

In the two following cases a small circumscribed angioma was situated near the elbow joint.

CASE III.—Mary B., aged 23, was admitted to the London Hospital in October, 1898.

*History.*—Twelve months previously her elbow became stiff and painful, the pain being worse at night, and there was often starting of the limb at night. She could not use the arm on account of pain. Her left knee was swollen three years ago, and was treated by strapping for three months.

*Present Condition.*—There was a swelling on the inner side of the elbow between the olecranon and the internal condyle, which also extended somewhat to the front; it was elastic, and the synovial membrane near it felt thickened. Flexion of the joint was limited, the muscles of the arm flabby, and the tumour acutely tender.

*Operation.*—An incision about  $\frac{1}{2}$  in. long was made between the olecranon process and the internal condyle. The ulnar nerve was drawn aside and the capsule opened, when a mass of thickened synovial membrane was exposed. An incision into the affected membrane revealed a few soft yellowish bodies, which proved to be phleboliths. Primary union, with restoration of movement, took place.

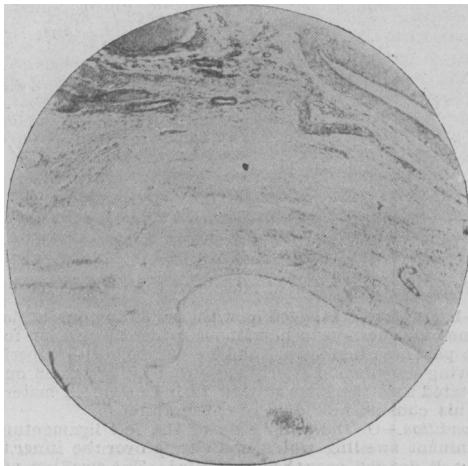


Fig. 3.—Angioma of synovial membrane of elbow showing part of a very large vascular channel, from Case III.

*Microscopic Examination.*—In this case the angioma was entirely confined to the synovial membrane. The cavernous spaces were very large with thin walls, and were widely separated by connective tissue. Many of them were filled with organizing fibrin, and a section thus appeared to the naked eye to be studded with caseous patches.

CASE IV.—Alfred A., aged 24, was admitted to the London Hospital about the same time.

*History.*—He complained of a lump on the outer side of the right elbow which had existed for three months. It was slowly increasing, but caused neither pain nor limitation of movement.

*Present Condition.*—On the outer side of the right elbow, between the olecranon and external condyle, was an oval elastic swelling the size of a pigeon's egg. It was smooth, well-defined, movable laterally, and not tender.

*Operation.*—An incision was made over the swelling in the axis of the limb, and a fatty-looking growth which bled rather freely was removed from the substance of the triceps and anconeus, and the adjoining portion of the synovial membrane. Primary union.

*Microscopic Examination.*—The chief part of the mass was composed of fat, but there were also bands of connective tissue containing numerous small and some larger venous channels; in other parts were much larger vascular channels with ill-developed walls. At one point there were bundles of degenerate muscle fibre separated by bands of connective tissue containing numerous capillary blood vessels.

#### REMARKS.

The feature of chief interest arising in connexion with these cases is the question of diagnosis. All occurred between the ages of 10 and 25 when tuberculosis of the joints is common; some of the patients complained of symptoms highly suggestive of tuberculosis, such as pain increased by movement, and two complained of starting of the limb at night. Tenderness and limitation of movement were marked in three cases, and in two wasting of muscle was noticed. In some instances the swelling was described as being soft and elastic. It is not surprising therefore that in some instances a diagnosis of localized tuberculosis of the synovial membrane was made; while in the last case lipoma was suggested, and, in fact, the tumour consisted chiefly of fat.

Pulsation was not observed, but in the first case it was noted that the swelling increased when pressure was made above it. Pressure upon the venous trunks above the tumour might perhaps have proved a diagnostic sign in some of the other cases had it been tried. Emptying of the tumour by

pressure was not apparent. Possibly in Case III the symptoms were exaggerated by a neurotic tendency just as they may be in fibro-adenomata of the breast in young women.

The histories pointed to a somewhat rapid increase of the tumour in Cases I and II; and in the former the microscopic appearances suggested a progressive infiltration of muscle by fibro-vascular tissue.

I mentioned Case I in a discussion on a case of naevus of the peritoneum recorded by Mr. Arbuthnot Lane.<sup>1</sup>

In Cases II and III the tumour was entirely intra-articular and solely connected with the synovial membrane. A careful search through literature has failed to find any additional cases of angioma of the synovial membrane of joints. They cannot be very rare as I have met with the four cases recorded and seen two others. Probably they would have remained unrecognized but for the advances in surgery which have enabled us to open joints with impunity.

In an admirable monograph entitled *Remarks on Some Cases of Vascular Tumour Seated in the Muscle*,<sup>2</sup> Mr. Campbell de Morgan describes two cases of vascular tumour, definitely circumscribed and encapsulated, situated respectively in the gastrocnemius below the popliteal space, and on the front of the thigh, about the middle, and within the substance of the rectus. He gives a complete collection of similar cases published up to date, quoting examples of vascular tumour involving respectively the posterior muscles of the neck, supinator longus, deltoid, rectus femoris, inferior and external part of the thigh, and also one on the side of the chest, which involved the latissimus dorsi, serratus magnus, and intercostal muscles. But in none of these cases was any relation with a joint or synovial membrane noticed. Some of them were well-defined and encapsulated, others diffuse. In one case recorded by Liston there was distinct pulsation, in some the blood could be expressed from the tumour, while others were mistaken for lipoma until they were incised.

#### REFERENCES.

<sup>1</sup> *Clin. Soc. Trans.*, vol. xxv, p. 5, 1893. <sup>2</sup> *British and Foreign Medico-Chirurgical Review*, vol. xxxiii, 1864, p. 187.

## MEMORANDA:

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

#### LOCAL TREATMENT OF SNAKE-BITE.

A FEW weeks ago one of my coolies when walking along the high road about dusk was bitten by an *Echis carinata* on the top of the middle toe of the right foot. He reached me in about ten minutes. I put a ligature of a piece of string, which was in my pocket, around the base of the toe and a tourniquet, made with a duster and a walking-stick, just above the knee.

The ligature round the toe gave him no pain and there was some swelling of the affected toe, which had the marks of the bite clearly visible on it, but otherwise, at this time there was no change in the part.

By the time he got to hospital, in a carriage, within thirty minutes of the bite, the top of the foot was swollen and the skin was insensitive up to the ankle. About six incisions were made through the skin and connective tissue on the top of the foot. He was unable to feel these incisions and no blood oozed from them.

An elastic bandage was then put on, as in the bloodless method of operating, beginning at the knee and extending down to the ankle. The blood in the foot was then emptied out as far as possible by vigorous kneading. It was black, thickened, and ran with difficulty—being quite different in appearance to the venous blood which normally exudes from a part below a tourniquet. The elastic bandage was then removed and the upper tourniquet slightly loosened to allow the leg to fill up. The elastic bandage was then again applied and more blood got out from the foot.

This was repeated and on kneading the foot this time the blood ran naturally and the patient sat up saying he was all right, as the wounds had begun to smart. All bandages were then removed, but two assistants kept vigorously massaging the leg from the knee downwards for fifteen minutes. The wounds were cleansed with perchloride solution and dressed antiseptically—they healed without suppuration or slough, but very slowly—a fact I noted in a case somewhat similar to this about three years ago. There were no constitutional symptoms. The case is of interest as it shows that amputation

is not necessary even when the snake poison has got well into a part. The snake was killed by the man's companion and shown to me.

VIVIAN B. BENNETT, M.B., B.S.Lond. Univ.  
Capt. I.M.S., Civil Surg., Broach, Bombay Presidency.

#### A SPECIES OF BLOOD FILARIA, PROBABLY HITHERTO UNDESCRIPTED.

I WRITE this preliminary note so that if the worm has been already observed or described my readers may kindly let me know.

The worm possesses a sheath, has a blunt tail; in fact, is of practically the same diameter throughout. Dr. Surveyor has measured the first specimen found, and gives  $5.3 \mu$  as its greatest diameter,  $131 \mu$  as its length.

The worms in the circulation are very few. I have as yet only found two complete, and a third unfortunately broken in two by a scratch in the glass, though I have searched thirty thick slides. All three were found in night blood. The second complete specimen is distinctly smaller than the first. The host is a Mohammedan police-constable, admitted to hospital for scabies. He seems in all other respects healthy.

ARTHUR POWELL, B.A., M.B.,  
Professor of Biology, Grant Medical College;  
Surgeon to Police Hospital, Bombay.

#### PYREXIA AND RIGOR FOLLOWING DOUCHING IN THE PUPERAL WOMAN, WITH THEORY OF THEIR CAUSATION.

DR. MACKINTOSH calls attention to cases of pyrexia, etc., following douches in puerperal women, and asks for instances of a like kind. I am able to supply a record of such an event from notes taken at the time by myself.

On July 19th, 1897, I attended the confinement of a lady, a multipara, the wife of an officer. The birth was quick and natural, and for three days the patient's recovery was uneventful—temperature normal, lochia odourless. Vaginal douches of liquor iodi ( $\frac{1}{100}$  to the pint of warm water) were ordered as a routine measure.

On July 22nd I called at 1 p.m. and found the patient quite well—temperature normal, pulse 72, lochia natural, uterus diminishing in size but rather large and flabby.

At 8 p.m. the same day I was summoned to see the patient again, as she had had a rigor. When I arrived half an hour later her temperature was  $101.6^\circ$ , and she had a quick pulse. The uterus was not tender, and was decidedly smaller and more firmly contracted than on my previous visit. It appeared that while undergoing the evening douche, about 7, she had felt faint, and that directly after its conclusion she had a rigor lasting fifteen minutes, and her temperature at once rose to  $99^\circ$ . The nurse reported that the douche pipe appeared to slip in more easily and further than usual. It had probably passed into the uterine cavity through a patulous os. When I saw the patient next morning she had passed a good night, pulse quiet, temperature normal. Her after-progress was uneventful.

I have had one other case of rise of temperature with rigor after douche but have unfortunately preserved no notes of it. Personally, I should associate these cases with those of "catheter fever" and those of tetanus in dilated stomachs after lavage as having one causation. The usual explanation offered and accepted is that of reflex nerve stimulation or irritation, an explanation to my mind only satisfying us by cloaking our ignorance. What nerve, or series of nerves, irritated experimentally by whatever means, reacts in a rigor and pyrexia? Sometimes, as in "catheter fever" of a prolonged and fatal nature? I venture to answer my own question by the monosyllable, "none."

What, then, is there in common in these three complications? There is (1) a mucous surface, generally inflamed, or ulcerated, or pyrogenic; in all cases bacteria producing. (2) The introduction of an instrument which is likely to abrade the mucous surface, or to open up existing abrasions; which either itself stretches the mucous membrane over which it passes (catheter and intrauterine douche tube), or dilates a cavity into which it is introduced with a fluid injected through its own lumen (intrauterine douche, gastric lavage). (3) The absorption through these abrasions or cracks not of bacteria themselves (though these may and do find entrance thereby), but of the bacterial toxins which, while present only on the surface of the mucous membranes

concerned, rendered non-absorbent by inflammatory changes, are practically harmlessly extracorporeal. The moment, however, that a tear or abrasion is made, either by puncture or stretching, the toxin is absorbed into the circulation rapidly and in bulk, and the pyrexial and other symptoms are produced.

The symptoms of the morbid occurrences are in unison with this theory. In my own case both rigor and pyrexia followed and were not simultaneous with the douching, the temperature beginning to rise after its completion, and gradually increasing to a maximum during the next few hours. Were the causation a mere reflex nerve irritation, the reaction in response to such irritation would be contemporary, immediately maximal, and disappearing with the removal of the causative instrument.

In summary, I would venture to suggest then (a) that the causation of catheter fever, of post-douche pyrexia, and of gastric tetanus is similar, and that (b) they are none of them either pyaemic, septicaemic, or nervously reflex, but in all cases supraemic, the toxin being absorbed suddenly and in bulk through mechanical and coarse lesions, and being consequently immediately operative, being in the uterus and urethra thermogenic, in the stomach tetanogenic.

Exeter.

WILLIAM SYKES, M.D., F.S.A.

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

##### LIVERPOOL ROYAL INFIRMARY.

###### CASE OF CARBOLIC ACID POISONING DUE TO EXTERNAL APPLICATION.

(Reported by J. A. RAUBENHEIMER, M.B., Ch.B.Edin., House-Surgeon to the Infirmary.)

E. J. L., aged 6, was admitted to Ward VI, Royal Infirmary, Liverpool, on March 4th, 1903. She was suffering from genu valgum on both sides. Her general health was good except that she had adenoids.

On March 20th, at 11 a.m., she was prepared for operation by one of the nurses. The process of preparation was briefly as follows: (1) The parts were well scrubbed with warm water and soap; (2) all traces of soap and grease were removed by a thorough cleansing with methylated ether; (3) the legs were wrapped up from ankles to the groins with towels impregnated with 1 in 40 carbolic acid. (None of the acid in any shape or form had been applied to the patient before.) The little girl, being of a nervous disposition, cried vigorously while these proceedings took place.

At 12 o'clock it was noticed that the child became quiet and drowsy. This condition was thought at the time to be due either to exhaustion from crying or possibly to the presence of adenoids.

At 12.55 p.m. she was conveyed to the theatre for operation. At 1.5 p.m. the anaesthetist arrived, and was requested to commence the administration of chloroform. On examining he found patient apparently fast asleep. She could not be aroused, however, and took no notice of smart blows on the face and chest. She was evidently unconscious, the pupils were dilated, the pulse feeble and rapid, and respiration was quiet. She was ordered back to bed at once. Mr. Paul saw her immediately afterwards, and found her cyanosed and practically pulseless. On consultation with Dr. Abram and Mr. Parker, it was decided that the case was one of carbolic acid poisoning due to external application. The carbolized towels were at once removed, when the parts were found to be very pale. Stimulants were administered without delay (that is, brandy 3 j by the mouth half-hourly until consciousness was regained; drinks of hot tea frequently; a subcutaneous injection of ether  $\frac{1}{2}$  v, hot bottles to the extremities, and a mustard plaster over the precordia). Some urine was drawn off, but no carboluria was present. At 3.30 p.m. she began to recover, and regained control over the bladder and rectum, which before this had moved involuntarily. About 4 o'clock vomiting commenced; nothing peculiar could be detected in the vomit. Patient now began to improve rapidly. At 5 o'clock another specimen of urine was obtained which was found to be of a pale green colour, gradually becoming darker on exposure to air and light. On chemical examination

Madras Government, followed by that of the Commander-in-Chief, for his services rendered while in medical charge of the 18th Hussars during a most virulent outbreak of cholera in the regiment at Secunderabad in May, 1871. He organized the bearer company during the Zulu war in 1879, and made the hospital arrangements at the Fort Pearson base for the EKOWE Relieving Column; was present in the engagement at Ulundi, where his services were described by Lord Chelmsford as "of the greatest value." During the subsequent pursuit of the enemy by rendering timely aid to a lancer he prevented his falling into the enemy's hands: was afterwards Senior Medical Officer of Port Durnford and the Line of Communications (mentioned in dispatches, medal with clasp). In the Egyptian war of 1882 he was on the personal staff of the Duke of Connaught, and was at the battle of Tel-el-Kebir (C.M.G., medal with clasp, and Khedive's bronze star).

The appointment of Captain E. T. F. BIRRELL, M.B., R.A.M.C., as personal assistant to the Principal Medical Officer, Burmah District, published on April 4th, p. 826, should have been published under the heading Royal Army Medical Corps and not under Indian Medical Service.

#### ARMY MEDICAL RESERVE.

SURGEON-MAJOR F. W. GRANT, M.D., having resigned his Volunteer appointment, ceases to be an officer in the Army Medical Reserve of Officers, May 9th.

Surgeon-Lieutenant R. A. DRAPER, 1st East Riding of Yorkshire, Royal Garrison Artillery (Volunteers) to be Surgeon-Lieutenant, May 9th.

Surgeon-Captain T. KAY, M.B., 1st Lanarkshire Royal Garrison Artillery Volunteers, to be Surgeon-Captain, May 13th.

#### INDIAN MEDICAL SERVICE.

COLONEL T. H. HENDLEY, C.I.E., Bengal Establishment, Inspector-General of Civil Hospitals, Bengal, retires from the service from April 10th. He was appointed Assistant Surgeon October 1st, 1860, and became Surgeon-Colonel April 2nd, 1883. He has no war record in the Army Lists.

The promotion to be Colonel of Lieutenant-Colonel M. D. MORARITY, M.D., and B. O'BRIEN, Bengal Establishment, which has already been noted in the BRITISH MEDICAL JOURNAL, has received the King's sanction.

Lieutenant-Colonel A. J. O'HARA, Madras Establishment, has retired from the service, November 2nd, 1902. He joined the department as Assistant Surgeon, April 2nd, 1881, and was made Lieutenant-Colonel, April 2nd, 1901. He was with the Burmese expedition in 1886-8, and has the Frontier medal with clasp.

The retirement of Lieutenant-Colonel A. W. F. STREET, D.S.O., Bombay Establishment, which has been already announced in the BRITISH MEDICAL JOURNAL, has received the approval of the King.

Colonel H. ALLISON, M.D., Madras Establishment, officiating as Principal Medical Officer, Burma District, has been granted one year and fifteen months' leave previous to retirement.

In consequence of the reorganization of the Indian Frontier Districts, a Colonel of the Royal Army Medical Corps has been allotted to Peshawar, and the War Office has been requested to send out an officer for the new appointment.

Captain JOHN SLOAN, M.B., Indian Medical Service, died at Mhow, India, on March 12th. He joined as Surgeon-Lieutenant, July 27th, 1899, and became Captain three years thereafter.

#### IMPERIAL YEOMANRY.

MR. WILLIAM F. L. A. HOLCROFT, M.B., to be Surgeon-Lieutenant in the Royal North Devon (Hussars), under para. 30 Yeomanry Regulations, May 9th.

Surgeon-Lieutenant R. M. MOYNAN, M.D., Glamorganshire, resigns his commission, May 9th.

Surgeon-Lieutenant L. J. H. OLDFIELD, M.D., 4th County of London (King's Colonials), resigns his commission, April 2nd.

Honorary Captain E. HOPKINSON, M.B., D.S.O., late Imperial Yeomanry, to be Surgeon Lieutenant in the Oxfordshire (Queen's Own Oxfordshire Hussars), April 21st.

Surgeon-Lieutenant H. W. WHYTE, 3rd County of London (Sharpshooters), to be Surgeon-Captain, April 28th.

#### ROYAL ENGINEERS (VOLUNTEERS).

MESSRS. MARK P. M. COLLIER and JAMES P. STEWART, M.B., to be Surgeon-Lieutenants in the East London (Tower Hamlets), April 28th.

Surgeon-Major F. W. GIBSON, from the 1st Durham Royal Engineers (Volunteers), to be Surgeon-Major Submarine Miners (the Tyne Division), May 13th.

#### VOLUNTEER RIFLES.

SURGEON-CAPTAIN W. KINNEAR, M.B., 3rd (Dundee Highland) Volunteer Battalion the Black Watch (Royal Highlanders), to be Surgeon-Major, May 9th.

The undermentioned Surgeon-Lieutenants are promoted to be Surgeon-Captains, dated May 9th: W. S. MALCOLM, M.B., 3rd (Dundee Highland) Volunteer Battalion the Black Watch (Royal Highlanders); W. D. MACFARLANE, 3rd (Renfrewshire) Volunteer Battalion Princess Louise's Argyll and Sutherland Highlanders.

Surgeon-Lieutenants E. O. ISAACS and S. F. HOLLOWAY, 2nd (South) Middlesex, to be Surgeon-Captains April 21st.

Surgeon-Lieutenant A. J. GRANT, M.D., 7th Volunteer Battalion the Royal Scots (Lothian Regiment), to be Surgeon-Captain, May 13th.

Surgeon-Lieutenant J. R. RYAN, M.D., 1st Volunteer Battalion the Royal Fusiliers (City of London Regiment), to be Surgeon-Captain, April 28th.

Surgeon-Lieutenant J. M. G. BRENNER, M.B., 1st Volunteer Battalion the Norfolk Regiment, to be supernumerary while serving with the Norfolk Volunteer Infantry Brigade Bearer Company, March 14th.

Surgeon-Captain E. L. JONES, 3rd (Cambridgeshire) Volunteer Battalion the Suffolk Regiment, resigns his commission, May 13th.

Mr. FREDERICK ST. J. BULLEN to be Surgeon-Lieutenant in the 3rd Volunteer Brigade the Gloucestershire Regiment, May 13th.

Mr. WILLIAM M. PARHAM, M.D., to be Surgeon-Lieutenant in the 1st Volunteer Battalion the Princess Charlotte of Wales's (Royal Berkshire) Regiment, April 28th.

Surgeon-Lieutenant S. W. PLUMMER, M.D., 4th Volunteer Battalion the Durham Light Infantry, to be Surgeon-Captain, April 28th.

The promotion of Surgeon-Lieutenant H. N. TAYLOR, 3rd Volunteer Battalion the Essex Regiment, to the rank of Surgeon-Captain, which

was announced in the *London Gazette* of February 6th last, bears date December 30th, 1902, and not as therein stated.

MEMORANDUM.—Surgeon-Captain (temporary) Surgeon-Lieutenant in the army) H. N. A. TAYLOR, M.D., 3rd Volunteer Battalion the Essex Regiment, is granted the temporary rank of Surgeon-Captain in the army while serving with regular troops, February 7th, 1903.

#### ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

LIEUTENANT J. COLLIER, M.B., the Manchester Companies, to be Captain, May 9th.

MR. JAMES WALKER, M.B., to be Lieutenant in the Glasgow Companies, May 13th.

The promotion of Captain F. D. WOOLLEY, the Manchester Companies, which was announced in the *London Gazette* of March 3rd, bears date March 14th, 1903, and not as therein stated.

#### VOLUNTEER INFANTRY BRIGADES.

SURGEON-LIEUTENANT-COLONEL D. W. CURRIE, M.B., 7th (Clackmannan and Kinross) Volunteer Battalion Princess Louise's (Argyll and Sutherland Highlanders), to be Brigade-Surgeon-Lieutenant-Colonel, Argyll and Sutherland Brigade, while holding the appointment of Senior Medical Officer of the Brigade, May 13th.

Major and Honorary Lieutenant-Colonel J. BIRRELL, 1st Dumbartonshire Volunteer Rifle Corps, is appointed to the command of the Army Service Corps Company of the Argyll and Sutherland Brigade on vacating the appointment of Brigade Supply Officer.

Surgeon-Lieutenant-Colonel A. MITCHELL, 3rd (the Buchan) Volunteer Battalion the Gordon Highlanders, to be Brigade-Surgeon-Lieutenant-Colonel while holding the appointment of Senior Medical Officer of the Gordon Brigade, May 13th.

Surgeon-Lieutenant-Colonel G. WESTBY, 2nd Volunteer Battalion the King's (Liverpool Regiment), to be Brigade-Surgeon-Lieutenant-Colonel while holding the appointment of Senior Medical Officer to the Liverpool Brigade, April 4th.

Brigade-Surgeon-Lieutenant-Colonel J. A. GRAY, 5th Volunteer Battalion the Royal Scots (Lothian Regiment), to be Senior Medical Officer of the 2nd and Lothian Brigade, May 13th.

#### MEDICO-LEGAL AND MEDICO-ETHICAL.

##### THE WORKMEN'S COMPENSATION ACT.

C. W. E. would be obliged for information re compensation: (1) Employé is injured, and employer sends for doctor; who is responsible for medical fees? (2) Employer is injured, and employé sends for doctor; who is responsible for medical fees? (3) Can employer deduct the money for medical fees from the insurance money? Both cases have been insured, of course.

\* \* \* (1) An employer is not required by law to provide medical attendance for an injured workman; if he sends for a doctor he would not necessarily be responsible for the fees. (2) The employé is responsible. (3) The employer cannot deduct the cost of medical attendance from the amount of compensation without the consent of the injured person.

N. C. H.—There is no fixed scale of fees for the medical examination of cases of injury. It is a matter of arrangement between the insurance company and the medical practitioner.

#### UNIVERSITIES AND COLLEGES.

##### UNIVERSITY OF LONDON.

###### MEETING OF CONVOCATION.

A GENERAL meeting of Convocation was held at the University, South Kensington, on Tuesday, May 12th. Sir E. H. Busk, Chairman, presided.

###### Election of Officers.

Sir P. MAGNUS, B.A., B.Sc., was re-elected Deputy-Chairman; and Mr. H. E. ALLEN, LL.B., B.A., was re-elected Clerk of Convocation. Sir T. BARLOW, Bart., M.D., B.S., B.Sc., was re-elected by the registered graduates in Medicine and Surgery to serve as a member of the Senate.

###### Admission of Graduates from other Universities.

A resolution proposed by the Senate, defining the status of graduates of other Universities who may be admitted as internal students and as candidates for any of the higher degrees (except in medicine and surgery) without having previously taken any lower degree of the University of London, was debated at length, and was approved, being carried by 56 to 34.

###### Joint Examinations for Internal and External Students.

Certain draft regulations to be submitted for adoption by the Senate were considered and approved. Those affecting the medical degrees were the following: That the Intermediate Examination in Medicine of July, 1903; the M.B., B.S., M.D., and M.S. Examinations of December, 1903; the Preliminary Scientific Examination of July, 1903; and the M.B. Examination of May, 1904, be held jointly for internal and for external students, without prejudice to any future arrangements for the examination of internal students.

Mr. S. RUSSELL WELLS, M.D., B.Sc., presented the report by the Standing Committee, and a resolution was carried that the House approve the Regulations, "but without prejudice to the rights of Convocation under Section cxxii of the Statutes as regards any future examinations."

Mr. W. R. WARREN, LL.B., moved: "That in the opinion of Convocation some of the changes in the curricula and schemes of examination approved by the Senate are calculated to impair the value and lower the reputation of the degrees conferred by the University of London." He complained that fewer subjects were exacted, the steps for mastering the several parts of examinations being made too easy, that the B.S. degree was being abolished, and that the fees were being unduly raised. The admission of persons outside the University to the higher degrees without passing the lower ones was a dangerous course.

Mr. HANFORD, B.A., seconded the resolution.

Dr. J. F. Payne, speaking for the Medical Faculty and speaking from a wide experience as examiner both in this and other universities, said that the new scheme was the best and most comprehensive which had been devised. There had been great improvement both in medicine and surgery, and the examinations had been more searching and difficult than they used to be.

Dr. Bradford strongly contended the position of the mover and seconder, and said that the new B.Sc. was a great improvement and gave promise of a future honour school of physiology, and the M.D. examinations were likely to lead to fruitful developments in pathology.

Sir A. Rollit said this motion was an indictment of the Senate, but it lacked the precision which ought to characterize an indictment. In his opinion the University was being developed on the broader and more liberal lines which were being worked out in other countries, and were more adequate to the needs of modern society.

The amendment was by leave withdrawn.

#### The University Library.

Resolutions urging the formation of a well-equipped library in the University were adopted.

#### FACULTY OF MEDICINE.

A meeting of the Faculty of Medicine of the University of London will be held at South Kensington, at 5 p.m., on Friday, May 22nd. The Faculty will consider a report recently submitted to the Senate by the Board of Studies in Dentistry with regard to the establishment of special degrees in Dental Surgery, together with proposed regulations for the curriculum of study and for examinations in this subject. A minority report has been submitted to the Senate, and will also come under the consideration of the Faculty.

#### GUY'S HOSPITAL MEDICAL SCHOOL.

A course of twelve lectures in experimental pathology, to be given in the Physiological Theatre during the summer session on Thursdays, at 4 p.m., by Dr. E. W. Ainley Walker, was commenced on May 7th. The lectures are open to students from any of the medical schools of the University and to members of the medical profession.

#### UNIVERSITY OF CAMBRIDGE.

*Third Examination, Part II (Medicine, Surgery, and Midwifery).*—The following candidates have satisfied the Examiners:

H. Ackroyd, B.A., Cai.; L. E. H. R. Barker, B.A., Cai.; J. R. Bentley, Emm.; G. T. Birks, B.A., King's; A. R. Brailley, M.A., Down; W. H. Brailley, M.A., Queens'; H. N. Burroughes, B.A., Trin.; W. B. Crowfoot, B.A., Emm.; H. A. Cutler, M.A., Cai.; W. F. L. Day, B.A., Cai.; R. S. Drew, B.A., Pemb.; E. A. Ellis, B.A., Down.; J. E. Frere, B.A., Pemb.; J. D. H. Freshwater, M.A., Trin.; E. V. Gostling, B.A., Cai.; F. W. Goyder, B.A., Joh.; G. W. Greene, B.A., Down.; T. Guthrie, B.A., King's; W. L. Harnett, B.A., Joh.; W. Hill, B.A., Emm.; B. Hudson, B.A., Cai.; H. L. P. Hulbert, M.A., Trin.; F. S. Kidd, B.A., Trin.; P. W. Leathart, B.A., Cai.; H. B. McCaskie, B.A., Cai.; F. B. Manser, B.A., Pet.; G. W. Micklethwait, M.A., Trin.; P. K. Muspratt, B.A., Christ's; G. B. Norman, B.A., Joh.; P. N. Panton, B.A., Trin.; H. I. Pinches, B.A., Sid. Suss.; F. Richmond, B.A., Cai.; G. R. Rickett, B.A., King's; H. Robinson, B.A., Trin.; W. T. Scott, B.A., Cai.; R. D. Smedley, M.A., Pemb.; J. E. Spicer, B.A., Trin.; J. M. Stenhouse, B.A., Sid. Suss.; W. J. Susmann, B.A., Cai.; B. N. Tebbs, M.A., Queens'; H. T. Thompson, Christ's; E. Weatherhead, Joh.; F. Whitaker, B.A., Trin.; L. E. Wigram, B.A., Trin.; H. L. Wilson, B.A., H. Selw.; H. C. S. Woodward, M.A., Down.; G. A. Wright, Christ's.

**ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.**  
A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on Tuesday, May 5th, Dr. Clouston, President, in the chair.

#### Loyal Address to the King.

The President read the following loyal address which had been prepared for presentation to King Edward on his approaching visit to Edinburgh. The address, which was received by the Fellows standing, was unanimously approved.

"To the King's Most Excellent Majesty,

"The humble, loyal and dutiful address of the President and Fellows of the Royal College of Physicians of Edinburgh.

"May it please Your Majesty,

"We, Your Majesty's loyal and dutiful subjects, the President and Fellows of the Royal College of Physicians of Edinburgh, desire to offer Your Majesty our most hearty welcome on Your Majesty's visit to the capital of Scotland. We desire also to thank Your Majesty for the honour you have thus conferred on Edinburgh, and we earnestly hope Your Majesty's stay here will be a pleasure to Your Majesty and to Queen Alexandra.

"We know the great interest Your Majesty has always taken in the profession of medicine and in all those institutions whose object is to cure disease and to mitigate human suffering. This being the work of the Fellows of our College, none of Your Majesty's subjects are better able than they to realize the great benefits that have resulted to the sick and to the progress of medicine through Your Majesty's example and influence in supporting hospitals, in promoting the public health, and in encouraging the medical profession in its increasing fight against disease. Your Majesty's ancient capital of Scotland stands out in Your Majesty's whole realm as a mother city of noble hospitals and great medical corporations, and is the seat of the largest medical school in Your Majesty's dominions. The College, therefore, specially appreciates Your Majesty's sympathy with medical objects and Your Majesty's patronage of medical institutions.

"That the Almighty may grant to Your Majesty and to Your Royal House the blessings of health and happiness is the fervent prayer of Your Majesty's most loyal and faithful servants."

#### The late Sub-Librarian.

The President referred in feeling language to the loss which the College had sustained through the death of Mr. J. Matheson Shaw, and spoke in high appreciation of Mr. Shaw's long and valued services to the College.

#### Admission to the Fellowship.

The following members were admitted by ballot to the Fellowship of the College: Henry Aylmer Dumat M.D., M.R.C.P.E., Natal; William

Thomas Ritchie, M.D., M.R.C.P.E., Edinburgh; John Cumming, M.R.C.P.E., F.R.C.S.E., Edinburgh; Alexander Dingwall Fordyce, M.B., Ch.B., M.R.C.P.E., Edinburgh.

#### Admission to the Membership.

On a ballot Sydney Wilson Thompstone, L.R.C.P.E., F.R.C.S.E., Edinburgh, was admitted to the Membership of the College after examination.

#### Admission to the Licence.

The Registrar reported that since the last quarterly meeting fifty-two persons had obtained the licence of the College by examination.

#### Annual Report Regarding the Laboratory.

The Curator submitted his report for the past year regarding the research and reporting work undertaken in the laboratory during the year and the expenditure incurred. The report showed that twenty-nine workers had been engaged in research and that several valuable papers, the result of work done during the year, had been published; that 1,868 specimens had been reported on, being an increase of 388 on the number for the previous year, and that the expenditure had amounted to £1,017 os. 6d. The report was adopted by the College.

#### Freeland-Barbour Fellowship Award.

The Freeland-Barbour Fellowship was awarded to Dr. Alexander Goodall, Edinburgh.

#### Recognition of Lecturers.

Dr. Lovell Gulland, F.R.C.P.E., was recognized as Lecturer on Practical Medicine; and Mr. J. Malcolm Farquharson, M.B., M.R.C.P.E., was similarly recognized as Lecturer on Diseases of the Ear, Nose, and Throat.

#### Bequest to the College.

The Treasurer announced that the late Mr. J. Matheson Shaw, Sub-librarian of the College, had bequeathed a sum of money, subject to life rent of relatives, for the purpose of founding a lectureship in the College, the lectures to treat of recent advances in Medicine.

#### Conjoint Committee of Management of Triple Qualification.

The Secretary announced the re-election by the Council of Dr. Andrew as representative on the Conjoint Committee of Management of the Triple Qualification.

#### Triple Qualification Examinations.

The draft regulations regarding the various triple qualification examinations for the ensuing year were considered and approved.

#### Suspension of Licence.

By vote of the College, John Flanagan, a Licentiate of the College, was suspended *sine die* from his licence to practise, as granted by the College, and from all his rights and privileges as Licentiate.

#### Expulsion of Licentiate.

By vote of the College, Alfred Hunter Goodwyn, a Licentiate of the College, was expelled from the College and deprived of his licence to practise, as granted by the College, and of all his rights and privileges as Licentiate.

## PUBLIC HEALTH

AND

## POOR-LAW MEDICAL SERVICES.

#### HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,608 births and 4,618 deaths were registered during the week ending Saturday last, May 9th. The annual rate of mortality in these towns, which had been 15.9, 17.4, and 17.5 per 1,000 in the three preceding weeks, declined again last week to 16.8 per 1,000. The rates in the several towns ranged from 8.2 in Willesden, 10.2 in Leyton and in Hastings, 10.3 in Croydon, 10.6 in King's Norton, 11.0 in Derby, 11.1 in Hull, and 11.2 in Brighton and in Cardiff to 19.7 in Rochdale, 20.1 in Great Yarmouth, 20.8 in South Shields and in Tynemouth, 20.9 in Liverpool, 21.0 in Oldham, 22.5 in Middlesbrough, and 23.5 in Wigan. In London the death-rate was 15.7 per 1,000, while it averaged 16.1 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.6 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 1.7 per 1,000, while it averaged 1.5 in the seventy-five other large towns, among which the highest death-rates from the principal infectious diseases were 3.1 in West Bromwich, 3.2 in Wolverhampton, 3.4 in Bootle, in Wigan, in Oldham, and in Sheffield, 3.5 in Rhondda, 3.9 in Walthamstow, and 4.8 in Tottenham. Measles caused a death-rate of 1.0 in Manchester, 1.3 in Hornsey and in Sheffield, 2.4 in Tottenham, 2.5 in Wigan, 2.7 in Swansea, and 2.9 in Walthamstow; whooping-cough of 1.4 in Tottenham and in Coventry, 1.5 in Sheffield, 1.6 in West Bromwich and in Huddersfield, 1.7 in Northampton and in Rhondda, and 1.9 in Oldham; "fever" of 1.7 in Bootle; and diarrhoea of 1.8 in Wallasey. The mortality from scarlet fever and from diphtheria showed no marked excess in any of the large towns. Of the 14 fatal cases of small-pox registered in these towns last week, 4 belonged to Liverpool, 2 to Walsall, 2 to Leicester, and 1 each to Bury, Manchester, Rochdale, Bradford, Leeds, and Sheffield. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals, which had been 33, 38, and 47 at the end of the three preceding weeks, had further risen to 60 at the end of last week; 17 new cases were admitted during the week, against 22, 9, and 12 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital on Saturday last, May 9th, was 1,730, against 1,662, 1,700, and 1,716 on the three preceding Saturdays; 229 new cases were admitted during the week, against 188, 243, and 235 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, May 9th, 1,045 births and 585 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.7, 18.5, and 19.2 per 1,000 in the three preceding weeks, declined again last week to 17.9 per 1,000, but was 1.9 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 11.5 in Dundee and 14.9 in Aberdeen, to 20.1 in Perth and 24.8 in Greenock. The death-rate from the principal infectious diseases averaged 1.7 per 1,000 in these towns, the highest rates being recorded in Edinburgh and Greenock. The 296 deaths registered in Glasgow included 2 which resulted from measles, 2 from scarlet fever, 2 from diphtheria, 14 from whooping-cough, 2 from "fever," and 3 from diarrhoea. Five fatal cases of measles, 2 of diphtheria, and 4 of whooping-cough were recorded in Edinburgh, 3 of diarrhoea in Dundee and in Aberdeen, 2 of scarlet fever in Paisley, and 2 of whooping-cough in Leith.

#### WATER SUPPLIES OF GLAMORGANSHIRE.

GLAMORGANSHIRE must be added to the small number of counties for which a complete and comprehensive report on water supplies has been issued. The report of Dr. Williams, the County Medical Officer, recently published, extends to 81 quarto pages, and is accompanied by four excellent maps. The subject is first considered in general, and then the individual supplies of the urban and rural districts are separately described. Dr. Williams holds that a report on water supplies should deal with (1) the available supplies obtainable from various sources; (2) general information concerning existing waterworks; and (3) information concerning districts inadequately supplied with water. The population of the county for 1901 was 651,002, an increase of 29.4 per cent. since the census of 1891. This very rapid rate of increase has taken place mainly in the mineral area. The river system of South Wales is, as Dr. Williams points out, very simple, the chief rivers running in more or less parallel courses in a southerly direction. All the Glamorganshire rivers have their origin within the county, or in the uninhabited and mountainous regions immediately beyond the northern boundary of the county at an elevation varying from 1,000 to 2,000 feet. They are, consequently, comparatively short and swift-running, the longest no more than forty miles. Pollution takes place almost entirely within the county, and consequently should not be difficult to abate.

The water of no Glamorganshire rivers is used for drinking purposes after sewage has been discharged into it—a highly satisfactory condition of things. A number of tables giving the rainfall in different parts of the county are given.

A population of about 50,000 is supplied by water from underground sources, and in part by rain water as such. This area includes the urban districts of Barry, Bridgend, Porthcawl, Cowbridge Borough, parts of Cowbridge Rural, parts of Penybont, Gower, and Oystermouth. All these districts are south of the coal measures. The remainder of the inhabitants of the mineral area are all supplied with surface-collected water, and it is over this area that the increase of population has taken place.

Dr. Williams considers that the most useful supply is the rain water collected on the northern area or to the north of it. Cardiff and Merthyr obtain their water from this area, and Swansea is about to be supplied from the Cray works now in course of construction. The proposed Ystradgelti works will supply four other districts. All these collecting areas are to the north of the coal basins.

The results of the chemical analyses of the different supplies are given in detail, but the bacteriological examinations are omitted because "there is a difference of opinion among experts in this branch of public health as to the significance of the presence and number of certain classes of organisms in water supplies." This seems a matter for regret, since the figures obtained, apart from any opinion as to their significance, would have possessed some interest.

## MEDICAL NEWS.

WE are asked to state that the Seventh Annual Medical, Surgical, and Hygienic Exhibition will be held at the Queen's Hall on June 2nd, 3rd, 4th, and 5th, and will be open on each day from 1 to 10 p.m.

THE date on which Mr. Jonathan Hutchinson will deliver his address on the etiology of leprosy before the Epidemiological Society of London has been altered to Tuesday, May 26th.

THE proprietors of Benger's food have converted their business into a limited company. The public showed great eagerness to obtain shares, the applications being largely in excess of the amount asked for.

MR. (GEORGE HERRING has again offered to contribute £10,000 to the Metropolitan Hospital Sunday Fund, or to add one quarter to the amount collected in the churches, limiting the latter offer to £25,000. Mr. William Herring has offered to contribute £1,000 to the fund.

MEDICAL MAGISTRATE.—Dr. R. Balfour Graham, F.R.C.S.E., Leven, Fife, Honorary Secretary of the Fife Branch, B.M.A., has, on the recommendation of the Right Hon. the Earl of Elgin, K.G., Lord Lieutenant of the County, been added to the list of His Majesty's Justices of the Peace for the county of Fife.

PRINCESS CHRISTIAN will present the diplomas, medals, and certificates granted by the National Health Society at a meeting at Grosvenor House on Saturday next, May 23rd, at 3.30 p.m. The chair will be taken by the Earl of Derby, K.G., President of the Council, and among those who will take part in the proceedings are Archdeacon Sinclair and Sir James Crichton-Browne.

ANTIRABIC INOCULATIONS IN VIENNA.—The report of the Vienna Antirabic Inoculation Institute states that in the year 1901 the number of persons who applied for treatment was 280 (112 men, 51 women and 117 children). Of this number 242 underwent the inoculations. Among these there were 3 deaths from hydrophobia, a mortality of 2.24 per cent. Of 1,522 patients treated in the Institute since its foundation, 20 have died, a mortality of 1.31 per cent. In 1901 there were 25 cases of hydrophobia in the whole of Austria which were not treated, and all died.

CHILDHOOD SOCIETY.—A meeting of the Society for the Scientific Study of the Mental and Physical Conditions of Children was held on May 11th, the Earl Egerton of Tatton being in the chair. Among those present were the Duchess of Buckingham and Chandos, the Countess of Albemarle, Julia Marchioness of Tweeddale, Lady Adelaide Taylor, Lady Galton, Lady Trench-Gascoigne, Sir James Crichton-Browne, M.D., F.R.S., Mr. E. W. Brabrook, C.B., Chairman of the Council; Dr. G. E. Shuttleworth, and others. Professor J. Edgar, M.A., Professor of Education in the University of St. Andrews, delivered an address on the Universities and Scientific Study of Children, with special reference to the teaching profession. The following resolution was proposed by Mr. E. W. Brabrook, C.B., and seconded by Sir James Crichton-Browne: "That it is desirable that the Elementary Education of (Defective and Epileptic) Children Act, 1880, should be compulsory on educational authorities, and that special training should be given at one or more training colleges for teachers who wish to qualify for the care of defective children. That the Government be requested to institute an inquiry into the best means of dealing with defective-classes in after-life, and for determining the authority to be entrusted with that duty." The resolution was carried unanimously.

#### MEDICAL VACANCIES.

*This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Wednesday morning.*

BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES.—Clinical Assistant. Honorarium at the rate of 52 guineas per annum.

BIRMINGHAM CITY.—Medical Officer of Health. Salary, £1,000 per annum.

BIRMINGHAM : GENERAL HOSPITAL.—Three House-Surgeons, resident. Appointment for six months. Salary at the rate of £50 per annum.

BUXTON : DEVONSHIRE HOSPITAL.—(1) House-Surgeon. Salary, £100 per annum.

(2) Assistant House-Surgeon. Salary, £70 per annum. Both resident.

BRIGHTON : THROAT AND EAR HOSPITAL, Church Street.—Non-resident House-Surgeon. Salary at the rate of £75 per annum.

CHICHESTER INFIRMARY.—Honorary Medical Officer.

DENBIGH : DENBIGHSHIRE INFIRMARY.—House-Surgeon, resident. Salary to commence, £100 per annum.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road, S.E.—Anaesthetist. Honorarium, £25 per annum.

GLASGOW SAMARITAN HOSPITAL FOR WOMEN.—House-Surgeon (female).

GLASGOW UNIVERSITY.—Additional Examiner for Degrees in Arts, Science, and Medicine. Salary, £50 per annum.

GOSFORTH : CITY ASYLUM.—Assistant Medical Officer, resident. Salary £140, rising to £160 per annum.

GREENWICH UNION INFIRMARY.—Junior Assistant Medical Officer of the Infirmary and Workhouse, resident. Salary, £110 per annum.

HASTINGS, ST. LEONARDS, AND EAST SUSSEX HOSPITAL.—House-Surgeon, resident; unmarried. Salary, £75 per annum.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—House-Physician, resident. Appointment for six months. Salary, £20.

HOSPITAL FOR WOMEN, Soho Square, W.—Assistant Physician.

INVERNESS : NORTHERN INFIRMARY.—House-Surgeon, resident. Salary, £100 per annum.

LIVERPOOL EYE AND EAR INFIRMARY.—House-Surgeon, resident. Salary, £80 per annum.

LIVERPOOL : MILL ROAD INFIRMARY.—Assistant Medical Officer, resident. Salary, £120 per annum.

LONDON HOSPITAL, E.—Assistant Obstetric Physician.

LONDON COUNTY COUNCIL.—Assistant Medical Officer at Epileptic Colony, Ewell, resident. Salary, £200 per annum.

MIDDLESEX HOSPITAL, W.—Director of Cancer Research Laboratories. Salary, £300 per annum, rising to £300.

MIDDLESEX HOSPITAL.—Research Scholarship of £105 at the Cancer Research Laboratories.

NEWCASTLE ON TYNE DISPENSARY.—Visiting Medical Assistant. Salary, £160 for first year and £180 afterwards.

NORTH WEST LONDON HOSPITAL, Kent's Town Road.—(1) Resident Medical Officer; (2) Assistant Resident Medical Officer. Salary at the rate of £50 per annum.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Professors and Lecturers.

SALISBURY INFIRMARY.—(1) House-Surgeon. Salary, £100 per annum. (2) Assistant House-Surgeon. Salary, £75 per annum. Both resident.

SEAFARERS HOSPITAL SOCIETY, GREENWICH.—Senior House-Surgeon at the Branch Hospital, resident. Salary, £75 per annum, and £25 for officiating as Registrar.

SHEFFIELD ROYAL HOSPITAL.—Junior Assistant House-Surgeon, resident. Salary, £50 per annum.

SOCIETY OF APOTHECARIES, London.—Examiner in Medicine.

SOUTHPORT INFIRMARY.—Resident Junior House and Visiting Surgeon, unmarried. Salary commencing £70 per annum.

WAKEFIELD : CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY.—Junior House-Surgeon, resident. Salary, £80 per annum.

WESTMINSTER DISPENSARY, Gerrard Street, W.—Resident Medical Officer. Salary, £120 per annum.

WEST BROMWICH DISTRICT HOSPITAL.—Resident Junior House-Surgeon. Salary, £50 per annum.

WEST RIDING ASYLUM, Wadsley.—Fifth Assistant Medical Officer, resident. Salary, £140, rising to £160 per annum.

## MEDICAL APPOINTMENTS.

BERKELEY, Comyns, M.B., B.Cantab., M.R.C.P. Lond., appointed Assistant Obstetric Physician to the Middlesex Hospital.

BLAKELY, Samuel, M.D. King's Coll. Aberd., M.R.C.S. Eng., appointed House-Surgeon to the Royal Victoria Hospital, Belfast.

BUTLER, T. Harrison, M.A., M.D., B.Ch. Oxon., M.R.C.S., L.R.C.P., appointed Assistant Surgeon at the British Ophthalmic Hospital, Jerusalem.

COGSWELL, Philip D., M.R.C.S. Eng., L.R.C.P. Lond., appointed Certifying Factory Surgeon for the Broughton Astley District, Leicester.

COSEGRAVE, Frederick Robert, M.D. Dab., B.Ch., appointed Certifying Factory Surgeon for the Burton-in-Kendal District, Westmorland.

GRIFFITHS, John, M.R.C.S. Eng., L.S.A., appointed Certifying Factory Surgeon for the Llandrindod Wells District, Radnor.

HORNE, Maynard, M.A., M.B., appointed Honorary Physician to the Margaret Street Hospital for Consumption and Diseases of the Chest (for Out-patients).

HUBBARD, Walter L., M.D. Brux., M.R.C.S., L.R.C.P. Lond., appointed Certifying Factory Surgeon for the Edderidge District, Kent.

JEAFFERSON, G. Cory, M.R.C.S., L.R.C.P. Lond., appointed Certifying Factory Surgeon for the Framlington District, Suffolk.

MOWATT, George, M.B., Ch.B. Aberd., appointed Police Surgeon of the Borough of Bolton.

RAMSBOTTOM, Chas. H. Godfrey, M.D. Vict., Ch.B., appointed Certifying Factory Surgeon for the Bungay District, Suffolk, and the Ditchingham District, Norfolk.

REED, J. B. O., L.R.C.P. & S. Edin., L.F.P.S. Glasg., appointed Certifying Factory Surgeon for the Wadebridge District, Cornwall.

REED, Thomas Edward, M.B., Ch.B. Edin., appointed Certifying Factory Surgeon for the Abercrafia District, Brecon.

REITCHIE, James, M.D., C.M., D.P.H. Aberd., appointed Certifying Factory Surgeon for the Old Deer District, Aberdeen.

RUNDELL, F. C., L.R.C.P., L.R.C.S. Edin., appointed District Medical Officer of the Tenterden Union.

SCARLETT-SYNGE, Mrs. M.D. Brux., L.S.A., L.M., appointed Medical Officer to the Government Normal College, Bloemfontein, and to the High School, Bloemfontein.

WACHER, Sidney, F.R.C.S. Eng., L.R.C.P. Lond., appointed Certifying Factory Surgeon for the Canterbury District, Kent.

WHITAKER, L. E., M.R.C.S. Eng., L.R.C.P. Lond., appointed Certifying Factory Surgeon for the Diss District, Norfolk.

WORBOYS, Thos. Sanders, M.R.C.S., L.R.C.P. Lond., appointed Medical Officer and Public Vaccinator for the Wintonor District of the Glaston Brigg Union, vice E. P. Goodworth, L.R.C.P. Edin., M.R.C.S. Eng.

WRIGHT, W. S., M.R.C.S., L.R.C.P. Lond., appointed Certifying Factory Surgeon for the Wool District, Dorset.

## DIARY FOR NEXT WEEK.

## MONDAY.

**Medical Society of London**, 11, Chandon Street, Cavendish Square, W., 8.30 p.m.—Annual Conversations; reception by the President, 8.45 p.m.—Oration: Sir William H. Bennett, K.C.V.O.: Some Reflections, mainly Ethical, upon the Present Position of Operations in the Practice of Surgery.

## TUESDAY.

**Pathological Society of London**, 20, Hanover Square, W., 8.30 p.m.—General Meeting: Election of Officers. Dr. R. S. Trevor: Multiple Aneurysms of the Splenic Artery Associated with Calcification of the Portal Vein. Dr. Drysdale: Primary Sarcoma of the Heart. Mr. Barnard and Mr. Rigby: Case of Pulsating Exophthalmos. Dr. F. P. Weber: Malignant Endocarditis associated with Large White Kidneys. Dr. Seigmann and Dr. Strong: A New Method of Blood Counting. Mr. C. Parsons and Mr. Rockliffe: Flexiform Neuroma of the Orbit. Card Specimens will be shown by Dr. C. P. White, Dr. Dugdale, Dr. H. M. Fletcher, and Dr. Drysdale.

## WEDNESDAY.

**Dermatological Society of Great Britain and Ireland**, 20, Hanover Square, W., 8.30 p.m.—Annual General Meeting and Conference. Dr. Corlett, of Ohio, U.S.A., will give an address on Small-pox, illustrated with lantern slides.

## THURSDAY.

**Marvelian Society of London**, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 p.m.—Clinical Evening.

**Guy's Hospital Medical School**, 4 p.m.—Dr. E. W. Ainley Walker: On the General Pathology of Acute Rheumatism (Gordon Lectures in Experimental Pathology).

## FRIDAY.

**Clinical Society of London**, 20, Hanover Square, W., 8.30 p.m.—Annual General Meeting: Election of Officers for Session 1903-4. Papers: Dr. J. P. Zum Bush: Ileo-caecal Invagination by a Meckel's Diverticulum. Dr. Percy Kidd: Sequel to a Case shown at the Society in 1901 as Congenital Morbus Cordis. Dr. J. Porter Parkinson: Sequel to a Case of Great Dilatation of the Heart.

## POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital. Thursday, 4 p.m.—Lecture on Gynaecological Cases. Hospital for Sick Children, Great Ormond Street, W.C. Thursday, 4 p.m.—Demonstration of Selected Cases. Medical Graduates' College and Polyclinic, 23, Chenes Street, W.C. Demonstrations will be given at 4 p.m. as follows:—Monday, Skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, eye. Lectures will also be given at 5.15 p.m. as follows: Monday, Haematuria in Children; Tuesday, Ossaces; Wednesday, Some Practical Points in Climatology; Thursday, Uterine Displacements; Friday, Paroxysms of the Gastro-intestinal Canal. National Hospital for the Paralysed and Epileptic, Queen Square, W.C.—Tuesday, 8.30 p.m.—Lecture on Visual Fields in Medical Diagnosis. North-East London Post-Graduate College, Tottenham Hospital, N., Thursday, 4 p.m.—Lecture on Itching as a Symptom and its Treatment. Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Treatment of Some Injuries and Emergencies; Tuesday, X Rays; Wednesday, Extraction, When and How; Thursday, Diseases of the Kidney, Nephritis; Friday, Pelvic Inflammation.

## 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.

BROWN.—On May 9th, 1903, at Mount Lodge, Silver Valley, Callington, Cornwall, the wife of George Brown, M.R.C.S. Eng. (late of 6, Gibson Square, Islington, N.), of a daughter. GOUGH.—On May 2nd, at Glenallon, Old Torwood Road, Torquay, the wife of John Harley Gough, M.D., F.R.C.S. Edin., of a son.

MACDONALD.—At "The Haven," Inverness, on the 10th inst., the wife of Thomas Rankin Macdonald, M.B., F.R.C.S. Edin., Lieutenant-Colonel, Indian Medical Service (ret.) of a son.

## MARRIAGE.

FISH.—On Tuesday, May 12th, Cecil Edgar Fish, M.B., M.R.C.S., B.A.Cantab., of Hanbury Hall, Ruthin, to Susie Constance, daughter of the late Richard Southon, of Port Elizabeth, South Africa, and niece of Thos. M. Fuller, of 39, Hyde Park Gate, S.W.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 3, 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 *Artiology*, London. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate*, London.

Querries, 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.D. BRUX. asks whether any open-air sanatorium would take a female cook aged 29 in return for her work; she has tuberculous disease at the apex of the right lung, and is without money, relatives, or friends.

## RUBBER-SOLED BOOTS AND DEFECTIVE SIGHT.

SEAFARING SURGEON asks for an explanation of the curious belief which prevails in seafaring circles, that the wearing of rubber-soled sea boots has a prejudicial effect upon the eyesight. Personally, he had always smiled at the "yarn," until he was told by a commander, R.N., that an oculist of European fame (whose name he gave) told him a few years ago in consultation that this was the only explanation he could think of for the large number of cases of defective eyesight among seafaring people he had come across in the course of practice.

R. W. M. writes May I ask (1) if there are any works dealing with manual training or the education of the hands—for example, that could answer the question, What trade or handicraft would render a man most dexterous and facile with his hands for surgical manipulations? (2) Any works treating of the finding of arguments, their arrangement, and the marshalling of facts in writing any literary composition, as essays, speeches, theses, articles for publication, etc. Whately's *Rhetoric* is the only one I know.

## ANSWERS.

MUNGO.—We have made inquiries, and are informed that there is not in Berlin any Poliklinik where the lectures are delivered in English.

KEW.—One of the following books might probably meet our correspondent's requirements: *Forensic Medicine and Toxicology*. By J. Dixon Mann, M.D., F.R.C.P. Third edition. London: Charles Griffin and Co. 1902. 21s. *A Textbook of Medical Jurisprudence, Toxicology, and Public Health*. By J. Glaister, M.D., D.P.H., F.R.S.E. Edinburgh: E. and S. Livingstone. 1902. 15s. *Textbook of Forensic Medicine and Toxicology*. By A. P. Luff, M.D. London: Longmans, Green, and Co. 1895. 24s. *Manual of Medical Jurisprudence*. By A. S. Taylor. Twelfth edition, edited by Thomas Stevenson, M.D. London: J. and A. Churchill. 1891. 14s.

## THE ASSESSMENT OF INCOME-TAX.

Dr. E. GORTON (North Shields) writes: Can you find out for me what should be done under the following circumstances? A. and B. are in partnership. A. is M.O.H. and also public vaccinator. During an epidemic of small-pox A. is requested to devote the whole of his time to the M.O.H.'s work, and B., who is deputy public vaccinator, is requested to undertake the vaccinations, which soon become too much for him, and C., another practitioner, is appointed to assist. The fees due in respect of vaccinations are paid to A. as public vaccinator, who pays C. for his work, the remainder going into the partnership takings. A.'s salary as M.O.H. for the period of the epidemic is also put into the partnership funds, as B. is carrying on the whole of the private practice. How are the several items to be returned for assessment?

\* \* \* We have referred the question to an authority on the subject. The following is his reply.—For the sake of clearness let us suppose that the salary of the M.O.H. is £150 per annum; that the fees of the public vaccinator amount to £200 per annum (including the deputy's fees); that the salary paid by A. to C. for his assistance is £100; that the profits (after paying expenses) of the private practice alone amount to £400 per annum. The income-tax returns should then be made as follows:—(1) On the blue form, No. 12 or 12A: By A as M.O.H., £150; by A. as vaccinator, £200, less expenses £100 = £100 net. (2) On the yellow form No. 11 or 11A: By A. and B. (as a firm) as medical practitioners, £400. The total profit (or income) of A. and B. is thus £150 + £100 + £100 = £350, or £325 each, and they should, as between themselves, divide the amount of tax to be paid accordingly. C. will, of course, include the £100 received by him in his own income-tax return; but if the surveyor of taxes refuses to allow the £100 expense to be deducted (as he might legally do on the ground that the emoluments from the appointment as vaccinator are taxable in full), A. must then pay tax on £200 as vaccinator, and when C. is paid his sala