

observation and experimental evidence we may now accept the fact that fat necrosis is always the result of the penetration of the fat-splitting ferment of the pancreas first into the tissues in the neighbourhood of the gland, and when more extensive to the diffusion of the ferment either through continuity of tissue or by means of the lymphatics. Fat necrosis may be present and yet not be visible to the naked eye, although it may be discovered by a method suggested by Bender, the application of a solution of acetate of copper to the tissues. The recognition of fat necrosis by the surgeon who opens the abdomen to relieve symptoms associated with peritonitis in the upper abdomen is of the utmost importance, as it indicates a grave lesion of the pancreas, probably haemorrhagic, gangrenous, or suppurative pancreatitis. It is said not to occur generally with suppurative inflammation, but in one case I found a most extensive fat necrosis in association with subdiaphragmatic abscess of pancreatic origin. It has also been said that the presence of extensive fat necrosis is a fatal sign, but a case of my own disproves this, as a patient under my care made a complete recovery after an operation undertaken for acute pancreatitis in which the fat necrosis was well marked and diffuse. Truhart has also been able to collect 10 cases in which the diagnosis was made and yet an immediately fatal issue did not occur.

As the ferment causing fat necrosis may be excreted by the kidneys, it would form an important diagnostic sign if it could be found in the urine, but this has not yet been determined, although in one case of acute haemorrhagic pancreatitis Opie obtained a suggestive reaction by means of ethyl butyrate as suggested by Castle and Loevenhart.

Haemorrhage (so-called Apoplexy).

It is well known that local haemorrhage into the pancreas may occur apart from injury and apart from any general haemorrhagic tendency, and that, although it may be recovered from, as shown by the remains of extravasated blood in the gland in persons dying from other diseases, yet such spontaneous haemorrhage may lead to death from collapse either immediately or after some hours. This may occur in persons apparently in good health and without any premonitory signs on which a diagnosis can be based, the only symptom at the time being those of collapse, with dyspnoea and feeble pulse. In this way severe pancreatic haemorrhage apart from pancreatitis forms a disease in itself.

The causes of pancreatic haemorrhage are:

1. Vascular disease, such as atheroma and fatty degeneration, or alcoholic or syphilitic arteritis.
2. Injury.
3. Fatty degeneration of the gland cells and deposit of fat in the pancreas, the result of alcoholism or of general adiposity.
4. Fat necrosis in the gland or its vicinity has been suggested by Balser, who related several cases in support of his views.
5. Disintegration of neoplasms such as cancer or sarcoma may be the cause of extensive haemorrhages.
6. Haemorrhage from embolism of a pancreatic artery is reported by Molliere.
7. Other causes such as heart disease, lung disease, cirrhosis of liver, haemorrhagic diathesis, scurvy, purpura, the exanthemata, phosphorus poisoning, etc., may all give rise to pancreatic haemorrhage.
8. Pancreatitis may undoubtedly lead to haemorrhage.

Large pancreatic haemorrhages are of great interest clinically, and are probably more common than is usually thought; they may occur into the substance of the gland and disintegrate it, or on to the surface and lead to extensive effusion either beneath the peritoneum or into the lesser sac, as in the case I have related.

Symptoms.—A great variety of symptoms may occur, from mere attacks of colic in the epigastric region, soon passing off, to violent and persistent pain followed by collapse and rapid death within a short time; or if recovery from the first seizure should occur, the attacks may be repeated, and ultimately symptoms of acute pancreatitis may supervene. The site of the pain may be precordial or dorsal, but it is usually epigastric, and is often accompanied by vomiting. The abdomen soon becomes distended and tympanitic, and if inflammation occurs fever of an irregular type may supervene; or if the disease assumes a rapid ultra-acute form the temperature may be subnormal throughout. At first the diagnosis will be obscure, but with the onset of pancreatitis some of the symptoms I have related will be found, and an examination of the urine for the pancreatic reaction will afford valuable help.

Treatment.—In the very acute cases, where death rapidly occurs, even if the diagnosis could be made, specific treatment would probably be useless; but if the diagnosis could be effected before a fatal result had occurred, abdominal

section and gauze packing would seem to be indicated. In the later stages the treatment is that of acute pancreatitis, and in this case a diagnosis can be made both from the symptoms and physical signs as well as from the discovery of the pancreatic reaction in the urine.

MEMORANDA:

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

CASE OF PNEUMONIA TREATED BY ANTIPNEUMOCOCCUS SERUM.

On January 15th I was called to see a man, E. B., aged 36, who had a hectic appearance, rapid pulse and breathing, temperature 101.2° F., and all the physical signs in the right lung of acute pneumonia. He told me that for two days he had had fever, pain in the side, and blood spitting. His sputa were seen to be loose and mucoid and uniformly mixed with bright red blood. That afternoon I had him removed, in a closed conveyance, from the cottage where he lodged to the Cottage Hospital at Epsom.

The day after admission his pulse was 124 and respirations 54, and a subcutaneous injection of strychnine was given with marked benefit. Full doses of cardiac tonics and expectorants were exhibited, and the chest enveloped in large linseed poultices. The body and limbs were sponged with hot water, and that night some troubled sleep obtained by two cachets of trional (gr. xv). Pleurodynia was a troublesome symptom, though partial relief was obtained on the second and fourth day by the application, in each instance, of four leeches. An icebag was applied to his abdomen, but after some hours it had to be discontinued, as it seemed harmful and had produced no good effect upon any urgent symptom.

On the fourth day after admission, though he was taking liquid food fairly well, together with 3v of brandy in the twenty-four hours, he seemed to be sinking. Delirium was increasing, voice faint, anxious expression, eyes staring, cyanotic tinge creeping over lips and cheeks; pulse 132, respirations 56, temperature 104°. At 5.30 p.m., therefore, I injected 3 ij of Prof. E. de Renzi's, *siero anti-pneumonico* Pane. This serum, after careful disinfection of the skin, etc., was introduced between the integument and the chest wall, in the anterior axillary line at the level of the sixth rib on the right side.

As the needle was withdrawn a piece of cyanide gauze soaked in collodion was used to seal the puncture. This subcutaneous injection seemed to cause him no pain either at the time or subsequently. Within 4 hours both the pulse and respiration began to fall, and the expectoration to lose the bloody tinge. Curiously enough, however, the temperature still remained as high, but as the man was obviously better I repeated over the fifth rib the serum injection (3 ij) at 11 a.m. on January 20th, with similar precautions; at 11 p.m. the temperature had sunk to 100° F. By January 21st it was 99° and the sputa bronchitic in appearance; pulse 84, respirations 28. His after-convalescence was uneventful.

I am convinced these injections saved his life, and I shall not hesitate to repeat them in any suitable future case, though I cannot close without expressing my indebtedness to the matron and nursing staff at the Epsom and Ewell Cottage Hospital for the careful and efficient way in which they gave practical effect to all my suggestions.

Ewell, Surrey.

PERCY RENDALL, M.D.

A SIMPLE METHOD FOR THE ADMINISTRATION OF ETHYL CHLORIDE.

As pointed out by Dr. E. H. Kitchen in the BRITISH MEDICAL JOURNAL of December 26th, 1903, and Dr. H. F. Parker in the same JOURNAL of February 20th, 1904, no special form of inhaler is needed for administration of ethyl chloride, the ordinary Clover ether inhaler answering admirably. Dr. Kitchen pours the ethyl chloride into the reservoir of the inhaler through a perforated cork, covering the perforation afterwards with his finger, and Dr. Parker sprays the anaesthetic on to cotton wool or gauze placed in the aperture at the top of the body of the inhaler. For induction of anaesthesia it is immaterial whether the ethyl chloride is sprayed on to a sponge in the facepiece into the body or into the bag of the inhaler. On the ground of convenience I have been for nearly a year in the habit of spraying the anaesthetic into the bag, and find that, contrary

to what is sometimes stated, the rubber of the bag is in no way injured by the ethyl chloride.

I have recently employed ethyl chloride alone for operations lasting not longer than half an hour. For prolonged administration of ethyl chloride none of the above methods are very convenient. A simple and efficacious method of continuous administration is to take a piece of rubber tubing, 10 in. in length, and attach one end to the nozzle of a clover inhaler, in place of the tube from a nitrous oxide bottle, passing the other end over the nozzle of the ethyl chloride tube. The rubber tube must have thin walls so as not to interfere with the action of the cap of the ethyl chloride tube. By simply raising this tube and lifting the cap, the ethyl chloride is easily run into either the bag or top of the inhaler, according to the type of Clover employed, as often and in such amounts, usually 1 c.cm. to 2 c.cm. every few minutes, as are called for by the state of the patient. Frequent breaths of air are given to the same extent as when maintaining anaesthesia with ether. If the clover inhaler has no nozzle for attachment of a nitrous oxide tube, or if it is thought preferable to pass the anaesthetic directly into the reservoir of the inhaler, this can be done by using a cork perforated by a metal tube, to the outer end of which is attached the rubber tube from the ethyl chloride bottle. I find that ethyl chloride, thus administered, is followed by much more rapid recovery and less vomiting than is chloroform or ether given for a similar period. So small is the amount of ethyl chloride required for maintaining anaesthesia, that my chief difficulty has been to avoid giving an over-dose, which has on several occasions shown itself by asphyxial symptoms, the result of inhibited respiration. In these cases the pulse is usually strong and regular, and appears to be slowed only in the later stages of over-dosage. As an instance of the small amount of ethyl chloride required, in a boy aged 11 years the amount of anaesthetic used in inducing and maintaining anaesthesia for twenty minutes was only 12 c.cm. The boy vomited once at the end of the operation, and after ten minutes was wide awake. The advantages of the above method of prolonging ethyl chloride anaesthesia are:

1. The extra apparatus required is limited to a piece of rubber tubing at a cost of 1s.
2. The supply of the anaesthetic is derived direct from the glass tube in which it is supplied by the manufacturer, and is regulated by the cap and spring attached to this tube.

C. HAMILTON WHITEFORD, M.R.C.S., L.R.C.P.,
Senior Honorary Anaesthetist, South Devon and East Cornwall
Hospital; Honorary Anaesthetist, Plymouth
Dental Hospital.

BRACHIAL NEURALGIA.

IN connexion with the communications which appeared in the BRITISH MEDICAL JOURNAL on July 11th, 1903, by Dr. Simon, and on January 16th by Dr. Distin, upon the above subject, the following case may be of interest.

A lady, aged now about 70, whilst walking in her sleep thirty-five years ago, fell against the edge of a bed (she thought her forehead struck the bed). Upon being lifted up she felt violent pains down both arms. The pain became most intense, especially from the elbows to the fingers, the sensations being "as though the skin were being torn off."

Several medical men abroad, where she was staying at the time, applied chloroform, opium, blisters, etc., without any relief, and finally ice, which gave most relief. But the pain still continued to be severe. On coming to London she saw Sir James Paget, who prescribed rest and time as the only cure, and told her that she would recover, but that it would take years. She suffered more or less pain and impairment of movement in both arms for ten years.

Nine months ago, without any apparent exciting cause, she was attacked by sharp neuralgic pains over the region of the brachial plexus, over the right shoulder, about the insertion of the deltoid, down the forearm, and back of the right hand. The pain was very sharp, and the arm almost useless, great pain being caused by the least movement. I prescribed sedatives, bromides, etc., blistering to the back of the neck, but the pain was still severe, especially at night, which induced me to try guaiacum, with potassium iodide and bicarbonate, with a liniment of aconite, belladonna, chloroform, and menthol.

The pains became much less severe but the impairment of movement was still troublesome. For this I recommended bathing with hot water, massage, and electricity applied to neck and down arm. This she said relieved her greatly and she is now practically well, only feeling a reminder upon any

sudden movement occasionally. There was no muscular atrophy, or only what would be caused by the non-use of the arm for some time. Her constitution was remarkably good; she was not a neurotic subject, hypochondriacal, or hysterical.

I was struck with the inveteracy of the attack at the time and the small effect that sedatives appeared to have. As guaiacum appears to relieve nocturnal rheumatism, it struck me it might be of benefit, and I think in combination with the iodide it was of decided benefit. The electricity and massage she said gave her great relief, but this was in the subacute stage.

Bettws-y-Coed.

DOUGLAS MACDONOGH, L.R.C.P., etc.

VENESECTION IN OPIUM POISONING.

IN the treatment of cases of opium poisoning no mention is made in the textbooks of venesection as a last resource. When all efforts—such as the application of friction, cold affusion, the battery, etc., have failed to rouse the patient from a comatose condition, venesection may restore the patient to consciousness by the abstraction of some of the poison circulating in the blood, thereby preventing its re-absorption, and relieving in some degree the paralysis of the nervous system.

This idea was suggested and adopted in the case of a young lady who had swallowed more than an ounce of laudanum, and who, when discovered some hours afterwards, was unable to be roused by any of the methods recommended, with the result that she recovered from an almost hopeless condition.

The report of this case may induce others with greater opportunities to try venesection in cases of opium poisoning, when other methods have failed to restore consciousness.

Glasgow.

WILLIAM A. CASKIE, M.A., M.D.

REDUCTION OF DISLOCATIONS IMMEDIATELY AFTER THE ACCIDENT.

It does not seem to be generally known with what extreme ease a dislocation may be reduced if tackled immediately after the accident, if the opportunity occurs.

Sixteen years ago I dislocated my shoulder in a fall from a tricycle and I got a gentleman to put it in for me the moment I rose from the ground. Three weeks ago I had a similar accident, from a side slip when on a bicycle, to the same arm. Once again on asking a bystander to hold me firmly by the wrist while I gave a good pull, the head of the humerus was instantly replaced.

On each occasion the reduction was quite painless and could have been effected by a fairly strong child of 10 or 12. On each occasion I had very little subsequent pain after a bandage had been applied, and I recovered the full range of movements of my arm in three weeks.

London, N.W.

WALTER G. WALFORD, M.D.

OBSERVATIONS ON TEMPERATURE.

THE Remarks upon Temperature published by Dr. Pembrey in the BRITISH MEDICAL JOURNAL of February 27th interested me very much. I would be glad if any one could give me information as to whether observations on the rectal and axillary temperatures at death have been published. The following table of 9 cases observed by me while a house-physician may be interesting:

Record of Axillary and Rectal Temperatures immediately after Death.

Initials.	Sex.	Age.	Disease.	Axillary Temperature.	Rectal Temperature.
A. C.	M.	49	Psoas abscess, septicaemia	104.8	108.8
H. H.	F.	71	Morbus cordis	98.6	100.0
A. P.	M.	14	Morbus renum, cerebral haemorrhage	99.8	100.0
J. S.	M.	64	Bronchiectasis, gangrene of lung (L)	97.0	100.2
J. J.	M.	49	Carcinoma ventriculi	102.2	103.4
A. W.	M.	78	Cystitis, calculus vesicae	98.6	99.0
P. C.	M.	17	Cerebellar tumour	96.0	97.0
W. T.	M.	26	Phthisis pulmonalis	99.6	102.8
J. S.	F.	26	Phthisis pulmonalis	97.0	101.2

Previous to the simultaneous observations made the thermometers were tested and proved to be accurate.

Ibrox.

A. WHYTE CASSIE, M.B., Ch.B., M.A. Aberd.

MEDICAL NEWS.

Two distinguished physiologists, Professor Luigi Luciani (of the University of Rome), and Professor Angelo Mosso (of the University of Turin), have been named Senators of the Kingdom of Italy.

It is stated that the third and concluding part of the report of Lord Esher's Committee on War Office Reconstruction will very shortly be issued. It deals among other things with the position of the Army Medical Service.

THE SPITTING NUISANCE.—The Medical Society of Butler County, in the State of Missouri, at its January meeting unanimously passed resolutions recommending the enactment and enforcement of an ordinance making expectoration on sidewalks a punishable offence.

A MEETING of the Committee of the British Medical Benevolent Fund was held on March 15th, when twenty-six applications for help were considered. A sum of £280 was voted to twenty-five of the applicants; the other case was postponed for further inquiry. In addition, three annuitants of £20 were elected.

INTERNATIONAL CONGRESS OF HYDROLOGY AND CLIMATOLOGY.—The seventh International Congress of Hydrology and Climatology will be held at Venice in September, 1905. The Italian Minister of Public Instruction, Professor V. E. Orlando, is President of the Honorary Committee; and Professor De Giovanni, of Padua, is President of the Organizing Committee.

An examination in biological chemistry, with special reference to the chemistry and bacteriology of foods, water, sewage, and effluents, and to the practical applications of biological chemistry to industries, will be held by the Institute of Chemistry in October next. Further particulars can be obtained from the Registrar and Secretary, 30, Bloomsbury Square, London, W.C.

LEPROSY IN THE UNITED STATES.—At the second annual conference of State and Territorial Health Officers with the United States Public Health and Marine Hospital Service, a committee on leprosy was constituted as follows: Dr. Charles B. Cooper, President of the Territorial Board of Health, Honolulu, Chairman; Dr. J. F. Smith, Secretary of the Superior Board of Health, San Juan, Porto Rico; and Dr. J. C. Nolte, Secretary of the Louisiana State Board of Health.

MEDICAL WORK IN VIENNA.—During the months of May and June this year a number of special classes will be held at Vienna by the Professors of the University and their chief assistants. The list of them is not yet complete, but it is anticipated that they will embrace a large number of special points of general medicine and surgery, together with the specialities commonly so called, and demonstrations of and instruction in some of the newer methods of clinical research. The fees for each class of twenty-four hours' work or twenty-four lectures will vary between £2 and £4.

SMALL-POX IN SIBERIA.—The whole region of North-Eastern Siberia, from the Yakutsk territory down to Mongolia, is said to be suffering from a visitation of small-pox. Medical men are few and far between in the affected districts; in many cases the district surgeon has to visit settlements which are distant one hundred miles and even more from his house. The Mongolians gladly allow themselves to be vaccinated, but there is a difficulty in procuring vaccine, and much of what is obtained is said to be rendered useless by the cold to which it is exposed in transit.

INTERNATIONAL RED CROSS PRIZES.—It was announced at the Seventh International Conference of Red Cross Societies held at St. Petersburg in May, 1902, that the Dowager Empress Marie Feodorovna of Russia has established a fund for the encouragement of inventors and others in the endeavour to devise improvements in the means of dealing with the sick and wounded in the field. The sum set apart for this purpose amounts to about £11,000. The interest of this money is to be expended every fifth year in prizes to be awarded at each succeeding International Red Cross Conference. The competition is open to the world, and competitors will be required

to place their inventions on exhibition at the quinquennial exhibition of ambulance material to be held every five years in connexion with the International Conference of Red Cross Societies. The prizes to be given at the first competition which will occur in 1907 are three in number, and will be awarded to competitors who submit the best complete or partial solutions of the problems connected with rendering aid to the wounded on land or sea. The following are the points with which competitors are invited to deal: (1) The surest and quickest means of searching for and removing the wounded from the field of battle; (2) the best type of litters or vehicles for moving the wounded to the dressing stations with the greatest rapidity, and with the least degree of suffering; (3) the means of saving lives at sea; (4) the best installations in movable hospitals, wagons, ships, etc., for the final evacuation of sick and injured.

AMERICAN NURSES FOR THE JAPANESE ARMY.—Dr. Anita Newcomb McGee, who organized a corps of nurses which did duty in Cuba in 1898, and afterwards in the Philippine Islands, has, says the *Medical Record* of New York, offered to fit out a nursing staff for service with the Japanese army. This offer has been accepted by the Japanese Minister in Washington, and Dr. McGee will leave early in March with ten or twelve nurses to establish a field hospital with the army in Japan. Committees of women are to be formed in various parts of the United States for the purpose of raising money for the support of the nurses. If the movement receives adequate public support other nurses will be sent out later.

At a meeting of the Wandsworth Division (Metropolitan Counties Branch) of the British Medical Association to be held on Thursday next, at 9 p.m., in the Officers' Mess Room of the 4th Volunteer Battalion East Surrey Regiment, St. John's Hill (opposite Clapham Junction Station), a discussion will be raised with regard to the abuse of drugs by the laity, and the responsibility which rests upon those members of the medical profession who recommend certain drugs or preparations of such drugs to their patients. By so doing it is contended that medical men not only allow themselves to be used indirectly as touts for wholesale druggists, but also help their patients to form serious habits of drug abuse. Any member of the medical profession who may desire to attend will be welcomed.

LIVERPOOL SCHOOL OF TROPICAL MEDICINE.—The fifth annual report of the Liverpool School of Tropical Medicine, which has recently been issued, states that the attendance of students has been very satisfactory; as formerly, they have generally been medical officers holding appointments of responsibility. During the past year 143 cases have been admitted into the tropical ward attached to the school. A new laboratory has been built, and equipped with the necessary apparatus. Testimony is said to be constantly arriving from West Africa and other unhealthy regions in the tropics to the effect that where the recommendations of the school have been followed the health conditions have been much improved. Since the foundation of the school twelve expeditions have been dispatched to the tropics for the study of malaria, yellow fever, trypanosomiasis, and sanitation.

SURGICAL CONVALESCENTS.—A semi-public meeting was held at Lord Lytton's house on March 7th in furtherance of a scheme which has for its object the raising first of a sum of £30,000 as an endowment and then of £5,000 as a building fund for the erection of a "recovery hospital." In the course of speeches made by Lord Lytton, the Duchess of Somerset, Lord Hugh Cecil, Mr. Asquith, M.P., and others, it was claimed that the realization of the scheme would fill a gap which at present existed in the arrangements of hospitals. Convalescent homes in great number were to be found all over the country, but they did not meet the requirements of patients who, although they had been the subject of successful surgical operation, nevertheless could not be described simply as convalescents; beyond and above good air, good food, and change of scene they required a continuation of special surgical attention for the completion of their cure; in default of it all the care previously bestowed upon them was in many cases thrown away. It was for such patients that the "recovery hospital" proposed to cater, and it was estimated that the sum mentioned would suffice for twenty-one free beds, together with three or four private rooms for those who could pay. The Treasurer of the fund to be raised is Mr. R. B. Martin, M.P.

surgeons, physicians, and hospitals interested in any branch of x-ray work should write to the *Illustrated Review of Physiologic Therapeutics*, 19, East Sixteenth Street, New York City, for information concerning the time allowed and the conditions of the competition.

PREVENTION OF CONSUMPTION.

NATIONAL ASSOCIATION FOR THE PREVENTION OF CONSUMPTION.

THE fifth general meeting of the members of the National Association for the Prevention of Consumption and other forms of Tuberculosis was held under the Chairmanship of Lord Derby, at 20, Hanover Square, London, on March 10th. An interesting letter was read by the Secretary, Dr. Alfred Hillier, from the Postal Telegraph Clerks' Association, saying that the consent of the Postmaster-General, Lord Stanley, had been obtained for the establishment of an arrangement to raise funds for the endowment of 100 beds for postal employes suffering from tuberculosis. The sanatoria in which it was proposed to endow the beds were those erected by the National Committee for the establishment of sanatoria for workers. Lord Stanley had consented to permit the collection of subscriptions from those employed in the Post Office by means of periodical stoppages from salaries.

In the course of the remarks made by Lord Derby in moving the adoption of the report of the Council, he referred to the very painful duty thrown on Boards of Management of sanatoria of refusing admission to very advanced cases of phthisis because it was felt that it was not right to expend upon those absolutely hopeless cases means which otherwise would benefit a large number of patients who would be restored to health and work if their treatment were undertaken in an early stage of the disease. He advocated that Homes of Rest in connexion with the sanatoria should be established for the hopeless cases.

Sir William Church, President of the Royal College of Physicians, in seconding the motion, deprecated the unreasoning and unreasonable dread that some people seemed to have of the infectivity of tubercle. Though it was happily the case that in this country and climate the population had a greater resisting power to the action of the tubercle bacillus than it had to the action of the morbid poisons of the other infectious diseases, still it was to be hoped that the medical profession would devise some means whereby tuberculosis could be more efficiently prevented. He was glad to see that in the *Journal* of the National Association for the Prevention of Consumption it was strongly urged that sanatoria should be inexpensive buildings. Vast sums of money should not be spent on bricks and mortar when cheaper buildings would not only fulfil the same object, but would do it very much better.

Mr. Malcolm Morris, the treasurer of the Association, said that unless money were forthcoming the Association would come to an end in a few months.

Dr. Lionel Weatherly gave some encouraging details of the work done at Bath, and Dr. Theodore Williams related his experiences in the early days of his work at the Brompton Hospital for Consumption and Diseases of the Chest. He gave an account, also, of the way in which the King of Sweden had provided accommodation for a limited number of advanced and hopeless cases of phthisis.

After the report had been formally adopted, Dr. Hector Mackenzie moved the re-election of the auditors, and Dr. Orme Dudfield, in seconding this, advocated that the buildings provided by the metropolitan authorities in case of an outbreak of small-pox should be utilized as sanatoria.

Sir Herbert Maxwell moved a vote of thanks to the Chairman, which was seconded by Sir William Broadbent; and Lord Derby, in reply, made special reference to the desirability of utilizing the beds provided for a possible small-pox epidemic in the manner suggested by Dr. Dudfield.

PROPOSED SANATORIUM FOR POSTAL EMPLOYEES.

Dr. Arthur Latham, in the *Civil Service Magazine* for March, 1904, points out that though the postal employes are selected lives the percentage mortality from pulmonary consumption amongst them is higher than that amongst the general population. This points to serious hygienic defects in the conditions under which they work, and calls for measures to prevent the excessive incidence of this disease on the Post Office staff. For the treatment of those who become infected there is at present no special provision, and many of them seek admission into the consumption hospitals. The employes themselves are unable to deal adequately with the

prevention of the disease, but they are making a praiseworthy attempt to establish a sanatorium for the treatment of those of their number who contract pulmonary consumption. The scheme which Dr. Latham's article seeks to encourage has been already referred to in the *BRITISH MEDICAL JOURNAL*, and has the sympathy of the Postmaster-General. If, as is suggested, the postal employes' scheme is affiliated with the National Committee for the Establishment of Sanatoria for Workers suffering from Tuberculosis, formed under the auspices of the Hospital Saturday Fund, it will probably be advantageous to both bodies.

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.

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.

BORDER COUNTIES BRANCH: NORTH CUMBERLAND DIVISION.—A meeting of this Division will be held at Penrith on the afternoon of Friday, March 25th, when a discussion on Intestinal Obstruction will take place. Members wishing to read papers or show specimens on this or any other subject should kindly communicate with NORMAN MACLAREN, Honorary Secretary, Portland Square, Carlisle.

BORDER COUNTIES BRANCH: WEST CUMBERLAND DIVISION.—The annual general meeting of this Division will be held at Whitehaven on May 17th. The Secretary will be pleased to receive communications from any member who wishes to read a paper or show cases or specimens.—T. G. MATHEWS, 6, Scotch Street, Whitehaven, Honorary Secretary.

EAST ANGLIAN BRANCH.—The spring meeting of this Branch will be held at the White Hart Hotel, Manningtree, on Thursday, April 14th. Members wishing to read papers or show cases or specimens should kindly communicate as soon as possible with Dr. NICHOLSON, East Lodge, Colchester, Honorary Secretary.

EDINBURGH BRANCH: SOUTH-EASTERN COUNTIES DIVISION.—A meeting of this Division will be held in the Station Hotel, Newtown St. Boswells, on Friday, April 8th, at 3.45 p.m. Business: To consider the Medical Defence scheme of the Association. To consider the following recommendation of the Ethical Committee: "That the question of the advertising of medical practitioners in connexion with hydropathic establishments be referred to the Divisions." To consider the recommendations of the Medico-Political Committee: "That the Divisions be asked to consider whether it is advisable that the medical witnesses engaged on each side in legal cases should meet in consultation." The Secretary will be glad to receive intimation of cases to be shown or papers to be read as soon as possible previous to the meeting.—W. HALL CALVERT, Honorary Secretary, Melrose.

METROPOLITAN COUNTIES BRANCH: ST. PANCRAS DIVISION.—An ordinary meeting will be held at St. Mary Islington Infirmary, Highgate Hill, Upper Holloway, on Thursday, March 24th, at 4.30 p.m. Dr. Sturge: Case of Albino. Dr. A. H. Robinson: (1) Cases of interest from the wards; (2) demonstration of Dowsing Radiant-heat Treatment; (3) demonstration of cases by X-ray Apparatus. Tea by kind invitation of Dr. Robinson.—R. C. M. POOLEY, Honorary Secretary, 35, Highbury Grove, N.

METROPOLITAN COUNTIES BRANCH: RICHMOND DIVISION.—The next meeting of this Division will be held on Wednesday, March 23rd, at the Greyhound Hotel, Richmond, when papers will be read by Dr. G. E. Shuttleworth and Dr. F. Graham Crookshank.—J. R. JOHNSON, Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: WANDSWORTH DIVISION.—A 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: ISLE OF THANET DIVISION.—The next meeting of this Division will be held at the St. Mildred's Hotel, Westgate, on Tuesday, March 22nd, at 4.15 p.m., Dr. A. F. Street in the chair. Tea will be served at 4 p.m. Agenda: Matters referred to the Division for consideration by the Council of the Association: (a) Scheme of medical defence prepared by the Medical Defence Committee of the Association (see SUPPLEMENT and leading article, BRITISH MEDICAL JOURNAL, February 20th); (b) advisability of consultations between medical witnesses; (c) the question of the advertising of medical practitioners in connexion with hydropathic establishments. Mr. J. B. Berry will show a case of Lupus treated by the ultra-violet lamp. Dr. Fisk will read notes and show a specimen of a case of Ruptured Thoracic Aneurysm in a woman. Mr. Burton Nicol: The treatment of Adenoid Growths in the Naso-pharynx. Mr. Sutcliffe: Some practical points in cases of Acute Appendicitis. Dinner will be served at 7 p.m. in a private room of the hotel; 5s. each, exclusive of wine. Members wishing to dine are requested to inform the Secretary at the commencement of the meeting. All members of the South-Eastern Branch are invited to attend these meetings and to introduce professional friends, but will not be entitled to vote on Divisional questions.—HUGH M. RAVEN, Barfield House, Broadstairs, Honorary Divisional Secretary.

SOUTH-WESTERN BRANCH.—The next intermediate meeting of this Branch will be held at the North Devon Infirmary, Barnstaple, on Wednesday, March 30th, at 3.30 p.m., the President, Dr. W. T. Thompson, in the chair. The following communications have been promised: Dr. W. Gordon: The Influence of Posture on Cardiac Physical Signs. Mr. Russell Coombe: Notes on a case of Hydrocele of the Canal of Nuck. Mr. Lucy: Uterine Fibroids. Dr. Davy: The occurrence of Fever in Children caused by the Ingestion of certain kinds of Carbohydrate Foods. Mr. Wilkin: Oesophageal Cancer with Laryngeal Complications. Mr. W. Woolcombe: The post-operative history of two cases of Malignant Disease, Stomach, and Superior Maxilla. Dr. Dyball: Notes on a fatal case of Secondary Parotitis. Mr. Roper: One form of Appendicitis. Tea will be provided after the meeting. Gentlemen desirous of joining the Branch are requested to communicate with Mr. G. YOUNG EALES, 1, Matlock Terrace, Torquay, 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.

SPECIAL CORRESPONDENCE.

BIRMINGHAM.

Gift to the University.—Lecture by Sir Oliver Lodge.—The General Hospital.—Birmingham District Nursing Society.—Health of Erdington.

THE University has received a very generous gift from Mr. Joshua Williams of Birmingham, who has assigned to the council of the University the remainder of the lease, for seventy-two years, of his house in Edgbaston. It is situated near the site of the new buildings of the University, which are now being erected, and, as it stands in grounds extending to about $3\frac{1}{2}$ acres, it should prove very valuable. The donor has not hampered his present with any restrictions, and has given full permission for the house and land to be utilized in any way the University may find most serviceable.

Sir Oliver Lodge, in his concluding lecture to medical practitioners on physics applied to medicine at the University on March 10th, suggested that persons struck by lightning should be treated in a similar way to persons rescued from drowning. He thought that artificial respiration should be continued for at least four hours, as the person struck might in certain cases merely be suffering from a temporary paralysis.

The report for the year 1903 presented to the 124th annual meeting of the Board of Management of the General Hospital, Birmingham, showed that the number of in-patients was 5,366 and the number of out-patients 64,926. Of the in-patients, 1,128 were children under twelve years of age. The number of surgical operations which were performed amounted to 2,137, which is a slight decrease when compared with the previous year. The expenditure of the hospital in 1903 was £25,298, including the sum of £332, which was handed over to the Jaffray Branch Hospital to meet the deficit of that institution. The amount received in subscriptions and extra tickets was £8,002, which is only a slight increase upon that of the previous year. The donations amounted to £402 and the special congregational collection to £57; £6,715 was placed to the credit of the current account as the moiety of legacies received during the past year. The adverse balance of

£11,423 which was brought forward from 1903 has been reduced to £7,302, and this reduction has been chiefly brought about by the proceeds of the musical festival, and by the unusually large sum received in legacies. A considerable increase in the income is regarded as a necessity owing in part to the greatly increased expenditure due to the growing demands of medical and surgical work, and in part to the steadily increasing number of patients who apply for treatment. During the past year a legacy was received from the late Henry Pearce for the purpose of dedicating beds, and a sum of £1,250 was given by the Aston Villa Football Club for the dedication of a bed and a similar amount by Mr. and Mrs. Jenkins to commemorate their golden wedding.

The thirty-second annual meeting of the subscribers to the Birmingham District Nursing Society was held in the Council House on March 7th. The reports and statistics show that the society's work has increased during the past year by 143 cases and 2,442 visits paid by the nurses; but the committee state with regret that it is unable to increase the staff of nurses on account of the lack of funds. The members of the committee have come to this decision because they feel that if the salaries of the nursing staff are not adequate the character of the work must suffer. The subscriptions for last year only amounted to £741, while the expenditure was £1,942. It has been decided to admit a certain number of probationers to the homes, on the payment of a suitable premium, who will visit with the regular nurses for the purpose of gaining experience.

Dr. Bostock Hill's ninth annual report on the health of Erdington shows a birth-rate of 25.78 and a death-rate of 11.10 for that area. Dr. Hill states that out of 30 cases of typhoid fever which were reported during the year 3 were undoubtedly associated with the consumption of oysters or other shellfish, and he points out the urgent need for protecting oysters and shellfish beds from sewage pollution.

NEWCASTLE-UPON-TYNE.

North of England Glasgow University Club Banquet.—Dedication of a Pulpit to the Memory of the late Thomas Anthony Dodd.—Death of James Deighton Dixon, M.B.—Outbreak of Glanders at a Northumbrian Colliery.

THE members of the North of England Glasgow University Club dined at Tilley's Rooms, Newcastle-upon-Tyne, on March 9th, when sixty-five sat down to dinner. The chair was occupied by the President of the Club, Professor T. Oliver, who was supported by the guest of the evening, Principal Story, of Glasgow University, Lord Armstrong, the Mayor and Sheriff of Newcastle-upon-Tyne, the Warden of the University of Durham (Dean Kitchin), Dr. Hume, Dr. Murphy (Sunderland), Professor Howden, Drs. Gordon Bell, Inglis, Jas. Drummond (South Shields), and others, while the vice-chairs were occupied by Drs. Farquharson and Frank Russell. After the loyal toast from the chair, that of "The Navy, Army, and Imperial Forces" was submitted by Dr. Bain (South Shields), and responded to by Dr. Drummond (South Shields). In a very happy speech Dr. Farquharson proposed the "Houses of Parliament," to which Lord Armstrong responded. The toast of the evening, "Our Alma Mater and Guest," was given by Dr. Gordon Bell in felicitous terms. He dwelt upon the higher functions of universities and what such institutions ought to be, compared the work done in the past by the University of Glasgow, with its aspirations and adaptations, to the requirements of an age in which education had become so general and competition keen. Principal Story's health was drunk with great enthusiasm. In a speech as gracefully rendered as it was pregnant with interesting material, Dr. Story stated that so far as Glasgow University was concerned there was no standing still; that notwithstanding her great age she still retained the vigour of youth, and was putting forth renewed efforts, not only to maintain her past reputation, but to equip men even still better qualified, if possible, for all branches of human life and activity. By his own efforts he had succeeded in raising, thanks to the liberality of Glasgow merchants, £76,000 for the required extensions at the University, which, when completed, would enable them to teach with greater facility and to accommodate a larger number of students. He thought that Mr. Carnegie had begun at the wrong end; he should have endowed the teachers. With the £50,000 a year which was being expended on the fees of students, 95 per cent. of whom were able to pay their own fees, more lecturers could have been appointed and greater benefits would have

The McCumber Bill contains a saving clause "that no drug shall be deemed to be adulterated under this provision if the standard of strength, quality, or purity be plainly stated upon the bottle, box, or other container thereof, although such standard may differ from that determined by the test laid down in the United States *Pharmacopoeia*." In the further provisions regarding the adulteration and misbranding of foods and drugs the McCumber Bill takes the specific definition found in the Hepburn Bill, as, for example, "if any valuable constituent of the article has been wholly or in part abstracted," and adds to each such clause the words "so that the product when sold or offered for sale shall deceive or tend to deceive the purchaser."

MEDICAL WITNESSES' FEES IN CIVIL CASES.

OUR correspondent, who was asked to examine a patient as to his capacity to make a will, should have stipulated either then, or when giving proof of his evidence to the solicitor, as to the fee he would expect if called upon to give evidence in the Probate Court. As he did not do so on either of those occasions, nor when served with the subpoena to attend, but only after two days' attendance at the court, he must now be content to accept the 5 guineas a day and expenses, which the taxing master allows. The tariff of the Manchester Medico-Ethical Association is merely meant as a guide to its members, and has, of course, no legal authority. The fact that another medical witness at the same trial secured by previous arrangement £100 a day, shows at once the importance of medical men being well informed on these matters.

A PROTEST AND DISCLAIMER.

CUMBRIAN.—We share our correspondent's regret at the helplessness of members of the medical profession in regard to the unauthorized use of their names in trade circulars. So far, however, legal proceedings have not given much ground for hope that the law will afford adequate assistance. Although an injunction might be obtained to prevent the further use of a name, it would be impossible, if we may judge from the cases already tried, to recover substantial damages without proof that actual loss and injury had been suffered. Such proof would be difficult to obtain, and juries appear to be unwilling to believe that the use of a doctor's name in an advertisement can do him any harm.

NOTICES OF MEDICAL MEN IN THE LAY PRESS.

FLEET SURGEON BRICE, R.N., writes to say that he is in no way responsible for the paragraph in *Modern Society* for January 16th, which contains a story purporting to be told by "Surgeon Brice." He thinks it necessary to make this disclaimer as he is the only officer of the name in the Royal Navy List.

PROFESSIONAL SECRECY.

W. H.—(1) It was perfectly right to refuse information without being assured of the patient's (the wife's) consent. If the lawyer was instructed to obtain information from her he could have brought a letter authorizing our correspondent to answer questions put to him. (2) We do not think any fee could be charged if the information was refused, but if this particular piece of information was only part of the interrogatory our correspondent should charge his usual fee for a consultation.

THE RELATIONS OF MEDICAL PRACTITIONERS TO ADVERTISING ELECTRO-MEDICAL INSTITUTIONS.

ATHERTON MORE.—In our opinion no qualified medical practitioner should connect himself with an institute which advertises for patients in the manner shown by the documents submitted to us.

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

PUZZLED.—(1) If subpoenaed again our correspondent must when directed by the judge answer all questions as to the patient's condition to the best of his knowledge. (2) We believe an action for damages would lie against a medical practitioner for giving information by which a patient in any way suffered pecuniary loss or injury to his reputation.

MEDICAL REFEREES UNDER WORKMEN'S COMPENSATION ACT.

MEDICAL REFEREE states that he has examined, at the request of the sheriff, two workmen injured and claiming damages under the Workmen's Compensation Act, and asks what fee he should charge. The cases were seen at the referee's residence.

. The schedule attached to the Workmen's Compensation Act, 1897, lays down the fees payable to medical referees as follows: (1) For a first reference, to include examination of the injured workman and written report, 2 guineas. (2) For any further report not covered by the original one, 1 guinea. (3) For a second or subsequent reference to the same referee, 1 guinea. If the referee travels more than two miles from his residence he is entitled to charge 5s. for each mile.

A.D.—So far as we are aware the point has not been raised in any reported case.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Board of Faculty of Medicine.—Dr. J. F. Payne and Dr. G. J. Schorstein, whose term of office on the Board of Faculty of Medicine had terminated, have been again co-opted members of the Board.

UNIVERSITY OF CAMBRIDGE.

Degrees.—At the congregation on March 10th the following degrees were conferred: *M.B.* and *B.C.*: R. M. Ranking, Pembroke. *M.B.*: H. Ackroyd and J. H. Donnell, Caius. *B.C.*: T. H. E. Watts-Silvester, Caius. The honorary degree of Doctor of Science is to be conferred on Dr. W. Ostwald, Professor of Chemistry at Leipzig.

UNIVERSITY OF GLASGOW.

THE Senate have announced the honorary degrees which it is proposed to confer at the spring graduation ceremony on April 14th. Amongst the recipients of the degree of Doctor of Laws (*L.L.D.*) are Dr. William Stirling, Professor of Physiology, University of Manchester, and Sir William Taylor, K.C.B., the Director-General of the Army Medical Service. The United States Ambassador, London, the Hon. Joseph H. Choate, is to be similarly honoured.

UNIVERSITY OF ABERDEEN.

HONORARY DEGREES.

At a meeting of the Senatus of the Aberdeen University held on Wednesday, March 9th, it was resolved to confer the honorary degree of Doctor of Laws upon Dr. Chas. J. Cullingworth, Obstetric Physician to St. Thomas's Hospital, London. A similar degree is also to be conferred upon the Right Hon. C. T. Ritchie, M.P.; Mr. Wm. Watson, the poet; Sir George Watt, the officer in charge of the Industrial Museum, Calcutta; Professor W. R. Dunstan, F.R.S., Director of the Scientific and Technical Department of the Imperial Institute; the Rev. Thomas Davidson Christie, Principal of the College of Tarsus, Asia Minor, and Geo. Robert Elsmie, C.S.I. The graduation ceremony is provisionally fixed for Wednesday, April 6th.

VICTORIA UNIVERSITY, MANCHESTER.

Court of Queens College.

WHAT will perhaps prove to be the last meeting of the Court of Governors of Owens College took place on March 17th. From the report presented thereat we learn that the number of medical students during the present winter session is 244 (including women). Last year the number at the corresponding period was 230 (including 9 women). Additional accommodation for the botanical department is urgently needed, and an appeal is being made for the necessary funds.

The Bacteriological Laboratory.

Owing to the fact that the new infirmary will be built on Stanley Grove, the bacteriological and public health laboratory at present situated there has to be removed. A new site in York Place in close proximity to the proposed new infirmary has been purchased by the College. Plans have been prepared for the new laboratories, which will cost several thousand pounds. Even with the money in hand, the deficiency amounts to £3,000. It was intimated at the Court meeting that a donor who did not wish his name mentioned had given £1,000, and had also promised to make himself responsible for another £1,000 which he would collect. It was also stated that it would afford the Court great gratification to meet the wish of the Corporation of Manchester that some part of their grant should be devoted to the purpose of the public health department of the new laboratories.

Degree Ceremonial.

On the same day a degree ceremonial was held, at which a large number of Associates—nearly 100—of the College were admitted graduates of the University. In the charter granted recently to the Manchester University it is provided that persons who were Associates of the Owens College at the date of the new charter, and who were not already graduates of the University, should be offered Bachelors' degrees of the University.

The Vice-Chancellor stated that "similar power was conferred by the charter of 1880, but it was a curious defect of the enactments then made that the stipulation that they could only confer degrees upon those who were Associates at the date of the charter had practically the effect of excluding some of the most distinguished students of the College from becoming graduates. The reason for this was that there were many students who at that time were pursuing courses either for London or other degrees, and of course could not change suddenly so as to take the degrees of the Victoria University. There was a large number of former students of the College who dated from that period, and who became Associates immediately after the time when the old charter was granted. As to those who had been Associates after the University was in full working order, nearly all had been graduates of the Victoria University." A large number of medical Associates were included amongst those who received the degree of Bachelor of Science.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary council was held on March 10th, Mr. Henry Morris, Vice-President, in the chair.

Physical Deterioration.

A report from the Committee on Physical Deterioration was received and adopted by the Council:

"In pursuance of the request of the Council the Committee have taken into consideration the scheme for an anthropometric survey of the United Kingdom submitted to the Physical Deterioration Committee sitting at the Privy Council Office by Professor D. J. Cunningham and Mr. J. Gray, President and Secretary of the Anthropometric Committee of the British Association, together with the *présents* of Professor Cunningham's evidence before the Physical Deterioration Committee.

"Having regard to the fact that no trustworthy statistics or other data are available for the purpose of comparing the physical condition of the nation at the present time with that which obtained in the past, or for forming the basis of a comparison with that which may obtain in the future, the Council of the Royal College of Surgeons are of opinion that the adoption by Government of a scheme for an anthropometric survey of the United Kingdom, such as that proposed by Professor Cunningham, is greatly to be desired.

"The scheme appears to the Council to be well calculated to elicit those facts of which a knowledge is essential to the formation of any opinion as to the physical improvement or deterioration of the race, and they moreover believe that the results of the investigation would be of great scientific value and interest.

"With regard to the measurements and tests to be used, the Council approve those recommended by Professor Cunningham. They think, however, that the value of the investigation would be increased by the addition of the measurement of the lower extremities from the crest of the ilium."

General Medical Council.

Mr. Henry Morris was elected the representative of the College in the General Medical Council in the vacancy occasioned by the retirement of Mr. Thomas Bryant, the appointment being for five years from March 12th, 1904. The best thanks of the Council were given to Mr. Bryant for his services in this capacity, which extended over a period of 13 years.

A letter was read from the Registrar of the General Medical Council reporting the following resolution adopted by the Executive Committee of that Council, namely:

"That the Executive Committee learns with regret that Mr. Bryant does not contemplate an extension of his tenure of office as representative of the Royal College of Surgeons of England after March 12th, 1904; and desire to place on record their high appreciation of his services in many capacities since his appointment in 1897, and in particular as Treasurer of the General Council and Chairman of the Examination Committee."

Donation to the Museum.

The best thanks of the Council were given to Staff Surgeon C. Marsh Beadnell, R.N., M.R.C.S., for a donation of thirteen Filipino skulls collected from the battlefields of Luzon, Philippine Islands.

Sanitary Institute.

Dr. John Barlow, F.R.C.S., was appointed delegate of the College to the Congress of the Sanitary Institute to be held at Glasgow in July.

Congress of School Hygiene.

Mr. Henry Morris was placed upon the list of Vice-Presidents of the English Organizing Committee for the International Congress of School Hygiene to be held at Nuremberg in April; and Dr. Clement Dukes was appointed delegate of the College to the Congress.

Examinership in Dental Surgery.

A letter of March 5th was read from Mr. Henry Morris resigning his membership of the Board of Examiners in Dental Surgery, in anticipation of the expiration of his period of office on May 11th. The vacancy will be filled up at the Council meeting of May 12th. May 4th is the last day for applications.

HOSPITAL AND DISPENSARY MANAGEMENT.

KING'S COLLEGE HOSPITAL REMOVAL FUND.

A MEETING was held at the Mansion House on March 11th in support of the appeal for funds for the removal of King's College Hospital to South London.

The Lord Mayor in a few words introduced the subject. He pointed out that the population near Drury Lane and the Strand had been removed, and said that a large proportion had gone to the South of London, especially in and about Camberwell.

Mr. W. F. D. Smith, M.P., entered into statistical details showing that the hospital was not adapted to modern requirements and that it was impossible to extend the building on the present site. Further, the changes of the last half-century had altered the character of the neighbourhood, and the hospital was now a comparative failure as a local charity. It was proposed to prepare plans for 600 beds in the new hospital to be built in the South of London.

The Archbishop of Canterbury, in moving a resolution that the meeting cordially approved of the scheme to remove King's College Hospital to South London, described how his earliest work had been amongst the poor in the slums on the site where the Royal Courts of Justice now stand. The new hospital in the South of London would stand on a site of some twelve acres, and would meet a need that had been felt for some time. A reference by the Archbishop to the fact that the site of the hospital was a gift from Mr. W. F. D. Smith was greeted with tremendous cheering from the audience, especially from the students at the back of the hall.

The resolution was seconded by Mr. C. E. Tritton, M.P., and was supported by the Bishop of Rochester, who mentioned that the district to be supplied by the hospital stretched from Wandsworth to Woolwich.

Dr. Ferrier, as the representative of the Medical Staff of King's College Hospital, said that hospitals such as King's College Hospital, though primarily for the sick and poor, were as necessary for the rich and well-to-do; because every case of sickness or injury treated in such a hospital was an object-lesson to the students who in a few years would become the guardians of the public health, and to whom at one time or another the rich and well-to-do would have to entrust their own lives and the lives of those nearest and dearest to them. It was, therefore, a matter of the most vital importance to the community that those who had to undertake such serious responsibilities should be fully trained and well fitted for the important duties they had to perform. He emphasized the fact that it was only in great hospitals, which were also educational institutions, that the training by practical experience in the methods of diagnosis and treatment of disease which the public expected, and rightly expected, on the part of medical practitioners, could be received. King's College Hospital had deserved well of the public. It had for many years ministered to the sick of a large and poverty-stricken district, and it had sent out many thousands of men who were discharging their duties in every part of the globe. The hospital had been the nursery, if not the cradle, of some of the most important advances in medicine of recent times. Not very many years ago Lord Lister was there perfecting and teaching the details and principles of his antiseptic method which had conferred such great benefits on mankind. But medicine did not stand still with the discovery of new methods and new agencies. Every day medicine was becoming more complicated, and if a hospital was to be in the forefront it must adapt itself to modern requirements. It was impossible on the present limited site to provide the necessary buildings and appliances for the comfort and treatment of patients which were requisite in the present day, and there was the further point that the hospital in its present position was no longer so necessary as it had been. The Medical School had been injuriously affected because the students were deprived of the chance of studying the ailments with which it was so essential they should be familiar. The medical and surgical staff had on due consideration unanimously decided that it would be in the interests of the poor and of the Medical School that the hospital should be transferred to a more populous district such as Camberwell. He concluded by cordially supporting the resolution.

Mr. W. Watson Cheyne, senior surgeon to the hospital, dealt with the question of the want of room on the present site of the hospital, and also pointed out that the institution ought to be near its poor patients. In regard to the question of the want of room the advance of science caused heavy demands to be made upon the hospital authorities. The teaching of Lord Lister had revolutionized surgery so that a hospital

built under the old régime was at the present time wanting in many respects. New operating theatres were required; departments for bacteriology and pathology were indispensable. Then there were the numerous modern methods of investigation, which required special rooms and special officers, and the electrical advances in medicine also entailed further accommodation. It would be recognized that on the present site it was impossible to meet these needs. On the other hand, with the twelve acres of ground on which the new hospital was to be built they would be able to erect an institution in every sense well up to date and capable of expansion as science advanced. Mr. Cheyne then went on to show that the sudden severe illnesses and sudden severe accidents spoken of as casualty cases required that the hospital should be placed in the immediate neighbourhood where such cases occurred. In consequence of the changes that had taken place round King's College Hospital the number of severe casualty cases had become very few, whilst in Camberwell such cases had to be transported to great distances in order to reach relief. The staff of the hospital were unanimously of opinion that the removal of the hospital was necessary, not only for the treatment of the patients, but also for the education of those who will afterwards have the charge of those who are not hospital patients.

After the resolution had been put and carried unanimously, Mr. C. Awdry announced that the sum of £106,762 had been promised for the fund.

A vote of thanks to the Lord Mayor for presiding was moved by Lord Methuen, seconded by Sir John Cockburn, and acknowledged by the Lord Mayor.

ST. THOMAS'S HOSPITAL, LONDON.

The Samaritan Fund.—The report for 1903 of the Samaritan Fund of St. Thomas's Hospital recently published shows an expenditure of £1,592 and receipts of £1,672. The latter were derived partly from ordinary donations and partly from the income of sundry trust funds, each hedged about by special limitations as to expenditure. The available monies were expended chiefly on the maintenance of patients at convalescent homes, but partly also on the payment of the fares of patients to and from such homes, on surgical and optical appliances, on washing, and on clothing, and fares for indigent patients on their discharge from hospital. As St. Thomas's Hospital has no convalescent home of its own, the calls upon its Samaritan Fund are very great. The Secretary of the Fund is Mr. Sydney Phillips, Steward of St. Thomas's Hospital.

ROYAL DENTAL HOSPITAL, LONDON.

At the annual general meeting of governors of the Royal Dental Hospital, Leicester Square, held on March 10th, it was reported that 97,830 cases had been treated during the year, being over 8,000 more than in 1902. Anaesthetics were given in 35,619 cases, being an increase of over 4,000. To meet the increased work in this respect two paid "house anaesthetists" have been appointed in addition to the honorary staff. Increased efforts on the part of friends of the institution were necessary in order to keep up the payments towards the interest and sinking fund of the debt incurred by rebuilding. It was stated also that the new operating chairs had not yet been completely paid for, and that each donor of 15 guineas to the Chair Fund would have his name affixed to a chair, in addition to enjoying the usual privileges of a life governor. The Secretary of the institution is Mr. J. F. Pink.

THE NEW HOSPITAL FOR WOMEN.

THE report presented to the thirty-second annual meeting of the New Hospital for Women, held on March 8th, showed that the popularity of the hospital with the public was steadily increasing, and that though the accommodation had been augmented during the past few years there was still a call for further developments both of the in- and out-patient departments. Certain legacies had been received, but apart from these the expenditure for the year exceeded the income by the sum of £389. There had been 612 in-patients and 7,679 new out-patients, the total attendance exceeding 35,000. Of the out-patients over 1,000 came from places outside the metropolitan counties. It was stated that Mrs. Garrett Anderson had decided to retire from the Managing Committee, but had accepted a position upon the consulting staff. Her place on the Committee will be taken by Mrs. Scharlieb, M.D. The great regret felt at the retirement of Mrs. Garrett Anderson, who has done so much for the hospital, was expressed on behalf of the meeting by the Duchess of Bedford, who presided, and by Sir William Broadbent.

TOTTENHAM HOSPITAL.

ACCORDING to the recent annual report of this hospital, which has been developed during the last four years from a suburban into a metropolitan institution, the number of patients has more than doubled during that time, the out-patient attendances for the year reaching over 60,000. Extensions in the way of a new operating theatre and new wards are in progress as part of a larger scheme. A successful system of post-graduate teaching has been organized, and Branch meetings of the British Medical Association and meetings of the North-East London Clinical Society are held at the hospital, making it a centre of medical life for an extensive and densely-populated neighbourhood.

ROYAL PORTSMOUTH HOSPITAL.

THE fifty-fifth annual meeting was held at the Town Hall, Portsmouth, on February 23rd, Sir John Baker presiding. The total number of in-patients and out-patients treated during the year was 11,784, as compared with 11,564 in 1902. It was stated that, owing to the energetic efforts of the ex-Mayor, Major Sir W. T. Dupree, donations amounting to £1,672 8s. 7d.—thus wiping out a bank overdraft of £1,921 5s. 6d. and adding £751 3s. 1d. to the income for the year—and new and increased subscriptions amounting to £616 4s. 6d. had been received. Notwithstanding these amounts obtained through the Mayor's Fund there was a deficit of £637 on the working during the year. A proposal was made to proceed with the rebuilding of the hospital by the erection of a new block of wards.

HERTFORDSHIRE COUNTY ASYLUM.

THIS new asylum, which is situated at Hill End, St. Albans, contains beds for 263 males and 308 females—total, 576—and this accommodation is fully occupied, there being 591 patients recorded as being on the books on March 31st, 1903—the fourth year covered by the report. The administra-

last and many previous illnesses was his untiring nurse and devoted companion.

IN MR. GEORGE ARCHER, of Feltwell Brandon, Norfolk, who died recently, the profession has lost one of its oldest members and a practitioner who, so long as he remained in harness, retained the fullest confidence of his patients and colleagues. Born as far back as 1811 at Barton Mills, Suffolk, Mr. Archer became a student at Guy's Hospital, and in due course received the licence of the Society of Apothecaries. Establishing himself in the country, he contrived to combine with his practice the successful cultivation of his great hobby—farming. He was a Poor-law medical officer, and in 1889 he was awarded a long service pension of £50 a year. Ever taking a keen interest in local affairs, his opinion and views thereon were greatly valued, and he was mainly instrumental in bringing about the construction of the great high road through the fens, a piece of work which was opposed by many at the time, but the value of which is now recognized by all. A natural lover of an open-air existence, Mr. Archer led a very healthy life and was a good judge of a horse, well known in the hunting field, and an excellent shot; thanks probably to these instincts, he remained an active man to a much greater age than is common, and having lost none of his skill as an obstetrician successfully conducted, at the age of 83, a difficult case of childbirth, involving turning, far away from help of any sort. Though during the last few years of his life he lost the use of his eyes, his other faculties remained unimpaired nearly to the last. His memory in particular was remarkable, and those who conversed with him were much impressed by his keen recollection of bygone incidents.

WE regret to announce the death of Dr. EDWARD GEORGE DUTTON, formerly of Kingsteignton, Devon, and of Plymouth, and quite recently of Clapham, where his death occurred. In entering the medical profession Dr. Dutton was following in the footsteps of his father who was for many years a well-known practitioner in Hammersmith. By him he was sent first to Epsom College and afterwards entered as a student at Guy's Hospital and at the University of Durham. In 1876 he received the licence of the Society of Apothecaries and in the same year became a Member of the Royal College of Surgeons of England and in the course of time settled down in practice at Plymouth. In that town he carried on a large practice for many years and at the same time entered largely into the public life of the place. He was a member of the School Board and being an active politician of Conservative principals he three times offered himself as a candidate for municipal honours and once with success. He was also a prominent Freemason. Some two years or more ago his health began to fail and in consequence he made over his practice to his brother-in-law, Dr. Bate, and went on a voyage to the Cape. Returning in somewhat improved health he started in practice again at Kingsteignton, Devonshire, but not very long afterwards again had to relinquish work and this time went out to Australia. On his return he settled down at Clapham; he was believed to be growing stronger and his death was somewhat sudden and unexpected. Dr. Dutton was a kind-hearted man and particularly considerate to his poorer patients, amongst whom he was especially popular; the news, therefore, of his death has been received with much regret by many people and particularly at Plymouth where he was so very well known. He was for many years a member of the British Medical Association, and early in his career contributed a few papers to the medical journals, publishing also a small pamphlet upon quackery and consumption. He leaves behind him a widow and a son and daughter, both of them young.

DR. AMBROISE AUGUSTE LIÉBAULT, of Nancy, the founder of treatment by hypnotic suggestion, died a week or two ago at the age of 80. Born at Favières, in the Meurthe Department, on September 16th, 1823, he studied medicine at Strassburg, and took his Doctor's degree in 1850. The subject of his inaugural thesis was Femoro-tibial Disarticulation. He soon abandoned surgery and devoted himself to the study of hypnotism. After practising for a year at Pont-Saint-Vincent he settled in Nancy, where he opened a clinic for the gratuitous treatment of poor patients by suggestion. In this way he soon secured a large field for observation, and he published the results of his researches in 1866 in a work entitled *Sleep and Certain Analogous States*. He was the precursor of Charcot in the investigation of these phenomena.

For many years he was generally looked upon as an impostor; it was not indeed till in the early Eighties, when Bernheim, Beaunis, Liégeois, and others, inspired by his teaching, founded what is known as the Nancy School of Psychotherapy, that his work obtained any public recognition. In 1891 a number of his pupils subscribed to present him with an international token of respect in the form of a work of art. In 1902 a commemorative tablet was placed on the house in which he was born. His method of treatment by suggestion is used to a greater or less extent by many practitioners. In addition to the work already mentioned, Dr. Liébault was the author of a treatise on treatment by suggestion (1891) and of a number of papers on that and related subjects. He was Honorary President of the First and Second Congresses of Hypnotism. Whatever the real value of his life-work may finally prove to be, there can be no doubt of his absolute honesty of purpose and sincerity of conviction.

WE regret to record the death of Mr. GEORGE WELFORD, Consulting Surgeon of the Sunderland Infirmary, which took place on March 11th in the eighty-ninth year of his age. Born in the year 1816 Mr. Welford turned very early towards medicine, being apprenticed to Dr. Craudace when he had only reached his fourteenth year. In 1847 he was admitted to the membership of the Royal College of Surgeons of England, and then went to Sunderland as House-Surgeon of the Infirmary. A few years later he obtained the diploma of L.S.A. and then began practice in partnership with Dr. Watson. At a later date Dr. E. A. Maling became his partner and the practice which they carried on between them was one of the largest and most successful in the North of England at that date. So long as he remained in practice Mr. Welford enjoyed a great and deserved reputation as a Surgeon, and he was indeed one of the first in England to carry the operation of ovariectomy to a successful conclusion. He gave up practice a great many years ago and underwent an operation for double cataract; nevertheless his reputation as a medical man persisted and his advice from time to time continued to be sought both by members of the profession and by the public. While a very young man Mr. Welford became a Freemason, and passing through various offices celebrated the jubilee of his admission to that fraternity in the year 1887, being then a Past-Master. He was also the first surgeon appointed to the Sunderland Artillery Volunteers. He was a member of the Sunderland Division of the North of England Branch of the British Medical Association, and upon the occasion of the general meeting held in Newcastle some forty years ago did all in his power to make that meeting a success.

WE regret to announce the death of Dr. CARL GENTH, Königlicher Sanitätsrath, of Bad Langenschwalbach, Germany, which took place on December 31st, 1903, at Wiesbaden. He studied at the Universities of Würzburg, Berlin, Prague, and Marburg, took his M.D. degree in 1868, and settled down in his native town, where his professional skill soon raised him to a leading position. He was a man of great learning in all branches of medical science, and his name was well known far and near as an able physician. He wrote a work on Bad Schwalbach as a watering place, an article published in the *Year Book of the Natural Science Society of Nassau* on the effect of iron on the digestive organs, and in conjunction with his friend Professor Pagenstecher compiled an *Atlas of the Pathological Anatomy of the Eye*. He was the possessor of several distinguished orders bestowed on him in recognition of his merits. Dr. Genth was widely known in England, and will be regretted by all who knew his kindness of heart and have had the privilege of his advice and ever-ready generous help.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries are Dr. Juan J. Flores, formerly Minister of the Interior of the Republic of Costa Rica and sometime Dean of the Medical Faculty of San José; Dr. Liétard, of Plombières, for many years Mayor of that town, a Corresponding Member of the Paris Academy of Medicine, and an authority on Indian medicine and anthropology, aged 70; Dr. Passaut, President of the French Society of Hygiene and founder of the Night Medical Service of Paris; Dr. Emminghaus, sometime Professor of Psychiatry in the University of Freiburg; and Dr. Blix, Professor of Physiology in the University of Lund, Sweden, aged 55.

MEDICAL VACANCIES AND APPOINTMENTS. 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.

- BELFAST.** QUEEN'S COLLEGE.—Riddell 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 AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.**—(1) Resident Medical Officer. (2) Resident Surgical Officer. Salary, £60 per annum rising to £80 each.
- BRIDGNORTH AND SOUTH SHROPSHIRE INFIRMARY.**—House-Surgeon, resident. Salary, £100 per annum.
- 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.
- BUXTON: DEVONSHIRE HOSPITAL.**—(1) House-Surgeon. Salary, £100 per annum. (2) Assistant House-Surgeon. Salary, £70 per annum. Both resident.
- CANTERBURY: KENT AND CANTERBURY HOSPITAL.**—House Surgeon, resident. Salary, £90 per annum.
- COLCHESTER: ESSEX AND COLCHESTER HOSPITAL.**—Honorary Assistant Surgeon.
- EVELINA HOSPITAL FOR SICK CHILDREN, Southwark, S.E.**—(1) Assistant House-Surgeon, resident. Salary, £70 per annum. (2) Eight qualified Clinical Assistants in the Out-patient Department.
- FARRINGTON GENERAL DISPENSARY, 17, Barlett's Buildings, E.C.**—Honorary Physician.
- GLASGOW EYE INFIRMARY.**—Resident Assistant House-Surgeon. Salary, £75 per annum.
- GLAVESHEAD HOSPITAL.**—House-Surgeon, resident. Salary, £100 per annum.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.**—Resident House-Physicians. Honorarium, £25 for six months each.
- LEDS UNION.**—Assistant Medical Officer for the Workhouse, Schools, and Infirmary, resident. Salary, £130, rising to £150 per annum.
- LINCOLN COUNTY HOSPITAL.**—Junior Male House-Surgeon, resident. Salary, £25 for six months.
- LONDON HOSPITAL, Whitechapel.**—Ophthalmic Surgeon.
- MANCHESTER HOSPITAL FOR WOMEN AND CHILDREN.**—House-Surgeon, resident. Salary, £80 per annum.
- MANCHESTER: CHORLTON-UPON-MEDLOCK DISPENSARY.**—Resident House-Surgeon. Salary, £120 per annum.
- ST. BARTHOLOMEW'S HOSPITAL, E.C.**—Physician.
- ST. MARYLEBONE GENERAL DISPENSARY, Welbeck Street, W.**—Honorary Physician.
- SEAMEN'S HOSPITAL SOCIETY (DEADNOUGHT), Greenwich, S.E.**—Junior Resident Medical Officer. Salary, £40 per annum.
- SOMERSET AND BATH ASYLUM, Cotford, Taunton.**—Assistant Medical Officer, resident. Salary, £100, rising to £200 per annum.
- SOUTHAMPTON: ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.**—House-Physician, resident. Salary, £100 per annum.
- TOTTENHAM HOSPITAL, N.**—Honorary Anaesthetist.
- UNIVERSITY COLLEGE HOSPITAL.**—Assistant Surgeon to the Ophthalmic Department.
- WESTERN GENERAL DISPENSARY, Marylebone Road.**—Second House-Surgeon, resident. Salary, £80 per annum.

APPOINTMENTS.

- ALLPORT, Wilfrid, M.B., B.S.Lond., M.R.C.S., L.R.C.P.,** Honorary Ophthalmic Surgeon to the Warneford Hospital, Leamington.
- ARMOUR, Donald, M.B., M.R.C.P.Lond., F.R.C.S.Eng.,** Surgeon in charge of the Nose, Throat, and Ear Department, Belgrave Hospital for Children.
- DONFORD, A. C., M.R.C.S., L.S.A.,** District Medical Officer of the Poplar Union.
- EDMONDS, A. J., M.B.,** Assistant Medical Officer to the Bethnal Green Parish Infirmary.
- FLEMING, Percy, B.S., F.R.C.S.,** Professor of Ophthalmic Medicine and Surgery in University College and Surgeon to the Ophthalmic Department of University College Hospital.
- FULLARTON, J., M.B., M.S.Glasg.,** District Medical Officer of the Lancaster Union.
- GABB, H. S., M.B., B.C.Cantab.,** Certifying Factory Surgeon for the Hastings District, Sussex.
- GARDNER, Harry, M.R.C.S., L.R.C.P.,** Junior House-Surgeon to the Croydon General Hospital, vice D. M. Mackenzie, M.B., Ch.B.Aberd.
- GOODMAN, T. Herbert, M.R.C.S.Eng., L.S.A.,** Medical Officer and Public Vaccinator for the Haverhill District of the Elbridge Union.
- GRIFFITH, James De Burch, M.B., Ch.M.Dub.,** Physician to Out-patients, Perth Public Hospital, West Australia.
- GRUNBAUM, Otto, M.B., B.C.Cantab., D.Sc.Lond., M.R.C.P.,** Assistant Physician to the Belgrave Hospital for Children.
- HOUSTON, Thomas, M.D.B.U.I.,** Joint Lecturer on Medical Jurisprudence in the Queen's College, Belfast.
- KING, D. Barry, M.A., M.D., M.R.C.P.Lond.,** Honorary Physician to Queen Alexandra's Home for Officers' Widows and Daughters.
- LAWSON, T. H., M.R.C.S., L.R.C.P.Lond.,** Certifying Factory Surgeon for the Steyning District, Sussex.
- MARSH, Charles J., L.R.C.P., M.R.C.S.,** Medical Referee under the Workmen's Compensation Act for the Crewkerne, Wincanton, and Yeovil Districts in County Court Circuit No. 35, vice Dr. Garland, deceased.
- MILNER, Cyril William, M.R.C.S.Eng., L.R.C.P.Lond.,** Honorary Consulting Surgeon to the Nottingham General Dispensary.
- SAMGUINETTI, H. H., M.B., B.Ch.Oxon.,** Medical Officer of Health for the Minehead Urban District.
- SMITH, W. O. B., M.R.C.S., L.R.C.P.,** Senior House-Surgeon to the Croydon General Hospital, vice J. F. Robinson, F.R.C.S.
- STUMBLE, Henry Martyn, M.B., Ch.B.Édin.,** Police Surgeon to the Amble District of the Northumberland County Constabulary.
- WILD, David, M.A., M.D.Édin.,** Honorary Assistant Gynaecologist at Brisbane General Hospital.
- WOODCOCK, H. B., M.B., B.Ch.Vict.,** District Medical Officer of the Chorlton Union.

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.

MARRIAGE.

WARDALE-ROBINSON.—On March 9th, at Christ Church, Gateshead, by the Rev. F. C. McDonald, M.A., John Dobson Wardale, M.B., B.S., youngest son of John Dobson Wardale, Esq., J.P., M.Inst.U.E., Gateshead, to Anne Georgina Robinson, eldest daughter of J. W. Robinson, Esq., of Gateshead and Haydon Bridge.

DEATH.

WALLACE.—On March 1st, at Foulton Lodge, Upper Clapton, Annie Watson, wife of Frederick Wallace, L.R.C.P.Lond.

DIARY FOR NEXT WEEK.

MONDAY.

Royal College of Surgeons of England, 5 p.m.—Mr. E. M. Corner: On Acute Infective Gangrenous Processes in the Alimentary Tract (Erasmus Wilson Lecture I).

TUESDAY.

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

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 p.m.—Dr. J. W. Thomson Walker: The Surgical Anatomy of the Normal and the Enlarged Prostate and the Operation of Suprapubic Prostatectomy. Dr. W. Aldren Turner: The Mental Condition in Epilepsy in Relation to Prognosis.

WEDNESDAY.

Royal College of Surgeons of England, 5 p.m.—Mr. E. M. Corner: On Acute Infective Gangrenous Processes in the Alimentary Tract (Erasmus Wilson Lecture II).

Hunterian Society, London Institution, Finsbury Circus, E.C., 8.30 p.m.—Dr. Paul Franze of Naheim will give a description of the Naheim Treatment, which will be followed by a discussion.

THURSDAY.

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

FRIDAY.

Royal College of Surgeons of England, 5 p.m.—Mr. E. M. Corner: On Acute Infective Gangrenous Processes in the Alimentary Tract (Erasmus Wilson Lecture III).

Clinical Society of London, 20, Hanover Square, W., 8.30 p.m.—Dr. E. W. Go-dall: Two Cases of Intestinal Obstruction immediately following an Attack of Typhoid Fever. Mr. W. G. Spencer: A Case of Severe and Fatal Haematuria of Unknown Origin. Mr. Cuthbert S. Wallace and Mr. H. J. Marriage: A Case of attempted Division of the Eighth Nerve within the Skull for the Relief of Tinnitus.

POST-GRADUATE COURSES AND LECTURES.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Lecture on The Use and Abuse of Artificial Foods in Infant Feeding.

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

Medical Graduates' College and Polyclinic, 92, Chancery 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, Nervous Children; Tuesday, Spinal Treatment and some of its indications; Wednesday, On Neurotic Children; Thursday, Some General Principles of Treatment in Dermatology.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C., Tuesday, 3.30 p.m.—Lecture on Chorea.

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

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Stricture of the Urethra; Tuesday, The Relationship of Insanity to Inebriety; Wednesday, Common Disorders of Menstruation; Thursday, Administration of Anaesthetics; Friday, Clinical Forms of Insanity.

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 *Aitology, 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.

BLEEDING IN PNEUMONIA.

DR. ARTHUR TODD-WHITE (Leytonstone) writes: I see Dr. T. A. Dukes advocates bleeding in pneumonia. I once tried it in a case in which the circulatory organs seemed overloaded, but it was a last effort to save the patient and unfortunately failed. Do I understand that Dr. Dukes would bleed at the commencement of the attack?

MOSQUITOS.

B. G. W. writes: In the introductory remarks (p. 29) in the work *From Kufja Across the Tan Shan to Lob Nor* (1879) it is stated that the people of Lob "wear clothes of a coarse strong material called luf, the fibre of a plant which has a flower and a pod like the wild liquorice. It protects the wearer from the attacks of gnats and mosquitos, which never alight on the cloth." Is anything known at the present day of this plant, which would seem to be of a very valuable nature with respect to protection from mosquitos?

COUGH IN PHTHISIS.

COUGH writes: A man, aged 49, suffering for at least the last ten years from pulmonary phthisis, complains that whenever he commences to read either book or newspaper he is compelled to desist after a few