

## MEMORANDA:

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

SOME CLINICAL FEATURES ASSOCIATED WITH  
GUINEA-WORM.

A MAN comes to hospital with urticaria over his limbs and perhaps all over his body. He has a "puffy" face and frequently a rash—papular or only erythematous—and sometimes oedema of the eyelids. Simultaneously epigastric pain accompanied by vomiting comes on spasmodically. The only preceding symptom has been itching and tingling; the bowels have been acting well; no food of an indigestible character has been partaken of, and the vomit does not contain evidence of such; in short, there is no apparent cause for the urticaria.

The temperature is at this stage normal first, but very soon becomes about a degree subnormal, and is then accompanied by marked dyspnoea, irregular feeble pulse, and "muffled" heart sounds at both apex and base. Presently the vomiting ceases and at the same time the urticarial weals become less apparent and the acute symptoms generally diminish, but the "puffiness" of the face remains; the heart sounds are still "muffled." Within a few hours the temperature has risen to nearly three degrees above normal. Either at this period or from the very onset there is frequently noticed oedema over the front of both tibiae, or of only one, perhaps.

There is no anaesthesia, nor are there are paretic symptoms anywhere. The heart sounds are normal now, the pulse normal, urine normal, and no feeling of *malaise* or headache as a rule (in spite of the pyrexia). The skin is generally desquamating on the upper and lower extremities.

A guinea-worm is very soon evident locally (perhaps at the onset it had been already noticed as a small localized "firmness" in the tissues of the leg).

All symptoms disappear in a few days from now, except the oedema of the legs and the abnormal temperature—the former persisting indefinitely (now in one leg, now in the other), and the latter (which had generally reached its maximum at about midnight) subsiding gradually with the oedema.

As the oedema subsides, the temperature tends to become subnormal, so that with the disappearance of the oedema the temperature may be as low as 96° at midnight, and about normal during the daytime (morning and afternoon).

The oedema and the abnormal temperatures persist even after the guinea-worm—if one has been present—has been completely got rid of.

Faizabad, Oudh.

D. C. KEMP, I.M.S.

## A CASE OF LAND SCURVY.

THE following case seems worthy of notice as land scurvy is so rare in this country.

Some weeks ago I was called to see a well-to-do old lady of 78, who was said to have sprained her left ankle six weeks before. There was no clear history of a twist, but it was supposed that the condition could be accounted for in no other way. The ankle was swollen, and there was a good deal of recent subcutaneous haemorrhage about the joint. On the outer side of the leg, just below the head of the fibula, were three blotches of greenish-yellow discoloration, resembling bruises made by finger tips. The patient remarked that during the last few days the right ankle had become swollen and discoloured, and on examination a similar condition was seen, though not so extensive as on the left ankle. Her temperature and pulse-rate were normal; her complexion though pale was apparently natural; the tongue was clean but her breath was very offensive; the urine was normal and the bowels said to be regular. The gums were normal and edentulous except in five scattered places, where some yellow senile teeth remained. Around these teeth the gums were swollen, dark red, and spongy. This state of affairs in the mouth had existed for some months. There was no history of haemorrhages from any mucous membranes. Her diet for the last nine months, owing to a fright caused by an accident in deglutition, had been almost purely liquid and devoid of fresh vegetables. Breakfast was composed of cocoa made with a little milk, said to be fresh and unboiled. A dry plain biscuit was nibbled at the same meal. Dinner consisted of clear soup made with meat and strained. Tea was similar to breakfast and supper to dinner; no vegetables had been used for many months.

She was ordered an antiscorbutic diet, namely, fresh vegetables and various fruits, and at my next visit, a week later, I found her improving. Unfortunately, no thorough examination of her body could be made, as she was an old maid with prejudices against a *locum*, so it cannot be stated whether there were other haemorrhages about her body, and for the same reason the subsequent history of the case cannot be given.

Starbeck, Yorkshire.

J. W. MALIM.

## HAEMOPHILIA IN A FEMALE CHILD.

HAEMOPHILIA, as a general rule, is transmitted through the female members of a family to their male descendants, though the mothers themselves may never have shown any exceptional tendency to bleeding. The opposite condition of affairs was the interesting feature in the following case, and hence my excuse for putting it on record.

F. H., a female child, aged 11 months, was admitted into the East London Hospital for Children, Shadwell, E., on September 7th, 1901. About four weeks previous to admission she had measles, from which she had completely recovered, and about three weeks later bruises developed on the right wrist, the lower part of her back, and on both legs. Three days before admission the patient fell off a chair, and cut her gum, and since then she has been continuously bleeding from the wound. There had been no diarrhoea, but the stools were quite black. She vomited blood several times. Nothing peculiar was noticed about the urine. The patient was a breast-fed child. There was no history of any other previous illness, and she never had bruises before.

*Family History.*—The father and mother were quite healthy; there was one other child in the family who was quite healthy. The mother had had three miscarriages. The grandmother and two aunts on the father's side had been "bleeders;" the grandfather had died of phthisis. Both parents on the mother's side had been perfectly healthy.

*Condition on Admission.*—The patient was well nourished, but she was very pale and bloodless; she was very restless. Respirations were short and 44 to the minute; pulse soft and 144. The tongue was rather dry. Blood was continuously oozing from the gum opposite the right upper central incisor tooth; there was a slight wound of the mucous membrane at this point. The throat was healthy. The heart and lungs were natural. The abdomen was rather distended. There was no blood in the urine. On the outer side of the right leg there were several bruises, as also on both arms. For about thirty-six hours after admission the haemorrhage continued in spite of various local applications—ice, tinct. ferri perchlor., and a solution of suprarenal extract. The patient's condition became extremely serious, the pulse was scarcely perceptible at the wrist, the temperature went up to 102°, and the restlessness became more marked, so that the patient had had no sleep since admission. Several stools were passed containing dark altered blood. Eventually the bleeding ceased, the patient made a good recovery, and was discharged on the 22nd of the same month.

I am indebted to Dr. J. A. Coultis, under whose care the patient was, for kind permission to publish this case.

P. STANLEY BLAKER, M.R.C.S., L.R.C.P. Lond.,  
Late Resident Medical Officer, Children's Hospital,  
Shadwell, E.

## CASE OF POISONING FROM ATROPINE EYE DROPS.

ABOUT 9 p.m., on October 14th, 1903, I was called to see S. C., a boy 7 years old, who was said to be delirious. I found him in bed, talking rapidly and incessantly, frequently smiling to himself and now and then laughing outright. He was continually tossing about in the bed, occasionally sitting up and looking round the room as if frightened at something he saw. His face was flushed and his eyes were unusually bright. Every now and then he picked at the bedclothes with his hands as if gathering something. But he seemed to know me, and answered my questions, explaining that he was gathering strawberries which were growing on the bedclothes. His temperature was 100.2°, and his pulse 96. There was no rash or sore throat. His pupils were moderately dilated and insensitive to light.

I was told that he had been well until that afternoon, when he had complained of giddiness and dryness of the throat, and had seemed strange in his talk. In the evening these symptoms had increased, and he was unable to swallow except with difficulty, and was very unsteady on his feet. He began to talk of seeing things—in fact, had visual hallucinations—such as the strawberries already mentioned, strange men in the room, birds about the ceiling, and railway signal posts in the corners. He had occasional severe convulsive jerks of his arms and legs.

The symptoms suggested poisoning by belladonna, and I found he had had drops for the eyes prescribed by an ophthalmic surgeon for refraction purposes, consisting of 1 gr. of atropine sulphate in 2 drachms of water. One drop was to be dropped into the eyes three times a day, and had been begun the day before I saw him. The symptoms began to show them-

selves after the fifth instillation, and after the sixth assumed the characters that had alarmed the parents. I made careful experiments with the dropper which had been used (and used, I was assured, with great carefulness), and I found that it dropped a minim with very fair accuracy, so that, seeing both eyes were treated, a total of 12 minims of the drops had been used, equivalent to  $\frac{1}{10}$  gr. of atropine, and this was spread over a period of two days.

The symptoms became somewhat worse during the night, and persisted with but little alteration during the next day. There was no sleep, but the convulsions did not increase. During October 16th the symptoms gradually subsided, and on the 17th the patient was substantially well, although the pupils were still, perhaps even more, fully dilated.

The case seems unusual enough to be recorded, as I find there are not many published, and one does not expect such an apparently alarming condition to supervene on such a simple and usual procedure as the paralysis of accommodation in a child by an ordinary solution of atropine. Must there not have been some idiosyncratic susceptibility? One frequently meets with an intolerance of belladonna as an external application in the shape of plaster or liniment, but one does not see in such idiosyncrasy anything more than severe dermatitis of varying form, never in my experience typical constitutional symptoms, even though a raw absorbent surface has resulted from the applications.

Walthamstow.

C. H. WISE, M.D.

#### A RAPID METHOD OF PREPARING DRIGALSKI AND CONRAD'S MEDIUM FOR THE DIFFERENTIATION OF B. TYPHOSUS AND B. COLI COMMUNIS.

In the original account of the preparation of this medium the details are so lengthy that it is impossible to complete the process within the compass of a working day, and often two, or even three, days are required. On casting about for a short cut to the desired result I find that the following modification answers admirably:

To make a litre of the medium—

Take 10 grams Liebig's extract of meat (Lemco) and dissolve in 1 litre of water; heat to boiling.

Add 10 grams Witte's peptone,

10 grams neutrose,

3 grams NaCl

2.75 grams agar.

Steam in Koch's sterilizer for two hours.

Neutralize with pure  $\text{Na}_2\text{CO}_3$ .

Put in autoclave thirty minutes at  $115^\circ\text{C}$ .

Filter. (Filtration requires on an average forty-five minutes.)

Add to filtrate 100 c.cm. neutral litmus (Kubel and Tiemann's) which has been recently boiled and mixed with 15 grams lactose.

Neutralize with  $\text{Na}_2\text{CO}_3$ .

Add 2 c.cm. 10 per cent.  $\text{Na}_2\text{CO}_3$ .

10 c.cm. 1 per thousand crystal violet.

Sterilize in Koch's sterilizer (fifteen minutes).

Pour into large Petri dishes to depth of 2 mm.

The entire process is completed in three to four hours, and the volume turned out is just about a litre.

DAVID SOMMERVILLE, B.A., M.D., D.P.H.

State Medicine Laboratories, King's College, London.

#### CONGENITAL DISLOCATION OF THE KNEE WITH TALIPES CALCANEUS.

On April 24th, 1903, I attended the confinement of a woman who was delivered of a female child. The presentation was the normal cranial one; the labour was tedious and was finished with forceps. The child's left knee was found to be in a position of extreme hyperextension, displaced backwards, and it presented the features of the condition known as genu recurvatum. The presence of the patella was made out, though with difficulty on account of the looseness of the skin over the knee. The deformity was easily corrected, but when the support was withdrawn the knee assumed its former position. The right knee was normal; there was also present double talipes calcaneus.

There was no record of talipes in the family history of the parents, but it appeared a somewhat remarkable circumstance that the father—who at the age of 17 had received a severe injury to his right knee in a machinery accident, resulting in a flail-like joint—requires the continuous use of mechanical apparatus to enable him to use the right limb.

The treatment adopted was to keep the limb in a position of flexion by a suitable splint, and now, after the lapse of

eight months, the knee appears normal, and extension can be made without producing backward displacement.

In conclusion, it may be remarked that the term "dislocation" is not strictly applicable to a congenital condition like the one described; that it is rather a subluxation or backward displacement of the knee, due to contraction of the extensor muscles and to defect in the formation of the joint, and that this is probably brought about by the position of the child in utero, the limbs being packed in a position of extension along the ventral surface of the body instead of being flexed.

Glasgow.

GEORGE JUBB, M.D.

#### A FAMILY TREE.

THE accompanying table shows the causes of death in the family of a female patient I am now attending. My patient suffers from cancer of the rectum of the usual type, just within the reach of the finger, and also from ordinary internal haemorrhoids.

Grandfather, died old age.		Grandmother, died old age.	
Uncle died when old from ob- struction of bowels; opera- tion.	Father died from fistula-in-ano and piles.	Uncle died from piles and dis- ease of rectum.	Aunt died from stony cancer of breast.
Sister died; cancer of womb at 59.	Sister died; multiple cancers of breast at 60.	Brother died from disease of rectum, 71.	Brother died from cancer of rectum, 80.
Niece died from tumour in body.	Nephew alive; in- curable ulcer of leg.	Niece alive; in bed with something wrong.	Niece alive; severe piles.
			Daughter alive; uterine troubles, re- troflexion, piles.

The relationships all refer to the patient marked with the asterisk, and the information is just as supplied by her, and in many cases consequently not sufficiently definite, but even in the indefinite cases the cause of death is at least suggestive of malignancy.

The family history is, I think, remarkable both from the number of cases of malignant disease, and also from the large number in whom the rectum seemed to be the seat of some disease or other. It is also, of course, interesting as bearing upon the question of the inheritance of cancer.

Lincoln.

D. J. G. WATKINS.

#### CASE OF LABOUR IMPEDED BY FETAL BLADDER CYST.

THE following case is of interest on account of its rarity:

On January 12th, 1903, I was called to see Mrs. H. F., aged 31, who was in labour. She had had one child previously, now 1 year 7 months old, whose birth gave no trouble. The membranes had ruptured, and the presentation was vertex, second position, the os fully dilated. The head was very slow in coming down, yet there seemed to be plenty of room. Eventually about seven o'clock the head was delivered, but traction on it during pains failed to bring the rest of the child. Thinking the shoulders were possibly the cause of the difficulty I brought down the arms, the left one towards the maternal pubes. Considerable force now effected no delivery, and the abdomen was palpated to discover if possible the cause of delay. By this time the fetus was apparently dead. No second child could be made out, no other fetal heart heard, but the abdomen still remained very large. Nourishment was administered, and hot bottles, etc., applied. I sent for my partner, Mr. Eades, when chloroform was given, and the hand introduced into the uterus discovered the abdomen of the fetus to be of enormous proportions.

Dr. Herbert Brown was then sent for. On his arrival chloroform was again administered. He made an incision with a scalpel in the left side of the fetus through the diaphragm into the abdominal cavity, but not much fluid escaped, and extraction was still impossible. Simpson's perforator was then introduced into the wound and the opening enlarged. The hand was introduced into the abdominal cavity of the fetus, and a huge cyst was felt occupying the greater part of the abdomen. It appeared to be about the size of a football. This was torn through with the finger, and a large quantity of clear fluid was violently discharged. The fetus was then easily removed. There was no trouble with the placenta and membranes, and the uterus contracted firmly. An intrauterine douche of 1 in 4,000 perchloride was given.

The patient bore the manipulation exceedingly well, and maintained a good pulse and colour. On regaining consciousness she said she felt comfortable. The subsequent progress was perfectly normal.

An examination of the fetus was kindly made for me by Dr. Brown, from whom I have obtained the following notes:

"The cystic tumour referred to above was found to be an enormously dilated urinary bladder. The external genitals were imperfectly developed. The penis was very small, and buried in the subcutaneous tissue, only a small preputial fold being visible externally. Both testes were retained in the abdomen. There was no anus, the colon terminating blindly at the level of the sacral promontory. The vesical orifice of the urethra was found, and admitted a fine bristle; this could be passed along the very minute urethral canal as far as the glans, but the canal terminated here, and the glans was imperforate. The large quantity of fluid which distended the bladder evidently represented the entire urinary secretion of the fetus, and none had passed into the liquor amnii. No exact measurement of the amniotic fluid present could be obtained, as the membranes had ruptured before the patient was visited, but very little fluid escaped after extraction of the fetus. This appears to be of interest as indicating that most, at any rate, of this fluid is derived from the urinary secretion of the fetus."

Ipswich.

A. W. PATERSON, M.B., C.M.

**ESTIMATION OF THE SPECIFIC GRAVITY OF URINE.** If the quantity of urine is too small to float a urinometer, it is generally diluted with one, two, three, four, six or more volumes of water as required and the specific gravity taken in the usual way. The actual specific gravity of undiluted urine is obtained by multiplying the last two figures of the specific gravity of diluted urine by the number which represents dilution. This rule which is given in textbooks, no doubt answers very well when equal parts of urine and water are taken, but it does not hold good for other dilutions. In such cases it is necessary to multiply the last two figures of the specific gravity of diluted urine by the number which represents dilution and then add the number representing dilution to the product obtained. For example, if one part of urine be diluted with three parts of water and the specific gravity of the diluted urine be 1.004, then the specific gravity of undiluted urine will be 1.020 as shown:

$$(04 \times 4) + 4 = 20.$$

According to the old method the specific gravity in this case would come to 1.016 which is less approximate than the former and this can be easily verified by taking a sample of urine of a known specific gravity and making dilutions at will and noting the specific gravities obtained.

J. MALLANAH, M.D., D.P.H.,

Lecturer, School of Medicine, Hyderabad.

#### ADRENALIN IN PULMONARY HAEMOPTYSIS.

I NOTE that Graesser, as quoted in the EPITOME of the BRITISH MEDICAL JOURNAL of November 14th, 1903, has had good results with adrenalin in the treatment of haemorrhage in enteric fever and reports a case. I have been fortunate a few weeks ago with a case of haemoptysis in pulmonary tubercle: A young lady, aged 26, with a family history of phthisis had been under my care and undergoing the open-air treatment since January, 1903. Tubercle bacilli were found in the sputum in considerable numbers at first, and her right apex was affected and the usual physical signs were apparent. Her weight then was 9 st. 8 lb. She never had any haemoptysis. She did well, and on July 7th no tubercle bacilli could be found in the sputum. No active mischief was discovered at the right apex, and her weight had increased to 11 st. ½ lb. At the end of July she went away for change of air and came back again here early in September, and appeared to have benefited by the change.

On September 12th the patient went up to her bedroom at night, when she suddenly coughed up about three-quarters of a wineglassful of frothy blood. I gave her two 5-gr. tabloids of suprarenal gland (B. W. and Co.), and of course ordered the horizontal position with the head on a level with the body, and the usual iced drinks, etc.

Next morning she had considerable tickling in her throat and a good deal of coughing, and complained that she kept on tasting blood. On my arrival she had a bout of coughing, and brought up about a teaspoonful of blood. I then gave her 25 drops of solution adrenalin chloride 1 in 1,000 (Parke, Davis, and Co.) with two teaspoonfuls of water, and repeated

the dose again in the evening. My patient had no more haemoptysis, and is continuing to do well, although the cavity at the right apex from which the blood came is of course larger. There is now no active mischief going on. I may add that I examined the larynx, and found no ulceration that would have accounted for the bleeding, although during the first month of her illness (January, 1903) there was a slight ulceration, which, however, rather quickly answered to treatment locally and the open-air cure.

ARTHUR C. BIRD, M.R.C.S.Eng. L.R.C.P.Lond.

Sidmouth.

## REPORTS

ON

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

44TH GURKHA RIFLES REGIMENTAL HOSPITAL,  
SHILLONG, ASSAM.

EXCEPTIONAL CASE OF ENTERIC FEVER.

(By G. DENNE FRANKLIN, B.A., M.B., B.C.Cantab.,  
Lieutenant I.M.S.)

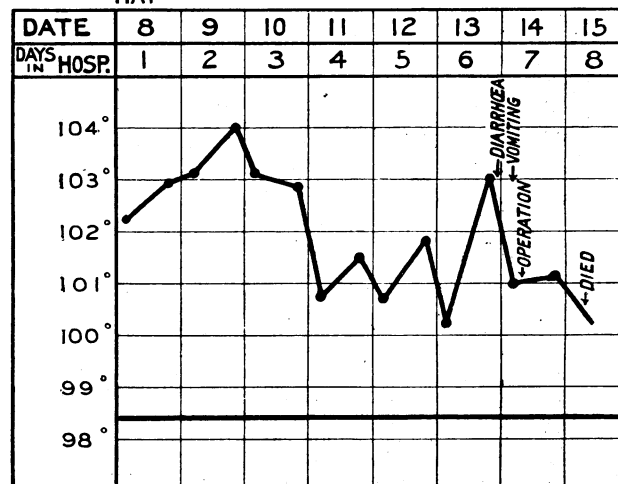
**History.**—Musician Badha Sing Pun, aged 20, with nine months' service, was admitted into hospital on May 8th, 1903. He had been in previously for two days in the middle of April of the same year. He was then suffering from a mild attack of dysentery. The stools at that time were few, but were typical of the disease, which is a common one among the Gurkhas here. With two full doses of ipecacuanha the stools became formed and normal in every way, and the man was sent back to duty.

**State on Admission.**—His temperature was 102°. His pulse was over 100, and of good tension and volume. His tongue was clean. There was no rash. His heart and lungs were normal. The abdomen was not distended, nor was it tender. The liver could not be felt. The spleen extended to 1 in. below the costal margin. It was moderately hard. The urine was normal. A stool passed shortly after admission was formed and normal. There was no headache or any cough.

**Diagnosis and Treatment.**—The case was considered to be one of chronic malarial fever, from bouts of which during the present rains Gurkhas are very prone to suffer, owing to the fact that they practically without exception are malarious when enlisted in Nepal. The slight enlargement of the spleen also added strength to this diagnosis. The patient was sent to bed and placed on a milk diet, quinine being administered.

**Progress.**—For the next five days the patient continued to suffer from fever, but apart from that there were no other abnormal symptoms. His stools were normal, and he was free from pain of any kind. The temperature remained fairly high, as can be seen from the accompanying chart; but the

MAY



possibility of enteric fever was negatived by the absence of

*To the Registered Medical Practitioners of England and Wales, Scotland, and Ireland.*

London, W., January, 1904.

Dear Sir or Madam,—The undersigned Committee of Distribution beg your kindly perusal of the petition printed on the next leaf, and venture to express the hope that you will append your signature thereto.

The object of the petition is to endeavour to secure that every child in our national schools shall obtain some instruction in the rudiments of the simpler rules of health and temperance.

The Committee hopes that an expression of opinion by the medical profession on this pressing need of modern life and education may thus be obtained, and it is proposed, when the signatures are collected, to lay the petition, with the special support thus gained, before the Central Educational Authorities of the United Kingdom.

On behalf of the Committee of Distribution, I have the honour to remain, yours faithfully,

E. CLAUDE TAYLOR, M.D., Hon. Acting Sec.

After signing the petition kindly forward it in the accompanying addressed envelope, after closing the same.

*Petition.*

**WE, THE UNDERSIGNED MEMBERS OF THE MEDICAL PROFESSION**, having constantly before us the serious physical and moral conditions of degeneracy and disease resulting from the neglect and infraction of the elementary laws of Hygiene, venture to urge the **CENTRAL EDUCATIONAL AUTHORITIES OF THE UNITED KINGDOM** (the Board of Education of England and Wales, the Scotch Education Department, the Commissioners of National Education in Ireland and the Intermediate Education Board of Ireland)

**TO CONSIDER WHETHER**

it would not be possible to include in the curricula of the Public Elementary Schools, and to encourage in the Secondary Schools, such teaching as may, without developing any tendency to dwell on what is unwholesome, lead all the children to appreciate at their true value healthful bodily conditions as regards Cleanliness, Pure Air, Food, Drink, etc.

**In making this request we are well aware that at the present time pupils may receive teaching on the laws of Health, by means of subjects almost invariably placed upon the Optional Code. By this method effective instruction is given to a small proportion of the pupils only. This does not appear to us to be adequate. We believe that it should be Compulsory, and be given at a much earlier age than at present.**

**It may, perhaps, be useful to call attention to what is being achieved in this direction by English Speaking Nations. In reviewing the steps taken it will be noted that one of the most prominent subjects with which the various countries have found it necessary to deal, is the question of the nature and effects of Alcohol.**

**In the ARMY SCHOOLS of this country and of all our foreign stations west of Aden, teaching in Elementary Hygiene is Compulsory; such teaching including Temperance, Health and Sanitation, special attention being drawn to the deleterious effects of Alcohol.**

**In CANADA, with the exception of two Provinces, Hygiene and scientific instruction on the effects of Alcohol are compulsory subjects in all Public Elementary Schools throughout the Dominion. In the two excepted Provinces (Quebec and Prince Edward's Island) teaching on Temperance is given. In the Protestant Primary Schools of the Province of Quebec lessons upon Temperance and Health are compulsory, while in the Catholic Schools instruction in Hygiene is compulsory, beginning with the fifth year of school work. In the books on Hygiene authorized in the Catholic Schools the ill-effect of the excessive use of Alcohol is mentioned, but no special prominence is given to Temperance instruction.**

**In VICTORIA (AUSTRALIA) teaching on Health and on the nature and effects of Alcohol is placed on the list of compulsory subjects taught in all the Public Elementary Schools.**

**In SOUTH AUSTRALIA teaching of Temperance is regularly carried out.**

**In NATAL instruction is given in the Primary Schools on the laws of Health and Temperance, these being included in the list of Optional Subjects.**

The whole question is dealt with still more completely in the **UNITED STATES OF AMERICA**. There the teaching of Physiological Hygiene, with special reference to the effects of Alcohol and other narcotics, is compulsory in all Schools under State or Federal control. About twenty-two million children are being educated under this system.

Thus we have shown that in many English Speaking Countries definite attempts are being made to train the rising generation to appreciate from childhood the nature of those influences which injure physical and mental health.

Having regard to the fact that much of the degeneracy, disease, and accident with which medical men are called upon to deal is directly or indirectly due to the use of Alcohol, and that a widespread ignorance prevails concerning not only the nature and properties of this substance but also its effects on the body and the mind, we would urge the Board of Education of England and Wales, the Scotch Education Department, and the Irish Education Authorities to include in the simple hygienic teaching which we desire, elementary instruction at an early age on the nature and effects of Alcohol.

We gladly recognize (1) the value of the teaching on this subject given in some Schools in Ireland and in a proportion of the Schools of Great Britain, by means of reading primers, moral instruction talks, etc.; and (2) the excellence of the occasional Temperance lessons provided in certain Schools by voluntary organizations: but until the four Central Education Authorities of the United Kingdom include this subject as part of the system of National Education, it appears to us that the mass of the pupils must fail as at present to receive that systematic teaching of hygiene and of the nature and effects of Alcohol, which alone we consider adequate to meet the national need.

Finally, we would venture to urge the necessity of ensuring that the training of all teachers shall include adequate instruction in these subjects.

*Signature.....*

It need scarcely be said that the active sympathies of the members of the British Medical Association have always been extended to movements of this important character. It is confidently hoped by the Distribution Committee that the large majority of practitioners, however busy, will forthwith on receipt of the petition sign it and post it in the stamped and addressed envelope sent with the petition.

## ASSOCIATION NOTICES.

### NOTICE OF QUARTERLY MEETINGS OF COUNCIL FOR 1904.

MEETINGS of the Council will be held on Wednesdays, 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.**—The next ordinary meeting of this Division will be held at the Coventry and Warwickshire Hospital, on Tuesday, February 2nd. The chair will be taken by Dr. Milner Moore at 8.30 p.m. Agenda: Mr. Faulder White will read a paper on Suppurative Disease of the Ear, with a description of a new treatment. The paper will be illustrated by some clinical cases. Dr. Bankes-Price will show some appendices which have been removed by operation, and will make some observations thereon.—E. H. SNELL, Knighton House, Coventry, Honorary Secretary.

**BATH AND BRISTOL BRANCH.**—A meeting of this Branch will be held at the Medical Library, University College, Bristol, on Wednesday, January 27th, at 8 p.m. Dr. Barclay J. Baron, President, in the chair. The following communications are expected: Annual Reports from the Bath, Bristol, and Trowbridge Divisions. Dr. J. O. Symes and Dr. Theodore Fisher: An analysis of 500 Necropsies of Cases of Tuberculosis. Mr. T. Carwardine: A Case of Double Ovarian Hydrocele. Mr. E. W. Hey Groves: Specimen from Case of Acute Gastric Dilatation. Dr. J. Michell Clarke: Case, with specimen, of Porencephaly, with Haemorrhage into Brain. J. MICHELL CLARKE, Clifton; W. M. BEAUMONT, Bath, Honorary Secretaries.

**EDINBURGH BRANCH.**—The annual clinical meeting of this Branch will be held in the Royal Infirmary on February 12th. Members of all the Scottish Branches will be welcome. The annual dinner will be held in the evening. Intimation of cases to be shown should be made to the Secretaries.—NORMAN WALKER, 7, Manor Place; A. LOGAN TURNER, 276, Walker Street, Edinburgh, Honorary Secretaries.

**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 as to the expediency of holding the Annual Meeting of 1905 in Ireland. (4) Resolution with regard to voluntary subscription to refund Representative's expenses at Oxford. (5) Resolution from Midwives Act, 1902, Special Committee. (6) Report from Medical Acts Amendment Bill Committee. (7) Ethical Rules. (8) 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.

**STAFFORDSHIRE BRANCH.**—The next meeting of this Branch will be held at Stafford on Thursday, March 3rd, instead of Thursday, February 25th, as one of Sir Oliver Lodge's lectures occurs on the latter date.—E. FETTER GRAVE JOHNSON, Stoke-on-Trent, Honorary General Secretary.

## SPECIAL CORRESPONDENCE.

### BERLIN.

*Ankylostomiasis in Miners.—Popular Lectures on Tuberculosis.—Quackery in Germany.—Disease Notification and Death Registration.*

ALMOST two entire sittings of the German Reichstag—on January 12th and 13th—were taken up with a debate on the Social-Democratic interpellation as to ankylostomiasis in miners. Undoubtedly the disease has gained ground of late years, and it cannot be denied that the prophylactic measures officially recommended and carried out by different mining companies have failed to stamp it out. On the other hand, to accuse the Prussian Government of slackness in the matter—as the Social Democrats do—is unfair, and the sympathies of the House were decidedly with the Minister of Commerce, Herr Moeller, as he explained the peculiar difficulties met with at every step in the struggle against the disease. That mistakes had been made he acknowledged freely; prophylactic measures, excellent in theory, had failed in practice from the carelessness of the workmen, or other reasons; the disease itself was not generally known or closely studied until of late. But he affirmed that since the time when the nature of the disease and the mode of infection were cleared up, no efforts had been spared by the official authorities to devise and carry out with energy really practical methods of prevention and cure. This energy had already met with its reward, for in a period of between seven and eight months, of 1,720 miners attacked, 60 per cent. were now well. Immense sums had been spent on sanitary arrangements and on medical treatment and supervision—almost one and a-half million marks (£75,000) in all.

Public and gratuitous evening lectures on tuberculosis and its remedies—illustrated by photographs thrown on the screen—have been arranged by the German Central Committee for the Erection of Lung Sanatoria. Among the speakers are Professor Fraenkel and Professor Pannwitz, the well-known authorities on tuberculosis.

The German Society for the Repression of Quackery held its first annual meeting in the large hall of the Langenbeck House. A letter from the Prussian Cultus-Minister, Herr Studt, was read, which expressed full sympathy with the

aims of the Society, and the hope that the Society might be able to assist the Government in laying down principles for action. The annual report was read by Dr. Siefarl. It contained the astounding statement that in Berlin alone quackery had increased by 1,600 per cent. (in round numbers) since the year 1870, that is, in little more than thirty years.

Hospital reports, and the notification of deaths and of infectious diseases in Prussia and the other Federal States of Germany, are to be reorganized in accordance with the progress of modern medicine. This much-needed reform has long been projected, but before it could be carried out a new table or list of diseases and causes of death had to be made out, to serve as a basis for a uniform system of medical statistics. This has now been accomplished, and several preliminary discussions having likewise been got through, a final conference of representatives of the Federal States of Germany is to take place under President Kohler's direction in the Imperial Board of Health in Berlin.

### BUENOS AIRES.

*International (South America) Congress of Medicine and Hygiene at Buenos Aires: The Sections: The General Arrangements: Subjects for Discussion.*

THE second Latin American Medical Congress will take place at Buenos Aires in April, 1904, from the 3rd to the 10th, while concurrently a hygienic exhibition will be opened and continue till May 30th. This Congress, while of primary importance to South America, will also interest medical science in general, as many observers from tropical and semi-tropical countries will be present and have promised communications. The following countries will be officially represented by prominent scientific men: Argentine Republic, Uruguay, Brazil, Paraguay, Chili, Bolivia, Peru, Ecuador, Columbia, Venezuela, Mexico, Cuba, Salvador, Guatemala, Nicaragua, Costa Rica, Honduras.

The Congress will meet in eight Sections, including Sections on Veterinary Science and Dentistry, and at the same time conferences will be held in connexion with the Hygienic Exhibition.

The different passenger steamer lines from Europe will make reductions of 20 to 25 per cent. in return fares, and intending visitors will find order and arrangement, and there will be no such muddle as has occurred at some international congresses.

The following are the subjects chosen for open discussion: (1) Causes of deaf-mutism in the Argentine; (2) prevention of blindness in the Argentine; (3) etiology of goitre in the Argentine; (4) x-rays in surgery; (5) dystocia in the Argentine; (6) haematology in surgery; (7) strictures of the urethra; (8) surgical treatment of exophthalmic goitre; (9) the treatment of cancer; (10) treatment of laryngeal tuberculosis; (11) treatment of ocular tuberculosis; (12) biliary lithiasis and its complications. Important communications will be made on yellow fever, plague, cholera, malaria, leprosy, syphilis, alcoholism, framboesia and yaws, cancer in the Argentine, hydatid cysts in the Argentine, cremation in the Argentine, infantile tuberculosis and infant feeding and mortality in the Argentine, etc., while instructive papers on sanitary progress in South American States will be read in the Hygienic Section.

### MANCHESTER.

*Lectures on Public Health.—Free Dinners for Poor School Children.—Memorial to Joule.*

THE course of lectures on various subjects connected with public health was successfully inaugurated on January 13th by a lecture on industrial diseases due to poisonous fumes or gases, by Professor T. Oliver, of Newcastle-on-Tyne. The lectures will be delivered in the Public Health Laboratory of the University of Manchester in Stanley Grove. From statistics quoted by Dr. Oliver it appeared that the total number of cases of phosphorus poisoning notified under the Factory Acts in Britain during the last twenty-three years was 113, of which 20 were fatal. No cases were reported last year. So long as the ordinary white phosphorus was used in matchworks absolute freedom from risk could not be guaranteed to the workers. It had been proved in France that matches possessing all the qualities claimed for the ordinary "strike anywhere" could be made from the comparatively harmless sesquisulphide of phosphorus. Nearly six years had elapsed since then, and not only had



churia being published in the Consular reports. Ultimately he found that the climate was trying his health too much, and, giving up his post in 1893, he returned home by way of America, where he remained some time making a study of the flora of the Rocky Mountains. After his return home he commenced work in London, and in 1895 took the degree of B.Sc. in Natural Science at Edinburgh. This he followed up a year later by presenting himself for and obtaining the corresponding degree in Public Health, and also graduated M.D., his thesis on the climates and flora of North China being commended by the examiners.

About three years later he went out to India as one of the special plague officers, being allotted for duty to the Government of Bombay. In this position he continued up to the time of his death, and his work while in charge of the Famine-Camp Hospital at Dohad was specially commended by the Viceroy, Lord Curzon.

Dr. Morrison was one of those quiet, retiring men who are not known to many, but are, nevertheless, greatly beloved by a small circle of intimate friends. His death, which was due to an accident during sleep-walking, was a cause of great regret to the small Scots community at Bombay, and his kindly and genial presence will be specially missed by his native colleagues, with whom, as with his native patients, he was very distinctly a *persona grata*.

#### GEORGE EDMUND LEGGE PEARSE, F.R.C.S.,

Formerly Surgeon, Westminster Hospital.

WE regret to have to record the death of Mr. George Edmund Legge Pearse, F.R.C.S., which took place on January 13th at Homefield, Merton, Surrey. The late Mr. Pearse, born in 1843, received his general education at Westminster School, and subsequently proceeded to Westminster Hospital Medical School, where he gained the silver medal for anatomy and chemistry in 1862, and was awarded the Chadwick prize two years later; he was also a Prosector of the Royal College of Surgeons. After obtaining the diplomas of L.S.A., M.R.C.S., in 1864, he remained two more years at the hospital, occupying consecutively the positions of House-Surgeon and House-Physician. Subsequently he became Senior House-Surgeon at the Royal Infirmary, Manchester, and later Resident Superintendent of the Ardwick and Ancoats Hospital. Upon receiving an appointment as Demonstrator of Anatomy at his old medical school he returned to London, and in 1868 he became a Fellow of the Royal College of Surgeons of England. In the years which followed he held at his school the Chairs of Anatomy and Surgery, and finally became one of the Surgeons to Westminster Hospital.

During this time he lived at Queen's Mansions, Victoria Street, where he remained until about four years ago. His health then failed, and in consequence he relinquished all work and settled down at Merton. Outside surgery Mr. Pearse took considerable interest in microscopy, and was a Fellow of the Royal Microscopical Society and also of the Zoological Society. Though not a profuse writer, he from time to time contributed papers to the medical journals. His funeral took place on January 18th at Norwood Cemetery.

#### R. VICARS FLETCHER, F.R.C.S.I.,

Late Medical Superintendent, Ballinasloe Asylum.

WE regret to record the death of the late Dr. Robert Vicars Fletcher, Medical Superintendent of Ballinasloe Asylum, which occurred on December 17th. Dr. Fletcher was a Dublin student, and did most of his early work at Stevens's Hospital, Dublin, but took his first qualifications—the L.R.C.P. and L.R.C.S. Edin.—in 1865 in Scotland. Later he received the diploma of the Irish College of Surgeons, and in 1879 became one of its Fellows. He turned quite early in his career to psychology, and in 1870 obtained the appointment of First Assistant in the Downpatrick Asylum, County Down. From this he was promoted two years afterwards to the superintendentship of the County Waterford Asylum, and finally was transferred to a similar institution at Ballinasloe. This asylum, upon his arrival, he found in a very backward condition, and for many years he was busily occupied in introducing reforms. Finally, twelve years after his arrival, he was successful in persuading the governing body to create special provision both for cases in an acute stage of mental disease and for the physically sick. As an asylum superintendent he was exceedingly successful, and he continued to occupy this post at Ballinasloe until his death, which was not entirely unexpected; for many months, and indeed ever

since last winter, when he had a bad attack of influenza, he had been in frail health. The greater part of his work, however, during this time was taken off his shoulders by his senior assistant, Dr. J. Mills. Personally Dr. Fletcher was a very popular man, and his funeral was attended by a large number of representatives of all classes. Amongst the asylum superintendents of Ireland he was a decided personality.

WE regret to announce the death of Dr. PETER DETTWEILER, founder of the well-known sanatorium at Falkenstein, and one of the pioneers of the modern treatment of consumption. Dr. Dettweiler was in his 67th year.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have died recently are Dr. Josef Seegen, for many years one of the official physicians of Carlsbad, since 1859 professor of balneology in the University of Vienna, and author of numerous works on diabetes, etc., aged 81; Dr. Konrad Clar, extraordinary professor of balneology at Vienna, and author of works on health resorts, on the treatment of consumption, etc.; Dr. Ziem, of Danzig, a well-known specialist in diseases of the throat and nose; Dr. H. E. Turgis, Member of the French Senate for the Calvados Department, and Senior Physician to the Hospital of Falaise, aged 75; and Professor Gebhard, of Berlin, well known by his contributions to the literature of gynaecology, aged 42.

### ROYAL NAVY AND ARMY MEDICAL SERVICES.

#### ROYAL NAVY MEDICAL SERVICE.\*

THE following appointments have been made at the Admiralty: ARTHUR W. MAX, Fleet Surgeon, to the *Cormorant*, for Gibraltar Hospital, January 27th; THOMAS C. JAMES, Fleet Surgeon, to the *Britannia*, for Cadets' Sick Quarters, January 27th; HERBERT A. PENNY, Staff-Surgeon, to the *Junco*, February 5th; ROBERT H. ATKINS, Surgeon, to the *Junco*, January 26th; MICHAEL J. LAFFAN, M.B., B.A., Surgeon, to the *Chlo*, on commissioning; WILLIAM E. RUTLEDGE, Surgeon, to the *Bedford*, January 19th.

Civil Practitioner JOHN D. WYNNE, M.D., has been appointed Surgeon and Agent at Clonmel, January 18th.

#### CHANGES OF STATION.

THE following changes of station amongst the officers of the Royal Army Medical Corps have been officially reported to have taken place during the last month:

		From.	To.
Lt.-Col. I. B. Emerson...	...	Madras...	Portsmouth.
" O. Todd, M.B. ...	...	Cork ...	Egypt.
" W. Dugdale ...	...	Bombay ...	Netley.
" T. P. Woodhouse ...	...	Dover ...	Punjab.
" G. J. Coates, M.D. ...	...	Templemore ...	Hong Kong.
" M. W. O'Keefe, M.D. ...	...	Punjab...	Woolwich.
" C. W. Thiele, M.B. ...	...	Chester ...	Warrington.
" F. J. Lambkin ...	...	Hong Kong ...	Bombay.
" A. A. Pechell, M.B. ...	...	Bengal...	Dublin.
" W. G. Macpherson, M.B., C.M.G. ...	...	Home District	N. China.
" R. J. S. Simpson, M.B., C.M.G. ...	...	London.	Bengal.
Major R. J. A. Durant...	...	Warrington ...	Bombay.
" J. J. C. Donnet...	...	Gosport ...	Templemore.
" G. B. Russell, M.B. ...	...	Cork ...	Woolwich.
" A. E. Morris, M.D. ...	...	Bombay ...	Waterford.
" R. I. Power ...	...	Dublin ...	Hollywood.
" M. L. Hearn ...	...	Belfast ...	Portsmouth.
" L. T. M. Nash ...	...	Punjab ...	Dublin.
" M. J. Sexton, M.D. ...	...	Dublin ...	Egypt.
" J. B. Wilson, M.D. ...	...	Woolwich ...	Bengal.
" J. Donaldson ...	...	Tipperary ...	Home District.
" R. J. Windle, M.B. ...	...	Bombay ...	Newport.
" C. H. Hale, D.S.O. ...	...	Cardiff ...	Aldershot.
" H. S. Peeke ...	...	Canada ...	Netley.
" F. W. Hardy, M.B. ...	...	Dublin ...	Ceylon.
" C. J. Healy, M.B. ...	...	Dublin ...	Bengal.
Captain L. A. Mitchell, M.B. ...	...	Aldershot ...	N. China.
" H. S. Thurston ...	...	Portsmouth ...	Belfast.
" H. W. K. Read ...	...	Dublin ...	Bulford.
" G. T. K. Maurice ...	...	Salisbury Plain	Madras.
" D. E. Curme ...	...	Devonport ...	Bombay.
" C. H. Carr, M.D. ...	...	Edinburgh ...	Hong Kong.
" J. T. Johnson, M.D. ...	...	Bulford ...	Bengal.
" W. L. Steele ...	...	" ...	Madras.
" H. A. Davidson, M.B. ...	...	" ...	Bengal.
Lieutenant J. M. Kenzie, M.B. ...	...	Portsmouth ...	Bombay.
" N. D. Walker, M.B. ...	...	Aldershot ...	Madras.
" R. B. Ainsworth ...	...	Portsmouth ...	Punjab.
" C. A. J. A. Balck, M.B. ...	...	Woolwich ...	" ...
" R. Storrs ...	...	" ...	Bengal.
" G. A. K. H. Reed ...	...	" ...	Ceylon.
" D. S. Skelton ...	...	Aldershot ...	" ...

Lieutenants J. M. Crawford, C. Bramhall, T. E. Harty, H. H. Swanzy, J. E. Skey, and H. T. Stack, M.B., recently appointed on probation, are stationed at Woolwich.

#### ARMY MEDICAL STAFF.

THE appointment of Surgeon-General W. L. GUBBINS, M.B., M.V.O., as Principal Medical Officer Bombay Command, is gazetted, to date from December 12th.

## ROYAL ARMY MEDICAL CORPS.

LIEUTENANT-COLONEL J. HICKMAN retires on retired pay, January 20th. He was appointed Surgeon, July 29th, 1882; Surgeon-Major, July 29th, 1894; and Lieutenant-Colonel, July 29th, 1902. He was in the Burmese campaign in 1886-7 (medal with clasp); with the expedition to the Gambia in 1892, including the capture of Toniatoba (medal with clasp); with the Ashantee expedition in 1895-6 (star); in the operations in Sierra Leone in 1898-9 (clasp); and in the South African war in 1899-1900 (Queen's medal with two clasps).

Captain JAMES M. BUIST, from the seconded list, to be Captain, December 1st, 1903. Captain Buist was seconded for service with the South African Constabulary, August 2nd, 1902.

Lieutenant-Colonel W. G. MACPHERSON, M.D., C.M.G., has been appointed Principal Medical Officer to the forces in China.

Brigade-Surgeon THOMAS WILLIAM WRIGHT died on November 10th, 1903. He joined as Assistant Surgeon, September 24th, 1864; was made Surgeon, March 1st, 1873; and Surgeon-Major, August 3rd, 1874. He retired from the service, with the honorary rank of Brigade-Surgeon, June 11th, 1882. He was in the Ashanti war in 1873-4, receiving a medal.

## INDIAN MEDICAL SERVICE.

COLONEL B. O'BRIEN, M.D., Bengal Establishment, is appointed to officiate as Inspector-General of Civil Hospitals, United Provinces.

Captain F. S. C. THOMPSON, M.B., and Lieutenant L. P. FARRELL, Indian Medical Service, are appointed for duty with the hospital ship, *Hardinge*, for the Somaliland Field Force.

## VOLUNTEER RIFLES.

RICHARD L. FITZ GERALD to be Surgeon-Lieutenant in the 2nd Volunteer Battalion the East Lancashire Regiment, January 16th.

Surgeon-Lieutenant-Colonel J. KNOX, 2nd Volunteer Battalion the Nottinghamshire and Derbyshire Regiment (Sherwood Foresters), resigns his commission, retaining his rank and uniform, January 16th.

Surgeon-Major G. H. DARWIN, M.D., 2nd Volunteer Battalion the Manchester Regiment, resigns his commission, January 16th.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

## SCOTTISH POOR-LAW MEDICAL SERVICE AND DR. MACARA.

IN relation to this matter, which was noted in the *BRITISH MEDICAL JOURNAL* of January 16th, p. 148, we observe from a report in the *Scotsman* of January 13th that Lord Pearson in the Bill Chamber Court of Session, Edinburgh, disposed of a note of suspension and interdiction for Dr. Macara against the Parish Council of Durness. The note was brought for the purpose of preventing the respondents carrying out a resolution passed by them on November 20th, 1903, to the effect of dismissing the complainant from his post of medical officer for the parish. It appeared that on March 31st and April 1st Dr. Macara attended a pauper child suffering from chicken-pox, advising isolation, and directing that the sister of the child should not attend school for two or three weeks. In disregard of his advice the sister was sent to school, was taken ill, and had to remain at home until April 20th. Dr. Macara was not, however, called in to attend her, but was directed by the council to certify the cause of her absence from school. He declined to do so on the ground that whilst he was bound and willing to give certificates to the parish council and to the Local Government Board, he was not bound to give such either to the teachers or to the school board.

At a meeting of the parish council on November 6th two members were disqualified, and thereafter Dr. Macara alleges the resolution of which he complains was passed by a majority of three to two, and the resolution was confirmed at a later meeting. The defence raised was that Dr. Macara refused to supply their clerk with the certificate required, and that in so doing he acted in breach of his duty; and, further, that the disqualification of the two members of council was entirely independent of the matter at issue between the council and Dr. Macara. Lord Pearson passed the note, and continued the interim interdiction previously granted. The case for Dr. Macara was in the hands of the Medical Defence Union, Messrs. Hempson, solicitors.

## LECTURES ON MEDICAL JURISPRUDENCE.

ON Thursday, January 14th, Dr. F. J. Waldo, coroner for the City of London, delivered the first of a series of six lectures on Medical Jurisprudence at the Old Hall, Lincoln's Inn, under the auspices of the Council of Legal Education. The subject of the first lecture was the Medical Man as Witness. At the outset the abilities and disabilities attached to the registration of medical men were dealt with. A medical man may give evidence either as a common witness to facts or as an expert to matters of deduction and experience. The why and wherefore of conflicting medical evidence was next discussed at some length, and reasons given to show how candid and skilful men could contradict each other in court without sacrifice of honesty. The illustration of this point was taken from "railway spine," cases of accidental injury in which the widest difference of opinion often prevails. The ending of litigation is often attended by a speedy recovery on the part of the patient. Quite as great, or greater differences exist among lawyers, as proved by the reversal of decisions, time after time, in successive courts, until the House of Lords is reached. The question of professional privilege was discussed, and the illustrations included the recent appeal of a provincial head constable to the local medical men for information likely to identify the offender in a case of infanticide. A medical witness is bound to answer fully in the witness-box, if required to do so by the Court, except where by so doing he would incriminate himself. In ordinary life, however, any violation of professional secrets might involve an action at law. The unwritten law of the medical profession appears to be that there is no obligation to reveal anything that comes under notice short of murder, or the very gravest criminal charges. This professional secrecy dates from the earliest times, as shown by the oath of Hippocrates, the substance of which is still adopted in the declaration of the Scotch medical graduate. The lecturer concluded with an analysis of the various kinds of medical evidence and some of the points concerned in the medical examination of prisoners.

## MEDICAL SECRECY.

PERPLEXED.—We can quite understand that our correspondent does not wish to offend his vicar, and that in many cases to refuse to answer

would be even more disadvantageous to his patients than to frankly give the information desired, but occasions may arise in which he will not be able to answer truthfully without disclosing his patients' secrets, and therefore he had better explain to his vicar and his wife that the medical profession regards as sacred all information derived from a medical examination, whatever the position of the patient, and that in future he must adhere to the rule of silence about his cases.

## MEDICAL ADVERTISING.

A. B. writes from a Continental city to complain of the persistent way in which the name of one of the medical men with British qualifications practising in the city is introduced into the pages of the local English newspaper.

"\* We find these references to be purely social, and we do not think any notice can be taken of them. In two out of the three they refer not to the practitioner himself but to his wife, and in the other case to his connexion with a local charity. If such notices appear unfair to the other resident practitioners they might address a remonstrance to the editor of the newspaper in question.

## THE ASSISTANTS' BICYCLE.

AN assistant who possesses a bicycle, and uses it chiefly to visit his principal's patients, wishes to know whether the latter ought not to pay the cost of any necessary repair to his machine, as he is not provided with any other means of locomotion.

"\* If a bicycle is required to do the principal's work, the expense thereof should devolve on the latter. But if an assistant for his own purposes desires to keep a bicycle, the principal is not bound to keep it in repair.

## DELAY IN PAYMENT OF FEES.

VIATOR asks, as regards etiquette, how long after the last professional visit a practitioner should wait before sending in his account; also whether the interval should be longer where the patient has died.

"\* Accounts are usually sent in half-yearly by medical practitioners, but it may often be wise not to wait so long. There is no reason why a patient's death need make any difference, but our correspondent must bear in mind that executors are allowed twelve months to administer the estate of the deceased. A recent work dealing with the subject of medical etiquette is *Medical Ethics: a Guide to Professional Conduct*, by Robert Saundby, M.D. (Bristol: John Wright and Co. 1902. 3s. 6d.).

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF LONDON.

## INSTITUTE OF MEDICAL SCIENCES.

THE following letter has been addressed to the Earl of Rosebery, Chancellor of the University of London:

My Lord,

We have observed with satisfaction that the Senate of the University of London have lately issued an appeal for funds to build and endow an institute of medical sciences under the control of the University.

The positions which we severally hold in connexion with the general hospitals of London and their medical schools have compelled us, especially of late, to give the proposal that the University should undertake the teaching of the preliminary scientific subjects of the medical curriculum the most serious consideration.

We are convinced that the adoption of the recommendation of the Royal Commission in favour of the concentration of the teaching of these subjects in one or more centres has become a matter of urgent necessity, in the interests alike of medical education, of the hospitals and the medical schools.

We are,

My Lord,

Yours faithfully,

SANDHURST,

Chairman of the Weekly Board, Middlesex Hospital.

TREVOR LAWRENCE,

Treasurer, St. Bartholomew's Hospital.

H. COSMO BONSOR,

Treasurer, Guy's Hospital.

SYDNEY HOLLAND,

Chairman, London Hospital.

J. G. WAINWRIGHT,

Treasurer, St. Thomas's Hospital.

TIMOTHY HOLMES,

Treasurer, St. George's Hospital.

H. A. HARBEN,

Chairman, t. Mar.'s Hospital.

THOS. PERCY BORRETT,

Chairman, Charing Cross Hospital.

J. WOLFE-BARRY,

Chairman, Westminster Hospital.

A large sum is required to carry out the scheme. The Honorary Treasurers of the Appeal Fund are:

Dr. J. K. FOWLER,  
Member of the Senate.

Mr. H. T. BUTLIN,  
Dean of the Faculty of Medicine.

Communications should be addressed to 35, Clarges Street, W.

The following donations, in addition to those previously announced, have been promised to the Institute of Medical Sciences Fund:

	£	s.	d.
Alfred Beit, Esq. ...	5,000	0	0
Messrs. Rothschild and Sons ...	500	0	0
J. K. Fowler, M.A., M.D. ...	250	0	0
H. J. Chinnery, Esq. ...	100	0	0
Sir Charles Metcalfe, K.C.M.G. ...	25	0	0
Sir Henry Roscoe, F.R.S. ...	100	0	0
Sir E. Cooper Perry, M.D. ...	100	0	0
E. Lauriston Shaw, M.D. ...	100	0	0
Sir R. Douglas Powell, Bart., M.D. ...	50	0	0
C. B. Lockwood, F.R.C.S. ...	50	0	0

#### MEETING OF CONVOCATION.

A GENERAL meeting of Convocation was held at the University, South Kensington, on January 18th. After a lapse of more than twenty minutes a quorum was obtained and the Chairman, Sir Edward Busk, took the chair. The report of the Standing Committee, the nature of which was detailed in the BRITISH MEDICAL JOURNAL of January 16th, page 169, was presented and its reception moved and carried. The Chairman also reported that the Library Committee had recommended to the Senate the appointment of a person to arrange the books on proper shelves, and that there was reason to hope that when the Senate next met the necessary vote would be passed. A motion was proposed and passed conveying the thanks of the House to the Worshipful Company of Goldsmiths for its gift to the University of the Foxwell Library.

#### UNIVERSITY OF CAMBRIDGE.

**Degrees.**—On January 14th the following were admitted to medical and surgical degrees:

M.B.—T. Guthrie, King's.

B.C.—N. C. Carver, King's; H. H. Clarke, H. D. Hoffmann, Trinity; J. E. Fellow, St. John's; C. M. Murray, Pembroke; G. E. Davidson, J. H. Donnell, E. Gardner, Caius; P. Hardy, Trinity Hall; E. Higson, Magdalene.

**Addenbrooke's Hospital.**—On January 18th Mr. G. E. Wherry was re-elected Surgeon and Mr. A. Cooke was elected Assistant Surgeon to the hospital. A further donation of £1,000 from Dr. A. Peckove, Lord Lieutenant of Cambridgeshire, was announced.

#### UNIVERSITY OF BIRMINGHAM.

##### PHYSICS AND THERAPEUTICS.

At the request of the Dean of the Faculty of Medicine, Sir Oliver Lodge, Principal of the University, has consented to deliver a course of four lectures on those parts of physics which are of special interest at present in connexion with medicine. The lectures, which will be delivered on Thursdays at 4 p.m. in the Medical Theatre of the University, will deal with the following subjects: On February 4th, the production and properties of cathode rays; on February 11th, production and properties of Roentgen rays; on February 18th, production and properties of ultra-violet light; on February 25th, production and properties of high-frequency alternating currents.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

##### QUARTERLY COUNCIL.

A COUNCIL meeting was held on January 14th, Mr. John Tweedy, President, in the chair.

##### Library.

The thanks of the Council were given to Dr. G. V. Poore for presenting from the library of the late Mr. Marcus Beck, notes of the late Mr. John Marshall's lectures taken by Mr. Cluff.

##### Physical Disability of Army Recruits.

The following report, dated December 16th, 1903, from the Committee of the Council appointed to further consider this subject, was adopted by the Council:

"The Committee beg to report that the further memorandum and four additional tables of figures prepared by the Director-General of the Army Medical Service have received their careful consideration, and that in reply to Mr. FitzRoy's letter stating that the 'Physical Deterioration Committee' will be glad to be favoured with any observations upon these documents which the Royal College of Surgeons may desire to make, and especially desire to be informed 'whether the perusal of the supplementary matter now furnished suggests the modification in any degree of the opinions previously expressed upon the subject,' the following letter was drawn up and approved by the Committee, namely:

"Sir,—With reference to your letter of the 1st instant forwarding a copy of a further memorandum prepared by the Director-General of the Army Medical Service, together with four tables of figures giving more detailed statistics as to the percentage of rejection of those who have offered themselves as recruits, and as to the causes of the rejections, the Council of the Royal College of Surgeons beg to make the following observations:

"The Council note that the Director-General thinks 'that the idea of "progressive physical deterioration" has occupied a much too prominent position in the minds of those who have had to consider and report as to the advisability of inquiry being necessary,' and they also note the statement that the intention of his original memorandum was to call attention to "the most disturbing fact that from 40 to 60 per cent. of the men who present themselves for enlistment are found to be physically unfit for military service," and not to suggest there was evidence of a 'progressive physical deterioration of the race,' concerning which there are no trustworthy 'statistical or other data.'

"With reference to these remarks of the Director-General, the Council desire to point out that in their report to the Home Office they did not use the phrase 'progressive physical deterioration,' though some of their criticisms did assume that the first memorandum of the Director-General seemed to suggest the idea of progressive physical deterioration among certain classes of the community.

"While, therefore, the Council may not in every respect have interpreted quite accurately all the meaning and import of the Director-General's first memorandum, their opinion was in no sense based upon a misunderstanding as to the main question at issue; and they are entirely in accord with the Director-General in believing that the two principal matters now to be considered are, first, an inquiry into the causes and present extent of the physical unfitness for military service that exists in a large degree among certain classes of the population; and, secondly, the institution of measures which may bring about an improvement of the physique of the classes from which most of the recruits are at present drawn.

"The Council believe that, in addition to any other means which may commend themselves to your Committee, the adoption of the precautions and supervisions indicated in the Council's previous report would contribute not a little to the physical and moral improvement and well-being of the classes concerned.

"In conclusion, the Council beg to state that, after a careful perusal of the supplementary information now supplied, they see no ground to modify the opinions which they have previously expressed upon the subject of the physical disability of many of those who offer themselves as recruits.

"I am, Sir, your obedient servant,

JOHN TWEEDY,

President.

"A. W. FitzRoy, Esq.,

Privy Council Office."

Under the authority given by the Council on December 16th, 1903, this letter will be signed and forwarded by the President to Mr. FitzRoy as the reply of the Council.

Sir Henry G. Howse, as Chairman of the Committee on the Physical Disability of Recruits for the Army, reported that since the meeting of that Committee a letter had been received from the Physical Deterioration Committee asking the College "to recommend the names of two surgeons who would give evidence, representing the views of the profession in general, on the condition of the eyes and on the prevalence of syphilis respectively among the poorer classes of the population."

Mr. John Tweedy (President) and Sir Alfred Cooper (Vice-President) were selected by the Council.

##### Hunterian Orator.

Mr. John Tweedy was appointed Hunterian Orator for 1905.

##### President's Badge.

The thanks of the Council were given to Mr. John Tweedy for his gift of a President's badge.

##### Ventilation of Factories and Workshops.

The following recommendations from the Examiners for Part I of the Examination in Public Health (Dr. A. P. Luff and Mr. A. G. R. Foulerton) were adopted:

Concerning the question of the lowness of the ventilation standards for factories and workshops recommended in the report referred to by the Incorporated Society of Medical Officers of Health, and concerning whose letter we have been requested by the Council of the Royal College of Surgeons to advise, we are of opinion:

(1) That, in the interest of factory and workshop workers, the amount of carbonic acid in the air of such places should not exceed 9 volumes in 10,000.

(2) That carbonic acid produced by the combustion of gas or oil used for lighting purposes should be made to pass directly to the outside air, and should not be allowed to contaminate the air of the factory or workshop.

It was resolved that a copy of the resolutions be forwarded to the Secretary of State for the Home Department.

##### SOCIETY OF MEMBERS.

A MEETING of the Council of this Society was held at 20, Brunswick Square, on January 12th, Mr. Joseph Smith, J.P., M.R.C.S., in the chair.

The following resolutions were unanimously agreed to, and ordered to be sent to the College:

"1. That this Council considers the reply of the College Council to the resolutions passed at the last annual meeting of Fellows and Members to be most unsatisfactory. Having regard to the repeated refusal to accede to the wishes of the Members as expressed in meetings to which they have been specially summoned, this Council emphatically repudiates the claim of the College Council to represent the Members, and further declares its determination not to abate its efforts to obtain adequate representation for the great majority of the body corporate.

"2. That this Council desires to call attention to the inexpediency of appointing a committee to deal with the relations of the medical profession to the coroners' courts, composed entirely of those who are seldom brought into contact with those courts, and would suggest the addition to the Committee of some Members or Fellows outside the College Council having special knowledge of the matter."

We are informed that it is the intention of the Society to hold meetings of Members in various provincial centres during the year, in order to protest against their continued exclusion from all collegiate rights.

## PUBLIC HEALTH

AND

## POOR-LAW MEDICAL SERVICES.

### VITAL STATISTICS OF LONDON DURING THE FOURTH QUARTER OF 1903.

In the accompanying table will be found summarized the vital statistics of the metropolitan boroughs and of the City of London, based upon the Registrar-General's returns for the fourth, or autumn, quarter of last year. The mortality figures in the table relate to the deaths of persons actually



*Analysis of the Vital Statistics of the Metropolitan Boroughs and of the City of London after Distribution of Deaths occurring in Public Institutions during the Fourth Quarter of 1903.*

BOROUGH.	Estimated Population middle of 1903.	Births.	Deaths.	Annual Rate per 1,000 Living.			Deaths from Principal Infectious Diseases.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-Cough.	Typhus.	Enteric Fever.	Simple and Ill-defined Fever.	Diarrhoea.	Phthisis.	Deaths of Children under 1 year of age to 1,000 Births.
				Births.	Deaths.	Principal Infectious Diseases.												
COUNTY OF LONDON	4,613,812	31,511	18,514	27.4	16.1	1.48	1,707	3	375	89	187	208	—	163	—	682	1,890	152
Paddington ... ..	146,032	762	501	20.9	13.8	1.30	47	—	15	4	2	2	—	1	—	23	40	138
Kensington ... ..	178,409	891	661	20.0	14.9	1.19	53	—	24	4	3	2	—	3	—	17	51	167
Hammersmith ... ..	115,803	693	470	24.0	16.3	1.66	48	—	20	3	0	2	—	4	—	13	44	167
Fulham ... ..	147,780	1,186	599	32.2	16.3	2.69	99	—	48	1	8	4	—	8	—	30	68	128
Chelsea ... ..	74,169	376	279	20.3	15.1	1.12	21	—	8	—	1	1	—	3	—	8	24	152
City of Westminster ...	179,052	732	631	16.4	14.1	1.13	51	2	21	1	6	4	—	0	—	11	76	131
St. Marylebone ... ..	131,234	992	590	30.3	18.0	1.85	61	—	23	4	8	3	—	8	—	15	55	116
Hampstead ... ..	85,107	335	232	15.8	10.9	0.19	4	—	1	1	2	—	—	—	—	—	20	125
St. Pancras ... ..	235,716	1,559	1,002	26.5	17.1	1.04	61	—	5	6	10	13	—	4	—	23	112	152
Islington ... ..	339,137	2,221	1,198	26.3	14.2	0.68	57	—	5	5	6	7	—	10	—	26	135	136
Stoke Newington ... ..	52,069	251	170	19.3	13.1	1.38	18	—	—	—	—	6	—	2	—	9	14	135
Hackney ... ..	224,082	1,425	846	25.5	15.1	1.40	78	—	16	5	11	13	—	14	—	19	84	143
Holborn ... ..	57,845	360	282	25.1	19.6	1.46	21	—	3	—	—	1	—	4	—	11	40	136
Finsbury ... ..	99,777	914	507	36.8	20.4	1.80	45	—	8	6	2	3	—	4	—	22	56	150
City of London ... ..	24,539	80	89	13.1	14.5	0.81	5	—	—	—	—	—	—	—	—	3	10	213
Shoreditch ... ..	117,573	923	602	31.5	20.5	2.22	65	—	20	4	4	10	—	6	—	21	71	192
Bethnal Green ... ..	130,028	1,092	626	33.7	19.3	1.98	64	—	3	5	6	10	—	10	—	30	63	193
Stepney ... ..	302,153	2,673	1,446	35.5	19.2	2.06	155	1	17	5	19	16	—	12	—	85	168	175
Poplar ... ..	169,550	1,379	830	32.6	19.6	2.37	100	—	5	10	19	12	—	12	—	47	81	166
Southwark ... ..	207,369	1,664	952	32.2	18.4	1.59	82	—	6	1	4	9	—	7	—	48	120	165
Bermondsey ... ..	129,801	934	650	30.4	20.1	1.41	46	—	1	2	3	9	—	6	—	25	77	191
Lambeth ... ..	307,711	2,153	1,229	28.1	16.0	1.72	131	—	38	6	11	19	—	9	—	48	110	131
Battersea ... ..	173,422	1,245	649	28.8	15.0	1.56	68	—	14	1	11	13	—	9	—	20	62	139
Wandsworth ... ..	249,678	1,685	896	27.1	14.4	2.09	130	—	57	5	11	9	—	7	—	41	71	133
Camberwell ... ..	265,562	1,776	963	26.8	14.5	1.08	71	—	18	3	3	9	—	4	—	34	89	146
Deptford ... ..	112,537	757	430	27.0	15.3	1.33	37	—	—	3	10	12	—	2	—	10	44	146
Greenwich ... ..	99,824	657	373	26.4	15.0	1.52	38	—	—	1	9	14	—	—	—	14	33	166
Lewisham ... ..	136,405	866	383	25.5	11.3	0.56	19	—	—	2	4	—	—	2	—	10	31	117
Woolwich ... ..	121,478	880	428	29.1	14.1	1.07	32	—	—	—	5	5	—	3	—	19	41	153

belonging to the various boroughs, and are the result of a complete system of distribution of the deaths in public institutions among the several boroughs in which the deceased persons had previously resided.

The 31,511 births registered in London during the three months under notice were equal to an annual rate of 27.4 per 1,000 of the population, estimated at 4,613,812 persons in the middle of last year; in the corresponding quarters of the three preceding years the rates were 27.0, 28.0, and 27.8 per 1,000, the average rate for the fourth quarters of the ten years 1893-1902 being 28.9 per 1,000. The birth-rates last quarter ranged from 13.1 in the City of London, 15.8 in Hampstead, 16.4 in the City of Westminster, 19.3 in Stoke Newington, 20.0 in Kensington, and 20.3 in Chelsea, to 32.2 in Fulham and in Southwark, 32.6 in Poplar, 33.7 in Bethnal Green, 35.5 in Stepney, and 36.8 in Finsbury.

The 18,514 deaths of persons belonging to London registered during last quarter were equal to an annual rate of 16.1 per 1,000, against 16.3, 17.9, and 17.2 per 1,000 in the fourth quarters of the three preceding years; the mean rate in the corresponding quarters of the ten preceding years was 18.3 per 1,000. The death-rates last quarter in the various metropolitan boroughs ranged from 10.9 in Hampstead, 11.3 in Lewisham, 13.1 in Stoke Newington, 13.8 in Paddington, and 14.1 in the City of Westminster and in Woolwich, to 19.3 in Bethnal Green, 19.6 in Holborn and in Poplar, 20.1 in Bermondsey, 20.4 in Finsbury, and 20.5 in Shoreditch.

During last quarter 1,707 deaths were referred to the principal infectious diseases; of these, 3 resulted from small-pox, 375 from measles, 89 from scarlet fever, 187 from diphtheria, 208 from whooping-cough, 163 from enteric fever, and 682 from diarrhoea, but not any from typhus or from ill-defined forms of continued fever. These 1,707 deaths were equal to an annual rate of 1.48 per 1,000, against an average rate of 2.05 per 1,000 in the corresponding quarters of the ten preceding years. The lowest death-rates last quarter from these infectious diseases were 0.19 in Hampstead, 0.56 in Lewisham, 0.68 in Islington, 0.81 in the City of London, and 1.04 in St. Pancras; the highest rates were 2.06 in Stepney, 2.09 in Wandsworth, 2.22 in Shoreditch, 2.37 in Poplar, and 2.69 in Fulham. Measles showed the greatest proportional fatality in Kensington, Hammersmith, Fulham, St. Marylebone, Shoreditch, and Wandsworth; scarlet fever in St. Marylebone, Finsbury, the City of London, Shoreditch, Bethnal Green, and Poplar; diphtheria in St. Marylebone, Stepney, Poplar, Battersea, Deptford, and Greenwich; whooping-cough in Stoke Newington, Shoreditch, Bethnal Green, Battersea, Deptford, and Greenwich; enteric fever in Fulham, St. Marylebone, Hackney, Holborn, Bethnal Green, and Southwark; and diarrhoea in Fulham, Finsbury, Bethnal Green, Stepney, Poplar, and Southwark. Of the 3 fatal cases of small-pox, 2 belonged to the City of Westminster, and 1 to Stepney.

During the last quarter of the year, 1,890 deaths from phthisis were registered, equal to an annual rate of 1.64 per 1,000, against 1.57, 1.77, and 1.64 per 1,000 in the corresponding quarters of the three preceding years. Among the various metropolitan boroughs the lowest death-rates from phthisis last quarter were registered in Paddington, Kensington, Hampstead, Stoke Newington, Wandsworth, and Lewisham; and the highest rates in Holborn, Finsbury, Shoreditch, Stepney, Southwark, and Bermondsey.

Infant mortality, measured by the proportion of deaths among children under 1 year of age to registered births, was equal to 152 per 1,000 last quarter, against 154, 152, and 155 in the corresponding quarters of the three preceding years. The rates of infant mortality during the quarter under notice were lowest in Fulham, City of Westminster, St. Marylebone, Hampstead, Lambeth, and Lewisham; while the highest rates were

recorded in the City of London, Shoreditch, Bethnal Green, Stepney Poplar, and Bermondsey.

#### HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,668 births and 5,557 deaths were registered during the week ending Saturday last, January 16th. The annual rate of mortality in these towns, which had been 15.4, 20.6 and 20.3 per 1,000, in the three preceding weeks, declined again last week to 19.0 per 1,000. Among these large towns the death-rates ranged from 8.5 in Coventry, 9.6 in Hornsey, 10.3 in Walthamstow, 10.8 in Leyton, 11.1 in Devonport, 12.2 in Handsworth, 12.5 in King's Norton, and 12.6 in Derby, to 24.7 in Gateshead, 25.6 in Rochdale, 27.5 in Tynemouth, 28.7 in Warrington, 29.0 in Preston, 30.1 in West Hartlepool, 33.0 in Merthyr Tydfil, and 38.2 in Wigan. In London the death-rate was 18.8 per 1,000, while it averaged 19.1 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.5 per 1,000 in the seventy-six large towns, and corresponded exactly with the rate in London; among the seventy-five large provincial towns the rates ranged upwards to 3.3 in Walthamstow and in Wigan, 3.4 in Salford, 3.5 in Handsworth, 4.4 in Gateshead, 5.4 in Warrington, and 7.3 in Preston. Measles caused a death-rate of 1.3 in East Ham, 1.4 in Salford and in Sunderland, 1.8 in West Ham and in Rotherham, 2.8 in Willesden, 3.1 in Warrington, and 5.4 in Preston; scarlet fever of 1.4 in Merthyr Tydfil; whooping-cough of 1.3 in Portsmouth, 1.4 in Birkenhead, 1.5 in West Hartlepool and in Newport (Mon.), 1.7 in Handsworth, 2.5 in Wigan, and 2.6 in Gateshead; and diarrhoea of 1.4 in Walthamstow. The mortality from diphtheria and from "fever" showed no marked excess in any of the large towns. One fatal case of small-pox was registered in Nottingham and 1 in Sunderland, but not one in any other of the seventy-six large towns. The Metropolitan Asylums Hospitals contained 26 small-pox cases at the end of last week, this being also the number remaining under treatment at the end of each of the two preceding weeks; 4 new cases were admitted during the week, against 7, 4, and 6 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 1,617, 1,632, and 1,659 on the three preceding Saturdays, had further increased to 1,660 on Saturday last, January 16th; 195 new cases were admitted during the week, against 142, 194, and 201 in the three preceding weeks.

#### MEDICAL NEWS.

ROYAL BRITISH NURSES' ASSOCIATION.—A special general meeting of this Association will be held at the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Tuesday, February 2nd, 1904, at 4 p.m., for the purpose of considering the draft of a Bill upon the State registration of trained nurses, which will be submitted to the meeting; and any amendments that may be proposed thereon. The following resolution will be proposed: "That the draft Bill, as amended, be approved; and that the Executive Committee be directed to take such steps as they may think necessary to have it submitted to Parliament."

**LONDON SCHOOL OF TROPICAL MEDICINE.**—Twenty-eight students have entered at the London School of Tropical Medicine for the session of three months which commenced on January 15th. In addition to these four students entered for a shorter course. Of the total number four are ladies.

**LARYNGOLOGICAL SOCIETY OF LONDON.**—At the twelfth annual meeting of the Laryngological Society of London, which took place on January 15th, the following officers were elected for the ensuing year:—*President*: Dr. P. McBride. *Vice-Presidents*: Mr. Anthony Bowlby, Dr. Percy Kidd, Mr. Charters Symonds, and Dr. W. Milligan. *Honorary Treasurer*: Mr. W. R. H. Stewart. *Honorary Secretaries*: Dr. Furniss Potter and Mr. P. de Santi. Six members of Council were also elected. The same evening the annual dinner of the Society was held at Prince's Rooms, Piccadilly. There was a large attendance and several distinguished guests were present.

**ROYAL LONDON OPHTHALMIC HOSPITAL.**—This year is the centenary of the Royal London Ophthalmic Hospital, an institution which is widely known to medical men as the Moorfields Eye Hospital. By the sale of its old site in Moorfields it was enabled to rebuild and equip itself in the City Road a year or two ago, and it is now in every way what a modern ophthalmic hospital should be. Although, however, it has thus been able to make an excellent start in its quarters, it is found difficult to keep all the beds open, owing, amongst other things, to the heavy rates imposed upon the institution by the local authorities. In ground rent and rates it has to pay out over £2,000 a year; an appeal therefore is made for more support in this the hundredth year of its existence. The institution is too well known to most medical men to need much commendation, but we should wish to endorse the statement made about it by the Distribution Committee of the King's Hospital Fund in its report at the end of last year, to the effect that it is an institution which should receive all the support required.

### 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.  
**BOURNEMOUTH: NATIONAL SANATORIUM FOR CONSUMPTION.**—Resident Medical Officer. Salary, £50 from February 18th to June 30th.  
**BOURNEMOUTH: ROYAL VICTORIA HOSPITAL.**—House-Surgeon; resident. Salary £100 per annum.  
**BRADFORD POOR-LAW UNION.**—Assistant Medical Officer for Hospital and Workhouse; resident. Salary, £125 per annum.  
**CENTRAL LONDON OPHTHALMIC HOSPITAL,** Gray's Inn Road, W.C.—Assistant Surgeon.  
**CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—Two House Physicians, resident. Salary at the rate of £30 per annum.  
**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.  
**LIVERPOOL: DAVID LEWIS NORTHERN HOSPITAL.**—Assistant House-Surgeon; resident. Salary, £70 per annum.  
**LONDON HOSPITAL,** Whitechapel Road, E.—Two Senior Clinical Assistants (Aural).  
**MANCHESTER CORPORATION.**—Fourth Medical Assistant at the Mosaic Fever Hospital; resident. Salary, £400 per annum.  
**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC,** Queen Square, W.C.—Registrar. Honorarium, £50 per annum.  
**NORTH RIDING INFIRMARY,** Middlesbrough.—Assistant House-Surgeon; resident. Salary, £75 per annum.  
**ROYAL EAR HOSPITAL,** Frith Street, W.—Honorary Assistant Anaesthetist.  
**ST. GEORGE'S UNION INFIRMARY,** Fulham Road, S.W.—Second Assistant Medical Officer; resident. Salary, £70 per annum.  
**ST. PANCRAS AND NORTHERN DISPENSARY,** Fuston Road, N.W.—Honorary Surgeon.  
**WINCHESTER: ROYAL HANTS COUNTY INFIRMARY.**—Honorary Surgeon-in-Ordinary.  
**YORK COUNTY HOSPITAL.**—House-Physician; resident. Salary, £100 per annum.

### MEDICAL APPOINTMENTS.

**BEACH, H. W., M.B.C.S., L.R.C.P.,** Medical Officer of Health to the Yarmouth Town Council.  
**BUCKLAND JONES, H. M.B., M.Ch.Edin.,** Assistant Surgeon to the Metropolitan Ear, Nose, and Throat Hospital.  
**COLLIERIDGE, A., M.B.C.S., L.R.C.P.,** Senior Resident Medical Officer at the Mount Vernon Consumption Hospital, Hampstead, N.W.  
**CONDELL, A. P., M.D. Manitoba,** Clinical Assistant to the Chelsea Hospital for Women.  
**DONALD, C. W., M.B., F.R.C.S.Edin.,** Assistant Honorary Physician to the Cumberland Infirmary, Carlisle.  
**DYER, Sidney E., M.D.Brux., M.B.C.S.Eng., L.R.C.P.Lond., D.P.H.Eng.** Conjoint Board, Barrister-at-Law at the Middle Temple, Medical Officer, H.M. Prison, Dartmoor.  
**FRASER, J. S. J., M.B., M.Ch., F.R.C.S.,** Registrar to the Chelsea Hospital for Women.  
**FOURTH, C. W., M.B.C.S., L.R.C.P.,** Resident Assistant Medical Officer of the Workhouse of the South Shields Union.  
**GOODWIN, Robert, M.D., C.M. Manitoba,** Clinical Assistant to the Chelsea Hospital for Women.  
**GRANT, Lachlan, M.D., C.M.Edin.,** Medical Officer to the Ballachulish Quarries Medical Club, vice A. Dingwall Kennedy, M.B., Ch. B.Glasg., resigned.  
**GRAY-EDWARDS, H. M.D., M.Ch.Dub.,** Honorary Ophthalmic Surgeon to the Carnarvonshire and Anglesey Infirmary, Bangor.  
**HINE, H., M.B., F.R.C.S.,** Medical Officer of the Infirmary and the Newark District of the Newark Union.  
**JAMISON, Sydney, M.B., Ch. M.Edin.,** Lecturer on Medical Jurisprudence at the University of Sydney, vice W. H. Goode, M.D.Dub., deceased.

**JENKINS, A. W., M.B.Lond., M.B.C.S.,** District Medical Officer of the Hinckley Union.  
**JONES, R. H., M.B., Ch.M.Melb.,** Honorary Assistant Ophthalmic Surgeon at the Sydney Hospital.  
**LISTER, W. T., R.A., M.B., B.C., F.R.C.S.,** Assistant Surgeon to the Royal London Ophthalmic Hospital, City Road, E.C.  
**MILLER, A. O., M.D.Edin.,** Medical Officer to the Post Office for the Fortwilliam District.  
**NIX, E. E., M.B. B.C.Cantab.,** Medical Officer of Health to the Chatteris Urban District Council.  
**PRICE, E. O., M.D.Edin.,** Honorary Medical Officer to the Carnarvonshire and Anglesey Infirmary, Bangor.  
**ROSE, Thomas, M.B.C.S., L.R.C.P.,** Resident Medical Officer to the Chelsea Hospital for Women.  
**WAUGH, Alec, M.B., C.M.Glasg.,** Medical Officer and Public Vaccinator, Skipton District, Skipton Union, vice G. S. Fisher, L.R.C.P.I., L.M. & L.R.C.S.I., resigned.  
**WEIR, G. W., M.D., M.Ch., B.U.I., D.P.H.Camb.,** Medical Officer of the Workhouse of the South Shields Union.  
**DEBBYSHIRE ROYAL INFIRMARY.**—The following appointments have been made: House-Surgeon.—Basil M. Wilson, M.B. Vict., vice Ernest Wethered, M.B. House-Physician.—Rupert Butterworth, M.B. Cantab., vice F. Bryan, M.B. Cantab. House-Surgeon No. 2.—Ernest Bennett, M.B. Glasg., vice C. M. Hope, M.B. Glasg. Assistant House-Surgeon.—Percy Hardy, M.B.C.S., L.R.C.P., vice Rupert Butterworth, M.B. Cantab.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**Medical Society of London,** 11, Chandos Street, Cavendish Square, W. 8.30 p.m.—Dr. M. Handfield-Jones will open a discussion on Pelvic Lesions in Relation to Abdominal Diagnosis.  
**Odontological Society of Great Britain,** 20, Hanover Square, W., 8 p.m.—Casual communications by Mr. Sefton Sewill. Paper by Mr. F. J. Bennett.

#### TUESDAY.

**Royal Medical and Chirurgical Society,** 20, Hanover Square, W., 8.30 p.m.—Mr. B. G. A. Moynihan: Hour-glass Stomach. With Demonstrations on the Epidiascope.

#### WEDNESDAY.

**Hunterian Society,** London Institution, Finsbury Circus, E.C., 8.30 p.m.—Pathological Evening. Exhibition of Specimens.

#### THURSDAY.

**Ophthalmological Society of the United Kingdom,** 11, Chandos Street, W., 8 p.m.—Cases, etc., by Messrs. G. W. Thompson, E. T. Collins, G. W. Roll, S. J. Taylor, and Drs. L. Werner and D. Mcwat. 8.30 p.m.—Papers:—Mr. W. H. Jessop: Cases of Ptochosis. Mr. G. Brooksbank-James: A Plan of Treatment in some Cases of Asthenopia. Mr. W. M. Beaumont: The Eye Symptoms of Rheumatoid Arthritis, with a Special Reference to the Field of Vision. Major Maynard and Dr. Leonard Rogers: Pulsating Exophthalmos due to Dilatation and Dropsy of the Optic Nerve accompanying Internal Hydrocephalus. Mr. J. E. Lunn: Notes of a case of Tuberculosis of the Choroid.

#### FRIDAY.

**British Laryngological, Rhinological and Otolological Association,** 11, Chandos Street, Cavendish Square, W., 4 p.m.—Mr. Mayo Collier will read a communication and show Cases. Cases will also be shown by Mr. Nelson, Dr. Wyatt Wingrave, Dr. A. Wylie, and Mr. Stuart-Low. The President will deliver his Annual Address.

### POST-GRADUATE COURSES AND LECTURES.

**Charing Cross Hospital,** Thursday, 4 p.m.—Demonstration of Medical Cases.  
**Hospital for Consumption and Diseases of the Chest,** Brompton, Wednesday, 4 p.m.—Lecture on Foreign Bodies in the Bronchi.  
**Hospital for Sick Children,** Great Ormond Street, W.C., Thursday, 4 p.m.—Lecture on the Significance of some Common Symptoms in Diseases of Children.  
**London Temperance Hospital,** Hampstead Road, N.W., Wednesday, 4 p.m.—Lecture on Diseases of the Stomach.  
**Medical Graduates' College and Polytechnic,** 23, Oldham Street, W.C.—Demonstrations will be given at 4 p.m. as follows: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Throat. Lectures will be delivered at 5.15 p.m. as follows: Monday, Chronic Intestinal Obstruction; Tuesday, Primary Anaemia; Wednesday, Infant Feeding; Thursday, Operations for Cancer of the Tongue and Naso-labial Regions.  
**Mount Vernon Hospital for Consumption and Diseases of the Chest,** 7, Fitzroy Square, W., Thursday, 5 p.m.—Lecture on Fibrosis of the Lungs.  
**National Hospital for the Paralyzed and Epileptic,** Queen Square, W.C.—Lectures will be delivered at 8.30 p.m. as follows: Tuesday, Family and Hereditary Disease; Wednesday, Epilepsy.  
**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, Practical Surgery; Tuesday, Plaster-of-paris Splints; Wednesday, Practical Medicine; Thursday, Dental Cases, its Etiology and Treatment; Friday, Plaster-of-paris Splints.  
**Samuel Free Hospital for Women,** Marylebone Road, N.W., Thursday, 8 p.m.—Lecture on Metrorrhagia.

### 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.

**BYERS.**—On January 17th, 1904, at Wilmslow, Cheshire, the wife of Alfred Byers, M.D., of a son.  
**GALE.**—On January 14th, 1904, at "Manergete," Kingston Hill, Surrey, to Arthur Gale, M.B.C.S., L.R.C.P., and Ursula Gale—a son.  
**NEWTON.**—On January 18th, at Brookhill, Sheffield, the wife of Duncan Gray Newton, M.B., C.M., of a daughter.  
**WILLIAMS.**—On January 19th, at Bryn Derw, Penarth, the wife of W. Williams, M.A., M.D., County Medical Officer, of a son.

#### MARRIAGES.

**SWALES—PENTIN.**—On January 20th, at St. James's Church, West Derby, Liverpool, by the Rev. G. Fred Wills, Vicar of Up-Holland, near Wirral, Edward Swales, M.B.C.S., L.R.C.P.Lond., to Florence Booth, third daughter of the late F. J. Pentin, of Liverpool.  
**WRYTE—HOWDEN.**—At Roselea, Falkirk, on January 12th, by the Rev. Alex. Pollock, M.A., Dr. Charles A. Whyte, to Mary Ritchie, daughter of James Howden, Falkirk, No. 4.  
**WILSON—TWISS.**—At St. James's Church, Birkdale, Lancashire, on January 18th, by the Rev. E. Stephenson, M.A., Vicar, Roger Parker, Captain, Indian Medical Service, third son of the late William Wilson, of Walton Priory, Liverpool, and of Mrs. Wilson, Birkdale, to Elsie Dora, youngest daughter of the late Walter Twiss, of Walton House, Withington, Manchester, and of Mrs. Twiss, Southport.

#### DEATH.

**HUNTER.**—On December 25th, at his residence, 146, Lavender Hill, S.W., after a short illness, Fred L. Hunter, M.B.C.S., L.R.C.P., the husband and dearly-beloved husband of Caroline Ida Hunter. Deeply regretted. Sadly missed.