point for the reason that I could not see what good could result, and it was so easy to see the many directions in which harm might be worked; for it is a general practice among milk vendors, if they run short of milk, to buy of other vendors en route, so that if one supply should be infected and named there is no guarantee that others which would be assumed to be safe are so. All dairy supplies are liable—some, it is true, more than others—to such a visitation of disease; the supply in question is, in my opinion, an exceptionally good one, and unless there is some very tangible advantage to be gained, one hesitates to take a step that might mean a heavy financial loss to persons who take the same precautions as others, but who are less fortunate. It was therefore judged safer and better in the interests of all to simply advise that all milk should be boiled.

There is a further lesson that the outbreak teaches us: An epidemic occurs, we find unhealthy cows, and from other very positive evidence we condemn the milk as the source of the infection, and after many people have been exposed to suffering, if not death, we are able to take measures that stamp out the disease. This is not as things should be. We should take the necessary steps to prevent the epidemic. To my mind, a thorough and systematic inspection of all cows in each district at regular and short intervals should be undertaken, and to that end a veterinary expert should be appointed by several sanitary authorities in combination. It is a monstrous thing that with these milk epidemics cropping up nothing whatever is done to prevent their recurrence, and that the whole of our action is based upon the lines of preventing the spread of the outbreak after it has already worked a vast amount of harm, when it is an easy matter to proceed upon those lines of true prevention that would aim at removing the possibility of future outbreak. I am aware that it falls within the duty of the sanitary inspector and myself to keep ourselves acquainted with the sanitary condition of the dairies and cowsheds of the district. All that we had recently done before the outbreak occurred, but what is even of greater importance is that some one acting under the local authority and possessing a good knowledge of the diseases of cows should inspect the animals at short intervals of time and not omit to draw some milk from their udders. In the absence of such a preventive measure our only alternative is to stand by with folded arms and await the next epidemic.

I have only one further point to make; it affects the large dairy companies; and the company concerned in the recent outbreak has favourably received my recommendation. It is the general practice to mix together the milk from several different farms before it is distributed, and hence the milk from one farm being infected may infect the whole of the remainder. This fact is not only responsible for an outbreak being distributed over a wide area, but it complicates the work and expense of tracing the source of the infection. It would therefore be a valuable step if in the case of large supplies the milk from different farms were not mixed, and the small area of supply of the milk for each separate farm were carefully recorded. I recognize that there are difficulties in carrying out this recommendation in its entirety, but a partial application would be very advantageous.

It must be confessed that the real cause of these outbreaks is wrapped in considerable obscurity. If a condition of the cow is really the cause, then the main symptom of that disease appears to be mammitis. I do not believe that ordinary mammitis can give rise to such outbreaks, but it is conceivable that if out of a herd of cows several of them may be suffering from the condition at the same time, the large numbers of pyogenic organisms present might be capable of producing the condition. In addition to the inspection of the cows at frequent intervals (or if that valuable measure cannot be put into operation, then in default of it), it would be a great gain if the recommendation of the Royal Commission on Tuberculosis were given legal expression to. I refer to the recommendation that notification of every disease in the udder should be made compulsory (under penalty) on the owners of all cows.

ANTIRABIC TREATMENT IN HAVANA.—A report by Dr. Enrique Acosta, published in the *Cronica Medico-Quirurgica* of Havana for September, 1903, states that since the establishment of the laboratory maintained by that journal in 1887 to the end of 1902, the total number of cases treated was 1,227. Among these there were in all 17 deaths, a mortality of 1.38 per cent. The highest percentage of mortality in any one year was 4.34 in 115 patients inoculated in 1891, the lowest 1.29 in 154 in 1890.

MEMORANDA:

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

THE DANGER OF SUPRARENAL TREATMENT IN HAEMOPTYSIS.

FROM time to time cases of haemoptysis are reported as benefited by the administration of one or other of the many medicinal products obtained from the adrenals. This is, in my opinion, a dangerous proceeding, and I beg to cite the following case:

A man, 36 years of age, a heavy drinker, had suffered from two previous haemorrhages from his lungs, two years having elapsed since the last. He had lost a pint of blood before I saw him, and it was coming up freely. I at once gave by the mouth ℥xv adrenalin chloride solution 1 in 1,000 (Parke, Davis and Co.) in a little water, and ordered ℥ijss suprarenal liquid (Parke, Davis and Co.) with potassium bromide and tolu syrup every hour, and four hours later gave ℥v every hour and a-half; the bleeding ceased in six hours. Next day the pulse, which previously was rapid, soft, and slightly irregular, had become regular, 72 to the minute, and gave to the finger a distinct impression of high tension, wiry and not easily compressible; so I only prescribed the mixture every three hours. On the third day the pulse was still harder, 80 to the minute; at 4 p.m. a smart haemorrhage took place to the extent of half a pint. I now changed the mixture, giving adrenalin chloride solution, 1 in 1,000 (Parke, Davis and Co.) ℥j every two hours in combination with iron. The fourth day again there was bleeding, so I discontinued suprarenal treatment altogether. With the exception of about 1 oz. of blood on the two succeeding days the man made an uninterrupted recovery, and is better now, four months after the haemoptysis, than he has been for years.

In this case as soon as the suprarenal treatment was abandoned the pulse became soft and bleeding ceased.

Dr. W. E Dixon, of Cambridge, in an address delivered before the Therapeutical Society on December 22nd, 1903, showed as the result of experiment that adrenalin, the physiological active principle of the suprarenal gland, not only failed to produce contraction of the pulmonary vessels, but caused decided dilatation. Now, it is surely evident that on the general rise of arterial tension—for such does take place clinically if not experimentally, if these substances be administered by the mouth when the blood pressure is falling—the pulmonary vessels not responding are bound to dilate, and then we must anticipate danger. The conditions in haematemesis, where I have found adrenalin chloride solution (Parke, Davis and Co.), of the greatest value are entirely different; here we have the remedy brought in the first place directly in contact with the bleeding surface and dilated vessels, therefore its power is expended on the local effort, contraction takes place, without any marked systemic result such as a general rise of blood pressure. I feel certain that in cases of haemoptysis suprarenal treatment should be withheld, unless the questionable procedure of spraying a solution of one of the adrenal products from an atomizer be tried as an occasional inhalation.

Shooters Hill, S.E. J. GRAY DUNCANSON, M.B., C.M.

ERYTHEMA SCARLATINIFORME (INFLUENZAL).

I HAVE recently had a number of cases characterized by slight fever, sore throat, and painful glands in neck, and accompanied by a scarlatiniform rash, both in children and adults, during the influenza epidemic which has lately visited this district. Some of the cases caused me much anxiety as to whether I should notify them as scarlet fever or not, and I can conceive that a young practitioner might have had his future career very much damaged by forthwith notifying such cases as scarlet fever, as the hospital authorities are not very tactful or considerate when returning them to their homes. More than one case I could not have been positive about in the first instance had I not known the history. As your space is very precious I will only burden it with the history of one case:

M. B., aged 11. I saw her on Monday, December 7th. The mother stated that on the preceding Friday she was cold and shivering. On the Sunday she complained of sore throat, tenderness beneath the angle of the jaw and back of neck, and in the afternoon a rash appeared on the face, chest, and limbs. When I saw her on Monday afternoon she was the colour of a boiled lobster all over. The tonsils were con-

gested, the glands in the neck swollen and tender, and she complained of aching all over. The temperature was 100°, the tongue was yellow; smell and taste were abolished. The tongue, taste, and smell, were the only symptoms that did not point to scarlet fever, but these would hardly be enough to base a positive diagnosis on. As there were other children in the family an erroneous diagnosis might have had serious consequences. The history, however, enabled me to give a positive opinion. In April last I had sent her to hospital with scarlet fever and she had been away eleven weeks, having caught diphtheria during her stay in hospital and had (she said) peeled freely. In three days she was quite well and had only a little branny desquamation and then her mother got influenza, but without a rash.

Cases like this—and I could quote about a dozen recent ones—give us general practitioners many hours of worry and anxious thought, but I presume that until some definite sign or symptom is laid down as pathognomomic of scarlet fever we must run our risks of being prosecuted should a doubtful case turn out to be scarlet fever, or lose caste with the friends should a case be notified and returned after a week as not fever.

Chelsea. JAMES HAMILTON, M.D.Q.U.I.

RETENTION OF RUBBER CATHETER AFTER EXTERNAL URETHROTOMY.

IN the BRITISH MEDICAL JOURNAL of November 28th, 1903, Mr. Whiteford describes a very interesting and ingenious method of retaining a rubber catheter after external urethrotomy. The following is another method of retaining a catheter after this operation.

Having passed the rubber catheter so that the end shall be just inside the bladder, the perineal wound is sutured in the following way. The first suture is passed deeply so that it shall pass through the urethra and the catheter at the posterior part of the exposed urethra. This is then tied externally in the usual way. The whole of the skin wound is then sewn up, all the sutures being of silkworm gut. At the end of seven or eight days, the wound being then healed, the catheter is withdrawn after dividing and removing the deep suture. Rubber bougies are passed straight away, followed in a few days by the metal ones; the perineum being at first supported by the hand during such operation. As yet I have only followed this method in one case, which was quite successful, but I am unable to give the after-history of the case.

The advantages of this method of retaining a catheter over that of Mr. Whiteford's are, I think, (1) that it is more simple; (2) that the whole wound having healed by first intention, there is less cicatricial tissue formed, and therefore less liability to subsequent contraction; (3) that no special instrument is required; and (4) that the patient is about again in a much shorter time.

HERBERT A. MASON, M.R.C.S., L.R.C.P.

Broadbottom, Manchester.

THE ADMINISTRATION OF ETHYL CHLORIDE.

IN a communication to your issue of December 26th, 1903, Dr. E. Hughes Kitchen describes a method by which he dispenses with special apparatus and administers ethyl chloride in a Clover's ether inhaler.

I find, however, that Clover's inhaler may be used for this anaesthetic in a still more simple and convenient fashion—in fact, exactly as it is designed for use with ether.

The procedure is as follows: The apparatus having been fitted together in the usual manner, the index hand is set at the mark 0. Ethyl chloride to the amount of 1½ drachm (about 6 c.cm.), or less, according to the character of the patient, is sprayed into a small glass measure. As soon as the patient is prepared the ethyl chloride is poured into the ether chamber, which is then closed with its stopper and the administration proceeded with.

Comparatively little of the vapour escapes at first from the ether chamber, so that its pungent smell is only slightly, and by no means unpleasantly, evident whilst the index points to 0. After one or two preliminary respirations the vapour may be admitted as gradually as may be desired by small successive movements of the pointer, and it is essential that the first few movements should be very small on account of the very volatile nature of the anaesthetic. It is as well to ascertain previously and mark the point on the scale at which the air actually commences to circulate through the evaporation chamber, as its position varies in different patterns of inhalers.

The glass measure should be rapidly filled from an ethyl chloride tube of which the nozzle has a coarse bore, and the loss by evaporation during the whole of the proceedings described will be negligible. Thus, 1 drachm of ethyl chloride contained in a small glass measure and exposed in a dwelling room lost only 5 minims by evaporation in ten minutes, and an element of leisure is thus introduced into the proceedings which is certainly wanting when direct use is made of the spray.

The fluid evaporates more rapidly when introduced into the inhaler on account of the larger surface exposed, but a proportion of it still remains in a liquid state until it is volatilized by the heat of the breath; but possibly in very hot weather it may be found advisable to cool the interior of the inhaler by a short initial application of the spray.

This mode of giving the anaesthetic is not only acceptable to the patient, but is so convenient and effective that I feel sure it will commend itself to others.

Since writing the above I have further modified the method by employing a graduated glass tube cemented into a vulcanite stopper. After filling with ethyl chloride the combined tube and stopper is fitted into the inhaler in a dependent position whilst the index hand points to 0. In the act of applying the facepiece to the face the tube will be inverted and the inhaler thus charged. The administration can then be proceeded with as above described. Messrs. Barth and Co. have made for me a satisfactory stopper of this kind.

London, W. A. G. LEVY.

A CASE OF CEREBRAL ABSCESS WITH UNUSUAL COMPLICATIONS.

ON April 1st, Mrs. R., aged 27, became feverish and had a miscarriage. The placenta, which was fetid, was removed by hand, and the uterus was douched out. For eight days afterwards the temperature was normal and the patient seemed well in every way. But on April 10th symptoms of pelvic inflammation set in. An abscess formed and on April 18th opened per rectum, discharging a large quantity of fetid pus. In about a week the discharge from the rectum ceased, acute pelvic symptoms disappeared and the temperature, which had been high before the abscess opened and had fallen gradually afterwards, became normal. The patient then began to complain of frequent attacks of facial neuralgia and gradually left off reading as light hurt her eyes (her eyes always had been weak); the temperature became subnormal and the pulse slow. The neuralgia was intermittent and came on in very severe spasms; it affected the left side of the face more than the right, but the worst pain seemed to be along both eyebrows.

On April 29th I first noticed an unpleasant smell coming from the left ear, and was informed that this was an old trouble. For the past five days the temperature had been almost constantiy subnormal and the pulse slow, usually 65. There was now marked photophobia. Various remedies had been tried, but had little effect on the neuralgia, the spasms of which now seemed more frequent and more severe and were accompanied by profuse sweating. Suspecting cerebral abscess I had a consultation with a colleague, but he looked on the case as one of severe neuralgia.

Four days later, May 3rd, the patient suddenly lost consciousness, but soon recovered, and when I arrived she was quite sensible, but stammered when answering questions. There was now some ptosis of the left eyelid. None of the limbs were paralysed, but there was an increased knee-jerk on the right side. Later in the day the stammer disappeared. We could not see any optic neuritis. The pupils were equal. But we had no doubt now of the presence of a cerebral abscess, probably temporo-sphenoidal.

On the following morning, May 4th, we operated. I trephined the cranium 1¼ in. behind, and 1¼ in. above the centre of the left bony meatus. The dura mater bulged into the opening, but showed no pulsation. After the membranes were incised, the brain showed very faint pulsations, and was very firm to the touch. We explored the brain in various directions, but more especially downwards, forwards, and inwards, first with a large hypodermic needle, then with a trocar and cannula, and finally with sinus forceps, with negative results. Reluctantly, after putting in a drainage tube, we closed the wound. The patient died two hours later.

Post mortem, on the left side of the brain a large abscess

was discovered. It extended from the occipital lobe, where it appeared to have originated, into the temporo-sphenoidal lobe. It contained about 3 oz. of thick, fetid pus, and in the occipital lobe, some gangrenous brain tissue. The trephine opening was over the front part of the abscess cavity. Most of our punctures seemed to have been below or in front of the abscess. Sinus forceps passed backwards and inwards from the trephine opening could scarcely have failed to have opened the abscess.

Wellington, New Zealand. WILLIAM YOUNG, M.D., F.R.C.S.E.

REPORTS

ON

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

DONCASTER GENERAL INFIRMARY.

A CASE OF RIGHT DUODENAL HERNIA.

(By E. W. SELBY, M.D., B.S., F.R.C.S., Honorary Surgeon to the Infirmary).

ON opening the abdomen in the following case of acute intestinal obstruction, I was at first puzzled to find, after the peritoneal cavity was entered, that the intestines on the right side of the abdomen were still covered by a layer of peritoneum, through which they could be seen, and beneath which the coils of bowel moved freely about. Further investigation revealed that the greater part of the small intestine was contained in a peritoneal sac, and that the case was one of "internal hernia" of some kind or other. At the necropsy I was able to define more exactly the extent and relations of the sac.

History.—A man, aged 40, was suddenly seized, while asleep, with severe pain across the middle of the abdomen at 1.30 p.m. on October 19th, 1902 (one hour after dinner). This was followed in a few minutes by vomiting. The pain continued; he vomited everything he took, and there was no action of the bowels, except a few hard lumps brought away by injections. The bowels had acted freely on the morning of October 19th. On October 22nd, 2 oz of castor oil were given without result. The vomit became faecal on October 23rd, and he was sent to the Doncaster Infirmary. He said he had had two previous attacks of a similar kind, but less severe, one twenty years ago, the other nine years ago.

State on Admission.—At 10.30 p.m., October 23rd his temperature was 98.6°. The pulse was 72, regular, and very compressible. The tongue was rather dry and brown. There was not much pain. The abdomen was generally distended, not rigid, and it moved with respiration. It was dull in the right iliac region, but elsewhere tympanitic; the dullness unaffected by change of position. There was tenderness over the dull area. The liver dullness was much diminished, possibly from its being pushed up by the bowel.

Diagnosis.—Acute obstruction, possibly by a band.

Operation, at 11 p.m. on October 23rd, under ether. On opening the abdomen a large peritoneal sac was found occupying the right half of the abdomen. The caecum was empty and contracted, coils of distended and deeply congested small intestine were found outside the sac on the left side of the abdomen. The orifice of the sac was found just to the right of the middle line, a little below the umbilicus, looking downwards and to the left; its size was about 2½ in. by 1 in. The free anterior margin of the orifice was thick and rounded and contained vessels. A coil of small intestine emerging from the lower part of the orifice was sharply bent over and constricted by the anterior edge of the orifice, and adherent to the sac. The edge of the opening into the sac was divided between two ligatures, and a considerable length of small gut drawn out; a few coils were found adherent to the upper part of the sac. The sac was then freely opened, and a good part of it cut away. One or two of the coils contained in the sac were of a deep claret colour. The peritoneum covering the distended gut was shiny but rather sticky. There was no fluid in the abdomen. The operation lasted three-quarters of an hour.

Progress.—The patient never rallied, and died at 8 p.m. on October 24th, twenty hours after operation.

Necropsy.—Seventeen hours after death the abdomen alone was examined. The seat of the opening into sac was on the posterior abdominal wall just below and to the right of the duodeno-jejunal flexure. A few coils of the upper jejunum were adherent to the inner surface of the upper part of the sac. The omentum was adherent to the outer surface of the sac above. The seat of constriction was in the small intestine, 8 in. from the ileo-caecal junction. The gut was adherent to the edge of the orifice of the sac at the point of constriction and for an inch or so above. The lumen of the ileum was considerably narrowed at the point of constriction. The ileum below this and the whole of the colon were empty and contracted. The ascending colon was pushed to the right by the sac, and the caecum dragged upwards, so that the vermiform appendix appeared to spring from its anterior surface. Two well-marked bands passed from the back of the caecum to the posterior parietal peritoneum, with a fossa between them admitting two fingers for about an inch.

REMARKS.—The case appears to have been one of right duodenal hernia. Presumably the whole of the small intestine, except the last 8 in. of the ileum, had been in the sac, but some coils of the middle portion had escaped, the upper part of the jejunum and the lowest part of the ileum involved being held within the sac by adhesions. The hernia had obviously been in existence some time, the adhesions mentioned being firm and fibrous. The ileum had evidently been constricted for some time at the point of emergence from the sac. In this connexion the history of previous attacks of abdominal pain and vomiting is interesting. It is possible that the hernia was congenital. What determined the final complete obstruction is not quite clear. The obstruction was relieved by the operation, but the case had been allowed to go on too long before surgical help was sought to permit much hope of recovery.

REMARKS BY MR. MOYNIHAN.—Dr. Selby has been kind enough to forward me a copy of his notes of the case of right duodenal hernia, now recorded. The details he gives make it quite clear that the hernia is of the "right duodenal" variety. The sac which contains the hernia is formed by an enlargement of the pouch, to which I gave the name "fossa of Waldeyer." The vessel contained in the anterior margin of the orifice of the sac is the superior mesenteric artery. There are two forms of right duodenal hernia. In the first the fossa of Waldeyer exists in association with an adherent jejunum. The upper three or four inches of the jejunum are fused to the posterior abdominal wall. In the second the fossa exists in the uppermost portion of the meso-jejunum, close to the duodenum. By Brösike the former variety is considered the more common. I have found, in all, 14 recorded cases, and, curiously enough, they show 7 examples of each of the two forms. For the first variety the term "hernia mesenterico-parietalis para-jejunalis" has been suggested, for the second "hernia mesenterico-parietalis para-duodenalis." Dr. Selby's case, the fifteenth recorded of right duodenal hernia, is of the "para-duodenal" variety.

WANGANUI HOSPITAL, NEW ZEALAND.

INTESTINAL OBSTRUCTION DUE TO PARALYSIS OF A LOOP OF JEJUNUM.

(By P. CLENNELL FENWICK, M.B.Lond., F.R.C.S.E., Surgeon to the Hospital).

History.—A. B., aged 26, was admitted to the hospital suffering from partial obstruction of the bowels. He had had no previous illness. Three months before he had "strained" himself lifting a heavy weight, but no subsequent effects were felt. Three weeks previous to admission he had had an attack of abdominal pain, not localized, but occasionally more severe on the left of the umbilicus. The pain became continuous and constipation occurred. He passed small diarrhoeic stools mixed with blood, but no natural motions. Vomiting commenced, at first at intervals, but for the last week it had been continuous. The vomit was biliary, never offensive or faecal. He has lost "two or three stone" in these three weeks. He never suffered from indigestion and never had jaundice.

State on Admission.—The patient was a young man with flushed pinched face. The eyes were sunken and the nose was thin. He was continually vomiting large quantities of brilliant green fluid, and had rapidly recurring attacks of hiccough. The pulse was a mere thread. The abdomen was soft, and there was no pain on percussion or palpation. The percussion note was not tympanitic except in the right iliac fossa. To the left of the middle line, just above the umbilicus, there could be felt some resistance on deep pressure. There was no abdominal distension and the hernial rings were free from any obstruction. The temperature was subnormal.

Diagnosis.—I diagnosed some obstruction in the upper part of the jejunum, and thought it possible that a portion of the intestine might be incarcerated without complete obstruction in the retroperitoneal pouch (the fossa duodeno-jejunalis). I advised operation, but the patient was vomiting so incessantly that I postponed the operation for twelve hours and gave opium and brandy per rectum. The vomiting ceased and the pulse improved greatly, and patient passed a quiet night. An enema relieved the rectum of a few ounces of foul-smelling slime.

Operation.—Next morning I made a 3-in. incision, passing through the umbilicus; the inguinal rings and the iliac fossa were examined without result. On the left of the spine

McGill University.

Dr. John W. Scane has been appointed Registrar of the Faculty of Medicine at McGill in succession to Dr. von Eberts, who has resigned the position on account of the pressure of private work, after filling it to the entire satisfaction of the Faculty for twelve months. Dr. Scane is a graduate of the class of 1893. For some years he held a position in the Royal Victoria Hospital, and has more recently been Assistant to the Professor of Physiology at McGill.

Professor Halliburton.

Professor W. D. Halliburton, F.R.S., Professor of Physiology in King's College, London, lectured at the University of Toronto, Friday, January 22nd, to the Faculty and students in medicine on the subject—Degeneration and Regeneration of Nerves, with lantern illustrations.

On Saturday evening the Dean and Faculty entertained Professor Halliburton at dinner in the University Dining Hall. The visit of this eminent scientist was much enjoyed by all who had the pleasure of meeting him.

The Toronto Pathological Society.

On the evening of December 30th, 1903, the Toronto Pathological Society was addressed by Dr. W. G. McCallum, B.A.Toronto, M.D.Johns Hopkins, of the Staff of the Johns Hopkins Hospital, Baltimore, on organic insufficiency as a cause of disease.

The Hamilton General Hospital.

Dr. George McLaren has resigned the position of Superintendent of the Hamilton General Hospital, and will go to the Continent to pursue his studies. The position was offered to Dr. Langrill, City Health Officer, but the City Council offered him increased financial inducements to remain in the position he has filled so satisfactorily.

The Ontario Epileptic Hospital.

Dr. J. C. Mitchell, of the staff of the Toronto Asylum for the Insane, has been appointed Medical Superintendent of the new Provincial Epileptic Hospital at Woodstock. This institution will not be completed for some months, and in the interval Dr. Mitchell will travel for the purpose of studying hospitals of a similar character.

ASSOCIATION NOTICES.

COUNCIL.

NOTICE OF MEETING.

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

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.

Guy Elliston, *General Secretary.*

BRANCH MEETINGS TO BE HELD.

Lancashire and Cheshire Branch.—A general meeting of this Branch will be held at 3.45 p.m. on Thursday, March 17th, in the Memorial Hall, Albert Square, Manchester. Agenda:—Dr. R. T. Williamson: Demonstration of Cases of Disease of the Nervous System. Dr. J. Gray Clegg: Cases of Disease of the Eye. Dr. Lancashire: Cases of Disease of the Skin. Dr. Eugene Yonge: Cases of Disease of the Larynx. Mr. Southam will show: (1) A Case of Removal of a Polypoid Growth from the Base of the Skull after a preliminary excision of the upper jaw; (2) a Case of Excision of the Upper Jaw for a Diffused Osteoma. Mr. E. Stanmore Bishop will read a paper on Some Unusual Gall bladder Appearances: (*a*) Adhesion of duodenum to liver; (*b*) cicatrized ulcer of gall bladder producing hour-glass contraction; (*c*) mobile gall bladder; (*d*) cystic growth of gall bladder; (*e*) ulceration and perforation of ductus communis. Dr. Haring will read a communication on Facial Erysipelatoid Oedema due to Intranasal Lesions, and will show two illustrative cases.—T. Arthur Helme, M.D., 3, St. Peter's Square, Manchester, Honorary Secretary.

Metropolitan Branch: Wandsworth Division.—An ordinary meeting will be held in the Officers' Mess Room of the 4th Volunteer Battalion East Surrey Regiment, St. John's Hill (opposite Clapham Junction Station), on Thursday, March 24th, at 9 p.m. Agenda:—Minutes. Correspondence. Resolutions for the Representative Meeting in favour of the Association forming a department to undertake the supply of all stationery, circulars, etc., required by the various Branches and Divisions: Mr. Guy Elliston, General Secretary, will speak to these. Resolutions for the Representative Meeting referring to self-treatment by the laity and the consequent great injuries done thereby; Dr. Danford Thomas, Coroner for London and Middlesex, and others will speak to these resolutions. All medical men are invited to attend. Detailed agenda supplied on application to E. Rowland Fothergill, Honorary Secretary, Torquay House, Southfields, S.W.

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, diastasic 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 Wales and Monmouthshire Branch: Cardiff Division.—The next general meeting of this Division will be held in the Rooms of the Cardiff Medical Society on Thursday, March 17th, at 3 p.m. The agenda will include the following:—1. Adoption of standing orders. 2. Report of deputation to local supervising authority *re* Midwives Act, 1902. 3. Proposal to establish local midwives' training centre. Papers, etc.:—Dr. Mitchell Stevens: Some Clinical Illustrations of the Difficulties in Diagnosis of Cancer of the Liver. Mr. W. Sheen, M.S.: A Case of Revolver Bullet Wound of the Brain, in which the bullet lodged about 12 cm. from the point of entrance, and was removed from a depth of 6.5 cm. in the brain substance. Mr. W. Martin: Methods of Roentgen-ray Localization illustrated by the above case (with apparatus and photographs). Members are invited by the Sanitary Institute to a discussion on School Hygiene in connexion with the Duties and Responsibilities of the New Education Authorities, to be opened by Dr. Walford, M.O.H. Cardiff, and to be held in the Town Hall, Cardiff, at 11 a.m. on Saturday, April 23rd.—Ewen J. Maclean, M.D., 12, Park Place, Cardiff, Honorary Secretary.

West Somerset Branch.—The spring meeting of this Branch will be held at the Taunton and Somerset Hospital on Tuesday, March 22nd, at 3.30 p.m., when the chair will be taken by the President, Dr. David Brown. Agenda:—In addition to the ordinary business, the Branch will be asked to express its opinion on these questions, referred to it by the Council of the Association: "Whether it is desirable that medical witnesses, engaged on each side in legal cases, should meet in consultation." And: "The question of the advertising of medical practitioners in connexion with hydropathic establishments." Clinical Cases: Mr. A. E. Joscelyne (Taunton) will show cases treated by *x* rays; (1) chronic eczema; (2) rodent ulcer. Paper: Dr. C. R. Killick (Williton) will read a paper on Scarlet Fever, with special reference to Septic Factors often present. Any member wishing to bring anything before the Branch should inform the Secretary of his intention. Tea will be served after the meeting.—W. B. Winckworth, Taunton, Honorary Secretary.

Worcestershire and Herefordshire Branch.—The spring meeting of this Branch will be held at Worcester Infirmary on Tuesday, March 15th, at 4 p.m. Business, etc.:—Discussion as to the question of the Association undertaking medical defence. To consider "whether it is advisable that the medical witnesses engaged on each side in legal cases should meet in consultation." To consider what fee should be charged for filling in Certificate C in the case of cremation. Clinical Cases:—Mr. Gostling: Abscess of Lung following Tooth Extraction. Dr. Crowe: Paramyoclonus Multiplex. — Geo. W. Crowe, Worcester, Honorary Secretary.

French Congress of Climatotherapy.—We are asked to remind our readers that the first French Congress of Climatotherapy and Urban Hygiene will be held at Nice from April 4th to 9th, under the presidency of Professor Chantemesse. The latest date for the inscription of names in the list of members is March 15th. Subscriptions (16s. 4d.) should be sent with a visiting card to the General Treasurer, Dr. Bonnal, 19, Boulevard Victor Hugo, Nice, Alpes Maritimes, France. All other correspondence should be addressed to Dr. Hérard de Bessé, General Secretary, 5, Boulevard Central, Beaulieu-sur-Mer, Alpes Maritimes.

his brother, and three children and a friend, all of whom died suddenly in his own house and under his personal medical care. The recent case of Klosowski was cited as a leading antimony poisoning case. The poisoning of his nephew by Lamson, a medical man, was described, and the facts emphasized both of the extreme potency of aconitine and the absence of any definite chemical test. Fortunately it was possible to detect the smallest quantity of the drug in the tissues after death by absolutely trustworthy tests of other kinds.

ARSENIC IN BEER.

THE arguments upon the further consideration as to damages in the action in which Messrs. Bostock and Co., of Liverpool, sought to recover damages from Messrs. John Nicholson and Sons, Hunslet, Leeds, for negligently and wrongfully supplying to the plaintiffs sulphuric acid not made from brimstone, and not a pure chemical acid, and containing arsenic, were heard on February 16th and 17th, before Mr. Justice Bruce, in the King's Bench Division, and judgement was delivered on March 8th. His Lordship held that the plaintiffs were entitled to recover the whole price paid by them for the impure sulphuric acid and the value of the goods spoilt by being mixed with the poisonous acid. As the charge of fraud had failed the plaintiffs were to have two-thirds of their costs. The amount of the damages was variously estimated at from £5,000 to £8,000.

RESPONSIBILITY OF MASTER'S AGENT FOR ATTENDANCE ON SERVANTS.

D. H. writes that he was called in by the manager of a hotel to attend some of the servants. He was told that his account would be paid by the proprietors of the hotel, but on sending in his bill all liability was repudiated. Has he any legal redress?

*** The manager of a hotel is placed by the proprietors in a position of authority for its due conduct and management. Circumstances may arise under which medical assistance may be an imperative necessity for the servants in the interests of the hotel itself. In such a case as, for instance, suspected small-pox, it is probable that a Court would hesitate to rule that authority to that end was not implied as inherent to the due discharge of the manager's duty. On the other hand, it is improbable that a Court would hold that it was within the general scope of the authority of the manager to provide medical attendance for the servants of a hotel, and thereby bind the proprietors with liability in circumstances not affecting the interests of the hotel itself. This opinion is founded on the principle that a master is not under legal obligation to provide medical attendance for his servants. Unless, therefore, our correspondent can show that the manager had authority from the proprietors to call him in we cannot advise him to take legal proceedings.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

SIR JOHN BURDON SANDERSON, who ceased to be a member of the Board of Faculty of Medicine on his resignation of the Regius Professorship of Medicine, has now been co-opted, and has been re-elected Chairman for the current year.

UNIVERSITY OF CAMBRIDGE.

Degrees.—At the Congregation on March 5th the following medical degrees were conferred:—*M.D.*: S. H. A. Lambert, St. John's; W. M. Willoughby, Caius. *M.B.*: G. S. Haynes, King's; R. S. Drew, Pembroke; C. M. Murray, Pembroke; P. Hardy, Trinity Hall. *B.C.*: G. S. Haynes, King's.

University of Wisconsin.—Professor J. G. Adami, M.D., and Professor H. T. Bovey, F.R.S., of Montreal, have been appointed delegates to the Celebration of the Jubilee of the Wisconsin University to be held at Madison in June, 1904.

Examiners.—In consequence of the large increase in the number of candidates for the Final M.B. Examinations, it is proposed to increase the elected Examiners in Medicine and in Surgery from three to four in each case.

UNIVERSITY OF LONDON.

Physiological Laboratory.

A course of eight lectures on problems of animal metabolism will be given by Mr. J. B. Leathes, M.B., B.Ch., F.R.C.S., during the summer term on Fridays, at 5 p.m.

The Library.

Mr. Lawrence Warrington Haward, B.A.Camb., has been appointed temporarily to catalogue and arrange the books of the University library and the Goldsmiths' Company's library of economic literature. The library will be closed during rearrangement.

UNIVERSITY OF LIVERPOOL.

Diploma in Tropical Medicine.

THE Dean of the Faculty of Medicine requests us to state that the university grants a Diploma in Tropical Medicine (D.T.M.) to candidates who possess a qualification to practise medicine recognized by the university, and who present certificates of attendance on the following courses of study and pass the prescribed examination:

(*a*) A three months' course of study in tropical pathology and hygiene in the university.

(*b*) A course of instruction in a hospital recognized by the university, in which beds are specially reserved for tropical diseases.

The examination for the diploma is held at the end of the autumn, Lent, and summer terms, and the first examination will be held at the end of the summer term, 1904. Further information can be obtained on application to the Dean of the Faculty of Medicine, the University, Liverpool.

As is well known, the university possesses a flourishing school of tropical medicine, and it will be observed that the diploma will only be granted to pupils of that school.

Diploma in Veterinary Hygiene.

A diploma in veterinary hygiene has been instituted chiefly to provide training, and recognition for such training, to veterinary surgeons upon parallel lines to that required for the Diploma in Public Health, so that veterinarians may adequately co-operate with public health officers in the carrying out of hygienic reforms. The diploma is to be granted only to qualified veterinary practitioners after a thorough course of practical training under supervision in the newly established veterinary school of the University in the subjects of veterinary hygiene, comparative pathology and bacteriology, parasitology, veterinary toxicology and jurisprudence, and sanitary law, administration and reporting.

OBITUARY.

ALEXANDER DAVIDSON, M.A., M.D.EDIN.

F.R.C.P.LOND.,

Emeritus Professor of Pathology, University of Liverpool.

DR. ALEXANDER DAVIDSON, whose death on March 3rd we record with deep regret, was born in Edinburgh in January, 1838. His father, the Rev. Peter Davidson, D.D., was an eminent United Presbyterian minister in that city, whose memory is perpetuated by the Davidson Memorial Church, which was built on the express stipulation that it was to bear his name. His mother was the daughter of the Rev. Alexander Young, of Logiealmond, in Perthshire, the district which is commonly believed to be the original of the Drumtochtie, familiar to the readers of Ian Maclaren. Alexander Davidson received his early education at the Edinburgh Academy, and afterwards went through the arts course at the University of his native city and took the degree of M.A. He then became a medical student at the University, and among his teachers were Goodsir, Syme, Laycock, Simpson, Christison, and Warburton Begbie. In 1863 he graduated M.B., and shortly afterwards he became resident medical officer in the fever wards of the Bradford Infirmary. During his term of office there he had the misfortune to contract typhoid fever, which was followed by phlebitis in the leg, a condition which recurred from time to time during the remainder of his life, and which was ultimately the cause of his death.

About the year 1865 he began general practice in the south end of Liverpool, and was appointed one of the medical officers to the South Dispensary and soon afterwards Assistant Medical Officer to the Infirmary for Children. He was elected Physician to the Northern Hospital in 1872, when he removed to Rodney Street and relinquished general practice. In 1876 he was elected Physician to the Royal Infirmary, where he remained till 1897, when he was appointed Consulting Physician.

Soon after he had settled in Liverpool Dr. Davidson was appointed Lecturer on "Natural History" in the Royal Infirmary School of Medicine. His class was small, as the course was only required by candidates for the degrees of the University of London, but it was characteristic of the man that although the fees practically disappeared on diagrams and preparations, the lectures were delivered with as much care as though the students had been numerous and the emoluments considerable. Thus began his long association with medical teaching in Liverpool, and he became one of an ardent band of workers, united together in close friendship by community of tastes and devotion to the medical school. After a few years a lectureship on pathology was created and his fellow-lecturers unanimously elected him to the office. At a time when a knowledge of German was less common than it is at present, he had the advantage of being able to read that language, and he made himself acquainted with the work the Germans had carried on in pathology and enriched his lectures by the knowledge which he had thus acquired. When he resigned this office after some years he was created Emeritus Professor of Pathology in University College, and quite lately in virtue of this office he was given a seat on the Medical Faculty of the University of Liverpool.

In the period of twenty-one years during which he was Physician to the Royal Infirmary, he exercised a profound influence on the policy and growth of that institution, and on the training of the minds of the students of medicine. The infirmary and all that relates to it was for a quarter of a century the subject of his deepest concern. During the years that the present building was being planned and constructed, a building which though it has been twelve years completed has probably not been surpassed anywhere in the United Kingdom, the whole of his spare time was given to it. His non-medical colleagues on the Building Committee rightly placed the greatest confidence in his knowledge of sanitary

day; and whatever he did, he did thoroughly and did well. As a medical man he was one of a type which is growing less common than it used to be, or than it might desirably continue to be, and was as well known and popular a personage wherever manly outdoor exercises were to the fore as at the bedside. To love of all kinds of sport he added an intense hatred of all sham and pretence, and such characteristics naturally gained for him much influence in local affairs, into which he threw himself with the same energy as into everything else that awakened his interest. He was Chairman of the Lambourn Gas Company, and a manager of the National Schools up to the day of his death. He also served the parish as churchwarden for thirty-four years, and his work in that capacity will be long and pleasantly remembered. He was, in short, one who combined the position and work of a medical practitioner with those of a country gentleman of the best type. His death was somewhat typical of his life, being due to an accident in the hunting field a few days before; for in spite of his somewhat advanced age—he was in his 67th year—he still followed the hounds whenever the duties of his position permitted temporary relaxation of work. His horse slipped back in a blind ditch and struck its rider, who had slipped off backwards, between the shoulder blades, causing the rupture of a large vessel in the vertebral canal, and thus almost complete paralysis. He was carried at once to the house of a friend hard by, and it was hoped at first that he might recover, but he sank a few days later. He leaves a wife, seven daughters, and a son, who, like his father and grandfather, is a medical man and an old Westminster student.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In seventy-six of the largest English towns, including London, 8,203 births and 5,436 deaths were registered during the week ending Saturday last, March 5th. The annual rate of mortality in these towns, which had been 18.4, 18.5, and 17.5 per 1,000 in the three preceding weeks, rose again last week to 18.6 per 1,000. The rates in the several towns ranged from 8.7 in Handsworth (Staffs), 10.3 in Hornsey, 11.0 in Burton-on-Trent, 11.2 in Ipswich, 11.4 in Willesden, 11.7 in Walthamstow, 12.3 in Croydon, and 13.0 in Aston Manor, to 23.0 in Great Yarmouth, 23.8 in Sunderland, 24.1 in Rotherham, 24.5 in Walsall, 25.7 in Wigan, 25.9 in St. Helens, and 29.8 in Norwich. In London the death-rate was 17.9 per 1,000, while it averaged 18.9 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.7 per 1,000 in the seventy-six towns; in London this death-rate was equal to 1.6 per 1,000, while among the seventy five large provincial towns the death-rates from the principal infectious diseases ranged upwards to 3.0 in Leeds, in Stockton-on-Tees, and in Rhondda, 3.1 in Burnley, 3.3 in Birmingham, 3.5 in Wallasey, 4.0 in Great Yarmouth, 4.3 in Swansea, 4.5 in Bury, and 8.6 in Norwich. Measles caused a death-rate of 1.2 in St. Helens and in Leeds, 1.6 in Birmingham, 1.8 in Bury and in Rotherham, 2.1 in Rhondda, and 8.6 in Norwich; scarlet fever of 1.5 in Warrington; diphtheria of 4.0 in Great Yarmouth; whooping-cough of 1.4 in Leyton, in Plymouth, and in Coventry, 2.1 in Portsmouth, 2.7 in Wolverhampton, 3.0 in Stockton-on-Tees, 3.3 in Swansea, and 3.5 in Wallasey; and diarrhoea of 1.4 in Merthyr Tydfil, 1.6 in Bournemouth, and 1.9 in Oldham. The mortality from enteric fever showed no marked excess in any of the large towns. One fatal case of small-pox was registered in Nottingham, and one in Gateshead, but not one in any other of the large towns. The Metropolitan Asylums Hospitals contained 41 small-pox patients at the end of last week, against 24, 29, and 31 at the end of the three preceding weeks; 13 new cases were admitted during the week, against 3, 9. and 5 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 1,644, 1,620, and 1,587 on the three preceding Saturdays, had further declined to 1,578 on Saturday, March 5th; 153 new cases were admitted during the week, against 162, 143, and 150 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

During the week ending Saturday last, March 5th, 921 births and 703 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19 2, 22.2, and 21.8 per 1,000 in the three preceding weeks, further declined last week to 21.2 per 1,000, but was 2.6 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 15.4 in Perth and 16.8 in Edinburgh, to 24.2 in Paisley and 24.6 in Dundee. The death-rate from the principal infectious diseases in these towns averaged 2.7 per 1,000, the highest rates being recorded in Dundee, Aberdeen, and Paisley. The 344 deaths registered in Glasgow included 111 which were referred to diarrhoea, 10 to measles, 6 to whooping-cough, 2 to diphtheria, and one to small-pox. Eleven fatal cases of whooping-cough and 3 of diarrhoea were recorded in Aberdeen; 7 of measles and 5 of whooping-cough in Dundee; 6 of whooping-cough and 3 of diarrhoea in Edinburgh; 4 of measles and 3 of whooping-cough in Paisley; 4 of whooping-cough in Leith: and 2 of small-pox in Greenock.

HEALTH OF IRISH TOWNS.

During the week ending Saturday, March 5th, 633 births and 432 deaths were registered in six of the principal Irish towns, against 611 births and 469 deaths in the preceding period. The mean annual death-rate of these towns, which had been 26.0, 25.3, and 24.7 per 1,000 in the three preceding weeks, fell to 22 3 per 1,000 in the week under notice, this figure being 3.7 per 1,000 above the mean annual rate in the seventy-six English towns during the corresponding period. The figures ranged from 13.6 in Waterford and 17.8 in Limerick to 27.4 in Cork and 27.7 in Dublin. The death-rates from the principal zymotic diseases during the same period and in the same six towns averaged 1.6 per 1,000, or 0.3 per 1,000 higher than during the preceding week, the highest figure, 6.8, being reached in Limerick, while Waterford, Londonderry, and Cork registered no deaths under this heading at all. With the exception of 1 death from measles at Belfast, there were no deaths in any part of Ireland from measles, small-pox, scarlet fever, typhus, or diphtheria, and only 2 from enteric at Dublin and 1 at Belfast. As for several weeks past, whooping-cough was responsible for the greater part of the zymotic death-rate.

MEDICAL NEWS.

It is stated that the Western Counties Dairy Farmers' Association has resolved to establish milk dépôts at various railway stations in Wiltshire, and that already farms, representing some 10,000 cows, have joined the scheme.

In view of the fact that King's College Hospital is to be removed to a site in proximity to the large estates in the South of London belonging to the Ecclesiastical Commissioners, and of the benefits which will result to the poorer residents on their property, the Commissioners have resolved to contribute a sum of £2,500 towards the King's College Hospital Removal Fund.

Among the members of the London County Council re-elected on March 5th are Dr. Beaton (North St. Pancras), Sir William J. Collins (West St. Pancras), and Dr. G. J. Cooper (Bermondsey). Dr. G. Cohen has been elected a member for the Harringay division on the Middlesex County Council. Mr. Horace Rose, Surgeon to the Royal Bucks Hospital, has been elected for the Eastern Division of Aylesbury on the Bucks County Council.

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.

AYR DISTRICT ASYLUM.—Assistant Medical Officer, resident. Salary, £120 per annum.

BELFAST: QUEEN'S COLLEGE.—Riddel Demonstrator of Pathology and Bacteriology. Salary, £150 per annum.

BIRKENHEAD BOROUGH HOSPITAL.—Senior and Junior House-Surgeons, resident. Salary, £100 and £80 per annum respectively.

BIRMINGHAM: GENERAL HOSPITAL.—(1) Resident Surgical Officer. Salary, £100 per annum. (2) House-Surgeon, resident. Salary at the rate of £50 per annum.

BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL.—House-Surgeon, Salary at the rate of £70 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.

BRIGHTON: SUSSEX COUNTY HOSPITAL.—House-Physician, resident. Salary £80 per annum.

BRISTOL ROYAL HOSPITAL FOR SICK CHILDREN AND WOMEN.—House Surgeon. Salary, £120 per annum.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—House-Surgeon, resident Salary, £90 per annum.

HOSPITAL FOR EPILEPSY AND PARALYSIS, Maida Vale. W.—Resident Medical Officer. Salary at the rate of £50 per annum.

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

LEICESTER INFIRMARY.—Two Surgical Dressers, resident. Honorarium, £10 10s. each for six months.

LONDON FEVER HOSPITAL, Islington, N.—Assistant to the Resident Medical Officer. Salary. £120 per annum.

LONDON LOCK HOSPITAL.—House-Surgeon to the Male Hospital, Soho, resident. Salary, £80 per annum.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—(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.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—Assistant Anaesthetist. Appointment for six months.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road.—House-Physician, resident. Salary at the rate of £60 per annum.

ST. PETER'S HOSPITAL FOR STONE, Henrietta Street, W.C.—Assistant Anaesthetist. Honorarium, £25.

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

WEST RIDING COUNTY COUNCIL—Assistant Medical Officer for the Scalebor Park Asylum, resident. Salary, £150 per annum.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Assistant House-Surgeon, resident. Salary at the rate of £75 per annum.

MEDICAL APPOINTMENTS.

ADAM, John, M.B., C.M.Glasg., Visiting Physician to the Cluny-Hill Hydropathic Forres, *vice* G. C. Milligan, M.B., C.M., deceased.

ANDREW, W., M.B., C.M.Edin., District Medical Officer of the Launceston Union.

AUSTIN, E. C., F.R.C.S.Edin., Certifying Factory Surgeon for the Broughton Astley District, Leicestershire.

BARNES, Frank, M.B., B.S., F.R.C.S., Surgical Casualty Officer to the General Hospital Birmingham.

BICE, F. V., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the St. Austell Union.

BOWIE, A., L.R.C.P.Edin., M.R.C.S.Eng., District Medical Officer of the St. Neots Union.

BOWES, E. Dykes, F.R.C.S.Edin., Medical Referee under the Workmen's Compensation Acts for the Newnham District of County Court Circuit No. 58.

CUMMINGS, H. L., L.R.C.P., M.R.C.S., Health Officer of Scottsdale, Tasmania.

ELLIOT, E. E., M.R.C.S., L.R.C.P.Lond., Medical Officer of the Dover Union Workhouse

HARE, Francis W. E., M.D., M.R.C.S.Eng., Visiting Medical Officer to the Diamantina Hospital for Chronic Diseases, South Brisbane.

HARTIGAN, T. J. P., F.R.C.S.Eng., Assistant Surgeon to the Hospital for Diseases of the Skin, Blackfriars.

LANGLEY, J. F., M.R.C.S., L.R.C.P., Clinical Assistant to the Chelsea Hospital for Women.

MACKAY, Wm., M.B., Ch.B.Edin., Medical Officer to the Infectious Diseases Hospital at Job's Hill, near Crook.

PAINE, G. R. R., M.R.C.S.Eng., L.S.A., District Medical Officer of the St. Thomas Union.

PENNY, John, D.Sc. (Public Health), M.B., F.R.S.E., Medical Officer to the Workhouse, and Medical Officer and Public Vaccinator for No. 2 District of the Cockermouth Union, *vice* James Graham, M.B., resigned.

POUNDEN, J. C., M.D., B.Ch.Dub., Certifying Factory Surgeon for the Alfreton District, Derbyshire, and Medical Officer for the Codnor Park District of the Basford Union.

PRINGLE, G. A., M.D., B.Ch.Dub., Certifying Factory Surgeon for the Aughnacloy District, Tyrone.

SHARKAN, P., L.R.C.P.&S.Edin., L.F.P.S.Glasg., District Medical Officer of the Carlisle Union.

STOCKER, E. G., L.R.C.P.Lond., M.R.C.S., Certifying Factory Surgeon for the Clevedon District, Somerset.

WOODBRIDGE, E. W., M.B.Lond., M.R.C.S., District Medical Officer of the Barnstaple Union.

WYATT, W. L., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Skirlaugh Union.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Discussion on Acute Intestinal Obstruction: (1) Its Early Diagnosis, Dr. Hale White; (2) The Details of its Surgical Treatment, Mr. A. E. Barker.

Royal College of Surgeons of England, 5 p.m.—Mr. P. J. Cammidge: On the Physiology and Chemistry of the Pancreas (Arris and Gale Lecture I).

TUESDAY.

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. Professor Macfadyen, Professor Hewlett, Dr. Hale White, and Dr. Rose Bradford will take part in the discussion.

Pathological Society of London, Royal Army Medical College, Examination Hall, Victoria Embankment, 8.30 p.m.—Laboratory meeting.

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 III).

WEDNESDAY.

Royal College of Surgeons of England, 5 p.m.—Mr. J. H. Parsons: On the Neurology of Vision (Arris and Gale Lecture II).

THURSDAY.

Neurological Society of the United Kingdom, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Dr. Alfred W. Campbell: On Histological Studies in Cerebral Localization.

Royal College of Physicians of London, 5 p.m.—Dr. F. Taylor: On Some Disorders of the Spleen (Lumleian Lecture I.)

FRIDAY.

Royal College of Surgeons of England, 5 p.m.—Mr. J. H. Parsons: On the Neurology of Vision (Arris and Gale Lecture III).

Society for the Study of Disease in Children, 11, Chandos Street, W., 5.30 p.m.—Agenda: Clinical Cases. Papers: Mr. Sydney Stephenson, Congenital Word-Blindness in Children; Dr. Porter Parkinson and Mr. Douglas Drew, Notes on a Case of Nephro-lithotomy.

POST-GRADUATE COURSES AND LECTURES.

Hospital for Consumption and Diseases of the Chest, Brompton, Wednesday, 4 p.m.—Lecture on Pneumothorax.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Lecture on Pulmonary Tuberculosis in Children with Pathological Demonstration.

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

Medical Graduates' College and Polyclinic, 22, Chenies Street, W.C.—Demonstrations will be given at 4 p.m. as follows: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Eye. Lectures will be delivered at 5.15 p.m. as follows: Monday, The Diagnosis of Ovarian Tumours; Tuesday, Some Gastro-intestinal Diseases of Infancy and Childhood; Wednesday, Deformities after Fracture; Thursday, Abdominal Surgery.

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, Bulbar Palsy; Friday, Hydrocephalus.

North-East London Post-Graduate College, Tottenham, N., Thursday, 4.30 p.m.—Lecture on Complications of Phthisis and their Treatment.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Cataract; Tuesday, Certain Symptoms of Disease of the Ear; Wednesday, Common Disorders of Menstruation; Thursday, Administration of Anæsthetics; Friday, The Legal Aspect of Insanity and Signing Certificates (At the London County Council Lunatic Asylum, Claybury, Woodford Bridge, Essex.)

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

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.

BACKHOUSE.—On the 24th inst., at The Terrace, St. Ives, Cornwall, the wife of Charles F. Backhouse, M.R.C.S., L.R.C.P., of a son.

BOWKER.—On March 8th, at 11, North Parade, Bath, the wife of George E. Bowker, M.B., C.M.Edin., of a daughter.

BURGESS.—On March 6th, at 195, High Street, Oxford Street, Manchester, the wife of Arthur H. Burgess, F.R.C.S., of a son.

DUKE.—At 45, Osborne Road, Newcastle-on-Tyne, on March 1st, the wife of Alfred Duke, M.A., M.B., F.R.C.S.Edin., of a daughter.

HACKNEY.—On the 5th March, at 116, High Street, Hythe, Kent, the wife of Clifford Hackney, M.R.C.S., of a son.

ROWLAND.—On the 4th inst., at 26, St. John Street, Lichfield, the wife of Frank Mortimer Rowland, B.A., M.D.Cantab., of a son.

DEATHS.

ALLDEN.—On the 28th February, at No. 33, West Allington, Bridport, Sidney James Allden, M.D., B.S., Mayor of Bridport, late Resident Medical Officer of Brompton Hospital, aged 38.

LISTER.—On the 1st inst., at his residence, Courtenay House, Milverton, Leamington, in his seventy-second year, Edward Lister, L.R.C.P.Edin., grandson of the late Edward Lister, Coverham Abbey, Yorkshire.

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, 429, Strand, W.C., London.

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

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 429, Strand, W.C., on receipt of proof.

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

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

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

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

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

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

☞ *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.*

QUERIES.

E. S. R. wishes to hear of an inebriate home or institution which would take a young woman in exchange for her services. She is an excellent waitress and serving maid and was fourteen years in one situation and her failing is of only eighteen months' duration.

APHASIA AND PARALYSIS ASSOCIATED WITH MEASLES.

Dr. G. NEWTON PITT (Portland Place, W.), writes: I should be very much obliged if any members could furnish me with particulars of cases of speech or brain defect, deafness, or paralysis of either limbs or ocular muscles which developed in the course of an attack of measles.

ROENTGEN-RAY INSTALLATION.

J. H. L. A. writes: I am interested in a new installation of *x*-ray work. The current will be taken from the main at 230 volts. I should feel obliged if some of your readers would advise as to the best kind of make and break to use with a 12 in. coil, and give the benefit of their experience of any they have had in use.

DIPHTHERIA DIAGNOSIS.

W. B. C. asks us to interpret for him the following report issued from the bacteriological department of a well-known provincial university. "The secretion from the throat in this case shows diphtheria bacilli of the Loeffler and Hoffman variety." We must confess that the expression "Loeffler and Hoffman variety" is as ambiguous to us as it is to our correspondent. The term "Hoffmann variety" would have been obvious enough, but though Loeffler was fully aware of the existence of pseudo-diphtherial organisms, his name is generally associated with the true diphtheria bacillus. Physicians rightly expect that the bacteriologist shall restrict himself in his clinical reports to the terms "true" and "false" diphtheria bacilli, and reserve his conundrums for the amusement of those who have no serious interest in the clinical treatment of the case upon which his assistance in diagnosis has been invited.

ANSWERS.

THE USE OF THE ELECTRO MAGNET.

DR. H. B. W. PLUMMER (West Bromwich) writes: In reply to Dr. T. F. Hopgood's query in the BRITISH MEDICAL JOURNAL of February 27th, I can inform him that the West Bromwich District Hospital had a Haab's electro-magnet presented by Mr. S. Woodhall. The cost of obtaining and fixing it came to £33 16s., and it is used simply with a wall plug from the ordinary electric lighting current.

POST-GONORRHOEAL DISCHARGES.

I.M.S.—(1) No suggestion for treatment can well be made until it has been ascertained whether there is any ulcerated spot or allied condition to account for the discharge, and if so whether it lies in the posterior or penile urethra; (2) practical experience points to the conclusion that the very late post-gonorrhoeal discharges are not infective; this may be assumed to be the case with all the greater confidence if neither in the drop of mucus nor in the deposit from the urine after centrifugalization gonococci or pus cells can be discovered.

INSTITUTION FOR FEEBLE-MINDED BOY.

D R.—It is a pity that the case described has not had the benefit of special instruction at a school for defective children, which it is the moral—if not legal—duty of the education authority to provide under the Elementary Education (Defective, etc, Children) Act of 1899. As the boy is 14 it would probably be best to apply for his admission to the Royal Albert Asylum at Lancaster, which is now described as a "Training School for the Feeble-minded of the Northern Counties." Particulars as to payment, which varies according to means of parents, can be obtained from the Secretary, Mr. J. Diggens.

YOLKLESS EGGS.

D. B.—The abnormality of eggs without yolk is well known, such eggs sometimes being termed pseudo-eggs. As a rule they are of notably smaller size than the normal. In one case in which a hen regularly laid such, examination after the bird was killed showed the presence of an abnormally small oviduct; the abdomen was full of the yellow fluid contents of the yolks which had passed into it in place of into the duct. It is not easy to explain why the albumen and shell are formed independently of the local stimulus of the yolk. The conceivable alternatives rest between a physiological function set up in the oviduct on the formation of the ova in the ovary, (1) through a nervous reflex; or (2) a chemical reflex arising from the formation of a secretin, as the pan-