

that we have as yet no reason to conclude that any novel immunizing element has been developed by the inoculation of this vaccine material. When we have realized that an inoculation of a moderate quantity of a typhoid culture is by reason of the dissolution of the bacteria in the fluids of inoculated organism the equivalent of the introduction of a quantum of poisonous bacterial protoplasm in a dissolved form, and when we remember that it has been established in very numerous experiments that a normal animal treated with serum from an inoculated animal will survive the inoculation of an otherwise lethal dose of typhoid culture, we may, it seems to me, infer the presence of antitoxins in the serum which has exerted the therapeutic effect. Even if a difficulty of interpretation here arises in consequence of the complexity of the conditions, all doubt with regard to the elaboration of an antitoxin in the human system after ordinary typhoid inoculation is dispelled by the fact that in every case where a proper interval has been observed between first and second inoculation the symptoms are much slighter after a second inoculation undertaken with a larger dose, than after the first inoculation undertaken with a smaller dose.

SERUM THERAPY OF TYPHOID.

Lastly, we may turn to the question of the serum therapy of typhoid fever. It has been claimed by or for Dr. Macfadyen that an important step has been taken towards the solution of the problem of the serum therapy of typhoid fever by the work which has just been passed in review. Even if it had been established—and I have contended that it has not been established—that Dr. Macfadyen has devised a novel vaccine material which induced the elaboration of a novel antitoxic element in the inoculated organism, the problem of serum therapy would not necessarily have been brought any nearer to a practical solution. Those engaged in medical research must, under peril of keeping the word of promise to the ear only to break it to the hope, emphasize in season and out of season that there is absolutely no outlook for the successful practical exploitation of an antitoxic serum against any disease unless, as obtains in the case of antidiphtheria serum the quantity of antitoxin contained in the few cubic centimetres of foreign blood which can be inoculated into the patient is sufficiently considerable to neutralize at least a substantial fraction of the bacterial toxin generated in his system.

Unless Dr. Macfadyen's unpublished experiments show that the production of typhoid antitoxin in the system of his monkeys is of this order of magnitude—and the absence of all quantitative data from his publications gives occasion for an anxiety on this point—and unless further he has ascertained that an antitoxin formation on this scale can be induced in an animal capable of furnishing a sufficient supply of serum—and the unsuccessful experiments made up to the present on horses, asses, sheep, and goats here dash our hopes—the prospects of serum therapy for typhoid seem to me to stand at present just where they stood before the announcement of the results of Dr. Macfadyen's work.

REFERENCES.

¹ On the Treatment of Furunculosis, Sycosis, and Acne by the Inoculation of a Staphylococcus Vaccine, *Lancet*, March 29th, 1902. ² On the Changes Effected by Antityphoid Inoculation in the Bactericidal Power of Human Blood, *Lancet*, September 14th, 1901; On the Bactericidal Power of the Blood, *Jnl. of Hygiene*, October, 1902. ³ Loc cit. ⁴ *Lancet*, July 5th, 1902; *Proc. Roy. Soc.*, vol. lxxi.

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

HEAD DROP FOLLOWING DIPHTHERIA.

In reference to the interesting memorandum by Dr. Sharp in the *BRITISH MEDICAL JOURNAL* of February 7th on a case of paresis of the retro-cervical muscles following diphtheria, I would like to record a case which I have recently met with.

E. S., aged 6, was admitted into this hospital on November 28th, 1902, notified as diphtheria. I was also notified by telephone that the case required immediate attention, which I found to be the case, and I was obliged to open the trachea with very little preparation or cleansing, as the child's face was becoming black. After the tracheotomy the colour of the child soon became normal, and I injected beneath the skin of the flank 6,000 units of antitoxin. The child appeared to be doing well, and could do without the tube at the end of three days, although in the meantime she had

coughed up sufficient membrane to almost half fill an ordinary test tube.

On the fifth night I was called up to see the child (whom I had seen on my night visit to the ward to be sleeping calmly), and was informed by the nurse that the child had jumped up in bed, and, after gasping for breath and tugging at her throat, had dropped back pulseless and breathless. I found the child with a very feeble, rapid pulse, and very shallow, slow respirations. I gave her a subcutaneous injection of 5 minims of liquor strychninae, and as she improved I went back to bed. In twenty minutes I was again called to see the child, and I found her twitching very badly about the face and arms, the effect apparently of the strychnine, although the dose was not large. The pulse and respiration had improved, but as the spasmodic twitching did not improve I gave her a few whiffs of chloroform, during which the spasm subsided, and the child went to sleep and passed a very good night.

She continued to improve steadily for three weeks, when we first noticed that she had a nasal intonation of her voice, and a little fluid returned through the nose when drinking, that she was less able to bear the weight of her body upon her legs, and that she had trouble in raising her head and keeping it raised. The dropping of the head got worse until she seemed to have no control over it, and when raised and let go it fell upon the chest and towards the left shoulder. The legs got a little stronger but she could not bear her weight upon them.

The nasal intonation of voice and return of fluid through the nose got better, and it was in this condition that she was sent home after forty-six days in hospital.

On the eighteenth day after discharge she was notified and came in with small-pox, pretty full but discrete, probably being infected at home from a case we received from the same house about five days after her return home. To my surprise the child could bear her weight on her legs and could walk, and could do practically any movement with the head, and showed no sign of head drop, nor would a casual observer have detected anything wrong; still there was slight weakness of the neck muscles. She is now quite convalescent, and has lost all trace of weakness of the part, can run about and is bright and intelligent, and is about to be discharged. It is probable that these cases are sometimes overlooked, more especially in infants, in whom the head is for some time after birth more or less uncontrolled. The paralysis, if slight, may also escape notice in older children. I can recall two instances of the kind which would have probably escaped my observation had not my attention been called to them by the sister of the ward.

JOSEPH BEARD, F.R.C.S. Ed., L.R.C.P. Lond.,
Resident Medical Superintendent, Corporation Hospital,
Bootle.

DISAPPEARANCE OF AN APPARENTLY MALIGNANT VAGINAL GROWTH.

LAST March I was asked to see a lady, aged 73, who had been suffering for some weeks from haemorrhage and discharge from the vagina, accompanied by a good deal of pain. She had lost flesh and become weak and anaemic, and the frequently recurring haemorrhage practically confined her to the house. She had suffered from piles for some years previously, and could never get an action of the bowels without an enema.

Upon examination I found a growth occupying the vagina and involving the cervix uteri and the posterior and anterior wall of the vagina to within an inch of the vulva. It was soft and friable and bled very readily, and there was a fetid discharge.

I had no doubt whatever that it was a cancerous growth, and that it was too extensive to be capable of removal. The friends desired another opinion, and Sir John Williams was called in consultation. He corroborated my view of the case, and also felt no doubt as to the nature of the growth.

The patient was ordered an injection of chinosol for vaginal irrigation, and to keep the recumbent position for the greater part of the day, and a laudanum and starch enema to be given every night to ease the pain.

In October I was told she was much better and that the haemorrhage and discharge had ceased, together with the pain. I saw her in November, and was astonished to find the growth gone. There was a slight cicatricial contraction of the vagina below the cervix, but the mucous membrane was smooth, the uterus was freely movable, and the patient declared herself quite well again. There is still a pile which

she says comes down when the bowels act, but it does not bleed or cause any pain.

Sir John Williams saw the lady in January, and was much surprised to find the growth had entirely disappeared. Unfortunately no microscopic examination was made, as neither of us felt any doubt as to the nature of the disease. The growth presented all the usual characters and symptoms of epithelial cancer, and, for my part, I am unaware of any disease that could so closely simulate it.

Are there any growths which may have misled us and given rise to a mistaken diagnosis: or do cancerous growths sometimes disappear?

Oxford Square, W.

M. PRICKETT.

THE SURGICAL TREATMENT OF SCIATICA.

IN the BRITISH MEDICAL JOURNAL of November 5th, 1898, I recorded eight cases of sciatica treated by exposure of the nerve below the gluteus maximus, the separation of inflammatory adhesions around the nerve and up to the sciatic notch. Other ten cases have been treated in exactly a similar way, and the results have been quite satisfactory, except in one case, where the patient did not benefit by the operation. The other nine are quite well after periods varying from a year to two years. The cases referred to had visited the various spas without benefit, and as they all illustrated the symptoms produced by adhesions round the nerve, I felt justified in recommending operation. No stretching of the nerve was employed as separation of the adhesions is quite sufficient to ensure relief to pain. The symptoms of perineuritis as distinguished from neuritis are distinctive, and should be borne in mind. In perineuritis there is no pain when resting, but whenever the patient walks for a few minutes the pain commences. Mild cases of adhesions improve with massage, movements, and electricity, both as the continuous current and also in the form of the high-frequency current. Where, however, the pain is persistent, the sooner an operation is done the better. In some of the cases six or eight weeks elapse before improvement takes place, because, the nerve being dragged on by adhesions, the pain takes a considerable time to disappear, and patients should be warned as to this.

J. CRAWFORD RENTON, M.D.,

Surgeon and Lecturer on Clinical Surgery, Western Infirmary, Glasgow.

REPORTS

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

STAFFORDSHIRE GENERAL INFIRMARY.

INTRAPERITONEAL RUPTURE OF THE BLADDER: OPERATION TWO DAYS AFTER RECOVERY.

[By F. MILNES BLUMER, A.B., M.B., C.M., Senior Honorary Surgeon.]

G. G., aged 35 years, was admitted into the infirmary on the night of March 18th, 1902, said to be suffering from rupture of the bladder.

History.—At 8 a.m. on March 17th, while working on the roof of a shed he slipped and fell to the ground across a low rail, a distance of some 10 feet. He picked himself up and walked home, a distance of half a mile, without making any complaint. The man said he had passed urine on rising in the morning, and again at his work shortly before he fell. He was seen during the morning by Dr. Cookson, who passed a soft catheter, and drew off a little blood-stained urine. He diagnosed rupture of the bladder, and advised removal to the infirmary. This, however, the man refused to agree to until late the next day, when his removal was effected.

State on Admission.—A short, spare man, complaining of vague abdominal pains at the level of the umbilicus, and that he had not been able to pass any urine since he fell the previous day. The house-surgeon passed a catheter with negative result. The abdomen was resonant, both in the hypogastrium and flanks, and there did not appear to be any appreciable amount of free fluid in the peritoneum. No fracture of the pelvis could be made out. Temperature, 99.6°; pulse quiet, and of fair quality; tongue moist. There was an entire absence of shock. Next morning it was evident there was free fluid in the peritoneum, and I decided to operate at once.

Operation.—The abdomen was opened by the usual incision above the pubes. The peritoneum was very thick, and on incising it the abdominal cavity was found to contain about three pints of clear urine. The intestines in parts were injected, but for the most part were healthy. The bladder was collapsed. Boric lotion was thrown into it through a soft catheter, when the rent was at once felt. It was on the posterior aspect, and of irregular shape, 2 in. long in the vertical direction with another $\frac{1}{2}$ in. long running into it laterally. This I closed with Lembert sutures, using fine sterilized silk. On again injecting the bladder there was seen to be another small leak in front where the viscus was not covered with peritoneum. A few stitches controlled this, and on injecting the bladder again no fluid escaped. The peritoneal cavity was sponged, and the parietal wound closed. A glass drainage tube was inserted. A catheter could not be retained, or even passed, for drawing off the urine, as it set up spasm.

Progress.—On the second day the drainage tube was removed. On the fifth day there was suppuration at the lower part of the wound, which necessitated the removal of two stitches, and there was an escape of urine. There was no peritonitis. The urine was evidently escaping through the small anterior leak, which had yielded again under the strain of coughing. A localized cellulitis was set up. Iodoform gauze was used as a drain, and a soft catheter was passed and retained in the bladder. The temperature, which had risen to 102.6°, fell next day to normal and remained so. The subsequent history was uneventful. The lower part of the wound healed up from the bottom, and the catheter was removed in three weeks. The man was discharged on May 23rd, and he resumed his usual work the following week.

REMARKS.—Rupture of the undistended bladder without fracture of the pelvis must be of rare occurrence. In this case, although urine had been voided shortly before the accident, it is probable, as the man is said to have been drinking, that the viscus was at any rate partly distended. The small rupture on the anterior aspect was punctate and indirect, and I think must have been caused by the silver catheter which was passed on his admission. I cannot account for its presence on any other hypothesis. The absence of shock, and, I might almost say, of peritonitis also, was due, undoubtedly, to the healthy state of the urinary tract and the consequent bland condition of the urine.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

HOWARD MARSH, F.R.C.S., President, in the Chair.

Friday, March 27th, 1903.

ACROMEGALY AND GOITRE.

DR. H. A. LEDIARD (Carlisle) related the following case:

The patient was a woman, aged 43, who was born and had always lived in Cumberland. She had had amenorrhoea and headache dating from the last confinement, ten years previously. The features were characteristic, especially the lips, nose, lower jaw, and tongue—speech and expression of face. The thorax was large, the ribs being massive and the hands broadened. Sugar had been at one time present in the urine. For some years a bilateral goitre had been evident, and in June, 1902, the patient was sent to the Cumberland Infirmary for operation on account of dyspnoea with stridor and dysphagia due to pressure. The left side of the goitre was removed in June, 1902, and all these symptoms were relieved. The patient was exhibited and her feeble muscular power demonstrated. Radiographs of the hands and parts were exhibited together with the goitre, which had been removed, and microscopic slides. The usual features of acromegaly not present in this case were kyphosis, bitemporal hemianopsia, sweating, and cyanosis. There was no trace of the general increase in size sometimes present, but the features of the face and the limbs were so greatly enlarged that the patient could not be recognized by her relations.

In reply to Dr. W. PASTEUR, Dr. LEDIARD said there had been no change in the pulse or temperature since the operation, but the patient had gained several pounds in weight. The headaches had not been much benefited.

BILHARZIA.

DR. ANDREW DUNCAN read the notes of a case.

The patient was a man, aged 30; lately in the 2nd Battalion East Kent Regiment. He had seen fighting in the Orange River and Cape Colony, and was in Lord Roberts's march to Pretoria. In May, 1902, he began to experience itching at the end of the penis, and a frequent desire to urinate, with great straining, but had no hæmaturia. He had also a lump in the left groin, and great pain in the lower part of the back. The lump after rest subsided. He returned to England in June, 1902, and on arrival

Drs. Wolverson had made any error in the diagnosis. The question as to whether the children were or were not suffering from diphtheria or scarlet fever was done away with, and did not enter into the question at issue. The diagnosis made was beyond dispute, and had been amply supported. The suggestion against Dr. Wolverson was not that he had negligently omitted anything which he ought to have done, but that he had deliberately exposed his patients to a state of affairs which was directly antagonistic to their condition by not advising them to be removed from the house. He believed Dr. Wolverson when he stated that nothing was said to him about the drains until some time after it was alleged that he had been spoken to about their condition. It was clear that Dr. Wolverson told the defendant to make a complaint to the health authorities on the subject himself, and gave him the name of the chief sanitary inspector, in order to enable him to do so. In his opinion there was no ground for imputing to the doctor any bad faith. He found that the children were properly treated with professional skill and care, and there was no ground for stating otherwise. He therefore gave judgement for the plaintiffs for the amount claimed, and ordered payment of the same within fourteen days.

We congratulate the plaintiffs upon the result of the trial. It is quite evident that the defendant had no justification at all, either for the refusal to pay the fees or for the charges of negligence and bad faith by which he attempted to justify such refusal.

This case is an object lesson to members of the profession: first, to join a medical defence society, and secondly, not to sit silent when payment of fees is refused upon grounds which affect honour and reputation. It is the duty, unpleasant though it may be, of practitioners to raise these questions even in a county court, as by allowing fees due to them to remain unpaid they may give occasion for allegations to be made against them by their debtors, which allegations may be held to be justified if proceedings be not taken.

LOCAL AUTHORITIES AND THE ISOLATION OF SMALL-POX PATIENTS.

CHAPMAN AND WIFE V. THE GILLINGHAM URBAN DISTRICT COUNCIL. IN this case, which was tried last week before Mr. Justice Grantham and a special jury, the plaintiffs sought to recover damages for injuries alleged to have been done to themselves by reason of the negligence of the defendants in erecting a small-pox hospital close to the plaintiff's house. The defendants denied that they had been guilty of any negligence, and alleged further that they had acted in pursuance of statutory powers.

Mr. Rufus Isaacs, K.C., and Mr. Kyffin appeared for the plaintiffs; Mr. Dickens, K.C., Mr. Eldon Banks, K.C., and Mr. Lushington for the defendants.

It appeared that the plaintiff, Stephen Chapman, was a market gardener living at Hempstead, Gillingham, within the defendants' district. In December, 1901, a case of small-pox having occurred in the district, the Council brought the patient from a more populous part, and placed him in a stable which was close to the plaintiff's house. Objection was taken to the establishment of the hospital at this point, but the Council took no notice, and eventually two patients were brought to the stable, while another was accommodated in a caravan. There was no drainage of any description to the stable, and no water supply except a waterbutt. The stable was 36 ft. 9 in. from Chapman's field, and 200 yd. from his house. On December 18th Chapman's daughter, aged 7½ years, developed small-pox, of which she died on December 26th; while Chapman and his wife were both smitten with the disease in the early part of 1902. They both recovered, but Chapman's father and mother who lived in the house adjoining his both died of the complaint. The action was brought to recover damages in respect of the illness caused to the plaintiff and his wife, and for the loss of service of the child. The latter claim, however, was withdrawn during the hearing. It was alleged that the council had not only been negligent in selecting the site in question, but in not providing proper nurseries.

A large number of witnesses were called to show that the hospital had not been properly managed, and that the refuse was not properly disposed of. Medical evidence was also called to prove that in all probability the occupants of the plaintiff's house had caught the infection from the hospital.

Mr. Dickens, K.C., in addressing the jury for the defence, pointed out that those who have imposed upon them the duty of establishing isolation hospitals are, unfortunately, not protected from the risk of an action for nuisance. In the present case the defendants had been called upon to act promptly, and however much the nurse who looked after the hospital had been maligned, all three patients recovered under his care. Further, before holding the defendants liable, the jury would have to be convinced that the plaintiffs had caught the infection from the isolation hospital by "aerial convection."

A number of medical witnesses, including Dr. E. C. Warren, medical officer of health at Gillingham, Dr. Thomas Savill, and Dr. S. I. Pritchett, medical officer of health at Rochester, and Dr. T. F. Ricketts were called to state their views as to the probability of small-pox being spread in the manner suggested.

After counsel had addressed the jury,

Mr. Justice Grantham, in summing up, said that the questions he proposed to deal with were: (1) Was this hospital a nuisance causing injury to the plaintiffs? (2) Was it carried on with proper and reasonable care? In the present case, no doubt, the defendants felt themselves in a difficult position, and, speaking on his own and, no doubt, on the jury's behalf, he had some sympathy with them. But, at the same time, this would not justify them in creating a nuisance. This was about as bad a place as they could possibly have chosen as a site for their hospital, and he hoped that this case would be a warning to public bodies everywhere to take preparations beforehand. It seemed clear that the child got the infection after the patient came to the hospital. The defendants had to get a nurse, and they might get either a good one or a bad one. After the evidence Hill had given that morning the jury would probably have little difficulty in deciding whose evidence they could rely on as to the disposal of the refuse. As to the manner in which the disease was spread that was still a matter of uncertainty, notwithstanding the discoveries of science. If the jury found that the injury arose through the hospital's being placed where it was, or from the manner in which it had been carried on, they ought to find for the plaintiffs. At the request of Mr. Dickens, the second question his Lordship left to the jury was, Was there a want of proper and reasonable care and skill in the defendants' conduct of the hospital whereby damage was caused to the plaintiffs?

The jury found for the plaintiffs, with £250 damages, for which the learned Judge gave judgment.

Mr. Dickens asked for a stay of execution, which was refused. The jury said that they considered the urban council had acted incautiously.

PROFESSIONAL SECRECY.

W. D. P.—Our correspondent can conform to every professional obligation by submitting the letter from the Friendly Society to the representatives of the deceased person, and with their permission he may quite properly supply the required information, and accept the fee offered. Provided this condition is fulfilled, we can see no objection to such an inquiry being put to medical practitioners or answered by them. If the friends decline to give permission our correspondent should reply that his obligation to his patient precludes him from answering the question.

REMUNERATION FOR CERTIFICATES UNDER WORKMAN'S COMPENSATION ACT.

G. MCG.—As the injured carter was not examined by our correspondent at the request of his employer, we fear that the latter is not liable, and that the only person to whom our correspondent can look for payment is the injured man himself. In giving certificates or reports for insurance companies it is necessary to ascertain beforehand that a satisfactory fee will be paid.

FEES FOR LIFE INSURANCE EXAMINATIONS.

DISGUSTED AND F. M. B.—Our correspondents write to complain of the half-guinea fees tendered by some insurance companies for the examination of cases in which the sum assured is below a certain amount.

"* We do not think any question of principle is involved; every one is at liberty to decline to work for what he considers inadequate remuneration, but he must not seek to compel other persons to adopt his standard."

NOSTRUM VENDORS, THEIR PAMPHLETS AND SAMPLES.

E. W.—We share to a large extent our correspondent's feelings about this nuisance, and have referred to it repeatedly in this column (BRITISH MEDICAL JOURNAL, May 17th, 1902, p. 1245). It seems to us that the only effective remedy lies with the profession itself. If the majority of the profession would only throw these pamphlets into the waste-paper basket and take no notice of them the nuisance would die out.

HOSPITAL ADVERTISEMENTS.

T. A. BUCK.—We would draw our correspondent's attention to our answer under this heading in the JOURNAL for December 20th, 1902, p. 1936. We are of opinion that such advertisements are unnecessary and open to serious objection, and that the members of the staffs of the hospitals concerned should take steps to put a stop to the practice, which we fear is very widely spread.

PRIVATE SKIN DISPENSARIES.

J. M. W.—Great and well-founded objections are entertained by the profession to the establishment of private dispensaries by individual medical practitioners in which, under the mantle of charity, they advertise themselves in a way which would be admittedly improper if done in their own names. Should our correspondent desire to establish a skin dispensary, he should organize a responsible and respectable committee of laymen who will make the necessary arrangements and appoint a medical staff.

MIDWIFERY ENGAGEMENTS.

X. Y. Z.—D. might sue A. in the county court for his fee, and if he can prove the contract would be entitled to succeed. But few practitioners under such circumstances would adopt this course, and D. would act more wisely in allowing the engagement to be cancelled.

PACHYDERM.—We cannot pretend to express an opinion as to what the General Medical Council might consider infamous conduct, as we do not know that a precisely similar case has been decided. We should advise our correspondent to apply to one of the Medical Defence Societies, or, if he is unable to do this, he can obtain information as to the necessary procedure by applying to the Secretary of the General Medical Council, 299, Oxford Street, London, W.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

FACULTY OF MEDICINE.

A MEETING of the Faculty of Medicine was held on Friday, March 27th, at the University, South Kensington, Mr. Henry T. Butlin, the Dean of the Faculty, being in the chair. Dr. Rose Bradford and Dr. Kingston Fowler were unanimously re-elected as representatives of the Faculty upon the Senate. In thanking the Faculty for the renewed expression of its confidence in re-electing Dr. Bradford and himself, Dr. Fowler referred to the fact that the work of the Senate in reorganizing the curriculum and scheme of examinations for degrees in medicine and surgery was almost completed, and stated that the new regulations shortly to be issued would be found to contain most of the modifications recommended by the Faculty. He felt sure that the Faculty would be gratified by the announcement made at the last meeting of the Senate, that their Royal Highnesses the Prince and Princess of Wales had signified their willingness to accept the honorary degrees of Doctor of Laws and Doctor of Music respectively. The Dean presented a report showing that satisfactory progress had been made in the negotiations between the Senate and the Faculty with regard to the establishment of a university institute to provide common courses of instruction for internal students and others in the Preliminary and Intermediate subjects of medical education.

UNIVERSITY OF EDINBURGH.

THE following candidates have passed the First Professional Examination in the Faculty of Medicine in the subjects undernoted:

Zoology.—J. Ballour, J. A. Belcham, B. H. Bradley, G. Britto, G. J. Cotter, W. Cramer, Ph.D., H. D. C. Cross, C. H. Derksen, C. A. A. Dighton, R. Dorset, M. Douglas, R. Edwards, C. J. Faill, S. B. Faulkner, E. M. Figaro, D. Geddis, G. H. R. Gibson, K. K. Grieve, J. Grimoldby, J. K. Hamilton, F. G. Harper, W. S. Heron, J. K. Hill, G. P. Hoyle, H. B. Hunter, M. A. R. L. Hutton, A. Jamieson, M. J. Johnston, S. W. Joubert, C. W. Kay, H. W. Kerrigan, J. G. de Kock, G. F. V. Leary, A. F. Lee, G. E. B. Lowe, G. H. Lowe, A. MacDonald, G. D. Macivor, J. T. Mackenzie, D. R. C. MacLagan, R. E. McLaren, E. P. Maitland, J. A. Manifold, R. P. Mathers, W. M. Menzies, C. J. van der Merwe, G. G. Middleton, J. E. Mitchell, A. Murchison, E. F. Nivin, A. J. P. Nowell, C. R. O'Brien, T. G. Park, A. A. W. Petrie, B. B. Phillips, J. P. du Plessis, J. Reidy, J. M. Ross, M. Ross, P. Salmond, W. A. Scobie, F. L. Scott, W. J. Simpson, H. D. Stephen, C. H. Tewsley, V. F. Usher, and M. P. Winning.

Physics.—R. F. S. Abbott, G. P. Adshad, J. Aiken, J. C. Ashton, A. C. Barker, C. B. Baxter, C. S. Baxter, A. E. Bennet, J. P. Berry, Mary P. Bignold, A. Bremner, F. V. N. Bruce, G. P. Burns, T. Burrell, P. D. Cameron, R. A. Campbell, J. A. R. Cargill, H. G. Carter, R. J. Chapman, F. M. Chrystal, R. D. Clayton, W. G. Cobb, W. D. Coghill, H. M. Cook, T. Craig, F. W. M. Cunningham, J. M. Dalzell, G. H. Dart, Margaret D. Davidson, T. Derrick, T. Dick, R. Dorset, A. E. Drynan, G. L. Duncan, L. T. Eden, P. A. Euvard, W. G. Evans, Josephine L. D. Fairfield, J. P. Falvey, W. Fleming, W. S. Forbes, J. Fraser, C. F. C. Galloway, P. J. Garvey, D. Geddis, P. K. Ghosh, R. M. Glover, A. J. Goudie, I. M. Grant, R. D. L. Greene, A. R. Gunn, D. J. Guthrie, G. Henderson, A. F. Hewat, A. M. Hewat, J. A. A. Hofmeyr, St. G. M. L. Holman, J. H. Horne, L. Hughes, S. Jackson, R. H. Jamieson, D. Johnstone, G. G. Jolly, A. W. Kendall, G. F. V. Leary, J. H. Lechler, A. F. Lee, C. R. Lethem, E. Lewis, Anna S. Lindsay, H. B. Low, R. C. Lowther, C. W. L. Luthgen, R. M'Adoo, D. M'Carroll, W. S. M'Cune, J. Macdiarmid, J. L. Mackay, W. J. M'Keand, I. C. Mackenzie, J. T. Mackenzie, J. A. MacLeod, Ada J. Macmillan, J. B. M'Morland, Eleanor A. Maitland, J. A. Manifold, R. P. Mathers, A. F. W. Millar, Margaret M. Millar, A. R. Millroy, A. P. Mitchell, T. S. Mitchell, V. P. Mondon, J. Muckhart, A. G. Murchison, J. J. H. Nelson, Katherine B. A. Nelson, F. H. Nixey, Hilda M. Northcroft, R. Nourse, C. R. O'Brien, A. T. Paterson, C. F. Pattie, A. A. W. Petrie, S. Piarroux, W. J. Porteous, D. H. Rai, J. Reidy, Barbara Richardson, A. N. Robertson, D. Robertson, G. Robertson, Marguerite Ross, P. Roytowski, F. L. Scott, R. L. Scott, H. C. Simpson, E. D. Smith, F. F. S. Smith, P. Stewart, C. H. Tewsley, L. H. F. Thatcher, C. A. Thellander, C. P. Theron, Alice M. Thompson, D. Thomson, W. Thomson, W. Thomson, A. L. Thornley, W. A. Todd, Lydia K. Towers, R. D. R. Troup, V. F. Usher, Helen M. Wakefield, Dora M. Walker, F. E. Wall, K. N. Wallis, D. J. Williamson, G. S. Williamson, J. Wilson, and J. L. M. Wood.

VICTORIA UNIVERSITY.

THE following candidates have passed the subjoined examinations in the Faculty of Medicine:

Final Examination.—Part I: F. Bailey, Yorks.; J. B. Barnes, Owens; J. Battersby, Owens; F. P. H. Birtwhistle, Yorks.; J. A. M. Bligh, Univ.; A. Boyle, Yorks.; W. E. Brierley, Yorks.; H. Buck, Owens; R. Collier, Owens; W. E. Cooke, Univ.; W. J. Cox, Owens; F. W. M. Greaves, Yorks.; J. W. Hartley, Owens; S. L. Heald, Yorks.; F. C. Hudson, Owens; F. H. Lacey, Owens; J. T. Lloyd, Univ.; W. Y. Martin, Owens; S. Murray, Owens; G. G. Parkin, Owens; F. G. Pell-Ilderton, Owens; J. N. M. Sykes, Univ.; H. Tomlin, Yorks.; A. M. Walker, Owens; E. M. Wilkins, Owens; H. F. Woolfenden, Univ. Part II: J. P. Bligh, Univ.; T. Brown, Yorks.; R. T. Dobson, Univ.; A. J. Edmonds, Owens; P. T. Hardings, Owens; A. S. Hopper, Univ.; C. O. Jones, Univ.; J. A. Jones, Owens; J. Longworth, Owens; J. S. W. Nuttall, Univ.; W. B. Ramsden, Owens; J. A. C. Roy, Owens; W. F. Shaw, Owens; J. N. Skinner, Owens; F. Sugden, Yorks.; J. C. Teasdale, Yorks.; A. F. Thompson, Owens; G. Unsworth, Owens; S. C. Wilkinson, Yorks.; T. B. Wolstenholme, Owens; M. S. Wood, Owens.

Second Examination.—Anatomy and Physiology: H. Ainscow, Owens; T. M. Bride, Owens; A. W. Byrne, Univ.; D. E. Core, Owens; C. M. Craig, Owens; J. Dixon, Yorks.; R. G. Dixon, Yorks.; W. R. Douglas, Owens; H. Fearley, Yorks.; H. M. Fort, Owens; W. George, Owens; P. J. Glover, Univ.; S. R. Gloyne, Yorks.; A. Gough, Yorks.; B. T. Harris-Jones, Owens; R. Haslam, Owens; R. A. Hendry, Univ.; W. P. Hill, Yorks.; J. J. Hummel, Yorks.; G. H. Hustler, Yorks.; T. E. Jones, Univ.; A. J. Landman, Yorks.; T. E. Lister, Yorks.; J. B. Macalpine, Owens; S. E. McClatchey, Owens; J. D. Marshall, Owens; R. Ollerenshaw, Owens; H. B. Pare, Owens; W. C. Parkes, Owens; E. M. Phillips, Owens; P. L. Pollard, Owens; J. Rickards, Owens; C. H. Smith, Univ.; F. H. Storey, Univ.; F. Whalley, Yorks.; S. R. Wilson, Owens; C. Yorke, Univ.; W. Yorke, Univ. Materia Medica and Pharmacy: J. S. Crawford, Yorks.; J. F. Edmiston, Univ.; D. Elder, Univ.; H. S. Harling, Yorks.; R. A. Hendry, Univ.; R. W. Higson, Owens; W. D. Higson, Univ.; F. E. Kendall, Yorks.; R. Nightingale, Owens; Ethel M. Phillips, Owens; J. Smalley, Owens; C. N. Smith, Yorks.; H. Spurway, Owens; A. C. Turner, Owens; Julia C. White, Owens; N. R. Williamson, Owens; S. R. Wilson, Owens.

* University Scholarship.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, March, 1903.—The following candidates passed in:

Surgery.—V. E. M. Bennett (Section II), Royal Free Hospital; L. Courtland (Section II), Middlesex Hospital; T. G. Longstaff (Sections I and II), Oxford and St. Thomas's Hospital; S. Northwood (Sections I and II), Birmingham; W. A. G. Stevens (Sections I and II), Guy's Hospital.

Medicine.—J. Ewing, Leeds; B. C. Ghosh (Sections I and II), Cambridge; W. P. Jones (Section I), Sheffield; G. B. S. Soper (Section II), Guy's Hospital; W. A. G. Stevens (Sections I and II), Guy's Hospital.

Forensic Medicine.—S. Bentley, Sheffield; L. Courtland, Middlesex Hospital; G. Dawick, St. Thomas's Hospital; J. Ewing, Leeds; R.

Gauld, London Hospital; B. C. Ghosh, Cambridge; J. D. Keir, St. Mary's Hospital; G. B. S. Soper, Guy's Hospital; W. A. G. Stevens, Guy's Hospital.

Midwifery.—C. E. Adams, Guy's Hospital; E. H. Drinkwater, Liverpool and St. Bartholomew's Hospitals; J. H. Harrison, Sheffield; W. A. G. Stevens, Guy's Hospital.

The diploma of the Society was granted to V. E. M. Bennett, L. Courtland, R. Gould, T. G. Longstaff, G. B. S. Soper, and W. A. G. Stevens.

TRINITY COLLEGE, DUBLIN.

THE following candidates have passed the Examination for the Diploma in Public Health. Part I:

G. Raymond, T. G. Moorhead, K. W. Jones, A. L. Hoops, W. C. Oram, J. N. Laird, R. G. H. Tate, T. F. Telford.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

FELLOWSHIP EXAMINATION.—The following candidates have passed the Primary Part of this Examination:—W. W. Boyce, R. A. Brown, R. Bury, J. S. Dunne, G. H. Gallagher, and J. M. Hayes.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

SCHOOL BOARD CERTIFICATES IN THE HIGHLANDS OF SCOTLAND.

LETTERS have appeared in the *Northern Chronicle* with reference to the question of School Board certificates in the Highlands of Scotland, recently referred to in the *BRITISH MEDICAL JOURNAL*. The letter of a correspondent signing himself "Clach Ard" has been replied to by Dr. Murchison, Uig, Skye, who has shown how unsatisfactory the position of medical practitioners is in relation to this matter. Dr. Murchison has obtained from the Scottish Education Department the important statement that a medical certificate is quite valid, although it does not contain the words "soul and conscience." We consider that Dr. Murchison's contention that he is not bound to state in his certificate the nature of the disease the child is suffering from to be a sound one. If the disease is infectious the law compels the medical practitioner to inform the authorities, but if the disease is non-infectious we do not think that the School Board, the reporters present at the meeting, and the whole parish should become aware of the nature of the illness. This is a matter entirely between doctor and patient, and the doctor has no right to divulge professional secrets. Of the many grievances that medical men suffer from in the Highlands of Scotland, this question of the granting school certificates is not the least. Dr. Murchison writes us that the Board pay him nothing, and, at the same time, they decline to accept his certificates, and prosecute the parents who have obtained them for him. As there is shortly to be a new Educational Act for Scotland, it is important that this question be brought to the medical practitioners of Scotland under the notice of the Secretary of Scotland, so that it may be put on a proper footing. We do not consider it would be unreasonable if all medical certificates required by School Boards should be paid for by School Boards.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,820 births and 4,682 deaths were registered during the week ending Saturday last, March 28th. The annual rate of mortality in these towns, which had been 16.6, 17.2, and 17.0 per 1,000 in the three preceding weeks, further declined last week to 16.2 per 1,000. The rates in the several towns ranged from 6.3 in Handsworth, 6.7 in Hornsey, 8.7 in Grimsby, 8.8 in Walthamstow, 9.4 in Willesden, 9.8 in Wallasey, 10.6 in King's Norton, and 10.6 in West Hartlepool, to 20.6 in Hanley and in Bootle, 20.8 in South Shields, 21.5 in Bury, 21.9 in Manchester and in Rotherham, 22.4 in Swansea, and 26.1 in Stockton-on-Tees. In London the rate of mortality was 16.5 per 1,000, while it averaged 16.1 per 1,000 in the seventy-five large provincial towns. The death-rate from the principal infectious diseases averaged 1.7 per 1,000 in the seventy-six large towns: in London this death-rate was equal to 2.1 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 3.0 in Croydon and in Salford, 3.5 in Rhondda, 3.6 in Bury, 3.8 in Swansea, 3.9 in West Bromwich, 4.1 in King's Norton, 4.6 in Rotherham, 5.9 in Wigan, and 8.1 in Tottenham. Measles caused a death-rate of 1.1 in Croydon, 1.4 in Devonport, 1.5 in West Ham, 1.6 in West Bromwich and in Salford, 2.0 in Tynemouth, 2.2 in Swansea, 2.5 in King's Norton, 4.2 in Wigan, and 4.8 in Tottenham; scarlet fever of 1.2 in St. Helens; diphtheria of 1.1 in Swansea and 1.6 in Hanley; whooping-cough of 1.0 in Manchester, 1.1 in Oldham, 1.2 in Leicester, 1.5 in Croydon, 1.6 in West Bromwich and in Stockport, 1.7 in Wigan, and 2.4 in Tottenham; and "fever" of 1.7 in Rhondda. Of the 13 fatal cases of small-pox registered in these towns last week, 7 belonged to Liverpool, and 1 each to Walsall, Birkenhead, Bury, Manchester, Rochdale, and Blackburn. The Metropolitan Asylums Hospitals contained 11 small-pox patients at the end of last week, against 6, 7, and 7 at the end of the three preceding weeks; 5 new cases were admitted during the week, against 2 in each of the three preceding weeks. The number of scarlet fever cases under treatment in these hospitals and in the London Fever Hospital, which had been 1,790, 1,798 and 1,789 at the end of the three preceding weeks, had further declined to 1,756 at the end of last week; 213 new cases were admitted during the week, against 193, 231, and 220 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, March 28th, 1,063 births and 609 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.5, 19.7, and 20.1 per 1,000 in the three preceding weeks, declined again last week to 18.6 per 1,000, but was 2.4 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 15.0 in Leith, and 15.1 in Paisley, to 19.8 in Glasgow, and 21.7 in Dundee and in Perth. The death-rate from the principal in-

fectious diseases averaged 2.4 per 1,000 in these towns, the highest rates being recorded in Glasgow and Greenock. The 302 deaths registered in Glasgow included 2 which resulted from measles, 3 from scarlet fever, 3 from diphtheria, 2 from whooping-cough, 3 from "fever," and 9 from diarrhoea. Four fatal cases of measles, 6 of whooping-cough, and 2 of "fever," were recorded in Edinburgh. Two deaths from whooping-cough and 4 from diarrhoea occurred in Dundee; 5 from measles and 2 from diarrhoea in Aberdeen; and 5 from whooping-cough in Greenock.

INFECTIOUS DISEASES IN EDINBURGH.

There is a wide prevalence of whooping-cough and measles in Edinburgh. Neither disease is notified, so that exact figures are not available; but during the week ending midday, Saturday, March 28th, 3 deaths were registered as due to measles, and 6 as due to whooping-cough. During the same period 25 cases of scarlatina were notified as against 44 in the previous week, while no deaths were registered.

REGULATION OF CHILD LABOUR IN AMERICA.

A BILL has been introduced into the Pennsylvania Legislature regulating the employment of children throughout the State. It is made unlawful to employ any child under 14 at any labour during the hours when the public schools are in session, and the working hours are limited to ten hours a day and fifty-five hours a week. No child under 16 can be employed between the hours of 9 a.m. and 6 p.m.

THE CARDIFF PUBLIC HEALTH LABORATORY.

DR. SAVAGE, bacteriologist of the Cardiff and County Public Health Laboratory, who was recently appointed Medical Officer of Health for Colchester, was entertained at a farewell dinner at Cardiff by his medical and other friends, and presented with a barometer in a handsomely-carved oak frame as a memento of their esteem and affection. Dr. T. H. Morris, chairman of the Joint Committee, presided, and was supported by Principal Griffiths, Professors Hayercraft and Parker, Drs. Williams and Walford (directors), Dr. W. T. Edwards, and the infirmary staff. Principal Griffiths, in making the presentation, spoke of the excellent work which had been done by Dr. Savage. Dr. Broad, in a humorous speech, recalling incidents of his student days, gave the toast of "The South Wales Medical School," which was responded to by Professors Hayercraft and Parker. The former spoke highly of the original work of Dr. Savage, and hoped that his successor might be given more time for making investigations. Dr. Vachell, in wishing success to the laboratory, spoke of the splendid service it had been to the town and neighbourhood in enabling an early diagnosis to be made of plague and other diseases. Dr. W. Williams also, in reply, referred to some of its past successes and predicted much greater in the future. He deplored that the county medical men took so little advantage of the opportunities offered for accurate diagnosis in doubtful cases, as only about 30 out of some 340 sent specimens for examination.

HULL SANITARY REFORM.

WE learn from the Hull local press that the Sanitary Clauses of the Hull Corporation Bill, to which reference has on several occasions been made in these columns, have been decisively rejected by the poll of ratepayers. It will be remembered that power was sought by these clauses to compel conversion of earth closets for houses without back entrances into water-closets. For the clauses there voted 12,126, and against 21,845, defeating the Corporation's scheme by a majority of 9,719. This result has been obtained, we understand, by the energetic action of the property owners, who, had the scheme received parliamentary sanction, would have had to pay half the cost of the conversion. They formed themselves into an association to fight the Corporation, and placarded the walls of the district with posters appealing to tenants and owners alike to avoid increased rents and rates by voting against the clauses. In total ignorance of the real issues involved tenants have given their votes against the sanitary reform on account of fear of increased rent. This is truly a victory for insatiation and small property owners, and cannot do otherwise than set back sanitary reform for many years. We think the Corporation is to be commended for its action, and we sympathize with its efforts to assist the people, even in spite of themselves.

DISCHARGE OF DIPHTHERIA CASES.

MEDICAL SUPERINTENDENT of an infectious diseases hospital asks for advice under the following circumstances: He has had "return cases" of diphtheria, although prior to the discharge of the infecting patients from hospital telegrams were received from a well-known association stating "specific organism absent"; and he asks whether it is customary to discharge patients on receipt of one certificate of this description.

*** There is no established procedure on this point. In certain cases of diphtheria, whether treated at home or in hospital, infection persists for protracted periods. Usually in these cases of persistent infection there is some rhinorrhoea. One negative result from a bacterioscopic examination does not suffice. There should preferably be three consecutive negative results. In some large fever hospitals the time for discharge is determined by clinical examination and a time limit, usually not before the end of the sixth week. Many cases may, however, be quite safely discharged earlier than this.

Our correspondent asks also whether it is desirable to remove diphtheria patients to convalescent wards before discharging them from hospital. When practicable this should be done for administrative reasons. It is doubtful whether it is necessary as aiding freedom from infection. Protracted infection means a "sport" in the natural history of the disease. On this point see page 251 of *Public Health* (February, 1903).

AN AMERICAN PSYCHIATRICAL SOCIETY.—The Psychiatric Society of New York has recently been founded with the object of promoting interest in the study of mental disease. The active membership of the Society is limited to fifteen. The President is Dr. Allan McLane Hamilton, the Vice-President Dr. Frederick Peterson.

HOSPITAL AND DISPENSARY MANAGEMENT.

EDINBURGH ROYAL INFIRMARY.

At the weekly meeting of the managers on March 23rd, the following appointments were made for the six months from April 1st, 1903:

Resident Physicians.—Andrew J. Rowan, M.B., Ch.B., to Professor Sir T. R. Fraser; T. B. Hamilton, M.B., Ch.B., to Professor Greenfield; Ben. P. Watson, M.B., Ch.B., to Professor Simpson; Robert P. M'Neil, M.B., Ch.B., to Professor Wyllie; Robert C. Low, M.B., Ch.B., to Dr. Andrew Smart; S. A. K. Wilson, M.A., M.B., Ch.B., to Dr. Byrom Bramwell; A. F. R. Conder, M.B., Ch.B., to Dr. Gibson; Henry J. Dunbar, M.B., Ch.B., to Dr. Bruce.

Resident Surgeons.—Sidney Gilford, M.B., Ch.B., to Professor Annandale; Frank Inglis Dawson, M.B., Ch.B., to Professor Chiene, C.B.; Paul Mathews, M.B., Ch.B., to Dr. MacGillivray; Robert B. Johnston, L.R.C.P. and S. Edin., to Dr. Berry Hart; A. E. Hunter, M.B., Ch.B., to Mr. Cotterill.

Non-Resident House-Surgeons.—Charles Heron Watson, M.B., Ch.B., to Mr. Wallace; John M. Bowie, M.D., Ch.B., M.R.C.P.E., to Dr. K. M'Kenzie Johnston; Thomas Gowan, M.B., Ch.B., to Mr. Berry.

Clinical Assistants.—A. N. Fell, M.B., Ch.B., to Professor Sir T. R. Fraser; Herbert P. Thompson, M.B., Ch.B., to Professor Wyllie; W. G. Porter, B.Sc., M.B., Ch.B., to Dr. Byrom Bramwell; A. Dingwall Fordyce, M.B., Ch.B. (medical waiting-room), to Dr. R. W. Philip; John D. Comrie, M.B., Ch.B., M.R.C.P.E. (medical waiting-room), to Dr. Murdoch Brown; James A. Raeburn, M.B., Ch.B. (medical waiting-room), to Dr. J. J. Graham Brown; Wilfrid M'Farlane, M.B., Ch.B. (medical waiting-room), to Dr. F. D. Boyd; William Hume, M.B., Ch.B., to Dr. MacGillivray; T. W. E. Ross, M.B., Ch.B., to Mr. Cotterill; E. M. Lithgow, M.B., Ch.B., to Dr. George Mackay. The appointment was agreed to of Mr. James Burnet, M.B., Ch.B., as clinical tutor to the extra-mural medical wards for the ensuing summer and winter sessions. Mr. J. H. Gibbs, F.R.C.S., L.R.C.P., L.D.S., was elected to the post of junior dental surgeon to the institution.

MEDICAL NEWS.

THE Queen has given £1,000 to the London Hospital Quinquennial Appeal Fund.

ACCORDING to *Medical Missions in India*, there are 137 medical missionaries in India.

DR. FREDERICK MUELLER, Professor Lorenz's assistant, who accompanied him throughout his recent tour in the United States, has returned to America and will take up his residence in Chicago, where it is reported he is to have charge of a hospital devoted especially to orthopaedic surgery.

IMPERIAL SERVICE ORDER.—In the *London Gazette* of March 31st appears a list of appointments to the Imperial Service Order recently instituted for members of the Civil Service as a recognition of long and meritorious service. Among the names is that of J. McNaughton, M.D., Medical Officer, Scotch Prison Service.

A HEALTH DAY IN UTAH.—A Bill recently introduced into the United States Legislature sets apart the first Monday in October as a legal holiday in the State. On that day it is made compulsory for every person to clean and disinfect thoroughly dwelling-houses, stores, theatres, and buildings of every kind used by the people. A penalty of 50 dollars is imposed for failure on the part of any person to clean up and disinfect as provided.

INTERNATIONAL CONGRESS OF OTOTOLOGY.—The Seventh International Congress of Otolaryngology will be held this year from August 1st to 4th at Bordeaux, under the presidency of Dr. E. J. Moure. The questions proposed for discussion are: (1) The choice of a simple and practical acoumetric test, (2) the diagnosis and treatment of suppurative processes in the labyrinth, (3) the technique of the opening of encephalic abscess of aural origin, and the after-treatment of such cases. All communications should be addressed to the General Secretary, Dr. Lermoyez, 20 bis, Rue de la Boétie, Paris.

AN AMERICAN CONGRESS ON VENEREAL DISEASES.—In pursuance of a resolution adopted at the Saratoga meeting of the American Medical Association a joint committee from various sections of the American Medical Association has been appointed by the President of the Association to consider the subject of the prophylaxis of venereal diseases and to present to the American Medical Association a plan for a national meeting, similar to the International Conference for the Prophylaxis of Venereal Diseases, which meets again this year in Brussels, under the auspices of the Government in Belgium.

THE PREVENTION OF SIN-DAY RACES IN AMERICA.—A Bill has been introduced into the Pennsylvania Legislature which makes it unlawful for any person or persons to promote or manage or participate in any athletic contest or exhibition held within the State of Pennsylvania which shall continue for more than twelve hours in each calendar day. The

penalty imposed for violations of the Act is a fine of not less than 100 dollars (£20) or more than 1,000 dollars (£200), or imprisonment not exceeding two years, or both.

DONATION TO HOSPITAL.—The Committee of the Lord Russell of Killowen Memorial Fund have decided that a portion of the surplus money standing to the credit of the fund after providing for the statue of the late Lord Chief Justice shall be devoted towards the dedication of a male ward in the Hospital of St. John and St. Elizabeth in St. John's Wood, N.W. The sum apportioned for this purpose amounts to £1,000.

SPREAD OF PUBLIC-HOUSE TRUSTS IN SCOTLAND.—Lord Grey's Public-house Trust movement is to be introduced into Roxburghshire. A well-attended public meeting was held last week at Hawick, at which Mr. William Smith, K.C., Chairman of the East of Scotland Trust, described the principles of the movement, and a resolution was unanimously carried to form a committee for the purpose of organizing a local trust company.

ROYAL DENTAL HOSPITAL, LEICESTER SQUARE.—At the annual general meeting of governors, held at the hospital on March 31st, under the chairmanship of Lord Kinnaird, a very large increase in the number of patients treated during the year was reported; this increase amounts to over 15,000 more than in 1901. Some time ago it was pointed out to the Committee that it was an unfortunate circumstance that the plans for the new hospital contained proposals for the retention of a public-house, which was on the site acquired some years before. The Committee, as trustees of the hospital property, felt it to be their duty to make the most of such a valuable asset as they believed the licence to be. As time went on the Committee became convinced that in the best interests of the hospital it was desirable to surrender the licence, and try to make up by subscriptions for the money loss entailed. The consent of the Charity Commissioners and of the Prudential Assurance Company, which holds a mortgage on the property, having been obtained, the "Duke's Head" had been closed as a public-house and the licence destroyed.

POST-GRADUATE MEDICAL EDUCATION IN GERMANY.—Reference has already been made in the BRITISH MEDICAL JOURNAL to the proposal to found an institution for post-graduate medical education in Berlin in commemoration of the late Empress Frederick, who was greatly interested in the scheme. It is now announced that Professor von Bergmann, Chairman of the Central Society for Medical Higher Education, who had an audience of the Emperor William a few days ago, has received the following letter from Herr von Valentini, of His Majesty's Prussian Civil Cabinet: "His Majesty the Emperor has verbally expressed, in reference to the audience of the 2nd instant, his most lively satisfaction at the project, and welcomes the idea of erecting a special building in Berlin, as a centre and support of the Medical Institution of Higher Education, and also of calling it 'The Empress! Frederick House for Medical Higher Education,' in lasting memory of the efforts of Her Majesty the late lamented Empress and Queen Frederick in this province. His Majesty wishes the pious enterprise all success, and awaits with pleasure the reports on this meritorious work. By command of His Majesty, I have the honour to make this communication to your Excellency."

ROYAL INSTITUTION.—The following are the lecture arrangements at the Royal Institution after Easter:—Professor Allan Macfadyen: Three lectures on the Blood and some of its Problems; Professor G. H. Darwin: Two lectures on the Astronomical Influence of the Tides (the Tyndall lectures); Professor E. J. Garwood: Two lectures on the Work of Ice as a Geological Agent; Professor Dewar: Three lectures on Hydrogen: Gaseous, Liquid, and Solid; Professor S. H. Vines: Two lectures on Proteid-Digestion in Plants; Professor J. A. Fleming: Two lectures on Electric Resonance and Wireless Telegraphy; Professor Langton Douglas: Two lectures on the Early Art of Siena; Mr. Hamish MacCunn: Two lectures on Music (with musical illustrations); and Professor Sylvanus P. Thompson: Two lectures on the *De Magnete* and its Author, (1) the Book; (2) the Man. The Friday evening meetings will be resumed on April 24th, when a discourse will be given by the Hon. R. J. Strutt on Some Recent Investigations on Electrical Conduction. Succeeding discourses will probably be given by Professor William J. Pope,

Mr. Rider Haggard, Dr. D. H. Scott, Dr. J. A. H. Murray, His Serene Highness Albert Prince of Monaco, and other gentlemen.

PRESENTATION TO A MEDICAL HERO OF LADYSMITH.—The officers of the Natal Volunteer Corps held their commemoration dinner at the Victoria Club, under the presidency of Lieutenant-Colonel E. M. Greene. During the evening an interesting presentation was made to Dr. H. B. Currie, of Johannesburg. Lieutenant-Colonel Greene, in making the presentation, said the colony, and especially the Natal Carbineers, owed a deep debt of gratitude to Dr. Currie for assisting them as he had done. He came down a year before the outbreak of the late war, and threw his lot in with the Natal Carbineers, under Lieutenant-Colonel Hyslop, D.S.O. He remained with them as their regimental surgeon during the whole of the siege of Ladysmith. He was exceedingly popular among both officers and men. There was no time of the day or night when he was not available to alleviate the sick or wounded, and do good work generally. The inception of the presentation was a spontaneous act on the part of the non-commissioned officers and men of the regiment, and the officers were more than pleased to add to the subscription list. He felt assured that the parting hours of many of the men who had fallen had been soothed by the attentions of Dr. Currie, and he knew that those who remained appreciated to the full his services, and, indeed, had evidenced the same by this presentation. Dr. H. B. Currie, in reply, said that the best evidence he had of the thoughts of the regiment was the fact that he was held in the remembrance of those who had survived, and, through them, in the thoughts of those who had died. The presentation tea set to Dr. Currie consisted of a silver salver, tea and coffee set, milk jug, silver basin, and hot-water stand, the tray bearing the inscription: "Natal Carbineers. Presented by the Natal Carbineers to Lieut. H. B. Currie, N.V.M.C., in recognition of his services as medical officer to the regiment during the siege of Ladysmith, November 2nd, 1899, to February 28th, 1900." Dr. Hugh Brown Currie, after serving as resident physician under Sir William Gairdner at the Glasgow Western Infirmary, went out to Johannesburg. On the outbreak of the war he joined the Natal Carbineers, and was present at the fields of Elandslaagte and Dundee, and afterwards got shut up in Ladysmith, where he did much excellent work.

MEDICAL VACANCIES.

- BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon. Salary £150 per annum, £30 allowance for cab-hire, furnished rooms, etc. Applications to the Secretary by April 20th.
- BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL.** Edmund Street.—House Surgeon. Appointment for six months. Salary at the rate of £70 per annum. Applications to the Secretary by April 18th.
- BIRMINGHAM WORKHOUSE INFIRMARY.**—Assistant Resident Medical Officer. Salary £100 per annum, with furnished apartments, rations, laundry, etc. Application to the Clerk to the Guardians, Parish Office, Edmund Street, Birmingham, by April 16th.
- BRADFORD CHILDREN'S HOSPITAL.**—House Surgeon. Salary £100 per annum, with board, residence, and washing. Applications to the Secretary by April 20th.
- BRIGHTON: ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN.** Dyke Road.—House Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications to the Chairman of the Medical Committee by April 18th.
- CARDIFF INFIRMARY.**—Assistant House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £75 per annum, with board, washing, and apartments. Applications to the Secretary by April 17th.
- CAPE COLONY: COLONIAL BACTERIOLOGICAL INSTITUTE.** Grahamstown.—Laboratory Assistant. Salary, £250 for first year, £300 for second, and £350 for third year, with free first class passage to Cape Town. Applications to Professor Macfadyen, Royal Veterinary College, Camden Town, N.W., by April 11th.
- ESSEX AND COLCHESTER HOSPITAL.**—Honorary Physician. Applications to the Secretary by April 16th.
- EVELINA HOSPITAL FOR SICK CHILDREN.** Southwark, S.E.—(1) House-Physician. (2) House-Surgeon. Salary, £20 per annum respectively. (3) Assistant House-Surgeon. Salary £70 per annum. Board, residence, and washing provided in each case. Applications to the Committee of Management by April 9th.
- HOSPITAL FOR SICK CHILDREN.** Great Ormond Street, W.C.—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 by April 28th.
- KING'S COLLEGE.** London.—Sambrook Medical Registrarship. Applications to the Secretary by April 15th.
- LEEDS PUBLIC DISPENSARY.**—Junior Resident Medical Officer. Salary, £100 per annum, increasing £10 on reappointment, with board and lodging. Applications to the Secretary of the Faculty, Public Dispensary, New Briggate, Leeds, by April 18th.
- LEICESTER INFIRMARY.**—Surgical Dresser. Honorarium, 10 guineas for six months, with board, apartments, and washing. Applications to the Secretary.
- LIVERPOOL INFIRMARY FOR CHILDREN.**—Assistant House-Surgeon. Appointment for six months. Salary £25, with board and lodging. Applications to the Honorary Treasurer by April 20th.
- MARGARET STREET HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.** W.—Physician. Applications to the Secretary, 26, Margaret Street, Cavendish Square, W., by April 25th.
- MIDDLESEX HOSPITAL MEDICAL SCHOOL.**—Demonstrator in Physiology. Salary, £80 per annum. Applications to the Secretary by April 15th.
- MIDDLESEX HOSPITAL.**—Assistant Obstetric Physician, must be F. or M.R.C.P. Lond. Applications to the Secretary-Superintendent by April 14th.
- NORTHAMPTON: ST. ANDREW'S HOSPITAL FOR MENTAL DISEASES.**—Junior Assistant Medical Officer. Salary £200 per annum, with board, lodging, and washing. Applications to the Medical Superintendent by April 16th.
- NOTTINGHAM CHILDREN'S HOSPITAL.**—House-Surgeon; unmarried. Appointment for six months. Salary at the rate of £100 per annum, with board and residence. Applications to the Secretary, Mr. A. F. Kirby, St. Peter's Church Walk, Nottingham, by April 11th.

PADDINGTON GREEN CHILDREN'S HOSPITAL, W.—(1) House-Physician. (2) House-Surgeon. Appointments for six months. Salary at the rate of 50 guineas per annum, with board and residence. Applications to the Secretary by April 15th.

PLYMOUTH PUBLIC DISPENSARY.—Second Honorary Physician. Applications to the Secretary by April 11th.

PORTSMOUTH BOROUGH.—Public Analyst. Salary, £250, rising to £300 per annum. Applications, endorsed "Public Analyst," to be sent to the Town Clerk, Town Hall, Portsmouth, by April 15th.

ST. PETERS HOSPITAL FOR STONE. Henrietta Street, W.C.—House-Surgeon. Appointment for six months, but eligible for re-election. Salary at the rate of £10 per annum, with board, lodging, and washing. Applications to the Secretary by April 15th.

SUNDERLAND INFIRMARY.—House-Surgeon. Salary, £100 per annum, with board and residence, increasing £15 yearly for three years. Should present House-Physician be elected the appointment will be for House-Physician. Applications, endorsed "Application for Resident Medical Appointment," to be sent to the Secretary by April 18th.

TOWER HAMLETS DISPENSARY. White Horse Street, Stepney, E.—Resident Medical Officer. Salary £150 per annum, with furnished rooms, coals, gas, and attendance. Applications to Dr. J. Sequeira, 13, Welbeck Street, Cavendish Square, W.

WANDSWORTH AND CLAPHAM UNION.—Assistant Medical Officer at the Home for Aged and Infirm, Church Lane, Tooting; unmarried. Salary, £130 per annum, rising to £150, with apartments, board, lodging, and washing. Applications to the Clerk, Union Offices, St. John's Hill, Wandsworth, S.W., by April 8th.

WEST HAM UNION.—(1) Assistant Medical Officer. Salary, £150 per annum, and residential allowances. (2) Dispenser, non-resident. Salary, £23 per annum, with dinner and tea daily. Applications, on forms provided, to be sent to the Clerk, Union Workhouse, Leytonstone, N.E., by April 15th.

WEST NORFOLK AND LYNN HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, residence, and washing. Applications to the Chairman of the Weekly Board by April 10th.

WEST RIDING ASYLUM. Monstons, near Leeds.—Lady as Resident Clinical Clerk. Board and residence provided. Applications to the Medical Superintendent.

WOLVERHAMPTON EYE HOSPITAL.—House-Surgeon. Salary, £70 per annum, with rooms, board, and washing. Applications to the Secretary by April 7th.

YORK DISPENSARY.—Resident Medical Officer. Salary, £110 per annum, with board, lodging, and attendance. Applications to W. Draper Esq., De Grey House York, by April 9th.

MEDICAL APPOINTMENTS.

BARON, Barclay J., M.B., C.M. Edin., appointed Honorary Consulting Physician to the Throat and Larynx Department of the Bristol General Hospital.

BLUE, O., M.B., B.Ch.B.U.I., appointed Medical Officer for the Skelton District of the Guisborough Union.

CHAPMAN, Walter, M.B., Ch.B., F.R.C.S., L.R.C.P., appointed Surgeon to the Birmingham Corporation Waterworks and Hospital in Eban Valley.

DAWE, R., M.D. Lond., B.Sc., appointed Assistant Medical Officer to the London Fever Hospital.

FAIRBAIRN, John Shields, M.B., B.Ch. Oxon., F.R.C.S. Eng., M.R.C.P. Lond., appointed a Physician to the British Lying-in Hospital, Endell Street.

FIRTH, John Lacy, M.D., M.S. Lond., appointed Physician to the Throat and Nose Department of the Bristol General Hospital.

FOGGIN, George, B.A. Lond., L.R.C.P. & S. Edin., etc., appointed Principal Medical Officer to the Newcastle-upon-Tyne School Board.

HANNAH, Nathan, L.R.C.P. Edin., L.F.P.S. Glas., appointed Certifying Factory Surgeon for the Ashton-in-Makerfield District in the county of Lancaster.

HERRINGER, F. P., M.D. Edin., appointed Senior Assistant Medical Officer to the North Riding Asylum, York.

HILL, Hedley, M.D. Brux., M.B.O.S., L.R.C.P. Lond., appointed Assistant Anaesthetist to the Bristol General Hospital.

LOW, Charles Wm., M.B. Durh., D.P.H., reappointed Medical Officer to the Stowmarket Urban District Council.

WHITMORE, F. C., M.R.C.S., appointed Deputy Medical Officer for the Workhouse, and the No. 1 District of Thornbury Union.

WEATES, Wm., L.R.C.P. Edin., L.R.C.S. Edin., L.F.P. & S. Glas., appointed Medical Officer to the Heworth District of the Gatshead Union.

DIARY FOR NEXT WEEK.

TUESDAY.

Pathological Society of London, 20, Hanover Square, W., 8.30 p.m.—Mr. L. Caele: "The Relation of Carcinoma to Nerve Distribution or Trophic Areas (Lantern Demonstration). Dr. Beevor and Dr. E. F. Buzzard: Suppurative Meningitis due to Streptococcus B. Brachialis." Dr. E. F. Buzzard: "Angioma of the Brain." Mr. Shattock: "The Nature of the Vacuolation in Fat Cells." Dr. J. Broadbent: "Rupture of Aortic Aneurysm into the Pulmonary Artery." Dr. R. T. Hewlett: "Rupture of Aortic Aneurysm into the Superior Vena Cava." Card Specimens by Dr. Thursfield and Dr. J. Broadbent.

WEDNESDAY.

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

Hunterian Society, London Institution, Finsbury Circus, E.C., 8.30 p.m.—Discussion on the Present Methods of Treating Tuberculosis.

POST-GRADUATE COURSES AND LECTURES.

Medical Graduates' College and Polytechnic, 23, Chancery Lane, W.C. Demonstrations will be given at 4 p.m. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical. Lectures will also be given at 5.15 p.m. as follows:—Monday, On Therapeutic Inoculation; Tuesday, Cancer; Wednesday, On Cerebral Softening; Thursday, The Anatomy, Common Ailments of the Liver, and their Surgical Treatment.

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.

BIRTH.

GARFIT.—On Tuesday, March 31st, at Kirby-Muxloe, near Leicester, the wife of Charles Cunningham Garfit, M.B., Ch.B. Vict., of a son.

MARRIAGES.

CORNER-HENDERSON.—At Dundee, on March 31st, Edred Moss Corner, F.R.C.S., youngest son of Francis Corner, Esq., M.D., London, to Henrietta, second daughter of James Henderson, Esq., The Gows, Invergowrie, Forfarshire.

KIDD-JOHNSON.—On March 28th, at Holy Trinity, Islington, by the Rev. F. J. Birkett, assisted by the Rev. T. Lancaster, Vicar, and the Rev. E. Lopresti, Harold Andrew Kidd, Medical Superintendent of the West Sussex County Asylum, Chichester, to Mildred Isabel Carline, youngest daughter of Captain Johnson, Governor of H.M. Prison, Pentonville.

DEATHS.

FLEMING.—At 10, Chester Street, Edinburgh, on March 28th, suddenly, Henry Bowtly, infant son of Robert A. Fleming, M.D., aged 5 months.

TEINDER.—On January 5th, 1903, at Harley Street, London (after surgical operation), Mary Mand, the beloved wife of Alfred Probus Teinder, M.R.C.S., L.R.C.P., District Surgeon, Volksrust, Transvaal (late Civil Surgeon, R.A.M.C.).

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 *Asiology, 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.

WE would request correspondents who desire to ask questions in this column not to make use of such signatures as "A Member," "A Member B.M.A.," "Enquirer," and so on. By attention to this request much confusion would be avoided. Correspondents are asked to write upon one side of the paper only, and when sending more than one question to put them on separate slips.

QUERIES.

A COUNTRY MEMBER would be glad to know if x-ray treatment has been used for carcinoma of the rectum, and if any benefit resulted.

M.D. CANTAB. is about to take on a country town practice, and wishes to know the best form of couch and chair (combined if possible) for his consulting room. He has a leaning towards gynaecology, and prefers the Continental method of examining patients.

X. Y. Z. would be glad of suggestions as to the treatment of the following case: The patient, a thin wiry man, 60 years of age, suffers from enlarged prostate. Catheter life for the last three or four years. He complains of feeling when in bed at night, sometimes during the day, a pain, which starts on the left side, over the colon apparently. He feels a desire to go to stool, but passes nothing but a slight trace of mucus. Urine alkaline, albuminous, no stone, no malignant mischief apparently. The patient has gained a little in weight. No remedy appears to give any relief. Enemata have been tried without any permanent good. The bowels are quite regular.

ANSWERS.

C. B.—The odour of turpentine in a liniment may be to some extent covered by the addition of any volatile oil with an agreeable odour, such as oil of lavender or oil of rosemary.

ENQUIRER would probably find information of the kind he requires in the *Dictionary of Psychological Medicine*, edited by the late Dr. Hack Tuke (2 vols.) (London: J. and A. Churchill, 1892, 42s.).

DR. V. E. SORAPURE.—The following would probably meet our correspondents' requirements: Olshausen and Veit, *Lehrbuch der Geburtshilfe*, 1902 (Bonn: Cohen, 1 vol.); Küstner, *Kurzes Lehrbuch der Gynäkologie*, 1901 (Jena: Fischer; paper covers M.6, bound M.7.50, 1 vol.).

M.D. would probably find Caird and Cathcart's *Surgical Handbook*, eleventh edition (London: C. Griffin and Co. 1902, 8s. 6d.); and Fothergill's *Manual of Midwifery*, second edition (Edinburgh: W. F. Clay, 1900, 9s.) suitable for his purpose.

DR. CECIL E. SALT.—There is no reason for professional prejudice against the practice of radiography by laymen, so long as they confine themselves to the mere mechanical act of producing a picture and abstain from assuming a scientific knowledge of the bearings of their radiographs on diagnosis or prognosis. Of those engaged in x-ray work only qualified practitioners are entitled to undertake the treatment of disease.

MEDICAL ATTENDANCE ON SOLDIERS.

A. J. H.—The rates of payment laid down in Army Form O. 1667 are as follows: Each Visit.—Day—Under a mile, 1s. 6d.; over one mile but under two miles, 2s.; for greater distances, 1s. 6d. a mile. Night—10 p.m. to 7 a.m.; under a mile, 2s. 6d.; over a mile, double the day rates. When the practitioner charges full rates for medicines, charges for visits under the distance of a mile are inadmissible. Medicines.—According to nature and quantity from 1s. to 4s., the scale being laid down in the instructions on the form. The bill must be rendered on Army Form O. 1667, which must be sent to the regimental headquarters.

TREATMENT OF OBSTINATE CONSTIPATION IN A CHILD.

W. E. writes: In reply to "N. B. H.," who asks for suggestions on the treatment of obstinate constipation in a child of 4 years, I would advise him to give her magnesium carbonate, either the heavy or the light carbonate will do, though I think the light is better. Two or 3 gr. in water at night time is generally sufficient, but a little more may be needed at first. After a few weeks a dose may now and then be omitted, and after a time it may not be necessary to give the medicine more than once or twice a week. The prescription may be written thus: R magnes. carbon. levis 5ij, aq ad 5vj, 5j omni nocte horâ somni.

W. S. S. (Powis Square) writes: Might I suggest, in answer to "N. B. H.," on page 771 of the March 28th number of the BRITISH MEDICAL JOURNAL, that he should examine for adenoid growths in the posterior nares, as I have recently operated on a boy of 8 years for adenoids, and cured not only his breathing but also his chronic constipation, which had been a great trouble to him for some time, so much so that he has twice had