field of the high power of the microscope, would suggest that they had increased in number.

Remarks by Dr. Mantle.

There is no doubt that a cavernous angeioma of the liver of the size of the one described is very rare indeed. In Frerich's well-known work on the liver,[1] he describes the condition as being generally found on the surface of the liver, the size of a hazel nut or walnut, and penetrating the organ as a wedge-shaped or globular tumour. He concludes his description of it by saying: "The pathological and clinical importance of the cavernous tumour is very slight. I know of no case in which it has given rise either to local or general derangements."

In Allbutt's *System*[2] Dr. Hale White, the writer of the article on tumours of the liver, dismisses angeioma in these words: "Cavernous angeioma of the liver is common, but produces no symptoms during life."

Osler[3] says: "Occasionally in children angeiomata have developed and produced large tumours."

Sims Woodhead[4] writes of it thus: "This tumour is not very frequently met with in the human subject, but in the liver of the cat is of common occurrence."

Ziegler thinks the cavernous tumours begin to develop after middle age, when the cells begin to atrophy. This patient was only 33, and there were no signs of tissue degeneration anywhere else.

The photograph is taken from an excellent water-colour painting executed by Miss Wright, of Leeds. It only shows the tumour in a collapsed condition owing to the escape of blood, the amount of which was estimated at about 8 pints.

I have to express my thanks to Mr. Turner, the house-surgeon, for very carefully-taken notes of the case, and to Dr. Powell White for his valuable pathological report as to the nature of the tumour.

References.

[1] *A Clinical Treatise on Diseases of the Liver*, vol. ii. [2] Allbutt's *System of Medicine*, vol. iv. [3] *Practice of Medicine*. [4] *Practical Pathology*.

A CASE OF PROLAPSE OF THE BOWEL WITH LOSS OF CONTROL,

TREATED BY INJECTION OF PARAFFIN UNDER THE MUCOUS MEMBRANE.

By STEPHEN PAGET, F.R.C.S.,

Surgeon to the West London Hospital and the Throat and Ear Department of the Middlesex Hospital.

Gersuny and other surgeons have obtained good results, in prolapse of the bowel, by the injection of paraffin under the prolapsed mucous membrane. The paraffin, once set, remains as a hard smooth nodule in the submucous tissue, holding up the prolapse, and acting as a valve to prevent any leakage from the bowel. It is essential for the success of the treatment that the paraffin should not stray outside the bowel, but should be deposited just under the mucous membrane, and that the prolapse should be reduced so soon as the paraffin has set. The following case, which was entrusted to me by Mr. Swinford Edwards, may serve to call attention to this very useful method.

The patient, 65 years old, was a tall, thin, rather feeble man, who eight years ago, in April, 1897, had undergone excision of the rectum for cancer. A few weeks after the operation, he began to be troubled with prolapse of the bowel and partial loss of control over its contents. He has worn a plug ever since to keep the prolapse up. The use of this support has prevented him from sitting comfortably, and has made him stoop in walking; and he says that he has never been comfortable by day, only at night, when he can do without his support. From time to time, even while he was wearing this plug, the prolapse would come down, and he would be soiled by the discharge of mucus. He had control over solid motions; only, after taking hot food or tea he would be compelled to go very quickly to the closet, or he would be soiled; and, if the bowels were at all relaxed, it was impossible for him to keep himself clean.

On January 8th, 1903, he was admitted to the West London Hospital; and Mr. Edwards very kindly let me have charge of him. The opening into the bowel lay at the bottom of a deep cup-shaped fossa; the walls of this fossa were soft and healthy, not rigid or cicatricial; the ring round the end of the bowel was lax, and easily admitted three fingers; and there was no feel of a sphincter. The prolapse was slight; only, if he walked about, or bore down gently, about two inches of healthy mucous membrane were everted. When he was in bed there was no prolapse.

On January 15th Dr. Shuter gave an anaesthetic; and, with the help of Mr. Speirs, my house-surgeon, I injected paraffin at several points into and around the prolapsed bowel. I have to confess that some of the paraffin went wide of the mark, and did no harm but no good; and that the whole procedure, for want of experience, was not all that it ought to be. But I succeeded in raising the mucous membrane at two points, one lateral, the other posterior, so that two hard round hummocks or nodules, about 1 in. in diameter, and half or three-quarters of an inch in height, could be felt, like tumours growing in the submucous layer of the bowel: and these two swellings, one lying a little above the other, so narrowed the bowel that it would admit only one finger. The lower swelling lay just within the anal ring, and had the appearance of blocking it right across, but was easily pushed aside by the finger. Thus, by the two swellings together, the lower end of the bowel was held up, and made valvular. A morphine suppository was given, and the patient was put back to bed. He had no pain or tenesmus, only very trivial discomfort for a few hours. The bowels were kept quiet for five days with opium, and then acted of their own accord. He was allowed to walk about the ward on the tenth day.

The result of the treatment is very good. There is no prolapse, and no escape of the contents of the bowels. He has no difficulty in keeping himself clean; he walks erect, instead of stooping; and he is thankful to be rid of his rectal plug, after wearing it for seven and a-half years. Of course, sooner or later, another injection may be needed; but there is at present no reason to expect anything of the kind. Anyhow, it could easily be made under cocaine. So far as things have gone at present, he appears to have been cured, by a very simple method, of all the miserable discomfort that these cases suffer for years.

The points to be noted are that the paraffin must be injected immediately under the mucous membrane of the prolapse, not outside the bowel, but into the fold of everted mucous membrane; that numerous punctures must not be made, but only one or two, lest a vein should be wounded; that the prolapse, with the nodules of paraffin in its submucous layer, must be put back at once, and kept back; that the bowels must be kept inactive for several days after the operation; and that the patient must be kept in bed for ten or more days till the tissues are thoroughly contracted.

MEMORANDA:

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

A CASE OF PROLAPSUS UTERI TREATED SUCCESSFULLY BY INJECTION OF QUININE.

One of the subjects selected for discussion at the meeting of the British Medical Association last year was that of the operative treatment of prolapsus uteri. The different views expressed then by many operators make it apparent that there is no one direct route to success in the treatment of this troublesome condition. Inglis Parsons has for the last few years been practising with success his ingenious operation of injection of the broad ligaments with a solution of quinine sulphate. Having seen some of his results at the Chelsea Hospital for Women I determined to try this method in the case of a lady who recently consulted me for persistent prolapse.

The patient, aged 38, who looked strong and healthy, had had three children, the youngest of whom was 3 years old. She complained of the ordinary symptoms of prolapse, which prevented her from performing her usual household and social duties, and her life had become a burden.

History.—She had had no previous gynaecological trouble; her labours had been easy. About three or four months after her last confinement she began to notice a bearing-down down sensation, which came on more severely after any exertion; there was no actual pain, and the discomfort was so slight that she did not consult a doctor till about a year ago, when the os began to protrude from the vulvar orifice. A variety of pessaries were then tried, but without much benefit, as they caused her discomfort and she was unable to retain them.

Treatment.—I first saw her about the middle of May, and found that the vaginal walls were very lax, that the uterus was enlarged (a sound passing 3½ in.), and retroverted, and the cervix soft and hypertrophied. On straining there was marked procidentia. I also found that the left ovary was enlarged, tender, and prolapsed into the pouch of Douglas, and that this was a source of discomfort when a pessary was introduced. I advised injection of the broad ligaments with quinine. This I did on June 16th, injecting 50 minims of quinine sulphate solution (1 in 5) into each broad ligament, and, replacing the uterus, inserted a Napier's pessary. There were no bad symptoms beyond a slight buzzing in the head on the second

day, the temperature the same day rising to 99.5°, but the following day it was normal, and the patient was very comfortable. On the fourth day the pessary was removed, and a distinct effusion could be felt in each broad ligament. I had intended to give her a second injection three weeks after, but family reasons intervened, and prevented her from lying up any longer. I therefore, at the end of the third week, inserted a Hodge pessary, and allowed her to get up and resume her ordinary mode of life. The uterus was then somewhat smaller, and on severe straining was absolutely supported. At the end of three months I again saw the patient, who reported that she had had no pain or discomfort whatever, and that she had resumed all the duties and pleasures of life which previously she had been forced to give up. On examination the uterus was found to be lying in a good position, and considerably reduced in size, and on straining there was no tendency to prolapse of either the vaginal walls or uterus.

This is such a satisfactory result of a somewhat recent mode of procedure that I have thought well to record it. I have requested the patient to report herself to me at regular intervals, so that any tendency towards a recurrence may be met by a second injection.

G. Crewdson Thomas, M.D., M.R.C.P.Edin.

Sydenham, S.E.

MILD UNSUSPECTED NASAL DIPHTHERIA AS A LINK IN THE CHAIN OF INFECTION.

Case I.—On November 11th, 1902, I was asked by Dr. —— to see M. H. W., aged 4, S. J. W., aged 2, and H. S. W., aged 4 —brother and sisters—with a view to confirming the diagnosis of diphtheria before removal to hospital. This I had no hesitation in doing, but at the same time I observed a brother, A. C. W., aged 16, with soreness and running at the nose. His throat was normal. I was informed, however, that two weeks before he had had a slight sore throat, for which he had stayed away from school for half a day. A swab was taken of the nasal discharge, and found to contain diphtheria bacilli. It was obvious that this boy, who probably had not had any clinical pharyngeal diphtheria and had not been ill in himself, had infected his brothers and sisters with the disease. No other cases were notified at the school he was attending.

Case II.—On September 17th, W. W., aged 4, was taken with diphtheria, moved to hospital on September 19th, and died on September 30th. On November 1st, M. W., aged 13, sister of W. W., commenced with the same disease, and on November 2nd and 3rd respectively E. W., aged 6, and M. W., aged 1¼, brothers of W. W. On visiting the house, I discovered a lad, A. W., aged 15, with a soreness and scab in the left nostril; throat normal. He was said to have had a slight sore throat for a week at the beginning of October; he had only stayed away from work for half a day. A swab was taken both from the throat and the left nostril, and the latter was found to contain diphtheria bacilli. There appeared little doubt that A. W. had been infected by W. W., and had, after four weeks, transmitted the infection to his remaining brothers and sisters.

Case III.—On November 22nd, R. B., aged 15, commenced with diphtheria, and on November 23rd her brother, W. B., aged 17. These persons were not attending school, but their brothers attended a school where several cases of diphtheria had recently occurred. I accordingly suspected an undetected case in the house, and on visiting discovered that V. B., aged 6, attending the school referred to, had had, on November 15th, cold, slight sore throat, earache, and was feverish, and had been kept at home since. I found that he had a slight mucous discharge from both nostrils, which under ordinary circumstances I should not have regarded as more than a common catarrh. I took, however, a swab, and diphtheria bacilli were found to be present.

These cases illustrate the importance of medical practitioners being on the look-out for mild cases of nasal diphtheria.

Sidney Davies,
Medical Officer of Health.

Public Health Department, Woolwich.

TEST FOR BILE PIGMENT.

The methylene blue test for bile pigment, noticed in the British Medical Journal for October 25th, 1902, seems fairly reliable and very speedy. The methyl colours also give reactions. Methyl blue and methyl violet give each a red. Paul's test, a solution of methyl aniline violet, gives a red. Loeffler's blue solution, containing methylene blue, gives a green. It is likely that the homologues of these colours also give reactions. The green with Loeffler's blue can be made to vanish on heating, and reappear on cooling. Thus carbol fuchsin, one part, Loeffler's blue solution and dilute hydrobromic acid, each two parts, heated to boiling, and cooled, give a blue. A few drops of this to 2 in. of urine in a test tube give green in jaundice cases, and blue in others. Heating the top of the liquid so got causes vanishing of green and blue, while a fuchsin colour comes in. On cooling, the green or the blue comes back.

A mixture of carbol fuchsin, Loeffler's blue solution, and absolute alcohol is reduced, etc., by heating with a mixture of nitric acid, hydrochloric acid, and sodium nitrite in the presence of a bit of iron—for example, a tack. The almost colourless resulting fluid becomes red with jaundice urine, and crimson lake with others.

Another test, a "ring" test, is as follows: Take 2 in. of urine in a test tube, and shake with 20 drops of dilute hydrobromic acid, and then run on top about ½ in. of spirit of nitrous ether. A green ring is seen at the junction of the fluids. Shaking the fluids together gives a green throughout. Another still is got by adding a drop or two of old sodium nitro-prusside solution to Ehrlich's bile pigment test, when a dirty coffee-brown is got.

John W. Duncan, M.A., M.B., Ch.B.

Hockley, Birmingham.

SOME ASSOCIATIONS OF RHEUMATOID ARTHRITIS.

The following cases, recently in the Bath Mineral Water Hospital, may be of interest, especially as my predecessor, Dr. Llewellyn Jones, has already called attention in the British Medical Journal to the intimate relationship between vasomotor changes and joint mischief in rheumatoid arthritis. The patients were under the care of Dr. Carter who has kindly permitted me to publish their cases. The first one shows how that when a functional disturbance like asthma supervenes the joint trouble subsides to a certain extent, only to reappear when the asthma disappears.

A dressmaker, aged 35, was admitted suffering from obvious rheumatoid arthritis of the hands of some six years' duration. Her family history disclosed rheumatic fever on her mother's side, and a brother dead of phthisis. Her relatives were said to be "nervous," but there was no gross insanity and no gout. The personal history gave pleurisy twelve years ago and attacks of asthma from childhood. The attacks were worse in the daytime, and were apt to appear after excitement, which in other cases dispelled the trouble. The last attack but one ushered in pains in the hands, and was followed by joint manifestations which became chronic. I was called to see her suffering from asthma one morning, and gave great relief by administering amyl nitrite inhalations, though the respirations only became natural after two days. Next morning the patient gave me the gratuitous information that her joints were more swollen and painful, in fact a former attack of asthma had treated her similarly by relieving joint swelling and pain, which returned after it had subsided. The small swollen joints of the knuckles certainly appeared less swollen.

The second case is interesting as showing some eye symptoms simulating an obscure attack of Graves's disease associated with rheumatoid arthritis. A woman of 44, with a history of "rheumatic gout" on her mother's side and a sister who died of insanity at Banstead Asylum, was admitted suffering from rheumatoid arthritis. The attack came on after a severe illness from "rheumatic fever" in the summer of 1882. After the fever left her she noticed that her hands were stiff and in the winter they became painful. The arthritis has slowly progressed ever since, being especially worse in winter. The hands were typically crippled and the right knee was sometimes stiff and painful. On looking at the woman's face one noticed her forehead to be deeply wrinkled horizontally and both eyes were prominent, especially the right one. The upper eyelids lagged behind the eyeballs on making the patient roll her eyes downwards. The sclerotics could be distinctly seen between the upper part of the cornea and the eyelids during this movement. Apparently all ocular movements were limited, especially those of the right eye. The hands were tremulous as if the patient were convalescing from a continued fever. The thyroid was not more prominent than usual. Pulse-rate 80 and regular, but there was a persistent systolic murmur over a normally placed apex, probably due to some slight lesion following the rheumatic fever.

Dr. Llewellyn Jones has often called my attention to the tendency that "rheumatoid" patients have to possess coincidently peculiar and often fleeting ocular palsies. It seems reason-

able to consider a toxaemic exacerbation which might affect certain nerve centres in such a manner as to produce these symptoms.

J. W. Malim, B.A., M.B., B.C.Cantab.,
Resident Medical Officer,
Royal Mineral Water Hospital, Bath.

CEREBELLAR HAEMORRHAGE IN A GIRL AGED 9½ YEARS.

On November 18th I was called at 9.30 a.m. to a little girl, A. E., aged 9½ years. She was dead. On the previous day and on the morning in question her health had been apparently perfect, and at 8.30 a.m. she prepared to go to school. After running upstairs to get a book she came down saying, "Oh, my head aches," and was sent to lie on the bed. She was seen in a quarter of an hour to be asleep. This sleep deepened into coma, and death occurred in half an hour. I could get absolutely no clue as to the cause of death. The one noteworthy feature about the body was the intensest pallor of face, lips, and tongue.

On necropsy I found a large haemorrhage, which had practically excavated the entire left lobe of the cerebellum. The cerebrum and the right lobe of the cerebellum were normal. The source of the bleeding I could not define, but I ascertained after a very prolonged examination that the lesion was certainly quite recent; there was no sign of abscess or any chronicity in the neighbourhood, and no meningitis, tuberculous or otherwise. The base of the brain, base of the skull, sinuses, and the vessels of the neck all gave negative signs. The tympanic cavities I thoroughly explored, and they were above suspicion. As to whether there was a preceding embolism I cannot say, but I could find no other sign thereof elsewhere, nor could I find any source for an embolic plug. The cardiac valves were normal. All other organs were normal, with the exception of the lungs, which were involved in a kind of acute oedema, the result, I imagine, of the lesion. The kidneys were normal. The urine I was unable to examine as the bladder was practically empty.

Penge, S.E. H. H. Phillips, M.R.C.S., L.R.C.P.

FRAMBOESIA IN FOWLS.

I have not observed in the accounts of framboesia that I have read any record of the occurrence of that disease in fowls, but as this is by no means uncommon the oversight is most probably mine. However, as the disease in man and fowls appears identical, I have thought it possible that they might be not merely one disease but might be mutually infective.

The histological features of the disease in fowls are identical with those seen in the human variety. The disease attacks chickens mostly, and its chief seat is the head, rarely the feet or legs. It is interesting to observe that the disease thrives best in the young of both species of animal. In the fowl the disease is of a more virulent type, and unless treated usually causes death.

As regards the transmissibility of the disease, I have not been successful in careful endeavours to transfer the disease from man to fowl nor from fowl to man. In the case of human yaws, not having any chickens I tried inoculating full-grown fowls but always failed. The fowl variety I have also failed to convey to man. In this case I emulsified the framboesia scale and at the same time tried the purulent discharge and also the blood from the raw surface left after removing the horny outgrowth, but with none of these was there the slightest trace of inoculation, the marks drying up and leaving a healthy surface. I am, however, of the belief that the diseases are identical, and intend to renew the experiment on the chicken. Any connexion of yaws and syphilis otherwise than a mimicry of the former by the latter is, in my opinion, accidental. Framboesia is not syphilis.

Port Maria, Jamaica. Jas. A. L. Calder.

SUPRAPUBIC CYSTOTOMY.

H. U., aged 5, came to the dispensary on account of urinary symptoms, but it was very difficult to obtain a history as the parents were villagers. He complained of pain at the end of the penis, which he was constantly pulling. He had never passed any blood. On passing a No. 4 sound a rough stone was detected. After preparatory treatment suprabubic cystotomy was performed on May 26th, 1901. The bladder was washed out with warm boracic solution and distended with 3 oz. of the same, and a ligature was fastened round the root of the penis. The usual incision was made, the bladder fixed with two silk sutures and incised. On opening the bladder and introducing the finger no stone could be felt, but as I was certain of having struck a stone, the sound was reintroduced and a stone was felt in the prostatic urethra. Reinserting my finger and feeling carefully I could detect the sharp point of a stone jutting into the bladder, the opening was carefully enlarged with the finger tips and the stone easily removed with a pair of dressing forceps. The bladder wound was only partly closed and a small drain tube inserted in the lower angle of the wound. The stone was almond-shaped and weighed 55 gr. This case resembles that reported by Dr. Horner in the British Medical Journal of May 18th, 1901.

Joseph Scott, M.B.,
Assistant Medical Superintendent, Indo-European Telegraph Department.
Shiraz, Persia.

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

LANARK MIDDLE WARD COUNTY HOSPITAL.

CASE OF NEPHRO-TYPHOID FEVER.

(By Alex. Ledingham, M.A., M.B., Ch.B., D.P.H.Aberd.; late Physician to the Hospital, Assistant M.O.H., County of Lanark.)

[With a Bacteriological Report by David McCrorie, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Bacteriologist to the Glasgow Royal Infirmary.]

Among English writers the term "nephro-typhoid" has been considered superfluous, it being generally impossible to draw a hard-and-fast line between enteric complicated by acute nephritis and the so-called nephro-typhoid. This term, according to the Continental idea, is applied to those cases characterized by the early appearance and predominance of the renal symptoms. Curschmann would recommend that nephro-typhoid be employed as a convenient term only for those cases in which nephritis is an early and prominent symptom, and he would include in his category, also, those cases in which the abdominal symptoms are little marked or even absent. He has found that in cases of the latter variety abdominal symptoms may appear later on, or signs are recognized *post mortem*. As yet, the cases recorded in this country are few, and exact microscopical and bacteriological reports are not always available.

The case now described seems to belong to the nephro-typhoid class.

Case.—W. Y, male, aged 20, by occupation a miner, was admitted to the hospital during a severe outbreak of enteric fever due to an infected milk supply. On admission the following notes were obtained regarding his illness. Seven days previously he had been suddenly seized with headache, shivering, and vomiting, which necessitated his immediate recourse to bed. There had been no diarrhoea. Blood was observed to be present in his urine on the date of onset of illness, and continued so up to the date of admission. Physical examination revealed the following: Tongue was brown, tending to be dry. Two typical rose spots were observed on the abdomen. No meteorism; spleen found to be enlarged by percussion, but not palpable. There was nothing in his general appearance suggestive of typhoid fever. Heart and lungs were normal. Temperature on the evening of admission was 102.6°. A serum diagnosis test gave a positive reaction. The interesting feature of the case lies in the condition of the urine. Blood and albumen were both present in considerable quantity on the day of admission, and continued so in varying quantity even up to the ninety-ninth day of illness, when he was discharged, and in this connexion I may mention there was no suspicion of kidney disease prior to his illness.

Progress.—On the fourteenth day of illness the temperature became normal and continued so with very slight oscillations till the seventh week of illness, when it commenced to show a decided evening rise, pulmonary symptoms making their appearance at this time. At no period of his illness were there any abdominal symptoms. There was no diarrhoea, and enemata required to be administered every fourth day. Soon after admission his tongue regained its normal condition, and his appetite returned. He commenced having Benger's food on the twenty-fifth day of illness, and by the thirty-seventh he was having a light fish diet. The quantity of urine passed daily was very large. Taking, for example, the quantities passed on the last day of every week, they were: 50, 83, 80, 71, 71, 68, 74, 53, 56, 46, 67, 73, and 70 oz. Repeated microscopical examinations showed blood corpuscles, pus cells, epithelial casts, and numerous actively motile bacilli. Prolonged administration of urotropin seemed in no way to affect the number of micro-organisms present in the urine. Specimens of urine as passed into a sterile vessel on March

made upon him. With such notice Dr. Badcock let judgement go by default. In a higher court this would amount to estoppel by record, and his mouth would be closed on the matter.

I think few recognize that the coroner has very considerable powers, and that if any one is aggrieved by his exercise of them he has his remedy at law, but will not improve his position by writing to the local newspapers.

DRUG ADDICTION AND THE LAW.

A CORRESPONDENT recently addressed to us a letter raising the question whether the new Licensing Act, 1902, would apply to drug cases He pointed out that under the Act of 1879 a habitual drunkard is defined as being "a person who is by reason of habitual intemperate drinking of intoxicating liquor at times dangerous to himself or herself or to others, or incapable of managing himself or herself and his or her affairs." Our correspondent adds that superintendents of some inebriate homes state that the Secretary of State has advised that intoxicating liquor may include liquors other than alcohol if their habitual intemperate use bring the consumer into the condition of an habitual drunkard. He enquires whether it would not, therefore, be possible under the new Act to prevent patients from obtaining laudanum, chloral, etc., from chemists and stores. He further inquires whether the phrase "the habitual intemperate drinking of intoxicating liquor" could be legally interpreted to include hypodermic injection?

*** We have made inquiries at the Home Office and have received a reply from the Under-Secretary of State from which we quote the following:

"I am directed by the Secretary of State to say that he is advised that 'intoxicating liquor' within the meaning of the Habitual Drunkards Act, 1879, may include liquors other than alcohol if their habitual intemperate use brings the consumer into the conditions of a habitual drunkard. But the article consumed must be a liquor, and must be intoxicating, and cannot, therefore, include a drug taken by injection. Persons consuming drugs are not affected by the Licensing Act, 1902. That Act is directed to be construed as one with the Licensing Acts, 1828 to 1886, and by Section LXXIV of the Licensing Act, 1872, 'intoxicating liquor' is limited to mean any fermented, distilled, or spirituous liquor, which cannot be legally sold without an excise licence. Section VI of the new Act is expressly concerned only with the purchase by or sale to habitual drunkards of intoxicating liquor at licensed premises or clubs."

NECROPSIES IN HOSPITALS.

P. M.—In many hospitals it is the custom to make an examination in all deaths except in the case of Hebrews or of those whose friends lodge an objection. It would be extremely imprudent to make a necropsy where the friends objected, as public sentiment would be on their side, and the committee of the hospital would probably pass some stringent regulation requiring in future the written permission of the friends to be obtained.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Appointments.—Mr. T. Manners-Smith, Downing, and Dr. H. W. Marett Tims, King's, have been appointed Demonstrators of Anatomy. Mr. W. A. Cunnington, Christ's, has been appointed to the University table in the Naples Zoological Station. Dr. D. MacAlister, Professor Woodhead, and Dr. Nuttall have been appointed representatives of the University at the International Congress of Hygiene and Demography to be held at Brussels in September. The following have been appointed Electors to the respective Chairs specified:—Chemistry: Dr. T. E. Thorpe; Anatomy: Dr. Allbutt; Botany: Mr. A. Sedgwick; Downing (Medicine): Dr. A. Macalister; Zoology: Dr. D. MacAlister; Physics: Lord Rayleigh; Physiology: Professor G. S. Woodhead; Surgery: Dr. A. Macalister; Pathology: Dr. W. H. Gaskell.

CONJOINT BOARD IN ENGLAND.

THE following gentlemen have passed the First Examination of the Board in the subjects indicated:

Anatomy and Physiology.—E. A. W. Alleyne, St. Mary's Hospital; R. D. Barron, Otago University and Guy's Hospital; F. J. C. Blackmore, University College, Sheffield; S. L. Brimblecombe, St. Mary's Hospital; J. F. Broughton, University College, London; N. H. Bye, D.A. Chamberlain, B.A.Camb., and S. B. Couper, B.A.Camb., London Hospital; C. E. Clay, Yorkshire College, Leeds; T. B. Davies, St. Bartholomew's Hospital; A. H. Davis, St. George's Hospital; R. Davies-Colley, B.A.Camb., Cambridge University; H. C. Devas, St. Thomas's Hospital; L. Doudney, Guy's Hospital; C. H. J. Fagan, B.A.Camb., St. George's Hospital; J. E. Foreman, London Hospital; W. E. L. Fowler, St. Bartholomew's Hospital; A. E. G. Fraser, St. Mary's Hospital; H. W. Gooden, University College, Bristol; F. W. Goonetilleke, Licentiate Ceylon Medical College and King's College, London; H. E. Gotilee, St. Thomas's Hospital; A. S. Graham, Charing Cross Hospital; R. S. Harper, Guy's Hospital; J. H. Iles, B.A.Camb., Cambridge University; E. C. Jones, St. Thomas's Hospital; W. W. King, University College, Bristol; C. N. Le Brocq, B.A.Camb., Cambridge University and St. Bartholomew's Hospital; M. Leckie, Guy's Hospital; W. Lennox, University College, Bristol; T. S. L. Leyshon, London Hospital; A. L. Loughborough, St. Thomas's Hospital; M. Maher, Cairo and Guy's Hospital; E. C. Lowe, H. C. Malleson, B. B. Metcalfe, T. Norman, and E. L. R. Norton, Guy's Hospital; C. B. Mora and E. W. M. Paine, St. Bartholomew's Hospital; H. S. Ollerhead, St. Mary's Hospital; F. W. Parfitt, Guy's Hospital; B. J. Phillips, University College, Cardiff; E. D. Richardson, St. Mary's Hospital; T. R. Roberts and L. P. Sanders, London Hospital; J. E. Smith, St. Bartholomew's Hospital; E. C. Sprawson, L.D.S.Eng., and J. O. Tilley, L.D.S.Eng., Charing Cross Hospital; W. H. R. Streathfield, B.A.Camb., St. George's Hospital; A. J. Turner, London Hospital; J. G. Watkins, St. Bartholomew's Hospital; E. D. Whittle, University College, London; E. Wight, Cambridge University; H. F. Wight, Guy's Hospital; C. O. O. Williams, E. L. Wright, and H. N. Wright, St. Bartholomew's Hospital; and A. P. Wright, University College, Liverpool.

Anatomy only.—A. F. Palmer, Cambridge University and Middlesex Hospital.

Physiology only.—N. H. Oliver, Guy's Hospital.

TRINITY COLLEGE, DUBLIN.

THE following candidates have passed the Previous Medical Examination in the subjects indicated:

Anatomy and Institutes of Medicine.—R. A. Askins, C. Scaife, J. B. B. Whelan.

Physics and Chemistry.—H. H. A. Emerson, J. C. A. Ridgway, J. E. N. Ryan, W. E. M. Armstrong, C. H. M'Comas, J. Murdock.

Botany and Zoology.—T. P. Dowley, W. M. Johnston, W. H. Kennedy, C. Ff. Rolleston, J. G. M. Moloney.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 9,220 births and 5,164 deaths were registered during the week ending Saturday last, February 7th. The annual rate of mortality in these towns, which had been 17.5, 20.1, and 18.1 per 1,000 in the three preceding weeks, further declined to 17.9 per 1,000 last week. The rates in the several towns ranged from 7.4 in Bournemouth, 8.0 in East Ham, 9.8 in York, 11.1 in Willesden, 11.3 in Hornsey, 11.9 in Grimsby, 12.0 in Devonport, 12.2 in Halifax, and 12.4 in Barrow-in-Furness, to 22.3 in Bootle, 22.4 in Bury, 22.5 in Bradford, 23.0 in Newcastle-on-Tyne, 23.3 in Liverpool, 23.5 in Wigan, 24.2 in Preston, 24.8 in Tynemouth, and 31.3 in Hanley. In London the rate of mortality was 17.6 per 1,000, while it averaged 18.0 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.8 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 1.9 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 3.1 in Salford, 3.3 in Tottenham, in King's Norton, and in Hull, 3.6 in Rotherham, 5.1 in Merthyr Tydfil, 5.8 in Hanley, 6.0 in Great Yarmouth, and 7.5 in Wigan. Measles caused a death-rate of 1.2 in Manchester and in Salford, 1.5 in Newport (Mon.), 2.2 in Merthyr Tydfil, and 3.4 in Wigan; scarlet fever of 1.2 in St. Helens, and 3.4 in Wigan; diphtheria of 1.2 in Salford, 1.4 in Coventry, and 2.5 in Hanley; whooping-cough of 1.2 in Northampton, 1.3 in Hornsey, 1.4 in Preston, 1.5 in Croydon and in Merthyr Tydfil, 1.6 in Hanley and in Stockport, 1.8 in Rotherham, 2.0 in Tynemouth, 2.4 in Grimsby, 2.9 in Tottenham, and 5.0 in Great Yarmouth; "fever" of 1.2 in Rochdale; and diarrhoea of 1.2 in Walsall. Of the 14 fatal cases of small-pox registered in the seventy-six towns last week, 7 belonged to Liverpool, and 1 each to Birmingham, Bootle, Bolton, Leeds, Sheffield, Rotherham, and Hull. The Metropolitan Asylums Hospitals contained 6 small-pox patients on Saturday last, February 7th, against 5, 4, and 7 on the three preceding Saturdays; 4 new cases were admitted during the week, against 2, none, and 6 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital at the end of the week was 1,941, against numbers declining from 2,528 to 2,019 at the end of the six preceding weeks; 189 new cases were admitted during the week, against 192, 227 and 227 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, February 7th, 961 births and 711 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 23.4, 24.6, and 21.3 per 1,000 in the three preceding weeks, rose again to 21.7 per 1,000 last week, and was 3.8 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 12.9 in Perth and 18.2 in Dundee to 24.8 in Leith and 27.0 in Greenock. The death-rate from the principal infectious diseases averaged 2.5 per 1,000 in these eight towns, the highest rates being recorded in Aberdeen and Leith. The 357 deaths registered in Glasgow included 2 which were referred to measles, 3 to scarlet fever, 7 to diphtheria, 22 to whooping-cough, 5 to "fever," and 6 to diarrhoea. Two deaths from measles and 2 from diarrhoea were recorded in Edinburgh. Two fatal cases of whooping-cough and 5 of diarrhoea occurred in Dundee; 9 of measles and 3 of diarrhoea in Aberdeen; 3 of measles and 2 of whooping-cough in Leith; and 2 of diarrhoea in Greenock.

EPIDEMIC MORTALITY IN LONDON.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]

THE accompanying diagram shows the prevalence of the principal epidemic diseases in London during the fourth, or autumn, quarter of last year. The fluctuations of each disease, and its relative fatality as compared with that recorded in the corresponding periods of recent years, can thus be readily seen.

Small-pox.—Only 1 fatal case of small-pox was registered in London last quarter, against 734, 507, and 73, in the three preceding quarters of the year; the average number in the fourth quarters of the ten preceding years was 26. The death last quarter was that of a person belonging to Camberwell. The number of small-pox patients admitted into the Metropolitan Asylums Hospitals during the quarter was 42, against 4,873, 3,215, and 325 in the three preceding quarters; the number remaining under treatment at the end of last quarters was 14, against 1,526, 837, and 42 at the end of the three pre-ceding quarters.

Measles.—The deaths from measles, which had been 730, 714, and 346 in the three preceding quarters, rose again last quarter to 571, but were slightly below the average number in the corresponding quarters of the ten preceding years. Among the various metropolitan boroughs measles showed the highest proportional fatality in Fulham, St. Pancras, Bermondsey, Camberwell, Deptford, and Greenwich.

Scarlet Fever.—The fatal cases of this disease, which had been 154, 136, and 139 in the three preceding quarters, declined again last quarter

The electors must attend personally to record their votes, which are taken by ballot. No voting by proxy is allowed. The electoral committee includes representatives of the chief interests of the community, including University College.

The students appear to be anxious that it should be understood that their resolutions are not intended to reflect on any particular member of the staff but rather on the present system, which they are of opinion is not calculated to give due prominence to the claims of candidates who have gained a reputation as teachers. It would appear that the candidates who have gained the confidence of the students have not always commended themselves to the electors, and that this is the reason why the students have passed the resolutions above quoted.

THE MONMOUTHSHIRE ASYLUM.

DURING the year 1901 217 patients were admitted into this institution—115 males and 102 females. The total number under treatment was 1,282, curiously an equal number of both sexes—641. The average number daily resident was 1,078; 95 patients were discharged, and the recovery-rate among these, calculated upon the number of admissions, was 32.7 per cent. In this connexion Dr. Glendenning, the medical superintendent, calls attention to the great influence early treatment has in determining the recovery-rate, and pertinently states that of the 217 admissions 87 were suffering from an attack of insanity of less than three months' duration, and that 39, or nearly 45 per cent., of such patients recovered, whereas of the 57 patients whose mental disorder had lasted for more than twelve months, only 7 per cent. were discharged recovered. The deaths, calculated on the average number of patients resident, was 8.2 per cent. of both sexes, 2.2 per cent. lower than the rate in county asylums in England and Wales for 1900. The deaths were all due to ordinary causes, except a man who died from perforation of the bowel caused by the fibre of a bass broom. The cause assigned for the insanity in those admitted was in 57 debilitated bodily health, in 22 intemperance in drink, in 17 senile decay, and in 34 there was hereditary predisposition. There was an increase of 33 patients during the year. The systematic training and teaching of the male and female nurses continues, and those who successfully pass the examinations held for proficiency in nursing are presented with medals by the Visiting Committee and an increase of salary as well.

ROYAL ASYLUM OF MONTROSE.

AN increase of four patients only was found at the end of the statutory year, on May 14th, 1902, when the total number under treatment was 864; 189 were admitted, 164 discharged, 74 being recovered, and 16 relieved. The recovery-rate was 39.15 per cent, calculated upon the admissions. A large number of the patients were admitted in very frail bodily health, and many others in the last stages of incurable disease or senile decay. Dr. Havelock thinks that there is an increasing tendency among the poorer classes to send such cases to the asylum because the provision made in the hospital of the institution for efficient nursing and kindly care therein provided is now more generally known and appreciated. The medical profession, too, as he truly says, "with the knowledge that these patients live longer, and receive an amount of supervision and nursing which could not be attained in a private dwelling, are more ready to suggest asylum treatment, and find the proposal is, as a rule, thankfully received by the friends."

This spread of knowledge, and the consequent breaking down of old prejudices, must also account for a large proportion of the accumulation of chronic cases swelling the great mass of the insane under care and treatment in our public asylums; and Dr. Havelock adds the opinion that "the meshes of the net which fills the asylums are always imperceptibly narrowing, but there is no proof that the disease itself (insanity) is increasing."

The question of wards for mental cases attached to an infirmary does not escape notice in this report, and the opinion is expressed that the cost per head being double that in an asylum will be largely prohibitive, while the prospect of the patient's recovery from mental disease if cooped up in the wards of an infirmary situated in the midst of a densely populated city will be seriously endangered, compared with the treatment in an asylum in the country with a well-equipped hospital and all the facilities for out-door exercise, which is absolutely essential.

INDIA AND THE COLONIES.

SOUTH AUSTRALIA.

INSANITY.

FROM an abstract of the annual report of Dr. W. T. Cleland on the Hospitals for the Insane in South Australia, published in the *Australasian Medical Gazette* of November 20th, 1902, it appears that on December 31st, 1901, there was 988 patients in the lunatic asylums, showing an increase of 10 patients. The average number resident during 1901 was 983, showing a decrease of 7 patients as compared with 1900. When the numbers are considered as individuals and not cases, and are compared with those of 1900, it is seen that there were 12 individuals less under care during 1901. The official insane population is, therefore, practically at a standstill, and has been so for the past two or three years. The ratio of lunatics to the population is also stationary, keeping at 2.67 per 1,000 of the population. The same relative proportion between the sexes also continues, there being about 0.8 more males than females.

Admissions.

The total admissions for 1901 were 214. Of these 164 were fresh cases who had never, as far as known, had an attack of insanity before; 95 were males and 69 were females. This is almost the same as for 1900.

Age.

As regards the age of the patients admitted, 30 patients were over 60 years of age—being 18 males and 12 females. There were only 2 below the age of 15 years.

Causes.

Amongst the predisposing and exciting causes of insanity, adverse circumstances and mental anxiety to the extent of 86, previous attacks and hereditary influence to the extent of 65, and the effects of other bodily diseases to the extent of 50, are mentioned as exerting the greatest influence.

Form of Disease.

The form of insanity was not of such a depressant type as in 1900, there being 84 patients, as compared with 63 in 1900, whose mental condition was more or less excited and delusional; the depressed forms were about the same in number, whilst the senile cases of both conditions showed a marked increase.

Ratio of Admissions to Population.

The ratio per 10,000 of admissions to population was lower than it had been during the two preceding years. For 1899 it was 6 98, for 1900 it was 6.04, and for 1901 it was 5.8, showing a progressive decrease. This is due to a greater proportionate decrease on the male side, whilst on the female side a marked increased ratio is noted.

Recoveries.

The percentage of recoveries among those admitted was low, which is due to a number of the female cases being old and helpless from the beginning. The percentage of recoveries on the male side was nearly up to the average, namely, 55.1, as compared to 55 8; whilst on the female side it was only 46, as compared to 59.6. Of the patients admitted during 1901, 31.6 per cent. were discharged as recovered, 33 6 per cent. being males and 29.3 being females. Of the 55 patients whose mental condition partook of the nature of excitement or mania, 87.3 per cent. were discharged as recovered or improved; whilst of the 36 admissions suffering from mental depression or melancholia, only 63.9 per cent. were able to be discharged.

Deaths.

During 1901, 82 patients died, giving a percentage of deaths on the average number resident of 8.3; this is slightly below the average for the past forty years, which is 8.7 per cent. Rather more than half of these deaths occurred amongst the admissions of the past three years, namely, 30.5 per cent. of those of 1901, 15.8 per cent. of those of 1900, and 7.3 per cent. of those of 1899.

Expenditure.

The total expenditure on the lunatic asylums shows an increase of £3,048 over that for the year 1900. Of this, £2,049 is due to the increased price of provisions, especially meat; the sum of £725 is due to increases to the pay of attendants, and £200 to increased consumption of water for irrigation, and higher price for fuel. The fees for maintenance received during 1901 were £3,593; those for 1900 were £3,697.

MEDICAL NEWS.

AN antimosquito campaign has begun in Honolulu.

THE anniversary dinner of the Medical Society of London will be held at the Whitehall Rooms, Hotel Metropole, on Saturday, March 7th, at 7.30 p.m.

The will of the late Dr. Samuel Fenwick was proved at £26,056 gross, including net personalty of the value of £25,897.

INFLUENZA is said to be very prevalent at Bale, where no fewer than 18,000 cases are said to have occurred. So far there has been no death.

THE LONDON HOSPITAL.—The past and present students of the London Hospital are organizing a concert and dance at the Holborn Town Hall on February 17th in aid of the quinquennial appeal. Further particulars can be obtained from Mr. W. H. Forshaw at the hospital. As the use of the hall and band have been granted free the whole proceeds will go to the funds.

A STATE DRUG TESTING DEPARTMENT IN AMERICA.—A new drug laboratory has recently been established in the Chemical Bureau at Washington, with the object of investigating adulterations, testing drugs, and establishing uniformity in the standard of medical substances for future State and national legislation. The American Pharmaceutical Association has passed resolutions approving of the new bureau. Mr. L. F. Kebler, of Philadelphia, has been appointed director.

SANITATION IN CUBA.—The Lower House of the Cuban Congress has voted $400,000 to aid the city governments in the island to maintain the high standard of sanitation reached under American occupation. The rumours of backsliding in Havana are denied, but there have been some painful lapses from sanitary righteousness in the interior and east coast towns. It is alleged, however, that this is not due to apathy, but to lack of funds. A sufficient sum has now been voted for the remedy of existing defects.

DRUG ADULTERATION IN AMERICA.—An illustration of how patented medical preparations are adulterated has recently been furnished by the New York Board of Health. Agents sent out by the Board purchased in different drug stores 373 samples of phenacetin. On analysis it was found that only 58 of the samples were pure. The other 315 were adulterated, and a considerable number of them contained no phenacetin whatever. This drug is patented, and is made in Germany and sold through one house in New York. One article worth 2½ cents an ounce was sold as phenacetin at only 3.20 dollars an ounce.

THE muzzling order has been applied to Llandovery and the adjacent district of Carmarthen, while the South-West of Wales Muzzling Order has been revoked.

BRADFORD AND WEST RIDING MEDICO-ETHICAL UNION.—At the annual dinner of the society which took place at Bradford on February 5th, nearly sixty ladies and gentlemen were present. Dr. Dunlop, the retiring President, was in the chair. After the customary loyal toasts, Dr. Horrocks proposed "the Bradford and West Riding Medico-Ethical Union." This was responded to by the President (Dr. Shackleton) and the Secretaries, Drs. Metcalfe and Mitchell. The toast of the "Ladies," was proposed by Dr. Bronner, and responded to by Dr. Handcock. An excellent musical programme was then given by the members and ladies present.

MEDICAL PRACTICE IN ECUADOR.—To any of our readers who may be contemplating practice in South America the following information may be of interest. In a report recently published the late Consul-General of the United States, Mr. Thomas Nast, of Guayaquil, writes: "As numerous letters are received from parties desirous of practising medicine in this country, asking if they will be allowed to practise without passing an examination in Spanish, I wish to say that the law of this country requires all medical men arriving in the Republic to pass an examination before the Medical Board in Spanish before permission is granted them to practise. I may add that there are so many doctors here that unless the physician is a specialist his chances of obtaining much practice are very doubtful—the market is overcrowded."

ST. PETERSBURG INSTITUTE OF MEDICAL WOMEN.—The Institute of Medical Women which was opened two or three years ago in St. Petersburg has recently conferred diplomas on several students for the first time. In reply to an address by the Council of the Institute, the Czar has telegraphed the following gracious message: "The Czarina and myself sincerely thank the Council of the St. Petersburg Institute of Medical Women for the sentiments which it has expressed. May God bless the medical women who are accomplishing a generous and philanthropic task by working sincerely and honourably for those who suffer, with that lofty self-abnegation which is characteristic of the Russian women." Eleven women received diplomas qualifying them to practise medicine.

ZOOLOGICAL SOCIETY.—At a meeting of the Zoological Society of London on February 3rd Dr. Walter Kidd read a paper describing the arrangement of hair on four mammals, the otter, domestic dog, ox, and horse, considered as typical from the point of view of hair-slope. The rising complexity of these phenomena in the four forms was shown to be closely related to their differing habits and environments, and a division was made of adaptive and non-adaptive modifications of hair. It was maintained that the facts dealt with were closely connected with the problems of heredity. A communication from Captain F. Wall contained an account of all the snakes hitherto recorded from China, Japan, and the Loo Choo Islands, together with notes on those obtained by himself during the time he was attached to the China Expeditionary Forces in 1900-2.

PROPOSED UNION OF RUSH MEDICAL COLLEGE WITH THE UNIVERSITY OF CHICAGO.—It has lately been announced that the trustees of the University of Chicago have agreed to receive the Rush Medical School as an organic part of the University, provided that the trustees of the medical college succeed in raising 1,000,000 dollars by July 1st, 1903. It is believed the sum required can be obtained in the specified time. It will be used for the erection of new buildings, the endowment of chairs of instruction, and the purchase of additional equipment. The Rush Medical College was founded in 1837, and is one of the oldest institutions of learning in the West. For a considerable time the College has been affiliated with the University of Chicago, and this year the first and second years' studies of the medical course have been taken at the University. It is not proposed that the name of Rush Medical College be lost, but that it be incorporated in the official designation of the University in some such way as "Rush Medical School of the University of Chicago."

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on January 30th. There were present Dr. de Havilland Hall (in the chair), Dr. G. A. Heron (one of the trustees), Dr. J. B. Ball, Dr. Frederick S. Palmer, Dr. Walter Smith, Dr. M. Greenwood, Dr. F. J. Allan, Dr. W. Knowsley Sibley, Dr. Alfred S. Gubb, and Mr. Edward Bartlett. It has been the practice of the Committee to devote a portion of their time at the first meeting of each year to the discussion of the chronic cases, those in which the members, being totally and permanently incapacitated from professional work, are drawing an annuity from the Society. The list has grown year after year until it now forms about one-third of the entire sickness claim list, and as the annuity is usually 100 guineas, the amount paid in this way is considerable. There are now over 20 members on the chronic list, and a careful consideration of the special reports furnished on this occasion leaves little doubt that few, if any, will ever be able to resume their professional avocations. Special reserves for these chronic illnesses have been made at each valuation of the Society's business. The general claim list, as is usual during the winter months, was somewhat heavy, and a large proportion of the common claims are traced to influenza. The reserves of the Society now amount to over £170,000. Prospectuses and all information on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

MEDICAL VACANCIES.

The following vacancies are announced:

BANBURY: HORTON INFIRMARY.—House-Surgeon. Salary, £80 per annum, with board and residence. Applications to the Honorary Secretary, 21, Marlborough Road, Banbury.

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.

BIRMINGHAM GENERAL HOSPITAL.—(1) House Physician. Appointment for six months, but eligible for re-election. Salary, £50 per annum, with residence, board, and washing. (2) Resident Medical Officer. Salary, £70 per annum, with residence, board, and washing. (3) Honorary Obstetric Officer. Applications to the House Governor for (1) and (2) by February 28th, and for (3) by February 23rd.

BISHOP AUCKLAND RURAL DISTRICT COUNCIL.—Medical Officer of Health. Salary, £350 per annum. Applications to the Clerk to the Council, Union Offices, Bishop Auckland, by February 25th.

BURY INFIRMARY.—Junior House-Surgeon. Salary, £90 per annum, with board, residence, and attendance. Applications to the Secretary, Dispensary, Knowsley Street, Bury.

CARDIFF.—Bacteriologist to the Joint Committee of the Glamorgan County Council and Cardiff Corporation and Lecturer in Bacteriology in the University College, Cardiff. Salary, £300 per annum. Applications to be sent to Mr. W. E. R. Allen, Clerk of the Joint Committee, Glamorgan County Offices, Cardiff, by February 23rd.

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.

DORCHESTER: DORSET COUNTY ASYLUM.—House-Surgeon, unmarried. Salary, £100 per annum. Applications to the Chairman of the Committee by March 2nd.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—(1) Medical Officer for the Casualty Department. Appointment for six months, but renewable. Salary at the rate of £100 per annum, and luncheon. (2) House Surgeon. Board, residence, etc., provided, and honorarium of £25 on completion of six months' approved service. Applications to the Secretary by March 14th.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark, S.E.—Two Physicians to outpatients. Applications to the Committee of Management by March 5th.

FARNBOROUGH URBAN DISTRICT COUNCIL.—Medical Officer of Health. Salary, £60 per annum. Applications, endorsed "Medical Officer of Health," to be sent to the Clerk, Town Hall, Farnborough, Hants, by March 2nd.

FRENCH HOSPITAL AND DISPENSARY, Shaftesbury Avenue, W.C.—Junior Surgeon, must be F.R.C.S. Applications to the Secretary.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) Clinical Pathologist and Bacteriologist, non-resident. Honorarium, 150 guineas. (2) House-Surgeon, 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, for (1) by February 17th, and for (2) by March 4th.

KENT COUNTY ASYLUM, Barming Heath, Maidstone.—Fourth Assistant Medical Officer, unmarried, and not over 30 years of age. Salary, £175 per annum, rising to £200, with furnished quarters, attendance, etc. Applications to Dr. F. Pritchard Davies, Superintendent.

LANARK COUNTY ASYLUM, Hartwood, Glasgow.—Third Assistant Medical Officer and Pathologist. Salary, £120 per annum, with fees, board, washing, and attendance. Applications to the Medical Superintendent.

MIDDLESEX HOSPITAL MEDICAL SCHOOL.—Lecturer on Physiology. Applications to the Secretary to the Council by February 26th.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.—House Physician. The present Junior House Physician is a candidate, and applicants should state if willing to accept either appointment. Salary for Senior £100 per annum, and that of Junior £50, with board and apartments. Applications to the Secretary by February 23rd.

NEWCASTLE-ON-TYNE DISPENSARY.—Two Visiting Medical Assistants. Salary, £160 for the first year, £180 afterwards. Applications, on forms provided, to be sent to the Honorary Secretary, Mr. J. Carr, 41, Mosley Street, Newcastle-on-Tyne, by February 17th.

PRESTWICH: COUNTY ASYLUM.—Junior Assistant Medical Officer, unmarried, and under 35 years of age. Salary commences at £150 per annum, increasing to £250, with board, furnished apartments and washing. Applications to the Medical Superintendent.

ROCHFORD UNION.—(1) Medical Officer for the Rochford District. Salary, £64 per annum and fees. (2) Medical Officer of the Workhouse. Salary, £50 per annum and fees. Applications to the Clerk by February 16th.

ROTHERHAM HOSPITAL AND DISPENSARY.—Senior House-Surgeon. Salary, £110 per annum, with rooms, commons, and washing. Applications to Mr. E. S. Bayliss, J.P., 19, Moorgate Street, Rotherham, by February 24th.

SOUTH SHIELDS: INGHAM INFIRMARY AND SOUTH SHIELDS AND WESTOE DISPENSARY.—Junior House-Surgeon. Salary, £75 per annum, with residence, board and washing. Applications to the Secretary, 74, King Street, South Shields, by February 23rd.

STOCKPORT INFIRMARY.—House-Surgeon. Salary, £100 per annum, with residence, board and washing. Applications to the Secretary by February 25th.

TORQUAY BOROUGH.—Medical Officer of Health. Salary, £400 per annum, rising to £500. Applications on forms provided, and endorsed "Medical Officer" to be sent to the Town Clerk, Town Hall, Torquay, by February 21st.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Assistant House Physician. Appointment for six months. Honorarium at the rate of £75 per annum, with board, lodging, and washing. Applications to the House Governor by February 25th.

MEDICAL APPOINTMENTS.

BERKELEY, A. F. M., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer to the Sixth District and Public Vaccinator for the Third District of the Bath Union.

BUTCHER, W. J., M.R.C.S.Eng., L.R.C.P.Lond., D.P.H.Vict., appointed Assistant Resident Medical Officer of the Salford Union.

CAMPBELL, Alfred, M.R.C.S., appointed Visiting Surgeon to the Gaol at Young, New South Wales, *vice* Dr. Heeley.

CORLIS, J., M.D., Ch.M.McGill, appointed Health Officer for Menzies, West Australia.

MARSHALL, R. P., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer of the No. District of the St. Olave's Union.

MISKIN, L. J., M.R.C.S.Eng., L.R.C.P.,.Lond., appointed District Medica Officer at Koolkynie, West Australia.

MITTON, J. P., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Superintendent to the Devon and Cornwall Sanatorium for Pulmonary Tuberculosis, Didworthy, S. Brent, Devon.

NAYLOR, A. G., M.B., C.M.Edin., appointed District Medical Officer of the Southwell Union.

OLIPHANT, Frank, M.B., C.M.Edin., appointed Government Medical Officer, Antigua, Leeward Islands. West Indies.

OSBORN, E. C., L.R.C.P.Lond., appointed Medical Officer to the Holborn Union Schools at Mitcham.

PATRICK, J. King., M.B., Ch.B.Glas., appointed House-Surgeon (out-door) to the Glasgow Maternity Hospital.

PRICE, Arthur Thomas, M.B., Ch B Edin., appointed Assistant Medical Superintendent at the Hospital for Insane, Toowomba, Queensland, *vice* John B. McLean, M.B B.S.Melb., resigned.

REDMAN, William Edward, L.S.A., appointed a Port Medical Officer for the Port of Picton, New Zealand, *vice* Dr. Claridge, resigned.

SAVAGE, G. H., M.D., F.R.C.P.Lond., appointed Consulting Physician in Mental Diseases to Guy's Hospital.

STAPLETON, Edward Fitzgerald, M.D., B.Ch.Dub., appointed Surgeon to the Jervis Street Hospital, Dublin, *vice* Austin Meldon, F.R.C.S.I., resigned.

TARGETT, J. H., M.S.Lond., F.R.C.S.Eng., appointed an Obstetric Surgeon to Guy's Hospital, *vice* Dr. Galabin.

WALLACE, Arthur J., M.D.Edin., appointed Surgeon to the Hospita for Women, Liverpool.

DIARY FOR NEXT WEEK.

MONDAY.

Royal College of Surgeons of England, 5 p.m.—Professor Sir C. B. Ball: On Adenoma and Adeno-carcinoma of the Rectum, Erasmus Wilson Lecture I.

Medical Society of London, 11, Chandos Street, Cavendish Square, W., 9 p.m.—Dr. H. Radcliffe Crocker: Lettsomian Lectures on the Conditions which Modify the Characters of Inflammations of the Skin, and their Influence on Treatment. Lecture I. Introductory. Local Modifying Conditions: (1) The Irritant; (2) the Microbe; (3) the Local Origin of many General Inflammations.

TUESDAY.

Therapeutical Society, Apothecaries' Hall, Water Lane, Blackfriars, E.C., 4 p.m.—Dr. Hutchison: On the Use of Acid Sodium Phosphate in Alkalinity of the Urine. Dr. Burnet (Edinburgh): On Ichthyol in the Treatment of Pulmonic Disease.

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

Pathological Society of London, 20, Hanover Square, W., 8.30 p.m.—Mr. Barnard: Trauma and Infection at the Epiphysial Line. Dr. O. Grünbaum: Membranous Gastritis. Dr. Churton: Chronic Pancreatitis with Calculi. Dr. Batty Shaw and Mr. T. W. P. Lawrence: Abscess of Septum Auricularum; Stenosis of Superior Vena Cava and of Right Pulmonary Veins. Dr. Bainbridge: Card Specimen.

WEDNESDAY.

Royal College of Surgeons of England, 5 p.m.—Professor Sir C. B. Ball: On Adenoma and Adeno-carcinoma of the Rectum, Erasmus Wilson Lecture II.

Royal Meteorological Society, 70, Victoria Street, Westminster, S.W., 7.30 p.m.

THURSDAY.

Harveian Society of London, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 p.m.—Clinical Evening. Cases will be shown by Dr. E. Cautley, Mr. F. Jaffrey, and others.

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

FRIDAY.

Royal College of Surgeons of England. 5 p.m.—Professor Sir C. B. Ball: On Adenoma and Adeno-carcinoma of the Rectum, Erasmus Wilson Lecture III.

Society for the Study of Disease in Children, 11, Chandos Street, Cavendish Square, W., 5.30 p.m.—Clinical Cases by Mr. H. J. Curtis, Dr. G. A. Sutherland, Dr. James Taylor, Dr. Alex. Morison, and Dr. Leonard Guthrie. Dr. G. Carpenter: On Cases of Uncomplicated Myocarditis.

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

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 Cases of Laryngeal Tuberculosis.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Demonstration of Selected Cases.

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,** eye. Lectures will also be given at 5.15 p.m. as follows: Monday, Diseases of the Breast; Tuesday, Defects of Refraction; Wednesday, Insanity of Development; Thursday, Tuberculous Disease of the Spine; Friday, Acute Appendicitis.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C., Tuesday, 3.30 p.m.—Lecture on Cerebral Tumours.

North-East London Post-Graduate College, Tottenham Hospital, N., Thursday, 4 p.m.—Lecture: Some Remarks on Hernia.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Affections of the Lungs and Pleura; Tuesday, Plaster-of-Paris Splints; Wednesday, Pelvic Pain; Thursday, Treatment of some Injuries and Emergencies; Friday, Shellfish Culture in Relation to Disease.

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.

BONNER.—At Carr Lane, Shipley, Yorks, on February 5th, Mrs. T. Irvine Bonner, of a daughter.

PATERSON.—On the 9th inst., at Dartford House, Felixstowe Road, Ipswich, the wife of A. W. Paterson, M.B., C.M., of a daughter.

STEAD.—On the 9th inst., at Moor Lodge, Hawkhurst, the wife of C. Clement Stead, M.B., etc., of a son.

TURNER.—On the 6th February, at Plympton House Plympton, S. Devon, the wife of Alfred Turner, M.D.Edin., of a daughter.

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.

A. G. W. asks how celluloid thread is best sterilized for use as suture material, and whether it is satisfactory.

P. writes: Can any member help me to identify an author named Kennedy, whom Eichhorst, writing in 1881, referred to as having recently stated that he found the respiratory murmur loudest at the left (!) apex in 80 per cent. of cases examined by him?

MEMBRANOUS DYSMENORRHOEA.

DR. ALEXANDER DUKE (London) writes to inquire with reference to a note published under this head in the BRITISH MEDICAL JOURNAL of February 7th, p. 351, whether the tent was in or out during the period.

DOCTORS OF THE ELIZABETHAN PERIOD.

SIR W. WHITLA (Belfast) wishes to know if is there any easily accessible work on the doctors of the Elizabethan period, giving some account of their personal characteristics and their domestic or social lives.

HOW LONG SHOULD MERCURIAL TREATMENT BE CONTINUED?

LUX asks: A patient of mine contracted syphilis early in 1902. For the first six months mercury was administered daily, and has been taken with periods of intermission down to the time of writing. He has now been under treatment nearly nine months, and beyond a slight secondary rash, which disappeared in about a week, he has had no other symptoms. Should the drug still be continued; and, if so, for how long, or should it now be stopped?

ANSWERS.

MOTOR CARS.

IN reply to several correspondents, we desire to say that we cannot recommend the motor cars of particular makers, and that it appears to be undesirable to insert requests for opinions on particular cars.

MEDICAL ATTENDANCE ON SOLDIERS ON FURLOUGH.

R., a civil practitioner who has attended a soldier on furlough, must apply for payment on Army Form 1667, which can be obtained from the principal medical officer of the military district in which the practitioner resides. This form contains instructions as to the amount which may be charged—from 1s. 6d. upwards according to circumstances. When filled in it must be sent to the officer commanding the soldier's regiment, who will fill in the certificate required from him, and forward the form to the principal medical officer. The following is paragraph of the *King's Regulations* by which the practice is governed:

"Para. 1945.—Soldiers on furlough who require medical aid should apply for it to the officer commanding the nearest military station. When this is impracticable they may apply to a civil practitioner, to whom they will show their furlough paper, and who will be allowed to charge for attendance at the rate laid down on A. F. O. 1667."

DIAGNOSIS AND TREATMENT WANTED.

DR. F. W. JORDAN (Heaton Chapel, Manchester), writes: In reply to "Boomerang," I would suggest that his patient is gouty, that his pain is myalgic, and is due to uric acidaemia, and that treatment on these lines will relieve him. *La Grippe* four or five years ago would be a likely cause of the onset of the symptoms as described by "Boomerang," though in my opinion the backache was really a fresh manifestation of a pre-existing condition. It would be interesting to know whether the patient ever has tremors of the hands after exertion, or fibrillary contractions in various parts of the body without apparent cause. I think it likely that any of his muscles will become stiff and painful on movement after being for a long period in a state of tonic contraction; for instance, stooping for a length of time, as in gardening or carrying a bag or parcel without changing position. The muscular pains all over the body after playing golf by one who is out of practice are of the same character. This man lies in one position for a length of time and gets a backache, aggravated, I have no doubt, by something which causes an excessively acid condition of the urine. I daresay he has acid dyspepsia sometimes, which probably was the beginning of his troubles, unless we go back to his parents. I should begin treatment with a liver pill, which I should repeat occasionally. I should give for a week a mixture three times a day of potassium bicarbonate with taraxacum. But the main treatment is vegetarian diet, with white fish or chicken, and all intoxicants, including cider, to be cut off. I should recommend a heaped-up teaspoonful of potassium citrate dissolved in half a pint of water each night on going to bed, and each morning on rising a good dose of Carlsbad salts (say Bishop's effervescing) in a tumbler full of water, followed by ten minutes' exercise with the dumb-bells done conscientiously. An occasional visit to Harrogate would do this patient good. I think "Boomerang" would derive some useful information from Haig's *Uric Acid.*