

## MEMORANDA

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

#### A HYDATID CYST IN THE OVARY.

ON reading a paragraph on hydatid cysts in abdomen and pelvis in the BRITISH MEDICAL JOURNAL of February 13th, it occurred to me that the following notes of a case of hydatid disease of the left ovary might be of interest:

The patient, aged 28 years, unmarried, was sent to Professor Simpson by her medical adviser. She complained of swelling of the abdomen and general weakness and pain across the bowels, the latter of which had extended for a period of four years. There was nothing of special interest to note in her menstrual history. On examination a tense fixed swelling was found occupying the left iliac region and bulging down into the left fornix, the uterus not being enlarged but pushed over to the right side.

On opening the abdomen a cyst was exposed occupying the left side of the abdomen and nearly covered by adherent omentum. Great difficulty was experienced in removing the tumour owing to its adherence to omentum and bowel, especially the sigmoid flexure, uterus, and left Fallopian tube. The cyst was attached to the left side of the uterus by a small pedicle, which was duly ligatured and divided. No trace of the left ovary could be found. The right ovary was found to be quite normal in size and appearance, and the uterus was not enlarged. The abdominal wound was closed up in three layers, and, apart from a temporary retention of urine after operation, the patient made an uninterrupted recovery and went home within six weeks. On examination after removal of the cyst had all the external appearances of a dermoid tumour, and it was only after cutting into the cyst that a crystalline watery fluid escaped freely along with a large number of daughter cysts. The somewhat thick cyst wall was composed of fibrous tissue, dense on one aspect, more cellular and loose on the other, while between the bundles of fibres were seen degenerating cells. The fluid on boiling showed a slight milkiness, which disappeared on the addition of nitric acid. It contained hydatid hooklets and scolices. The walls of the daughter cysts were composed of laminated translucent material, corresponding exactly to the hydatid ectocyst. Their contents were similar to those of the mother cyst, but no hooklets were discovered.

G. F. BARBOUR SIMPSON, M.B., F.R.C.S.E., M.R.C.P.E.  
Edinburgh.

#### A CASE OF ILIAC ABSCESS FOLLOWING GONORHOEA.<sup>1</sup>

THE following note is of interest mainly as illustrative of the untoward effects of gonorrhoeal infection:

W. S., aged 21, clerk, had gonorrhoea last August, and for about six weeks had quack treatment. At this time there was still some urethral discharge and there were several small ulcers on the glands and inner surface of the prepuce. He had also a large bulb in the left groin. This was lanced and treated in the usual way.

On December 8th, there were two large tender glands on the right side as well. Hot fomentations and belladonna were applied and they did not suppurate. The patient also complained of a deep-seated aching pain in the right iliac region, near the anterior superior iliac spine. There was no swelling, but only tenderness on deep pressure. He felt ill generally and unfit for work, and the temperature rose slightly. There was no evidence of appendicitis, psoas abscess, etc.

On January 5th, 1904, the swelling was quite apparent, dull on percussion, tender, but not fluctuating. On January 7th, after disinfecting in the usual manner,  $\frac{1}{2}$  drachm of 5 per cent. eucaine  $\beta$  was injected under the skin covering the swelling. An incision was then made about  $1\frac{1}{2}$  in. long opposite the anterior superior spine and about 1 in. from it. With two dissecting forceps the abdominal muscles and fasciae were torn apart, and the finger was pushed down by the side of the swelling towards the iliac fossa, so as to keep outside the peritoneum. With the other hand an artery forceps was passed along the finger and forced into the swelling, and the blades widened. There was a gush of pus amounting to about 6 oz. The cavity was then irrigated with an ear syringe and rubber tube, and packed with iodoform gauze and covered with absorbent wool. On the eighth day the

patient was able to return to work. This case of course reminds one of the anatomical connexion between the two sets of glands.

The eucaine was quite sufficient as an anaesthetic, but with young children or nervous and exhausted persons it cannot take the place of a general anaesthetic.

Bootle. ROBERT TURNER, M.D., F.R.C.S.Edin.

#### A NON-TOXIC PREPARATION OF IODINE.

BEING specially interested in the supplemental treatment of enlarged glands and adenoids with iodine, about seven years ago I made several experiments with preparations of that drug with the object of finding one which could be given internally in large doses for considerable periods without causing any symptoms of iodism, while exercising its specific effects on lymphatic enlargements.

The late Mr. Martindale and the manager of Messrs. Morson and Sons were good enough to try several formulae for me in their laboratories, and finally succeeded in producing an easily-made compound in which iodine was loosely combined with an organic substance, rendering it fit for ready absorption without causing any irritation of the digestive canal, and affording a high physiological activity without producing any evidence of intolerance.

This preparation I have prescribed ever since both in hospital and private practice, and having watched the effects have come to the conclusion that it has fully confirmed my first estimate of its value.

The formula which I am now using has been perfected for me by Mr. W. H. Martindale, is easily prepared, and very palatable. The iodine is in loose chemical combination with tannic acid, and though none can be demonstrated as free, yet it is sufficiently free to be readily given up to the tissues after absorption, and consequently there is no fear of any local gastric or intestinal irritation so often associated with the administration of free iodine. Such combination is of a nature similar to that of oxyhaemoglobin.

#### FORMULA.

Syrupus Iodo-Tannic.

Iodine, grams  $\frac{1}{2}$ .

Tannic acid, grams 4.

Alcohol (90 per cent.), c.c.m. 38.

Syrup, q.s. to c.c.m. 75.

Dissolve the iodine in the alcohol: add the tannic acid and 30 c.c.m. of the syrup: heat to just below boiling point until the solution affords no evidence of free iodine with the starch reaction (about twenty minutes). Cool and add the remainder of the syrup with flavouring. Each drachm contains 2 gr. of iodine. It may be given in doses of  $\frac{1}{2}$  to 2 drachms in water or wine before meals, according to age.

I have found that children tolerate it well and it has proved specially useful in cases of chronic lymphadenitis associated with, or independent of, adenoids, etc., enlarged faucial tonsils, particularly when the cervical glands persist after tonsillotomy. It is further indicated in those children who possess but slightly enlarged faucial and pharyngeal tonsils in whom operation is contraindicated or objected to. In atrophic rhinitis it has afforded very gratifying results especially when combined with arsenic; also in simple bronchocele supplemented by the use of iodine oleate (i in 9 oleic acid) as a pigment.

Such an organic combination of iodine is by no means new as it was introduced many years ago as a wine "Vin Nourry," but so far as I know no definite or simple formula suitable for prescribing purposes has been available. It is for this reason and for the very satisfactory results which it has afforded in a prolonged trial that I venture to recommend it.

London, W. WYATT WINGRAVE, M.D.  
Physician, Central London Throat and Ear Hospital.

#### HALLUX RIGIDUS.

HAVING been much interested in the various articles and letters on the subject of hallux rigidus that have appeared recently in the BRITISH MEDICAL JOURNAL, I should like with your permission to give my experiences in connexion with this complaint, as my conclusions differ somewhat from those that have been set forth.

I daily see many telegraph messengers, and it is amongst these, and these members of the staff alone, that the complaint occurs. Amongst the boys the complaint is not uncommon—advice is applied for on account of pain in the great-toe joint, which interferes with their walking powers, and the complaint is called "stiff toe" by the sufferers. The ailment prevails between the ages of 13 and 17. I have no experience of the boys at an earlier age than this, but after

<sup>1</sup> Read before the Bootle Division of the Lancashire and Cheshire Branch.

the age of 18 the complaint disappears, and the adults, such as postmen, do not suffer from it. The condition presents itself in all sorts and conditions of feet, well-shapen and misshapen; it may be found associated with flat-foot, but, in my opinion, it is not in any way due to this. Recurrences of the complaint are common, all pain and disability disappearing in the intervals. The attack generally incapacitates the boy for about four or five days. The complaint varies in intensity from tenderness made manifest when the joint is pressed between the thumb and forefinger, to a distinctly swollen and inflamed joint, with an erythematous blush on the skin, on which joint the slightest palpation gives pain.

**Pathology.**—In my opinion the condition is due to an inflammation of the epiphysis which caps the first phalanx of the great-toe joint at the proximal end. On several occasions I have found the epiphysis loosened, and palpation of the joint shows that this part, and this only, is the seat of the pain and inflammation. Complete ossification of this epiphysis with union to the shaft occurs at the age of 17 to 18. When this has taken place there is no further trouble. My experience of twenty years has allowed me many opportunities of verifying this, as well as that the ailment does not result in any stiffening of the joint, though an enlarged joint end is perceptible.

**Causation.**—In my opinion this ailment, in the form I have described, is due to much walking in boots made with strong unyielding soles. I am the more inclined to think this correct as I find that it prevails more when the boys are wearing new boots.

**Treatment.**—Rest without boots, and iodine paint daily, for four or five days, results in an alleviation of the condition, so that the boy is able to go to work.

**REMARKS.**—It would hardly seem that the complaint I have described is identical with the form of the ailment described by Mr. Tubby, judging from the article on p. 976, vol. ii, 1903, yet his account of the case of the youth aged 17 in the same article appears to me to indicate a complaint very similar in character to that which comes under my observation so frequently.

JOHN SINCLAIR.  
Medical Department, General Post Office, E.C.

#### POTASSIUM BROMIDE IN INFLUENZA.

I HAVE often felt surprised that so little mention has been made of this valuable drug in the literature of influenza. Those of my medical friends to whom I have spoken of it have, for the most part, turned a polite but deaf ear to my eulogies, doubtless dreading the effect of such a depressing agent in an illness sufficiently so in itself. But I have often found it to have a sedative and even tonic action in neurotic and hysterical cases. It is most valuable in the treatment of acute mania, alcoholism, etc., and in cerebro-spinal meningitis, and why not in a disease like influenza, in which the nerve tissues are probably in a state of inflammation, or at least of great irritability? I have found it specially useful in cases in which aching in the head and limbs was a prominent symptom given in doses of 10 gr. or 15 gr. every two or three hours and during convalescence (in spite of the apparent therapeutic incompatibility) have found tr. nucis vomicae go very well with it as a tonic. It should be given with care to old or bronchitic patients and to those with valvular disease of the heart, though in all such cases the ammonia salt may usually be given with safety.

GEORGE A. BALLINGALL, M.D. Brux., etc.

St. Leonards-on-Sea.

#### MESENTERIC EMBOLISM.

THE following case presents certain points of interest:

W. C., aged 78 years, a farmer, had for some few years had mitral disease and markedly atheromatous arteries.

On December 22nd, 1903, an attack of cerebral embolism, unaccompanied by loss of consciousness, resulted in partial paralysis of the left side.

On January 5th, 1904, having then been convalescent and getting up for some days, he had an egg for breakfast, got up, and during the morning had some milk to drink. About noon he had a sudden attack of acute pain centreing in the umbilicus, vomited, and had an urgent desire to defaecate. He passed a copious motion, but the abdominal pain continuing to be very acute I was sent for and saw him at 4.15 p.m. He was in bed and suffering, so much so that he could hardly be still for me to examine him and had difficulty in telling me his symptoms.

He referred the chief pain to the umbilicus, but said that it extended from that point across to both sides. The ab-

dominal wall moved fairly freely with respiration, but was rather hard, tender upon pressure, and tympanitic upon percussion, without marked distension. His skin was cold, and the face had a pinched look, and denoted great suffering. The pulse was small, irregular, and slightly increased in rate. I gave him two hypodermic injections of morphine sulphate (1 gr.) at an interval of twenty minutes, and after that 1 gr. every three hours by the mouth. The pain, however, was not relieved, and he suffered intensely during the night. He also vomited several times what was described as "a dark reddish-brown fluid, just like blood." It clotted in the vessel into which it was received, but, unfortunately, was thrown away, so that I did not see it myself.

I diagnosed mesenteric embolism, and gave a very bad prognosis, borne out by his death at 10.30 a.m. on January 6th. Having obtained permission to do a partial necropsy I opened the abdomen 29 hours after death, noting beforehand that putrefactive changes were evidently taking place rapidly, the smell very bad, the abdomen distended, and its walls in many places purple. On opening the peritoneum much gas and bloody serum escaped, and the transverse colon presented in the upper half of the incision. The whole of the colon looked congested, but especially the transverse part, which was very dark purple in colour; here there were three spots, about 1 in. in diameter, where the peritoneal coat had given way and the inner coats were bulging through. Some parts of the small intestine were congested, but only very slightly as compared with the colon. The peritoneal cavity contained a large quantity of blood-stained fluid, but no lymph or pus was present, while the stomach and appendix were both normal in appearance. Beyond what I have noted I could find nothing further abnormal in the abdominal cavity.

Taking the history of the case, the recent attack of cerebral embolism and the sudden onset of the abdominal attack, without other obvious cause, one was justified, I think, in diagnosing embolism of a mesenteric artery, and this diagnosis appears to me to have been borne out by the necropsy, so far as it was possible to perform it, the superior mesenteric probably being the vessel occluded.

Culmstock, Devon.

W. HORTON DATE.

#### BILHARZIA IN PERSIA.

In looking up the distribution of bilharzia I have been unable to find any mention of the disease as occurring in Persia. Dr. Powell, in the BRITISH MEDICAL JOURNAL of February 28th, 1903, mentions the fact that Major Childe, I.M.S., has seen a few cases in Bombay, his patients being Persians. Dr. Sturrock, of the Church Missionary Society, has pointed out the prevalence of the disease in Mesopotamia. The Persians, being Shia Mohammedans, annually visit Kerbela in large numbers on a religious pilgrimage; so that it is quite possible some might contract the disease whilst making the journey. The case I now wish to report is that of an officer in the Persian army. He has travelled much in Persia, but has never been outside the country. His only symptom is a painless haematuria. The ova are easily found on microscopic examination of the urine. Stone and ankylostomiasis are also common in Fars, the district in which the patient lived. It would be of interest to know what part of Persia Major Childe's cases came from.

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Medical Superintendent Government Indo-European  
Telegraph Department, Teheran, Persia.

#### DISSEMINATED SCLEROSIS AND EXOPHTHALMIC GOITRE.

In the case of such diseases as disseminated sclerosis and exophthalmic goitre, in which the causation is so little known, all information is important. Last year a lady consulted me who was suffering from disseminated sclerosis and exophthalmic goitre, both fully developed. In January of this year I saw a young lady with well-marked exophthalmic goitre, and on making inquiries (because of similarity of surname) I found she was related to a family, three of whom (out of six children) I had seen with aberrant disseminated sclerosis. A fortnight ago I found that one of these last mentioned three had developed a goitre, but had no other signs of Graves's disease.

Of course, I know full well that such cases may be the merest coincidences, but I should like to ask your readers if they have seen any connexion between these two conditions, and if so, whether it is possible to suggest a common cause.

Manchester. ERNEST S. REYNOLDS, M.D. Lond., F.R.C.P.

## MEDICAL NEWS.

LIEUTENANT-COLONEL W. G. MACPHERSON, C.M.G., R.A.M.C., has been attached to the Japanese army to report upon the medical arrangements.

MEDICAL MAGISTRATE.—Dr. Denis Walshe, a member of the Council of the British Medical Association, has been placed on the Commission of the Peace for county Kilkenny.

DR. R. H. FULLER, personal physician to His late Royal Highness the Duke of Cambridge, had the honour of being received by His Majesty on March 23rd, and was invested with the Fourth Class of the Royal Victorian Order.

At the last meeting of the Metropolitan Asylums Board the Chairman of the Children's Committee reported that it had addressed a circular letter to the guardians calling attention to the fact that the Millfield Home was now ready for the reception of early cases of pulmonary tuberculosis.

At the suggestion of Dr. Chervin, President of the French Statistical Society, the Superior Statistical Council has appointed a committee to prepare a scheme for the unification of the system of nomenclature of causes of death in the army, navy, and Colonial service.

THE Legislature of Porto Rico has appropriated the sum of £1,000 to defray the expenses of an investigation into the prevalence of ankylostomiasis in the island. The investigation is to be conducted by Captain Ashford, of the Military Hospital.

COLONEL H. CAYLEY, F.R.C.S., C.M.G., Honorary Surgeon to H.M. the King, I.M.S.(Retired), died at Weybridge on March 19th, at the age of 70. Colonel Cayley, who was for some time Professor of Military Medicine at Netley, and served with the Scottish National Hospital in South Africa, had a distinguished career, of which we shall hope to publish some notes in our next issue.

MILK AND MORTALITY.—At the annual meeting of the Leeds Sanitary Aid Society held on March 17th, it was stated that it was hoped to be able to establish this summer a dépôt for the supply of milk suitable for the feeding of infants. The scheme was initiated last year, but although the Corporation made a grant of £500, the funds at the disposal of the Society did not then permit of the plan being carried out.

MEDICAL WOMEN.—In the fourteenth annual report of the Scottish Association for the Medical Education of Women, presented at a meeting on March 18th, it was stated that the Medical College for Women continued to be prosperous and useful. The number of students had risen to 126, and the Carnegie Trustees had promised to pay the matriculation fees of all students for four years in addition to giving assistance in several other directions.

SMALL-POX.—During the past two months there has been a considerable recrudescence of small-pox in some localities in the Midlands and Northern counties. In London the number of cases had fallen to a low ebb until about three weeks ago, when the number of notifications began to increase. In the last fortnightly return to the Metropolitan Asylums Board it was shown that there were 66 cases altogether under treatment, or some 35 in excess of the previous period.

THE Friday evening lectures at the Royal Institution of Great Britain will be resumed after Easter, on April 15th, when Monsignor de Vaya will speak on Korea and the Koreans; on the following Friday Colonel David Bruce, R.A.M.C., F.R.S., will give a lecture on sleeping sickness in Uganda; on May 6th Dr. Chalmers Mitchell will lecture on anthropoid apes; on May 20th Professor Ernest Rutherford, on the radiation and emanation of radium; and on May 27th the Prince of Monaco will lecture on the progress of oceanography.

SUTURE OF THE HEART.—According to the *New York Medical News* of March 12th, a coloured man, 30 years of age, was operated upon for a stab wound of the heart at the Jefferson Hospital on February 29th by Dr. Francis T. Stewart. The man walked some distance to the hospital after receiving the wound, and was operated upon forty-five minutes after the injury was inflicted. The wound was found to be near the base of the left ventricle, the external opening being about 1 in. in length. This was closed by means of six sutures. The patient has since done fairly well, with the exception of having a rapid pulse.

In a paper on the phenology of the year 1903 read recently before the Meteorological Society, Mr. E. Manley showed that although, owing to the abnormal mildness of the winter and early spring, wild flowers flowered in advance of their average date, the usual spring immigrants such as the swallow, the cuckoo, and nightingale did not reach England until later than in any year since the phenological records were first instituted in 1891. After May everything was backward, and though the general yield seems to have been primarily good, the year upon the whole was disastrous, especially as regards fruit production. Other crops were greatly damaged by excessive rain.

THE INTERNATIONAL CONGRESS OF OPHTHALMOLOGY.—In response to numerous requests, the Executive Committee of the International Congress of Ophthalmology at Lucerne has resolved that the proceedings shall commence on September 13th and terminate on September 17th, and not on the dates previously announced. Only those papers will be discussed which have been handed to Professor Dr. Mellinger, Bâle, before May 1st. They will be printed and sent out to all members at the same time as their tickets and receipts for the subscription (25 francs). There will be an exhibition, and any object, either historical or practical, will be gladly received up to July 1st. Further information respecting the Congress can be obtained from the correspondents for the United Kingdom and Canada. Mr. W. H. Jessop, 73, Harley Street, London; Dr. G. Mackay, 20, Drumsheugh Gardens, Edinburgh; Dr. H. R. Swanzey, 23, Merrion Square, Dublin; Dr. Coote, Quebec, Canada; and Dr. Alfred Osborne, Alexandria, Egypt, will also answer inquiries.

SCHOOL TEACHERS AND PHYSICAL DEGENERATION.—Dr. David Lennox, Medical Officer of the Public Gymnasium at Dundee, has recently concluded a course of lectures which at the request of the Dundee School Board he gave to 350 teachers. From the syllabus which we have received we gather that the lectures covered a great deal of ground; anthropometric standards, food constituents and economic and nutritive values, the calculation of diets and of contained energy, ventilation and diseases caused by impure air, water supplies, clothing, hours for work and sleep, dentition, psycho-physics, motor and sensory exercises, eyesight, hearing and throat defects, mental and physical fatigue, and the care of defective children all received attention, and apparently in a very detailed fashion. The syllabus indeed contains some 60 or 70 headings. It is of course better to aim high than aim low, but we are not disposed to think that the standard of hygiene knowledge to be expected from teachers in Board and other schools should be placed very high, or that it is worth while to endeavour to instil more than a clear appreciation of general principles and a sound knowledge of the practices which should be their outcome.

FRENCH CONGRESS OF COLONIAL HYGIENE.—A Congress of Colonial Hygiene is to be held in Paris from May 29th to June 6th, under the presidency of Professor A. Charrin. Professor Brault, of the Medical School of Algiers, is Vice-President, and M. Alizaky, Secretary of the Islam Committee. Among the subjects on which communications have been promised are the following: International prophylaxis and its relations with microbial diseases; pilgrimages to Mecca from the hygienic, religious, and economic points of view; the hospital as a factor in colonization; quarantines and sanitary police; camp settlements in cases of epidemics; the sanitary defence of the metropolis in its relation to colonies; the feeding of natives and its influence on their sanitary condition; the part played by climate on general hygiene, the influence of atmospheric electrical phenomena on tropical hygiene and pathology; the hygiene of the European in the tropics; the general prophylaxis of syphilis and venereal diseases; hygienic measures against malaria; prophylaxis of yellow fever; prophylaxis of leprosy; prophylaxis of cholera; prophylaxis of plague; prophylaxis of tuberculosis; prophylaxis of dysentery; hygiene and pathology of the natives of Algeria; medical aid in Algeria; prevention of diseases of the eyes, especially in Africa; medical aid in Cochin China; medical aid in West Africa; hygiene of the natives of Madagascar; hygiene of the Chinese; hygiene and pathology in Melanesia and Polynesia, particularly the New Hebrides. The French Government has given facilities to officers of the Army, Navy, and Colonial Service to attend the congress. Entertainments are being organized in honour of those who take part in the Congress.

former and 10 by the latter. Sixty-seven hospitals and asylums were open during the year. In addition to these a large number of dispensaries exist. It is difficult from the report to obtain a clear view of the number and work of these institutions. A tabular return including all would be useful. The Boer camps constituted a feature of interest in the medical history of the year. Their sanitary condition was satisfactory. The Ceylon Medical School continues to flourish, and the De Soya Bacteriological Institute under Dr. S. C. Paul has supplied a long-felt want.

### PROPOSED HOLMAN TESTIMONIAL FUND.

At a meeting held on March 23rd, at Sir William Broadbent's house, it was unanimously resolved that a testimonial should be presented to Dr. Constantine Holman; that the fund raised should be devoted to an art and reading room at Epsom College, to be called the Holman Art and Reading Room; that Dr. John Galton, of Norwood, be appointed treasurer, and Mr. W. A. Berridge, of Oakfield, Reigate, secretary to the fund.

The following have promised subscriptions: Lord Rosebery, President of Epsom College; the President of the Royal College of Physicians, the President of the Royal College of Surgeons, the President of the British Medical Association, the President of the South-Eastern Branch of the British Medical Association, the Treasurer of the British Medical Association, the Chairman of Council of the British Medical Association, the President of the British Medical Benevolent Fund, the President of Council of Epsom College, the Head Master of Epsom College, the Secretary and Treasurer of the Surrey Medical Benevolent Fund, the Proprietors of the *Lancet*, the Editor of the BRITISH MEDICAL JOURNAL.

A first list of subscriptions will be published shortly.

## THE PLAGUE.

### PREVALENCE OF THE DISEASE.

#### INDIA.

DURING the weeks ending February 20th and 27th the deaths from plague in India numbered 56,537 and 27,838 respectively. The increase is even more marked than during the week previously recorded, when the numbers amounted to 25,630. During the two weeks ending February 20th and 27th the principal figures are: Bombay city, 652 and 772; Bombay districts, 6,870 and 6,741; Calcutta, 75 and 120; Bengal districts, 2,436 and 2,869; North-West Provinces and Oudh, 5,487 and 6,121; Rajputana, 607 and 487; Punjab, 4,520 and 5,156; Kashmir, 362 and 351; Central Provinces, 1,954 and 1,955; Central India, 1,267 and 942; Hyderabad State, 812 and 942; Madras districts, 961 and 763.

#### SOUTH AFRICA.

*Cape Colony.*—No fresh cases of plague occurred in any town or district of Cape Colony during the weeks ending February 20th and 27th; nor was there any patients in the plague hospitals on February 27th. Plague-infected rats are still found at Port Elizabeth and East London, but in no other towns.

*The Transvaal.*—A telegram dated Johannesburg, March 20th, announced that plague had broken out in the coolie quarters, and that 8 deaths from the disease had occurred. Up to the evening of March 23rd the total number of plague cases recorded in Johannesburg was reported to be 77 and the deaths from the disease 50. Seven of the cases occurred in Europeans; a case of plague is reported from Pretoria.

#### MATURITUS.

During the weeks ending March 10th and 17th the fresh cases of plague in Mauritius numbered 3 and 0, and the deaths from the disease 2 and 0 respectively.

#### HONG KONG.

During the week ending March 12th the fresh cases of plague in Hong Kong numbered 4, and the deaths from the disease 2.

**INFANT MORTALITY IN BELGIUM.**—The Central Section of the Belgium Chamber has unanimously adopted the suggestion of Dr. Delbaste forbidding the insurance of the lives of infants. Dr. Delbaste proposed that no child should be insured under the age of 5 years, but the Chamber lowered the limit to 3 years.

**THE STUDY OF CRIMINOLOGY.**—A Bill providing for the establishment of a laboratory for the study of the criminal, pauper, and defective classes has been read twice in the New York State Legislature and referred to the Committee on Finance. According to the terms of the Bill the laboratory is to be established in the office of the State Commission of Prisons, and the work is to include not only laboratory investigations, but the collection of sociological and pathological data, especially such as may be found in institutions for the abnormal classes, and generally in hospitals and schools. The work is to be carried on under the direction of an official to be appointed by the Governor at a salary of £600 a year. The sum of £1,000 is appropriated for the equipment of the laboratory.

## 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.

### GRANTS FOR SCIENTIFIC RESEARCH.

THE Council of the British Medical Association desires to remind members of the profession engaged in researches for the advancement of medicine and the allied sciences that it is prepared to receive applications for grants in aid of such research. Applications for sums to be granted, which must reach this office not later than 31st of May, must include details of the precise character and objects of the research which is proposed, and must be made on forms to be had of the General Secretary, at the office of the Association, 429, Strand, London.

Every recipient is expected to furnish to the Committee on or before 31st May following upon the allotment of the grant, a report (or, if the object of the grant be not then attained, an interim report to be renewed at the same date in each subsequent year until a final report can be furnished) containing: (a) A brief statement for the Report of the Scientific Grants Committee, showing the results arrived at, or the stage which the inquiry has reached; (b) a general statement of the expenditure incurred, accompanied, so far as is possible, with vouchers; (c) and references to any Transactions, Journals, or other publications in which the results of the research have been printed.

#### RESEARCH SCHOLARSHIPS.

The Council of the British Medical Association is prepared to receive applications for three Research Scholarships which become vacant, of the value each of £150 per annum, tenable for one year, and subject to renewal by the Council, provided the whole term of office has not exceeded three years.

The scholarships exist for the encouragement of research in Anatomy, Physiology, Pathology, Bacteriology, State Medicine, Clinical Medicine, and Clinical Surgery.

Applications for Scholarships must be made on forms to be had of the General Secretary, and returned on or before May 31st.

#### ERNEST HART RESEARCH SCHOLARSHIP.

The Council of the British Medical Association is also prepared to receive applications for the Ernest Hart Memorial Scholarship of the value of £200 per annum, tenable for one year, but subject to renewal by the Council for another year. The Scholarship is for the study of some subject in the department of State Medicine.

GUY ELLISTON, *General Secretary.*

429, Strand, March 25th, 1904.

### BRANCH MEETINGS TO BE HELD.

**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 recom-

mendation 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.

LANCASHIRE AND CHESHIRE BRANCH: ALTRINCHAM DIVISION.—A special meeting of this Division will be held on March 30th at the Board Room of the Altrincham Hospital to discuss matters remitted from the Central Council, and for other business.—T. W. H. GARSTANG, M.A., D.P.H., Edge Mount, Altrincham, Honorary Secretary.

LANCASHIRE AND CHESHIRE BRANCH: CHESTER DIVISION.—A meeting of the members of the above Division will be held at the Chester General Infirmary in the Board Room at 4.30 p.m. on Tuesday, March 29th. Agenda: To receive the Committee's report, etc., upon the Draft Medical Acts Amendment Bill (*vide* SUPPLEMENT, BRITISH MEDICAL JOURNAL, August 22nd, 1903). To consider "the question of the advertising of medical practitioners in connexion with hydropathic establishments." To consider a "scheme (enclosed for your perusal) of Medical Defence."—H. W. KING, 26, Nicholas Street, Chester, Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: HAMPSTEAD DIVISION.—The next meeting of this Division will be held at the West Hampstead Town Hall, Broadhurst Gardens, N.W., on Friday, April 8th, at 4.30 p.m. Dr. Ford Anderson will preside. Agenda: (1) Minutes; (2) notices of motions for annual Representative Meeting; (3) the advertising of medical practitioners in connexion with hydropathic establishments (Ethical Committee); (4) is it advisable that the medical witnesses engaged on each side in legal cases should meet in consultation? (Medico-Political Committee); (5) the scheme of medical defence (Medical Defence Committee). General business.—J. DILL RUSSELL, Osman House, Fortis Green, N., Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: LAMBETH DIVISION.—The next meeting of this Division will be held at the Camberwell Infirmary, Brunswick Square, Camberwell, on Thursday, March 21st, at 4 p.m. By the request of the Medico-Political Committee, the meeting will be asked to consider: "Whether it is advisable that the medical witnesses engaged on each side in legal cases should meet in consultation." By the request of the Ethical Committee, the meeting will also be asked to express an opinion on "The question of the advertising of medical practitioners in connexion with hydropathic establishments." A paper will be read by Mr. G. D. Wilson on General Practitioners and their Grievances, and a paper by Mr. A. M. Hickley on Questions of Ethics as they concern the General Practitioner. After the meeting members will be taken round various departments of the infirmary by the superintendent, Mr. W. J. C. Keats.—W. H. B. STODDART, Bethlem Royal Hospital, S.E., Honorary Divisional Secretary.

METROPOLITAN COUNTIES BRANCH: WALTHAMSTOW DIVISION.—A meeting of this Division will be held at Woodford Hospital on Tuesday, March 29th, at 4 p.m., Dr. Wise in the chair. Business: (1) Resolutions for Representative Meeting. (2) To consider a recommendation of the Ethical Committee that "the question of the advertising of medical practitioners in connexion with hydropathic establishments be referred to the Divisions." (3) To consider, on the recommendation of the Medico-Political Committee, "whether it is advisable that the medical witnesses engaged on each side in legal cases should meet in consultation." (4) General business. The following papers have been promised: Mr. Percy Warner: Notes of a Case of Dilated Stomach (and will show a specimen of appendix). Dr. Edwards: Case of Congenital Absence of Eyeballs. Dr. G. Basil Price: Notes on a Case of Haemorrhage into Great Omentum. The Secretary will be obliged if members who desire to read papers or propose resolutions will communicate with him before the meeting. The remaining ordinary meetings of the session will be held at Walthamstow Hospital on April 26th, at 4 p.m. (paper by Dr. Hale White), and at Brooke House, Upper Clapton, on May 12th, at 8.30 p.m. (demonstration of cases of skin disease by Dr. Sequeira); both conjointly with the City Division.—C. J. MORTON, 56, Orford Road, Walthamstow, Honorary Secretary.

SOUTHERN BRANCH: PORTSMOUTH DIVISION.—The next meeting of this Division will be held at 5, Pembroke Road, Portsmouth, on Tuesday, April 12th, at 3.30 p.m. Members wishing to show cases or to read papers should communicate before April 5th with the Honorary Secretary, J. G. BLACKMAN, Poplar House, Kingston Crescent, Portsmouth.

SOUTHERN BRANCH: SALISBURY DIVISION.—The next meeting of this Division will be held at the Infirmary, Salisbury, on Wednesday, March 30th, at 8.15 p.m. Agenda: Minutes of the last meeting. Consideration of communications from the Medical Secretary of the Association—(1) medical witnesses; (2) hydropathic advertising. Communication from the General Secretary—Scheme of medical defence. Subject for discussion—"Appendicitis"—Dr. Kempe, Mr. Luckham. Cases. The meeting will be preceded by dinner at the County Hotel at 7 p.m. Members intending to be present at dinner are requested to inform the Honorary Secretary not later than March 26th. Members wishing to show any cases at the meeting are requested to communicate with the Honorary Secretary as soon as possible.—J. E. GORDON, 52, Endless Street, Salisbury, Honorary 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 Hydrocoele 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 Com-

plications. 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.

## SPECIAL CORRESPONDENCE.

### PARIS.

Académie de Médecine: *M. Laveran on the Prophylaxis of Malaria in Madagascar: M. Pinard on the Extinction of Infantile Mortality in the Commune of Villiers-le-Duc.*—Académie des Sciences: *the Fall in the Number of Cases of Malaria in Egypt by Measures Adopted by Suez Canal Company.*—Complimentary Dinner to Professor Cormil.—*Typhoid Fever Epidemic.*

At a recent meeting of the Académie de Médecine, on the proposal of M. Laveran, the following resolution was unanimously carried:

The Académie de Médecine, considering the excellent results already obtained in a large number of countries from the point of view of the fight against malaria by means of the mechanical protection of houses against mosquitos, expresses the wish that this prophylactic measure may be applied in the army, especially in the military barracks in Madagascar, where mosquitos which propagate malaria abound.

In the interesting report on the diseases prevalent in different French colonies, M. Kermorgant called attention to the gravity of the endemic malaria in Madagascar. In 1900 the mortality among the French soldiers in Madagascar was 33 per 1,000, while in New Caledonia, a colony free from malaria, the mortality was only 5.5 per 1,000. The preventive use of quinine has already given good results, but other prophylactic measures are needed. M. Laveran has examined several thousands of culicides from Madagascar. In one lot captured in December, 1903, in the military hospital at Tamatave, he counted 44 per cent. of *Anopheles* (*A. costalis*); in the barracks at Tananarive there were 60 per cent. of *Anopheles* (*A. squamosus* and *A. coustani*); in the native hospital among ten culicides captured all were *A. squamosus*. As the majority of the patients in hospital suffer from malaria, it was easy to understand how the *Anopheles* became infected and spread malaria among the men hitherto free. The methodical protection of houses by wire netting would render great service in the army, whereas the mosquito net prevented the circulation of air, and to feel cooler the soldier, unless watched, removed it. Those obliged to pass the night on guard in the open air could also be protected; the face and neck could be protected by a net veil fixed to the helmet, the hands by cotton gloves, and the ankles by gaiters; the men should also take a preventive dose of quinine. The hospital wards should be protected to prevent the *Anopheles* from entering and biting the malarial patients, and thus spreading the infection.

M. Pinard read to the Académie de Médecine the results obtained in the commune of Villiers-le-Duc by the Mayor, Dr. Morel de Villiers, in the prevention of infantile mortality. The means adopted were very simple and most effective. Every pregnant woman in needy circumstances who declared her condition at the mairie at the seventh month was assisted by the commune, which provided a midwife and, if necessary, a medical man. After the confinement she received 1 fr. a day, provided she stayed in bed for ten days. If the child was not breast-fed, each woman was required to possess an apparatus for sterilizing the milk. The children were inspected every fortnight, either at the mairie or in their homes, and the notification of any illness in an infant was obligatory within twenty-four hours. Every nursing woman who showed her child in good health at the end of one year was allowed 2 fr. per month for this period. These measures had been in force for ten years now, during which time no mother had died either during confinement or as a result of it. From 1884 to 1893 the mortality among infants under 1 year was 22 per cent. on the average, while during the last decennial period, 1893 to 1903, the mortality fell to zero.

At the last meeting of the Académie de Sciences Prince d' Arenberg described the methods employed by the Suez Canal Company suggested by Major Ronald Ross for suppressing malaria. By filling the latrines with petroleum, suppressing stagnant water, unceasing watchfulness, and the use of quinine on a large scale, the success has been complete and rapid. From 1897 to 1902 there were more than 2,000

and Surgeon Y, correct? Would there have been anything unethical in Surgeon Z, seeing and examining the boy without the presence of Surgeon Y?

\*\* In this case the insurance company are justified in wishing their medical referee to examine the boy. A refusal to submit to this examination would debar the parents from taking any further proceedings. Y should certainly be invited to be present at the examination, but he cannot insist on demanding a fee from the insurance company. The employer for whom the insurance company is acting is not liable for any medical expenses except the fee due to his own medical referee for the examination. If Y refused to be present, Z would be justified in seeing and examining the patient without him.

#### MEDICAL ADVICE IN THE LAY PRESS.

SCALPEL draws attention to an article on lumbago, its nature, causes, and treatment in the *Weekly Telegraph* for March 5th, under the heading of "Health Notes," by Dr. Andrew Wilson, F.R.S.E. He asks whether medical men ought to discuss the treatment of disease in a lay newspaper?

\*\* The name of Dr. Andrew Wilson does not appear in the *Medical Register* or in the *Medical Directory*. Unquestionably, for very good reasons, it is undesirable for people to doctor themselves, and such advice as that given in these notes does probably more harm than good.

#### THE RELATION OF A PRACTITIONER TO A PATIENT WHOM HE HAS SEEN IN CONSULTATION.

R.—The rule which has been laid down is that a practitioner who has been called in consultation may not take over the sole management of the case, but this applies to that particular illness only. If the patient recovers, and in a future illness chooses to consult the practitioner who then saw him in consultation, the latter is at liberty to take charge of the case. Where consultants exist as specialized class it is to be presumed that they do not take sole charge of cases, unless under exceptional circumstances, either with the full concurrence of the medical attendant or where none exists.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF OXFORD.

Degree.—At the congregation on March 17th the degree of D.M. was conferred upon Herbert S. French, Christ Church.

#### UNIVERSITY OF EDINBURGH.

*University Court.*—The Edinburgh University Court met on March 14th, when, on the recommendation of the Senatus, the following applications for recognition for purposes of graduation in medicine were granted:—1. Professor R. S. Yapp, M.A., University College, Aberystwyth (botany); 2. Professor Robert Broom, B.Sc., M.D., Victoria College, Stellenbosch, Cape Colony (zoology); 3. Professor B. de St. J. Van der Reit, M.A., Ph.D., Victoria College, Stellenbosch (chemistry), provided that attendance is given on the organic, inorganic, and practical departments of the course.

#### UNIVERSITY OF LONDON.

##### THE SENATE.

*The Goldsmith Institute, New Cross.*—At a meeting on March 23rd the Senate resolved, subject to satisfactory settlement of certain administrative details, to accept the offer of the Worshipful Company of Goldsmiths to hand over the whole of the site of the New Cross Polytechnic Institute, of about seven acres, together with the buildings, equipment, and apparatus complete to the University for the purpose of promoting its work in South London.

*Sir Donald Currie's Gift.*—The Senate also adopted a resolution placing on record its cordial appreciation of the public spirit which has found expression in Sir Donald Currie's act of timely beneficence in presenting the sum of £100,000 towards the expenses of the scheme for the incorporation of University College in the University.

*Physiological Laboratory.*—The Physiological Laboratory Committee presented a report of the first two years' work of the laboratory, which was established to provide facilities for original work in physiology and experimental psychology, and to publish by means of lectures to advanced students the result of recent work in this branch of study. Eleven courses of eight lectures each have been delivered, and arrangements have been made with Mr. John Murray to publish under the authority of the University such of these courses as may be from time to time approved. The first volume, containing Dr. Waller's lectures on the signs of life, has already appeared. The laboratory is being used for various researches by twenty post-graduate or otherwise qualified students, and 23 communications from persons working in it have been published in the *Proceedings* of the Royal Society and other scientific journals. Mr. W. L. Symes, M.R.C.S., has been appointed scientific assistant in physiology.

*Degree.*—Mr. John Herbert Parsons has been awarded the degree of Doctor of Science in Physiology as an external student.

*Veterinary Science.*—The Senate has resolved to establish a degree in veterinary science in the Faculty of Science.

*The Lister Institute.*—Dr. P. H. Pye-Smith, F.R.S., has been reappointed a member of the Council of the Lister Institute of Preventive Medicine.

#### SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, March, 1904.—The following candidates passed in:

*Surgery.*—L. F. Cope (Sections I and II), St. George's Hospital; A. C. George (Section II), Manchester; P. F. Howden, Bristol; R. Reynolds (Sections I and II), Bristol; R. H. Rigby (Section II), Leeds; F. J. Waldmeier, London Hospital; T. R. Waltenberg (Section II), Manchester.

*Medicine.*—R. H. Cooper (Section II), Charing Cross Hospital; L. S. Dudgeon (Sections I and II), St. Thomas's Hospital; J. M. S. Duncan, London Hospital; J. A. Kilpatrick (Section I), King's

College Hospital; J. A. Renshaw (Section II), Manchester; R. H. Rigby (Sections I and II), Leeds; T. R. Waltenberg (Section I), Manchester; J. W. Watson (Section II), Manchester.

*Forensic Medicine.*—P. S. Cooke, Charing Cross Hospital; L. S. Dudgeon, St. Thomas's Hospital; J. M. S. Duncan, London Hospital; W. S. Gibson, Manchester and Middlesex Hospital; F. W. Higgs, St. George's Hospital; M. C. Vivian, Royal Free Hospital.

*Midwifery.*—M. O. Dollie, University College Hospital; L. S. Dudgeon, St. Thomas's Hospital; C. D. E. Forbes, St. George's Hospital; R. C. Richards, University College Hospital; C. A. Sampson, Charing Cross Hospital; F. A. K. Stuart, Cambridge and St. Mary's Hospital.

The diploma of the Society was granted to A. C. George, R. Reynolds, R. H. Rigby, and J. W. Watson.

## OBITUARY.

#### HERBERT ARTHUR KENT, M.R.C.S.ENG., L.R.C.P.LOND.

It is with great regret that we have to record the death of Mr. Herbert Arthur Kent, which occurred at his residence, Carlton House, Ringwood, Hants, on March 4th.

Mr. Kent was the fourth son of the late Rev. Geo. Davies Kent, B.D., Rector of Stratford Tony, Salisbury, and Fellow of Corpus Christi College, Oxford. He was born at Stratford Tony on August 19th, 1859, and educated at Cheltenham College, and St. George's Hospital. In 1884 he took the L.R.C.P. Lond., and M.R.C.S. Eng., and subsequently spent a year as Surgeon to the P. and O. Steamship Company. In 1886 he settled down in Ringwood, where he continued to practise up to the time of his fatal illness.

Quiet and unassuming in manner, he devoted his life to ministering to the wants of others, instead of aspiring to take a prominent place in the public life of Ringwood; so that whilst his death leaves no great gap in official circles, his loss will be deeply felt by all classes, and especially by the poor, amongst whom he performed countless acts of kindness in his daily work. He was a member of the British Medical Association and of the local Lodge of Freemasons, but has always shrunk from taking any prominent part in local politics.

In May last he had trouble with his tongue, originating, apparently, in the irritation caused by carious teeth, and later it became certain that extensive epithelioma was present, but with characteristic consideration for others, he made no mention of the fact until last November, when he consulted Mr. A. J. Pepper, and subsequently, on Mr. Pepper's advice, Mr. H. T. Butlin. It was then too late for operative interference, and although treatment by radium was tried and appeared to check the progress of the disease for a time, he was compelled to relinquish his practice in December, and death ultimately occurred on Friday, March 4th, after a period of suffering which was borne with uncomplaining bravery.

The funeral took place on Wednesday, March 9th, at Ringwood, when a very large number of friends attended. Mr. Kent leaves a widow and one daughter.

We regret to announce the death of Dr. EMIL ALEXANDER DE SCHWEINITZ, of Washington, Chief of Division in the United States Department of Agriculture and a well-known bacteriologist. Within the last few years he had been Dean of the medical school of the Columbian University. Dr. de Schweinitz was born at Salem, North Carolina, in 1866, and took his doctor's degree at the University of North Carolina in 1882, afterwards receiving the degree of Doctor of Philosophy at Göttingen, Germany, and that of Doctor of Medicine from the Columbian University. He was United States delegate to the Fourth International Congress on Tuberculosis held in Paris in 1898, at the Conference on the same subject held in Berlin in the following year, and again at the International Medical Congress and the Congress of Hygiene in Paris in 1900. Dr. de Schweinitz was the author of many papers on bacteria, disinfectants and hygienic problems, on various antitoxins, and on tuberculosis, a subject to which he gave special attention. He was a member of various scientific, chemical, and bacteriological societies, both American and foreign.

**INTERNATIONAL CONGRESS OF MILITARY SURGEONS.**—An International Congress of Military Surgeons is to be held at the World's Fair, St. Louis, on October 10th to 15th, 1904, on the occasion of the thirteen annual meeting of the Association of Military Surgeons of the United States. The diplomatic representatives of the United States at the capital of every country have been instructed to request, in the name of the American Government and the Universal Exposition, the nomination of suitable delegates to attend the meetings.

Cotterill; J. J. M'Millan, M.B., Ch.B., Clinical Assistant to Mr. Cathcart. Paul Matthews, M.B., Ch.B., was appointed Resident Medical Officer to the Convalescent House.

## ROYAL ORTHOPAEDIC HOSPITAL.

THE Royal Orthopaedic Hospital vacates its old premises in Hanover Square at Lady Day and pending the receipt of the Charter of Incorporation with the National Orthopaedic Hospital it will carry on its work at 55, Bolsover Street, W. The new hospital, which is to be built on the present site of the National Orthopaedic Hospital and on adjoining land, and which when complete will represent the two old institutions, will provide 200 beds and also have a branch of 100 beds in the north of London, or a total of 300 beds against the 110 which at present exist in the two hospitals combined.

## 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.*

BEDFORD COUNTY HOSPITAL.—(1) House-Surgeon. Salary, £100 per annum.

(2) House-Physician. Salary, £60 per annum.

BRADFORD ROYAL INFIRMARY.—House-Surgeon; resident. Salary, £100 per annum.

BRIDGEMOOR AND SOUTH SHROPSHIRE INFIRMARY.—House-Surgeon, resident. Salary, £100 per annum.

CHESTER: COUNTY ASYLUM.—Third Assistant Medical Officer, resident. Salary, £160 per annum.

EASTERN DISPENSARY, Leman Street, E.—Physician. Honorarium, £50 per annum.

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.

GEAVESSEND HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Physician. Honorarium, £25 for six months each.

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

KILBURN DISPENSARY, 13, Kilburn Park Road, N.W.—Two vacancies on Honorary Medical Staff.

LINCOLN COUNTY HOSPITAL.—Junior Male House-Surgeon, resident. Salary, £25 for six months.

LINCOLN GENERAL DISPENSARY.—Resident Medical Officer. Salary, £170 per annum, rising to £200.

LIVERPOOL STANLEY HOSPITAL.—(1) Assistant Physician. (2) Senior House-Surgeon, resident. Salary, £100 per annum.

LONDON COUNTY ASYLUM, Oldbury.—Junior Assistant Medical Officer, resident. Salary, £150 per annum.

MANCHESTER: CHOBTON-UPON-MEDLOCK DISPENSARY.—Resident House-Surgeon. Salary, £20 per annum.

MANCHESTER: NORTHERN HOSPITAL FOR WOMEN AND CHILDREN.—House-Surgeon, resident. Salary, £28 per annum.

NOFOLK AND NORWICH HOSPITAL.—Assistant House-Surgeon, resident. Honorarium, £20 for six months.

PLAISTOW ST. MARY'S HOSPITAL FOR SICK CHILDREN.—Assistant Resident Medical Officer. Salary at the rate of £30 per annum.

PRESTON ROYAL INFIRMARY.—Assistant House-Surgeon, resident. Salary, £60 per annum.

READING: ROYAL BERKSHIRE HOSPITAL.—Assistant Physician.

ROYAL WATERLOO HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Road.—Resident Medical Officer.

ST. MARYLEBONE GENERAL DISPENSARY, Welbeck Street, W.—Honorary Physician.

SEAMEN'S HOSPITAL SOCIETY (DREADNOUGHT), Greenwich, S.E.—Junior Resident Medical Officer. Salary, £40 per annum.

SOMERSET AND BATH ASYLUM, Cotford, Taunton.—Assistant Medical Officer, resident. Salary, £160, rising to £200 per annum.

SOUTHAMPTON: ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.—House-Physician, resident. Salary, £100 per annum.

WEST LONDON HOSPITAL, Hammersmith Road, W.—Assistant Physician.

## APPOINTMENTS.

BABWELL, Harold, M.B., Lond., F.R.C.S. Eng., Honorary Surgeon for Throat and Ear Diseases to the Orpington Home for Girls, Northumberland House, Marylebone.

BULLMOOR, G. O., L.R.C.P. & S. Edin., L.F.P.S. Glasg., Certifying Factory Surgeon for the Plymouth District, Devonshire.

CLAPHAM, Lucy B., M.B., Lond., reappointed Assistant Anaesthetist, New Hospital for Women, Finsbury Road.

CROSS, Francis G., F.R.C.S., Divisional Surgeon for V. Division Metropolitan Police, Kensington-on-Thames and Surbiton.

DEENE, Henry, M.E.O.S., L.R.C.P., Clinical Assistant to the Chelsea Hospital for Women.

GOODMAN, T. Herbert, M.R.C.S. Eng., L.S.A. Lond., Certifying Factory Surgeon for Hovehill and District.

HANCOCK, W. Ibbit, F.R.C.S., Assistant Surgeon to the Central London Ophthalmic Hospital.

HAWES, Ivon, M.B., B.S. Durh., Junior House-Surgeon, Royal Infirmary, Bristol.

JOHNS, H. D., M.D., B.S. Durh., Certifying Factory Surgeon for the Hornsey District, Yorkshire.

LOW, E. J., L.R.C.P. & S. Edin., L.F.P.S. Glasg., additional District Surgeon of Wednesbury Colliery Medical Officer to the Indwo-Maclear Railway Construction (Cape Government Railways).

MCBREA, H. M., M.B., B.Ch.R.U.I., District Medical Officer of the Wokingham Union.

MCGRANIER, Dool, M.B., C.M.Edin., Assistant Medical Officer for the Birmingham City Council.

MCDougall, William, M.A. Aberd., M.B., Ch.B. Edin., Principal Medical Officer to the Christmas Island Phosphate Company and Government Medical Officer to Christmas Island, Indian Ocean.

ORFORD, H. J., M.B., Ch.B. Birmingham, M.R.C.S. Eng., L.R.C.P. Lond., Medical Officer of Health to Klerksdorp, Transvaal, South Africa.

PEARSE, E. M., M.R.C.S. Eng., L.R.C.P. Lond., Honorary Anaesthetist, Royal Infirmary, Bristol.

PEARSON, Allan C., B.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P., Deputy Medical Officer, H.M. Prison, Liverpool.

RAMSDEN, W. B., M.B., B.Ch. Vict., Resident Assistant Medical Officer of the Chorlton Union.

SCOTT, W. H., M.R.C.S. Eng., L.R.C.P. Lond., Casualty Officer, Royal Infirmary, Bristol.

SHIPMAN, G. A., M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P., Surgeon, Grantham Hospital, Lincolnshire.

SHIPMAN, G. V., L.R.C.P., M.R.C.S., Honorary Consulting Medical Officer to the Grantham Hospital.

STEAVENSON, O. S., M.B., Ch.B. Edin., District Medical Officer of the Darlington Union.

STEPHEN, J. H., M.B., Certifying Factory Surgeon for the Banff District, Banffshire.

TOBIN, J. S., M.B., Ch.B. Glasg., District Medical Officer of the Dorni Union.

WEBB, W. T., M.R.C.S. Eng., L.R.C.P. Lond., Resident Obstetric Officer, Royal Infirmary, Bristol.

## DIARY FOR NEXT WEEK.

## MONDAY.

Medical Society of London, 11, Chandos Street, Cavendish Square, W. 8.30 p.m.—Mr. E. Murry Fenwick: The Treatment of Urinary Tuberculosis.

Medical Graduates' College and Polyclinic, 12, Chenes Street, W.C. 3.30 p.m.—Annual General Meeting.

Odontological Society of Great Britain, 20, Hanover Square, W., 8 p.m.—Exhibit by Mr. J. Howard Mumford. Paper by Mr. Douglas E. Caush.

## TUESDAY.

Therapeutic Society, Apothecaries' Hall, Water Lane, Blackfriars, 4 p.m.—Mr. W. Chatterton on Photography in Natural Colour, illustrated by lantern slides.

## POST-GRADUATE COURSES AND LECTURES.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Lecture on Operations for Cleft Palate.

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

Medical Graduates' College and Polyclinic, 22, Chenes Street, W.C.—Demonstrations will be given at 4 p.m. as follows: Tuesday, Medical; Wednesday, Surgical. Lectures will be delivered at 5.15 p.m. as follows: Tuesday and Wednesday, On Tick and Tick Fever.

## 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.

BEATH.—On March 9th, at 9, Dunsford Place, Bath, the wife of David Leslie Beath, M.E.O.S., L.R.C.P., a son. (Australian papers, please copy.)

EASTERBROOK.—At 3, Albert Terrace, Edinburgh, on March 20th, the wife of Alexander M. Easterbrook, M.B., C.M., Gorebridge, Midlothian, of a daughter.

MAILER.—On March 11th, at Hilsdale, Palace Gates Road, Wood Green, the wife of William Mailer, M.B., C.M., a son.

## MARRIAGE.

BRADSHAW—GLYNN.—March 12th, at St. Luke's Church, Liverpool, by the Right Rev. the Lord Bishop of the Diocese, assisted by the Archdeacon of Warrington, Vicar Thomas Lowe, Bradshaw, M.D., of Liverpool, young son of the late John Webb Bradshaw, of Dublin, to Rose Mary, eldest daughter of Thomas Robinson Glynn, M.D., of Liverpool.

## DEATHS.

COBORNE.—On March 14th, at Edith Lodge, Ransgate, Mary Ann, widow of the late W. H. Coborne, M.D., F.R.C.S., of Chippenham, Wilts, aged 75 years.

ECCLES.—On March 11th, at 3, Holyrood Terrace, Plymouth, Alfred Eccles, F.R.C.S. Eng., in his 83rd year.

GRANT.—On March 15th, Alexander Grant, M.A. Aburd., M.D. Edin., 370, Commercial Road, London, E., aged 66.

WILSON.—On March 15th, at Flowergate, Whitby, John Wilson, M.R.C.S. and L.S.A., aged 68 years.

## 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—or 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 *Artiologic, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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

## QUERIES.

## MILK FOR INFANTS.

R. P. writes: In the BRITISH MEDICAL JOURNAL of March 5th appears a letter on the feeding of infants, by Dr. F. G. Haworth, in which he recommends plain pure cow's milk, to which is added 5 per cent of lime water and the same of sugar; I should like to know if he means milk sugar or cane sugar.

\* \* We have communicated with Dr. Haworth, who writes: I generally advise ordinary cane sugar if the bowels are constipated. I use the Demerara (brown) sugar. I have to deal with the ordinary working class—in many cases ignorant, in nearly all careless, to whom the proper mixing of milk food in the proportions of fat and protein matter to resemble mother's milk is too much trouble. Where I have the most difficulty is in persuading mother or nurse to take up the child every two or three hours in the daytime, when the baby is asleep. To these people it seems wrong to disturb a child out of its sleep. The district maternity nurse is the greatest help to me; she advises this feeding at every house where she attends, and speaks in the highest terms of the results.

## THE ACCUMULATION OF CERUMEN.

M.D. writes: I should be greatly obliged if some of your specially experienced readers would tell me how I can best prevent cerumen accumulating in the meatus. I have a constitutional tendency to it. I am healthy and elderly, and inherit gouty tendencies, take a fair amount of

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**SUPPLEMENT**

CONTAINING

**A REPORT**

ON THE

**POOR-LAW MEDICAL SYSTEM IN IRELAND**

WITH SPECIAL REFERENCE TO

**THE DISPENSARY MEDICAL SERVICE.**

BRITISH MEDICAL JOURNAL, MARCH 26th, 1904.

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MCMIV.