

increase of diet. He was not transfused; he passed 3cxl urine, which did not contain diacetic acid.

On June 22nd he had a hot vapour bath, and later was transfused to 3xx.

On June 23rd he was sick in the morning, but not drowsy. In the evening the temperature was 100.5° F. and the pulse 116. He was drowsy, but able to speak. He remained in this condition for a few hours, not appearing to become worse. He died quite suddenly however early on the morning of June 24th, while instruments for transfusion were being prepared.

Necropsy.

An examination of the body was made on the following day by Dr. Beattie, Assistant Pathologist to the infirmary. There was oedema of lungs and brain. The pancreas showed extensive cirrhosis, and there was also a monolobular cirrhosis of the liver. There was a recent patch of pericarditis on the posterior auricular wall. Fuller particulars will be published subsequently by Dr. Beattie.

The patient was from the first weakly and unable to stand heroic treatment by purging and hot-air baths. His pulse and general condition called rather for stimulants, and he responded to transfusion in a very remarkable manner. The coma from the rapidity of its progress appeared to be of unusual severity, and to fall under the group of cases described by Frerichs, in which after exertion patients are suddenly attacked with weakness, somnolence, and gradually deepening unconsciousness, death occurring in a few hours. Yet the patient lived for nearly eleven days after the onset of the coma, showing marked improvement after each transfusion, and at times he was able to talk intelligently, and even to write letters.

During the eleven days 3ccx of fluid were injected intravenously, including 75 drops liquor sodii, and 3xiij of blood withdrawn. On the first two occasions normal saline solution was used, and the liquor sodii solution for the subsequent transfusions. The immediate stimulating effect after each appeared to be equal, but I thought the benefit more lasting when the latter was employed. The transfusion could always be carried out painlessly after a hypodermic injection of a weak cocaine solution. When the patient was first transfused, the circulation was so poor that I had difficulty in getting the solution to run. This was overcome by taking hold of the transfusion tube high up, and expressing the fluid by running the fingers down the tube. After about 3j had passed in this way the flow went on easily.

The only other case of diabetic coma in which I have tried transfusion was in a boy aged 9 years, who was brought to the hospital moribund, and never showed any response to the treatment.

Previously I had tried injecting a large quantity of saline solution into the pectoral regions. Though the patient had lost much flesh, and the tissues were loose, the injection was attended with much pain, and absorption was slow. The improvement was much less marked than after the intravenous method, and not sufficient to encourage one to repeat the injection.

MEMORANDA:

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

INTRATRACHEAL INJECTIONS.

I HAVE used the method of intratracheal injections in conjunction with the open-air treatment, for which the climate of Wei-Hai-Wei is eminently suitable, for some months past, and with marked benefit to my patients. In one case of commencing tuberculous phthisis, the bacilli disappeared from the sputum; the evening temperature remained normal, and the patient put on weight. Finally, after 160 days' treatment he was discharged to his ship, which was shortly leaving for England, apparently cured. In a case of gangrene of the lung, the horrible odour of the breath and sputum completely disappeared, and though death eventually took place after twelve weeks' illness, the patient's general physique for a time greatly improved.

The bugbear of the treatment, which I think would prevent many practitioners from carrying it out who otherwise would do so, is the supposed necessity of the laryngoscopic mirror. At first I attempted to make the injections by its aid, but finding it more of a nuisance than a help, gave it up, and attempted to carry out the treatment without the laryngoscope. Somewhat to my surprise, I found this to be perfectly possible. The patient expires as much as he is able,

the charged syringe meanwhile being held in his mouth; on his then taking a deep inspiration it is passed rapidly behind the tongue, and the solution shot out, the patient drawing it into the trachea and lungs with the inspired air. I find this method almost invariably succeed. The syringe I use is an ordinary glycerine enema syringe, the vulcanite nozzle of which is bent to nearly a right angle by simply dipping it in hot water. The solution is medicinal iZal π xx to glycerine 3j. Occasionally I have added guaiacol π x, but I have not yet made up my mind as to whether this addition adds to the efficiency of the solution or not.

VIDAL G. THORPE,
Staff Surgeon R.N.

Royal Naval Sick Quarters, Wei Hai-Wei, China.

CIRCUMCISION FOR CONGENITAL PHIMOSIS.

For some time I have not been satisfied with the ordinary operation of circumcision as performed for congenital phimosis. Latterly I have performed a much simpler operation which I think gives much better results.

In all cases of congenital phimosis the condition which prevents retraction of the prepuce is due to tightness of the mucous membrane, and not to any contraction of the skin itself. In the majority of cases there is no redundancy of skin, and the removal of any part of it is not necessary and is not justifiable.

I have now performed for some time a small plastic operation; the penis is held between the thumb and forefinger of the left hand, and the prepuce retracted as far as it will go. With a pair of sharp-pointed scissors held in the right hand I now cut through the constricted mucous membrane, retracting the prepuce as the constriction is relieved. I go on snipping the mucous membrane as far as the corona. If the mucous surface of the prepuce is adherent to the glans it is separated, and any smegma removed. This incision, which is longitudinal, is now, by the introduction of suture, made transverse. The first suture connects the commencement of the incision at the orifice with its termination at the glans. Two or three sutures are now introduced on either side, bringing the mucous surfaces into close apposition. I use an ordinary sewing needle with fine chromic gut.

The advantages I claim for the operation are:

1. That no tissue is removed.
2. Small size of wound.
3. The facility with which it is performed.
4. The result is much better than that of circumcision, the glans often being left covered by skin, which is seldom the case after circumcision.

J. F. WOODYATT, M.R.C.S., L.R.C.P.,
P.M.O. Halifax Union Poor-law Hospital.

HYDROXYLAMINE IN PSORIASIS.

HYDROXYLAMINE (NH_2O) has been recommended for use in psoriasis and allied dermatoses as a reducing substitute for chrysarobin and pyrogallol. I have found it of very much less use than either of these valuable remedies. It requires some time before any kind of benefit is perceptible. The following formula is used: R Hydroxylamine, i; spt. vini, glycerin, aa 500. M. sig., poison. This should be rubbed in once or twice daily, and it is convenient to do so by means of a bristle brush. The frictions should be steady, not rough, and should be continued till some degree of smarting is felt. During the first few applications this does not readily occur, but on succeeding occasions it is usually complained of.

I find that hydroxylamine does not in any way take the place of the better known remedies. One good point is that it does not produce discoloration of the skin, and hence may be useful for lesions situated upon the face. The drug is, however, volatile and poisonous, causing, among other symptoms, haematuria. It is better, therefore, to avoid its use near the air passages. Salicylic acid in ointment or plaster seems a better application for psoriasis on exposed parts.

Leamington.

LESLIE PHILLIPS.

OEDEMA OF THE FACE.

THE following cases may possibly suggest some further explorations, if not already made, into the etiology of Dr. Geoghegan's case related in the BRITISH MEDICAL JOURNAL of February 21st, p. 424.

1. A merchant, residing at Harrogate, but having his office and business in Leeds, found some years ago that about half-an-hour after arriving at the office his lower lip became greatly

swollen and very painful, saliva dribbled constantly, and he was utterly incapacitated. This occurred several times. Nothing did him any good if he remained at the office, but at home the swelling gradually subsided. Investigation showed that there was a very free leakage of sewer gas into the building; this was stopped, and the attacks immediately ceased.

2. A young man consulted me concerning the cause of an obstinately recurring stomatitis. His home was clearly healthy, every one else being well there; but at his office and throughout the building all the men were pale and headaches were frequent. A long disused watercloset with waterless trap was found in the cellar; upon its removal there was no further recurrence of the disease.

The freedom from symptoms of dyspepsia in Dr. Geoghegan's patient for some time after an attack of oedema may perhaps be due to the increased care which is usually taken by a dyspeptic person after any acute illness, but which is at length relaxed or forgotten. Toxaemia due to imperfect digestion would, of course, be a potent co-factor with any other existing causes of oedema.

Leeds.

T. CHURTON, M.D.

THE AGGLUTINATION TEST IN ENTERIC FEVER.

THIS test is often of very great value in confirming the diagnosis in doubtful cases of enteric fever. It seems, however, that there is a certain proportion of cases in which though the symptoms are so well marked that there is no reasonable doubt of the diagnosis, nevertheless the bacteriological test is negative. Such a case has just come under my observation. The patient, aged 61, after exposure to cold developed symptoms of influenza. On the sixth day of his illness pneumonia set in. By this time I had begun to suspect that the case was one of enteric fever. Characteristic spots soon appeared, the abdomen became distended, and there was more or less diarrhoea. Gradually the patient sank into a comatose condition, and died on the thirteenth day of the illness. I have no doubt the disease was enteric fever, and this view was also taken by Dr. James Finlayson, who saw the patient several times with me in consultation.

On the eleventh day a specimen of blood was submitted to the City Corporation Bacteriological Department for examination. The report was that it gave no reaction of enteric fever. On the following day another specimen was sent, and the report was that it gave an indefinite reaction. Next day the patient died.

In talking over the case with Dr. William Wright of the Bacteriological Department, he remarked that he had observed that in very severe cases of enteric fever the bacteriological blood reaction is frequently absent. This I consider a most important observation. The absence of the reaction is due, I suppose, to the insufficiency of antitoxin in the blood, accounting both for the failure of the test and for the severity of the disease itself. The obvious deduction is that in severe cases of enteric fever where the symptoms are well marked and there is no dubiety as to the real nature of the disease, the absence of the blood bacteriological reaction should not cause us to doubt the accuracy of the diagnosis, but should rather be considered as confirmatory.

Glasgow.

WM. G. DUN, M.D.

CAUSE OF REPEATED ABORTIONS.

Mrs. N., aged 25, had had, as she informed me, "a fast after-birth" with her first confinement, and had afterwards repeated abortions, with prolonged haemorrhage. She was aborting at the sixth or eighth week when she came under my care. As the haemorrhage was pretty free I plugged the vagina with iodoform gauze to give the uterus plenty of time to expel its contents. As this did not succeed, she was put under chloroform, and after dilating the uterus with my fingers I removed the fresh soft placenta without much difficulty. But while exploring to ensure that the uterus was quite empty, I came across a rough flat ridge, firmly adherent to the fundus, which was removed with some considerable difficulty by scraping and sawing with the finger-nail. This was quite different from the other, being hard, fibrous, organized, and of a light chocolate-brown colour, and had obviously been lodged within the uterus for some considerable time. Whether a trace of the first confinement, or a relic of a subsequent immature conception, there was no doubt it was the irritant cause of all the trouble, for after its removal she again presently became pregnant, going on to her full period. She thereafter passed from under my observation.

Sunderland.

B. STRACHAN, M.B.

REPORTS

ON

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

GLASGOW WESTERN INFIRMARY.

FATAL CASE OF POISONING WITH NAPHTHA VAPOUR.

(Under the care of Dr. FINLAYSON.)

[Reported by JAMES DAVIDSON, M.B.]

History.—On the evening of September 23rd, 1902, there was brought to the infirmary a patient in an unconscious condition, said to be due to naphtha poisoning. He was 24 years old. It seems that the man had been a seaman, but had worked in a rubber and guttapercha factory for several weeks; his special occupation consisted in dipping the crude rubber in naphtha obtained from petroleum wells and subsequently refined. On the day in question, he was engaged at this work, alone, in an outhouse which was barricaded off from the rest of the buildings. He was last seen between the hours of 1 and 2 o'clock, and, from the amount of work he had completed, it is supposed that he was working up to 4 p.m., but from that time onwards till 6.20 p.m., when he was found lying unconscious, nothing is definitely known of his movements. When discovered by the foreman, he was lying on the floor, not beside the naphtha vat, but some distance off, and in close proximity to a water-pipe which had been leaking. The leak was partly covered with red lead, and it is believed that he was in the act of repairing the pipe, as indeed he had been told to do, when he was overcome by the fumes. The danger of prolonged inhalation of naphtha vapour seems to be one well recognized in such works, and besides having the buildings well ventilated, the workmen are warned that whenever they begin to feel a slight giddiness or swaying sensations in the head, they must at once go out into the open air, and stay there for a few minutes, when the symptoms usually pass off, and they can with safety return to the work.

September 23rd was a dull, muggy day, and although both windows and doors of the building in which this particular accident occurred were wide open, there was in all probability but little movement in the air of the place; further, the leaking water-pipe was on the floor of the room which was about 3 ft. below the ground, window, and door level; it was stated that this place had been passed as satisfactory by the inspector of the local authority. It is conjectured that as the density of naphtha vapour is about five times greater than that of air, the vapour may have been so concentrated at this level, that, on stooping to mend the leak, the workman had been so quickly overpowered by the fumes that he had not time to try to save himself.

It was expressly stated at an official inquiry held on the death, that no other chemical whatever was being used along with the naphtha on this day, and in particular no carbon bisulphide.

When the foreman found this worker lying unconscious, he immediately had him removed to the open air, and various means, including artificial respiration, were tried, in vain, to restore him; he was then brought to the Western Infirmary, where he arrived about 7.40 p.m.

State on Admission.—At that time he was unconscious and lay breathing heavily, the respirations numbering 24 per minute. The face was slightly cyanosed, and the lips were covered with a white froth, while the breath had a sweet, heavy odour not unlike that of amyl nitrite. The pupils were slightly dilated, but they responded to the stimulus of light, and the conjunctival reflex was also present. The limbs were not limp, rather slightly rigid, and the jaws were tightly clenched, a feature which had also been noted at the works when an attempt was made to get him to swallow some stimulant. The radial pulse could not be felt, and the thermometer in the axilla registered 98.2° F. Blankets and hot bottles were applied over and around the patient, liq. strychn. hydrochlor. $\text{m} \times$ injected, and later brandy 3j was injected per rectum. About 9 p.m. he began to show signs of regaining consciousness, the cyanosis of the face disappeared, and the spasm of the masseter muscles relaxed. He afterwards became very restless and almost maniacal; he tried to get out of bed, saying that he was late for his work. He vomited several ounces of greenish fluid, but no odour of naphtha

heard and without sufficient or any cause assigned. As this is a matter which affects the position of the medical and surgical staffs of all hospitals, it is one which, I venture to think, will attract the attention of medical journals, and, through them, of the profession at large.—I am, etc.,

Grosvenor Street, W., March 3rd.

H. A. REEVES.

[COPY.]

Royal Orthopaedic Hospital.
February 27th, 1903.

Dear Sir,—I have to inform you that at the annual Court of Governors held yesterday you were not re-elected upon the Committee of Management, from which you some time ago gave notice of your intention to retire.

The Governors did not re-elect you either as one of the Honorary Surgeons, but thinking you would prefer to finish the treatment of certain of your patients no immediate steps have been taken regarding the appointment of a successor.

I am, dear Sir,

Yours faithfully,

H. A. Reeves, Esq.

TATE S. MANSFORD.

TRANSPLANTATION OF PANCREAS IN DIABETES.

SIR,—In reply to Dr. Allan's request for information on this question, I would refer him to a case of diabetes treated by grafting sheep's pancreas reported by myself in the *BRITISH MEDICAL JOURNAL*, 1894, vol. ii, p. 1303. The procedure failed, unfortunately, but this might be attributed to my reluctance to resort to any operative treatment in a bad case of diabetes until it was very evident that the patient was approaching a fatal termination. I cannot help feeling that an attempt to graft sheep's pancreas might be successful if resorted to while the patient is still in a fair condition of general health.—I am, etc.,

Clifton, Bristol, March 1st.

P. WATSON WILLIAMS, M.D.

OBITUARY.

We regret to record the death of an old and honoured member of the profession. Dr. GEORGE WIGAN, of Portishead, Somerset, on February 15th. George Charles Henry Wigan was born in 1820 in Tipoo Sahib's palace, Seringapatam, India, where his father, Colonel Thomas Wigan, of the H.E.I.C., was then in command of the military dépôt. At the age of 3 he was sent to England, and was brought up by his grandparents. He was educated privately, and entered early at St. George's Hospital, where he was a successful student, being Bloxam's prizeman in Midwifery and Diseases of Women and Children. He obtained the diploma L.S.A. (London) in 1841 and of M.R.C.S. (Eng.) in 1843. He was taken into partnership by Mr. Bloxam, and practised in Somerset Street, Portman Square; but his health breaking down, he went out to Australia to an official appointment. He remained ten years in Australia, and was for some years Consulting Surgeon to the Maitland Hospital, N.S.W., and had a large practice in that town. He returned to England in 1863, and went to Aberdeen University, where he obtained the degree of M.D., C.M. in 1864. In 1864 he returned to the old home at Portishead, and practised there for thirty years, when he retired in favour of his son. He leaves four daughters and three sons, the latter all in the profession—one at Armidale, N.S.W., one at Portishead, and one at Chelsea. His wife died in 1899. He was buried with every mark of respect in Portishead Parish Churchyard on February 21st.

We regret to have to report the death, at the early age of 49, of Dr. FLETCHER, of Crosshills, Yorks. He commenced his medical career as a pupil, and afterwards entered at the Leeds School, subsequently completing his studies at Edinburgh, where he obtained the diplomas of L.R.C.P. and L.R.C.S. in 1876. He settled at Crosshills immediately afterwards, and continued to practise there with great success, and to the great advantage of his patients, by whom he was held in highest esteem. For the past two or three years he had suffered from renal cirrhosis, but had managed to keep on with his work till about ten months ago, when increasing weakness compelled him to give up. He was a man of handsome presence, and his friends and patients alike deeply regret his death. He leaves a widow and four children. The eldest son is a student at the University of Edinburgh.

Our Aberdeen Correspondent writes: Deep regret is felt in University circles at the death of Mr. CHARLES W. MITCHELL. He was a director of Armstrong, Whitworth, and Co., and

other large concerns; he devoted much of his time throughout his life to artistic pursuits, and as a painter won marked distinction by his work, especially in portrait painting and in figure pieces. In Aberdeen, however, his name and that of his father will always be remembered for their munificent gifts to the University. It is estimated that Mr. Mitchell, senr., gave something over £30,000 to the University, the result being the Graduation Hall, the Students' Union, and the Mitchell Tower. Mr. Charles Mitchell carried on the beneficence of his father, and added £20,000 to the Extension Fund. His modesty caused him to decline the honour of the degree of LL.D. which the University offered him, but he received the Freedom of the City of Aberdeen in 1901. His encouragement of substantial support of artistic and philanthropic undertakings in Newcastle and Durham are well known, and his death at the age of 48, on the last day of February, will be a cause of sadness to many.

We regret to have to record that Dr. SAMUEL ALEXANDER died at his residence in Belfast on February 25th at the early age of 40. About seven weeks ago he was attacked by pneumonia, which was followed by empyema. He graduated M.D. in the Royal University of Ireland in 1885, and was a member of both the British and Irish Medical Associations and a Fellow of the Ulster Medical Society, to whose *Proceedings* he from time to time made contributions. He was Medical Officer and Medical Officer of Health of No. 5 Dispensary District, and was Surgeon to the Belfast Boilermakers' and Iron Ship Builders' Society and of the Amalgamated Society of Joiners. A friend who knew him well writes that he possessed medical abilities of a high order, and was most conscientious in the discharge of his onerous duties. He was a man of a quiet and retiring disposition, highly esteemed by those who knew him for his sterling honesty and contempt for underhand or mean actions. He leaves a widow and one child, with whom the deepest sympathy is felt in their bereavement.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Herman Mynter, a prominent physician of Buffalo, who was one of the medical attendants of the late President McKinley after the receipt of the wound which caused his death; Dr. Salomon, Vice-President of the Union of Medical Syndicates of France, and author of monographs on medical relief for the poor, alcohol and the depopulation question, the French lunacy law, etc.; Dr. Ferdinand Weyer, Director of the St. Petersburg Ophthalmic Institution, aged 66; and Dr. Gaspar Sentimon, of Barcelona, a physician who, by his remarkable linguistic attainments, was able to keep his countrymen informed of the progress of medicine as reflected in English, French, German, Greek, and Russian periodical literature.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE PROSPECTS IN THE HIGHER RANKS OF THE ARMY MEDICAL SERVICE.

[FROM A CORRESPONDENT.]

WHAT are the prospects at present held out to the senior officers of the Army Medical Service, namely, the colonels and the surgeon-generals? What are the boons or prizes open to these officials? I think you will say very few indeed. Let us take colonels R.A.M.C., for example.

Prospects of Colonels R.A.M.C.

By an egregious War Office blunder these officers, by far the most important individual group in the R.A.M.C., are entirely excluded from the increases of pay granted to the executive medical officers R.A.M.C. by the recent warrant (1902).

A colonel R.A.M.C. remains to-day the worst paid "colonel on the staff" in the army, his pay being below that of the ordinary "colonel on the staff," and very far below that of the engineer colonel on the staff, who draws at once on appointment 10s. per diem more pay than the medical colonel (Pay Warrant, par. 116).

Yet the whole hope of the future of the R.A.M.C. is in the efficiency and hardworking character of its colonels, who are the chiefs of Districts in peace, and Divisions in war, and are very responsible officers—none more so in the army.

Formerly many of the P.M.O.'s of districts were notoriously easy-going. Their idleness, even in an idle army, was the

what took place, we have grave doubts whether the jury were justified in coming to the conclusion that the prisoner was guilty. Of course the newspaper report of an indecent case necessarily omits much of what transpires in the court; but there is nothing to show that the accused was convicted upon anything except the unsupported testimony of the prosecutrix, who was apparently a stranger to the town, and to the jurors unknown.

Of course it may be said that crimes of this nature are generally committed in circumstances which would exclude the possibility of corroborative evidence; but in the case under notice, although the prosecutrix alleged that she had complained to two ladies immediately after the fact, no serious steps appear to have been taken to secure their attendance.

The high character and great ability of the learned Recorder who tried the case convinces us that the prisoner was tried in strict accordance with the law: what appears to us to be a miscarriage of justice must have arisen from the fact that the jury were prejudiced, or from some inherent defect in the law of evidence as applied to this class of case. To quote the words of a correspondent to the *Saturday Review* (February 7th) in commenting upon this case: "What is there, if this is a fair sample of the present state of the law, to protect any medical man or dentist under such a charge? Most medical men know that there are, unfortunately, some prurient-minded women who, under the influence of hysterical excitement, will not hesitate to assert that some impropriety has taken place, or some vile suggestion has been made to them by their medical attendant, although such has never taken place, but has only existed in their own depraved and diseased imagination."

We do not wish to advocate the adoption of a hard and fast rule to the effect that a girl's statement, when appearing as a prosecutrix, must always be corroborated in some material respect before the accused can be found guilty. But where the prisoner has borne an exemplary character, and the prosecutrix is but little known, it ought, in our view, to be the duty of the judge to warn the jury to exercise their function with the greatest caution, giving the prisoner the benefit of any reasonable doubt. The rules which Blackstone in his *Commentaries* declares ought to be observed upon the trial of a charge of rape, should in our view be acted upon by the jury in every case of alleged indecent assault. That learned author says (Vol. 4, p. 213): "The party ravished is a competent witness to prove this and every other part of the case; but the credibility of her testimony and how far she is to be believed must be left to the jury upon the circumstances of fact that occur in her testimony. For instance, if the witness be of good fame; if she presently discovered the offence and made search for the offender; if the party accused fled for it—these and the like are concurring circumstances which give greater probability to her evidence. But, on the other hand, if she be of evil fame and stand unsupported by the testimony of others; if she concealed the injury for any considerable time after she had opportunity to complain: if the place where the act was alleged to have been committed were such that it was possible she might have been heard and she made no outcry—these and the like circumstances carry a strong but not conclusive presumption that her testimony is false or feigned."

THE NOTIFICATION OF INFECTIOUS DISEASE.

ON Monday, March 2nd, the Court of Appeal (Vaughan Williams, Mathew, and Stirling, L.J.J.) heard an appeal in the case of *Salisbury v. Gould* from an order of Mr. Justice Walton striking out the plaintiff's statement of claim on the ground that it disclosed no cause of action. The action was brought by a Mrs. Salisbury, claiming damages against the defendant, Dr. Gould, L.R.C.P., L.S.A., on the ground that he had wrongfully given a certificate to the effect that the plaintiff's child was suffering from small-pox. Mr. Swan and Mr. Pocock appeared for the plaintiff; Mr. Colam (instructed by Mr. W. E. Hempton, the Solicitor to the Medical Defence Union) represented the defendant.

It appeared from Mr. Swan's statement on behalf of the plaintiff, that on September 1st, 1901, the defendant was summoned by the plaintiff to see a little girl. After examining the child the defendant came to the conclusion that she was suffering from small-pox. He thereupon gave the usual notice to the Medical Officer of Health of the Holborn District, in accordance with Section LV (1) (b) of the Public Health (London) Act, 1891. As a result of this notice, the medical officer visited the child. He came to the same conclusion, and granted a certificate in accordance with Section LXVI (1) of the Act of 1891, which led to the child being removed to Rotherhithe upon a magistrate's order. After a few days it was found that the child was not, in fact, suffering from small-pox, and she accordingly returned home. The action, counsel explained, was originally brought against the defendant and Dr. Bond, but the name of the medical officer was struck out by the order of Mr. Justice Walton. The plaintiff, by her statement of claim, alleged that the damage which she had suffered was traceable to the defendant's negligence, and that the medical officer had acted solely upon the defendant's diagnosis.

Lord Justice Vaughan Williams: What is the nature of the damage which she has sustained?

Mr. Swan: It seems that the plaintiff lost her customers owing to the report getting abroad that there was small-pox at her house. She also had to pay for disinfectants.

Lord Justice Vaughan Williams: As I understand it, this case does not fall within Section LXVI.

Mr. Colam: That is not so. Section LXVI is the only section which gives power to grant the certificate. The actual order is made by the justices.

On the order of the justices being produced, Lord Justice Vaughan Williams said that he saw nothing in the justice's order to show that they were not convinced by the production of the defendant's certificate.

Continuing, Mr. Swan said that the substantial question was whether the defendant came under the Public Authorities Protection Act, 1893. This point had not yet been expressly decided in any court.

At this point Lord Justice Vaughan Williams asked Mr. Colam to show why the statement of claim disclosed no cause of action.

Mr. Colam: The defendant certified to Dr. Bond, and he examined the child for himself. The damage, if any, flowed from his negligence, and not from that of the defendant. The only certificate the defendant has signed is the one which he is bound to sign under Section IV. He would have been liable to a penalty if he had not signed it. The statement of claim does not allege that the defendant signed a certificate under Section LXVI. It was admitted by the plaintiff's counsel when before the Master that her case was based upon the issue of a wrongful certificate under Section LXVI, and the claim is so framed.

Lord Justice Vaughan Williams: We cannot decide this case upon any alleged admission.

Mr. Colam: It is also contended that the defendant is protected by the Public Authorities Protection Act, 1893, inasmuch as the action was not commenced until eighteen months after the cause of action arose.

Lord Justice Mathew: This is neither the time nor the place to discuss that point. In the event the appeal was allowed, the plaintiff being ordered to give certain particulars of the claim, the summons for which had stood over pending the hearing of the appeal.

A CHEMIST CONVICTED OF MANSLAUGHTER.

ON February 22nd, Henry Atken Gibson, a chemist, was charged before Mr. Justice Kennedy, at the Lincolnshire Assizes, with the manslaughter of Thomas Stevenson, at Spalding, on December 5th. Mr. Appleton prosecuted: Mr. Stanger, K.C., and Mr. Walker defended the prisoner.

It appeared that early in December, 1902, the deceased, who was a small farmer, went to the prisoner's shop to purchase medicine for a cold. The prisoner, who was not a qualified chemist by examination, but conducted his business by reason of his having been so engaged prior to the passing of the Pharmacy Act, 1868, gave the deceased some liquid in a bottle with instructions how to take it. On returning home the deceased took one dose, as the result of which he fell to the ground in agony. He died the same night. It appeared that the prisoner had mixed the medicine under the impression that he was using sal volatile, whereas he was in reality using the strongest liquid ammonia. It was alleged on the part of the prosecution that this constituted gross negligence. As further evidence of negligence it was proved that the defendant had supplied the medicine, not in an ordinary medicine bottle, but in one which had contained a hair preparation. It also appeared that after the deceased was taken ill the prisoner wrote the words "in water" on the label, whereas he had said nothing about the addition of water when the medicine was supplied in the first instance.

It was urged on the prisoner's behalf that the occurrence was a blunder and an accident, but not a criminal act. The jury found him guilty with a strong recommendation to mercy. Speaking in mitigation of sentence, counsel stated that his client was 63 years of age, and that the circumstance had so upset his wife that she was quite prostrate. He was sentenced to fourteen days imprisonment in the second division.

THE MEDICAL MAN, THE CORONER, AND THE PATHOLOGIST.

DR. W. PIERCY FOX (Clapham Road, S.W.), in the course of a letter on this subject, writes: The following case exemplifies very clearly the impossible attitude Mr. Troutbeck has taken. I was called to a woman at 3 p.m. on February 21st. I was out, but, returning at 4 p.m., went over, and found that she had been confined about an hour. The infant was dead. The woman was fully dressed, having just returned in a hurry in time to get home, and she was all alone. The infant's face was on the bed, with the mother's leg on top of the head, and the cord tightly turned twice round the neck. I tried my best to revive the child, and left at 4.30 p.m. The nurse arrived about 6 p.m.—an old woman. The father returned at 8 p.m. The case was certified by me as a death resulting from inattention at birth. The coroner was notified, and his officer, to whom I declined all information, called on me. Dr. Freyberger was given the necropsy. The coroner called the father, the nurse, and a young girl, all of whom said they knew absolutely nothing of the matter.

I venture to say that in this case the inquest legally is null and void, and a farce, inasmuch as a primary fact—identification—was absent. I was the only one possible as a witness, and yet the coroner called Dr. Freyberger, and ignored me.

VALUE OF DEATH VACANCY.

A. M. M. asks what percentage of profits ought to be paid to the relatives of the deceased, when a practitioner succeeds to a death vacancy, and for how long.

. The relatives of the deceased are entitled to the market value of the practice. This may be estimated in a lump sum or commuted to an annual payment out of the profits. The latter will of course vary with the estimated value of the practice in question.

A DISPUTED BILL.

J. G. B. C. deserves our sympathy. We think his charges perfectly reasonable. From the lady's letters we suspect that she is either in straitened circumstances or excessively near. Our correspondent, therefore, should either waive the claim altogether, or adhere to his charges in their entirety.

A MATTER OF TASTE.

FORM.—As a matter of taste we should have thought the billhead "To Dr. — and Mr. —" the best, but we should leave out the display of qualifications at the top left-hand corner. If, however, the partner who does not possess a degree cannot allow himself to be called plain Mr. —, perhaps the form C. should be adopted.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Appointments.—Mr. Joseph Larmor, St. John's, Secretary of the Royal Society, has been elected Lucasian Professor in succession to the late Sir G. G. Stokes. Dr. Norman Moore has been appointed one of the University representatives at the International Congress of Historical Studies to be held in Rome in April. It is understood that the Mastership of Pembroke has been offered to Professor E. G. Browne, M.B., now in Cairo.

Degrees.—At a congregation on February 26th, the following medical degrees were conferred:—*M.D.*: A. E. Bodington, Caius. *M.B. and B.C.*: A. W. Izard and E. A. Ross, Trinity; H. Wachter, St. John's; L. B. Aveling, Christ's. *M.B. only*: N. F. Ticehurst, Clare. *B.C. only*: D. Holroyde, Clare.

UNIVERSITY OF LONDON.

The following candidates have passed the Intermediate Examination in Medicine:

Entire Examination.—First Division: T. C. Clare, Birmingham University; C. Clarke, St. Bartholomew's Hospital; A. D. Griffith, King's College; G. S. Morse, St. Bartholomew's Hospital; J. M. O'Meara, University College; W. J. H. Pinniger, University College, Bristol; Lillian T. Rowland, London School of Medicine for Women; A. Salmon, London Hospital; R. A. Veale, Yorkshire College. Second Division: E. H. Adams, Guy's Hospital; W. B. Attenborough, King's College; J. S. Avery, University College, Bristol; T. H. Barton, Guy's Hospital; R. J. Bentley, Guy's Hospital; V. H. Blake, St. George's Hospital; H. D. Clementi-Smith, St. Bartholomew's Hospital; D. K. Courts, St. Thomas's Hospital; C. H. Cross, St. Bartholomew's Hospital; I. J. Davies, University College, Cardiff; A. S. Hahn, University College, Sheffield; G. Hamilton, Guy's Hospital; E. M. Harrison, Guy's Hospital; H. Isaacs, University College, Cardiff; H. S. Knight, Guy's Hospital; E. F. Milton, Guy's Hospital; C. L. Morgan, St. Thomas's Hospital; T. C. Pocock, Guy's Hospital; N. B. Powell, St. Bartholomew's Hospital; W. P. Purdom, Guy's Hospital; E. J. Roberts, London Hospital; E. L. Sandiland, London Hospital; F. A. Sharpe, Guy's Hospital; Olive Bertha Smith, London School of Medicine for Women; E. J. Sunnucks, University College; A. A. Sutcliffe, St. Thomas's Hospital; Violet A. Turkhud, London School of Medicine for Women; H. A. Watney, Guy's Hospital; A. G. Wells, University College; F. T. H. Wood, B.Sc., Guy's Hospital.

Excluding Physiology.—First Division: Mary O'Brien, London School of Medicine for Women. Second Division: A. Barber, St. Bartholomew's Hospital; H. H. R. Bayley, Charing Cross Hospital; L. F. Cope, St. George's Hospital; E. V. Dunkley, St. Thomas's Hospital; A. H. Gifford, King's College; L. Llewellyn, London Hospital; Bessie W. Symington, London School of Medicine for Women; A. G. Tresidder, London Hospital; Ruth Helen Western, London School of Medicine for Women; D. Wilson, St. Thomas's Hospital.

Physiology only.—Second Division: L. C. Blackstone, University College; I. R. Cook, Guy's Hospital; R. J. H. Cox, St. Thomas's Hospital; J. H. Drew, St. Thomas's Hospital; G. S. Earl, St. George's Hospital; H. O. Gough, University College, Bristol; A. W. Hooker, St. Thomas's Hospital; F. D. Roberts, London Hospital; H. S. Vivian, Middlesex Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen having passed the necessary examinations and conformed to the by-laws have been admitted Members of the College:

E. B. D. Adams, St. Bartholomew's Hospital; W. M. Anderson, L.D.S.Eng., Charing Cross Hospital; E. E. Argles, St. Mary's Hospital; W. S. Armstrong, St. George's Hospital; O. F. H. Atkey, King's College Hospital; G. W. Badgerow, M.B.Toronto, Toronto University and University College Hospital; F. Barker, Medical Department, University of Birmingham; C. J. Battle, St. Thomas's Hospital; K. H. Beverley, University College and Royal Infirmary, Bristol; F. M. Bishop, St. Bartholomew's Hospital; W. F. Box, Guy's Hospital; D. Bridges, Charing Cross Hospital; H. M. Burroughes, B.A.Camb., Cambridge University and St. Bartholomew's Hospital; A. R. Brailey, B.A.Camb., and S. Child, B.A.Camb., Cambridge University and Guy's Hospital; N. Carpmal, St. Thomas's Hospital; V. A. Chatelain, London Hospital; W. H. Cole, Guy's Hospital; H. E. Corbin, B.Sc.Lond., St. Mary's Hospital; P. T. C. Davy, University College Hospital; W. H. Dickinson, Cambridge University, Liverpool, and St. George's Hospital; R. Donald, M.A., B.Sc.New Zea., University of New Zealand and London Hospital; N. E. Dunkerton, King's College Hospital; D. C. Evans, University College, Cardiff, and St. Bartholomew's Hospital; F. W. Fawcett, Guy's Hospital; C. B. Fowler, Aberdeen University and Charing Cross Hospital; J. D. H. Freshwater, Cambridge University and St. George's Hospital; W. T. Frizzell, M.B.Toronto, Toronto University and University College Hospital; G. B. Gill, Bristol, Durham, and Westminster Hospital; W. L. M. Goldie, St. Mary's Hospital; P. Gow, University of New Zealand and Middlesex Hospital; A. M. H. Gray, University College Hospital; T. Guthrie and W. L. Harnett, B.A.Cam., Cambridge University and St. Thomas's Hospital; G. Hamel, C.V.O., M.D. Brux, Kiel, Berlin, and Bern Universities; A. F. Hamilton and T. H. Harker, St. Bartholomew's Hospital; P. W. Hammond, Guy's Hospital; W. T. Harris, L.S.A.Lond., and L. S. Hooper, St. Thomas's Hospital; N. G. Harry and A. G. Harvey, Cambridge University and Middlesex Hospital; H. W. J. Hawthorne, L.D.S.Eng., Medical Department, Birmingham University; G. S. Hett, University College Hospital; T. L. Ingram, Cambridge University and London Hospital; W. J. D. Inness, St. Mary's Hospital; A. W. Iredell, Guy's Hospital; J. D. Jones, Middlesex Hospital; H. M. Joseph, B.A.Camb., B.Sc.Lond., Cambridge University and Charing Cross Hospital; R. M. Kalapesi, L.M. and S. Bombay, Grant Medical College, Bombay; H. W. Kaye, B.A. Oxon, Oxford University and London Hospital; K. H. A. Kellie, Cambridge University and St. George's Hospital; E. H. Kenderdine, Medical Department, University of Birmingham; H. R. Kidner, B.Sc.Lond., St. Bartholomew's Hospital; R. O. Lee, B.A.Camb., Cambridge University and Middlesex Hospital; R. E. Lewis, Middlesex Hospital; A. D. Low and N. Low, St. Mary's Hospital; G. H. Latham, C. De Z. Marshall, and A. F. Miskin, St. Thomas's Hospital; S. H. McCoy, B.A., M.B.Toronto, Toronto University; H. R. Minkley, St. Mary's Hospital; R. V. G. Monckton, St. Bartholomew's Hospital; A. T. Moon, London Hospital; D. Morrow, L.S.A.Lond., Queen's College, Belfast, and Middlesex Hospital; S. P. Mummy, L.D.S.Eng., St. George's Hospital; H. B. Mylvaganam, L.M. & S. Ceylon, Ceylon Medical College and London Hospital; J. S. New, University College Hospital; E. J. O'Neill, M.B., Ch.B. New Zealand, Otago University, New Zealand; E. Parsons, St. Thomas's Hospital; C. B. Penny, Guy's Hospital; A. Pick, M.D.Germany, M.D.Austria, Breslau University; L. L. Pope, B.A.Kingston, Canada, M.D., C.M.McGill, University of McGill College, Montreal, and University College Hospital; J. H. Porter, London Hospital; J. L. Pritchard, Royal Infirmary, Liverpool and Glasgow; G. H. Richard, St. Mary's Hospital; E. A. Roberts, King's College Hospital; L. F. Robertson, B.A., M.D., C.M.McGill, University of McGill College, Montreal; J. N. Robins, M.A.Camb., Cambridge University and London Hospital; T. Rose, Middlesex Hospital; C. W. Sharpley, Yorkshire College and General Infirmary, Leeds; W. Stansfield, Owens College and Royal Infirmary, Manchester;

J. B. Stephens, St. Mary's Hospital; E. F. A. Sthamer, M.D. Leipzig, Leipzig University; W. M. Strong, M.A.Camb., Cambridge University and St. Thomas's Hospital; L. R. Tosswill, St. Bartholomew's and Devon and Exeter Hospital; E. D. Townroe, St. George's Hospital; C. W. Turner, Durham University and Owens College and Royal Infirmary, Manchester; J. C. Velenski, M.J., B.S.Durh., Durham University, St. George's and University College Hospital; V. M. Wallis, Guy's Hospital; J. Wells, Medical Department, University of Birmingham; A. L. W. Whitehouse, L.D.S.Eng., Westminster Hospital; F. C. Whitmore, Dublin University College and Royal Infirmary, Bristol; C. W. T. Woods, Cambridge University and St. George's Hospital; H. G. K. Young, B.A.Camb., Cambridge University and Middlesex Hospital.

TRINITY COLLEGE, DUBLIN.

THE following candidates have passed the Final Examination in Midwifery:

R. J. Fleming, W. G. Harvey, W. R. P. M'Neight, C. E. Moore, J. Wallace, D. B. Thomson.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

GOSPORT WATER SUPPLY.

ON January 3rd and 17th we called attention to the unsatisfactory condition of the Gosport water supply and the supineness of the local authority in respect of the matter. On January 17th we were able to give some particulars received from the engineer of the Waterworks Company. These particulars included a denial on the part of the company that the water was impure from a bacteriological point of view, but an admission that the degree of salinity was exceptionally high, due to filtration through the chalk from Fareham Creek. The engineer further informed us that measures were being adopted by which the directors of the company hope to render the water all that could be desired.

We are now informed by a correspondent that the measures referred to consist in attempts to fill up the chalk crevices in the sides of the Foxbury well with clay, and thus block out the sea from Fareham Creek. Such palliative treatment is scarcely likely to prove successful, seeing that the well is deep and its bottom much beneath the sea level, so that the pressure must be considerable.

We cannot believe that the local authority or the authorities responsible for the Royal Marines at Forton and the troops in the various forts, or indeed the water company itself, quite realize the gravity of the issues raised by the facts previously quoted and by the more recent information which we have now received. True the Admiralty, which formerly had ships watered from the Gosport supply, ceased doing so some six months ago, and now, we understand, take water from the Portsmouth Company. But troops still remain dependent upon the Gosport supply. Up to the present it appears that the local authority and the water company have together taken two steps. Possibly there is some mutual interest between these two bodies. If there be we can only remark that under the circumstances it is a very dangerous mutual interest, unless it places public interest before its own. The two steps are these: First, samples of water have been analysed; secondly, there has apparently commenced some puddling of the Foxbury well as a result of the revelations of the analyses. But this is not, in our opinion, sufficient to safeguard the consumers of the water.

Now we learn that advantage was recently taken of the Local Government Act, 1894, by several ratepayers, who entered the district council's offices and demanded the right to inspect certain analytical reports of the Gosport water supply which were believed to be in possession of the officials, but which had not been made known to the public. Several were produced and others were admitted to have been received but could not be found.

In a report by Dr. Stevenson, of Guy's Hospital, dated January 11th, 1898, it is stated that: "This water is not of satisfactory composition for a public water supply. It abounds in chlorides, and having regard to the proximity of the sea, I fear it will be found on examination that the chlorides percolate through some fissure in the chalk into the well. I regard the excess as a matter of grave suspicion. A thorough examination of the surroundings of the well is needed." But apparently the advice to have a thorough examination of the surroundings was not followed.

In a report from the Clinical Research Society dated September 20th, 1900, is the following statement: "There can be little doubt that there is a connexion between the source of the water and the sea. The water is distinctly dangerous. This opinion is strengthened by the fact that our bacteriologist has isolated the bacillus coli communis from 50 c.cm. of the water." And yet the engineer declares the water is bacteriologically pure.

There is a further report dated October 6th, 1900, which says the water remains "in our opinion highly suspicious, one sample yielding strong presumptive evidence of recent sewage contamination." A sample was sent to King's College for examination on June 10th, 1902, and the report states that "the amount of ammonia is very high, and if this were to be ascribed to the breaking down of organic nitrogenous substances under bacterial influences it would indicate a decidedly objectionable amount of organic contamination. From the extent and nature of its mineral constituents, the water cannot be described as a good one for drinking purposes."

Our remarks need not be further prolonged. These various reports speak for themselves, and they speak also of the serious risk which is run by all persons drinking this water unboiled or unfiltered. We venture to urge the district council to bestir itself in its own interests, if for no higher reason, and we would respectfully suggest that the military authorities institute an inquiry of their own.

STATE VACCINATION BY ALL REGISTERED PRACTITIONERS.

At the last meeting of the Stockport and District Medical Society the following resolution was carried unanimously: "That this Society endorse the memorial of the Leicester Medical Union, as sent to the

President of the Local Government Board *re* Vaccination (see BRITISH MEDICAL JOURNAL, January 3rd, 1903), and that a copy be sent on behalf of this Society to the same quarter."

THE ASSOCIATION OF PUBLIC VACCINATORS.

At a meeting of public vaccinators in South Devon and North and East Cornwall a District Council was appointed to assist the Association of Public Vaccinators of England and Wales. Mr. George Jackson was elected Chairman, and Dr. Gill of St. Germans, Secretary.

Resolutions were adopted recommending that the Local Government Board should be the vaccination authority; that pending the transference public vaccinators should be as independent in position as vaccination officers; that all children should be vaccinated before being entered on the register of an elementary school, and should be revaccinated between the ages of 10 and 14; that successful vaccination should be defined in any future legislation; that all institutions for the provision of calf lymph should be open for Government inspection; and that no imported lymph should be used from any institution not recognized by the English Government; that there should be a Government vaccination station for the supply of lymph in all large centres of population; that efficient vaccination should be defined as at present fixed by the Local Government Board; that every medical practitioner not acting as a public vaccinator who forwarded a certificate to the vaccination officer of efficient vaccination should be paid a fee for the certificate, provided that it is stated the number of insertions and successful pustules, and that such fee should not interfere with that charged for the operation. Further, the meeting resolved that the minimum fee cannot be fairly reduced, that in many country districts they are inadequate, and that an additional minimum fee of 1s. a mile should be paid for each journey over two miles for each mile or part of a mile.

We are informed by Mr. Charles Greenwood, Secretary of the Association of Public Vaccinators, that within the past month five other meetings of public vaccinators in the respective districts of Surrey, Monmouth, Glamorgan, West Riding of Yorkshire, and North and East Devon, have been held, when district councils were formed and resolutions passed.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,008 births and 4,789 deaths were registered during the week ending Saturday last, February 28th. The annual rate of mortality in these towns, which had been 17.9, 17.1, and 16.7 per 1,000 in the three preceding weeks, further declined last week to 16.6 per 1,000. The rates in the several towns ranged from 8.2 in Handsworth, 8.8 in Walthamstow, 9.3 in Hornsey, 9.8 in King's Norton, 10.4 in Reading, 10.9 in East Ham, 11.6 in Wallasey, and 11.7 in Leyton, to 20.5 in Plymouth, 20.7 in Birkenhead and in Liverpool, 20.9 in Manchester and in Middlesbrough, 21.8 in Swansea, 23.0 in Salford, 23.2 in Bury, and 24.3 in Wigan. In London the rate of mortality was 16.3 per 1,000, while it averaged 16.7 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.6 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 1.7 per 1,000, while it averaged 1.5 per 1,000 in the seventy-five other large towns, among which the highest death-rates from the principal infectious diseases were 2.7 in Northampton, 3.0 in West Ham and in Manchester, 3.4 in Oldham, 4.2 in Wigan, 5.4 in Bury, and 6.6 in Hanley. Measles caused a death-rate of 1.1 in Middlesbrough, 1.2 in Manchester, 1.6 in Swansea, and 3.4 in Wigan; scarlet fever of 1.2 in St. Helens, 1.5 in Oldham, 1.6 in West Bromwich, and 1.7 in Bootle; diphtheria of 1.2 in Northampton, 2.2 in Coventry, 2.7 in Bury, and 5.8 in Hanley; whooping-cough of 1.2 in Northampton, 1.4 in Preston, 1.6 in Grimsby, and 2.0 in Hornsey; and diarrhoea of 1.1 in West Ham. The mortality from "fever" showed no marked excess in any of the large towns. Of the 17 fatal cases of small-pox registered in these towns last week, 7 belonged to Liverpool, 4 to Manchester, and 1 each to Aston Manor, Birkenhead, Bootle, Oldham, Burnley, and Preston. The Metropolitan Asylums Hospitals contained 5 small-pox patients at the end of last week, against 6, 6, and 8 at the end of the three preceding weeks; 1 new case was admitted during the week, against 4, 1, and 7 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 2,528 to 1,893 on the nine preceding Saturdays, had further declined to 1,851 on Saturday, February 28th; 107 new cases were admitted during the week, against 189, 246, and 205 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, February 28th, 927 births and 581 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.1 per 1,000 in each of the two preceding weeks, declined last week to 17.7 per 1,000, but was 1.1 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 9.3 in Perth and 10.5 in Leith, to 18.8 in Glasgow and 22.0 in Aberdeen. The death-rate from the principal infectious diseases averaged 1.8 per 1,000 in these towns, the highest rates being recorded in Aberdeen and Leith. The 284 deaths registered in Glasgow included 1 small-pox, 2 from diphtheria, 16 from whooping-cough, 2 from "fever," and 6 from diarrhoea. Three fatal cases of whooping-cough were recorded in Edinburgh. Two deaths from whooping-cough and 3 from diarrhoea occurred in Dundee; 4 from measles, 2 from diphtheria, and 2 diarrhoea in Aberdeen; 2 from scarlet fever in Paisley; and 4 from measles in Leith.

POOR-LAW CHILDREN.

THE Local Government Board in England has issued a circular pointing out that the number of children emigrated to Canada by Boards of Guardians, has, during the last few years, considerably diminished. The Commissioner of Emigration under the Dominion Government, states that at no previous time have there been so many opportunities in Canada as at present for absorbing in a satisfactory manner young emigrants of the class sent by Boards of Guardians. The circular further states that on the average of the last three years, the cost of sending a child to Canada, and providing for its inspection by the Dominion Government, does not exceed £15. Further information can be obtained from Mr. W. T. R. Preston, Commissioner for Emigration, 17, Victoria Street, London, S.W.

CONSTITUTION OF THE POPULATION OF ENGLAND AND WALES. DR. A. CODD (Bromley, Kent) asks where particulars can be found of the normal constitution of the population of England and Wales according to age and sex in urban and rural districts, and as to the normal death-rate at each age-period.

* * The census reports for each county are being steadily issued from the Census Office. Those for London, Yorkshire, Lancashire, Sussex, and some other counties have already appeared, including that for Kent, in which our correspondent is interested, has appeared (Cd. 1171), price 1s. 3d. In each county census report the age and sex distribution of the population is given for (a) county boroughs, municipal boroughs, and other urban districts; and (b) rural districts. It is also given (c) for registration counties and registration districts. The death-rate for England and Wales in 1891-1900 in various age-periods of life and for the two sexes has not yet been published. The decennial supplement of the Registrar-General giving this information will probably appear in about two years.

EXAMINATION OF TRAMPS BY M.O. OF WORKHOUSE.

W. M. O. writes saying that by a recent resolution of the guardians he has been requested to visit the workhouse daily at 8 a.m. and to examine the tramps each day on account of the small-pox epidemic. He asks whether this is a part of his duty as medical officer and if not what remuneration he ought to claim.

* * The term used by our correspondent, "examine the tramps," does not fully explain what he is expected to do. It is his duty to examine all paupers once within a reasonable time of their admission to the house, but having done this, and having found no medical attendance requisite, we should regard re-examination, except any such made on account of apparent or real illness, as being a duty which by regulation he is not called on to perform. We are disposed to think that our correspondent's best course will be to comply with the directions of the guardians and to charge 2s. 6d. for the re-examination of every tramp who is found not to require medical attendance when such re-examination is made.

ASSISTANT MEDICAL OFFICER OF HEALTH IN SCOTLAND.

MYOPIC asks if a parish medical officer in the north of Scotland can apply for the post of district medical officer of health for that district, although he does not hold a diploma in public health. He states that the parish has a population of less than a thousand, and that he can find nothing definite under the Act, but has been told that the Local Government Board will give no grant unless the diploma is held.

* * All county local authorities in Scotland, that is to say district committees, are bound to appoint a chief district medical officer of health who must hold a diploma in public health. The local authorities can, if they desire, appoint assistant or parish medical officers of health to act under this official, but they are simply his assistants, they can perform no statutory duties, and the local authority cannot participate in the Government grant in aid of the cost of medical officers of health as far as these assistants are concerned.

MEDICAL NEWS.

THE annual general meeting of the Medical Graduates College and Polytechnic will be held at 22, Chenies Street, W.C., on March 31st, at 5.30 p.m.

A CONVERSAZIONE will be given at the West London Hospital by the Post-graduate College on Wednesday, March 18th, at 8.30 p.m. All past residents and past and present post-graduates are invited to be present.

At the matriculation examination of the University of London, held in January, 524 candidates were successful; 4 were placed in the Honours list, 273 in the First Division, and 247 in the Second Division.

DR. GEORGE REID, M.O.H. Staffordshire County Council, will open a discussion at the Sanitary Institute on Wednesday next on Sewage Disposal and the Qualities essential in a Sewage Effluent. The chair will be taken at 8 p.m.

MEDICAL SOCIETY OF LONDON.—We are requested to state that the meeting of the Medical Society of London, to be held on March 23rd, will be a "clinical evening," and that the papers on Diseases of Children are unavoidably postponed.

A DISCLAIMER.—Dr. Dundas Grant desires us to state that the report of an interview which appeared in the *Daily Telegraph* of March 3rd was published entirely without his authority. Dr. Grant was unaware that the gentleman who engaged him in conversation in the office of the secretary of the hospital was a reporter.

A MEDALLION of the late Dr. T. Woodhouse, M.D., F.R.C.S., of Putney, who was for thirty-six years visiting medical officer of the Royal Hospital for Incurables, Putney Heath, was unveiled in the assembly room of that institution on February 27th. The medallion, which is by Mr. Hewms of Exeter, is of alabaster, measures 2 ft. 9 in. by 2 ft. 3 in., and is

mounted in walnut. The memorial is the gift of Mrs. Woodhouse, the widow, by whom the unveiling ceremony was performed in the presence of a numerous gathering. Tributes to the memory of Dr. Woodhouse were paid by Dr. Small, who, as the oldest member of the Board of Management, presided. Mr. J. Dicks, another member of the Board of Management, and others.

We have received, by the courtesy of the Registrar of the General Medical Council, the volume of the Minutes of the Council and its various Committees and Branch Councils for the year 1902. The volume, with its 22 appendices and general index, contains 862 pages, and its price is 12s. 6d.

POST-GRADUATE INSTITUTE IN GERMANY.—According to a Central News telegram from Berlin Professor von Bergmann's scheme for the erection of an Empress Frederick Institute for post-graduate courses for physicians has been approved by the Emperor William.

A TUBERCULOSIS CAMP.—The New York City Board of Health has recommended the establishment of a tuberculosis camp somewhere outside the city. The plan is to select a piece of ground away from any village on high land, about fifty miles from the city, and there to set up substantial but comparatively inexpensive tents. Each tent will hold two or three people, and will cost approximately £20.

A FESTIVAL dinner in aid of the funds of University College Hospital will be held at the Hotel Métropole on Wednesday, March 18th. The chair will be taken by Lord Strathcona and Mount Royal, G.C.M.G., at 7 p.m. The annual general meeting of Governors will be held on the following afternoon, when a report of the condition of the hospital will be presented and other business transacted.

THE FIRST MEDICAL COLLEGE FOR WOMEN IN CHINA.—The Medical College for Women in Canton was formally opened on December 17th, 1902, by the United States Consul. Addresses were delivered by a number of missionaries, who paid a high tribute to Dr. Mary Fulton, who has done so much for the Chinese. Thirteen young women are studying medicine in the institution, while the applicants for admission next year number 60.

THE HERBERT HOSPITAL.—In the list of civilian surgeons who served in the Herbert Hospital, Woolwich, during the war, the name of Dr. R. N. De Beauvais, was accidentally omitted. Dr. de Beauvais served there for eight months and afterwards was transferred to Devonport, where he was stationed for a year. Dr. de Beauvais was at the Herbert Hospital at the time of the late Queen Victoria's visit on March 22nd, 1900, and his wards in "B" block were among those inspected by Her Majesty.

A LEPER COLONY IN THE PHILIPPINE ISLANDS.—A Philippine leper colony is to be established at a central point in the island of Camaluan. The colony will be to a certain extent self-governing in its internal affairs, some of the lepers being persons of high standing and ability. No marriages will be allowed. Recent and mild cases will be separated from those that are severe and of long standing. Relatives will be allowed to live near and see the patients at stated times. Each person will be given a plot of ground and tools, and it is intended that all vegetable produce necessary shall be grown on the island.

THE MEDICAL GUILD.—The recently published annual report of the Council of the Medical Guild for 1902, whose Chairman is Mr. R. H. Wolstenholme, M.R.C.S., and Secretary, Mr. David Owen, M.R.C.S., contains evidence of much activity in the direction of organization of the profession in the Manchester district. In regard to club practice, several cases are referred to in which the minimum tariff of 4s. per member has been obtained. The Council has notified its intention to take action in any case of employing unqualified assistants or *locum tenentes* when satisfactory documentary evidence is forthcoming. It has addressed a communication to the Owens College in reference to advertisements appearing in the lay press of lectures to practitioners and senior students, giving the names of the lecturers, in which the opinion is expressed that the proper channels for making known the lectures are the medical press and private circulars. A suggestion has been received from outside the Guild to extend the *Medical Guild Quarterly* to other towns, and to make it a medical monthly. The consideration of this suggestion has been deferred. The Honorary Treasurer's account of receipts and payments for 1902 is appended.

MEDICAL VACANCIES.

The following vacancies are announced:

ABERDEEN CITY DISTRICT LUNACY BOARD.—Medical Superintendent for the Kingsseat Lunatic Asylum. Salary to commence, £400 per annum, rising £50 yearly for four years, with house, etc. Applications to the Clerk, 20, Union Terrace, Aberdeen, by March 13th.

BRACEBRIDGE ASYLUM, near Lincoln.—Junior Assistant Medical Officer, unmarried, under 30 years of age. Salary, £125 per annum, with furnished apartments, board, attendance, etc. Applications to Mr. W. T. Page, Jun., Solicitor and Clerk to the Visiting Committee, 5 and 6, Bank Street, Lincoln, by March 3 st.

BRIGHTON: SUSSEX COUNTY HOSPITAL.—House-Physician: unmarried, and under 30 years of age. Salary, £80 per annum, with board, residence, and washing. Applications to the Secretary by April 1st.

DERBY BOROUGH ASYLUM.—Assistant Medical Officer. Salary, £120 per annum, with board and washing. Applications to Dr. Macphail, Rowditch, Derby, by March 16th.

DEVONPORT: ROYAL ALBERT HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the Chairman of the Medical Committee by March 12th.

DUBLIN: TRINITY COLLEGE.—Professorship of Anatomy. Applications to the Registrar by June 1st.

DURHAM COUNTY ASYLUM.—Second Assistant Medical Officer. Salary, £180 per annum, rising to £220, with rooms, board, laundry, and attendance. Applications to the Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.

GLOUCESTER: GENERAL INFIRMARY AND THE GLOUCESTERSHIRE EYE INSTITUTION.—Assistant House Surgeon. Appointment for six months, but eligible for re-election. Remuneration at the rate of £30 per annum, with board, residence, and washing. Applications to the Secretary by March 18th.

LEEDS PUBLIC DISPENSARY.—Honorary Physician. Applications to the Chairman by March 16th.

LITTLEMORE PAUPER LUNATIC ASYLUM, near Oxford.—Second Assistant Medical Officer. Salary, £120 per annum, with lodging and board. Applications to the Medical Superintendent before March 13th.

LONDON FEVER HOSPITAL, Liverpool Road, N.—Assistant to the Resident Medical Officer. Salary, £120 per annum, with board, and lodging. Applications to the Secretary by March 14th.

LONDON THROAT HOSPITAL, 204, Great Portland Street, W.—House-Surgeon; non-resident. Honorarium at the rate of £50 per annum. Applications to the Honorary Secretary of the Medical Committee by March 7th.

MANCHESTER ROYAL INFIRMARY.—Assistant Medical Officer to the Convalescent Institution, Chorley; unmarried. Appointment for six months. Salary at the rate of £80 per annum, with board and residence. Applications to the General Superintendent, Royal Infirmary, Manchester, by March 14th.

MIDDLEBROUGH-ON-TEES: NORTH RIDING INFIRMARY.—Assistant House-Surgeon, unmarried. Salary, £75 per annum, with lodging, board, and washing. Applications to the Secretary by March 25th.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.—Junior House-Physician. Salary, £50 per annum, with board and apartments. Applications to the Secretary by March 23rd.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, N.E.—Resident Medical Officer. Salary, £120 per annum, with board, residence, and washing allowance. Applications to the Secretary by April 6th.

POULTRY AND ST. PETER'S ASYLUM DISTRICT.—Second Assistant Medical Officer for the Asylum at Bromley. Salary, £100 per annum, with rations, furnished apartments, and washing. Applications on forms provided to be sent to the Clerk to the Managers, Bromley, E., by March 9th.

PRESTON ROYAL INFIRMARY.—Assistant House-Surgeon. Salary, £60 per annum, with board, washing, etc. Applications to the Secretary, 5, Winckley Street, Preston, by March 20th.

QUEEN'S JUBILEE HOSPITAL EXTENSION, Earl's Court, S.W.—Honorary Physician; must be F.R.C.P. or M.R.C.P. London. Applications to the Secretary by March 18th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—House-Physician. Appointment for six months. Salary at the rate of £60 per annum, with board, lodging, and washing. Applications to the Secretary by March 14th.

ST. EUSTACE'S HOSPITAL, POOL-STONE, Henrietta Street, W.C.—House-Surgeon. Appointment for six months but eligible for re-election. Salary at the rate of £100 per annum, with board, lodging, and washing. Applications to the Secretary by March 25th.

SEAMEN'S HOSPITAL SOCIETY, "Dreadnought," Greenwich, S.E.—(1) House-Surgeon. Salary, £65 per annum. (2) Junior Resident Medical Officer. Salary, £40 per annum. Board, residence, and washing provided in each case. Applications to the Secretary by March 7th.

VENTNOR: NATIONAL HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Assistant Resident Medical Officer, unmarried. Salary, £100 per annum, with board and lodging. Applications to the Secretary, 34, Craven Street, Charing Cross, W.C.

WEST LONDON HOSPITAL, Hammersmith Road.—(1) House-Physician. (2) House-Surgeon. Appointments for six months. Board and lodging provided. Applications to the Secretary-Superintendent by March 25th.

WOLVERHAMPTON EYE INFIRMARY.—House-Surgeon. Salary, £70 per annum, with rooms, board, and washing. Applications to the Secretary by March 10th.

MEDICAL APPOINTMENTS.

BARBOUR, J. M., M.B., appointed Medical Officer of Health for Ramsey, Isle of Man.

BARTON, G. A. H., M.D. Brux., L.R.C.P. Lond., M.R.C.S., L.S.A., appointed Anaesthetist to the Female Lock Hospital.

DRINKWATER, J. P., M.R.C.S. Eng., reappointed Medical Officer of Health to the Lincoln District Council.

HINE, Hugh F., M.B. Lond., F.R.C.S. Eng., appointed Honorary Surgeon to the Newark-on-Trent Hospital.

NOLAN, W., L.R.C.S.I., L.R.C.P. & L.M., appointed Clinical Assistant to the Chelsea Hospital for Women.

PRING, H. Reginald, M.R.C.S., L.R.C.P., L.D.S. Eng., appointed Honorary Dental Surgeon to the City of London Asylum.

RINGROSE, Ernest, M.R.C.S., L.R.C.P. Lond., appointed Honorary Surgeon to the Newark-on-Trent District Hospital.

STALLARD, Harry, B.A. Cantab., M.R.C.S., L.R.C.P. Lond., appointed Honorary Surgeon to the Newark-on-Trent Town and District Hospital.

TAUNTON, E. M. R.C.S., L.R.C.P. Lond., appointed First Assistant Medical Officer to the Whitechapel Union Infirmary, *vice* E. H. Brown, resigned.

WALLACE, Arthur John, M.D. Edin., O.M., appointed Surgeon to the Hospital for Women, Liverpool, *vice* J. E. Burton, L.R.C.P. Lond., M.R.C.S. Eng., appointed Consulting Surgeon.

WICKS, Spencer, B.A., M.R.C.S., L.R.C.P., appointed Medical Officer to the Premier, Bultfontein, and Dutoitspan Mines, Kimberley, S. Africa.

WILLETT, James Hayward, M.B., Ch.B. Vict., appointed Assistant Surgeon to the Hospital for Women, Liverpool.

WILSON, Thomas, M.D., F.R.C.S., appointed Honorary Obstetric Officer to the General Hospital, Birmingham, *vice* Dr. Edward Malins, resigned.

ST. THOMAS'S HOSPITAL.—The following gentlemen have been selected as House Officers for the year ending 31st Dec., 1903:

House-Physicians.—G. N. Sears, L.R.C.P., M.R.C.S.; A. E. Boycott, M.A., M.B., B.Ch. Oxon., B.Sc. Oxon.

Assistant House-Physicians.—O. Hildesheim, B.A., M.B., B.Ch. Oxon., L.R.C.P., M.R.C.S.; H. W. Sexton, L.R.C.P., M.R.C.S.

House-Surgeons.—J. M. Robt. B.A., M.B., B.C. Cantab.; T. B. Henderson, M.A., M.B., B.Ch. Oxon.; J. P. Hedley, M.A., M.B., B.C. Cantab.; A. B. Bradford, M.B., B.S. Durh., L.R.C.P., M.R.C.S.

Assistant House-Surgeons.—J. E. Adams, L.R.C.P., M.R.C.S.; H. Uccott, L.R.C.P., M.R.C.S.; C. Wheen, B.A. Oxon., L.R.C.P., M.R.C.S.; N. Carmichael, L.R.C.P., M.R.C.S.

Obstetric House-Physicians.—(Senior) G. A. C. Siffman, M.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S.; (Junior) W. M. C. Glanville, B.A., M.B., B.Ch. Oxon.

Ophthalmic House-Surgeons.—(Senior) A. E. A. Loosely, B.A. Oxon., L.R.C.P., M.R.C.S. (Junior) A. C. Hudson, M.A., M.B., B.C. Cantab.

Clinical Assistants in the Special Department for Diseases of the Throat.—R. E. H. Leach, F.A. Oxon., L.R.C.P., M.R.C.S.

Clinical Assistants in the Special Department for Diseases of the Skin.—T. Guthrie, B.A. Cantab., L.E.C.P., M.R.C.S.; W. M. Strong, M.A., B.C. Cantab., L.E.C.P., M.R.C.S.
 Clinical Assistant in the Special Department for Diseases of the Ear.—A. Bevan, M.B. Lond., L.R.C.P., M.R.C.S.
 Clinical Assistant in the Electrical Department and in X-Ray Department.—W. M. Strong, M.A., B.C. Cantab., L.E.C.P., M.R.C.S.
 Several other gentlemen have received extensions of their appointments.

DIARY FOR NEXT WEEK.

MONDAY.

Royal College of Surgeons of England, 5 p.m.—Professor W. McAdam Eccles: On the Vermiform Appendix; some Points in its Anatomy and Pathology. Lecture I.

Medical Society of London, 11, Chandos Street, Cavendish square, W., 8.30 p.m.—Mr. F. S. Eve: Certain Conditions which may be mistaken for Appendicitis, and Unusual Cases of that Affection. Dr. A. H. N. Lewers: A Case of Abdominal Hysterectomy for Retroperitoneal Cervical Fibroid weighing 13½ lb.

TUESDAY.

Royal College of Physicians of London, 5 p.m.—Dr. H. T. Bulstrode: On the Causes, Prevalence, and Control of Tuberculosis. Milroy Lecture II.

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 p.m.—Dr. F. Parkes Weber: A Case of Multiple Myeloma (Myelomatosis) with Bence-Jones Protein in the Urine (Myelopathic Albuminuria of Bradshaw, Kahler's Disease), and a Summary of Published Cases. (With a Report on the Chemical Pathology by E. Hutchison, M.D., and J. J. E. Macleod, M.B., Ch.B.)

Chelsea Clinical Society, Jenner Institute, Chelsea Gardens, W., 8.30 p.m.—The annual Clinical Debate on Diabetic and Non-diabetic Glycosuria. The following will take part in the discussion: Drs. Hale White, Pavy, Sandby, and Rose Bradford.

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

WEDNESDAY.

Royal College of Surgeons of England, 5 p.m.—Professor W. McAdam Eccles: On the Vermiform Appendix; some Points in its Anatomy and Pathology. Lecture II.

Dermatological Society of London, 11, Chandos Street, Cavendish Square, W., 5.15 p.m.—Demonstration of Cases of Interest.

South-West London Medical Society, Brompton Hospital, Wandsworth Common, S.W., 8.45 p.m.—Mr. Marmaduke Shield: Some recent experiences in Diseases of the Breast.

THURSDAY.

Royal College of Physicians of London, 5 p.m.—Dr. H. T. Bulstrode: On the Causes, Prevalence, and Control of Tuberculosis. Milroy Lecture III.

British Gynaecological Society, 20, Hanover Square, W., 8.0 p.m.—Mr. Stanmore Bishop: Procidencia Uteri, with special reference to an operation upon the Sacro-uterine Ligaments. Discussion continued. Specimens will be shown by Dr. Inglis Parsons 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 W. McAdam Eccles: On the Vermiform Appendix; some Points in its Anatomy and Pathology. Lecture III.

Ophthalmological Society of the United Kingdom, 11, Chandos Street, Cavendish Square, W., 8 p.m.—Card specimens by Mr. C. B. James, Dr. Leslie Buchanan, Mr. S. Mayou, Mr. Arnold Lawson, and Dr. W. E. Thomson, 8.30 p.m.—Papers.—Messrs E. T. Collins and J. H. Parsons: Anophthalmos in a Chick. Mr. S. Mayou: Treatment of Trachoma by X Rays. Dr. W. E. Thomson and Dr. Leslie Buchanan: An account of certain cases of Injury to the Eye of the Child during Labour. Mr. J. B. Lawford: Notes of a case of Dislocation of the Eyeball.

British Laryngological, Rhinological, and Otolological Association, 11, Chandos Street, W., 4 p.m.—Papers to be read and cases shown by Dr. John A. Horne, Dr. J. E. McDougall, Dr. Loize, Mr. Mayo Collier, and Dr. Dundas Grant. Annual Dinner at the Imperial Restaurant, 8 p.m.

Clinical Society of London, 20, Hanover Square, W., 8.30 p.m.—Mr. T. S. Ellis: Skin Sliding. Dr. W. H. B. Brook: Spinal Curves with Total Paraplegia: Costovertebral osteomyelitis with Complete Paralysis. Mr. Stephen Paget: Successful treatment of Prolapse of Bowel with Incontinence by Injection of Paraffin under the Mucous Membrane.

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.—Demonstrations of Surgical Cases. Hospital for Consumption and Diseases of the Chest, Brompton, S.W., Wednesday, 4 p.m.—Lecture on Mitral and Tricuspid Stenosis.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Lecture on The Management of Growing Children.

Medical Graduates' College and Polytechnic, 22, Charles 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, Cancer of the Uterus; Tuesday, The Ophthalmoscope as an aid to general diagnosis; Wednesday, Early Diagnosis and Treatment; Thursday, Insanity of Climacteric; Friday, Injuries of the Head and Neck.

National Hospital for the Paralyzed and Epileptic, Queen Square, W.C., Tuesday, 3.30 p.m.—Lecture on Neuritis.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Mediastinal Disease; Tuesday, High Frequency Electrical Currents with Treatment of Some Diseases; Wednesday, Diagnosis and Treatment of Valvular Disease of the Heart; Thursday, Conjunctival Affections; Friday, Cases of Skin Disease.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning in order to ensure insertion in the current issue.

BIRTH.

RIMELL.—On February 24th, at Long Sutton, Lincolnshire, the wife of Alfred Tom Rimell, M.D., of a daughter.

MARRIAGES.

DAVIDSON-NAYLOR.—On March 3rd, at Christ Church, Lancaster Gate, by the Rev. K. Jameson, of Isleworth, assisted by the Rev. H. G. Bird, Vicar of St. Andrew's Hillington, John Davidson, M.B. Lond., of Uxbridge, to Clarice Helen Metcalfe Naylor, daughter of the late F. A. Naylor, D.S.P., Central Provinces, India.

SUTTER-MILNE.—On February 27th, at the Caledonian Church, Holloway, N., by the Rev. J. Milne, M.A., R. Ross Sutter, M.D., "Ferndale," Warboys, Hunts., son of J. H. Sutter, Timaru, New Zealand, to Susan, daughter of A. Milne, Montrose, N.B.

DEATHS.

FLETCHER.—On February 28th, at Holly Bank House, Cross Hills, Leeds, Frederick Alexander Champion Fletcher, L.E.C.P. & S. Edin., aged 49.

GIDDINGS.—On March 1st, at 206, Mansfield Road, Nottingham, Lucy, the beloved wife of E. Ritchie Giddings, M.B.

WIGAN.—On February 14th at Portlhead, Somerset George C. H. Wigan, M.D., aged 2.

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, 42, 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, 42, 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 *Aitology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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

QUERIES.

NEISSER'S STAIN FOR THE DIPHTHERIA BACILLUS.

C. F. L.—The following is the formula for Neisser's stain: (1) One gram of Gruber's methylene blue is dissolved in 20 c.c.m. of 95 per cent. alcohol and 950 c.c.m. of distilled water with 50 c.c.m. of glacial acetic acid are added. (2) Two grams of benzoin are dissolved in 1,000 c.c.m. of boiling distilled water, and the solution is filtered. Cover-glass preparations of fresh serum cultures are stained in No. 1 for one to three seconds, then rinsed in water and stained for five to ten seconds in No. 2. They are then washed, dried, and mounted in Canada balsam.

ANSWERS.

AINSWORTH.—We are not aware that the x rays have been used in the treatment of enlarged spleen. The decision whether a large spleen should be removed is one upon which we would recommend our correspondent to consult an experienced surgeon.

DR. SANDERS WORBOYS.—Federico Rubio's novel, *La Mujer Gaditana*, can be obtained from Don Brigido Sebastian, Manager of the Revista Ibero-Americana de Ciencias Medicas, Instituto Quirurgico de la Moncloa, Madrid; or through Messrs. Williams and Norgate, Mr. David Nutt, or any other foreign bookseller in London. The price is 5 pesetas.

VISION.—The following schools seem to be the most suitable for the case mentioned: Gardner's Trust for the Blind, 1, Poet's Corner, Westminster; the Royal Normal College for the Blind, Upper Norwood, S.E.; School for the Indigent Blind, St. George's Fields, Southwark, S.E. It may, however, be objected that a patient who can see § hardly comes within the limits of the rules usually made with regard to the admission of patients into these institutions.

DEVON AND EXETER BENEVOLENT MEDICAL SOCIETY.

DR. J. M. ACKLAND (Exeter) writes in reply to Dr. Reynolds's question in the BRITISH MEDICAL JOURNAL of February 21st. There is the Devon and Exeter Benevolent Medical Society. All information can be obtained from the Secretary, Mr. G. F. Webb, Moretonhamstead.

TREATMENT OF PRURITUS.

DR. C. E. WINCKWORTH (Sheffield, R.S.O., Beds.) writes: In reply to "Podagra," I should attribute the "pruritus" to "tinea marginata," due to a fungus favoured by warmth and moisture. The treatment should, of course, be antiparasitic. The parts should be carefully washed with tar soap, dried, and dusted over with boric acid and pulver. cretae gallicae, or zinci oleat. every night and morning. In very obstinate cases Dr. Hilton Fagge used ung. pyrogallae. (3ss. ad 3j) with excellent effect. It is of the greatest importance to keep the skin dry, and the scrotum should be prevented from touching the thighs.

LETTERS, NOTES, Etc.

A WARNING.

DR. J. H. STOWERS (Harley Street) writes: It will interest Dr. Sibley and others to know that the German giving the name of "Dr. Richard Osten, of Berlin and the London Hospital," was arrested in my presence on Sunday evening, the 22nd ultimo, having succeeded in obtaining further sums of money from two of my acquaintances. He was brought up before the magistrate the following morning and remanded.

A CORRECTION.

DR. G. A. H. BARTON (Bayswater, W.), writes: In my letter which you were good enough to insert in last week's BRITISH MEDICAL JOURNAL I should have been described as anaesthetist to the Female Lock Hospital and assistant anaesthetist to the City Orthopaedic and North-west London Hospitals.

A SIMPLE METHOD OF OPERATING FOR PILES.

DR. STANLEY BARLING (Lancaster), writes: I was much interested to read in the BRITISH MEDICAL JOURNAL of February 28th a description by Mr. Mitchell of a method of excision of haemorrhoids. As he rightly surmises, many other surgeons have adopted the same procedure. For the last ten years I have done the exact operation, almost to the entire exclusion of any others. I got the idea from one of my former "honorarys," Mr. W. H. Folker, of Hanley, who, by means of his clamp, had then been doing a similar operation for some time. I quite concur with Mr. Mitchell as to the absence of discomfort and the excellence of the results obtained. Retention of urine is almost uncommon, and it is