

Assuming that the atmospheric bacteria are harmless (an assumption which cannot for one moment be granted), then there is no reason why the wound should be infected either at the beginning, the middle, or the end of the operation. But a surgical operation is a bacteriological experiment, and what bacteriologist would expose his culture media to the atmosphere for a couple of hours, and during all that time keep stirring them up? To ensure success bacteriological experiments must be done quickly and quietly, and so must surgical operations.

I can recall a few operations which have taken more than ninety minutes, and they have been followed by a larger proportion of sepsis than those of shorter duration.

Of course, the long exposure to atmospheric infection is not the only reason for this sepsis. I have already mentioned a case of radical cure of hernia in a very stout subject. Owing to his depth of fat a very big incision was required, and during the operation the loose and oily fat became bruised and full of clotted blood. Another very stout patient had an inguinal hernia full of inflamed and adherent omentum. The haemorrhage from the omentum was very free in spite of chain sutures of stout silk. Ultimately the wound had to be enlarged. The operation lasted two hours and a quarter. The patient made good progress, and left the nursing home at the end of three weeks with the wound soundly healed. Afterwards some pus formed beneath the scar, and after it had been let out some of the buried silk separated. Here, again, the thick layer of subcutaneous fat was bruised and infiltrated with clotted blood. As no drain was inserted, some blood may have collected in the depths of the wound.

Some wounds are easier than others to protect against atmospheric infection. Most abdominal wounds are of this nature. In the removal of the mammary gland, pectoral muscles, and axillary lymphatics, it is easy to protect the greater part of the huge wound with layers of antiseptic gauze.

It is difficult to see what effect any change in environment could have had upon this series of cases. In them the escape of blood into the wound and tissues around was the usual precursor of sepsis. The human blood is a most troublesome fluid; I sometimes wonder why the vessels should be filled with so strange a mixture. I often ask—but have never yet been told why—our own blood should clot and cause our own tissues to inflame? How often we meet with a sequence of events such as this: Blood shed into a serous cavity, into a joint, or amongst the tissues; clotting of the blood, and then inflammation of the tissues in contact with the clot; and, perchance, infection of the clot followed by its conversion into matter; for, although the infection usually comes from without it may come from within, being carried by the blood stream or by the lymphatics.

These phenomena are clearly displayed in cases of subcutaneous injury, such, for instance, as a fracture of the patella. Some would ascribe the inflammation which ensues to the breaking of the bone and the tearing of the tissues, but I should ascribe it mainly to the extravasation of the blood. And acting on this belief, I take the greatest pains when wiring the patella to remove every particle of clot. In the subcutaneous operations which have been devised for fractured patella the clot is, of course, not taken away. But this is a trifling objection to that method of operation compared with another, for subcutaneous methods do not take away the piece of dorsal aponeurosis which always falls between the fragments.

The inflammatory effects of extravasated blood are very marked when it is in contact with that sensitive membrane the peritoneum. Twice I have been requested to operate for appendicitis and found instead a haematosalpinx. To my mind the error was venial. At the operation I saw the area of inflamed, engorged, and swollen peritoneum around the clots; and clinically the pain, elevation of temperature, and acceleration of the pulse had all seemed to justify the diagnosis. I suppose a physiologist could tell us exactly which element in the blood clot excited the inflammation, which raised the temperature, and which accelerated the pulse.

I have on three occasions seen the omental vessels bleed into the abdomen after radical cure of hernia. The signs of peritonitis were very marked, and once they were of the most septic type. The infection may have been introduced at the operation, but the operator had had no other cases of peritonitis. I am sure that had no bleeding occurred the fatal case would not have been recorded. But when blood clot is close to the intestines it may be infected from their interior, the intestinal bacteria finding their way through the coats of

the intestines when the latter are inflamed or infiltrated with blood.

Although I have not had to tell you of a single instance of general septic infection, or even a single one of progressive suppuration, I am not contented, and fervently hope that better results may in future be obtained.

NOTE AND REFERENCES.

¹ *Trans. Med. Soc. Lond.*, vol. xiv, 1891, p. 40, et seq. ² *Ibid.*, vol. xix, p. 26, fig. 2. ³ Court of Surgical Registrar, *Statistical Tables of St. Bartholomew's Hospital*, 1902, p. 194. ⁴ Wounds of usual character, and including radical cure of hernia, appendectomy, intestinal anastomosis, amputation of breast and thigh, excision of knee, and so forth.

MEMORANDA:

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

POTATOES AND GLYCOSURIA.

I HAVE seen lately potatoes mentioned as being more wholesome than ordinary bread for diabetics.

A patient, aged 57, with slight alimentary glycosuria, thought potatoes did not suit him. I found that after a luncheon of chop and plenty of bread there was no sugar in the urine, but an hour after a chop and plenty of potatoes, there was a large amount of sugar (I did not estimate it quantitatively.)

Thinking it over lately I made an infusion of a little well-boiled mealy potato in warm distilled water, and to my surprise found a large amount of grape sugar both by the copper and the phenyl-hydrazin test. Therefore potatoes, though an excellent food, are not good for diabetics.

If I have the opportunity I will see how new potatoes (when they come in) suit my patient.

Stourbridge.

GEORGE BIRT, M.B.Lond.

A NEW METHOD FOR DETECTING PLAGUE BACILLI IN THE BLOOD.

It has hitherto been held that plague bacilli only occur in the general circulation in few cases, or at most when the patient is dying. This is an error which has arisen from faulty methods of examining the blood films; the bacilli can be found in all cases and at all stages, and a case can be diagnosed almost as easily as a case of malaria.

In working at malaria with Ross's method it struck me that the same method would be—as it has proved to be—as useful in filarial blood, and a happy inspiration led me to examine a case of plague in the same manner, and, to my surprise, numbers of bacilli were easily found.

We—that is myself and Dr. Laing, assistant superintendent—have now examined numbers of cases, mostly on the first or second day of illness, and in every case the result has been positive. It is only necessary to make the film a little thinner and a little more spread out than in working at malaria to obtain good results.

J. BELL,

Superintendent, Government Civil Hospital, Hong Kong.

THE TREATMENT OF HAEMOGLOBINURIC FEVER.

THE treatment of haemoglobinuric fever in British Central Africa has occupied the attention of Protectorate medical officers since 1895. Owing to lack of experience of the disease no particular line of treatment was at first followed, and such cases as were not treated with small doses of quinine were treated symptomatically.

In 1895 and the year following several cases came under observation, both at Zomba and Fort Johnston, and about this time Dr. Steudel, of the German Imperial Government, published a paper in which he strongly advocated the administration of large doses of quinine in the treatment of this disease—about 60 gr. per diem; supporting his recommendation of these large doses by quoting a remarkable number of recoveries in his experience on the East Coast.

In the absence of any guide to treatment his method was immediately adopted in this Protectorate, and the mortality from haemoglobinuric fever during the years 1896, 1897, and 1898, was estimated at about 33 per cent. The cases which then presented themselves appeared to be of a severe type, and death from suppression of urine was the termination in the majority of the fatal cases.

Early in 1899, and after an experience of several cases of

this disease, I failed to recognize the therapeutic value of quinine, more especially as I found that in cases where vomiting was a predominant feature, and in which the quinine given was immediately rejected (and therefore discontinued) the number of recoveries compared favourably with these treated with quinine. I was therefore led to abandon the use of this drug, and to substitute a modification of the Sternberg line of treatment adopted in yellow fever.

I have now treated 18 consecutive cases of haemoglobinuric fever without a single death, and as these recoveries cannot therefore be regarded as fortuitous, in view of the number of cases thus successfully dealt with, the treatment substituted appears to me to be deserving of a more extended trial.

Sodium bicarbonate and liquor hydrargyri perchloridi are the drugs employed; in doses of 10 gr. of the former and 30 minims of the latter. The combined action of these two drugs being antacid, diuretic, and gastro-intestinal disinfectant, vomiting is allayed, if not effectually checked, and diuresis is freely established. Under this treatment not a single case of suppression of urine has occurred—a symptom which is invariably fatal. The mixture is given every two hours for the first twenty-four hours, and subsequently every three hours until the urine is free of haemoglobin. No ill-effects whatever have been observed in the 18 cases in which it has been successfully employed, notwithstanding that in 4 of these there were relapses, and the mixture was again continued.

With regard to diet, fluid nourishment consisting of milk and barley water is given frequently and in small quantities. Benger's food is of great value, as it can be readily prepared and is easily digested. Brand's essence of chicken, and Valentine's meat juice are also of value. As a stimulant brandy is given to the exclusion of champagne, and in fact all acid drinks are prohibited. During convalescence, especially in view of the anaemia, it is always advisable to administer ferruginous tonics, and for this purpose the scaly preparations of iron have been found most suitable.

H. HEARSEY,

Principal Medical Officer, British Central Africa.

PERFORATIVE TYPHLITIS: OPERATION: RECOVERY. ONE sees so few cases of typhlitis recorded that the following seems worth publishing:

On July 13th, 1903, I saw in the evening a girl, aged 20, who gave a history of having been taken with pain in the abdomen the day before, which had since become worse with violent vomiting. Her abdomen was rigid, very tender over the caecum, pulse 105, temperature 100°, vomiting very frequent. She said she had had similar attacks before, but "never bad enough to see a doctor for." The next morning vomiting had ceased, but the temperature was 103° and the pulse 120.

In the evening I operated, cutting down over the appendix in the usual way. On opening the abdomen there was active peritonitis, pus with faeculent odour welled up, and on sponging it out I found on the outer wall of the caecum a triangular-shaped slough through which pus came; in its immediate neighbourhood were several yellow points on the peritoneal covering of the caecum all more or less triangular in shape which had not actually given way. The appendix itself was oedematous, but on removal was perfectly healthy. The caecum had no mesentery, so it was very difficult to reach, but the affected part of the wall was tucked in on itself with silk sutures in a double layer, a strip of iodoform gauze laid over it and a Keith tube put into the pelvis, where pus at once welled up.

For about three weeks after operation faecal-smelling pus discharged, but there was never any flatus, and although all sutures broke away, the wound rapidly granulated, and she is now quite well.

There was no apparent cause for the attack, and no obvious reason why a small area of the outer wall of the caecum should be alone affected. The peculiar shape of the sloughs on the peritoneum suggested that the muscular fibres had limited the extension of the sloughing.

A. E. KENNEDY, jun.

Plaistow, E.

Honorary Surgeon Maternity Charity.

CASE OF POISONING BY PHENACETIN AND ANTİKAMNIA.

ON June 10th, 1903, I was called between 2 and 3 o'clock in the afternoon to see a patient, who, I was told, had urgent need of me.

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On arrival I found the lady, who is over 40 years of age, sitting up in bed. She seemed much alarmed, her face was pinched, pale, and anxious, her lips purple, the eyes small, the fingers and nails purple. She gave me the following history:

Feeling feverish in the morning she had sent to a chemist for 10 gr. each of phenacetin and antikamnia. The order was a written one, and failing to dot her "i," the word was read "grams" instead of "grains," so that 10 grams of each drug were sent her. Too ill to take it herself, she asked her maid to mix a half of each powder for her. This she took, remarking on the largeness of the dose, yet not suspecting any risk. She immediately vomited, bringing up a thick, whitish material. This was about 10 a.m. After several hours she began to feel ill, and so telephoned to know what dose had been sent her. Strangely enough the clerk who had sold her 10 gr. the day before, answered, and assured her that he had sent only 10 gr. A little later, still feeling ill, she caught sight of her face in the mirror, and was alarmed by the appearance I have described; and then also she noticed the colour of her hands and nails.

My astonishment was very great when I saw how little she had been affected by, as I thought, a dose of 75 gr. each of phenacetin and antikamnia. She then mentioned her having vomited, and this, along with the fact of its having been taken nearly six hours before, somewhat reassured me. Her heart and respiration were scarcely affected, the most troublesome symptoms being the feeling of cold and prostration, and profuse perspiration.

I ordered some diffusible stimulants. The result of these, together with an assurance of there being no special danger, soon restored my patient to her ordinary state.

It seems strange that having taken 5 gr. of each drug the day before she should have swallowed fifteen times that amount for the same dose. She certainly must have brought up the larger part of the dose, or the results would most likely have been much more serious.

Trinidad, B.W.I. STEPHEN M. LAURENCE, M.B., C.M. Edin.

TREATMENT OF ANKYLOSTOMIASIS.

PROFESSOR STOCKMAN contributes to the BRITISH MEDICAL JOURNAL of July 25th, 1903, an interesting note on a case of ankylostomiasis in Scotland. There are, however, some misleading features in this report, which I beg Professor Stockman will pardon my criticizing.

It is by no means the experience of those who deal largely with ankylostomes that they "are readily killed by large doses of thymol." My own routine is to give 30 gr. of thymol in powder at 4, 6, 8, and 10 a.m. on an empty stomach, followed by 1 oz. of castor oil at 6 p.m.—that is, I use 120 gr. for the first treatment. Experiment has proved the inefficiency of smaller doses. About half the cases are not freed from the parasite even with this large dosage. The most obstinate cases I have met, of which I give the notes, shows that the ankylostome may be extremely resistant to thymol.

J. W., aged 27, white labourer.

July 15th. Given thymol, 30 gr. four times.

July 28th. Faeces contain ova of ankylostoma and ascaris.

July 29th. Thymol, 30 gr. four times.

August 6th. Faeces contain ova of ankylostoma.

August 11th. Thymol, 40 gr. four times.

August 31st. Faeces contain ova of ankylostoma.

September 8th. Thymol, 50 gr. four times.

At the present date the faeces have not yet been re-examined.

This dose of 120 gr. of thymol is given regardless of age; children of 3 years take it with absolute impunity.

With respect to Professor Stockman's case, it will be noticed that the worms were never found on washing the stools. He supposes they were all expelled by a single dose of 20 gr. I am confident that at most only three or four worms were passed after such a small dose. It is to be observed that ova were found on June 10th, five days after the last dose of thymol, proving that the worms were not all expelled.

The improvement of the patient is to be attributed to the fact that he was given iron. This will always happen, except in very advanced cases; the anaemia will improve as long as the patient is taking iron, but will recur again and again until the parasites are eliminated.

I would suggest to Professor Stockman to observe his case some months hence, when I expect he will find him as anaemic as ever.

C. W. BRANCH, M.B., C.M. Edin.

Colony Hospital, St. Vincent, B.W.I.

CONTRACT MEDICAL PRACTICE.

A COMPARISON OF WORK AND PAY.

A MEDICAL man whose work lies in a colliery district and among the industrial classes kept a careful record during 1903 of the details of his club practice, and of this the following is a summary:

He paid 2,432 visits, wrote 7,525 club certificates, did 321 surgery dressings, answered 6 "after-bed" night calls, dispensed 2,598 bottles of medicine, and gave away 281 supplies of pills and powders and 119 boxes of ointment. The "surgery dressings" included a great deal of minor surgery, such as removal of fingers, stitching-up of wounds, setting of fractures, while counted as a simple "visit" are such matters as special journeys to the collieries for serious injuries and surgery of the lower limbs at the houses of patients. In return for this work he received under contract from his clubs the sum of £479 8s. If nothing but the visits be regarded, and all the other work thrown in free, this works out at 3s. 10½d. a visit; or if, on the other hand, only the bottles of medicine dispensed be considered and all the rest thrown in, it works out at 3s. 8d. In both of these ways the sum works out to much the same as that which he charges non-club patients of the same class, but at the same time leaves unpaid a great deal of work which requires skill and causes expense, and absorbs time. He notes, moreover, that the year 1903 was an unusually light year, and his record for January, 1904, is 50 per cent. higher than for the same month last year included in the foregoing particulars. In addition to contract fees and club work proper, he received from persons who were members of one or other of his clubs an aggregate sum of £51 16s 6d. for such things as confinements, vaccinations, and large operations. This sum may, it is suggested, be set off against the expenses of the contract work. Among his clubs he has some family clubs, and he does not object when his women patients join them, as though he has a large outside practice, and receives from it a very considerable sum yearly, there is a good deal of trouble in collecting it. With his club patients he gets on pleasantly, and though he has to work very hard to satisfy them he seems to be favourably disposed towards this method of work; nevertheless he considers that, taking one consideration with another, 5s. a year a head should be the minimum payment made anywhere.

The writer does not state the total number of persons for whom he is medically responsible in return for the gross aggregate payment of £479 8s., nor does he give the exact rates per caput per annum. As regards the latter, however, he says that the "average" is 5s. 10½d. for men and boys' clubs, and in family clubs 12s., which works out to about 4s. a head. He appears, therefore, to be better paid than are the majority of medical men doing contract work.

ASSOCIATION NOTICES.

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.

GUY ELLISTON, *General Secretary*.

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.

BRANCH MEETINGS TO BE HELD.

BORDER COUNTIES BRANCH.—The next meeting of this Branch will take place at Maryport on Thursday, March 10th. Members desiring to make communications are requested to inform the Secretary of the Branch at their earliest convenience. Further details will be notified by circular shortly before the meeting.—FRANCIS R. HILL, 62, Warwick Road, Carlisle, Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.—An ordinary meeting of this Division will be held on Thursday, March 10th, at 4 p.m., at the Metropolitan Hospital, Kingsland Road, N.E. Exhibition of Clinical Cases.—E. W. GOODALL, Eastern Hospital, Homerton, N.E., Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: WANDSWORTH DIVISION.—An ordinary meeting of this Division will be held in the Officers' Dining-room of the 4th V.B. East Surrey Regiment, St. John's Hill (opposite Clapham Junction Station) on Thursday, March 10th, at 9 p.m. Business: 1. Resolutions for Representative Meeting referring to charges for advertisements in JOURNAL, price of JOURNAL to non-members, alterations in By-law 22 (election of members of Central Council). 2. Resolution re-

ferring to alteration in No. 4 of Branch Rules. 3. Report on Medical Act Amendment Bill. 4. Report on Midwives' Act, 1902, and the Regulations. 5. Proposed Ethical Rules.—E. ROWLAND FOTHERGILL, Torquay House, Southfields, S.W., Honorary Secretary.

SOUTH-EASTERN BRANCH: CROYDON DIVISION.—The next meeting of this Division will be held at the Greyhound Hotel, Croydon, on Thursday, March 17th, at 4 p.m., Dr. P. T. Duncan in the chair. The following papers have been promised:—Mr. Herbert F. Waterhouse: On Gastro-enterostomy in Non-malignant Affections of the Stomach and Duodenum. Dr. Purves Stewart: On Lumbar Puncture in its Practical Applications. Dr. J. J. Perkins: On Some Points in the Diagnosis and Treatment of Chest Diseases. Mr. St. George Reid will show an automatic sounding box for testing the auditory appreciation in cases of deafness and ear diseases. Messrs. Arnold and Sons will exhibit surgical instruments; Messrs. Parke Davis, pharmaceutical preparations, etc.: The Trommer Company, diastatic nutrients. Members desirous of exhibiting or reading notes of cases are invited to communicate at once with the Honorary Secretary. Dinner at 6 p.m. charge 7s., exclusive of wine. All members of the South Eastern Branch are entitled to attend and to introduce professional friends. N.B.—The Honorary Secretary would be much obliged if members would kindly inform him whether they intend, if possible, to be present at the meeting, and if likely to remain to dinner. By so doing they will very materially facilitate arrangements and promote the success of the meetings.—E. H. WILLOCK, 113, London Road, Croydon, Honorary Secretary.

SOUTH-EASTERN BRANCH: FAVERSHAM DIVISION.—The next meeting of this Division will be held at Westdene, Sittingbourne, on Thursday, March 10th, at 3 p.m. Agenda: Confirmation of minutes of last meeting. Time and place of next meeting. Reconsideration of the proposed Medical Acts Amendment Bill, adjourned from last meeting (*vide SUPPLEMENT* of August 22nd). To consider and suggest a standard tariff for life assurance examinations in this district. Members should bring the scale of fees of any insurance company that is available. To consider the Draft Scheme for Medical Defence (*vide SUPPLEMENT*, January 30th, and leading article, February 20th). Dr. Grayling on The Anatomical Researches of Sir Christopher Wren. Any other business.—All members of the South-Eastern Branch are invited to attend these meetings and to introduce professional friends. WILLIAM GOSSE, Westdene, Sittingbourne, Honorary Divisional Secretary.

SOUTH-EASTERN BRANCH: NORWOOD DIVISION.—A meeting of this Division will be held at the Queen's Hotel, Upper Norwood, on Thursday, March 10th, at 4 p.m., Mr. J. Sidney Turner in the chair. Agenda: Minutes of last meeting. To arrange the number, dates, and places of meetings to take place annually, and to decide when and where the next meeting shall be held, and to nominate a member of the Division to take the chair thereat. Communication from the Medical Secretary as to alteration of boundary of Division. Communications concerning the transfer of King's College Hospital to Denmark Hill. To consider the following questions referred by the Representative Meeting and Council of the Association to the Divisions: (a) Six resolutions as to the reforms required in the Vaccination Laws. (b) Proposed Medical Acts Amendment Bill. (N.B.—The text of the resolutions above referred to and of the Medical Acts Amendment Bill will be found in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL for August 22nd, 1903, and members are advised to bring their copies of this SUPPLEMENT to the meeting.) (c) The advisability of petitioning the Privy Council in favour of direct representation of the British Medical Association on the General Medical Council. The following papers will be read:—Mr. W. Arbuthnot Lane: On Certain Abdominal Conditions. Mr. H. G. Plimmer: Diseases in Men and Animals caused by Trypanosomes. Exhibition of instruments by Down Bros. Members desirous of exhibiting specimens or reading notes of cases are invited to communicate at once with the Honorary Secretary. Dinner at 6 p.m.; charge 7s., exclusive of wine. The Honorary Secretary would be much obliged if members would kindly inform him by the first post on the Tuesday before the meeting whether they intend, if possible, to be present at the meeting, and if likely to remain to dinner. By so doing they will very materially facilitate arrangements and promote the success of the meeting. All members of the South-Eastern Branch are invited to attend and to introduce professional friends, but will be unable to vote on Divisional questions.—HENRY J. PRANGLEY, Tudor House, Anerley, Honorary Secretary.

SPECIAL CORRESPONDENCE.

MANCHESTER.

Children's Hospital and its Out-patient Department.—Dr. Mott's Lecture to Medical Men at Owens College on Pathology of Sleeping Sickness.—The Report of the Coroner.—Death of Chairman of Infirmary Board.—Unwholesome Condemned Food.—Victoria Dental Hospital.—The Lectureship in Laryngology.

SOME important observations on the birth rate and causes of infantile mortality were made at the annual meeting of the Children's Hospital at Pendlebury on February 19th. The medical report pointed out that during the last twenty-five years the birth-rate of the country had fallen from 36.3 to 28.9. If this represented improved morality and fewer improvident marriages, and were accompanied by a diminishing rate of infantile mortality and sickness, it would not be regrettable; but, with the present high rate of infantile mortality, a diminishing birth-rate means a diminution of the growth of the population, which could not be viewed without concern. While the death-rate among the general population was decreasing, the death-rate among infants was actually heavier during the ten years ending 1900

Deputy Inspector-General T. J. PRESTON, retired list, is appointed to the *President*, for service in the Medical Department, April 1st.

Fleet-Surgeon J. R. McDONNELL, M.D., has been placed on the retired list at his own request, February 23rd. He was appointed Surgeon, August 21st, 1883; Staff Surgeon, August 21st, 1895; and Fleet Surgeon, August 21st, 1899. He served in the expedition against King Koko, of Nimby, the chief town of Brass, on the River Niger, in 1895 (medal with clasp); in the expedition for the punishment of Mburuk, a rebellious Arab chief, resulting in the capture of his stronghold, Mwell, in 1895 ("Mwell, 1895," engraved on rim of medal); and in the expedition to punish the King of Benin for the massacre of the political expedition, 1897, ending in the capture of Benin City, in 1897 (clasp).

The following appointments have been made at the Admiralty: THOMAS C. MEIKLE, M.B., M.A., Staff Surgeon, to the *Brilliant*, March 8th; EDMUND CORCORAN, to be Staff Surgeon in charge of the Royal Naval Hospital at Portland, April 1st; WILLIAM L. MARTIN, Surgeon, to the *Moorhen*, on recommissioning, undated; GERALD C. CROSS, Surgeon, to *Teal*, additional, and on recommissioning; CHARLES H. DAWE, Surgeon, to the *Snipe*, additional, and on recommissioning; GEORGE H. BATEMAN, Surgeon, to the *Tamar*, February 26th; CHARLES T. BAXTER, Surgeon, to the *Alert*, additional, and on recommissioning, undated; EDWARD R. D. FASKEN, Fleet Surgeon, to the *Aeolus*, March 1st.

ARMY MEDICAL SERVICE.

SURGEON-GENERAL SIR T. J. GALLWEY, K.C.M.G., C.B., M.D., Principal Medical Officer in India, has been granted eight months' leave to England.

Deputy Surgeon-General WILLIAM BISSETT-SNELL died in London on February 20th, aged 73. His first appointment was dated May 6th, 1853, and he retired from the service with the honorary rank of Deputy Surgeon-General, June 12th, 1878. He was in the campaign in North China in 1860, and was at the action of Sinho, the taking of Tangku, with the reserve at the storming of the North Taku Forts, the actions of September 18th and 21st, and the surrender of Peking; he was awarded the medal with two clasps, and promoted for "meritorious services."

ROYAL ARMY MEDICAL CORPS.

MAJOR M. T. YARR is appointed Surgeon to the Governor of Bombay, from December 12th, 1903.

Lieutenant-Colonel J. G. HARWOOD, who is serving in the Bombay Command, is granted the temporary rank of Colonel while officiating as Principal Medical Officer, Poona District, from December 24th, 1903.

The undermentioned Lieutenants, appointed on probation on the dates specified, are confirmed in that rank from the same dates: W. F. ELLIS, September 1st, 1902; F. W. W. DAWSON, M.B., January 31st, 1903; J. H. DUGUID, M.B., G. W. G. HUGHES, A. C. H. GRAY, M.B., D. P. WATSON, M.B., T. S. DUDGING, J. E. POWELL, F. M. M. OMMANNEY, O. LEVERS, M.B., R. H. MACNICOL, M.B., H. H. J. FAWCETT, S. L. PALLANT, N. D'E. HARVEY, M.B., C. R. BRADLEY, S. E. LEWIS, M.B., G. A. KEMPTHORNE, J. T. MCENTIRE, M.B., F. M. G. TULLOCH, P. J. HANAFIN, J. D. RICHMOND, M.B., E. M. GLANVILLE, M.B., M. C. WETHERELL, M.B., H. C. HILDRETH, G. S. MACKAY, M.B., W. MACD. MACDOWALL, and R. T. COLLINS, August 31st, 1903.

A VOLUNTEER AMBULANCE TROPHY.

At Glasgow, on February 25th, in the presence of the Hon. the Lord Provost and a numerous company, the Scottish Volunteer Ambulance Trophy was formally handed over to Sir William Taylor, K.C.B., Director-General, Army Medical Service, for safe keeping until the termination of the first competition therefor, which is at present fixed for May 14th. The trophy, which cost £300, has been provided by the Scottish Volunteer Medical Officers' Association, and is for annual competition among all volunteer army medical ambulance teams in Scotland. A similar trophy was established many years ago by the London Volunteer Medical Officers' Association, and is open to competition to companies from the whole United Kingdom, but owing to distance and other circumstances the number of teams from Scotland has always been limited; it was thought, therefore, that it would be useful to establish a Scotch trophy.

The presentation was made on behalf of the Association by Major Quentin Chalmers, M.D., and in acknowledging it Sir William Taylor referred to the services rendered by the Glasgow companies during the war.

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE MEDICAL PROFESSION AND TRADE ADVERTISEMENTS.

MR. ARTHUR E. BARKER sends us some further correspondence he has had with Messrs. C. J. Hewlett and Son respecting the leaflet advertising "adrenalin-eucaine" as a local anaesthetic, and quoting from an article contributed by Mr. Barker to the *Lancet*. Messrs. Hewlett and Son send Mr. Barker a revised copy of the leaflet in question, which they say is amended as suggested by him, and to which they trust he will now take no exception. To this Mr. Barker replies that he objects most strongly to the use of quotations from his article to the *Lancet*, as from the form of the advertisement it is suggested that he had used Messrs. Hewlett's solution, whereas, as a matter of fact, at the time the article was written he knew nothing of their preparation; while his experience with the sample submitted to him has not been of a kind to induce him to employ it again.

* * We do not think we need add anything to Mr. Barker's protest.

THE POSITION OF A MEDICAL PRACTITIONER IN LEGAL PROCEEDINGS CONCERNING HIS PATIENT.

Puzzled says that he has been attending a patient for injuries received in an accident, and subsequently furnished his solicitor with a statement to be used in legal proceedings. Some time afterwards the defendant in the action applied to him also, and he furnished the same information to him. Later the defendant's solicitor asked him to make an affidavit, which apparently he did. He now wishes to know whether his conduct was unprofessional in giving information and swearing an affidavit for the defendant's solicitor while in attendance upon the plaintiff?

* * We think our correspondent should have refused to give any cer-

tificate or affidavit for the defendant without first consulting his patient and obtaining his permission, taking care that the patient understood the effect of the statement or affidavit. If, however, the plaintiff did not call him, and the defendant chose to send him a subpoena, he would have been bound to go, and under the direction of the judge to answer all questions put to him; but except under the direction of the judge a medical practitioner is not justified in giving information as to the condition of a patient who is or has been under his care.

MEDICAL ETIQUETTE.

A. A. P.—Our answers to questions in which no names are mentioned deal with a purely hypothetical series of events. We have no means of testing the accuracy of the statements made to us. As we understand our correspondent, the questions he now wishes us to answer are: (1) If a medical practitioner understood that he was acting for another to whom he surrendered the case and gave a list of his attendances, should he make any charge for his services? (2) Should the bill for his services be sent to the patient or to the patient's regular medical attendant? To these questions we reply: (1) He has a right to do so if he wishes. (2) It should be sent to the patient.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Forensic Medicine and Public Health at the M.B. Examination.—By a Decree of Convocation it has been determined that the Statute instituting a separate examination in Forensic Medicine and Public Health as part of the Final Examination for the B.M., B.Ch. degrees (see BRITISH MEDICAL JOURNAL, February 27th, p. 523) shall come into operation in 1905.

Scholarships.—Scholarships in Natural Science have been offered for competition on the following dates: March 15th, Keble College; March 22nd, Magdalen College; April 19th, Merton College, New College, Corpus Christi College; June 28th, Brasenose College.

UNIVERSITY OF CAMBRIDGE.

Recognized Schools.—The Medical College, Lahore, and the City Hospital for Infectious Diseases, Newcastle-on-Tyne, have been recognized by the Special Board for Medicine as places of medical study.

Degrees.—At the Congregation on February 25th the following degrees were conferred: M.D.: R. N. Salaman, Trinity Hall. M.B.: G. E. St. C. Stockwell, King's; F. A. Hepworth and H. J. Robinson, St. John's; G. P. D. Hawker, Caius; P. K. Muspratt, Christ's; S. J. Steward, Downing. B.C.: F. A. Hepworth and H. J. Robinson, St. John's; W. B. Swete-Evans, Clare; W. Hyde Hills, Pembroke.

UNIVERSITY OF LONDON.

INSTITUTE OF MEDICAL SCIENCES.

The following additional promises of support have been received in response to the appeal of the Senate for funds to build and endow an institute of medical sciences under the control of the University:

Mr. George Raphael, £100; Mr. Charles Maw, £105; A. Pearce Gould, F.R.C.S., £100; F. Goodhart, M.D., £100; P. Frank, M.D., £50. A large sum is needed to carry out the scheme. Donations, which may be extended over a period of three years, should be sent to the Honorary Treasurers, J. K. Fowler, M.A., M.D., member of the Senate, and H. T. Butlin, F.R.C.S., Dean of the Faculty of Medicine, at 35, Clarges Street, W.

LONDON SCHOOL OF TROPICAL MEDICINE.

Craggs's Research Prize.—A prize of £50 will be awarded to a past or present student of this school who during the current year (October to October) makes the most valuable contribution to tropical medicine. Contributions must be written in English, and essays must be sent in or before October 1st next to the Medical Tutor at the London School of Tropical Medicine, Royal Albert Dock, E., to whom intending candidates should apply for further information.

UNIVERSITY OF BRUSSELS.

At the recent examination for the M.D. degree five candidates presented themselves, and the following two candidates passed: Robert D. A. Douglas, L.R.C.P. and S. Edin., Coldstream, Scotland; Harry Edwin Bruce Porter, L.R.C.P., M.C.C.S. Lond., L.S.A. (with honours), late A.M.S.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen having passed the necessary examination and having conformed to the by-laws and regulations have been admitted Members of the College:

F. E. H. Adams, B.A. Oxon., Oxford University and London Hospital; R. Appleton, L.S.A. Lond., Yorkshire College and General Infirmary, Leeds; E. L. Ash and H. E. Batson, St. Mary's Hospital; L. D. Bailey, St. George's Hospital; H. H. Bashford and A. V. Benson, London Hospital; W. B. Billingham, B.A. Oxon., Oxford University and London Hospital; H. J. D. Birkett, B.A. Camb., Cambridge University and St. Bartholomew's Hospital; A. J. Blaxland, University College Hospital; L. A. H. Boys, Middlesex Hospital; H. R. Burpitt, University College, Cardiff, and St. Mary's Hospital; Christopher A. Campbell, B.A., M.B., Toronto, and Colin A. Campbell, M.D. Toronto, and L.S.A. Lond., Trinity College, Toronto; N. C. Carver, Cambridge University and St. Thomas's Hospital; J. H. C. Carver, Cambridge University and St. Thomas's Hospital; G. R. H. Chauncy and A. A. F. Clarke, St. Thomas's Hospital; G. R. H. Chell, Birmingham University; J. W. Cleveland, St. Bartholomew's Hospital; G. M. Clowes, London Hospital; P. P. Cole, L.D.S. Eng., J. B. Copland, and G. M. L. Cowper, Guy's Hospital; T. W. Crawford, M.D. West Univ., Western University, Ontario, King's College and Middlesex Hospitals; M. J. Cromie, Westminster Hospital; S. F. Crump, Yorkshire College and General Infirmary, Leeds; A. Davidson, M.D. McGill, McGill College, Montreal and University College Hospital; G. B. Davis, M.A. Camb.,

Cambridge University and London Hospital; J. J. Davis, M.D. West. Univ., Western University, Ontario and University College Hospital; A. C. Dixon, London Hospital; T. L. Drapes, B.A. Camb., Cambridge University and St. Mary's Hospital; G. D. Drury, St. Bartholomew's Hospital; A. G. V. Elder, St. George's Hospital; J. W. Elliott, L.S.A. Lond., St. Mary's Hospital; H. H. Elworthy, Westminster Hospital; H. H. Emmerson, University College, Sheffield; M. Feldman, London Hospital; J. A. Ferrière, University College Hospital; J. Ferguson, H. Finzel and A. F. Forster, St. Bartholomew's Hospital; R. R. Garrett, St. Mary's Hospital; H. B. German, Guy's Hospital; M. F. Grant, B.A. Camb. and C. F. Hadfield, M.A. Camb., Cambridge University and St. Bartholomew's Hospital; R. K. G. Graves and C. J. H. Gunning, St. George's Hospital; H. A. Haig, University College Hospital; R. H. Hardwick, St. Thomas's Hospital; G. H. Harper-Smith, Cambridge University and St. Bartholomew's Hospital; D. R. Harris, Middlesex Hospital; W. L. Hawkins, King's College Hospital; V. Hetherington, St. George's Hospital; H. B. Hill, St. Bartholomew's Hospital; W. A. L. Holland, Birmingham University; W. H. Howard, Owens College and Royal Infirmary, Manchester and King's College Hospital; L. W. Huelin, St. Mary's Hospital; F. P. Hughes, University College, Bristol, and Guy's Hospital; P. K. Humphrey, St. George's Hospital; R. M. Im-Thurn, Cambridge University and St. Bartholomew's Hospital; F. W. Jones, B.Sc. Lond. and J. Jones, London Hospital; W. A. D. King, Middlesex Hospital; W. E. Lee, B.A. Camb. and P. A. Lloyd-Jones, B.A. Camb. and H. F. Marris, B.A. Camb., Cambridge Univ. and St. Bartholomew's Hospital; J. S. LeFevre, Sydney University and London Hospital; M. G. Louissou, Guy's Hospital; J. G. Macdonald, Otago University and University College Hospital; J. W. Manchester, M.D. C.M. McGill, McGill College, Montreal and Middlesex Hospital; J. A. Milne, London Hospital; C. W. P. Moffatt, M.A. Lond., B.A. Camb., Cambridge University and University College and Royal Infirmary, Liverpool; J. N. Morgan, University College, Cardiff, and London Hospital; R. Moyle, Guy's Hospital; J. Muirhead, M.B. Durh., Durham University; C. M. Murray, M.A. Camb., Cambridge University and Guy's Hospital; J. H. Napper, King's College Hospital; T. M. Neatby, M.A. Camb., M.A. Lond., St. George's Hospital; C. H. W. Page, M.A. Camb., Cambridge University and St. Bartholomew's Hospital; J. S. Pearson, M.A. Camb., Cambridge University and St. George's Hospital; J. E. Fellow, B.C. Camb., Cambridge University and St. Thomas's Hospital; W. O. Pow, B.A., M.D. Michigan, Michigan University and London Hospital; T. C. Power and J. J. Rainforth, London Hospital; E. C. Racker, Edinburgh University and St. Mary's Hospital; W. H. Rayner, B.A. Camb., Cambridge University and University College Hospital; J. F. Rey, L.D.S. Eng., Guy's Hospital; B. B. Riviere, St. Andrews University and St. Bartholomew's Hospital; H. E. Roaf, M.B. Toronto, Toronto University, and University College and Royal Infirmary, Liverpool; R. H. Robbins, Cambridge University and St. Mary's Hospital; E. Roberts, L.M.S. Ceylon, Ceylon Medical College and King's College Hospital; J. A. Roberts, M.B. Toronto, Toronto University and University College Hospital; E. S. Routly, St. Mary's Hospital; L. W. Shadwell, St. George's Hospital; A. Shelley, B.A. Oxon, Oxford University and London Hospital; S. Smullan, London Hospital; S. J. Steward, B.C. Camb., Cambridge University and St. Thomas's Hospital; L. V. Thurston and E. F. Travers, St. Bartholomew's Hospital; G. A. Ticehurst, Cambridge University and Guy's Hospital; R. H. Tribe, University College Hospital; A. H. Turner, Guy's Hospital; E. R. von Ofenheim, M.D. Leipzig, University of Leipzig and St. Mary's Hospital; J. C. Wadmore, University College, Bristol; E. L. Ward, University College, Cardiff, and Guy's Hospital; G. H. Warren, King's College Hospital; F. E. Wayne, Owens College and Royal Infirmary, Manchester; V. N. Whitmore, Charing Cross Hospital; R. K. White, St. Mary's Hospital; W. N. Whitney, M.D. Penn., Tokio and Pennsylvania Universities and London Hospital; N. M. Wilson and F. H. Wood, St. Bartholomew's Hospital; F. R. E. Wright, St. Thomas's Hospital; S. L. O. Young, Cambridge University and St. Bartholomew's Hospital.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In seventy-six of the largest English towns, including London, 8,526 births and 5,137 deaths were registered during the week ending Saturday last, February 27th. The annual rate of mortality in these towns, which had been 17.2, 18.4, and 18.5 per 1,000 in the three preceding weeks, declined again last week to 17.5 per 1,000. The rates in the several towns ranged from 6.4 in Hornsey, 8.5 in East Ham, 9.6 in Handsworth (Staffs), 10.2 in King's Norton, 10.8 in Tynemouth, 10.9 Northampton, 11.8 in Willesden, 12.1 in Derby, and 12.2 in Walthamstow, to 23.2 in Wigan, 23.7 in Stockport, 24.0 in Great Yarmouth, 24.2 in Halifax, 24.4 in Norwich, 25.1 in Merthyr Tydfil, 27.1 in St. Helens, and in Warrington, and 30.6 in Plymouth. In London the death-rate was 16.5 per 1,000, while it averaged 18.0 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.4 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 1.5 per 1,000, while among the seventy-five large provincial towns the rates from the principal infectious diseases ranged upwards to 3.0 in Great Yarmouth, in Rochdale, and in West Hartlepool, 3.1 in Burnley, 3.2 in Birmingham, 3.6 in Bury, 4.5 in Norwich, and 4.6 in Warrington. Measles caused a death-rate of 1.2 in Cardiff, 1.3 in Aston Manor and in Rhondda, 1.5 in Warrington, 2.0 in Great Yarmouth, 2.2 in Stockport, 3.6 in Bury, and 4.1 in Norwich; scarlet fever of 1.1 in Walsall; diphtheria of 1.5 in Oldham, 1.7 in Bootle, and 2.4 in Hanley; and whooping-cough of 1.5 in Warrington and in Newport (Mon.), 1.6 in Wolverhampton, 1.8 in Rochdale and in Gateshead, 2.1 in Bolton and in Burnley, 2.3 in West Hartlepool, 2.5 in Wigan, and 2.7 in Swansea. The mortality from "fever" and from diarrhoea showed no marked excess in any of the large towns. One fatal case of small-pox was registered in London and one in Gateshead, but not one in any other of the seventy-six towns. The Metropolitan Asylums Hospitals contained 1 small-pox patients on Saturday last, February 27th, against 25, 24, and

29 on the three preceding Saturdays; 5 new cases were admitted during the week, against 8, 3, and 9 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital, which had been 1,657, 1,644, and 1,620 at the end of the three preceding weeks, had further declined to 1,587 at the end of last week; 150 new cases were admitted during the week, against 169, 162, and 143 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, February 27th, 895 births and 720 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.5, 19.2, and 22.2 per 1,000 in the three preceding weeks, declined again last week to 21.8 per 1,000, but was 4.3 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 13.0 in Leith and 18.5 in Perth to 24.8 in Paisley and 26.2 in Greenock. The death-rate from the principal infectious diseases averaged 2.4 per 1,000, the highest rates being recorded in Dundee and Leith. The 344 deaths registered in Glasgow included 2 which were referred to small-pox, 19 to measles, 2 to scarlet fever, 5 to whooping-cough, 3 to "fever," and 5 to diarrhoea. Four fatal cases of measles, 2 of diphtheria, 3 of whooping-cough, and 2 of diarrhoea were recorded in Dundee; 6 of whooping-cough and 2 of diarrhoea in Aberdeen; 4 of small-pox in Greenock; 4 of measles in Paisley; 4 of whooping-cough in Leith; and 3 of whooping-cough in Edinburgh.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, February 27th, 611 births and 460 deaths were registered in six of the principal Irish towns, against 580 births and 491 deaths in the preceding period. The mean annual death-rate of these towns, which had been 25.8, 26.0, and 25.3 per 1,000 in the three preceding weeks, fell to 24.7 per 1,000 in the week under notice, this figure being 7.2 per 1,000 above the mean annual rate in the seventy-five English towns during the corresponding period. The figures ranged from 17.5 in Waterford and 20.2 in Londonderry to 38.4 in Dublin and 38.7 in Limerick. The death-rates from the principal zymotic diseases during the same period and in the same six towns averaged 1.3 per 1,000, or 0.3 per 1,000 less than during the preceding week, the highest figure, 2.7, being reached in Limerick, while Waterford and Londonderry registered no deaths under this heading at all. As for several weeks past, the zymotic death-rate throughout all Ireland was chiefly made up by deaths from whooping-cough. In Belfast 1 death occurred from diphtheria, but except for this no deaths occurred in any part of Ireland from diphtheria, small-pox, scarlet fever, typhus, and simple continued fever. From measles 2 deaths occurred at Dublin and 2 at Belfast.

VITAL STATISTICS OF METROPOLITAN BOROUGHES DURING 1903.

In the accompanying table will be found summarized the vital statistics of the City of London and of each of the metropolitan boroughs, based upon the Registrar-General's returns for the year 1903. The mortality figures relate to the deaths of persons actually belonging to the several boroughs, and are the result of a complete system of distribution of the deaths occurring in the public institutions of London among the boroughs in which the deceased persons had previously resided.

The 130,906 births registered in London during 1903 were equal to an annual rate of 28.5 per 1,000 of the population, estimated at 4,613,812 persons in the middle of last year. This rate was lower than that recorded in any of the ten preceding years 1893-1902, during which the birth-rate averaged 29.9 per 1,000; in the three years, 1900 to 1902, the rates were 29.1, 29.0, 28.5 per 1,000 respectively. Among the various metropolitan boroughs the birth-rates showed the usual wide variations, which are mainly due to differences in the sex and age constitution of the populations; the rates ranged from 13.8 in the City of London, 16.9 in the City of Westminster, 17.1 in Hampstead, 20.0 in Kensington, 20.5 in Chelsea, and 21.0 in Stoke Newington, to 33.3 in Shoreditch, 34.5 in Poplar, 35.7 in Bethnal Green, 37.1 in Finsbury, and 37.6 in Stepney.

The deaths of persons belonging to London registered during last year numbered 69,737, and were in the proportion of 15.2 deaths per 1,000 persons living, against 18.6, 17.1, and 17.2 per 1,000 in the three preceding years; the mean death-rate during the ten years 1893-1902 was 18.5 per 1,000. The lowest death-rates last year among the various metropolitan boroughs were 10.0 in Hampstead, 11.1 in Lewisham, 12.4 in Wandsworth, 12.6 in Stoke Newington, 13.2 in Paddington, 13.3 in Greenwich, and 13.5 in Woolwich; while the highest rates were 18.2 in Bethnal Green and in Poplar, 18.4 in Bermondsey, 18.6 in Holborn, 19.4 in Shoreditch, and 20.3 in Finsbury.

During the year under notice 8,088 deaths were referred to the principal infectious diseases; of these, 13 resulted from small-pox, 2,046 from measles, 361 from scarlet fever, 740 from diphtheria, 1,627 from whooping-cough, 3 from typhus, 368 from enteric fever, 5 from simple continued fever, and 2,925 from diarrhoea. These 8,088 deaths were equal to an annual rate of 1.76 per 1,000, the corresponding rates in the three preceding years having been 2.23, 2.22, and 2.21 per 1,000 respectively; the mean rate in the ten years 1893-1902 from these principal infectious diseases was 2.60 per 1,000. Among the various metropolitan boroughs the death-rates from these diseases ranged from 0.58 in Hampstead, 0.86 in the City of London, 0.96 in Lewisham, 1.00 in the City of Westminster, 1.10 in Woolwich, and 1.14 in Chelsea, to 2.24 in Bethnal Green, 2.22 in Fulham, 2.32 in Finsbury, 2.36 in Stepney, 2.90 in Shoreditch, and 2.99 in Poplar. Compared with the averages in the ten preceding years the mortality from each of the principal infectious diseases showed a marked decline. Of the 13 fatal cases of small-pox registered last year, 4 belonged to Stepney, 4 to Lambeth, 3 to the City of Westminster, and 2 to Poplar. The number of small-pox cases admitted into the Metropolitan Asylums Hospitals during the year was 414, against 8,455 in the preceding year; 26 cases remained under treatment at the end of December last, against 4 at the end of the preceding year. Among the various metropolitan boroughs, measles showed the highest proportional fatality in St. Pancras, Finsbury, Shoreditch, Bethnal Green, Stepney, Poplar, and Battersea. Scarlet fever was proportionally most fatal in St. Marylebone, St. Pancras, Finsbury, Poplar, Bermondsey, and Deptford; 10,808 scarlet fever patients were admitted into the Metropolitan Asylums Hospitals during the year, and 1,606 remained under treatment at the end of December last. The greatest proportional mortality from diphtheria occurred in St. Marylebone, Hackney, Bethnal Green, Poplar, Deptford, and Greenwich; the number of diphtheria patients admitted into the Metropolitan Asylums Hospitals during the year was 6,158, and

regarded your letter of the 28th October last to Dr. —, the medical officer of health, containing a list of cases of infectious disease, as a certificate, but they cannot, having regard to the terms of the Infectious Diseases (Notification) Act, regard it as seven certificates, for which fees are charged in your account." Now, the Act says, "Send to the medical officer of health for the district a certificate stating the name, etc." I had exhausted my book of certificates, so wrote to the medical officer a list of seven separate cases on one sheet. This, I contend, should be regarded as notifying seven cases, and therefore reckoned as seven certificates, and not as one, as contended by the Council.

*. The Infectious Disease (Notification) Act, 1889, requires that the medical practitioner's certificate shall be upon the official form prescribed by the Local Government Board and gratuitously supplied by the local authority, and we are advised that payment of the authorized fee is, therefore, conditional upon each certificate being duly sent in accordance with the Act. Under the circumstances detailed in "M.D.'s" inquiry he is, on a strict and technical construction of the Act, not legally entitled to any fee as he did not comply with the imperative requirements laid down by the Act. Further, we are advised that a separate certificate for each case which is notified should be sent in.

HOSPITAL AND DISPENSARY MANAGEMENT.

KING'S COLLEGE HOSPITAL.

At the annual court of the corporation of King's College Hospital held last week, the accounts for the year were passed, and showed an increase in expenditure of £573, although administrative and establishment charges had been reduced. The ordinary expenditure for the year was £22,210, against which income from ordinary sources of £15,841, and also bequests of £51,316 had been received. The Rev. Dr. Headlam stated that the preliminary sciences, and anatomy, physiology, and materia medica would continue to be taught at the College, and only teaching in medicine and surgery proper be conducted at the new hospital. Regret was expressed in the report that Lord Dillon and others should have thought it right to separate themselves from the charity on account of the decision to remove to Camberwell, and in his speech Lord Methuen, who presided for the first time, urged all present constantly to make known the claims of the hospital, and the need for its removal since those who were opposed to the decision still made their voices heard.

MIDDLESEX HOSPITAL.

THE annual Court of Governors of the Middlesex Hospital was held on February 25th, the Earl of Lathom in the chair. The Court had before them two separate reports, the one dealing with the work of the Hospital and its Convalescent Home Branch at Clacton-on-Sea, and the other that of the Cancer Charity. The purport of the latter is given elsewhere. From the former it could be gathered that the various building improvements which have been in course of construction during the last five years are now complete, and the hospital may be said to be equipped with every known appliance for the treatment of disease. The alterations during the last decade have comprised the enlargement of some of the female wards, the building and equipment of a separate department (with a special operating theatre) for the treatment of diseases of women, the erection of a new home for the nursing staff, the removal of the hospital kitchens from the basement to the top floor, the removal of the laundry from the hospital to a site in the country, the installation of a new boiler house, the erection of a cold storage plant, and disinfecting apparatus. The cost of these alterations has been considerable, and the hospital now finds itself, after having realized a considerable amount of its capital, still in debt to the bankers to the extent of £20,000. With the object of repaying this debt a festival dinner is to be held in May next. With regard to the work of last year, the statistics show that 4,005 in-patients and 48,744 out-patients, as well as 272 patients attending for the "Light" cure, were treated at the hospital, and 979 patients were sent to the hospital's home at Clacton-on-Sea.

MEDICAL NEWS.

We are asked to state that the annual dinner of the Medical Society of London will be held at the Whitehall Rooms, Hôtel Métropole, on Tuesday next at 7.30 p.m.

A MEETING in support of the appeal for funds for the removal of King's College Hospital to a site which has been presented to it in South London, will be held under the presidency of the Lord Mayor of London at the Mansion House, on Friday, March 11th, at 3 p.m.

PRINCESS CHRISTIAN formally opened last week the medical and surgical home near Windsor, intended to serve as a memorial of her son, Prince Christian Victor, who died in South Africa during the late war. The home is intended for the use of paying patients, and is well fitted up both from a medical and surgical point of view.

CONGRESS OF EXPERIMENTAL PSYCHOLOGY.—A Congress of Experimental Psychology is to be held at Giessen on April 18th, 19th, and 20th. Among the organizers of the Congress are Professors Exner (Vienna), Hering (Leipzig), von Kries (Freiburg), Stumpf (Berlin), and Ziehen (Halle). The following are among the communications so far promised: The Caronescope-Experiment on the Action of the Will, by Dr. Ach. (Göttingen); Psychological Alimentation in Children, by Dr. Ament (Würzburg); The Law of the Energy of Sensations, by Dr. Asher (Berne); A New Proof of the Specific

Light of Colours, by Dr. Benussi (Graz); and Experimental Researches on the So-called Common Sensations, by Dr. Dessioir (Berlin).

SOME time ago it was announced that evidence of the existence of radium in the deposit from Bath waters had been obtained. It is now stated that Mr. Strutt has found similar evidence of its existence in the water itself. While the most sanguine prophecies have been made as to the wonderful properties thus conferred upon the waters, we fail to see how the discovery, even if confirmed, can affect their therapeutic value, which by this time ought to be pretty thoroughly ascertained.

THE KING'S VISIT TO PORTSMOUTH.—At the naval inspection made by the King during his recent visit to Portsmouth, His Majesty was received on the parade ground by a battalion of blue-jackets. The royal salute was given, the massed bands of H.M.S. *Excellent*, H.M.S. *St. Vincent*, and the Royal Naval Barracks, played the National Anthem. After the inspection the King drove to the Officers' Mess, where he was received by Commander Christian and Fleet Surgeon Lloyd Thomas of the *Excellent* and the other officers. In the smoking room champagne was handed round and His Majesty drank to the good health of the officers.

THE TRAINED NURSES' ANNUITY FUND.—The object of the Trained Nurses' Annuity Fund is to allot an annuity of £17 a year to women who after a definite course of training have been actively engaged in medical or surgical nursing for at least fifteen years, and are over the age of 50. The present income of the fund only permits of thirteen annuities being granted, and there are eighteen other thoroughly deserving cases on the books to whom no assistance can be given. There is no other fund of the same nature, since the benefits of the Royal National Pension Fund and of the pension fund of the Royal British Nurses' Association are restricted to past or present members and subscribers. The Honorary Secretary of the fund is Dr. Ogier Ward, 82, Cheapside, E.C.

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.

- ARMY COUNCIL.—Eight Dental Surgeons for duty with troops in the United Kingdom. Salary, £205 per annum and travelling expenses.
- AYR DISTRICT ASYLUM.—Assistant Medical Officer, resident. Salary, £120 per annum.
- BANBURY: HORTON INFIRMARY.—House-Surgeon, resident. Salary, £80 per annum.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL.—House-Surgeon, resident. Salary, £75 per annum.
- BRENTFORD UNION.—Medical Superintendent of Infirmary and Medical Officer of Workhouse and Schools, resident. Salary, £300 per annum and fees.
- CANTERBURY: KENT AND CANTERBURY HOSPITAL.—House Surgeon, resident. Salary, £90 per annum.
- CARLISLE: CUMBERLAND INFIRMARY.—Resident Medical Officers to act as House-Physician and House-Surgeon respectively. Salary at the rate of £50 and £100 per annum.
- CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL.—Resident Junior House-Surgeon. Salary, £50 per annum.
- DUDLEY: GUEST HOSPITAL.—Assistant House-Surgeon, resident. Salary, £40 per annum.
- HULL ROYAL INFIRMARY.—Casualty House-Surgeon, resident. Salary, £50 per annum.
- INFANTS' HOSPITAL, Hampstead, N.W.—Additional Physicians.
- LONDON FEVER HOSPITAL, Islington, N.—Assistant to the Resident Medical Officer. Salary, £120 per annum.
- MANCHESTER CHILDREN'S HOSPITAL.—Junior Resident Medical Officer, eligible for senior post after six months. Salary at the rate of £80 and £100 per annum, respectively.
- MANCHESTER ROYAL INFIRMARY.—Resident Medical Officer. Salary £150 per annum.
- MANCHESTER: VICTORIA UNIVERSITY, OWENS COLLEGE.—Lecturer on Diseases of the Larynx.
- METROPOLITAN HOSPITAL, Kingsland Road, N.—(1) House-Physician. (2) House-Surgeon. (3) Assistant House-Physician. (4) Assistant House-Surgeon. Salary, for (1) and (2) at the rate of £40 per annum, and for (3) and (4) at the rate of £20 per annum.
- READING: ROYAL BERKSHIRE HOSPITAL.—Assistant House-Surgeon, resident. Salary, £50 per annum.
- ROYAL EAR HOSPITAL, Frith Street, Soho.—Clinical Assistants.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road.—House-Physician, resident. Salary at the rate of £50 per annum.
- SALOP INFIRMARY.—House-Physician, resident. Salary at the rate of £50 per annum.
- VICTORIA HOSPITAL FOR CHILDREN, Tite Street, S.W.—House-Physician, resident. Honorarium, £25 for six months.
- WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Assistant House-Surgeon, resident. Salary at the rate of £75 per annum.

MEDICAL APPOINTMENTS.

- ASHDOWN, Wallace, F.R.C.S. Eng., Assistant-Surgeon to the Metropolitan Hospital.
- BLAIR, Charles, M.D., F.R.C.S. Eng., Ophthalmic Surgeon to the Royal Hospital, Richmond, Surrey.
- BROWN, D. D., M.R.C.S., L.R.C.P., Deputy Medical Officer of Health for the Borough of Sudbury.
- BULLMORE, C. C., L.R.C.P. & S. Edin., District and Workhouse Medical Officer of the Falmouth Union.
- CLIFF, M. L., M.R.C.S. Eng., L.S.A., Divisional Surgeon to the City Road Station, "G" Division, Metropolitan Police, vice Dr. Varron, deceased.
- DE BENNETT, T. V., M.R.C.S., L.R.C.P., Surgeon to the Victoria Cottage Hospital, Sidmouth, Devon.
- EDGELOW, S. H., M.B.C.S. Eng., Public Vaccinator for Sleaford Bay District, South Australia.

KEYSER, Chas. R., F.R.C.S. Eng., Surgical Registrar to the Cancer Hospital.
 LAW, Charles D., L.R.C.P., L.R.C.S. Ed., Senior Assistant Medical Officer, Crichton Royal Institution, Dumfries, vice Dr. Robert Campbell, resigned.
 NEWTON, W. T., M.R.C.S. Eng., L.S.A., Divisional Surgeon to the City Road Station, "A" Division, Metropolitan Police, vice Dr. Yarrow, deceased.
 OSBORNE, W. A., M.D., B.S.E.U.I., Professor of Surgery at the University of Melbourne.
 RAINBIRD, P. H., L.R.C.P. & S. Edin., Certifying Factory Surgeon for the Saxilby District, Lincolnshire.
 RICHMOND, G. E., M.B., B.S., B.A., B.Sc. Lond., D.P.H. Camb., Demonstrator of Hygiene and Public Health at University College, London.
 WAGGE, P. M., M.B., Ch.B. Glas., Certifying Factory Surgeon for the Ilze District, Sussex.

DIARY FOR NEXT WEEK.

MONDAY.

Royal College of Surgeons of England, 5 p.m.—Professor A. W. Mayo Robson: On the Surgery of the Pancreas (Lecture I).
 (Mansel: On the Surgery of the Pancreas (Lecture I).)

TUESDAY.

Royal College of Physicians of London, 5 p.m.—Dr. E. Hutchison: On Some Disorders of the Blood and Blood-forming Organs in Early Life (Goulstonian Lecture II).
 Chelsea Clinical Society, Chelsea Dispensary, Manor Street, King's Road, S.W., 8.30 p.m.—Annual Clinical Debate—Subject, "Internal Secretion" in Disease and in Treatment. Sir Lauder Brunton, Sir Victor Horsley, Dr. H. D. Rolleston, and Dr. A. E. Wright will take part in the discussion.
 Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 p.m.—Dr. William Gordon: Cardiac Dullness in Cases of Cancer. Mr. H. Betham Robinson: On the Cause of Puerperal Eclampsia.
 Medical Society of London, Whitehall Rooms, Hotel Metropole, 7.30 p.m.—Anniversary Dinner.
 Otolological Society of Great Britain, 11, Chandos Street, W., 4.30 p.m.

WEDNESDAY.

Royal College of Surgeons of England, 5 p.m.—Professor A. W. Mayo Robson: On the Surgery of the Pancreas (Lecture II).
 Hunterian Society, London Institution, Finsbury Circus, E.C., 8.30 p.m.—Pathological Evening: Exhibition of Specimens.
 South-West London Medical Society, Bellingbroke Hospital, Wandsworth Common, S.W., 8.45 p.m.—Dr. Robert Maguire: On the Treatment of Aneurysm by Gelatine Injections.
 Dermatological Society of London, 11, Chandos Street, Cavendish Square, W., 8.15 p.m.—Demonstration of Cases of Leprosy.

THURSDAY.

Royal College of Physicians of London, 5 p.m.—Dr. R. Hutchison: On Some Disorders of the Blood and Blood-forming Organs in Early Life (Goulstonian Lecture II).
 British Gynaecological Society, 20, Hanover Square, W., 8 p.m.—Paper by Dr. Dudley Baxton: The Vernon Harcourt Chloroform Inhaler and Exact Percentage Vapours of Chloroform in Surgical Anaesthesia. Specimens will be shown by Dr. Gelson Atkins, Dr. William Duncan, Dr. Ina Parsons, and Mr. Furneaux Jordan.
 Harveian Society of London: Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 p.m.—Mr. Laming Evans: The treatment of Congenital Clubfoot during Early Infancy. Dr. S. E. Pearson: The Diagnosis of Pulmonary Tuberculosis in Infants and Young Children.
 Ophthalmological Society of the United Kingdom, 11, Chandos Street, Cavendish Square, W., 9 p.m.—Clinical Evening. Cases by Messrs. J. R. Lunn, H. Grimsdale, A. H. Bennett, H. L. Eason, and Claud Worth. Patients will be in attendance at 8.

FRIDAY.

Royal College of Surgeons of England, 5 p.m.—Professor A. W. Mayo Robson: On the Surgery of the Pancreas (Lecture III).
 Incorporated Society of Medical Officers of Health, 9, Adelphi Terrace, Strand, W.C., 7.30 p.m.—Dr. C. Killick Millard: On the Leicester Method of Dealing with Small-pox.
 Clinical Society of London, 23, Hanover Square, W., 8.30 p.m.—Dr. Parkes Weber and Dr. J. B. Watson: A Case of Polythaemia with Enlarged Spleen, possibly a Disease of the Bone Marrow. Dr. Pasteur and Mr. T. H. Keilock: Foreign Body impacted in Bronchus, removal by Operation.

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital, Thursday, 4 p.m.—Demonstration of Surgical Cases.
 Hospital for Consumption and Diseases of the Chest, Brompton, Wednesday, 4 p.m.—Lecture on Mitral Stenosis.
 Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Demonstration on Selected Cases of Abdominal Disease in Children.
 London Temperance Hospital, Hampstead Road, N.W., Wednesday, 4 p.m.—Lecture on Diseases of the Stomach.
 Medical Graduates' College and Polytechnic, 92, Chancery Street, W.C.—Demonstrations will be given at 4 p.m. as follows: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, throat. Lectures will be delivered at 5.15 p.m. as follows: Monday, Nasal Discharges, their Diagnosis and Treatment; Tuesday, Some Gastro-intestinal Diseases of Infancy and Childhood; Wednesday, What is Syphilis? Thursday, Cranial Nerve Paralysis.
 Mount Vernon Hospital for Consumption and Diseases of the Chest, 7, Fitzroy Square, W., Thursday, 5 p.m.—Demonstrations on Laryngeal Tuberculous Cases.
 National Hospital for the Paralysed and Epileptic, Queen Square, W.C.—Lectures will be delivered at 3.30 p.m. as follows: Tuesday, Neuritis; Friday, Ocular Paralysis.
 North-East London Post-Graduate College, Tottenham, N., Thursday, 4.30 p.m.—The Early Signs and Symptoms of Phthisis.
 Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Catarrh; Tuesday, Certain Symptoms of Disease of the Throat; Wednesday, Practical Medicine; Thursday, Dislocations of the Hip, Traumatic, Pathological, Congenital; Friday, Scarlet Fever.
 Samaritan Free Hospital for Women, Marylebone Road, N.W.—Thursday, 3 p.m.—Lecture on Broad Ligament Cysts.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTH.

KIDD—On February 20th, at the West Sussex County Asylum and Graylingwell Hospital, the wife of Harold Andrew Kidd, Medical Superintendent, of a son.

MARRIAGE.

O NEILL-LINKLATER—On January 4th, 1904, at All Saints' Church, Tipton, by the Rev. H. J. Brown, M.A., and afterwards as H.B.M. Consulate-General, by L. C. Hopkins, Esq., Consul-General, Gordon O'Neill, L.R.C.P., M.R.C.S., Tiku, to Florence, youngest daughter of the late Magnus Linklater, of Swatow.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Agar Street, Strand, W.C. London: those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 420, Strand, W.C. London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 420, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Aitology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

TELEPHONE (National).—GENERAL SECRETARY AND MANAGER, EDITOR, 2631, Gerard. 2630, Gerard.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

ANSWERS.

IGNORAMUS.—It is generally believed that gonorrhoeal matter loses its virulence when dried, so that probably there would be no risk of infection in the use of clothes used during an attack of gonorrhoea three or four years ago, but it would be as well to bake them before disposing of them.

MIMETES will find the parody of Mr. Kipling's verses on Her Majesty's Jollies, reprinted from the *Saint Bartholomew's Hospital Journal*, in the present issue of the BRITISH MEDICAL JOURNAL.

R. MCK.—Radium is used in the treatment of cancer at the Middlesex Hospital, the Cancer Hospital, Fulham, and we believe at other metropolitan hospitals.

A. T.—Chloride of ethyl is, we are informed, given at the Royal Dental Hospital of London, Leicester Square. Our correspondent might write to the Senior Anaesthetist of that hospital.

A. B. C.—For the training of bearer companies or Royal Army Medical Corps volunteers in army medical nursing and hospital ward management there is no book more suitable or better than the manual for the Royal Army Medical Corps. Section I of this manual gives just what is required.

X-RAY AND OTHER ELECTRICAL WORK.

J. R. H. would be able to obtain skiagraphs from, among others, H. W. Cox, Limited, 9, Cursitor Street, Chancery Lane, W.C.; Coxeter and Son, 4, Grafton Street, Gower Street, W.C.; Watson and Sons, 313, High Holborn, W.C. Excellent photographs of medical subjects have been taken by Messrs. Tutt and Co., photographers, 234, High Road, South Tottenham. It is quite possible to make an investigation of the electrical reactions of muscle in ordinary practice. All that is needed is a faradic and a galvanic battery (preferably fitted with a galvanometer), either separate or combined. The necessary apparatus can be hired from any good electrical instrument maker as above, or Messrs. Schall, of 35, Great Marylebone Street, W.

TREATMENT OF HYSTERICAL COUGH.

DR. GRIFFITH C. WILKIN (Paignton) writes: Presuming there is no laryngeal, tracheal, bronchial, or pulmonary cause for the cough, may I suggest that a careful examination of the nostrils and the post-nasal space should be made? If nothing is found in these parts, I would suggest that the following treatment should be adopted: After the patient has retired to bed at night the inhalation of benzoin should be used for about ten minutes. A small quantity of finely powdered menthol should be insufflated every day, commencing with enough to cover a sixpenny bit, and gradually increasing in quantity. This insufflation should be done by the doctor himself, as, of course, a patient could not do it, and the laryngeal part of the upper portion of the arytenoids should be aimed at. If this treatment—with tonics, if needed—is continued about a fortnight the cough will probably yield.

NOTES, LETTERS, Etc.

THE RATIONAL TREATMENT OF DIABETES.

DR. ARNOLD LORAND (Cologne) writes: The JOURNAL of December 5th, 1903, has lately come to my hands, and I am sorry to see that in a review of my pamphlet on the Rational Treatment of Diabetes the facts have not been correctly represented. I beg you to kindly rectify according to the truth: (1) I never pretended that an average diabetic can tolerate 100 gr. of carbohydrates. I simply said: "Let us take, for example, the case of a diabetic person who can tolerate 100 gr. of carbohydrates." (2) I do not allow my diabetic patients indiscriminately the use of bread and fruits, but I allow in each case a small quantity of brown bread (Graham bread) and an apple a day. (3) I do not recommend 1 gr. of opium a day in order to prevent traces of glycosuria, but I give 0.1 gram of opium three times or in some cases four times for one day in those exceptional cases where nervous persons, who have been free of sugar for some time, show again traces of sugar after a nervous emotion. This way I intend to check the deleterious effects of nervous emotion upon diabetic persons, who besides, as is often the case, suffer of neurasthenia. In order to prove that by stating the superior effects of mineral waters I did not, as the French would say, "*prier pour ma chapelle*," may I be allowed to point out that in a recently published book on the *Origin of Diabetes* I am mentioning the favourable results of the treatment of diabetes by the blood serum or milk of animals which have been deprived previously of their thyroid gland. With my best thanks for your kind rectification.

** (1) If Dr. Lorand chooses a case able to take 100 grams of carbo-