99.6°. In the evening his temperature was 102°, and his eyes looked a little red. On March 9th the spots were more marked, he had begun to snuffle, his temperature was 103°, and the rash had spread to the chest and abdomen. On March 10th the rash was fully out and the catarrhal symptoms were fairly well marked. The temperature at 10 a.m. was 102.6°. The complaint ran a normal course. I have seen two other cases in which the bodily heat for the three days before the appearance of the rash was between 98° and 99° morning and evening, and even when the eruption came out did not rise above 101°. In these cases also the catarrhal symptoms developed very gradually.

Lately I have seen a young lady of 12, who became feverish on a Thursday with an evening temperature of 104.6°. Her face was flushed, but she seemed lively and looked well. She had had some headache over the eyes—she was subject to neuralgic headaches—but no cough or other catarrhal symptom. Her appetite was good and she said she was quite well. On the Friday her temperature in the morning was 103.2° and at 6 p.m. 104.5°, but there were no fresh symptoms and the child assured me that she felt quite well. On the Saturday the temperature in the morning was 100.2° and at 6 p.m. 104.8°; still there was no catarrh and a renewed examination of the patient could discover nothing abnormal. On the Sunday (the fourth day) the temperature in the morning was 100.2°; the eyes were a little weak and avoided the light but there was no cough or sore throat; the cheeks were flushed as before, but in addition a few red spots were noticed on the chin, and examination showed the chest, abdomen, and back to be covered with a well-marked measles rash. In the evening the temperature was 103° and there was more rash on the face. On the following day the temperature was normal; there were more spots on the face and the rash had spread to the legs. On the next day (the third of the rash, sixth of the illness) the temperature was still normal and the eruption had begun to fade.

I believe this to have been a true case of measles, although I had seen the patient in a normal attack of the disease only twelve months previously, and although, except for some weakness of the eyes, catarrhal symptoms were absent throughout and there was no feeling of illness. There was no tenderness or swelling of the superficial glands as in rubella. It is curious to note the contrast between the height of the temperature in the pre-eruptive stage, when the fever was the only symptom to be discovered, and the very mild and short course run by the complaint after the rash had appeared. It is possible that the first attack, which had occurred, as has been said, only twelve months previously, may have had something to do in moderating the intensity of the second.

Such abnormal cases are very perplexing. If they occurred during an epidemic one would, of course, bear the fact in mind when searching for the cause of the fever; but in the absence of other cases in the neighbourhood the nature of the attack must remain a mystery until revealed by the appearance of the eruption.

A CASE OF EXTREME HYPERPYREXIA.

BY W. C. WATSON GLENNY, L.R.C.S., L.R.C.P.I.,
Omeath, co. Louth, Ireland.

A FEW notes on this case may be of interest, as a temperature of 113.6° is very rare:

History.—Miss C., aged 19 years, stout and healthy-looking, had enjoyed good health until about eighteen months before this illness, when she had a fall on the back of her head. Shortly after this she began to have occasional headaches with vertigo, which were relieved when she had free haemorrhage from her ears and occasionally from the nose also. The headaches had lately been recurring more frequently.

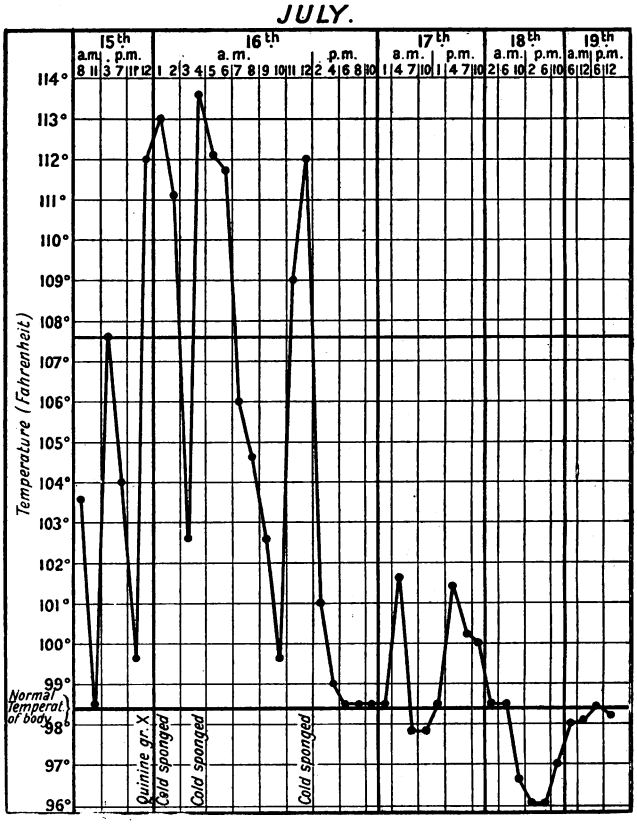
State on Examination.—On June 14th, 1903, I was sent for. I found the patient in bed, lying with her head slightly retracted and with bogginess over the occiput. Her temperature was 98.4° and her pulse 84. She said her head felt as if it would burst, and complained of violent pain over the occiput, giddiness whenever she moved her head, and vomiting.

Progress.—I had her head shaved and a blister put over the occiput, and her ears syringed out with very hot water to encourage haemorrhage as there had been none from the ears for over a week. She was given nutrient suppositories, as nothing had remained on her stomach for three days. The vomiting was cerebral in character.

For the next few days the pain in her head seemed to increase and she became delirious and violent. Leeches were put to the nape of her neck and she was given hypodermic injections of hyoscine (gr. 1/60), with little or no benefit.

On June 20th as vomiting had ceased she was put on large doses of pot. iod. and pot. brom. which quietened her somewhat, and she also got inunction of Hg. She now said everything looked black to her, and on the following day she could not distinguish between light and darkness.

On June 23rd she started having epileptiform seizures and these continued for four days, and after these she had in turn, dysphagia, right facial paralysis, paralysis of right side of tongue, paralysis of left leg, rigidity of left arm and attacks of angina pectoris. Each of these lasted for a few days and gradually wore off.



Up to July 15th her temperature was normal, pulse 80 to 90, and urine free from albumen. At 8 a.m. on this date the temperature was 103.6°, at 10 a.m. normal, at 3 p.m. as she looked flushed, the temperature was taken when it was 107.6°, although she said she had not felt so well since she had taken to her bed. When I saw her that night the temperature was 99.6°, she said her head felt very tight, but otherwise well. I left quinine gr. x to be given should her temperature go up much, and gave directions to have the temperature taken hourly.

It was on the morning following (16th) that she developed the extraordinary temperature of 113.6°, during which time the nurse informs me she remained quite conscious, but complained of the cold so much she had to give her hot drinks. When I saw her later she said she felt well, only she was "awfully tired."

Result—After this she remained fairly well for a week, when the pain in the occiput started again, with bogginess over occiput, then delirium, convulsions, and partial paralysis in turn, each lasting for some days, and so, as it were, the cycle went on, temperature remaining normal or subnormal all the time till September 17th, when she developed pneumonia, and the temperature gradually rose till it was 110.6° an hour before she died, on September 21st. She remained blind all the time from the second week of her illness.

Unfortunately I could not obtain permission to make a necropsy. The course taken by the temperature during the hyperpyrexia in July is shown on the chart.

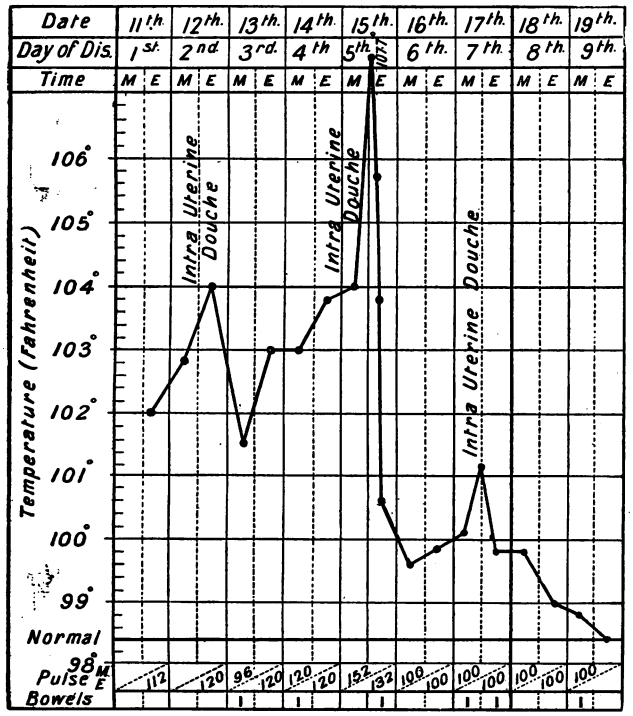
MEMORANDA:

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

EXTREME HYPERPYREXIA.

HAVING read the notes on extreme hyperpyrexia in the BRITISH MEDICAL JOURNAL of July 25th, 1903, p. 193, and of August 1st, p. 248, the following notes, with chart, on a case of puerperal fever registering a higher temperature, with recovery, than any mentioned by Dr. Watson, may be of interest.

Mrs. A., aged 37 years, housewife, multipara, always enjoyed good health. I attended her confinement on October 6th, which was natural, and until the evening of October 11th she progressed favourably. On that evening a rigor took place, and the temperature rose to 102° F. Lochia natural, and continued so for the following three days. On the morning of October 15th lochia became fetid, and the temperature rose to 104° F. At 3 p.m. I gave a creolin intrauterine douche, and at 4 p.m. a severe rigor occurred. At 5 p.m. the temperature registered 107.7° F. (twice taken to avoid error), and pulse was beating at the rate of 152 per minute. I administered quin. sulph. gr. vj and antifebrin gr. iij in powder form. At 6.15 p.m.



the temperature fell to 105.7°. Gave tr. aconit. ♏j and t_r stroph. ♏iij. Repeated the dose at 7.30 p.m., half the dose at 8.45 p.m., and the full dose at 10.40 p.m. At 8.45 p.m. the temperature had fallen to 100.6° F., and pulse to 132 per minute. At 11 p.m. gave quin. sulph. and antifeb. each gr. iij.

October 16th, 7.20 a.m. The patient passed a quiet night, morning temperature being 99.6° F., and pulse 100 per minute. For the seven days of acute illness brandy, milk, and eggs were administered from every fifteen to thirty minutes.

The patient made an uninterrupted recovery.

H. A. C. DAVIDSON, L.R.C.P.&S.Edin., L.F.P.S.Glasg.
Coupar Angus, N.B.

I OBSERVE in the BRITISH MEDICAL JOURNAL of July 25th and August 1st memoranda of cases of hyperpyrexia, and I wish to record an instance which came under my observation a few days ago, It occurred in a boy of 15½ years suffering from yellow fever. The course of the disease was atypical. When first seen the patient had a temperature of 104.5° F., and this high level was maintained with only slight remissions for the next four days.

From the fifth to seventh days the temperature dropped considerably, reaching 101° F. on one occasion. There was, however, no alleviation of the general condition.

On the eighth day the temperature began to rise again, and ranged to 104° F. Injections of normal saline solution were administered under the skin of the abdomen in order to try to relieve the labouring kidneys. At 4 p.m. on the ninth day the temperature rose to 105.1° F. It fell 1° after sponging with alcohol and water. At 7 p.m. it had risen to 107° F., and as the patient was in a sinking condition he was not disturbed.

At 9 p.m., half an hour before the boy's death, the thermometer in the axilla registered 110.2° F. A second thermometer was used, and gave exactly the same reading.

JOHN MCPHERSON, M.B., Ch.B.,
Medical Officer, Salina Cruz Port Works, Mexico.

I HAVE been much interested in this subject, as I had a patient, aged 19, under me whilst house-surgeon at the District Hospital, West Bromwich, who frequently had very high temperatures. He suffered from spinal caries, but no suppuration. It was thought that the hyperpyrexia was caused by small haemorrhages into the cord. His temperature was always reduced by hypodermics of ergotinin. During the attacks he was quite conscious, but all his muscles were in a state of clonic spasm. He got quite well, and resumed his work as a joiner. The figures were repeatedly tested by visiting surgeons and other doctors in the district:

Date.	Temperature.	Date.	Temperature.
November 30th ...	98.5	December 9th ...	99 M.
December 1st ...	105 M.	,, ...	108 E.
,, ...	98.5 E.	December 10th to 14th	98.5
December 2nd ...	107 M.	December 15th ...	108 E.*
,, ...	106.5 E.	December 16th ...	98.5 M.
December 3rd ...	104 M.	,, ...	105 E.
,, ...	98.5 E.	December 17th ...	105 to 106
December 4th ...	110.4 M.	December 18th to 22nd	98.5
,, ...	98.5 E.	December 23rd ...	98.5 M.
December 5th and 6th	98.5	,, ...	112 E.*
December 7th ...	104 M.	December 24th to 29th	98.5
,, ...	112 E.	December 30th ...	98.5 M.
December 8th ...	103 M.	,, ...	107 E.
,, ...	98 E.	December 31st ...	Normal.

* For three hours.

Hurworth-on-Tees. A. PAGET STEAVENSON, M.D.

HYPERPYREXIA IN MEASLES.

IN an epidemic of measles which occured here in the autumn of 1901 I was called one day at 7 a.m. to see a baby, aged 9 months. The child was suffering from measles, the rash being very copious and well developed. He was comatose, with stertorous breathing, and on taking the temperature the thermometer registered 110.4° F. There was no evidence of any complication. The parents had recognized the previous day that the child had measles, but he had not appeared ill enough to cause them any anxiety.

Every effort was made to reduce the temperature, but the child never recovered consciousness, dying about 2 p.m. the same day.

Exeter. C. E. STOKES.

WE have recently had an extensive epidemic of measles in this Colony, attended by a very small mortality. This is remarkable in view of the hyperpyrexia which accompanied so many cases. Temperatures of 106° F. and 106.5° F. have been fairly common, whilst in two cases seen by me, the temperature reached 107° F. and 107.2° F. respectively. A large majority of such patients recovered without any treatment whatever beyond rest in the house and a light diet. In about twelve cases, however, including the cases that recorded temperatures of 107° F. and 107.2° F. respectively, phenacetin gr. x was administered, for experimental purposes, every two hours until gr. xxx had been given. The result was highly satisfactory, the temperature becoming normal and remaining so. Such cases seemed to have recovered much quicker than those left untreated.

Similar high temperatures were noted by various other observers in the Colony.

RAOUL DE BOISSIÈRE,
Provincial Medical Officer, Bua, Fiji.

A MENTAL CASE TREATED WITH OVARIAN EXTRACT: COMPLETE RECOVERY.

ON May 12th, 1903, a lady, aged 60, was placed under my care suffering from delusions and other mental symptoms of a very decided character. Briefly her history was as follows:

She had been married thirty-one years, had had five children, and menstruation had ceased at the age of 48. She had been always extremely sensitive and highly emotional, and had had several attacks of hysteria. The summer of 1901 was spent in Switzerland, where she is said to have had an attack of cerebral haemorrhage, which was characterized by loss of consciousness, right hemiplegia, and paralysis of the left side of the face, which, however, all cleared up in a short time. From that time onwards the patient suffered from hallucinations and melancholia, which steadily got worse, and were developing into attacks of acute violent mania. At this stage the patient came under treatment, and presented the following symptoms in addition to the above:—(1) Great sleeplessness, and hallucinations, seeing and talking with people who did not exist; (2) imagination of much cruelty from those attending on her, and occasional fits

of violence and screaming, alternating with melancholia. At the same time the patient was totally unable to feed or do anything for herself, and spent most of her time in bed carrying on a rambling and disconnected conversation with those about her. Extreme constipation existed, and food, when administered, was frequently spat out after having remained in the mouth for some minutes. These symptoms continued for one month, during which time there was occasional slight improvement, which was not maintained. At the end of that time I decided to give ovarian extract a trial, and accordingly began treatment with a dose of 10 gr. three times a day. This dose was continued for four days, and was then increased to 15 gr. three times daily. After two days the dose was increased to 20 gr. Finally it was raised to 25 gr. three times daily, until, at the end of the tenth day, the improvement in the patient's condition was so marked that the administration of the extract was stopped. All the symptoms had entirely disappeared, leaving the patient in every respect a sane woman, able to dress herself, feed herself, converse rationally upon any subject, and write a good hand. She was still, of course, somewhat feeble after her long stay in bed, but this rapidly passed away, and by August 20th she was completely recovered in every way.

The special points that seem to be noteworthy are: (1) That no improvement in the patient's condition was noticeable until the administration of ovarian extract was commenced, after the patient had steadily gone from bad to worse for twelve months; (2) that the extract effected a cure, although the mental condition of the patient could not have been due in any way to menstruation, since that had ceased about twelve years before.

Kensington, W. R. N. GEACH, M.R.C.S., L.R.C.P.

ADRENALIN IN ADDISON'S DISEASE.

ABOUT a year ago I was called to see a middle-aged lady who had been seized with severe and recurring epileptiform convulsions.

In 1893, after scarlet fever, she was noticed to have some undue pigmentation of the skin. During the next four years she began to be troubled by attacks of diarrhoea and vomiting, and soon afterwards had fainting attacks; pigmentation slowly increased. In 1901, while abroad, the syncopal attacks became so severe and frequent that the condition seemed hopeless, and it was with the greatest difficulty that she was brought home. She was now treated for the first time with suprarenal tabloids, and, though very weak and with occasional fainting attacks, she seemed better.

She had been comparatively well up to the time of the convulsions, which came on suddenly one morning. They became so frequent and severe that chloroform was administered, and this effectually arrested them; but the condition of the patient was critical in the extreme, the pulse very rapid (120 to 150), and so small as to be hardly perceptible. She lay in a comatose state for nearly a week, during which time she was fed with a nasal tube and stimulated freely with brandy and hypodermic injections of strychnine.

All the characteristic symptoms of Addison's disease were present, the pigmentation general, of a blue-bronze colour, and most marked on the abdomen, in the folds of the skin, and round scars; it was present also in the buccal and other mucous membranes; the emaciation was marked, the pulse tiny and thready, yet the heart sounds were normal, regular, and comparatively strong, and there was no cardiac dilatation.

On the fourth day after the convulsions she was given 5 minims of a 1 in 1,000 solution of adrenalin (Parke, Davis, and Co.) three times a day, and gradually as consciousness returned at the end of the week the circulation began to improve. There was no return of the convulsions, and in a fortnight the dose was increased to 10 minims; at the end of a month she had improved wonderfully, the pulse (80 to 90) was fuller and stronger, and there was distinct diminution in the amount of pigmentation. The dose was increased to 20 minims, and later to half a drachm three times a day, but it had to be reduced from time to time on account of the pulse becoming too small.

The patient has steadily improved in strength and weight, and the asthenia, which at first was extreme, is beginning to pass off, and to-day—eleven months from the commencement of the treatment—she is able to get about all day and play croquet. The pigmentation cleared off to a large extent during the first four or five months, but there has been little change in this respect lately. There has been no recurrence of the old symptoms, fainting fits, and gastro-intestinal disturbances, and it is to be hoped that she will continue to improve and keep well provided she continue the use of the adrenalin; at present she takes it in doses varying from 10 to 20 minims.

Broadstairs. HUGH M. RAVEN, M.R.C.S., L.R.C.P.

NEURITIS IN COAL MINERS.

THE recent article on brachial neuritis by Dr. Simon, and the communications on the subject which have since appeared in the BRITISH MEDICAL JOURNAL, have induced me to call attention to the frequency with which this disease is met with in coal miners, a fact which, I think, is common knowledge to most practitioners whose work lies among them.

Sacral neuritis and "miners' back," which latter is often complicated with neuritis of one or more lumbar nerves, are affections to which the coal miner is well known to be specially subject, but neuritis of some of the nerves arising higher up in the cord is also with them a common and troublesome disease.

The cause is doubtless to be found in the circumstances attending the coalminer's work—for example, exposure to cold air currents, to wet from the roof of his working place, and in the fact that, during work, the neck, shoulders, and back are very scantily protected by the short, loose, flannel shirt, the only garment, as a rule, worn at work on the upper part of the body. Another factor in the causation is doubtless the severe strain on the muscles of the shoulders, neck, and back incidental to his work, and the constrained postures he is obliged to assume therein.

The nerves most frequently affected are:

1. The brachial plexus and its component parts, particularly (in order of frequency) the circumflex, musculo-cutaneous, musculo-spiral, and supra-scapular nerves.
2. Upper cervical nerves (first, second, and third), especially the great and small occipital branches.
3. Lower dorsal nerves—the intercostal and anterior branches of the eighth and lower dorsal nerves distributed to the inferior portion of the chest wall, the part usually left uncovered by the short undershirt worn at work.

All the cardinal symptoms of neuritis are generally present, although it is not usual to find any decided atrophy of the muscles. In brachial neuritis the pain is so severe as a rule as to render the arm completely useless for long periods, a loss of work of from eight to twelve weeks being not infrequent. When the cervical or dorsal nerves are affected the disease is rarely of such long continuance, but in the former case the suffering is perhaps the greatest while it lasts.

In the treatment absolute and prolonged rest is a *sine qua non*. Small fly blisters repeatedly applied along the course of the affected nerves and over the "painful spots" gave the greatest relief to the pain, and, I believe, shorten the duration of the disease. In several intractable cases the actual cautery or a seton kept in for a month effected a cure when other means had failed.

Morphine hypodermically, galvanism, and the prolonged application of dry heat are all helpful in relieving the suffering, which is frequently severe. Antirheumatic remedies invariably fail to produce any appreciable effect on the disease, either in shortening its duration or in easing the pain.

Stanley, Durham. J. CHARLES, M.D.Glasg.

SUCCESSFUL REPLACING OF A SEVERED FINGER.

IN connexion with the recent transplanting of an ear it may be of interest to your readers to place on record the following case:

A man, J. M., aged 60, some years ago, during the killing of a pig, had his right index finger bitten completely off through the middle phalanx by the animal. He walked to my house, a distance of six miles, with a friend. On my inquiring for the missing piece of finger the friend, after hunting in various pockets, produced it from one of them covered with tobacco dust, etc. Having cleansed the stump and severed portion, I joined the two ends by strapping and fixed on splints. In about fourteen days circulation was completely restored, union had taken place, and he has his finger to this day. The nerves did not unite, so that the part is insensitive. The finger had been off about two hours. The distal joint is stiff, but notwithstanding this he finds it extremely useful and is very proud of it.

Surbiton. G. A. EBSELL, M.D.

naturally regard as a main pillar of their cause. The *Vaccination Inquirer* complains that in none of the biographies of Spencer that have come under its notice has there been any reference to the fact that he approved and assisted the antivaccination movement. It states (and the information is interesting from a psychological point of view) that it was not only by Spencer's "kind permission but at his own suggestion that the essay ..... was made use of by the National Antivaccination League as part of their propagandist literature." To such base uses has come the philosopher who undertook to lay down laws *de omni scibili*, and, like another Canute, forbade the tide of human thought to rise beyond the limit which he had fixed for the Unknowable.

At the annual dinner of the Ulster Medical Society held at Belfast on November 19th, a song entitled "Goufin" was sung to the great delight of the audience by Dr. McHarry. It is, we understand, the composition of Dr. R. J. Johnstone, Assistant Gynaecologist to the Royal Victoria Hospital, Belfast. The song, which purports to give "some account of the modern pestilence," begins with an invocation to Dr. Graham (described in a footnote as "a noted Belfast alienist," flor. circ. A.D. 1900) to the following effect:

Oh, Dr. Graham, this mental epidemic ye should see,
It's neither gastromania nor blood-coont insanity,
Nor yet the scalpel-frenzy; but just look both near and far,
They're all hittin' a ba' they chase and misca',
An' it's goufin' mad they are.
They've thrown away the stethoscope an' taken up the cleek,
An' if they're wanted for a "mid," ye've got the links to seek,
An' the patients sit in batches,
Waitin' till they finish matches,
Sin' the doctors hae ta'en up wi' goufin'.

The chorus bewails the madness which has seized them:

Goufin' a' the day,
Daein' nae work ava',
Rinnin' aboot wi' a bag fu' o' clubs,
Hittin' a wee bit ba'.

So utter is the demoralization caused by the "new pestilence" that—

If they saw a man wi' tabes they wad say, "He's lost his swing,"
And murmur, "Very badly pulled," of an apex 'neath your wing.

Finally the bard is carried away by his indignation and suggests a drastic remedy:

A hear there's gaun tae be a cup tae crown the doctor's game,
But A ken richt well the toddy that should brawly wet the same:
We'll fill the challenge beaker
Wi' vin. ipecac. for liquor—
'Twould maybe mak' the doctors throw up goufin'.

With the New Year the *British Journal of Children's Diseases* makes it first bow to the medical public of Great Britain—or such part of it as is specially interested in children's diseases. The editor is Dr. George Carpenter. Among the contents of the first number are a note of a case of hemicrania with third nerve paralysis, by Dr. James Taylor; a paper on congenital hypertrophic stenosis of the pylorus by Mr. Clinton Dent; one on intussusception and Henoch's purpura by Dr. G. A. Sutherland, and a report of a case of Henoch's purpura in which laparotomy was performed by Mr. Harold Burrows. Mr. George Pernet contributes an interesting note on the antiquity of achondroplasia based on a study of certain small Egyptian earthenware statuettes in the British Museum which represent the deformity. Our new contemporary seems to have a definite reason for existence, and if we may judge from the first number it will be a useful addition to the literature of the province which it takes for its own.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

DURING the weeks ending December 5th and 12th, the deaths from plague in India numbered 16,437 and 17,205 respectively. Both these figures are under the returns for the week ending November 28th, when the number of deaths from plague amounted to 17,617. There has, therefore, been a slight abatement in the virulence of the disease during the two weeks in question. During the corresponding weeks in 1902, the returns were some 3,000 less. The principal returns during the week ending December 5th are:—Bombay City, 46; Bombay Districts, 7,073; North-West Provinces and Oudh, 2,252; Central Provinces and Berar, 1,888; Punjab, 1,674; Central India, 1,094; Calcutta, 14; Bengal Districts, 778; Madras Districts, 498; Mysore State, 573; Hyderabad State, 529. In the city of Srinagar (Kashmir) plague is increasing, and is of a virulent pneumonic type. On December 21st 30 cases and 30 deaths were registered.

CAPE COLONY.

During the weeks ending December 12th and 19th, 1903, the plague reports in the several towns of Cape Colony were as follows. One case of plague, a native male, was found dead on December 18th in East London. No plague in any other town in Cape Colony. Plague-infected rats continue to be found in Port Elizabeth, Queenstown, Knysna. At Capetown 1,053 rats were examined during the two weeks ending December 12th and 19th respectively, but no plague-infected rat was found.

MAURITIUS.

During the three weeks ending December 24th and 31st, 1903, and January 7th, the fresh cases of plague in Mauritius numbered 62, 53, and 55 respectively. During the same periods the deaths from this disease amounted to 41, 29, and 37 respectively.

JAPAN.

A telegram dated Yokohama, December 4th, 1903, states that "Owing to the spread of bubonic plague in this port the authorities have isolated 120 houses comprising the area infected with the disease."

SELANGOR, STRAITS SETTLEMENTS.

Beyond the 3 cases of plague reported from Kuala Lumpur, no cases of plague have been met with since November 28th, 1903.

ASSOCIATION NOTICES.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at 429, Strand (corner of Agar Street), London, on Wednesday next, the 20th day of January, at 2 o'clock in the afternoon.

The following Committees will also meet:

Tuesday, January 19th, 1904.—Premises and Library Committee, 2.30 p.m.—Medical Defence Committee, 3.0 p.m.—Assistant Secretary Committee, 5.0 p.m. *Wednesday, January 20th, 1904.*—Journal and Finance Committee, 10.0 a.m.

January 12th, 1904. GUY ELLISTON, *General Secretary.*

NOTICE OF QUARTERLY MEETINGS OF COUNCIL FOR 1904.

MEETINGS of the Council will be held on Wednesdays, January 20th, April 20th, July 6th, and October 19th, in the Council Room of the British Medical Association, 429, Strand, London, W.C.

ELECTION OF MEMBERS.

ANY candidate for election should forward his application upon a form, which will be furnished by the General Secretary of the Association, 429, Strand. Applications for membership should be sent to the General Secretary not less than thirty-five days prior to the date of a meeting of the Council.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are fitted up for the accommodation of the members in commodious apartments, at the office of the Association, 429, Strand. The rooms are open from 10 a.m. to 5 p.m. Members can have their letters addressed to them at the office.

BRANCH MEETINGS TO BE HELD.

BIRMINGHAM BRANCH: COVENTRY DIVISION.—A special meeting of this Division will be held at the Coventry and Warwickshire Hospital at 4 p.m. on Tuesday, January 19th. A paper will be read by Dr. Webb Fowler on Malignant Growths and their Modern Methods of Treatment. Synopsis: Theories as to cause. Treatment: (*a*) Extirpation by early operation; (*b*) methods of dealing with inoperable cases, and some of the results of such treatment. Sedatives. Coley's fluid. Beatson's method (oöphorectomy). Thyroid. Cinnamic acid. Formalin. Caustics. Finsen Light. Other light treatment with demonstrations of apparatus. *X* rays. High frequency. Radium. Conclusions.—E. H. SNELL, Knighton House, Coventry, Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: WANDSWORTH DIVISION.—An ordinary meeting of this Division will be held at the Town Hall, Wandsworth, on Thursday, January 28th, at 9 p.m. Business: (1) Resolutions suggesting medical certificates in order to reduce the abuse of hospital funds, so rapidly increasing; information asked for from 200 hospitals is tabulated, and will be given; Lieutenant-Colonel E. Montefiore, Secretary, Medical Committee, Charity Organization Society, will speak. (2) Letter from King's College Hospital Medical Committee. (3) Resolution from Midwives Act, 1902, Special Committee. (4) Resolution with regard to voluntary subscription to refund Representative's expenses at Oxford. (5) Other business. Any medical practitioner desirous of attending and taking part in the debate will be welcomed, and can obtain a detailed agenda on applying to E. ROWLAND FOTHERGILL, Honorary Secretary, Torquay House, Southfields, S.W.

METROPOLITAN COUNTIES BRANCH: RICHMOND DIVISION.—The next meeting of the above Division will be held on Wednesday, January 27th, in the Sun Hotel, Kingston, at 8.45 p.m., when Mr. D'Arcy Power, M.A., M.B., F.R.C.S., will read a paper, Notes on an Ineffectual Treatment of Cancer, being a record of cases treated by the injection of Dr. Otto Schmidt's serum.—J. R. JOHNSON, M.R.C.S., Honorary Secretary, 3, Ellerker Gate, Richmond.

PERTH BRANCH.—A Council meeting will be held in the Literary and Antiquarian Museum, Perth, on Friday, January 22nd, at 3.45 p.m. Business: Election of members; Medical Acts Amendment Bill; arrangements for clinical meeting.—WILLIAM A. TAYLOR, 10, Marshall Place, Perth, Honorary Secretary.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: CARDIFF DIVISION.—The next ordinary meeting of this Division will be held in the rooms of the Cardiff Medical Society, 131, Queen Street, on Thursday, January 21st, at 3.30 p.m. Certain resolutions on the proposed Medical Acts Amendment Bill will be submitted to the meeting, and the following papers will be read:—Dr. Walford, M.O.H., Cardiff: The Local Administration of the Midwives Act. Dr. A. Sheen: Brief Notes of a Case of Morphine Poisoning, with Recovery after Subcutaneous Injection of Atropine. Dr. T. Wallace: Notes on a Case of Appendicitis. Dr. Mitchell Stevens: Some Clinical Illustrations of the Difficulties in Diagnosis of Cancer of the Liver. It is suggested that members should cordially invite their medical friends to this and other general meetings of the Division. Tea and coffee will be provided.—EWEN J. MACLEAN, 12, Park Place, Cardiff, Honorary Divisional Secretary.

SOUTH-WESTERN BRANCH.—The next meeting of this Branch will be held at the Museum, Babbacombe Road, Torquay, on Tuesday, January 19th, at 3.30 p.m., the President, Dr. W. T. Thompson, in the chair. The following communications are already promised: Dr. J. Harley Gough: Axis Traction in Midwifery. Mr. Paul Swain: Excision of Ascending Colon for Malignants Growths, with specimens. Dr. W. Gordon: Some Nervous Cases of Interest. Mr. C. Hamilton Whiteford: Anaesthetics. Dr. Bushnell: The Health Factor in Education. Gentlemen wishing to join the Association and Branch are requested to communicate with the Honorary Secretary, Mr. G. YOUNG EALES, 1, Matlock Terrace, Torquay.

SPECIAL CORRESPONDENCE.

LIVERPOOL.

Hospital Sunday.—The Stanley Hospital.—Co-operation of Clinical Hospitals.—Preservatives in Food.—A University Fellowship in Dermatology.

As has so frequently happened in former years, Hospital Sunday, which fell on January 10th, has been marked by very inclement weather, and there has been a notable falling off in the returns from the various churches. The question of changing the date of this annual event has long been under consideration, but the difficulty in choosing a more suitable date has so far proved insurmountable. It is clear that to secure a probability of milder weather the date would have to be postponed at least three months, and that if that were done the hospitals would be out of pocket on the year the change was made to the extent of one-fourth at least of the amount collected. Further, in the spring and summer a considerable proportion of the more wealthy donors to the fund spend their Sundays away from Liverpool. On the whole, it is doubtful whether the hospitals would materially benefit from a change in the date even if the numerous places of worship could agree upon some other Sunday in the year.

The Stanley Hospital, after a long and heroic struggle in the face of much neglect and consequent scarcity of funds, has at length equipped 106 beds for permanent occupation, and will consequently be recognized as a field for clinical instruction by the University of Liverpool and by other licensing bodies. The hospital, which was founded in 1868, owed its inception chiefly to the exertions of two medical practitioners whose friendship was almost proverbial, the late Dr. D. D. Costine and the late Mr. E. M. Sheldon, the staff of the institution has always taken a high position, and it is a notable fact that the three physicians now on the staff of the Royal Infirmary, and two of the surgeons, began their hospital career at the Stanley Hospital. The Royal Southern Hospital Staff has also to a large extent been recruited from the same source. There is no reason to fear that clinical teaching in Liverpool will deteriorate in consequence of this enlargement of the field of clinical work.

The Royal Southern, the Northern, and the Stanley Hospitals are endeavouring to co-operate so as to enable students to divide their attendance among them. They all labour under the disadvantage of being at a considerable distance from the University, a disadvantage which has, however, become less since the completion of the electric tramway service in the city.

For some years past the question of the employment of preservatives in decomposable foods exposed for sale has received much attention in Liverpool. The health authorities have endeavoured to prohibit their use altogether, and several prosecutions have taken place. The medical evidence called showed a marked difference of opinion on the subject, eminent practitioners called for the prosecution maintaining that preservatives, more particularly salicylic acid, were unnecessary and injurious even in small amounts, while the medical witnesses for the defence maintained that in the minute quantities in which they occurred in manufactured foods, such as temperance drinks, they could have no appreciable effect on the economy, and that unless some such means were employed the manufacture of such articles must cease. The last two summonses for selling fruit juices containing salicylic acid were dismissed. Quite recently a summons was taken out against a dealer for selling lime juice cordial containing 7 gr. of salicylic acid per pint, but before the case came to a hearing the prosecution was withdrawn. It is noteworthy that no prosecutions have been instituted against the use of sulphurous acid in the preservation of liquids such as lime juice, although its employment is pretty common.

Dr. Stopford Taylor has instituted a Fellowship in Dermatology in the University. The Fellow will be required to devote a stated amount of time to research in the Thompson-Yates Laboratories, and also to do clinical work in hospital.

CORRESPONDENCE.

LEISHMANIA DONOVANI FOUND IN KALA-AZAR.

SIR,—With reference to my former articles on the newly-discovered parasite *Leishmania donovani*,[1] those interested in tropical medicine will doubtless be very glad to hear that a telegram has been received from Dr. C. A. Bentley, of Assam, informing me that he has found the organisms in the spleen in kala-azar during life, thus verifying previous conjectures.

I may add that I have also heard from Captain Donovan to the effect that he remains unable to detect the organisms in the peripheral blood, where we should expect to find them if they were intracorpuscular.—I am, etc.,

Liverpool School of Tropical Medicine, Jan. 11th. R. ROSS.

THE REGIUS PROFESSORSHIP IN OXFORD.

SIR,—Those interested in the appointment of the Regius Professor in Oxford will learn with interest that the recommendation made to the Crown through the Vice-Chancellor was fully discussed in the University. It was unfortunate that the discussion should have taken place during the Christmas vacation and a name sent in in the short space of time that elapsed between the end of term and the New Year. It was unfortunate, too, that none of the Oxford medical graduates attached to the London or provincial schools of medicine were not approached. I think they might reasonably have expected that their opinion should have been sought, for they, after all, have as much, if not more, to do with the education of students than the teachers or professors in Oxford.

The attitude, Sir, you take in the matter is evidently in agreement with the Oxford men who have circulated a letter recently in justification of their action, and in disagreement with those present at the meeting held in London on January 5th. May I point out, in answer to your leaderette, that there is no reason why the Regius Professor should do nothing, or, as you put it, be a merely administrative person? In fact, Messrs. Gotch, Haldane, and Thomson clearly show in their letter that he has a great deal to do. This is not quite what these gentlemen meant us to understand from their letter, which reads more like an apology for the Professor doing nothing than a justification of their action in suggesting that he should give his attention solely to pathology. The University has not yet declared by statute that the Professor shall lecture on that particular subject. These gentlemen quite ignore the important work the Regius Professor has to do for the profession of medicine generally. This is not the least important part of his duties, for the Chair is endowed—it may be inadequately—in order that the holder may be able to give his time to organization of medical education and the welfare of the profession generally. The climax of this letter—namely, that because he has so

[1] BRITISH MEDICAL JOURNAL, November 14th and 28th, 1903.

wishes his remains were cremated at Paris. Dr. Saunders was a man of fine presence, with a manner full of tact and charm, and a *persona grata* to all the patients and officials with whom he had to deal. In private life Dr. Saunders, upright and courteous in all his dealings, greatly endeared himself to a large circle of friends, and hence will long be mourned. Mentally he was a man of much activity, and besides contributing various papers on sanitary matters to the medical journals, he was the author of a pamphlet entitled the Essential Conditions of a Healthy House. Dr. Saunders was married, and leaves a widow and three children.

Deaths in the Profession Abroad.—Among the members of the medical profession in foreign countries who have recently died are Dr. Julius J. Chisholm, Emeritus Professor of Diseases of the Eye and Ear in the University of Maryland, aged 73; Dr. William Ingalls, a distinguished Surgeon of Boston, U.S.A., aged 90; Dr. Edward Fridenberg, of New York, a well-known Specialist on Diseases of the Eye and Ear, aged 48; Dr. K. F. Emmert, Professor of Forensic Medicine in the University of Berne, aged 92; Dr. William Begrens, of Gottingen, editor of the *Zeitschrift für wissenschaftlichen Mikroskopie und mikroskopische Technik*, and author of works on botany and on methods of microscopical research; Dr. Cornelius O'Leary, a prominent medical practitioner of New York, and Inspector in the Health Department of that city, and also professor of philosophy and classics in Manhattan College, and a writer of some note, especially on evolution and allied subjects, aged 64; Baron George von Liebig, a son of the famous chemist, for some years a surgeon in the service of "John Company" and for a time Professor of Natural History in the Hindu College, Calcutta, afterwards official doctor at Reichenhall and lecturer on climatology and baths in the University of Munich and author of works on the physiological and therapeutic effects of atmospheric pressure, "mountain sickness," etc., aged 76; Frances E. White, M.D., for many years Professor of Physiology in the Woman's Medical College of Pennsylvania; and Dr. Sim Werekundoff, Lecturer on the History of Medicine in the Medico-Military Academy of St. Petersburg.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL NAVY MEDICAL SERVICE.

The following appointments have been made at the Admiralty: Alexander J. J. Johnston, Fleet Surgeon, to Haslar Hospital, January 23rd; William Beit, Fleet Surgeon, to the *President*, for three months' course of hospital study, January 13th; Jonathan Shand, M.B., Fleet Surgeon, lent to the *President*, for three months' course of hospital study, January 12th; William E. Marshall, Staff Surgeon, to the *Bedford*, January 12th; Johnston H. Acheson, M.B., Staff Surgeon, to the *Latona*, undated; Henry Hunt, Surgeon, to the *Agincourt*, lent, January 12th; William Jackson, M.B., Surgeon, to the *Latona*, January 19th, and to the *Pallas* on recommissioning; H. C. Ross, Surgeon, to the *Wildfire*, for the *Immortalité*, January 19th, John Jenkins, Fleet Surgeon, to the *Ocean*, January 9th; Llewellyn A. Baiss, Surgeon, to the *Andromache*, temporary, January 9th.

DEPARTMENT OF THE MEDICAL DIRECTOR-GENERAL OF THE NAVY.

We note that this department of the Admiralty has been strengthened by the addition of a fifth Medical Officer, Staff Surgeon Edward P. Mourilyan, M.B. The rapid increase of the naval *personnel* has largely added to the work of this department and further medical assistance was therefore necessary. It is stated to be the intention of the Lords of the Admiralty to grant Sir Henry F. Norbury a further extension of his appointment as Medical Director-General of the Navy.

SCOTS GUARDS.

Surgeon-Major W. C. Beevor, M.B., C.M.G., Scots Guards, on vacating his appointment as Surgeon and Acting Military Secretary to the Governor of Bombay, is directed to proceed to England and report himself to the War Office.

ROYAL ARMY MEDICAL CORPS.

Colonel W. E. Saunders, C.B., on arrival at Meerut from Poona, will assume the administrative medical charge of the Meerut and Bundelkhund Districts, *vice* Colonel J. F. Supple, C.B., retired.

Lieutenant-Colonel J. G. Harwood, who is serving in the Bombay Command, is directed to officiate as Principal Medical Officer, Poona District, until further orders, *vice* Colonel W. E. Saunders.

Captain S. G. Butler, who is serving in the Madras Command, is appointed Personal Assistant to the Principal Medical Officer, Madras Command, temporarily.

Colonel A. T. Sloggett, C.M.G., Principal Medical Officer, Home District, has been appointed President of a Board of army medical officers which is to examine candidates for commissions in the Royal Army Medical Corps at the office of the Director-General of the Army Medical Service on January 26th.

ARMY MEDICAL RESERVE.

Surgeon-Lieutenant-Colonels T. J. Aubin, M.D., and R. T. Cæsar, having attained the prescribed limit of age, are removed from the Army Medical Reserve, January 9th.

Surgeon-Lieutenant-Colonel F. E. Fenton and Surgeon-Captain F. St. J. Kemm, having resigned their Volunteer appointments, cease to belong to the Army Medical Reserve.

Surgeon-Captain J. McMullen, M.B., having been retired from the Volunteers, ceases to belong to the Army Medical Reserve.

INDIAN MEDICAL SERVICE.

Lieutenant-Colonel W. P. Carson, M.B., Bombay Establishment, is permitted to retire from the Service, from January 28th. He was appointed Assistant-Surgeon September 30th, 1878, and was made Lieutenant-Colonel September 30th, 1898. He was in the Afghan war in 1880 (medal), and in the Burmese campaign in 1885-7 (medal, with clasp).

VOLUNTEER RIFLES.

Brigade-Surgeon-Lieutenant-Colonel T. Joyce, 2nd (the Weald of Kent) Volunteer Battalion the Buffs (East Kent Regiment), Senior Medical Officer, Sussex and Kent Volunteer Infantry Brigade, resigns his commission, and is granted the honorary rank of Surgeon-Colonel, retaining his uniform, December 5th, 1903.

Mr. Alexander K. Traill, to be Surgeon-Lieutenant in the 3rd (Dundee Highland) Volunteer Battalion the Black Watch (Royal Highlanders), December 5th, 1903.

Surgeon-Lieutenant-Colonel W. G. Lowe, M.D., 2nd Volunteer Battalion the Prince of Wales's (North Staffordshire Regiment), resigns his commission and is granted the honorary rank of Surgeon-Colonel, December 5th, 1903; he retains his uniform.

Supernumerary-Surgeon-Lieutenant J. J. R. Macleod, M.B., 19th Middlesex (Bloomsbury), 5th London Volunteer Infantry Brigade Bearer Company, resigns his commission, December 5th, 1903.

The undermentioned officers resign their commissions from November 28th:—Surgeon-Lieutenant A. Foster, M.D., 1st Volunteer Battalion the East Lancashire Regiment; Surgeon-Lieutenant G. R. R. Paine, 2nd Volunteer Battalion the Royal Sussex Regiment; Surgeon-Captain J. Shaw, M.D., 1st Bucks.

Captain R. P. Shearer, 1st Nottinghamshire (Robin Hood), resigns his commission and is appointed Surgeon-Lieutenant, November 28th.

Surgeon-Lieutenant J. F. F. Parr, 1st Tower Hamlets, to be Surgeon-Captain, November 28th.

Surgeon-Captain J. Harvey, 2nd Volunteer Battalion Alexandra, Princess of Wales's Own (Yorkshire Regiment), to be Surgeon-Major, January 2nd.

Surgeon-Captain J. O. Wilson, M.D., 4th (Donside Highland) Volunteer Battalion the Gordon Highlanders, to be Surgeon-Major, January 2nd.

Surgeon-Lieutenant-Colonel (Lieutenant-Colonel retired, Indian Medical Service) T. R. Macdonald, M.B., 1st (Inverness-shire Highland) Volunteer Battalion the Queen's Own Cameron Highlaneers, resigns his commission, January 2nd.

Mr. William G. Macfee to be Surgeon-Lieutenant in the 19th Middlesex (Bloomsbury), and to be borne as supernumerary while doing duty with the Bearer Company of the 5th London Volunteer Infantry Brigade, December 4th, 1903.

Surgeon-Captain R. Fielding-Ould, M.D., 4th Volunteer Battalion the King's (Liverpool Regiment), resigns his commission, January 6th.

Supernumerary Surgeon-Captain W. P. Peake, 1st Volunteer Battalion the Leicestershire Regiment, also commanding the Leicester and Lincoln Volunteer Infantry Brigade Bearer Company, resigns his commission, January 6th.

Henry G. Smeeth, M.D., to be Surgeon-Lieutenant in the 4th Volunteer Battalion the Cheshire Regiment, January 6th.

Surgeon-Lieutenant E. J. W. Carruthers, M.D., 5th Volunteer Battalion the Cheshire Regiment, to be Surgeon-Captain, January 6th.

Captain J. E. H. Davies, 1st Volunteer Battalion the Royal Welsh Fusiliers, resigns his commission and is reappointed Surgeon-Captain, January 2nd.

Surgeon-Lieutenant G. F. Morley, 3rd (Duke of Connaught's Own) Volunteer Battalion Hampshire Regiment, to be Surgeon-Captain January 6th.

Surgeon-Captain W. N. Evans, from the 1st Volunteer Battalion the Middlesex Regiment, to be Surgeon-Captain in the 19th Middlesex (Bloomsbury), and to be borne as supernumerary while commanding the Bearer Company of the 5th London Volunteer Infantry brigade, January 6th.

Supernumerary Surgeon-Captain J. G. Fraser, M.B., 19th Middlesex (Bloomsbury), commanding the 5th London Volunteer Infantry Brigade Bearer Company, resigns his commission, January 6th.

Surgeon-Lieutenant F. W. Kendle, 4th Volunteer Battalion the Devonshire Regiment, is promoted to be Surgeon-Captain, January 9th.

Captain H. Dodgson, 3rd (Cumberland) Volunteer Battalion the Border Regiment, resigns his commission and is appointed Surgeon-Lieutenant, January 9th.

Surgeon-Lieutenant C. H. Newby, 3rd (Duke of Connaught's Own) Volunteer Battalion the Hampshire Regiment to be Surgeon-Captain, January 9th; he resigns his commission from the same date, retaining his rank and uniform.

TITLES OF UNITED STATES NAVY SURGEONS.

Rear-Admiral P. M. Rixey, the Surgeon-General of the United States Navy, is anxious that the titles of officers of the medical corps should be changed, and devotes part of his annual report to advocating this reform. "A dissatisfaction has existed for a long time among the members of the medical corps," he says, "in regard to the titles which are given them in the different grades of the corps. The present titles convey no meaning as to military rank or importance of duty, and embarrassment is often the result when medical officers of the navy are brought in contact with their fellows in civil life or other military services. To most naval medical men it is distasteful to subordinate the professional title to the military one, but it is fully recognized, on the other hand, that a title which designates both the rank and grade is desirable. The bureau recommends that Congressional action be asked for authority to rename the different grades of the medical corps now existing, as follows: In place of surgeon-general, surgeon-admiral; and in the other grades, medical-director to be surgeon-captain, medical inspector to be surgeon-commander; surgeon to be surgeon-lieutenant-commander; passed assistant-surgeon to be surgeon-lieutenant, and assistant-surgeon to be surgeon-lieutenant (junior grade)."

THE CONDITIONS UNDER WHICH LOCAL ACTION MAY OBTAIN THE SUPPORT OF THE ENTIRE PROFESSION.

J. D. W. states: An Irish police surgeon was dismissed from his appointments on grounds which were considered insufficient by his medical neighbours, who signed a memorial asking for a further inquiry, and upon this being refused entered into an agreement not to accept the vacant posts. A successor was appointed outside their number, and they retaliated by refusing to meet him in consultation. At the end of about a year he left the district and was followed by the present holder, who was away at the time the difficulty arose, did not sign the memorial, and accepted the posts on the understanding that under no circumstances would the original holder be reinstated. We are asked to say whether, and to what extent, any breach of medical ethics is involved in his acceptance of these appointments.

*** We think that before the decision of the local practitioners can be held to be binding upon those who have not bound themselves, the question at issue must be submitted to an independent body such as a meeting of a Division or Branch of the British Medical Association, where the proceedings are governed by carefully-considered rules. If this had been done and the Division or Branch had decided that under the circumstances no one should accept the posts, it would be ethically improper for any practitioner to do so, but in the absence of such a *quasi*-judicial inquiry and decision there can be no ethical offence. No local unorganized group can dictate to the rest of the profession; it must ask for support and show the grounds upon which this is claimed.

MEN OF THE DAY.

SUSSEX.—We answered a similar question on July 25th last year to the effect that we cannot object to the proposal in principle. The fashion has been set by *Who's Who*, and rival publications will bid for support by widening the circle of persons included.

A COMPLAINT AGAINST A DUBLIN HOSPITAL.

W. H. N. writes to complain that a child of poor parents was refused admission to a Dublin hospital, although it was suffering from intussusception and was sent by him as an urgent case. To a letter of complaint addressed by him to the secretary of the hospital no answer was received, and our correspondent charges the Dublin hospitals generally with an unwillingness to receive "poor" people, as these do not bring grist to the mill, and he calls them "frauds on the charitable public."

*** No question of ethics arises out of this complaint. It is understood that the Irish hospitals object to receive pauper patients, as these are supposed to be provided for by rate-supported institutions; further, as the Dublin hospitals are almost entirely supported by the State grant, they have not much to do with the "charitable public." If they fail in their duty, a letter addressed to the Dublin newspapers would be the most effectual way of drawing public attention to the matter, but our correspondent should remember that his position would be much stronger if he would send a letter with any case he may recommend for admission to a hospital. It is quite possible that the case was sent away merely from ignorance of its real gravity.

IS IT CANVASSING?

J. A. W. writes that it is customary in some places for the medical officers of Friendly Societies to offer a prize to the member who during the year brings in the largest number of new members. This means hard canvassing, especially towards the end of the year, when several competitors are running each other closely for the prize. He asks whether in our opinion this is canvassing?

*** There can be no doubt that it is canvassing.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

THE following candidates have passed the M.D. Examination as undernoted:—

Medicine.—H. Balean, London Hospital; H. R. Beale, St. Thomas's Hospital; T. P. Berry, Guy's Hospital. S. H. Bown, B.S., University College; J. C. Briscoe, King's College; C. H. Bullen, B.S., University of Birmingham; F. Challans, London Hospital; G. Clarke, Guy's Hospital and Owens College; C. F. Coombs, B.S., St. Mary's Hospital; T. V. Crosby, University College; W. S. Danks, St. Bartholomew's Hospital; F. A. Field, St. Bartholomew's Hospital; D. Forsyth, Guy's Hospital; F. G. Gibson, Guy's Hospital; C. B. Goring, B.Sc., University College; J. C. Griffiths, B.Sc., University of Birmingham; C. D. Hatrick, University College; S. Hodgson, B.S., Guy's Hospital; H. S. Jenkins, University College, Bristol; A. E. Jones, B.S. (gold medal), University College; B. H. Kingsford, St. Thomas's Hospital; C. E. Lakin, Middlesex Hospital; T. L. Lewellyn, B.S., University College; Olave McDougall, London (Royal Free Hospital) School of Medicine for Women; C. A. Marsh, London Hospital; R. R. Mowll, B.S., King's College and Hospital for Sick Children; G. E. Richmond, B.A., B.Sc., B.S., Guy's Hospital; *W. M. Robson, Guy's Hospital; H. W. Sinclair, St. Thomas's Hospital; L. E. Stamm, B.A., B.Sc., Guy's Hospital; W. L. Stuart, B.S., King's College; C. E. Sunder, B.S., University College; J. H. Sykes (private study); C. Tessier, Guy's Hospital; C. Thackray, B.S., University and Owens Colleges; R. L. Thornley, St. Bartholomew's Hospital; W. H. Unwin, B.S., Charing Cross Hospital; R. Waterhouse, St. Bartholomew's Hospital; G. W. Watson, Yorkshire College; G. E. Waugh, University College and Cambridge University; J. T. Williams, University College.

State Medicine.—A. Caddy, B.S., St. George's Hospital; H. Nolan, LL.B., (gold medal), Guy's Hospital; C. P. Oliver, M.D., Charing Cross Hospital; R. W. C. Pierce, B.Sc., St. Thomas's Hospital.

* Obtained the number of marks qualifying for the gold medal.

The following candidates have passed the B.S. Examination for Honours as undernoted:

First Class.—W. F. Annand, University College; P. M. Heath, University College; M. H. Phillips (scholarship and gold medal), London Hospital and University College, Bristol; H. Watts (gold medal), Guy's and St. George's Hospitals.

Second Class.—J. F. Jennings, St. Bartholomew's Hospital; C. H. Robertson, Guy's Hospital.

Third Class.—E. Bayley, Charing Cross and London Hospitals; C. N. Sears, St. Thomas's Hospital.

The following candidates have passed the M.S. Examination:

W. Billington, University of Birmingham and Queen's Hospital; A. Edmunds, B.Sc., King's College; H. A. T. Fairbank, Charing Cross Hospital; R. J. Howard (gold medal), London Hospital; Mary Hannah F. Ivens, London (Royal Free Hospital) School of Medicine for Women; G. E. Manning, M.D., Guy's Hospital; C. A. S. Ridout, St. Bartholomew's Hospital; *R. P. Rowlands, Guy's Hospital.

* Obtained the number of marks qualifying for the gold medal.

These lists, published for the convenience of candidates, are issued subject to their approval by the Senate.

ADVANCED BOTANY.

A COURSE of ten lectures on the Morphology and Affinities of the Non-Filicinean Families of Vascular Cryptograms will be given at University College by Mr. D. H. Scott, Honorary Keeper of the Jodrell Laboratory, Royal Botanic Gardens, Kew, on Tuesdays, beginning January 26th.

PROPOSED INSTITUTE OF MEDICAL SCIENCES.

The *University Gazette* of January 9th contains the appeal by the Senate for funds to build and endow an Institute of Medical Sciences under the control of the University. The appeal, as issued to the press, was published in the BRITISH MEDICAL JOURNAL of December 19th, 1903, but as printed in the *Gazette* it contains some additional particulars. The Senate reports that it referred to the Faculty of Medicine, a body consisting of 350 members, all recognized teachers of the University, to consider and report how the duty devolving upon the Senate under Statute 80 could best be carried out. This statute directed the Senate to use its best endeavour whenever practicable to secure such common courses of instruction for internal medical students in the preliminary and intermediate portions of their studies under appointed or recognized teachers at one or more centres; the preliminary subjects are chemistry, biology, and physics, the intermediate subjects are anatomy, physiology, and pharmacology.

At a meeting of the Senate, held on October 22nd, 1902, it was resolved:

"That steps should be taken to secure a site and funds to enable the Senate to establish an Institute of Medical Sciences in the near neighbourhood of the University."

Negotiations for such a site are now in progress, and it is hoped that it may shortly be possible to make a definite statement as to their successful completion. The scheme as set out in the report of the Faculty, and approved by the Senate, is as follows:

The Adopted Scheme.

The Faculty state in their report to the Senate that:

"The Faculty of Medicine would desire to see ample accommodation of every description at the proposed Institute of Medical Sciences, not only in regard to space and equipment, but also to the teaching staff, together with the best possible arrangements and facilities for research in the various branches of study. The Faculty believes that the funds could be disposed in the most advantageous manner according to the following scheme; and that this scheme would provide for a teaching and research institute worthy of what it is hoped and believed will become one of the greatest of modern universities."

It is proposed that accommodation adequate for 500 students should be provided in connexion with the teaching of anatomy, physiology (including pharmacology), biology (zoology and botany), chemistry, and physics.

The cost of building and annual expenditure on staff and service are estimated as follows:

	Cost of Building.	Annual Expenditure on Staff and Service.
	£	£
Anatomy	50,000	5,500
Physiology (including Pharmacology)	50,000	7,000
Biology (Zoology and Botany)	25,000	2,700
Chemistry }	35,000	2,600
Physics }		1,700

NOTE.—With regard to the remuneration of teachers it is desirable that in each case the salary should consist of a fixed stipend, to which should be added an additional sum, being a fixed proportion of the balance remaining after deducting the departmental expenses from the sum received from students' fees. An attempt should be made to obtain the various fixed stipends, which should be about three-quarters of the total salary, by endowments.

A physiological laboratory for advanced students has already been established in the University, and is well attended. The instruction is given by the principal teachers of the University in that subject, who at present are all working gratuitously. The University has provided rooms for the laboratory, and £2,000 has been given by Mr. Walter Palmer, M.P., to enable the experiment to be tried for two years. Mr. G. W. Palmer, M.P., has also given £1,000 towards the formation of a fund for the permanent endowment of the laboratory, which it is hoped may form the nucleus of the Research Department of Physiology in the Institute. A further donation of £1,000 has been received from Mr. Alfred Palmer, J.P., conditionally upon the establishment of the laboratory upon a permanent basis.

Donations should be sent to the Honorary Treasurers, addressed to 35, Clarges Street, W.

For the convenience of donors the payment of a donation may be extended over a period of three years.

Cheques should be made payable to "Medical Sciences Institute Fund," and crossed "London and Westminster Bank, South Kensington Branch."

A GENERAL meeting of Convocation will be held at the University, South Kensington, on Monday next, at 5 p.m. Messrs. W. Blake Odgers, B.A., K.C., and R. M. Walmsley, D.Sc., will present the report of the Standing Committee and move its reception. The report describes the unsatisfactory state of the University Library, and the efforts now being made to improve its condition, and states the result of an interview between a deputation of the Standing Committee of Convocation and the Library Committee of the Senate, which took place on December 9th last. Arrangements are being made whereby the books of the Library will be available for the use of graduates, and accommodation provided for readers. The Jehanghir Hall of the University in which Convocation meets, is for the future to be at the disposal of the University on Tuesdays, Wednesdays, and Fridays. It will therefore be proposed that for the future the January meeting of Convocation take place on the Friday before the third Monday in January.

UNIVERSITY OF GLASGOW.

ANNUAL REPORT.

Statistics.—The report of statistics of the University of Glasgow for the year ending September 30th last has just been issued by the University Court. Amongst the information given is a list of members of the Court, the salaries of the various professors, lecturers, demonstrators, examiners, etc., and the pensions paid to the retired professors. The only addition to the lecturing staff was a lecturer on Italian language and literature. The number of matriculated students was 1,798 men and 360 women, in all 2,158. The students were distributed in the different faculties as follows: Arts, 949; medicine, 726; science, 213; law, 190; and theology, 57. In all 418 degrees were granted, of which 13 were honorary and 46 were with honours. There are now 6,176 members of the General Council.

Grants and Bequests.—Reference is made to the annual grant of £11,000 for five years which the University is receiving from the Carnegie trustees for buildings and equipment, for teaching, and for the library. It is further stated that a sum of £5,000 has been left to be applied to the endowment of a Chair of Mercantile Law; that the Bellahouston Trustees have granted £200 towards the library, the Natural Philosophy Chair, and the Chemistry Chair; and that during the year £3,000 had been subscribed to the special fund for the extension and better equipment of the University, the total sum for this purpose now standing at over £76,000. During the year 1899 volumes had been added to the library by purchase, 310 of these being periodicals, while about 1,035 volumes and 990 parts of volumes and pamphlets had been presented.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE Lord Lieutenant will be present at the annual charter dinner of the Royal College of Surgeons in Ireland to be held at the College on Saturday, February 13th. As the accommodation will be limited, Fellows desirous of being present are requested to send their names and those of any guests to the Registrar.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed the Primary Examination, Part II, as undernoted:

Anatomy.—A. J. K. Brayton, Liverpool; F. H. W. Brewer, St. Bartholomew's Hospital; F. M. Cunningham, Royal Free Hospital; H. J. Duske, St. Mary's Hospital; R. C. T. Evans, University College Hospital; J. C. Fletcher, Royal Free Hospital; M. S. Jevons, Royal Free Hospital: E. W. Lowry, St. Bartholomew's Hospital; J. M. Lynch, Cork; W. J. G. Gayton, London Hospital.

Physiology.—F. H. W. Brewer, St. Bartholomew's Hospital; H. J. Duske, St. Mary's Hospital; R. C. T. Evans, University College Hospital; M. S. Jevons, Royal Free Hospital; J. M. Lynch, Cork; H. W. Phillips, Manchester.

The following candidates have passed the Primary Examination, Part I, as undernoted:

Biology.—E. G. Brisco-Owen, Cardiff; A. Samuel, Cardiff; M. V. Webb, Royal Free Hospital.

Chemistry.—C. J. Wolfe, Edinburgh.

Materia Medica and Pharmacy.—J. M. Lynch, Cork; M. Rathbone, Royal Free Hospital.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 9,390 births and 5,968 deaths were registered during the week ending Saturday last, January 9th. The annual rate of mortality in these towns, which had been 17.8, 15.4, and 20.6 per 1,000, in the three preceding weeks, declined again last week to 20.4 per 1,000. The rates in the several towns ranged from 7.9 in Barrow-in-Furness, 10.5 in Bournemouth, 11.8 in Hastings, 12.0 in Smethwick, 12.2 in Handsworth, and 13.1 in Walthamstow and in Burton-on-Trent, to 24.1 in Salford, 24.6 in Manchester, 24.7 in Stockport, 25.6 in Brighton, 26.1 in Gateshead, 26.7 in Liverpool, 28.5 in Bury, 34.6 in Wallasey, 40.1 in Merthyr Tydfil, and 41.7 in Preston. In London the rate of mortality was 19.4 per 1,000, while it averaged 20.8 per 1,000 in the seventy-five large provincial 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 1.5 per 1,000, while in the seventy-five other large towns the rates ranged upwards to 3.5 in Willesden, 3.6 in Rotherham, in Newport (Mon.) and in Merthyr Tydfil, 3.8 in West Hartlepool and in Rhondda, 4.4 in Gateshead, 5.4 in Bury, and 7.3 in Preston. Measles caused a death-rate of 2.0 in Blackburn, 2.3 in West Hartlepool, 2.7 in Bury and Rotherham, 2.8 in Willesden, and 5.9 in Preston; scarlet fever of 1.7 in Bootle; diphtheria of 1.1 in Northampton, 1.3 in East Ham, 1.4 in Plymouth, and 1.8 in Bury; whooping-cough of 1.2 in Liverpool, 1.3 in Aston Manor, 1.4 in Leyton and in Devonport, 1.5 in Warrington and West Hartlepool, 1.7 in Rhondda, 1.8 in Rochdale, and 3.5 in Gateshead; and diarrhoea of 2.2 in Merthyr Tydfil. The mortality from "fever" showed no marked excess in any of the large towns. Of the 5 fatal cases of small-pox registered in these towns last week, 1 occurred in Warrington, 1 in Halifax, 1 in York, 1 in Sunderland, and 1 in Gateshead. The Metropolitan Asylums Hospitals contained 26 small-pox patients at the end of last week, against 26, 27, and 26 at the end of the three preceding weeks; 6 new cases were admitted during the week, against 6, 7, and 4 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 1,655, 1,617, and 1,632 on the three preceding Saturdays, had risen again to 1,659 on Saturday last, January 9th; 201 new cases were admitted during the week, against 188, 142, and 194 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, January 9th, 1,111 births and 768 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality, which had been 20.9, 20.8, and 21.7 per 1,000 in the three preceding weeks, further rose last week to 23.2 per 1,000, and was 2.8 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the rates ranged from 17.5 in Leith and 19.9 in Paisley, to 24.8 in Glasgow and 46.2 in Perth. The death-rate from the principal infectious diseases averaged 1.6 per 1,000, the highest rates being recorded in Glasgow and Perth. The 379 deaths registered in Glasgow included 3 which were referred to small-pox, 12 to measles, 2 to diphtheria, 3 to whooping-cough, and 10 to diarrhoea. Three fatal cases of whooping-cough were recorded in Dundee; 4 of whooping-cough and 2 of diarrhoea in Aberdeen; and 2 of whooping-cough both in Paisley and in Leith.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, January 9th, 520 births and 485 deaths were registered in six of the principal Irish towns, against 583 births and 510 deaths in the preceding period. The mean annual death-rate of these towns, which had been 27.5, 15.6, and 29.7 per 1,000 in the three preceding weeks, fell to 26.1 per 1,000 in the week under notice, this figure being 5.7 per 1,000 above the mean annual rate in the seventy-six English towns during the corresponding period. The figures ranged from 16.4 in Londonderry and 21.4 in Waterford to 31.4 in Limerick and 31.5 in Cork. The death-rates from the principal zymotic diseases during the same period averaged in the same six towns 1.8 per 1,000, against 2.2 in the preceding week, the highest rates, 3.1 and 3.2, being recorded in Belfast and Cork respectively, while Londonderry and Waterford recorded no death under this heading at all. Whooping-cough was again the principal cause of death from zymotic disease, while measles caused 3 deaths in Belfast and 2 in Dublin. In the latter there were also 5 deaths from enteric and 3 from scarlet fever.

SMALL-POX EPIDEMIC OF 1901-2 IN LONDON.

WE find in the *Sanitary Record* some interesting notes by Dr. F. J. Waldo on the late small-pox epidemic in London. They give the impressions produced by perusal of various reports on the subject—by Dr. Shirley Murphy, Dr. Collingridge, the metropolitan medical officers of health, and the Local Government Board. The greatly-diminished prevalence of the disease in modern times, says Dr. Waldo, "stands as an eternal monument of the virtue of the empirical method in practical medicine, for Jenner's great discovery of vaccination ..... was arrived at long before the theory of immunization rested on any scientific basis." Though small-pox outbreaks are now as nothing to what they were in former days, the interest which they excite is unabated, so that "the minds of a host of competent observers become focussed at once with the utmost keenness and critical sagacity upon any large epidemic." After briefly noting the course taken by the epidemic, Dr. Waldo goes on to express his agreement with Dr. Sykes, Medical Officer of Health St. Pancras, in his two propositions, that the decrease of small-pox in London subsequent to 1885 was largely due to the removal out of London of the great small-pox hospitals of the Metropolitan Asylums Board assisted by other agencies, and that its increased prevalence in 1900-2 was owing to the gradual accumulation of susceptible persons to such an extent as to outweigh the benefits of the removal of the hospital centres of infection. Reference is also made to Dr. Thresh's investigation of small-pox prevalence at Purfleet on the Thames, opposite the small-pox ships, and to the explanation of the large percentage of mistaken diagnoses met with by Dr. Ricketts at the wharves. The differentation which small-pox always makes between the vaccinated and unvaccinated is summarized in a quotation relative to the Asylums Board's statistics for 1901: "Once more, therefore, the two-fold benefit of vaccination is made manifest. It greatly diminishes the liability to attack by small-pox, and it greatly diminishes the fatality-rate among the attacked, and this double benefit is most manifest in the years which are least distant from the time of performance of the protective operation.' Dr. Waldo's brightly-written article concludes as follows: "The outbreak has been interesting for various reasons. First of all it has shown how small-pox is always waiting at our gates ready to rush in at the first opportunity and fasten on that part of the community which is unprotected by vaccination. It has furnished the public with a valuable object-lesson in the proper way of dealing with infectious disease. By creating a wholesale panic in favour of vaccination it did more to defeat the anti-vaccination tactics than could have been brought about by years of argument. On the other hand, it has served to confirm the view that scientific medicine must trust mainly to preventive measures in the fight against small-pox. New remedies for the disease have been few and tentative, and thus far no one appears to have seriously contemplated the question of a curative serum."

MAGISTERIAL ACTION IN REFERENCE TO LUNATICS.

A CORRESPONDENT questions the accuracy of the reply to "Lex" which appeared in the BRITISH MEDICAL JOURNAL of January 2nd, p. 58. He says that it may be contrary to the spirit of the Lunacy Act for the medical practitioners who are partners to certify the lunacy of the same patient for detention under the Act, but that such certification is not contrary to the provisions of the Act, and he quotes Section XIII, Subsection 2, in support of his opinion, the words he relies upon being as follows: "Any such justice.....shall direct and authorize any two medical practitioners whom he thinks fit to visit and examine the alleged lunatic, and to certify their opinion as to his mental state," etc. Our correspondent says he sees nothing to prevent two medical partners certifying the same patient.

*** This is certainly prohibited by Section XXXII, Subsection 2, of the

Act, which is as follows: "Neither of the persons signing the medical certificates in support of a petition for a reception order shall be the father or father-in-law, mother or mother-in-law, son or son-in-law, daughter or daughter-in-law, brother or brother-in-law, sister or sister-in-law, or the partner or assistant of the other of them." We apprehend that with this strict prohibition no justice would think fit to call to his assistance two partners to certify the mental condition of any patient for detention as a lunatic, but even if he should do so the case would not be advanced by any such injudicious action, as subsequent detention as a lunatic on such certification would unmistakably be illegal, and would subject all parties concerned in the certification to more or less serious consequences for not having strictly complied with the provisions of the Act in question.

RATE-AID FOR HOSPITALS.

THE following is the text of the letter addressed by the Local Government Board to the Tottenham Urban District Council, to which attention was called in these columns last week:

Local Government Board,
Whitehall, S.W.,
November 26th, 1903.

Sir,—I am directed by the Local Government Board to acknowledge the receipt of your letter of the 18th inst., with reference to a proposal of the Tottenham Urban District Council to contribute to the funds of a general hospital situated in their district; and, in reply, I am to state that it appears to the Board to be competent to the District Council to make a contribution to the funds of an established hospital in pursuance of an agreement with a view to obtaining the benefits indicated in Section CXXXI of the Public Health Act, 1875.

I am, Sir, your obedient servant,
(Signed) JOHN LITHIBY,
Assistant Secretary.

The Clerk to the Urban District Council, Tottenham.

CUBIC SPACE IN HOSPITALS.

ENQUIRER asks (1) whether in an isolation hospital for diphtheria and scarlet fever we should consider a cubic space per patient (child or adult) of 1,134 cubic feet sufficient. (2) He also asks whether, if in a hospital having only 1,134 cubic feet per patient the results were apparently as good as in other isolation hospitals, this would constitute sufficient ground for not increasing the cubic space.

*** We must refer our correspondent to the memorandum of the Local Government Board on Hospitals, which states that "ward space for each patient should approach, as nearly as circumstances allow, to 2,000 cubic feet and 144 square feet of floor space." No distinction is made in this memorandum between children and adults, and none ought in our opinion to be made. It would not be necessary to take into account the space occupied by the bedstead and furniture if the above standard were adopted. (2) We should wish to investigate "results apparently as good" before crediting them. It is conceivable, however, that even better results might be obtained in such a hospital well administered than in a hospital badly administered with double the cubic space per patient. But abundant cubic space favours good administration and proper distribution of patients, and should be had. Enquirer might write to the governing bodies of each of the hospitals named by him for particulars as to their cubic space.

THE THAMES SMALL-POX SHIPS.

THE new permanent small-pox hospital for London at Joyce Green, Dartford, will be opened this month, and as the hospital ships will no longer be required they are to be sold. Some members of the Board suggested that it would be better to burn the ships in view of the possibility of spreading infection. The Chairman, Sir Robert Hensley, said that on a former occasion a small pox ship was, after disinfection by the medical officer of health for the Port of London, broken up without a single case of small-pox arising in consequence.

INDIA AND THE COLONIES.

LAGOS.

Vaccination in Yorubaland.—The Board of Health of the Colony of Lagos has recently been considering a memorandum drawn up by the Governor, Sir William McGregor, M.D., with reference to small-pox in Yorubaland, which is the mainland opposite the island of Lagos, and the introduction of a scheme of vaccination. It was shewn that small-pox decimated the native towns in the interior at intervals, and a scheme was propounded by which it was hoped to get the native population efficiently protected at a cost of £3,000 a year for the first ten years. It entails the addition to the medical staff of another medical officer to act as inspection officer, while the vaccination itself will be carried out by trained natives paid partly by salary and partly by results. Each member of the Board presented his criticism of the scheme in writing, and as in the main these criticisms were entirely favourable to it, it is to be supposed that the plan will be put into practice unless the Home Government refuses to sanction the additional expenditure—an unlikely contingency.

CAPE COLONY.

The Health of Capetown.—The second annual report of Dr. Jasper Anderson on the health of the City of Capetown is for the year ending June 30th, 1903. A "rough census" taken in 1902 showed the population to be approximately 64,192. The birth-rate of all classes, European and coloured, was 39.22, and the death-rate for all classes 31.29. The death-rate amongst the Europeans was 17.28, and amongst the coloured population 50.83. The infant death-rate amongst Europeans was 168.2 per 1,000 births, whilst among the coloured people it reached the exceptional figure of 309 8. Measles, consumption, and enteritis appear to have been the chief causes of those high figures. There also appears to be in Capetown a large amount of mismanagement and bad feeding of infants, and the medical officer seems abundantly justified in his plea for some legislation for the protection of infant life. He also advocated the notification of measles. The phthisis death-rate amongst Europeans is 2.22, nos higher than prevails in certain sanitary districts in England, but amongst the coloured population the rate is enormous, 11.6 per 1,000. Nor is this due, as Dr. Anderson makes clear, to the importation of persons already suffering from the disease. Out of 162 such deaths investigated, only 15 had been in Capetown less than a year, 24 had been there more than five years, and 102 were born there. These figures dispel the idea which has been somewhat widely quoted that the high consumption death-rate in Capetown is due to imported cases. Compulsory notification has now been adopted. Happily the city has been free from plague, though owing to its occurrence in the South African Colonies and the presence of the port the disease may be introduced at any time. One case came to the port in March, but the infection did not spread. Enteric fever has been prevalent on more than one occasion and appears to have been spread by consumption of specifically infected food (milk, ice cream, and aërated waters).

MEDICAL NEWS.

The Food Test Commission, appointed by the United States Government, has reported that the use of salicylic acid in food is seriously injurious to health.

DR. ALICE N. V. JOHNSON has been selected by the Lambeth Guardians from among fifty-five applicants for the post of medical officer to the Board Schools at West Norwood. The schools accommodate 500 children.

THERE is a vacancy for a medical officer under the Sanitary, Maritime and Quarantine Board of Egypt. The salary is Fr.8,000 rising to Fr.12,000 Further particulars can be obtained on application to Dr. Armand Ruffer, Chairman of the Board, Alexandria.

HAMPSHIRE HOME FOR EPILEPTICS.—The county of Hampshire has recently been provided, through the munificence of Mr. J. Martineau, with a home for its epileptics. The National Society for the Employment of Epileptics has received from Mr. Martineau the sum of £4,000, being the estimated cost of erecting and fully equipping a home for 24 patients at the Chalfont Colony for Epileptics, the legal documents having been transferred to the Hampshire Quarter Sessions. The home, which is to be known as Hampshire House, is to be reserved in perpetuity for the benefit of Hampshire patients.

FRENCH CONGRESS OF CLIMATOTHERAPY.—The first meeting of the French Congress of Climatotherapy will be held at Nice, during the Easter vacation, from April 4th to 9th, 1904, under the presidency of Professor Chantemesse. The vice-presidents are: Professor Renaut (Lyon), Professor Grasset (Montpellier), Professor Calmette (Lille), Dr. Balestre (Nice). The members of the executive committee for England are: Dr. G. H. Brandt, Nice; Dr. Johnston Lavis, Beaulieu; Dr. MacDougall, Cannes; Dr. Price Mitchell, Monte Carlo; Dr. Stanley Rendall, Mentone. The following subjects are proposed for discussion: (1) The climate of the French Mediterranean coast; (2) the adaptation of the individual to climate; (3) the influence of the French Mediterranean coast climate on tuberculosis and tuberculous patients; (4) the influence of climate on the French Mediterranean coast on rheumatism and on those subject to rheumatism; (5) the disinfection of towns. Travelling facilities in France and abroad will be granted to members of the Congress and their families. The hotel prices at Nice will be reduced in their favour. Full particulars may be obtained from the General Secretary, Dr. Herard de Besse, Beaulieu-sur-Mer.

MALARIA IN CORSICA.—At a recent meeting of the Paris Academy of Medicine Professor Laveran presented a report by Dr. Battesti, of Bastia, on the work of the Corsican Anti-malaria League, of which he is President, during 1903. The campaign was carried on with great activity. The new doctrine as to the causation of malaria was sedulously diffused among the people with the help of the teachers in the public schools, and suitable prophylactic measures were employed in a large number of places where malaria had hitherto been prevalent. The use of mechanical means for the exclusion of mosquitos from dwellings had given very satisfactory results. Whereas, in houses not thus protected malarial fever occurred in from 57 to 60 per cent. of the inhabitants, in those in which the safeguards were properly used, not a single person previously free from the disease was attacked. In dwellings only partially protected, the proportion of persons attacked was 10.5 per cent.

HOSPITALS IN THE UNITED STATES.—A recent issue of the American *National Hospital Record* contains an article showing the increase in the number of hospitals in the United States since 1878. Twenty-five years ago there were but 442 institutions of this kind in the United States; now, according to the figures given by the periodical quoted, there are 2,500 hospitals, or, if all institutions providing hospital care are included, about 4,000. The 2,500 hospitals have a total bed capacity of over 300,000, or about one bed to 350 inhabitants. Both in the total number and in the number relative to population New York heads the list with 350 institutions, having a bed capacity of 75,000, or one bed to every 100 inhabitants. California stands next with 125 institutions, and 12,000 beds, or one bed to every 125. Next comes Massachusetts, with one bed to every 150; then follows Washington, with one bed to every 175 persons. Lowest on the list is Georgia, with 35 small hospitals and one bed to every 1,500 people. North Carolina, South Carolina, Arkansas, Alabama, Tennessee, and the other Southern States are poor in hospital facilities; the Western States are generally well supplied. Illinois, with 200 institutions and one bed for every 200 people, is an average State—better provided for than Pennsylvania and Missouri, and not quite the equal of Ohio and Maryland.

PRESENTATION.—On December 22nd, 1903, on the occasion of his leaving Nantgaredig, Carmarthenshire, to take up a post in another county, Dr. S. Glanville Morris, Honorary Secretary of the West Wales Division of the South Wales Branch of the British Medical Association, was presented, at an enthusiastic meeting of the inhabitants of a widely-spread district, with an illuminated address testifying to the high appreciation and admiration which his nine years' work among them had excited, not only as the family doctor but also as medical officer of health, Poor-law medical officer, public vaccinator, and ambulance lecturer under the County Council, and to the affection he had inspired by his social qualities. At the same time Dr. Morris was presented with a marble clock and gold watch, Mrs. Morris with a silver afternoon tea set and a silver tray and Miss Morris with a gold watch. Colonel Gwynne Hughes, chairman of the meeting, in making the presentation said that it had often been remarked that presentations and addresses were sometimes given on too slight grounds—the simple performance of duty being the pretext, but the country parish doctors who in all weathers, in pelting rain and driven snow and often with their lives in their hands ably and conscientiously discharged their duty deserved not only substantial thanks but often admiration.

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.

AYLESBURY: ROYAL BUCKINGHAMSHIRE HOSPITAL.—House-Surgeon; resident. Salary, £100, rising to £120 per annum.

BETHNAL GREEN INFIRMARY.—Assistant Medical Officer; resident. Salary at the rate of £100 per annum.

BRADFORD POOR-LAW UNION.—Assistant Medical Officer for Hospital and Workhouse; resident. Salary, £125 per annum.

CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—Clinical Assistant.

CHELTENHAM GENERAL HOSPITAL.—House-Surgeon; resident. Salary, £80 per annum.

DUBLIN: DR. STEEVENS'S HOSPITAL.—(1) Assistant Physician. (2) Assistant Surgeon. (3) Anaesthetist.

EXETER: ROYAL DEVON AND EXETER HOSPITAL.—Assistant House-Surgeon; resident. Salary, £60 per annum.

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

HULL ROYAL INFIRMARY.—Fourth House-Surgeon; resident. Salary, £50 per annum.

LEEDS GENERAL INFIRMARY.—Ophthalmic and Aural House-Surgeon; resident.

LEICESTER INFIRMARY.—Assistant House-Surgeon; resident. Salary, £80 per annum.

LIVERPOOL: DAVID LEWIS NORTHERN HOSPITAL.—Assistant House-Surgeon resident. Salary, £70 per annum.

LIVERPOOL DISPENSARIES.—Head Surgeon; resident. Salary, £200 per annum.

METROPOLITAN ASYLUMS BOARD.—Medical Superintendent of the Training School and Industrial Colony at Darenth Asylum. Salary, £600 per annum, rising to £800.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.—Registrar. Honorarium, £50 per annum.

NORTH STAFFORDSHIRE INFIRMARY, Hartshill, Stoke-on-Trent.—Assistant House-Surgeon; resident. Honorarium, £25 for six months.

ROCHDALE INFIRMARY.—Resident Medical Officer. Salary, £100 per annum.

WESTMINSTER GENERAL DISPENSARY, Gerrard Street, W.—Honorary Surgeon.

VICTORIA HOSPITAL FOR CHILDREN, Tite Street, S.W.—House-Surgeon; resident. Honorarium, £25 for six months.

WOLVERHAMPTON EYE INFIRMARY.—House-Surgeon; resident. Salary, £70 per annum.

YORK COUNTY HOSPITAL.—House-Physician; resident. Salary, £100 per annum.

MEDICAL APPOINTMENTS.

ARMSTRONG, W. G., M.B., Ch.M.Syd., Lecturer on Public Health at the University of Sydney. *vice* W. H. Goode, M.D.Dub., deceased.

BARKER, F. J., M.B., C.M., Clinical Assistant to the Chelsea Hospital for Women.

BARWELL, Harold, M.B.Lond., F.R.C.S.Eng., Assistant Surgeon to the Metropolitan Ear, Nose, and Throat Hospital, Grafton Street, Fitzroy Square.

BENNETT, N., M.D.Durh., District Medical Officer of the Newcastle-upon-Tyne Union.

DAVIES, W. J., M.R.C.S., L.R.C.P., Assistant Medical Officer, Gordon Road Workhouse of the Camberwell Parish.

EMANUEL, J. G., M.D., B.S., B.Sc.Lond., M.B., Ch.B.Birm., M.R.C.P.Lond., Physician to Out-patients at the Birmingham and Midland Free Hospital for Sick Children.

FAGGE, R. H., M.R.C.S., L.R.C.P., District Medical Officer of the Melton Mowbray Union.

GARBUTT, R. H. O., L.R.C.P. & S.Edin., District Medical Officer of the Weardale Union.

HUNGERFORD, L. M. T., M.R.C.S., District Medical Officer at Perth, West Australia, *vice* A. J. H. Saw, M.D.Camb., resigned.

HOOD, A. J., M.B., Ch.M.Glasg., Visiting Medical Officer to the New South Wales Lunatic Asylum, *vice* W. H. Goode, M.D.Dub., deceased.

JOHNS, C. P., M.R.C.S., L.R.C.P., Senior Medical Omcer of the St. Pancras Parish Workhouse.

JOHNSON, Alice Vowe, F.R.C.S.I., D.P.H.Camb., Medical Officer to the Lambeth Poor-law Schools.

LEEDHAM-GREEN, Charles, M.B., F.R.C.S., Honorary Surgeon to the Birmingham Children's Hospital.

MCDOUALL, H. C., M.R.C.S.Eng., L.R.C.P.Lond., Acting Medical Superintendent at the Hospital for Insane, Collan Park, Sydney, *vice* Chisholm Ross, M.D.Syd.

MACKENZIE, G. E., M.B.Toronto, Clinical Assistant to the Chelsea Hospital for Women.

MACMILLAN, J. G., M.B., Ch.M.Edin., Health Officer to the Kalgoorlie and Boulder District Board of Health.

MUDIE, R. F., M.B., C.M.Edin., Certifying Factory Surgeon for the Ladybank District, County Fife.

NORMAN, R. H., M.D.Lond., B.S., M.R.C.S., L.R.C.P., Assistant Anaesthetist, Great Northern Central Hospital.

PRICE, D., M.B.Lond., Certifying Factory Surgeon for the Works of Messrs. Boyd and Co., Castle Cary, county Somerset.

STAMM, L. E., M.D., B.A., B.Sc., Medical Officer to the British Home and Hospital for Incurables, Streatham Common, S.W.

THOMPSON, W. F., M.D.Edin., Medical Officer and Public Vaccinator for the No. District of the Launcestou Union.

WESTCOTT, Wynn Martyn, M.R.C.S.Eng., L.R.C.P.Lond., Resident Assistant Medical Officer, Heigham Hall Asylum, Norwich.

WOODWARD, E. A., M.B., C.M.Edin., Government Medical Officer and Vaccinator at Wyalong, New South Wales.

YOUNG, H. C. Taylor, C.M., M.D.Glasg., Honorary Assistant Gynaecological Surgeon to the Royal Prince Alfred Hospital, Sydney, New south Wales.

DIARY FOR NEXT WEEK.

TUESDAY.

Therapeutical Society, Apothecaries' Hall, Water Lane, Blackfriars, 4 p.m.—Agenda:—Professor Farmer: Some Recent Investigations on Cancer. Dr. T. W. Kelynack: On Some Points in the Hygienic Treatment of Pulmonary Tuberculosis. Dr. Gray Duncanson: On the Therapeutic Value of Suprarenal Gland Products.

Pathological Society of London, 20, Hanover Square, W., 8.30 p.m.—Dr. Eyre: Nutrose Agar. Dr. K. W. Monsarrat: On the Morphology of an Organism associated with Carcinoma Mammae and its Relationship to the Etiology of the Disease. Dr. Leonard Dudgeon: A Case of Emphysematous Gangrene. Professor Hewlett: Note on a Method of Examining Water for B. enteritidis sporogenes.

WEDNESDAY.

British Balneological and Climatological Society, 20, Hanover Square, W., 8.30 p.m.—Dr. W. S. Hedley: On Physical Therapeusis.

FRIDAY.

Clinical Society of London, 20, Hanover Square, W., 8 p.m.—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.

Charing Cross Hospital, Thursday, 4 p.m.—Demonstration of Gynaecological Cases.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Lecture on Diphtherial Paralysis and its After-Effects.

London Temperance Hospital, Hampstead Road, N.W., Wednesday, 4 p.m.—Lecture on Diseases of the Stomach.

Medical Graduates' College and Polyclinic, 22, Chenies Street, W.C.—Demonstrations will be given at 4 p.m. as follows: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Ear. Lectures will be delivered at 5.15 p.m. as follows: Monday, Mediastinal Tumours; Tuesday, Some Common Errors in the Diagnosis and Treatment of Ear Diseases; Wednesday, Infant Feeding; Thursday, Errors of Refraction, their Diagnosis and Treatment.

Mount Vernon Hospital for Consumption and Diseases of the Chest, 7, Fitzroy Square, W., Thursday, 5 p.m.—Lecture on Pulmonary Cavities.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C.—Lectures will be delivered at 3.30 p.m. as follows: Tuesday, Hemiplegia; Friday, Family and Hereditary Disease.

North East London Post-Graduate College, Tottenham, N., Thursday, 4.30 p.m.—Lecture on Abdominal Surgery.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Diseases of the Kidneys; Tuesday, General Remarks on Dislocations and Sprains; Wednesday, Practical Medicine; Thursday, Diseases of the Kidney; Friday, Some Surgical Cases.

Samaritan Free Hospital for Women, Marylebone Road, N.W., Thursday, 3 p.m.—Lecture on Extrauterine Fetation.

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.

CHAMBERS.—At Maclean Town, Cape Colony, on December 3rd, 1903, the wife of T. Stewart Chambers, F.R.C.S.Edin., etc., of a son.

CHIENE.—At 23, Alva Street, Edinburgh, on January 2nd, the wife of George L. Chiene, F.R.C.S.Edin., of a son.

COPEMAN.—On January 9th, 1904, at 57, Redcliffe Gardens, S.W., the wife of S. Monckton Copeman, M.D., F.R.S., of a daughter.

HANLEY.—At Rawal Pindi, Punjab, on December 11th, 1903, the wife of Major R. G. Hanley, R.A.M.C., of a son.

MARRIAGE.

PLAYFAIR—LEIGHTON.—On January 11th, at St. Andrews, N.B., by the Rev. Canon Winter, Ernest Playfair, M.B., M.R.C.P., son of the late Sir R. Lambert Playfair, K.C.M.G., to Harriet, daughter of the late Henry Forester Leighton, and granddaughter of the late John Hall Maxwell, C.B., of Dargavel.

DEATHS.

HUNTER.—On December 28th, at his residence, 146, Lavender Hill, S.W., after a short illness, Frederick Hunter, M.R.C.S., L.R.C.P., etc., the loving and dearly-beloved husband of Caroline Ida Hunter. Deeply regretted. Sadly missed.

SAUNDERS.—On January 3rd, at Nice, Charles Edward Saunders, M.D., M.R.C.P., D.P.H., late Medical Superintendent, Sussex County Asylum, Hayward's Heath.

WALKER.—On December 6th, 1903, at Las Acacias, Durazno, Uruguay, South America, Blanche, second daughter of Dr. H. J. Walker, in her 8th year. Deeply lamented.

WILSON.—At 338, Oxford Road, Manchester, on January 11th, suddenly, as the result of an accident, Mary Louise Barker, wife of Alexander Wilson, F.R.C.S., and daughter of the late Richard Watts Barker, of St. Martin's-at-Palace, Norwich.