptied. The apex of the loop of the sigmoid was stitched to the middle line to prevent retwisting.

Second Operation (by Mr. Ward).—On September 19th, as neither faeces nor flatus had passed, the sigmoid was opened in the middle line, and an artificial anus established. On October 10th, the bowels acted naturally for the first time, and subsequently the abdominal wound gradually closed, the bowels were moved regularly and naturally, and the patient left the infirmary on November 4th.

Recurrence.

History.—On September 3rd, 1901, the patient was sent to Mr. Moynihan by Dr. Waugh of Skipton, on account of a recurrence of the intestinal obstruction. There had been some slight difficulty in getting the bowels opened for several months, this difficulty had become acute about a month earlier. He was confident in his statement that neither faeces nor flatus had passed for one month before.

Operation by Mr. Moynihan.—On examination he looked sallow and earthy in tinge. The abdomen was moderately distended. There was no localized bulging or any coiling. Nothing abnormal could be felt on rectal examination. The patient said that he had vomited a few times during the previous week, but he had continued to take food. Mr. Moynihan opened the abdomen on September 5th, 1901, and found the following condition: The apex of the sigmoid flexure (Fig.) was



adherent at the middle line. On separating it the sigmoid was opened; the opening was at once closed by suture. It was then seen that the upper part of the sigmoid loop—that portion between the end of the descending colon and the part of the loop adherent to the anterior abdominal wall—had become enormously distended, and had fallen into the pelvis in front of the lower portion of the loop. A kink had thus been produced in the gut at the upper part of the abdominal incision. When the heavy, hugely-distended upper part of the sigmoid was lifted out of the pelvis, the lower portion of the loop was seen; this was quite empty. The ends of the loop—that is, the end of the descending colon and the beginning of the rectum—were very much nearer together than in the normal condition. The base of the sigmoid loop was approximately 1½ to 2 in. in length. Mr. Moynihan therefore decided to remove the whole sigmoid. The upper end of the rectum and the descending colon were clamped with Doyen's hysterectomy clamps, the sigmoid arteries ligatured, and the whole loop removed. The cut ends of the bowel were closed by simple suture applied after the method adopted by Mr. Moynihan, a continuous suture for the peritoneum and muscular coats outside, and a continuous suture taking all the coats (to act as a haemostatic) within. The abdomen was then closed without drainage. The patient made a perfectly uneventful recovery, and is now (December, 1902) quite well.

Remarks by Mr. Moynihan.—The only case similar to this that I have found recorded was operated upon by Steinthal.[1] The patient was a woman 21 years of age, who suffered from volvulus of the sigmoid flexure, due to hypertrophy and elongation of the loop. The extremities of the loop were wide apart. Puncture and emptying of the twisted

[1] *Verh. des Chir. Kongress.*, Berlin, 1900.

with distinction the Presidential Chair of the Educational Institute of Scotland. He graduated at Glasgow University in 1873. His first year was spent in the old College in the High Street. As a student he had the faculty of making friends, and never intentionally made an enemy, a faculty which he retained to the end of his life.

The writer of this short notice looks back with particular affection to his first meeting with the subject of this memoir in the dissecting room of Glasgow University, and to the commencement of a friendship interrupted only by death. Although Robert Allan Campbell never took a very prominent place in his classes he was always regarded as an exemplary, hardworking, and painstaking student. There was nothing of the "grind" about him, nor did he simply read to pass examinations: he read for the love of reading. Of the numerous attachments formed in his student days, many of which death has long since sundered, Dr. Campbell loved to speak. Only a few weeks ago he reminded the writer of the regularity with which, for example, birthday souvenirs passed between him and medical men of his own year. Shortly after graduating Dr. Campbell became assistant to the late Mr. Broadbent, of South Hetton, co. Durham, with whose family he always remained on the closest terms of intimacy. About twenty-eight years ago he settled at Newcastle, and was associated with Dr. Gibb, one of the best known and busiest medical practitioners in the North of England. How he plodded during those many years is known to his relatives and his immediate friends; how much he was esteemed by Dr. Gibb's and his own private patients was in evidence as the last tribute of respect was paid to the memory of the deceased on Saturday, January 24th.

Dr. Campbell was a man of versatile attainments, of wide reading, and of considerable ability. In literature, art, and poetry he found recreation, and notwithstanding the demands of a very large practice he yet found time to contribute papers upon literary subjects to the various local societies. In medicine he kept himself well abreast of the times, for he was always a student. The attractions which his profession had for him lay rather in the philosophical and biological problems that it presented than in the practice of it. Friends who had the privilege of his close acquaintance know that his generosity only equalled his ability.

Dr. Campbell was one of the founders of the Newcastle-upon-Tyne Clinical Society and one of its earliest Presidents. For a period he was Assistant Surgeon to the Hospital for Children. Inheriting all that is best in the traditions of his country, and having dived deeply into its literature, he had wide knowledge of the Scottish school of letters and romance, and was a great admirer of and believer in the Glasgow School of Art and its promises of fulfilment. He was the Chairman of the Newcastle Burns Statue Fund, ex-President of the Burns Club, and a promoter and staunch supporter of the Pen and Palette Club.

In the matter of health, Dr. Campbell was most unfortunate. A poisoned wound caught in the discharge of a professional duty many years ago kept him from work for several months. He never enjoyed subsequently the same measure of good health. Two or three attacks of rheumatic fever left a weakness of the heart, which, with recurrent attacks of bronchitis, undermined a constitution that had been originally robust. For the last three months Dr. Campbell had been more or less laid aside. In his illness he had the skilful attention of his friends Dr. Limont and Dr. Oliver, as well as that of his brother-in-law Dr. Jas. Farquharson, and of his brother Dr. Arch. Campbell, of Heaton, Newcastle; but, despite their efforts, his illness made steady progress, and death came quietly on the evening of January 21st. Mental and physical suffering had so told upon him that long before the end came he expressed himself as ready to go. Life and its opportunities had become gradually so narrowed down for him that, to a man of his mental energies, such circumstances were particularly trying.

He was laid to rest on January 24th in St. Andrews Cemetery, not far from where the late Professor Arnison and Mr. Williamson lie. If the esteem in which a member of our profession is held is to be reckoned by the large number of people that attended his funeral, well may it be said of Dr. R. A. Campbell that he had this to the full. At the graveside there were abundant signs of unfeigned grief in the large concourse of relatives, friends, brother practitioners, representatives of public bodies and patients, at the comparatively speaking early death of one whom to know was to respect and love.

ALEXANDER THOMSON, M.D.,

Consulting Surgeon to the Dumfries and Galloway Royal Infirmary.

WE regret to announce the death on January 18th of Alexander Thomson, M.D., L.F.P.S.Glasg., of Dumfries, at the age of 70. An attack of influenza a few weeks ago had apparently been recovered from, and he was actively engaged in professional work when he caught a chill on January 14th, which was followed by acute pleurisy, ending fatally after an illness of three days.

Dr. Thomson was a native of Shotts, in Lanarkshire, and studied medicine at Glasgow University. After a distinguished career as a student he was appointed House-Surgeon to the Glasgow Royal Infirmary. He was also House-Surgeon to the Lock Hospital there, and President of the Glasgow University Medical Society.

In 1861 Dr. Thomson settled in Dumfries, where he rapidly built up a large practice. He was appointed Visiting Physician to the Dumfries and Galloway Royal Infirmary in 1872, but resigned after two years, when a vacancy occurred on the surgical staff, and to this he was appointed. His resignation two years ago the directors accepted with regret, and appointed him Consulting Surgeon to the hospital. For many years Dr. Thomson has been recognized as the leading surgeon in the South of Scotland. He was perhaps the first country surgeon in Scotland to operate on ovarian tumours, having successfully removed one in February, 1865. As President of the Border Counties Branch of the British Medical Association in 1888, he delivered an interesting address on ovariotomy.

For the long period of thirty-three years Dr. Thomson acted as Medical Officer of Health for the Burgh of Dumfries, besides holding many other important public offices. By his death his medical brethren in Dumfries and a large part of the South of Scotland have lost a friend and sagacious counsellor on whom they could always rely. His great experience, sound judgement, and dexterity in operating made him trusted by patients and colleagues alike. Both in hospital and private practice the loss of his always highly valued opinion will be felt for a long time to come.

Dr. Thomson leaves a widow and two daughters to mourn his loss.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Isidor Albu, of Berlin, sometime Professor in the Medical School of Teheran, Persia, aged 67; Dr. Alfred Kast, Professor of Medicine and Director of the Medical Clinic in the University of Breslau, aged 46; Dr. Bernardo da Serra da Mirabeau, for many years Professor of Physiology, and sometime Dean of the Medical Faculty in the University of Coimbra, aged 87; Dr. M. Lawdowski, Professor of Histology and Embryology in the Military Medical Academy of St. Petersburg; Dr. M. V. Pereira, Professor of Clinical Surgery in the University of Bahia; and Dr. Carl Wenzel, formerly Surgeon-General of the German navy, aged 71.

ROYAL NAVY AND ARMY MEDICAL SERVICES

ROYAL NAVY MEDICAL SERVICE.

TITLES AND PROMOTION.

THE publication of Lord Selborne's scheme for regulating the mode of admission to the various branches of the navy, and determining the titles which shall be borne by the officers, has naturally raised the question of executive titles for officers of the Royal Navy Medical Service. So far as our information goes we have no reason to think that the majority of officers of that service desire executive titles. That some do so our columns have afforded evidence, but we believe them to be in a decided minority.

The slow advance in relative rank which entails disadvantages with regard to precedence and cabin accommodation is felt to be a serious disability, and we are glad to know that the question of accelerated promotion is under consideration, and that it is not improbable that an announcement on the subject may be made at an early date.

We believe it to be very improbable that executive titles will be given to medical officers, at any rate at present. Lord Selborne's scheme, which will eventually give engineer officers executive titles—lieutenant (E), commander (E), etc.—will only begin to come into operation next July, and it must be some years before any officers of the engineering branch can qualify for these titles. On April 1st, however,

the existing officers of this branch will receive compound titles—engineer-lieutenant, engineer-commander, etc. It is possible that this principle may be extended to the medical branch, and that officers belonging to it will receive the compound titles—surgeon-lieutenant, surgeon-commander.

The following appointments have been made at the Admiralty: Edward C. Ward, M.D., Staff Surgeon, to the *President*, for course of hospital study, January 26th: John K. Robinson, M.B., Surgeon, to the *Rainbow*, January 21st; Thomas C. Meikle, M.A., M.B., Surgeon, to the *Pactolus*, January 23rd; Edward F. Power, Surgeon, to the *Caledonia*, January 23rd; George E. Macleod, Surgeon, to the *Wildfire*, February 7th; Donald T. Hoskyn, M.B., Staff Surgeon, to the *President*, for three months' course of hospital study, January 26th; Robert Hardie, M.B., Staff Surgeon, to the *Jupiter*, January 26th.

ROYAL ARMY MEDICAL CORPS.

Captain E. Brodribb is placed on temporary half-pay on account of ill-health, January 20th.

Captain H. F. Hart resigns his commission, January 24th. He joined the department as Lieutenant, July 28th, 1899, becoming Captain three years thereafter. He served in the recent South African war.

INDIAN MEDICAL SERVICE.

Colonel Arthur Henry Cole Dane, M.D., Bombay Establishment, died recently at Karachi, India, aged 50. He was appointed Assistant Surgeon, September 30th, 1867, and became Surgeon-Lieutenant-Colonel April 1st, 1898. He was in the Afghan war in 1878-80, and was in the engagement at Girashk, in the defence of Kandahar, including the sortie of Deh Khojah, and at the battle of Kandahar (mentioned in dispatches, medal with clasp).

ROYAL ARMY MEDICAL CORPS (MILITIA).

The seconding of Lieutenant M. A. Cholmeley, which was announced in the *London Gazette* of November 21st, 1902, bears date November 29th, 1902, and not as therein stated.

IMPERIAL YEOMANRY.

Temporary Captain R. Murphy, Medical Officer, 38th Battalion, resigns his commission, November 21st.

Temporary Captain J. H. Wright, M.B., Medical Officer Unattached, relinquishes his commission, January 15th.

Surgeon-Major R. E. Wood, Lanarkshire, is promoted to be Surgeon-Lieutenant-Colonel, January 24th.

ROYAL GARRISON ARTILLERY (VOLUNTEERS).

Surgeon-Captain S. W. Woollett, 1st Norfolk, is promoted to be Surgeon-Major, January 7th.

VOLUNTEER RIFLES.

Mr. R. H. Henderson, M.D., is appointed Surgeon-Lieutenant in the 1st Lanarkshire, January 24th.

VOLUNTEER INFANTRY BRIGADE BEARER COMPANIES.

Mr. C. H. Perram, M.D., is appointed Lieutenant in the Bedford Company, January 24th.

Mr. M. S. W. Gunning is appointed Lieutenant in the Leicester and Lincoln Company, January 24th.

Captain J. W. Davies, South Wales Border Company, is promoted to be Major, January 24th.

Lieutenant F. J. Sadler, M.B., South Yorkshire Company, resigns his commission, January 24th.

ENNO-SANDER PRIZE.

We are requested to state that the Enno-Sander Prize of the Association of Military Surgeons of the United States for 1903 will be awarded to the author of the best essay on the Differential Diagnosis of Typhoid Fever in its Earliest States. The Board of Award will consist of Dr. Austin Flint, of New York; Colonel Calvin De Witt, of the army; Professor Victor C. Vaughan, of Ann Arbor. Full information concerning the competition, which is open under certain conditions to medical officers of the British navy and army, may be obtained from Major James Evelyn Pilcher, Carlisle, Pennsylvania, the Secretary of the Association.

MEDICO-LEGAL AND MEDICO-ETHICAL.

ACTION FOR LIBEL BROUGHT BY A MEDICAL MAN.

As reported in the *Cambrian News* for January 20th, 1903, Dr. Bonsall, Medical Officer of the Aberystwith Workhouse, brought an action at the Cardiganshire Assizes on January 20th for damages for libel against Mr. George Rees, the Editor of the *Welsh Gazette*. The alleged libel had reference to the treatment of a pauper patient for rectal prolapse, in which the innuendo was that the case had not been treated skilfully and an unjustifiable operation had been performed. From the evidence it appears that the prolapse had been reduced and that the patient died nineteen days later from blood poisoning. The plaintiff was represented by counsel instructed by the solicitors of the London and Counties Medical Protection Association. The defendant pleaded that the article in question did not refer to the plaintiff, that it did not bear the meaning alleged, that it was not defamatory, that it was true in fact, and was a comment on a matter of public interest. The judge, in reply to a question from the jury, said that if a man chose to publish that which defamed his neighbour it made no difference whether he believed it to be true. In regard to damages, no doubt higher damages would be given if it were felt that the slander was out of an evil mind and not true. The jury brought in a verdict for the plaintiff with £10 damages.

Dental.—We can only recommend our correspondent to consult his solicitor.

LIABILITY FOR FEES.

D. W. G. writes that he was recently called in by the police to attend a woman under their charge; in connexion with the same matter our correspondent was directed by the coroner to make a necropsy, and for this received a fee of 2 guineas. The superintendent of police declines to pay our correspondent for his attendance on the prisoner, alleging that the fees for inquests and for giving evidence at the assizes to which the prisoner is committed are supposed to cover medical attendance. He inquires how he can obtain payment.

*** The question is one of fact, and if a medical man is called in by the police to attend a person in custody he has a legal claim upon the police for services so rendered. The fee received from the coroner does not affect the question, such fee being a statutory one as defined by Section xxii of the Coroners Act, 1887.

ATTENDANCE AFTER CONFINEMENT.

Gent. Co. asks what is the usual period of attendance on the mother and baby included in a confinement fee of 4 guineas. Does this include attendance for a month?

*** It is usual for a medical practitioner to make no extra charge beyond the confinement fee for any attendance on the mother and child during the period for which he is accustomed to attend patients after their confinement, where the illness might be considered to have arisen from puerperal causes. There is no fixed period, but a month would probably be the extreme, and from a fortnight to three weeks the average.

COLLECTION OF DEBTS.

A Correspondent inquires as to the best way of collecting old standing debts, some of which have been running for more than six years.

*** We can only refer our correspondent to those means of recovering debts which are open to the rest of the community. He is the best judge whether it is advisable to take legal action, and he must no forget that he will be barred from recovering debts of more than six years' standing, unless within that time he has been paid any portion of the debt on account, or has received from the debtor in writing an unconditional promise to pay the same.

NOTIFICATION OF CHANGE OF ADDRESS.

Perplexed.—Either a lithographed or printed circular intimating a change of address may be sent to patients, preferably the former. The important thing is that it should only be sent to bona-fide patients, as complaints are naturally made if such circulars reach the patients of other practitioners.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

The Radcliffe Travelling Fellowship.—The Regius Professor of Medicine gives notice that an examination for a Fellowship of the annual value of £200, tenable for three years, will commence on Tuesday, March 10th. Candidates must have passed all the examinations for the degree of Bachelor of Arts, and of Bachelor of Medicine, and must have been placed in the first class in one at least of the public examinations of the University, or have obtained some prize or scholarship within the University open to general competition among the members of the University. The examination will occupy three days. Papers will be set in physiology, pathology, and preventive medicine, and a subject will be proposed for an essay; there will also be a practical examination in pathology. Candidates should send their names, addresses, and qualifications to the Radcliffe Examiners, University Museum, Oxford, on or before Tuesday, February 10th.

UNIVERSITY OF CAMBRIDGE.

Degrees.—At the Congregation on January 15th, the following were admitted to the degree of Bachelor of Surgery:

F. Bryan, King's; A. M. Simpson, King's; J. G. Cooper, Trinity; H. H. Dale, Trinity; R. B. Etherington-Smith, Trinity; H. D. Ledward, Trinity; L. Noon, Trinity; J. E. Payne, Peterhouse; E. A. A. Beck, Clare; F. H. Parker, Pembroke; W. F. Buckle, Caius; C. Roper, Caius; C. R. Worthington, Caius; E. B. Leech, Christ's; H. E. Symes-Thompson, Christ's; W. H. Fisher, Emmanuel; H. Wales, Sidney; J. H. F. Wilgress, Host. Selwyn.

UNIVERSITY OF EDINBURGH.

Freemasonry.—We are requested to state that a petition is being presented for the consecration of a Masonic Lodge founded by old students of Edinburgh University, to be named after their Alma Mater. Those members of the craft who wish to be included among the founders should communicate at once with Dr. M'Cann, Cursitor Street, Mayfair.

SOCIETY OF APOTHECARIES OF LONDON.

Pass List, January, 1903.—The following candidates passed in:

Surgery.—W. M. Emmerson (Sections I and II), Durham; W. T. Harris (Section II), St. Thomas's Hospital; A. R. Henchley, Middlesex Hospital and Edinburgh; G. Lucas (Sections I and II), St. George's Hospital; A. Mooney (Sections I and II), Royal Free Hospital; M. E. S. Scharlieb (Sections I and II), Royal Free Hospital; H. G. Sewell (Sections I and II), London Hospital.

Medicine.—E. F. Beaumont (Sections I and II), Middlesex Hospital; F. G. H. Cooke (Section I), University College Hospital; W. E. Denniston (Section I), St. Thomas's Hospital; L. E. Ellis (Section I), St. George's Hospital; W. M. Emmerson (Sections I and II), Durham; A. E. Henton (Sections I and II), St. Mary's Hospital; H. Jacques (Section I), London Hospital; T. G. Longstaff (Section II), Oxford and St. Thomas's Hospital; C. C Rushton (Section II), University College Hospital.

Forensic Medicine.—R. Appleton, Leeds; E. F. Beaumont, Middlesex Hospital; F. G. H. Cooke, University College Hospital; W. E.

Denniston, St. Thomas's Hospital; H. J. Gater, Guy's Hospital; R. C. Rumbelow, Middlesex Hospital; J. W. Watson, Manchester.

Midwifery.—E. F. Beaumont, Middlesex Hospital; W. M. Emmerson, Durham; H. J. May, London Hospital; A. Rogers, Cardiff and St. Mary's Hospital; J. E. Turle, University College Hospital; T. R. Waltenberg, Manchester.

The diploma of the Society was granted to R. Appleton, W. T. Harris, A. R. Henchley, A. Mooney, and M. E. S. Scharlieb.

CONJOINT BOARD IN IRELAND.

CANDIDATES have passed Examinations of this Board as undernoted:

Final Examination.—Honours: C. W. Ewing. *Pass:* Miss L. H. Alexander, J. E. Brereton, J. B. Logan, J. P. O'Donnell, W. H. MacM. Phelan.

Second Professional Examination.—Honours: W. W. Boyce, T. J. Madden (Miss C. E. O'Meara—equal), R. Bury, A. C. Adams (M. J. C. Kennedy, R. A. Browne, J. M. Hayes, H. Hosty—equal), H. N. Cole (J. S. Dunne—equal), I. Allann, W. T. Morton. *Pass:* M. Ambrose, C. J. R. Clarke, P. E. Hayden, P. M. Moore, W. J. O'Donnell, H. E. Redmond.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

VITAL STATISTICS FOR ENGLAND AND WALES, 1902.

As all medical officers of health are now required to complete their annual reports to the Local Government Board by the middle of February in each year, the following figures have been provisionally compiled for their convenience from the Quarterly Reports of the Registrar-General:

ENGLAND AND WALES, 1902.

Annual Birth-rates and Death-rates, and Rates from the Seven Chief Epidemic Diseases.

	Annual Rates per 1,000 Living.			Infant Mortality—Annual Death-rate of Infants under 1 Year per 1,000 Births.
	Births.	Deaths from all Causes.	Deaths from Seven Chief Epidemic Diseases.	
England and Wales ...	28.6	16.3	1.64	133
Rural England and Wales	27.4	15.3	1.14	119
76 great towns	30.0	17.4	2.12	145
103 smaller towns	27.3	15 3	1.53	135

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,791 births and 5,822 deaths were registered during the week ending Saturday last, January 24th. The annual rate of mortality in these towns, which had been 20.0, 18.5, and 17.5 per 1,000 in the three preceding weeks, rose again last week to 20.1 per 1,000. Among these large towns the death-rates ranged from 6.2 in Smethwick, 12.0 in Hornsey, 12.2 in Leyton, 12.3 in King's Norton and in Blackburn, 12.8 in Walthamstow and in Leicester, and 13.1 in Willesden, to 25.7 in Swansea, 25.8 in Huddersfield, 26.2 in Merthyr Tydfil, 27.0 in Newcastle-on-Tyne, 27.5 in Newport (Mon.), 27.8 in Stockport and in Oldham, 29.4 in Wigan, and 32.9 in West Bromwich. In London the rate of mortality was 20.9 per 1,000, while it averaged 19 8 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.9 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 2.2 per 1,000, while it averaged 1.7 per 1,000 in the seventy-five other large towns, among which the highest death-rates from the principal infectious diseases were 3.3 in Middlesbrough, 3.4 in Wigan, 3.6 in Rotherham and in Hull, 3.7 in Manchester, 4.0 in Great Yarmouth, 4.4 in Stockport, 4.5 in Newport (Mon.); and 7.1 in West Bromwich. Measles caused a death-rate of 1.5 in Merthyr Tydfil, 1.8 in Manchester, 2.3 in Hull, 2.7 in Wolverhampton, 3.0 in Newport (Mon.), and 5.5 in West Bromwich; scarlet fever of 1.6 in Burnley and 1.8 in Wallasey; diphtheria of 1.5 in Merthyr Tydfil, 1.6 in Middlesbrough, and 2.0 in Great Yarmouth; and whooping-cough of 1.3 in West Ham and in Aston Manor, 1.6 in Willesden and in Huddersfield, 1.7 in Wigan, 1.8 in Rotherham, and 2.2 in Croydon and in Stockport. The mortality from "fever" showed no marked excess in any of the large towns. Of the 5 fatal cases of small-pox registered last week in these towns, 1 belonged to Stockport, 1 to Liverpool, 1 to Oldham, 1 to Burnley, and 1 to Sunderland. The Metropolitan Asylums Hospitals contained 4 small-pox patients on Saturday, January 24th, against numbers declining from 21 to 5 on the five preceding Saturdays; no new case was admitted during the week, the numbers having been 1, 4, and 2 n the three preceding weeks. The number of scarlet fever cases in hese hospitals and in the London Fever Hospital, which had been 2,378, ,219, and 2,128 at the end of the three preceding weeks, had further declined to 2,074 at the end of last week; 227 new cases were admitted during the week, against 214, 223, and 195 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, January 24th, 955 births and 804 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.6, 22.6, and 23 4 per 1,000 in the three preceding weeks, further rose last week to 24.6 per 1,000, and was 4.5 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 10.8 in Perth and 21.4 in Edinburgh, to 25.8 in Paisley and 27.1 in Glasgow. The death-rate from the principal infectious diseases averaged 3.1 per 1,000 in these towns, the highest rates being recorded in Glasgow and Aberdeen. The 410 deaths registered in Glasgow included 2 from scarlet fever, 3 from diphtheria, 41 from whooping-cough, 8 from "fever," and 10 from diarrhoea. Four fatal cases of measles and 5 of whooping-cough were recorded in Edinburgh; 2 of whooping-cough and 5 of diarrhoea in Dundee; 6 of measles, 2 of whooping-cough, and 2 of diarrhoea in Aberdeen; and 2 of scarlet fever in Paisley.

VACCINATION IN COMMON LODGING-HOUSES.

DEPUTY PUBLIC VACCINATOR writes: At the request of the medical officer of health I vaccinated forty persons staying in a common lodging-house in my district, a large proportion of whom are permanent lodgers. What fee should be charged in each successful case? May a lodging-house be accounted the "home" of a person staying in it, within the meaning of the Act, and the full fee (in this district 5s.) charged?

*** We consider that the common lodging-house must be held to be the "home" of the people sleeping therein, and that therefore the home fee should be charged in each case. This view has been contested in at least one district in London during the recent epidemic, in connexion with charge for vaccinations at "shelters," but we understand that the Local Government Board refused to express an opinion, and left the matter to be decided between the public vaccinator and the guardians, "subject to the decision of the auditor." There can be little doubt, however, that the "home" fee would be upheld in a court of law.

GUARDIANS AND INFECTIOUS TRAMPS.

GUARDIAN inquires as to the following matters: (*a*) The proper method to employ to disinfect clothing? (*b*) Is this applicable to the tramp ward of a workhouse? (*c*) Is it any advantage to disinfect the clothing of all casuals? (*d*) Have we (the Board of Guardians) power to destroy the clothing of diseased tramps? (*e*) Have we power to compulsorily isolate infected tramps, and tramps who have been exposed to contagion who are not suffering from any infectious disease?

*** (*a*) The most effectual method of disinfection for clothes is steam. (*b*) This is applicable wherever provision can be made for the necessary apparatus; Lyon, Thresh, Equifex, Goddard Massey and Warner, and Reck are some of the chief names of steam disinfecting machines. (*c*) Probably the labour involved in disinfecting the clothing of all casuals is too great in proportion to any advantage gained. (*d*) Guardians have, we believe, power to destroy infective clothing which is beyond disinfection. In such cases, of course, compensation should be considered (see Public Health Act, 1875, Sect. CXXI). (*e*) The isolation authority is generally the sanitary authority, not the Poor-law guardians. The sanitary authority has power of compulsory removal to hospital of any person suffering from any dangerous infectious disorder and without proper lodging or accommodation. A certificate signed by a legally-qualified medical man and the consent of the superintending body of such hospital must be obtained, and then removal is enforced by the order of a justice. Compulsory isolation cannot be enforced in the case of a person not suffering from such disease, even though such person may have been exposed to infection. In practice it is generally possible to arrange for isolation without a justice's order if the whole situation is reasonably explained.

SMALL-POX HOSPITALS.

H. DE B. D. asks for information as to the minimum distance small-pox hospitals should be from inhabited dwellings, and some information as to aërial infection of small-pox.

*** We know of no precise minimum distance which is looked upon, officially or generally, as the standard in such matters. Small-pox hospital sites should be placed outside towns and at places as far distant from any populated neighbourhood as considerations of accessibility permit. The report of Mr. W. H. Power on the influence of the Fulham Small-pox Hospital on the neighbourhood surrounding it is one of the best references on the subject. The report will be found in a special supplement of the Local Government Board 1880-81. (Tenth annual report, Eyre and Spottiswoode, 5s. Reissued in 1894.) This supplement also contains information on hospitals for infectious diseases generally. Since 1882 many parallel investigations have been made into this subject; see periodical medical literature, reports of the Metropolitan Asylums Board, the report of the Royal Commission on small-pox and fever hospitals, 1882, and the Local Government Board reports, medical supplements, 1884, 1885, and 1886. Reference might also be made to Allbutt's *System of Medicine*, vol. ii.

MEDICAL NEWS.

THE annual dinner of the West London Medico-Chirurgical Society will be held at the Trocadero Restaurant, London, W., on Thursday, February 19th. Further particulars can be obtained from Dr. Arthur Saunders, Honorary Secretary, 49, Harley Street, London, W.

AMONGST the names of those called to the Bar on January 19th we notice that of Mr. R. Henslowe Wellington, M.R.C.S., L.R.C.P.Lond., Deputy Coroner for London and the City of Westminster, and Secretary to the Medico-Legal Society.

DR. PERCY ATHELSTAN NIGHTINGALE has received the King's permission to accept and wear the Insignia of the Fourth Class of the Royal Siamese Order of the White Elephant conferred upon him by H.M. the King of Siam in recognition of valuable services rendered to the Government of Siam when acting as Siamese Delegate to the International Conference at Brussels.

A HOSPITAL FOR "BLOODLESS SURGERY" IN NEW YORK.—The "Lorenz Orthopedic Charity Hospital of New York City" has asked the State Board of Charities for approval of its certificate of incorporation. Its object is to establish a free hospital or dispensary for the treatment of persons afflicted with deformities, especially congenital dislocation of the hip, according to the Lorenz method.

RUSSIAN SURGICAL CONGRESS.—The Congress of Russian Surgeons held its third meeting at Moscow from December 30th, 1902, to January 2nd, 1903, under the presidency of Professor W. Rasumowski, of Kasan. About 80 surgeons attended the Congress. The principal subject of discussion was the treatment of surgical tuberculosis. The next meeting of the Congress will be held at St. Petersburg in 1904.

RUSSIAN UNIVERSITIES.—The report of the University of Jurjew (Dorpat) for 1902 shows that during the course of that year the degree of Doctor of Medicine was conferred on 6, and the diploma of medical practitioner on 144, persons. The total number of students on the books of the University of Kieff in December, 1902, was 2,441. Of this number, 537 belonged to the Medical Faculty.

THE LATE MAJOR WALTER REED.—At a recent meeting of the New York Academy of Medicine, Dr. W. W. Keen, Philadelphia, said that he had been informed that the family of Major Walter Reed, whose name is associated with the establishment of the mosquito theory of yellow fever, had been left with only a very small pension for their support, and that President Gilman, of the Carnegie Institute, had suggested the propriety of the medical profession and the public generally raising for them a fund of 100,000 dollars. At the recent meeting of the American Association for the Advancement of Science in Washington the medical and allied branches appointed a committee to collect a fund for Mrs. Reed.

FOREIGN PRACTITIONERS IN SPAIN.—The Spanish law of September 9th, 1857, gave to the Government, acting on the advice of the Council of Public Instruction, power to recognize medical studies pursued abroad, and to grant to persons holding a regular diploma obtained in another country the temporary right of practising medicine in Spain. On the downfall of Queen Isabella a more liberal spirit prevailed, and on February 6th, 1869, Señor Zorilla issued a decree declaring that foreign degrees should be held as equivalent to Spanish, and granting foreign doctors the right to practise in Spain on production of their diplomas and payment of 500 pesetas (£20). This ministerial order has recently been rescinded. A royal decree, dated November 7th, 1902, revives the law of 1857, but suspends its application till a new ordinance has been promulgated. Foreign doctors now practising are to be compelled to comply with the new enactment within six years.

THE SANITARY INSTITUTE.—Hitherto the sessional meetings of the Sanitary Institute have been held only at the headquarters in London, but it has now been arranged to hold such a meeting at the Municipal School of Technology, Manchester, on Saturday, February 7th, at 11 a.m., when a discussion on the removal and isolation of infective patients in populous districts will be opened by Dr. Meredith Young, M.O.H. Stockport. The chair will be taken by Mr. Wynter Blyth, Chairman of the Council of the Institute. In the afternoon a visit may be paid to the Infectious Disease Hospital, Monsall, under the guidance of Dr. Niven, M.O.H. Manchester, or to the Ladywell Sanatorium for infectious diseases, under the guidance of Dr. Tattersall, M.O.H. Salford.

DR. CHARCOT'S POLAR EXPEDITION.—Dr. Jean Charcot, the son of the famous neurologist, is organizing an Arctic expedition. He is having a 400-ton yacht built for him in cast steel at Marseilles. Great attention is being paid to the laboratory fittings and apparatus. The scientific staff will include a zoologist, an expert in oceanography, a bacteriologist, a geologist, and a botanist. Provisions for eighteen months will be taken on board, though the expedition is to last but six months. The expedition will start from Saint Malo and will make for Jan Mayen Island; it will then pass through the region between Francis Joseph Land and Nova Zembla, whence a northern course will be taken. Dr. Charcot is bearing all the expense of fitting out the expedition, but grants have been promised both by the Académie des Sciences and the Natural History Museum of Paris.

A COURSE of training in applied hygiene for school teachers, arranged by Bedford College and the Sanitary Institute, is being given during Lent, Easter, and Michaelmas terms this year. It commenced on January 24th, when Dr. W. H. Willcox, D.P.H., began a course of twelve lectures on personal hygiene to be given at Bedford College. In Easter term a course of five lectures on the construction and furnishing of schools will be given at the Sanitary Institute, two by Dr. Henry Kenwood, D.P.H., and three by Mr. J. Osborne Smith, F.R.I.B.A. In Michaelmas term four lectures on hygiene in education will be given at Bedford College by Miss H. Robertson, B.A. The fee for the whole course is three guineas, further particulars can be obtained on application to the Principal of Bedford College or the Secretary of the Sanitary Institute, Margaret Street, W.

FOREIGN MEDICAL PRACTITIONERS IN PERU.—The following information as to the practice of medicine by foreigners in Peru may be of interest to some of our readers. The American Consul of Callao, Mr. Charles V. Herdliska, has written as follows to the State Department in reply to an inquiry by an American practitioner at Lima: "Before a physician can enter upon the practice of his profession in Peru, he must pass a State examination upon medicine, conducted in the Spanish language. Upon being found qualified, a certificate is issued which entitles him to practise his profession in any part of the Republic. The opportunities for American physicians would seem to be good. Both Lima and Callao contain quite a large American and English colony, and the Peruvians themselves appear to have great faith in the American, English, German, and French physicians and surgeons on account of the advanced state of medical science in those countries."

MEDICAL VACANCIES.

The following vacancies are announced:

BIRMINGHAM CORPORATION WATERWORKS, Elan Valley, Radnorshire.—Resident Surgeon for the hospital. Salary, £250 per annum. Applications to Mr. E. A. Lees, 44, Broad Street, Birmingham, by February 28th.

BOLTON INFIRMARY AND DISPENSARY.—(1) Senior House-Surgeon. Salary, £130 per annum. (2) Junior House-Surgeon. Salary, £100 per annum. Apartments, board and attendance provided in each case. Applications to W. W. Cannon, Esq., Honorary Secretary, 20, Mawdsley Street, Bolton, by February 10th.

BRADFORD POOR-LAW UNION.—Resident Assistant Medical Officer for the Hospital and Workhouse; unmarried. Salary, £125 per annum, with rations, apartments, and washing. Applications to the Clerk to the Guardians, 22, Manor Row, Bradford, by February 10th.

BRADFORD ROYAL INFIRMARY.—Dispensary Surgeon, unmarried. Salary, £100 per annum, with board and residence. Applications, endorsed "Dispensary Surgeon," to be sent to the Secretary.

BRISTOL ROYAL INFIRMARY.—(1) Resident Obstetric Officer. Salary, £75 per annum. (2) Resident Junior House-Surgeon and Anæsthetist. Salary at the rate of £50 per annum. (3) Resident Casualty Officer. Salary at the rate of £50 per annum. Board, lodging, and washing provided in each case. Appointment for (1) for one year, and for (2) and (3) for six months. Applications to the Secretary by February 10th.

BRITISH LYING-IN HOSPITAL, Endell Street, W.C.—Honorary Physician to the Out-patients. Applications to the Chairman of the Board of Management by February 7th.

BUXTON: DEVONSHIRE HOSPITAL.—Assistant House-Surgeon. Salary, £70 per annum, with furnished apartments, board, lodging, and laundry. Applications, endorsed "Assistant House-Surgeon," to be sent to the Secretary.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Second House-Physician. Appointment for six months. Salary at the rate of £30 per annum, with board, washing, and residence. Applications to the Secretary by February 10th.

DOUGLAS: NOBLE'S ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY.—Resident House-Surgeon, unmarried. Salary, £82 per annum, with board and washing. Applications to the Honorary Secretary, Mr. F. B. Fleming, 25, Athol Street, Douglas, Isle of Man, by February 7th.

GLASGOW: DUKE STREET PRISON.—Assistant Medical Officer. Salary, £50 per annum. Applications to the Prison Commissioners, 11, Rutland Square, Edinburgh.

LEEDS: GENERAL INFIRMARY.—Resident Medical Officer. Salary, £100 per annum, with board, residence, and washing. Applications to the Secretary of the Faculty by February 11th.

LIVERPOOL: ROYAL SOUTHERN HOSPITAL.—Junior House-Surgeon. Salary, £63, with board, residence, etc. Applications to the Chairman of the Medical Board by February 6th.

MANCHESTER: ANCOATS HOSPITAL.—Resident House-Surgeon. Salary, £100 per annum, with board, residence, etc. Present House-Physician is a candidate, and if elected there will be vacancy for a House-Physician. Salary, £80 per annum, with board, etc. Applications to the Secretary by February 4th.

NORTH RIDING LUNATIC ASYLUM, Clifton, York.—Senior Assistant Medical Officer; unmarried, and not exceeding 35 years of age. Salary, £200 per annum, rising to £400. Applications to the Medical Superintendent by February 10th.

REDHILL: EARLSWOOD ASYLUM.—Two Assistant Medical Officers; unmarried and under 30 years of age. Salary for Senior, £160, rising to £200 per annum, for Junior £130, rising to £150 per annum. Apartments, board, washing, and £5 per annum in lieu of stimulants provided. Applications, endorsed "Assistant Medical Officer," to be sent to the Secretary, 36, King William Street, London Bridge, E.C., by February 9th.

SHEFFIELD: CHILDREN'S HOSPITAL.—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary, Mr. Frederick Gill, 14, Norfolk Row, Sheffield, by February 7th.

ROYAL LONDON OPHTHALMIC HOSPITAL, City Road, E.C.—(1) Junior House-Surgeon. Salary, £75 per annum. (2) Third House-Surgeon. Salary, £50 per annum. Board and residence provided in each case. Applications to the Secretary by February 4th.

WESTON-SUPER-MARE HOSPITAL.—House-Surgeon, unmarried. Salary, £100 per annum, with board and residence. Applications to the Honorary Secretary by February 2nd.

WHITECHAPEL UNION INFIRMARY.—First Assistant Resident Medical Officer. Salary, £130 per annum, rising to £150, with rations, furnished apartments, washing, etc. Applications, on forms provided, to be sent to the Clerk to the Guardians, Union Offices, Vallance Road, Whitechapel, E., by February 2nd.

MEDICAL APPOINTMENTS.

CLEGG, J. Gray, M.D., B.S., F.R.C.S., appointed Honorary Surgeon of the Manchester Royal Eye Hospital.

ECCLES, W. McAdam, M.S Lond., F.R.C.S.Eng., appointed Assistant Surgeon to St. Bartholomew's Hospital, London.

FLEMING, William Alexander, M.B., M.S., appointed Public Vaccinator for Catlin's District, New Zealand.

HARRISON, George Alfred, M.R.C.S., appointed Public Vaccinator for the Eltham District, New Zealand.

HARRISON, W. A., M.B., C.M.Edin., appointed District Medical Officer at York, West Australia.

HAY, John, M.D.Vict., M.R.C.S., L.R.C.P., appointed Honorary Pathologist to the David Lewis Northern Hospital, Liverpool.

HIGHET, H. C., M.D., C.M., D.P.H.Lond, appointed Medical Adviser to His Siamese Majesty's Customs Department, Bangkok, Siam.

HILL, Charles A., M.B.Cantab., D.P.H.Vict., appointed Honorary Bacteriologist to the David Lewis Northern Hospital, Liverpool.

JONES T. C. Litler, F.R.C.S.Eng., appointed Honorary Assistant Surgeon to the Liverpool Royal Infirmary, *vice* G. G. Hamilton, M.B., C.M.Edin., promoted.

LONGFORD, J. M., L.R.C.P., L.R.C.S.Irel., appointed Resident Medical Officer to the Stoke-upon-Trent Union Workhouse.

MOLE, Alfred E., M.B., C.M.Edin., appointed Medical Officer of Health to the Gower District Council, *vice* Horatio Rawlings, L.R.C.P.I., M.R.C.S.Eng., resigned.

MOORE, Ayres, L.R.C.P., L.R.C.S.Irel., appointed District Medical Officer of the Lutterworth Union.

NOALL, William Paynter, M.B., B.S.Lond., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Bradford Royal Infirmary.

RAINIE, Norman, M.R.C.S., L.R.C.P., Captain I.M.S., appointed Clinical Assistant to the Chelsea Hospital for Women.

SEATON, Douglas, M.B., Ch.B.Vict., appointed Honorary Surgeon to the Leeds Public Dispensary.

TEALE, Michael A., M.A.Oxon., M.R.C.S., L.R.C.P.Lond., appointed Honorary Ophthalmic Surgeon to the Leeds Public Dispensary.

WEIR, J. S. F., M.B., B.S., R.U.I., appointed Assistant Medical Officer to the Hendon Asylum of the Central London Sick Asylum District.

DIARY FOR NEXT WEEK.

MONDAY.

Otological Society of the United Kingdom, 11, Chandos Street, Cavendish Square, W., 4.30 p.m.—Discussion on Tuberculosis of the Ear, the Nose, and the Naso-pharynx, in which Dr. Wyatt Wingrave, Dr. Jobson Horne, and Dr. William Milligan will take part.

TUESDAY.

Pathological Society of London, Jenner Institute, Chelsea Gardens, 8 p.m.—Laboratory Meeting. Exhibits by Drs. Hedin, Barratt, Plimmer, and Leathes.

University of London Physiological Laboratories. South Kensington, 5 p.m.—Professor W. D. Halliburton: On the Chemistry of Muscle and Nerve.

WEDNESDAY.

Obstetrical Society of London, 20, Hanover Square, W., 8 p.m.—Annual Meeting. Specimens will be shown by Drs. Tate, Sikes, Eden, Groves, Inglis Parsons, Herbert R. Spencer, Blacker, Russell Andrews, and Mr. Handley. The President (Dr. Peter Horrocks) will deliver the annual address.

THURSDAY.

North-East London Clinical Society, Tottenham Hospital, N., 4 p.m.—Clinical Cases.

University of London Physiological Laboratories, South Kensington. 5 p.m.—Dr. T. G. Brodie: On the Circulation.

Harveian Society of London, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 p.m.—Mr. Noble Smith: Congenital Displacements of the Hips, including a description of Lorenz's Method of Bloodless Reduction. Mr. Sidney Spokes: Immediate Regulation of Teeth.

Roentgen Society, 20, Hanover Square, W., 8.30 p.m.—Mr. J. H. Gardiner will open a discussion on Some Points suggested by the Presidential Address of November, 1902.

FRIDAY.

University of London Physiological Laboratories, South Kensington, 5 p.m.—Dr. A. D. Waller: On Experimental Pharmacology: The Action of Anaesthetics and Narcotics.

West Kent Medico-Chirurgical Society, Royal Kent Dispensary, Greenwich Road, S.E., 8.45 p.m.—Mr. Charles J. Heath on Operative and other Treatment of Chronic Suppuration in the Middle Ear.

West London Medico-Chirurgical Society, West London Hospital, Hammersmith Road, W., 8.30 p.m.—Discussion on The Sequelae of Typhoid Fever and their Treatment. To be opened by Dr. Seymour Taylor, and continued by Dr. William Hunter, Dr. Andrew Elliot, and others.

Laryngological Society of London, 20, Hanover Square, W., 5 p.m.—Cases, specimens, and instruments will be shown by Mr. Charters Symonds, Dr. Pegler, Mr. Lake, Mr. de Santi, Dr. Brown Kelly, Mr. Stewart, Dr. Donelan, and others.

POST-GRADUATE COURSES AND LECTURES.

Charing-cross Hospital, Thursday, 4 p.m.—Demonstration of Medical Cases.

Hospital for Consumption and Diseases of the Chest, Brompton, S.W., Wednesday, 4 p.m.—Lecture on Haemoptysis.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Lecture on Abscesses in connexion with Spinal Caries and their Treatment.

Medical Graduates' College and Polyclinic, 22, Chenies Street, W.C. Demonstrations will be given at 4 p.m. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, ear. Lectures will also be given at 5.15 p.m. as follows: Monday, Hydrotherapeutics and Balneotherapeutics; Tuesday, Aural Vertigo. Wednesday, Erythematous Eruptions, their relationship to general disease. Thursday, Some Forms of Nervous Disease occurring in Families. Friday, House Ventilation and Drainage.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C.—Lectures will be given at 3.30 p.m. as follows: Tuesday, Bulbar Paralysis; Friday, Ocular Paralysis.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday and Tuesday, Complications of Middle-Ear Suppuration, with lantern slides. Wednesday, Surgical Anatomy; Thursday, Treatment of some Injuries and Emergencies; Friday, States of Mental Exaltation—Mania, Paranoia.

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.

DONALD.—At St. Andrews, Aldershot, on the 26th inst., the wife of David Donald, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., a daughter.

PRICE.—On January 24th, at Uppermill, Saddleworth, Yorks, the wife of David Price, M.R.C.S., L.R.C.P., of a son.

SMITH.—On January 23rd, at 82 Dyne Road, Brondesbury, N.W., the wife of J. Anderson Smith, M.D.Lond., of a son.

DEATH.

ROBERTSON.—At Kintampo, West Africa, on 5th January, Alistair Robertson, Colonial Surgeon, elder son of John Robertson, Lowes, Dunkeld. (By cable.) Only intimation.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, 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 *Aitiology, 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.

CREDO asks to be recommended a good method of medical book-keeping in a non-dispensing practice.

AJAX asks what would be a proper weekly charge for the hire of an incubator.

PROCUL asks for advice as to treatment of a girl, aged 11 years, who was operated on for cleft palate at 7 years of age. The operation was successful, but the nasal voice is painfully evident. There are good teachers of singing in the colony where she lives, but no other skilled assistance available.

M. R. L. desires to hear of a permanent home where a woman, aged 31, suffering from lupus of the mouth, not extensive in character, could be received. She could do light domestic or other work, and a sum of 10s. a week could be paid for her maintenance.

ACCIDENT POLICIES.

A.—All accident policies are terminable at the option of the company at the end of each renewal year, and we believe that many contain a condition that the assurance may be terminated at any time by notice on the return of the premium for the unexpired term. The companies' reasons for using their power of terminating contracts of this kind are various, but it may be assumed that every company has an age limit, on the attainment of which by the assured the assurance against accidental death would cease. In practice, however, this age limit is seldom reached while the policy is kept in force.

MARRIAGE OF FIRST COUSINS.

OBSTETRICUS writes: My advice has been asked under the following circumstances:—About thirty years ago two brothers married two sisters from another family. The result of one of these marriages was three, and of the other two healthy children. The family history is of the best; the four grandparents of these children lived each to upwards of 80 years of age. A son of one family, aged 27, is anxious to marry a daughter of the other family, aged 22 years. Both are strong and healthy. Can any of your readers give me any information as to the result of such a marriage—first cousins, doubly related as such—as regards the offspring?

DIAGNOSIS AND TREATMENT WANTED.

BOOMERANG asks for hints as to the diagnosis and treatment of the case of a man, aged 42, who for some three or four years past has been suffering from a dull aching pain in the back, confined chiefly to the lumbar vertebrae. The pain, which has never been of a sharp or acute character, is often severe enough to wake him up about 3 a.m. or later, and, though sometimes it then abates enough to allow him to go to sleep again, it generally continues, and forces him, if he wishes to sleep, to do so in a sitting position. No matter how severe the pain has been on awaking, yet if he gets up and goes about it disappears in about half an hour, and does not return till the next night or two. During the last month the pain has been much worse and more constant, occurring every night, and, instead of being confined to the lumbar region, it is now present in the lower dorsal. It, however, extends now along the ribs to the nipple line on each side, described as if a huge pair of pincers were compressing the chest. With the exception of this pain he is in good health, has never suffered from any severe illness; appetite good, habits regular, rarely taking alcohol, never tasting tea, and a non-smoker. He does not, however, take much exercise. On the supposition that the pain might be due to uric acid, he has been given salicylic acid, lithia, and various other antiacids, but with no marked benefit. Occasionally his urine contained lithates, but there has been no albumen or sugar. The heart and lungs are normal. He had suffered a great deal from catarrhal pharyngitis, and readily catches cold. Of late years he has occasionally had muscular twitchings in the calves of the legs and also in the thumbs.

THE MICROSCOPICAL DIAGNOSIS OF MALARIA.

W.B.O. Port Said) writes to ask for information in regard to a new method of malarial diagnosis devised by Major Ronald Ross. He says microscopical diagnosis at the present is somewhat tedious, and any means which would render it more simple would be a great help.

*** The principle of Major Ross's improved method is to employ a thick film of blood for examination. It is made transparent by removing the haemoglobin from the red blood corpuscles, and allows of a