

African lethargy have had important verification and confirmation, coming, indeed, to identical results.

NOTES AND REFERENCES.

¹ Doença do Sono. Relatórios enviados ao Ministério da Marinha pela Missão Científica Nomeada por Portaria de 21 de Janeiro de 1901. Lisboa, 1901. ² Doença do Sono. Trabalhos executados até 6 de Agosto de 1902, pela Missão enviada a Angola pelo Exmo Ministro da Marinha, composta de Annibal Bettencourt, Chefe da Missão, Avres Kopke, José Gomes de Resende Junior, Annibal Correia Mendes. *Revista Portuguesa de Medicina e Cirurgia*, Nos. 139 a 144, Agosto a Outubro, 1902. ³ Immediately after this translation was published we sent the editor a note pointing out the numerous mistakes in it. This unfortunately, however, was not published. ⁴ We never spoke of this medium because we never employed it. ⁵ August 7th, 1902. ⁶ *Archiv f. Schiffs- und Tropen Hygiene*, vii. 2.

NOTE OF SOME FURTHER EXPERIMENTS REGARDING THE NATURE AND SPECIFIC TREATMENT OF HAY FEVER.

By SIR FELIX SEMON, C.V.O.; M.D., F.R.C.P.,
Physician-Extraordinary to His Majesty the King.

THE results of some of the experiments reported recently in the *BRITISH MEDICAL JOURNAL*¹ made it desirable that the special influence of Professor Dunbar's toxin upon some persons not actually suffering from hay fever, but showing a greater liability than the ordinary run of people, should be further tested. With this object Dr. Tilley and I experimented upon ourselves on April 3rd, whilst my son and a lady who suffers from typical hay fever also were subjected to experiments similar to those described in my last communication.

1. In the case of my son two drops of a toxic solution (1 in 500) were instilled into the right nostril, but remained without any effect.

2. Miss R. has been suffering from hay fever for twenty-one years, the symptoms occurring at the typical time, and consisting of violent sneezing, obstruction of, and considerable running from, the nose, great irritation of the eyes, and, towards the end, slight asthma. The results obtained in her case were much more marked than in any of the cases I have hitherto experimented upon, and were as follows:

A drop of toxin (1 in 1,000) plus an equal quantity of serum was instilled into the right eye at 2.53 p.m.

No symptoms, either objective or subjective, having occurred at

2.58 p.m.—One drop of 1 in 500 toxin, plus serum, was placed into the right eye.

3.0 p.m.—Itching complained of.

3.1 p.m.—Caruncle obviously swollen, itching increases, and becomes a burning feeling.

3.3 p.m.—Objective symptoms still increasing.

3.4 p.m.—Distinct reddening of both upper and lower lid.

3.5 p.m.—One drop of toxin (1 in 500), plus serum, rubbed into right nostril.

3.7 p.m.—Itching and burning begin.* No swelling as yet of turbinal bodies or septal mucous membrane.

3.10 p.m.—Mucous membrane of right nostril shows very obvious congestion at anterior end of inferior turbinal bone. Caruncle of right eye still markedly congested.

3.10 p.m.—Some degree of chemosis in right eye.

3.20 p.m.—Irritation felt in right eye almost disappeared; objective symptoms still apparent.

3.21 p.m.—One drop of antitoxin instilled into right nostril.

3.24 p.m.—Feeling of itching and burning in nostril also allayed.

3.23 p.m.—Two drops of 1 in 500 toxin rubbed into left nostril.

3.24 p.m.—Itching sensation becomes apparent.

3.28 p.m.—Mucous membrane between middle turbinate bone and septum very much swollen. Itching, etc., constantly increases.

3.35 p.m.—Septum and lower turbinate bone completely touch one another, and are bathed in watery fluid, which constantly runs from that nostril. The patient is quite unable to breathe through the nostril on left side. Voice is nasal in tone.

3.37 p.m.—In the right eye the symptoms have completely disappeared. A drop of antitoxin was rubbed into the left nostril.

3.40 p.m.—Nostril very slightly less occluded, although running of watery fluid still continues.

5 p.m.—Left nostril quite free. In the course of the evening patient suffered from dull headache, such as she generally experiences whilst suffering from hay fever. Next morning quite free.

3. In my own case the mopping of the interior of my right nostril with a swab of absorbent cotton-wool soaked with one to two drops of the 1 in 500 toxin solution produced in a moment a feeling of slight itching and burning in the right nostril, followed by swelling and congestion of the right turbinate body which was repeatedly examined during the next hour by Dr. Tilley, when this swelling remained permanent. The sensation of itching persisted for some length of time, although at about one hour after the

application it had become materially diminished. No sneezing fits as on previous occasion.

4. The following are the notes of Dr. Tilley's case:

2.59 p.m.—1 in 500 toxin mixture with serum.

3.3 p.m.—Itching first noticed.

From 3.2 p.m. to 3.20 p.m.—Itching constantly increasing. Swelling of mucous membrane of inferior turbinate bone, and septum becomes marked. The contrast between the mucous membrane of the left and right nostrils is very noticeable.

3.20 p.m.—A drop of antitoxin was applied.

3.29 p.m.—No change or amelioration of symptoms.

In the course of the afternoon the symptoms gradually wore off.

REMARKS.—Whilst the experiments in my son's and Miss R.'s cases fully accords with the results stated in my first paper, the phenomena appearing in Dr. Tilley's and my own cases tend to further justify the belief that there is a class of persons, who although not actually suffering from hay fever, yet are more susceptible to the influence of the pollen toxin than those of the great majority of persons experimented upon. It remains to be seen whether this fact establishes a connexion between genuine hay fever and paroxysmal sneezing or vasomotor coryza.

REFERENCE.

¹ March 28th, p. 713.

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

BULLET WOUND OF BRAIN: RECOVERY.

THE following interesting case came before me on December 12th, 1902:

An Ashantee named Osey Cudjoe fought in the Ashanti rising of 1872 to 1874. At the battle of Fantiyan, Kumassi, fought about January, 1873, he received a bullet wound of the head. He and his friends gave the following account: He was unconscious for about a week. During this period the bullet was removed by native surgery and the wound dressed (most likely with leaf mould and leaves, as this is the native way of dressing all wounds). He was four months in recovering.

On examination there was found a hole on the left side of the head over the angle formed by the junction of the anterior inferior angle of the parietal bone with the frontal and temporal bones, the hole being a circular inverted cone, the base being external. It was $\frac{1}{2}$ in. in diameter at the apex and $\frac{3}{4}$ in. in diameter at the base. Skin, devoid of hair, lined the cavity, except for the area of the apex where the dura mater was seen uncovered by anything, and through it the brain substance showed clearly. There were a few melanotic spots and veins to be seen. There was some thickening of the periosteum for about an inch round the opening. The man was quite healthy and did not suffer from the sun, though his head was clean shaved. He stated he had never suffered ill-health or from fits of any kind. All the movements were perfect, as were sight, speech, and hearing. There were no signs of induration of the exposed dura mater, which looked healthy and clean. He did not suffer from headache.

The wound was caused by a Snider bullet at long range. The man was about 20 years old at the time.

GEO. CHAS. WALKER, M.B., D.P.H.,
West African Medical Service, Medical Officer, Kumassi, Ashanti.

ACUTE DILATATION OF THE STOMACH WITHOUT APPARENT CAUSE.

SOME years ago I received an urgent call to a child 11 months old supposed to be dying. In a few minutes I was at the house and found the child dead; the heart had stopped, and all efforts at resuscitation were unavailing. The history was that the child had a short time before partaken of its bottle, and was laughing and playing on its mother's knee, when suddenly it seemed to stop breathing, "made a noise in its throat," and became insensible. There was no convulsion or struggle, and the child had apparently died immediately. There had been no previous illness or digestive troubles, and the child was well nourished and presented no evidence of rickets or congenital syphilis. The parents were both healthy.

I suspected "cardiac failure," but could find no clue to its causation. *Post mortem*, however, I found the stomach greatly dilated, containing 19 oz. of food—like fairly thick Mellin's

food—as well as a considerable but unmeasurable amount of gas. The heart muscle seemed pale and flabby, and the cavities somewhat dilated, but there were no other evidences of disease. When it is remembered that the normal capacity of the stomach in a child of this age is about 9 oz. it is obvious that a very marked gastric dilatation existed, and the opinion I gave at the inquest as to the cause of death was cardiac failure, the result of pressure of the distended stomach upon the feeble, flabby heart, both conditions—heart and stomach—being the result of excessive feeding. Although Mr. Belilios¹ does not mention the condition of the heart in his patient I am inclined to suspect that a similar state of things may have existed. As there were only 3 or 4 oz. of food in the stomach, however, the distension was evidently chiefly gaseous, although previous overfeeding may have helped to bring about the gastric dilatation.—I am, etc.

Bowdon.

P. R. COOPER, M.D. Lond., F.R.C.S. Eng.

NASAL DIPHTHERIA AND INFECTION.

THAT the Klebs-Loeffler bacillus can excite and keep up a condition of nasal catarrh without producing any other disturbance of health whatever is a fact which, although well-known to rhinologists,² is not so keenly appreciated by practitioners in general as its importance from the point of view of public health merits.

The following cases from my notes serve to confirm the recent remarks of Dr. S. Davies³ on the subject:

L. M., male, aged 9 years, was brought to me on July 26th, 1901, with the complaint that he had been suffering from "a bad cold in the head" for about a fortnight. On examining the nasal passages a copious discharge of muco-pus was observed, together with a tendency for the mucous membrane to bleed when touched. Suspicion of diphtheria did not arise in my mind until his second visit to me a week later, when I succeeded in removing an almost complete cast of the right nostril, like the finger of a wash-leather glove. The boy was otherwise quite well. There was no headache, anorexia, prostration, or fever. He was attending school and choir. A cultivation obtained from the nasal mucous membrane showed the Klebs-Loeffler bacillus and sarcinae. The patient was isolated, put to bed, and treated with diphtheria antitoxin, and obtained complete relief from the few symptoms he had.

His brother, a lad some years older, took the disease in a more virulent form fourteen days after L. M.'s first visit to me. In this case the pharynx and tonsils were attacked. There was considerable fever, drowsiness, and prostration. The exhibition of the antitoxin, however, soon cut short what was promising to be a very severe attack.

In an ordinary case of pharyngeal diphtheria the extension of the false membrane to the nasal passages is justly regarded as an event of grave significance, for its occurrence is always followed by an aggravation of the constitutional disturbance, presumably because of the rapid and complete absorption of toxins from the richly vascular mucous surfaces of the nose. Consequently the absence of constitutional symptoms in these cases of mild diphtherial catarrh of the rhinal mucous membrane can only be explained by assuming some natural immunity from diphtheria toxins on the part of those attacked. The other possibility, that in these cases the bacillus is of a non-virulent type is disposed of by experimental findings, for in a large proportion of such cases the membrane yields typical Klebs-Loeffler bacilli, highly virulent on inoculation in guinea-pigs,³ and by instances like the above, where the rhinal diphtheria sets up a severe form of the disease in another patient.

It is notoriously difficult to trace many epidemics and isolated cases of diphtheria to their source, but it is extremely probable that many obtain their infection from a case of diphtherial rhinitis, of which the true nature has been unsuspected.

Leytonstone.

DAN MCKENZIE, M.D. Glasg.

NOTES AND REFERENCES.

¹ Lambert Lack found 2½ per cent. of all children attending his hospital practice affected with "fibrinous rhinitis." Quoted by P. Watson Williams, *Diseases of the Upper Respiratory Tract*, p. 139. Bristol, 1901.
² BRITISH MEDICAL JOURNAL, 1 February, 14th, 1903. ³ Dawson Williams, loc. cit.

RHYTHMICAL COMPRESSION OF THE CHEST IN INFANTILE CAPILLARY BRONCHITIS.

THE textbooks I have at my command do not mention this means of combating a fruitful source of mortality in the young, so that I thought the report of a case in which it proved successful might be worthy of publication.

On February 15th I was sent for to see a well-developed female infant, aged 6 weeks. On examination I found her suffering from a severe attack of capillary bronchitis. The

lungs were sagged with exudative products, the lips were livid, the face pale and the alae nasi dilating. She was semi-unconscious, unable to take the breast, and no amount of rousing could produce more than a feeble sibilant whine. Having no hypodermic syringe with me, and failing to produce emesis, I placed the infant in a sitting position on my knee with the head well thrown back over one arm, and then commenced steady rhythmical compression of the chest with one hand. This properly applied not only squeezes out the inflammatory products from the acini and smaller bronchioles into the larger tubes, but also by causing peripheral irritation of the lung tissue, and consequent reflex vasomotor effects in it, promotes its circulation and the elimination of its morbid products. With the elastic resilience of the infant thorax this treatment is a combination of artificial respiration and "lung massage." While ordinary routine measures were not omitted in this case, the child's rapid uninterrupted recovery were in both the nurse's and my opinion due to mechanical rather than medicinal means.

Ambleside, Westmorland.

T. HOUGHTON MITCHELL.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

Sir JOHN BURDON SANDERSON, Bart., M.D., D.C.L., F.R.S.,
President, in the Chair.

Tuesday, April 7th, 1903.

A POSSIBLE RELATIONSHIP BETWEEN CARCINOMA AND NERVE OR TROPHIC AREAS.

MR. L. CHEATLE read a communication on this subject, which will be found *in extenso* on pp. 904-8.

SUPPURATIVE MENINGITIS OF STREPTOTHRICIAL ORIGIN.

Dr. C. E. BEEVOR and Dr. E. F. BUZZARD recounted this case, which concerned a woman suffering from headache and vomiting, commencing about three weeks before admission to the National Hospital, Queen Square. When admitted she complained of severe pain in the back of the head and back of the neck; no optic neuritis; ptosis of left eyelid and limitation of all movements of the left eye. There was no wasting, rigidity, or paralysis of the limbs; all the deep reflexes were well marked. The temperature was irregular, and varied from 98.4° to 103.4°, rising towards the end to 105°. Three days after admission the patient passed into a condition of stupor, and died twelve days later. The diagnosis was basal meningitis, spreading down the medulla, and involving the right spinal accessory nerve. At the necropsy, made four hours after death by Dr. Buzzard, there was found a suppurative meningitis affecting the meninges covering the left posterior half of the base of the brain. This appeared to be secondary to a carious condition of the body of the sphenoid and of the basilar portion of the occipital bone. As far as could be ascertained, the infection did not arise from the neighbourhood of the middle ear, but originated, in all probability, in the posterior nasal cavities. Examination of the pus revealed the presence of an abundant streptothricial growth in the form of mycelial tufts and scattered threads, some of which stained homogeneously by Gram, and some of which showed a condition of segmentation or sporulation. The same organism was found in sections made through small abscesses in the superficial parts of the cerebellum and temporal lobe. It stained well by Gram and by methylene blue, but was not acid-fast. All attempts to grow it on artificial media were unsuccessful, both by aerobic and anaerobic incubation. Histological examination of the bulb and spinal cord showed intense round-celled infiltration of the vessels of the former, and a condition of diffuse Marchi degeneration of the white matter of both, extending as far as the sacral region. The lack of cultural characteristics prohibited a definite opinion being formed as to what particular species of streptothrix the fungus in this case belonged.

ANGEIOMA OF THE BRAIN.

Dr. J. H. DRYSDALE recorded the above. The patient was a man who was seized with abdominal pain and became drowsy; there was a foul discharge from the left ear. Death occurred from pneumonia. Four years previously he had sustained a fall on the head; this was followed by epileptic fits. At the necropsy, the surface of the brain was found congested; this was especially so on the right side; the veins were dilated and tortuous. On transverse section a wedge-shaped mass of angiomatous tissue was brought into view;

has brought forward the slightest evidence of value in favour of the propositions he seeks to establish. We notice a good many errors of spelling in English as well as in Latin, for which the printer may be responsible, while the following sentence illustrates the author's style (p. 212): "Though Sir William Banks states it is demonstrated that the popular idea prevails that operating prolongs life, even when imperfectly done, it is quite wrong, and he believes this to be a perfect delusion."

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

SPRING GRADUATION CEREMONIAL.

THE spring graduation of the University of Edinburgh was held on Thursday, April 9th, in the McEwan Hall, which was crowded. This was the first ceremonial over which the new Principal and Vice-Chancellor has presided. Under ordinary circumstances the address to the new graduates would have been given by Professor Hume Brown, but it was considered an appropriate opportunity for the new Principal to give an introductory address in that capacity.

The honorary degrees were first conferred. In presenting Arthur Gamgee, M.D., F.R.C.P., F.R.S., Emeritus Professor of Physiology, Owens College, Manchester, for the honorary degree of LL.D., Professor Sir Ludovic Grant, Dean of the Faculty of Law, said: Occupied for many years in important academic work—for amongst other offices he was the first Brackenbury Professor of Physiology in Owens College, and, later, Fullerton Professor of Physiology in the Royal Institution of Great Britain—Dr. Gamgee has never ceased to devote himself with untiring enthusiasm to the prosecution of original inquiry. His well-known treatise on the Physiological Chemistry of the Animal Body, which is based upon a study of original memoirs and personally verified experimental processes, is a trustworthy and exhaustive exposition of available knowledge regarding the composition of the elementary tissues and the chemistry of the digestive processes, and is especially calculated to stimulate and benefit those advanced students who are setting out upon the path of scientific discovery. No better proof of the reputation which Dr. Gamgee enjoys can be cited than the fact that on Saturday he is to sail for America, at the invitation of the Carnegie Institution of Washington, for the purpose of visiting laboratories and preparing a report upon the state of our knowledge of the physiology of nutrition. We wish our alumnus God speed.

The degree of D.Sc. in Public Health was conferred on Alfred Charles Coles, M.B., C.M., B.Sc.; and the degree of B.Sc. in Public Health on John Donald, M.B., C.M., and William McLachlan, M.B., Ch.B.

The Principal said it occurred to him that it might not be uninteresting if he were to sketch the influence exercised by legislation over the Universities of Scotland during the period of his connexion with the University of Edinburgh. In 1858 Parliament passed a Universities Act, and appointed an Executive Commission to carry out its provisions. Till then the administration of affairs was mainly in the hands of the Municipal Corporation. It was then empowered to appoint a Chancellor, Vice-Chancellor and Rector. The administration of affairs was vested in the Senatus, but the decisions of the Senatus were subjected to the control and review of a new governing body created by the Act—the University Court. Prior to the Act of 1858, the Imperial Parliament had given little attention to the Scottish Universities, though small sums of money, in continuance mainly of ancient grants from the Crown, had occasionally been doled out by the Treasury for the promotion of education in them. The Act itself did not specify the amount of the grant to be allotted, but power was given to the Treasury to pay for certain purposes, on the recommendation of the Executive Commission, such additional moneys as Parliament might provide. The old and new Parliamentary grants together made a total of something less than £4,813 17s. 10d. The Universities as recipients of Treasury grants now became the subject of Parliamentary supervision. Though they derived important benefits from the Act they were required to surrender in great part their independence of action in regard to regulating the conditions under which degrees were to be conferred. The Act of 1889 provided £42,000 a year for the past and present purposes of the Universities, and by a later Act the amount was raised to £72,000. By this Act the State control over the Universities was made much more stringent. Reference was next made to the new English Universities, being organized on modern lines, and with their independence of State control secured; and a claim for freedom to the Universities of Scotland was strongly urged. The lack of funds was reviewed. In referring to the benefactions of Mr. Carnegie, the Principal said: In accordance with the conditions of Mr. Carnegie's gifts, the University of Edinburgh is now called upon to appeal to the public for funds in order to be in a position to claim and employ moneys which the Committee of the Carnegie Trust is ready to provide. The authorities of the University intend to purchase a site and to erect on it, in the first instance, laboratories and other accommodation for the departments of natural philosophy and engineering, and to equip them with the necessary apparatus—to extend the teaching of modern languages, and to provide for instruction in the subjects of a commercial education—to improve and expand the methods of tutorial instruction; to obtain the means for giving to the members of the University facilities for conducting research in various branches of knowledge; to found scholarships and fellowships, and to effect improvements in the University library. Nearly thirty years ago, when the advancing tide of knowledge compelled us to make a public appeal for funds to erect and equip a new school for the teaching of medicine and the auxiliary sciences, a most liberal response was made to our requests, and the important end we had in view was attained. A further stage in educational progress, on which the Universities are called upon to enter, has now been reached, and we again appeal to public sympathy and generosity. If we look into the history of the rise of the Universities in Great Britain, we shall find that, in addition to their immediate foundation, either by Papal Bull or Royal Charter, local effort and private enterprise and liberality have contributed largely to their progress. It would be a national misfortune if

we regarded the State as the only source from which funds for instituting and carrying on developments in the branches of knowledge taught in the Universities, should be obtained. The strength of our national character hinges largely on the exercise of individual and local effort, and to be continually calling on the State for support discourages the habit of self-reliance, and leads to a system of centralization and control, which is not conducive to public prosperity. If a locality is satisfied that the University in its midst is employing the best endeavour to advance education, no further argument should be needed to elicit means which it may be necessary to provide in order to secure that end.

The Principal concluded with some advice to the graduates.

UNIVERSITY OF ABERDEEN.

GRADUATION CEREMONY.

At the graduation ceremony on April 9th Sir Frederick Treves received an ovation from the students on his receiving the honorary degree of LL.D. Professor Dewar was also among the recipients of that honour.

The following received degrees and diplomas:

Degree of Doctor of Medicine (M.D.).—W. J. I. Bruce, M.B., Ch.B.: Thesis, Tropical Abscess of the Liver; *J. M'R. Cowie, M.B., Ch.B.: Thesis, The Occupational Incidence of Phthisis; W. S. McGowan, M.A., M.B., C.M.: Thesis, Disseminated Sclerosis; *J. H. Wilson, M.B., Ch.B.: Thesis, The Normal Changes in the Blood of the Newborn Child and in the Blood of the Mother during the Puerperium.

* Honours.

Degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.).—†G. G. Macdonald, M.A., †H. MacLean, W. Anderson, F. W. Begg, H. S. Brander, M.A., C. W. F. Gray, J. J. Harris, G. Hendry, J. F. Mackintosh, J. A. McKenzie, M.A., G. W. Maconachie, W. A. Mearns, M.A., K. S. Melvin, G. Mitchell, A. B. Morris, W. F. Munro, A. S. Niven, M.A., A. G. Peter, M.A., W. R. Pirrie, J. H. Shepherd, M.A., F. K. Smith, M.A., W. Stewart, G. Stoddard, M.A., C. A. Suvoong, M.A., W. A. Watson, A. J. Watt.

† With Second Class Honours.

Degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.).—J. Fraser, J. E. Perera.

Diploma of Public Health.—W. J. I. Bruce, M.B., Ch.B. Aberd.; H. A. Davidson, M.B., Ch.B. Aberd.; Lieut. R. A. C. A. Hosie, M.D. Aberd.; Major R. A. M.C.; D. A. Hutcheson, M.B., Ch.B. Aberd.; G. N. Wilson, M.B., C.M. Aberd.

Prizes.—The following prizes were awarded in the Faculty of Medicine: The Fife Jamieson Memorial Gold Medal in Anatomy and The Lizards Gold Medal in Anatomy to R. H. Spittal; the Keith Gold Medal for Systematic and Clinical Surgery to B. R. G. Russell; the Shepherd Memorial Gold Medal for Systematic and Practical Surgery to W. S. McGillivray; the Dr. James Anderson Gold Medal and Prize in Clinical Medicine to A. Callan and H. M'Lean (proxime accessit); the Matthews Duncan Gold Medal in Obstetrics to H. M'Lean and G. G. Macdonald (proxime accessit).

UNIVERSITY OF GLASGOW.

THE following have passed the Second Professional Examination for the degrees of Bachelor of Medicine (M.B.), and Bachelor of Surgery (Ch.B.), in the subjects indicated (A., Anatomy; P., Physiology; M., Materia Medica and Therapeutics):

S. C. Adam (M.), G. A. Allan (A., P.), W. S. Allan (A., M.), A. Allison (A., P., M.), A. W. Anderson (A.), J. H. Baird, B.A. (A., P.), H. Barr (A., P.), A. Baxter (A.), G. D. M. Beaton (M.), C. Burns (M.), T. M. Campbell, M.A. (A.), C. G. A. Chislett (A.), T. G. Copeland (P.), W. B. Cunningham (M.), R. W. Dale, M.A. (A., P., M.), R. S. Dewar, M.A. (A., P., M.), A. C. Douglas (A., P.), W. Duffy, M.A. (A., P., M.), J. S. Dunn, M.A. (A., P.), E. J. Dyke (A., P.), H. W. Dyke (A., P.), J. Fairley (A., P., M.), H. P. Fairlie (A., P., M.), A. B. Ferguson (A., P., M.), E. J. Fitzgerald (M.), W. Gilchrist (P., M.), J. Glaister (M.), A. Graham, B.Sc. (A., P.), W. Grier (A., P.), F. Hauxwell (A.), J. W. Hay (A., M.), R. McC. Hill (P., M.), R. V. Howell (A., M.), D. G. Hunter, M.A. (A., P.), A. Innes (M.), W. B. Jack (A., P.), J. K. Kerr (M.), G. N. Kirkwood (M.), W. I. Kirkwood (A., P.), G. H. Logan (P., M.), J. B. McCabe (A.), T. M'Cosk (A., P.), W. G. Macdonald, M.A. (P., P., M.), H. A. Macewen (A., P.), J. Macintyre (P., M.), R. Macleod (A., P.), W. Macleod (P.), J. M'Millar (A., P., M.), M. T. D. M'Murich (A.), R. C. Macpherson (A.), P. Maguire (A., P., M.), J. Marshall (A.), W. B. Martin (M.), R. May (P.), H. J. Milligan (A., P., M.), D. R. Mitchell (A., P., M.), W. S. Moore (A., P., M.), G. D. Muir (A., M.), F. A. Murray (M.), P. J. O'Hare (P., M.), H. S. Ranken (A., P., M.), C. D. Rankin (A., P., M.), T. T. Rankin (A., P.), J. M. Renton (A., P., M.), A. Robertson (A., P., M.), W. Rolland (A., P.), J. M. Ross (M.), A. C. Russell (A., P.), J. C. Russell, M.A. (A., P.), J. Samson (A.), E. L. A. Sieger (A., P., M.), W. H. Sieger (A.), K. W. Simpson (A., P., M.), J. A. Somerville (A.), D. Stewart (A., P.), T. Strain (A., P.), W. A. Stuart, A., P., J. Taylor (A., P., M.), W. R. Taylor (M.), T. Thom (A., P.), W. L. Walker, M.A. (A., P.), G. Wallace (M.), A. M. Watson (P.), A. C. West (M.), J. Wyper (A.), G. Young (A., P.). Women.—B. S. Alexander (A.), J. T. Clark (A., P.), M. T. Gallagher (P.), E. M. M'Vail (A., P., M.), M. W. Millar (A.), J. D. Rankin, M.A. (A., P., M.), M. J. Spence (A., P., M.), A. M. Yates (A.).

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following is the prize list for the winter session, 1902-1903: Stoney Memorial Gold Medal in Anatomy: R. Bury. Descriptive Anatomy: Junior: D. Adams, first prize (£2) and medal; W. H. Carden, second prize (£1) and certificate. Senior: W. St. Leger Moorhead, first prize (£2) and medal; L. Lucas, second prize (£1) and certificate. Practical anatomy: First year: P. G. M. Elvery, first prize (£2) and medal; J. Murray, second prize (£1) and certificate. Second year: T. A. Burke, first prize (£2) and medal; J. B. Kelly, second prize (£1) and certificate. Practice of medicine: J. Parker, first prize (£2) and medal; A. N. Crawford, second prize (£1) and certificate. Surgery: C. A. Cusack, first prize (£2) and medal. Midwifery: R. Bury, first prize (£2) and medal; A. C. Adams, second prize (£1) and certificate. Physiology: J. Prendiville, first prize (£2) and medal; C. W. Greene, second prize (£1) and certificate. Chemistry: D. Adams, first prize (£2) and medal; W. H. Carden, second prize (£1) and certificate. Pathology: J. S. Sheil, first prize (£2) and medal; W. B. Loughnan, second prize (£1) and certificate. Physics: D. Adams, first prize (£2) and medal; W. H. Carden, second prize (£1) and certificate.

MEDICAL NEWS.

THE Natal Leper Institution is to be removed from the Durban Bluff to Zululand.

THE Fourteenth Universal Cookery and Food Exhibition will be opened at the Albert Hall on Tuesday, April 21st, by Viscountess Wolseley.

AN order against spitting on the pavements of streets has been issued by the health authorities of the District of Columbia. A law already in force prohibits spitting in street cars, public vehicles, and public places.

THE City Council of Wilmington, Delaware, has passed an ordinance forbidding the sale of opium or cocaine except on the prescriptions of medical practitioners. The habit of using these drugs is said to be spreading, particularly among young men and boys.

DR. E. SYMES THOMPSON, Gresham Professor of Medicine, will deliver a course of four lectures on Digestion in continuation of his last course in Gresham College, E.C., on April 21st, 22nd, 23rd, and 24th, at 6 p.m. on each day.

VOLUNTEER MEDICAL ASSOCIATION.—The annual dinner of the Yeomanry and Volunteer medical officers will take place at the Hotel Cecil, London, on April 21st next, at 7.30 p.m. Major-General Sir A. E. Turner, K.C.B., R.A., who will take the chair, will be supported by Surgeon-General Sir William Taylor, K.C.B., Director-General A.M.S., and other distinguished guests. Tickets (10s. 6d. each) may be had from Lieutenant E. C. Montgomery-Smith, 36, Abbey Road, London, N.W.

CANADIAN MEDICAL ASSOCIATION.—The Canadian Medical Association will hold its thirty-sixth annual meeting in the City of London, Ontario, on August 25th, 26th, and 27th, under the presidency of Dr. Walter H. Moorhouse, of Toronto. Dr. James Stewart, of Montreal, will deliver the address in medicine; Dr. Matthew D. Mann, of Buffalo, has been asked to deliver the address in gynaecology; and Dr. Alexander Hugh Ferguson, of Chicago, the address in surgery. The President has appointed Dr. R. W. Powell, Dr. T. G. Roddick, M.P., and Dr. E. P. Lachapelle, a special Committee in regard to the establishment of a proposed Dominion Health Bureau. This Committee recently waited on Sir Wilfred Laurier at Ottawa, with the result that the Premier has promised the proposal consideration.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—A Quarterly Court of the Directors of the Society was held on Wednesday, April 8th, Mr. Christopher Heath, President, being in the chair. Two new members were elected; the death of a member and the resignation of two were reported. The death of a widow, aged 87, who had been in receipt of grants of the annual value of £62 since April, 1887, was announced. There were no fresh applications for grants. It was resolved to distribute at the next Court £1,251 among the fifty-five widows, thirteen orphans, and the four recipients from the Copeland Fund, who had applied for the renewal of their grants. The expenses of the quarter were £56 19s. The following gentlemen were nominated for election at the annual general meeting to fill the vacancies among the officers of the Society: As Vice-Presidents—Mr. Couper, Dr. Rigden, and Mr. Laurence Read. As Directors—Dr. Brodie, Mr. Richards, Dr. Adams, Mr. Mahoney, Mr. H. Rogers, Mr. Smale, Dr. Champneys, Dr. Younger, and Dr. Chambers. The annual general meeting of the Society was fixed to be held on Wednesday, May 20th, at 5 p.m., at 11, Chandos Street, W.

CARDIFF INFIRMARY.—On April 8th General H. H. Lee, Chairman of the Cardiff Infirmary, read a letter which had been received by Colonel Bruce Vaughan from a lady who did not wish that her name should be made public at present. She stated that after carefully considering the matter which had been placed before her by Colonel Bruce Vaughan she was prepared to send a cheque for £1,000 for the purpose of building the proposed pavilion for the treatment of lupus and other patients of the Cardiff Infirmary. She added that she was informed that many cases of lupus and rodent ulcers are radically cured by the treatment which will be afforded in these rooms, and, where this cannot be, with free freedom from pain is given by the application of the x rays and Finsen light. She felt it a duty and a privilege to provide these buildings, and she trusted that others who could afford it would assist the Board of Management by making it possible to carry out the other much-needed improvements and additions to the hospital, which was doing such excellent work. The offer was gratefully accepted, and a hearty vote of thanks was accorded the donor.

OBSTETRICAL SOCIETY OF LONDON.—A discussion will take place at the Obstetrical Society of London, 20, Hanover Square, W., on Wednesday, June 3rd, at 8 p.m., on Chorion-epithelioma (Deciduoma Malignum). The discussion will be opened by a paper and an epidiascope demonstration by Dr. J. Hammond Teacher, of Glasgow. Specimens of the growth, with microscopical sections, will be exhibited at 7.30 p.m. before the meeting. The honorary secretaries will be glad to hear from those who have specimens to show or who wish to take part in the discussion.

MEDICAL VACANCIES.

BANGOR: CARNARVONSHIRE AND ANGLESEY INFIRMARY.—House-Surgeon. Salary, £80, increasing to £100 per annum, with board, washing, and lodging. Applications to the Secretary by May 5th.

BAISTAPLE: NORTH DEVON INFIRMARY.—House Surgeon. Salary, £80 per annum, with board, residence, and washing. Applications to the Secretary by May 5th.

BATH: ROYAL MINERAL WATER HOSPITAL.—Resident Medical Officer, unmarried. Salary, £100 per annum, with board and apartments. Applications to the Secretary by April 27th.

BRIGHTON, HOVE, AND PRESTON DISPENSARY.—House Surgeon. Salary £160 per annum (with £5 extra to provide locum tenens during holiday), with furnished rooms, washing, etc. Applications to the Hon. Secretary, Queen's Road, Brighton, by April 30th.

CHARING CROSS HOSPITAL.—Assistant Physician; must be F. or M.R.C.P. Lond. Applications to the Secretary by May 4th.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—(1) Ophthalmic Surgeon, must be F.R.C.S. Eng. (2) Dental Surgeon. Applications to the Secretary by May 6th.

FARNBOROUGH URBAN DISTRICT COUNCIL.—Medical Officer of Health. Salary, £90 per annum. Applications, endorsed "Medical Officer of Health," to be sent to the Clerk to the Council, Town Hall, Farnborough, by April 20th.

HEMEL HEMPSTEAD: WEST HERTS INFIRMARY.—House-Surgeon. Salary £100 per annum, with furnished rooms, board, and washing. Applications to the Hon. Secretary by May 1st.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—House-Surgeon; unmarried. Appointment for six months. Salary £20, with allowance of £2 10s. with board and residence. Applications, on forms provided, to be sent to the Secretary by April 28th.

LEEDS UNION.—Assistant Medical Officer for the Workhouse Schools and Infirmary; unmarried, and not above 35 years of age. Salary, £130 per annum, rising to £150, with board, washing, and attendance. Applications to the Clerk, Poor-law Offices, South Parade, Leeds, by May 1st.

LEICESTER INFIRMARY.—House-Physician. Salary, £100 per annum, with board, apartments, and washing. Applications to the Secretary, 24, Friar Lane, Leicester, by April 25th.

LIVERPOOL INFECTIOUS DISEASES HOSPITAL.—Assistant Resident Medical Officer. Salary, £120 per annum, with board, washing, and lodging. Applications, endorsed "Assistant Resident Medical Officer," to be addressed to the Chairman of the Port Sanitary and Hospital Committee under cover to the Town Clerk, Municipal Offices, Liverpool, by April 27th.

MACOLESFIELD: CHESHIRE COUNTY ASYLUM.—Junior Assistant Medical Officer; unmarried. Salary, £140, rising to £160, per annum, with board, furnished apartments, and attendance. Applications to the Medical Superintendent.

MANCHESTER: CHORLTON-UPON-MEDLOCK DISPENSARY.—Resident House-Surgeon; unmarried. Salary, £120 per annum, with furnished rooms and attendance. Applications to the Hon. Secretary by April 30th.

MANCHESTER SOUTHERN AND MATERNITY HOSPITAL.—Resident House-Surgeon. Honorarium at the rate of £50 per annum, with board. Applications to Mr. Fox, 33, Princess Street, Manchester, by April 23rd.

MARGARET STREET HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Physician. Applications to the Secretary, 26, Margaret Street, Cavendish Square, W., by April 25th.

MARGATE: ROYAL SEA-BATHING HOSPITAL.—Resident-Surgeon, to act as Junior for six months and then as Senior for a like period. Salary at the rate of £80 and £120 per annum respectively, with board and residence. Applications to the Secretary, 30, Charing Cross, S.W., by April 23rd.

MOUNT VERNON HOSPITAL FOR CONSUMPTION, Hampstead.—Junior Resident Medical Officer. Honorarium, £60. Applications to the Secretary at the offices, Fitzroy Square, W., by April 30th.

NEWCASTLE UPON-TYNE DISPENSARY.—Resident Medical Officer. Salary, £250 for first year and £275 subsequent years, with furnished residence. Applications, on forms provided, to be sent to the Honorary Secretary, Mr. Joseph Carr, 41, Mosley Street, Newcastle-upon-Tyne, by April 22nd.

NEWPORT AND MONMOUTHSHIRE HOSPITAL.—Assistant House-Surgeon. Salary, £50 per annum, with board, residence, and washing. Applications to the Secretary by April 28th.

SARAWAK: STATE OF SARAWAK MEDICAL DEPARTMENT.—Medical Officer; unmarried, and not more than 25 years of age. Salary, 300 dollars a month, and free unfurnished quarters. Applications to the Borneo Company, Ltd., Sarawak Government Agents, 28, Fenchurch Street, London, E.C., by July 31st.

SOUTHPORT INFIRMARY.—Resident Junior House and Visiting Surgeon. Appointment for six months, but renewable. Salary commencing at the rate of £70 per annum, with board, and washing. Applications to the Secretary, 24, King Street, Southport, by April 23rd.

TAUNTON: TAUNTON AND SOMERSET HOSPITAL.—Resident Assistant House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board, lodging, and laundry. Applications to the Hon. Secretary by April 20th.

WESTMINSTER GENERAL DISPENSARY.—Honorary Dental Surgeon. Applications to the Secretary, 9, Gerrard Street, Soho, W., by April 28th.

MEDICAL APPOINTMENTS.

ANGUS, Charles, M.B., C.M. Aberd., appointed Medical Superintendent of the Kingseat Lunatic Asylum, Aberdeenshire.

ASHTON, George, M.B., Ch.B. Vict., M.R.C.S. Eng., L.R.C.P. Lond., appointed Assistant Surgical Officer to the Manchester Royal Infirmary.

BAKER, F. W., M.B., Ch.B. Vict., L.R.C.P. Lond., appointed District Medical Officer of the Brighton Union.

BEATON, W. L., M.B., Ch.B. Aberd., appointed Senior House-Surgeon to the West Ham and East London Hospital, E.

BONIS, F. W., M.D., B.Ch. Dub., appointed Assistant Medical Officer of Health to the Bury Town Council.

CAMPBELL, W. S., M.B., C.M. Edin., appointed District Medical Officer of the Tynemouth Union.

COOPER, D., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., appointed Resident Assistant Medical Officer of the Bradford Union workhouse.

COOPER, William, M.D., appointed Medical Officer to Belhelvie Parish Council, vice James Crevie, M.B., C.M., deceased.

CORBYN, A. G., M.B. Syd., appointed Medical Superintendent to the Sydney Hospital, New South Wales, vice C. V. Bowker, M.B. Syd., resigned.

DALRY, J. F., Halls, M.A., M.B., B.C. Cantab., L.M.O.P. Lond., M.R.C.S. Eng., appointed Assistant Resident Medical Officer to the Royal National Hospital for Consumption, Ventnor.

DARBYSHIRE, D. E., M.B., Ch.B. Vict., appointed Health Officer at Peppermint Grove, West Australia.

DAVIES, Chas. Aug., M.D., B.S. Vict. Univ., L.S.A., appointed Admiralty Surgeon and Agent for Sick and Wounded Seamen and Marines at Ramsey, Isle of Man.

FORSTER, R. C. H., M.B.Syd., appointed Government Medical Officer and Vaccinator at Narramine, New South Wales, vice G. H. Rowland, resigned.
 FOSTER, E. C., M.R.C.S., L.R.C.P., appointed Junior House-Surgeon to the Radcliffe Infirmary, Oxford.
 HACKNEY, G. H., M.R.C.S., L.R.C.P.Lond., appointed District and Workhouse Medical Officer of the Eham Union.
 HALL, C. H., M.D.Glasg., C.M., appointed Medical Officer of the Leaveden Schools of the Parish of St. Pancras.
 HUTTON, J. A., M.D., B.S.Durh., appointed Medical Referee under the Workmen's Compensation Act for Scarborough, Whitby, and New Mal. on Courts of County Court Circuit No. 16.
 JACKSON, Francis Willan, M.R.C.S., L.R.C.P., appointed House Physician to the West London Hospital.
 KELLY, R. Vandaleur, L.R.C.P. & S.Edin., C.B., appointed Medical Officer to the Trial Bay Prison, New South Wales.
 KNIGHT, Wilfred, M.R., L.R.C.P., appointed Junior House-Surgeon to the West Ham and East London Hospital.
 MARTIN, A. A., M.D., B.S.Lond., appointed District Medical Officer of the Eastbourne Union.
 MIDDLTON, W. J., L.R.C.P.Lond., M.R.C.S.Eng., appointed District Medical Officer of the Christchurch Union.
 PERIN, L., M.R.C.S., L.R.C.P.Lond., appointed Assistant Medical Officer of the Wandsworth and Clapham Union Infirmary.
 SANKEY, R. H., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Radcliffe Infirmary, Oxford.
 SHARPE, Margaret, L.R.C.P., L.R.C.S.Édin., appointed Assistant House-Surgeon to the Middlesbrough Infirmary.
 SIMPSON, C. M.B., C.M.Aberd., appointed District and Workhouse Medical Officer of the Towcester Union.
 SPAGHT, H. W., L.R.C.P., L.R.C.S.Irel., appointed District Medical Officer of the East Bedford Union.
 TAUNTON, E., M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant Medical Officer of the Whitechapel Union.
 WALKER, Ernest T. Kay, M.B., C.M.Glasg., appointed Assistant Medical Officer to the Warfield Asylum, Oxford.
 WALKER, J. D., M.B., C.M.Edin., appointed Medical Officer of Health to the Shaftesbury Town Council.
 WILKINS, A. G., M.B., Ch.B.Vict., appointed District Medical Officer of the West Ward Union.
 YEATES, W., L.R.C.P., L.R.C.S.Édin., appointed District Medical Officer of the Gateshead Union.

DIARY FOR NEXT WEEK.

TUESDAY.

Pathological Society of London, 20, Hanover Square, W., 8.30 p.m.—Mr. Alexander Forster and Dr. Kellas: The Action on Bacteria of Electrical Currents (or Discharges) of High Potential and Rapid Frequency. Dr. Bulloch: The Influence of Salts on the Action of Immune Haemolysins. Dr. Lazarus-Barlow: A Further Note on a Case of Multiple Granulomata Caused by a Higher Mould Fungus. Dr. D'Esterre Emery: A Case of Streptothrix Infection. Professor A. E. Wright: Note on Serum Reaction of Tubercle.
Society for the Study of Inebriety, 11, Chandos Street, Cavendish Square, W., 4 p.m. The President, Dr. Harry Campbell, will deliver an address on the Study of Inebriety: A Retrospect and a Prospect. Mr. Arthur Sherwell will read a paper on Inebriety in Scotland.

WEDNESDAY.

Hunterian Society, London Institution, Finsbury Circus, E.C., 8.30 p.m.—Discussion on the Present Methods of Treating Tuberculosis.
British Baineological and Climatological Society, 20, Hanover Square, W., 8.30 p.m.—The adjourned discussion on the Dietetic Factor in Health-Resort Treatment will be repeated by Dr. Arthur P. Luff.
Dermatological Society of Great Britain and Ireland, 20, Hanover Square, W., 4.30 p.m.

THURSDAY.

British Gynaecological Society, 20, Hanover Square, W., 8.0 p.m.—Specimens will be exhibited by Drs. Inglis Parsons, Macnaughton-Jones, B. Fenwick. Post-mortem discussion on Mr. Bishop's paper. Paper by Mr. F. B. Jessett, on Some Rare Complications Accompanying Ectopic Gestation.
Harvelian Society of London, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 p.m.—Clinical Evening.

FRIDAY.

Clinical Society of London, 20, Hanover Square, W., 8 p.m.—Clinical evening. Exhibition of clinical cases, followed by discussion. Patients will be in attendance from 8 p.m. to 9 p.m.

POST-GRADUATE COURSES AND LECTURES.

Medical Graduates' College and Polytechnic, 22, Chancery Street, W.C. Demonstrations will be given at 4 p.m. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, throat. Lectures will also be given at 5.15 p.m. as follows: Monday, On Blood Coagulability and its Relation to Haemorrhage and Thrombosis in Children; Tuesday, On Stomach and Intestinal Disorders; Wednesday, On Unconsciousness; Thursday, The Anatomy of Common Ailments of the Liver, and their Surgical Treatment; Friday, Immunity.
North-East London Post-Graduate College, Tottenham Hospital, N., Thursday, 4 p.m.—Lecture on the Knee-Jerk and Plantar Reflex in Diagnosis.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

ALFORD.—On February 28th, at Stafford Lodge, Weston-super-Mare, the wife of H. T. Marmaduke Alford, L.R.C.P.Lond., M.R.C.S.Eng., of a daughter.
 ALFREY.—On April 5th, at 66, Lord Street, Southport, the wife of Frederic H. Allfrey, M.B., B.C.Cantab., of a son.
 COVENTON.—On April 1st, at 111, Woodstock Road, Oxford, the wife of Chas. A. Coventon, L.R.C.P., M.R.C.S., of a son.

MARRIAGES.

COLMAN—MACKIE.—On April 15th, at St. Mary's, Broughty Ferry, N.B., by the Rev. George Mackenzie, D.D., Horace Crankthorpe Colman, M.D.Édin., Broughty Ferry, to Nora, second daughter of David Mackie, St. Katherine's, Broughty Ferry.
 HASLIP—LEINKAUF.—On the 2nd April, 1903, at the Protestant Church, Vienna, by the Rev. Dr. Von Zimmerman, assisted by the Rev. Prof. Heckler, of the English Embassy, George Ernest Haslip, M.D., of 6, Northumberland Avenue, W.C., son of the late James Haslip, of Gravesend, to Anna, daughter of the late Moritz Leinkauf, of Vienna, General Secretary of the Exchange of Agriculture, Counsellor of the Government and Commerce.

DEATHS.

CHAPMAN.—On April 5th, Charles William Chapman, M.B., of Green Mount, 649, Leeds Road, Bradford, aged 35 years. Interred at Bodelwyddan Church, North Wales.
 FORSYTH.—At Eyemouth on Saturday, April 11th, suddenly, after a few days' illness, John Glen Forsyth, M.B., C.M., Assistant Medical Officer, West Riding Asylum, Wakefield, the younger son of Dr. James Forsyth, Carlisle.
 PHILLIPS.—On April 14th, 1903, at Bank House, Carlisle, James Mathias Phillips, M.D., C.M., M.R.C.S., L.S.A., in the 65th year of his age.
 PRIESTLEY.—On March 31st, at his residence, Lee-on-the-Solent, Hants., of blood poisoning, James Priestley, B.A., M.D., D.P.H. (Ry. Coll. of Phys. and Surg., London), youngest son of the late James Priestley, of Saintfield, co. Down.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Abchurch Lane, 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 *Articulate*, 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.

M.R.C.S. would be obliged for information as to the treatment of trichorrhæxis nodosa, of which he can find no mention in the literature on the subject. The patient is a lady, aged 28.

CHOLESTERINE IN URINE.

DR. ERNEST F. NEVE (Mission Hospital, Kashmir) writes: Can any reader throw any light on the significance of cholesterine in urine? It appears to occur under varying conditions. Recently I met with a case in which a glittering film formed on the surface as soon as the urine cooled down. There was also glycosuria, and yet the mouth was unusually moist. There was no leucosin or tyrosin. In this case it seems probable that the pancreas may be at fault. I have, however, found cholesterine in the urine of patients in whom there was no evidence of organic disease; but it has been usually associated with some digestive disorder. I have been unable to find any reference to the condition in books.

ANSWERS.

DR. M. N. GANDEVIA (Ceylon).—So far as we are aware none of the medical licensing corporations possess the power of granting the title of "Doctor."

SOUTH AFRICA.—Full information as to the appointment of medical officers in the English prison service will be found in the Educational Number of the BRITISH MEDICAL JOURNAL, published August 23rd, 1902, page 563.

DR. F. W. FORBES ROSS (Gower Street, W.) writes: If "M.D.Cantab.," who asks in the BRITISH MEDICAL JOURNAL of April 4th for suggestions as to a couch and chair for his consulting room, will purchase a Harvard chair, which can be obtained from Messrs. Walsh, Great Portland Street, London, W., he will have found that which he is in search of. I have had one for twelve years, and have never regretted the outlay.

TREATMENT OF OBSTINATE CONSTIPATION.

DR. A. CORDES, M.R.C.P.Lond. (Geneva) writes: Owing to an absence from town I read to-day only (April 13th) the BRITISH MEDICAL JOURNAL of March 28th. At page 771 "N. H. B." asks for a suggestion in obstinate constipation. In a similar case I obtained regular and normal evacuations by giving the young patient hydrochloric acid (French Codez), 8 to 10 drops, twice a day, directly after meals.

SERUM INJECTIONS IN MIXED INFECTION.

S. J. R. writes: In reply to "Sanatorium's" question on the use of anti-streptococcus serum in cases of mixed infection, I may cite my experience of one case in which it was used. The patient was a male aged 24 years, in whose sputum tubercle bacilli were present in small numbers. The physical signs present were those of consolidation of the apex of the left lung. With change of air, cod-liver oil, and a generous diet, his condition improved. He gained weight, and the crepitations present at the left apex became less marked. Unfortunately he contracted follicular tonsillitis, from which I obtained a pure streptococcus culture. His pulmonary condition was aggravated, his temperature kept high, sputum increased in quantity, and the physical signs of a double pneumonia supervened. I examined his sputum, and discovered tubercle bacilli in about the same numerical strength as before, and streptococci in large numbers. I gave him four injections of 10 c.cm. of anti-streptococcus serum; his temperature fell, his expectoration became less copious, the physical signs of pneumonia gradually cleared up, and at the end of eight weeks he was in the same condition as he was previous to the attack. Since treating this case I have tried the effect of anti-streptococcus serum in cases of double infection in diphtheria where large numbers of streptococci were present, in which the exudate was very offensive, and fever very high. The results have been most satisfactory. The results I have found have been reduction of temperature, offensiveness of exudate lessened, general improvement of the patient's condition. I use the antidiaphragmal serum after two injections of anti-streptococcus serum. Finally, I have used anti-streptococcus serum in cases of streptococcus and staphylococcus infection with marked benefit. My conclusion is that in any case in which streptococci are present in appreciable number no harm can arise from tentative injections of anti-streptococcus serum, and in all probability marked benefit will result from such injections.

DISAPPEARANCE OF AN APPARENTLY MALIGNANT VAGINAL GROWTH.

MR. ROGER WILLIAMS, F.R.C.S. (Clifton) writes: In answer to Dr. Prickett's query in the BRITISH MEDICAL JOURNAL of April 4th, p. 788, as to whether there are morbid conditions in the vagina likely to be mistaken for cancer, I should like to point out that lesions of this kind certainly do