

puncture was dressed with cotton steeped in traumaticine (a solution of guttapercha in chloroform).

The patient was then placed on his back and a rag placed over his nose and eyes to give him the illusion of inhaling something, and in five minutes the operation was commenced. It was performed in a very leisurely way and took at least half an hour. The patient never gave the slightest indication of pain or even discomfort throughout the operation proper; in fact, he remained perfectly quiet, breathed evenly, and his pulse was steady and firm.

I must confess that it gave me a little unaccustomed shudder to follow the operation, knowing that the patient was quite conscious, and this feeling was enhanced by the fact that he resented the application of the elastic bandage and Esmarch's tourniquet, for it seems that though this method of cocainization abolishes sensitiveness to the knife it leaves that to pressure unaffected. Even the grating vibration of the saw elicited no reaction on the part of the patient, and he frankly admitted when the stump had been dressed that he had not felt anything.

This was the 231st occasion on which intraspinal cocainization had been resorted to in Dr. Vincent's service, and there has been only one mishap, and this one not due properly speaking to the method *per se* but to the clumsiness of an inexperienced assistant, who allowed the needle to become contaminated without calling attention thereto.

I have since experimented on the cadaver, and I found no difficulty in introducing the syringe except in one instance, when I succeeded an inch or so higher without difficulty.

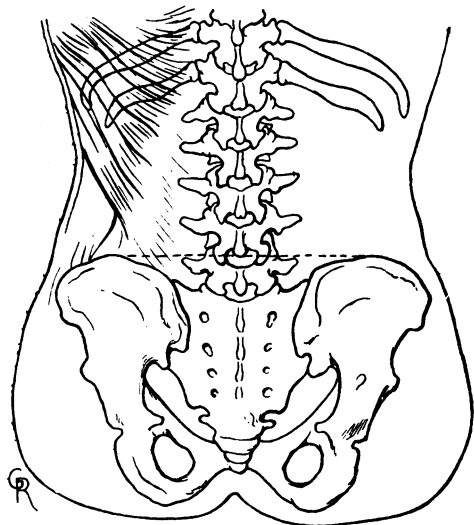


Fig. 2.—The dotted line shows the vertebra corresponding to a line drawn between the iliac crests.

What the future of the method may be I cannot say. I doubt if many surgeons would have the courage to have recourse thereto until they had seen with what ease, certainty, and satisfactory result it can be done, but my own opinions on the subject have been greatly modified by this experience. It is as remarkable in its way as must have been the earlier observations with chloroform and ether. Apart from the theoretical risk of septic infection, spinal cocainization appears to present many advantages over general anaesthesia, which, moreover, is by no means devoid of risks of its own, witness the numerous deaths that occur annually in Great Britain from this cause. Its simplicity, the readiness with which the patient is prepared for the subsequent operation—for it only takes two or three minutes—and the fact that there is no struggling, no respiratory disturbance, or subsequent discomfort are certainly very striking. The skin of the back is comparatively insensitive, so that the pain from the puncture is quite trifling.

Since writing the above I have been afforded several opportunities of performing the operation myself on the living subject. I chose the space above the last lumbar vertebra, which, when the patient is made to bend forward, affords plenty of room if the needle be directed from below slightly upwards and inwards. I experienced no difficulty in attaining my object. I was advised that it is well to allow a certain quantity of cerebro-spinal fluid to escape before making the injection,

and some operators dissolve the alkaloid in the fluid itself instead of in sterilized water.

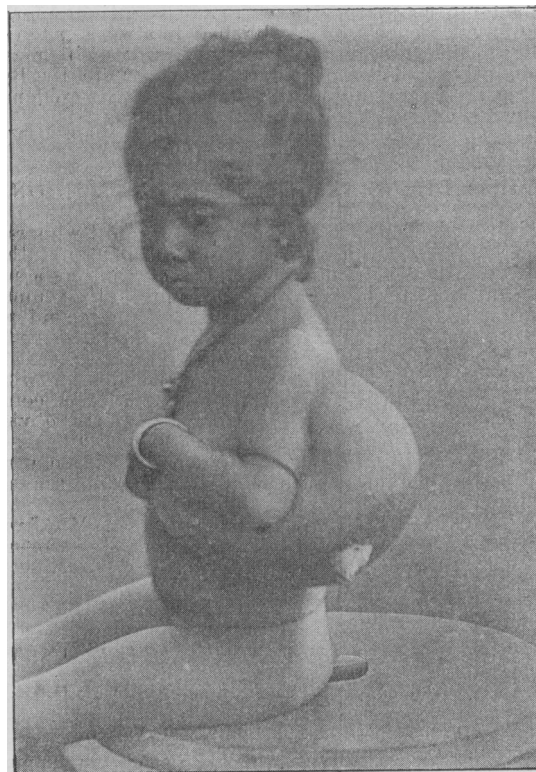
On one or two occasions there was a little vomiting, but as the patient is quite conscious it gives rise to no trouble, and is readily got rid of without hindering the progress of the operation. In a case of operation for hernia the patient left the theatre smiling, asking if she might not be allowed a square meal as she was hungry, showing the slight constitutional effects of the injection and the total absence of shock.

MEMORANDA:

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

A CASE OF CYSTIC HYGROMA: REMOVAL: RECOVERY.

A GIRL aged 7 was brought to the Mayo Hospital in November, 1903, for a tumour in the left axilla, which the mother stated had been present since birth and had grown with the growth of the child until it attained the size represented in the photograph. It extended from the scapula behind, round the side of the thorax, to the outer border of the sternum, and upwards to the apex of the axilla. It was soft and to some extent compressible, but it did not appear that its bulk was lessened by pressure. It had bled occasionally from a point in its lower border, which is marked in the photograph by a plug of absorbent wool applied to check the oozing. The tumour was painless, non-pulsatile, not affected by coughing or crying, and the skin over it not altered in appearance; it did not apparently pass beneath the outer border of the scapula.



As the mother still desired that the removal of the tumour should be attempted, although the risks of any operation were pointed out to her, I decided to excise it. In order to control possible haemorrhage an elastic cord was tied tightly round the base of the tumour and an oval incision was made through the skin beyond this ligature. On cutting into the tumour, it was found to consist entirely of multiple cysts having fairly thick walls of connective tissue, which were marked in places on their inner surface by linear thickenings or puckerings. On loosening the elastic band there was no arterial and not much venous bleeding. There appeared to

be a pedicle of attachment to the wall of the thorax, but there was no extension beneath the scapula. The child made a rapid recovery.

[A second photograph sent showed the removal of the deformity to be very complete.]

J. LEWTAS, M.D.Lond., Lt.-Col. I.M.S.,
Surgeon, Mayo and Eye Hospitals, Calcutta.

ERYTHEMA SCARLATINIFORME.

THE memorandum under the above heading from Dr. James Hamilton of Chelsea, in the BRITISH MEDICAL JOURNAL of March 12th, greatly interested me. I have lately had six cases here in which a distinct scarlatiniform rash appeared; one was obvious scarlet fever; a second was doubtful for days, but proved to be scarlet fever; two others were certainly influenza, and the remaining two closely agreed with Dr. Hamilton's description in signs, symptoms, and course, and were evidently influenza also.

In the article by Dr. F. Foord Caiger, in Professor Allbutt's *System of Medicine*, influenza is included among the maladies which have given rise to eruptions mistaken for scarlet fever. Others, like myself, may be indebted to Dr. Hamilton for opportunely emphasizing this point.

Mentone.

D. W. SAMWAYS.

GLANDULAR FEVER IN JAMAICA.

I WAS much interested in reading in the BRITISH MEDICAL JOURNAL of January 9th, p. 71, of an account of an epidemic of glandular fever by Dr. Byers. I have had recently several cases under my care, all being children of from 5 to 9 years of age. I have also heard of one or two cases occurring in adults. The symptoms observed in my cases were exactly the same as those mentioned by Dr. Byers, with the addition (1) of severe toothache (molar), lasting for a few hours; and (2) earache lasting on and off for two or three days. In one of my cases the temperature rose to 104°, and so continued for some days. Convalescence was established in a week or ten days. The cases at first appeared to be mumps, and were so regarded by some of the relations of the patients. I note Dr. Byers's cases occurred in the middle of November. The epidemic in my district occurred at the beginning of January.

Jamaica.

F. A. G. PURCHAS, M.B.

TWINS: DIFFERENT SEX: DOUBLE AMNION: COMMON CHORION.

ON March 11th I was called to see a patient who was in labour. This was premature, being between the sixth and seventh months of pregnancy, and the woman was a primipara. The first child had the breech presenting, and was delivered fairly easily; it was a male. The second was a vertex presentation, which I converted into a breech by turning to facilitate delivery. This was a female; both were stillborn. The afterbirth came away entire and without difficulty, and showed two amniotic sacs with a common chorion and one large and well-developed placenta, obviously a single placenta, not two united by fibrous tissue. The point of interest lies in the fact that the children were of different sexes, whereas it is usual under such circumstances to find them both of the same.

Bury.

P. F. BRAITHWAITE, M.B.Lond.

REPORTS

ON

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

LEEDS CITY FEVER HOSPITAL (BECKETT STREET).

CALCAREOUS CHANGES IN HEART, DIAPHRAGM, AND ARTERIES IN A PATIENT 32 YEARS OF AGE.

(Reported by E. S. G. FOWLER, M.R.C.S., L.R.C.P., Resident Medical Officer.)

D., a railway labourer, aged 32 years, was admitted on October 12th, 1903, reported suffering from enteric fever, and complaining of headache, backache, shivering, and pain in the body.

Previous History.—His wife said that for some time he had complained of feeling very tired and from time to time of much headache. He was irritable, and had for some time been very suspicious of trifles.

She had spoken of insuring him recently, and since then he seemed to have a fixed idea that she would attempt to poison him, and in consequence was often afraid of the food she put before him. If any of his friends or acquaintances died, he would draw her attention to the fact that they were probably insured, and hint that things were not above-board, etc. After taking to his bed on the 7th, he was very violent, and absolutely refused all forms of food. His sister said that for some time prior to marriage (eighteen months previously) he had always been strong and hearty, steady in habits, but with curious seizures which they did not understand, and had had no advice about. (He would often leave his bed at night and rush round to their bedroom doors, knock loudly, and inform the inmates that he was dying, and was evidently frightened about himself.) Alcohol and syphilis were inquired for, but strongly rejected. No information was obtainable from the patient himself. A question seemed to arrest his attention, but he lapsed without answering it. Inquiry as to pain only elicited a sneering negative answer.

Condition on Admission.—Patient was extremely ill, and was thought to be dying. Pulse of 96, and very feeble. Artery walls not noticed to be tortuous or thickened. Cyanosis. Noisy respiration, 24. Constant low muttering delirium and slow waving movement of arms. Pupils small, equal; it was thought that the case might be one of brain mischief, or that patient was possibly under the influence of opium. The temperature was 101.8°. Tongue moist, dirty heavy fur. Teeth and lips covered with sordes. Abdomen and chest normal. Heart sounds very weak and distant; no *bruit* made out. Two or three acne spots on chest and back. Some wasting of muscles. Reflexes present. Plantar brisk (finger drawn over the sole in producing it caused spasms of leg muscles, and seemed to annoy patient considerably). Patient had complete movement of all limbs. Bladder was active, but excretions were voided into bed. Skin harsh and dry. Urine collected, negative.

Progress.—The patient remained quietly in bed without restraint, continued to pull clothes about and wave his arms; constant low muttering, with occasional shouting, unless attempts were made to feed him. Fluid poured into the mouth was returned after longer or shorter intervals, and he continued to spit until all was out again. He was very violent, and swore vigorously on any further attempt being made. The fluid was held in the mouth, never swallowed. Temperature, 101.8° on admission, was 100.4° in the evening, 99.6° next morning; normal on the second evening, and remained normal till the end. Pulse 96 on admission, was never above 84 afterwards, but always very small, quite regular. Respirations between 18 and 20. The patient had no sleep until the third night, and then after $\frac{1}{2}$ gr. of morphine for only four hours. On awakening he took two feeders of milk. The bowels were washed out with simple enema on the morning after admission, and the result was slight but apparently normal. The enema was given with difficulty; the patient resented it, and strained considerably to return it. An unsuccessful attempt was made to feed by the nasal tube. The patient always succeeded in catching the tube on the base of the tongue and so directing it into his mouth. On the fourth morning he suddenly developed a condition which was thought to be complete left unilateral ophthalmoplegia, though it is possible that the external rectus was not affected, since there seemed to be some slight external squint—fixed globe, fixed irregular pupil, ptosis (squint may have been more apparent than real). In spite of care hypopyon developed three days later. After fourth day there was vomiting and retching. Nutrient enemata were given, but were quite unsatisfactory; patient strained so to void them again. Death occurred on the ninth morning after admission. Typhoid was rejected as a diagnosis from the first, and the case was thought to be cerebral. Ophthalmoscopic examination was unsatisfactory.

Necropsy.—The body was that of an average built man, rather wasted; rigidity and *post-mortem* staining well marked. The brain was much congested with dark fluid blood (as were all the organs). No sign of growth. Roof of left orbit removed. Contents of orbit of normal appearance. No interference with third nerve. Intestines: Congested, distended; empty except for about 3 oz. or 4 oz. of normal coloured, soft formed, faecal material in large bowel. Spleen: Normal size, firm. Kidneys: Normal, congested; capsules stripping easily. No enlargement of mesenteric glands. Liver: Not enlarged, smooth, congested. Lungs: Normal, except for some congestion and slight frothy exudation on squeezing. Diaphragm on right side: Central tendon looking very like an oyster shell; quite calcareous; muscle itself hypertrophied. On the left side the tendon was in a similar condition, but firmly united to the pericardium. Heart: Some hypertrophy, particularly of ventricles. Pericardium much thickened, opaque, and adherent over greater part. Valves: Mitral valves shortened and edges thickened (may or may not have been sufficient to cause *bruit* in well-acting heart). Other valves apparently healthy. In three places calcareous deposits had invaded the left ventricular wall, apparently actually invading the myocardium, and it was necessary to use a small saw to open it up. In thickness the largest patch would be some $\frac{1}{4}$ to $\frac{3}{8}$ in. The next was continuous with left tendon of diaphragm, and extended into the right ventricular wall. The third was a smaller deposit in right ventricular wall near tricuspid orifice. The aorta showed much atheromatous change in whole length. The carotid on left side contained soft dark clot extending to branches (? cause of ophthalmoplegia). Its walls showed marked atheroma also. The pulmonary artery, about $\frac{1}{2}$ to $\frac{3}{8}$ in. above semilunar valves, showed a nodule of calcareous growth which had ulcerated through endothelium and projected into lumen of artery. The surface was gritty, and of similar appearance to other deposits described.

REMARKS.—The specimens as above described were exhibited before the December meeting of the Leeds and West

THE IRISH DISPENSARY MEDICAL SERVICE REPORT.

THIS important report has been in the hands of our readers since March 26th, on which date it appeared as a SUPPLEMENT to the BRITISH MEDICAL JOURNAL. The report has been everywhere received as a very valuable contribution to the intricate and pathetic question of the condition of the Irish Dispensary Service. At the moment when we write the report is still under the consideration of all classes of opinion in Ireland. Judging, however, by the clearly-expressed opinion of the press and of county Branches of the Irish Medical Association, there is no room to doubt that the publication of this report makes a landmark in the Irish dispensary evolution which will not be easily overlooked.

The Irish Medical Association is organized in county Branches, and of these five counties, Donegal, Kerry, Armagh, Galway, and Roscommon, have up to the present in the warmest terms passed resolutions of thanks to the British Medical Association, the Editor of the BRITISH MEDICAL JOURNAL, and the Special Commissioner for the great service rendered to the Irish Poor-law Medical Service by the report. The medical officers of the Downpatrick Union have also forwarded resolutions couched in similar terms.

Some of these county Branches have also called on the parent Association in Dublin to arrange for a full circulation of the report throughout all classes concerned in Ireland. The Irish press has also received the report with general satisfaction, and has printed lengthy extracts from it. The *Irish Times*, a leading Dublin newspaper, says:

The Irish Poor-law Medical Service owes a debt of gratitude to the BRITISH MEDICAL JOURNAL for its action in bringing grievances of long standing under the notice of the English public.....The report is of a most exhaustive character, a model, in fact, of what such a report should be.....It is conceived in a spirit of moderation, and what makes it doubly valuable is its recognition of the difficulties which beset the authorities in any attempt to reform the service upon the lines advocated by its members.

The *Northern Whig* of Belfast says:

The Special Commissioner of the BRITISH MEDICAL JOURNAL has studied the question carefully on the spot and sets forth the grievances of his confrères with impartiality.....There is no doubt as to the clearness and fairness with which he has stated the case.

The *Cork Examiner* says:

Nothing but good can come from a full exposure of existing defects and grievances, and the report published by the BRITISH MEDICAL JOURNAL with special reference to the Dispensary Medical Service should do much to enlighten public opinion in England and force the Government to legislate on the matter. The report is all the more valuable for its moderation and the thorough insight into every feature and detail of the question.

The *All Ireland Review* makes long extracts from the report and in two separate weekly issues prints with sympathetic comments some of the sadder features of the report. The *Irish News* of Belfast also sympathetically reviews the report and joins in the cry for the betterment of the dispensary service. In Glasgow also the report has been referred to and quoted from the *Glasgow Star*, one of the local journals interested in Irish affairs.

From individual members of the Irish community, lay and medical, very sympathetic letters have been received from every part of the country and every shade of political and religious opinion. The completeness of the report and the insight it displays into a very tangled question of Irish life is everywhere commented upon, and the grateful thanks of the writers are given. "It is simply splendid, and it is astonishing the thoroughness with which a very complex question is dealt with" writes one, and this letter is the prevailing note of all the communications. "Very admirable." "Admirable exposition of the conditions of the Irish Poor-law Dispensary Service. No previous writer has gone to the root of the matter as the Special Commissioner has. How in a limited time he obtained so clear an insight into the complicated conditions he came to examine and unravel I cannot conceive."

A more effusive correspondent writes: "The report is simply lovely, and how so much information was got in so short a time is a marvel." "A report of great power and deep insight." "The literary level all through is a high one; the descriptive powers of the paper are very striking." A Catholic prelate writes of the Commissioner: "He took in the situation perfectly, and has portrayed it most faithfully."

A layman writes: "The doctors consider it a tower of strength to their cause. It seems as if the Commissioner had been half a lifetime in the West of Ireland." "The Com-

missioner has dealt with the subject most thoroughly." "In every particular an admirable one." "It has placed the whole dispensary service on a proper basis," writes a well-known professor in Ireland. "Very full and lucid report." "Interesting, exhaustive, and painstaking." Another writes: "The report is, without exaggeration, the best I have read on the subject. It is an exhaustive scientific analysis presented with rare literary merit, at times rising to poetic elevation, and, even when dealing with squalid, grimy details, able to descend and paint them in simple short lines, which serve to make the picture more obvious. No more need be written on the subject." "The Commissioner has certainly done wonders in the time, and Irish dispensary doctors owe him a debt of gratitude for what he has done for them." "A man who had spent years in the service could not have written a better report."

The editor of the *All Ireland Review* of April 2nd, 1904, says: "I have not read anything for a long time at the same time so powerful and so convincing, so graphic and so truly tragical as the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of March 26th, which reveals better than was ever done before the intolerable conditions under which our Dispensary Medical Service exists to-day."

Another writes: "I congratulate you on the full and splendid report of your Special Commissioner on the Irish Dispensary Service. Irish or English, it is the very best compendium on the subject I have read for years. Will you convey to your Special Commissioner my gratitude and thanks for the splendid report, which, true in substance and fact, is the best summary I have ever read of the Irish Dispensary Service as it exists?"

"The most complete and satisfactory presentation of the dispensary medical officer which has been anywhere or by anybody published up to this time."

"I have no hesitation in expressing my conviction that the report has taken a unique position among all other reports or statements on the subject. This pre-eminence it has secured largely from the unsparing pains the Commissioner has devoted to his task; largely, too, from his faithful word portraiture of the dispensary phase of Irish life."

Another writes: "The ablest and most exhaustive exposition of the Irish Dispensary System that has yet appeared. The Special Commissioner is entitled to the gratitude of every member of the dispensary service."

An Irish West Country Doctor writes: The case of the dispensary doctors has never before been so ably stated, and I doubt much if one of themselves could do it half as well. "It seems wonderful how it has been so thoroughly done." "A very fine piece of work, and all are very grateful."

A Northern Magistrate writes: "I think the Commissioner has grasped the situation in an extraordinary way." "True in every respect." "The clearest and most convincing report I have read." "The report is beyond praise. When I read it I said from my heart 'God bless the writer.' He has done a noble work for a long-suffering section of men."

From these extracts it will be seen that there is a considerable consensus of opinion in Ireland favourable to the report.

MEDICAL NEWS.

It is reported that uranium ores containing radium have been found in Sweden and in Portugal.

THE out-patient department, dispensary, and offices of the Royal Waterloo Hospital for Children and Women were removed to the new buildings this week.

AN "Amalgamated Society of Registered Midwives" has been formed in Salford to protect the interests of midwives under the new Act.

THE annual dinner of the Sanitary Institute will take place in the Whitehall Rooms, Hôtel Métropole, on May 2nd, at 7.30 p.m.

DEATH UNDER CHLOROFORM.—An inquest was held at the Royal Devon and Exeter Hospital on March 29th last on the body of a farm labourer, aged 34, who had died under chloroform during amputation of a finger. The customary clinical examination was made before the anaesthetic was given, and nothing was found to contraindicate its administration. At the necropsy the heart muscle was found to be in a flabby condition. At the request of the coroner, the police surgeon was present at the necropsy, and he corroborated in court the medical evidence given. The coroner said he considered it advisable in the interests of the medical staff as well as of the

hospital that the police surgeon should attend, and he believed the patients in the hospital had every care. The jury returned a verdict in accordance with the medical evidence, and added that they considered proper precautions were taken.

THE report of the Council of the Royal National Pension Fund for Nurses states that 953 policies were issued last year, the largest number since the establishment of the fund. In the same period the policies surrendered numbered 362, held by 353 nurses, the sum paid out amounting to £22,140.

MR. E. M. CROOKSHANK, formerly professor of bacteriology at King's College, London, has been adopted by the Central Conservative Council of the East Grinstead Division of Sussex, in which he resides, as a candidate for the Division at the next general election.

AN entertainment in aid of the Nervous Diseases Research Fund of the National Hospital for the Paralysed and Epileptic will be given at the Eolian Hall, New Bond Street, on April 29th, under the patronage of Her Royal Highness the Duchess of Albany.

THE *Journal of the American Medical Association* states that a recent decision of the Court of Appeals of Kentucky practically establishes in that State a precedent for the appointment of expert witnesses in damage cases by the Court, and for doing away with partisan experts.

PRINCESS HENRY OF BATTENBERG will be present at the annual meeting of the Colonial Nursing Association, which will be held, under the presidency of Earl Grey, at Sunderland House, Curzon Street, London, W., by the kind permission of the Duchess of Marlborough, on Wednesday June 8th.

It is stated that a peculiarly virulent form of influenza is prevalent in Philadelphia, U.S.A., which from the predominance of symptoms referable to the central nervous system closely simulates cerebro-spinal meningitis, and also lasts much longer than the commoner types of influenza.

A BILL has been introduced into the Senate of the State of New York which provides for the abolition of the office of coroner in New York City upon the expiration of the terms of office of the present coroners. As a substitute it is proposed to appoint medical examiners, who will report the circumstances of all suspicious cases direct to the city magistrates.

THE AMERICAN ACADEMY OF MEDICINE.—The twenty-ninth annual meeting of the American Academy of Medicine will be held in Atlantic City on June 4th and 6th. The programme includes a discussion on school hygiene, and to facilitate the same a summary is to be published of all the laws in force in different parts of America which relate to the teaching of hygiene.

THE Royal British Nurses' Association will hold its fifteenth *conversazione* at the Portman Rooms, Baker Street, on Tuesday, April 26th, at 8 p.m. A meeting on behalf of the Trained Nurses' Annuity Fund will be held at 19, Stratford Place, on April 27th, at 3.30, under the presidency of Lady Loch. The meeting will be addressed by Mrs. Garrett Anderson, Miss C. J. Wood, and others.

A CO-OPERATIVE DAIRY.—During their stay in Denmark the King and Queen visited the Trifolium dairy at Haslev. This is a co-operative dairy, comprising upwards of 7,000 cows. It is under the medical supervision of Professor Jensen and Dr. Schierbeck, and produces yearly about a million lbs. of butter and 1,600,000 lbs. of cheese, in addition to selling daily in Copenhagen some 8,000 quarts of milk. About 300 persons are employed in the dairy. Their Majesties also attended a fête given in aid of the Leper Asylum in the Danish West Indies.

SAMUEL SMILES, the author of *Self-Help*, although a graduate in medicine of the University of Edinburgh, and for some time in practice in his native town—Haddington, N.B.—abandoned a medical career too long ago ever to have been registered apparently as a medical man, or to be included in a medical directory. The facts of his life have been detailed very fully by most of the daily papers, and the only one that seems to have escaped mention is that from 1866 to 1872 he was Secretary of the National Provident Institution. His career is a good—but by no means unique—example of the fact that an education in medicine is no bad outfit for occupations in no way connected with it.

TRYPANOSOMIASIS.—At a recent meeting of the French *Académie des Sciences* M. Laveran made a communication in which he maintained the identity from the point of view of morphology, biology, and pathogenicity of the trypanosoma

gambiense (Dutton) and the trypanosoma ugandense (Castellani). In view of this identity he urged that the term trypanosoma ugandense should be dropped altogether since the description of the organism and term applied to it by Dutton were anterior to those of Castellani and the existence of two terms for the same organism was superfluous and confusing. In the same communication he proposed that the term sleeping sickness should also be abandoned inasmuch as it merely represented the final stage of a disease which he thought should be simply be called human trypanosomiasis.

ANTHRAX FROM HORSEHAIR.—An inquest was held at Liverpool on April 18th on the body of a woman who had died from anthrax. She worked in a hair manufactory, and while engaged in the remixing department a horsehair penetrated her chin: she died three days later. The manager of the manufactory stated that samples of this particular kind of horsehair were handled daily, and that during the thirty-seven years he had been with the firm he had not known a similar case. Mr. Graves, Inspector of Factories, said that experiments were being carried out in the neighbourhood of Worcester and also on the Continent under the direction of the Home Office with a view to some effectual means of killing the virus when present in horsehair.

We are requested to state that the Wandsworth Division of the Metropolitan Counties Branch will hold a meeting at the Drill Hall, opposite Clapham Junction, on Thursday, May 12th, at 4 p.m., for the discussion of the questions: (1) Whether it is advisable that the British Medical Association should take up the individual and (or) collective medical defence of its members; (2) is the scheme now submitted one by which this defence can be safely and efficiently carried out? Drs. Bateman, Heron, and Woods have promised to be present, and any medical man who wishes to attend will be welcomed.

ACCORDING to the special correspondent of the *Norosti*, there has been a severe epidemic of typhoid fever among the Russian troops at Harbin during the past winter. The water, which is obtained from shallow wells, is believed to be the source of the infection, and as the town has no drainage system it is feared that great difficulties will be encountered in dealing with the epidemic. As Harbin will probably be the chief Russian dépôt during the war the outlook is very serious. The same correspondent states that the troops leave the camps along the Siberian railway in a filthy state, and, as our experiences in South Africa showed, this neglect is a prolific source of fresh epidemic outbreaks.

FEES FOR INSURANCE WORK.—We have received a copy of some letters which have passed between Dr. Basil Housman, of Stockport, and the New York Life Insurance Company. The latter asked for Dr. Housman's co-operation as an additional examiner at half-guinea fees for policies under £250. Dr. Housman refused to have anything to do with the company at all unless paid £1 is. for each examination, pointing out that it was a matter of indifference to him for what sums the examinees proposed to be insured. Writing on the same subject Dr. Distin, of Enfield, encloses a summary of the annual report of the Law Union and Crown Insurance Company, one of the chief offenders in the matter of fee cutting. The accounts show that the company is making such large profits in the usual course of its business that there is no excuse whatever for endeavouring to increase them at the expense of medical men. If they can get medical men to accept inadequate payments, the result in the long run will be less careful work than that on which the foundations of the companies' success have been built up.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—A quarterly Court of the Directors of the Society was held on April 13th at 11, Chandos Street, W., the President, Mr. Christopher Heath, being in the chair. One new member was elected and the deaths of 6 members reported. Two widows had become ineligible for further grants. Fresh applications for grants were read from 4 widows, and assistance was given to 3, the fourth not being eligible under the by-laws. Fifty-four widows, 14 children, and 4 orphans on the Copeland Fund applied for a renewal of their grants, and £1,319 was voted for distribution at the next Court. A legacy of £1,000 from the late Mrs. Du Pasquier was announced. The following gentlemen were nominated for election at the annual general meeting to fill the vacancies in the Court of Directors: Mr. Snell, Mr. Bell, Dr. Godson, Mr. May, Dr. James, Mr. Green, and Dr. West. The expenses of the quarter were £57 3s. 6d. It was decided to hold the annual at 5 p.m. on Wednesday, May 18th.

ASSOCIATION NOTICES.

NOTICE OF MEETINGS.

1904 ANNUAL GENERAL MEETING.

The Annual General Meeting of the British Medical Association will be held in the Examination Schools, Oxford, on Tuesday, July 26th, at 12 o'clock noon, and Wednesday, July 27th, at 2 p.m.

ANNUAL REPRESENTATIVE MEETING.

The Annual Representative Meeting will take place in the Examination Schools, Oxford, on Tuesday, July 26th, immediately after the Annual General Meeting which will be held at 12 noon; on Wednesday, July 27th, after the Annual General Meeting at 2 p.m., and on Thursday, July 28th, at 3.30 o'clock in the afternoon, if required; also at 2 o'clock in the afternoon on Friday, July 29th, if required.

By Order,

April 21st, 1904.

GUY ELLISTON, *General Secretary.*

REPRESENTATIVE MEETING AT OXFORD.

TUESDAY, JULY 26TH, 1904.

NOTICES OF MOTION

The following notices of motion have been given for discussion by the Annual Representative Meeting at the Annual Meeting of the Association to be held at Oxford, July 26th, 1904, and following days.

A.—Notices concerning alteration of the By-laws of the Association.

By the COUNCIL OF THE ASSOCIATION:

1. That By-law 2 be amended in the following respect—namely, that the words "one month" occurring in the last line but one thereof be deleted, and that the words "seven days (or such longer period as the Branch may by its rules prescribe)," be inserted in substitution therefore.
2. That By-law 10 be amended in the following respects, namely:
 - (A.) That so much of such said by-law as is contained in Section (a) thereof be deleted and no longer form part of such by-law.
 - (B.) That the words "At any time after January 1st, 1903," with which Section (b) of such by-law commences be deleted.
 - (C.) That Section (b) of such said by-law, as thus amended, be designated Section (a) thereof, and that Section (c) be designated Section (b).
3. That By-law 15 be amended by the addition of the following clause at the end thereof, namely: "For the purposes of this by-law, those named in the Annual List of Members, prepared in May in any year, as members of any Branch, shall be deemed to be members of the said Branch for the said year, and those elected by any Branch Council, whose membership dates from July 1st in any year, shall be deemed to be members of the said Branch for the ensuing half-year."
4. That By-law 20 be amended in the following respects, namely:
 - (A.) That so much of such said by-law as is contained in Sections (a) and (b) thereof be deleted and no longer form part of such said by-law.
 - (B.) That the letter (c) prefixing the third section of such said by-law and the words "After the first day of the annual meeting of 1903," with which the said section commences, be deleted and no longer form part of such said by-law.
 - (C.) That the words "elected by the members of the Association attached to the Royal Navy Medical Service, the Army Medical Service, and the Indian Medical Service respectively, in such manner as may be determined by the said services respectively, subject to the sanction of the Council," in Section (c) of such said by-law, be deleted, and that the following words, "and of one member of the Royal Navy Medical Service, one member of the Army Medical Service, and one member of the Indian Medical Service, annually appointed by the Council to represent the said services respectively on the Council," be inserted in substitution thereof, so that the by-law as thus amended shall read as follows:

"The Council shall be composed of the officers and ex-officers named as members of the Council, *ex-officio*, in Article XXXVIII of the foregoing regulations, together with the members duly elected or appointed by the Branches and other bodies authorized by the by-laws to elect or appoint members of the Council, and of one member of the Royal Navy Medical Service, one member of the Army Medical Service, and one member of the Indian Medical Service, annually appointed by the Council to represent the said services respectively on the Council, and of members annually co-opted by the Council in manner hereinafter provided."

- (5) That By-law 28 be amended in the following respect, namely: That after the words "Annual Election" occurring in the fifth line thereof, the following words be inserted and form part of such said by-law: "Or, in respect of election by a Branch, in such other manner as may be prescribed by the Rules of the said Branch," so that the by-law as thus amended shall read as follows:
- "Any casual vacancy occurring in the Council, not less than four months before the annual general meeting, may be filled up by any Branch or body the representation of which may have become vacant, and such election shall be conducted in the same manner as the annual election, or, in respect of election by a Branch, in such other manner as may be prescribed by the Rules of the said Branch. Any person so chosen shall retain his office so long as the member in respect of whom such casual vacancy may have occurred would have retained the same."
6. That By-law 32 be amended by the addition of the following clause at the end thereof, namely: "In addition to the above-mentioned report the Council shall have power to present to any Annual Representative Meeting such further report or reports as it may deem advisable, and the same shall be published in the JOURNAL if time permits."
7. That Section (3) of By-law 39 be amended in the following respect, namely: That the words "The public health service, the Poor-law medical service, and the vaccination service" be deleted, and that the words "public health and the Poor-law medical service" be inserted in substitution thereof.
8. That the following new by-law be made, and form one of the by-laws of the Association, namely: "In the month of May in each year a list of members of the Association shall be prepared and published showing the ordinary membership of each Division and Branch as shown by the register of members of the Association on April 30th of that year, and those named in the said list as members of any Division or Branch shall be deemed to be the ordinary members of such Division and Branch for the purpose of Article XXVII, and for the purposes of By-laws 7, 8, 21 and 22."
9. That the following new by-law be made and form one of the by-laws of the Association, namely: "The powers conferred under Article XXX upon any constituency to appoint a substitute in the place of a Representative unable or unwilling to attend a Representative Meeting, shall be exercised by such constituency in general meeting, or by some officer or member of the Division or Divisions composing the constituency who shall have been authorized by the rules of the said Division or Divisions, or shall by a resolution of the said constituency be authorized to exercise such powers."

That the officers of the Association be hereby authorized and instructed, in conference with the Solicitor of the Association, to determine the respective positions in which the new by-laws made this day by the Representative Meeting shall be placed among the existing by-laws, to number the said new by-laws accordingly, to make such alterations in the numbering of the existing by-laws as may be necessary, and to alter accordingly the numerical references contained in any of them.

By the WANDSWORTH DIVISION (Metropolitan Counties Branch):

By-law 22 of the British Medical Association:

The elective members of Council shall be elected by voting papers sent to each elector by post, the said voting papers containing the names of those candidates who have been nominated each by three electors in writing to the Secretary of the Branch, on or before an appointed day, of which not less than fourteen days' notice has been given in the JOURNAL.

Proposed (a) That the words "or by a Division" be inserted after the word "writing."

(b) Any Branch can require by its rules that a nomination, not by a Division, be signed by such number of members exceeding three as the Branch may deem expedient.

By the WALTHAMSTOW DIVISION (Metropolitan Counties Branch):

To amend By-law 18, substituting the word "twenty" for the words "a majority"—to read: "Voting shall be, as a rule, by show of hands, unless before such vote is taken twenty of those present determine that the vote shall be taken by card, in which case every Representative shall record as many votes as there are members in the constituency which he represents."

B.—Other Notices of Motion :**By BIRMINGHAM (CENTRAL) DIVISION (Birmingham Branch):**

That the representation of the medical profession in Parliament at the present time is inadequate, and in the interests of the public and profession alike should be improved, and that the Council be instructed to consider how this may best be effected.

By BRADFORD DIVISION (Yorkshire Branch):

That the Council be instructed to transfer annually from the central funds such amount as the Council shall deem expedient, having due regard to the expenditure necessary to carry out other objects of the Association, to a special fund to be designated "The Supplementary Grants Fund," and that out of such fund grants be made from time to time to such Divisions and of such amounts as the Council may think proper, having regard to the evidences of work done, and to the amount of local subscription for any purpose for which a supplementary grant may be given, the Council to be advised by the Organization Committee as to the distribution of the amount available.

By CARDIFF DIVISION (S. Wales and Monmouth. Branch):

That steps be taken by the British Medical Association to secure direct representation of the profession in the House of Commons.

By GATESHEAD DIVISION (North of England Branch):

(A.) That a prominent place shall be reserved in the *BRITISH MEDICAL JOURNAL* for notices from Divisions and Branches where disputes are taking place as to contract terms, etc., and from which districts it is advisable that decent members of the profession shall keep away. Each such notice shall be repeated, free of charge, until in the opinion of the Division or Branch in question the necessity for it has disappeared.

(B.) That the Council of the Association be instructed forthwith to take the steps necessary to obtain the alterations in the Memorandum of Association contained in the Birmingham resolutions, subject to such modifications as are required to harmonize them with the present articles, submitting the same for adoption by extraordinary general meeting in their amended form as a special resolution, before application to the High Court, if legally advised necessary.

By HAMPSHIRE DIVISION (Metropolitan Counties Branch):

1. That it is advisable that all Association Business Notices be withdrawn from the *JOURNAL* and be collected and published in the *SUPPLEMENT*, so that the *JOURNAL* be purely medical.
2. That it is advisable that the good idea of the Year Book be developed; that it should contain the names and addresses of all members, medical regulations, and other details of general interest to make it a real handbook of medical information.
3. That it is advisable that, having regard to the purity and reliability of the lymph supplied to the public vaccinators by the Local Government Board, every practitioner should be put on the same footing as public vaccinators in respect to the Government supply of vaccine lymph.

By PORTSMOUTH DIVISION (Southern Branch):

That in recording the votes of members of Divisions on matters to be referred to Representative Meetings the following plan should be adopted, namely: The number voting affirmative present; the number voting negative present; the number absent.

By STRATFORD DIVISION (Metropolitan Counties Branch):

- (A.) That to Clause 21 of the new Medical Acts Amendment Bill should be added the words, "and such registration shall confer the title of Dr."
- (B.) That this Division requests the Annual Representative Meeting of the British Medical Association to take into consideration the question of payment of medical practitioners for services rendered when required in midwives cases.
- (C.) That the Council of the British Medical Association be asked to consider what steps are advisable to increase the Association's membership, and that this resolution be submitted to the Annual Representative Meeting.

By WANDSWORTH DIVISION (Metropolitan Counties Branch):

- (A.) That it be referred to the Central Council to consider whether it would not be possible that all announcements of births, marriages, and deaths should be inserted free of charge for members of the Association and their immediate family; and also to charge members of this Association for advertisements at a much lower scale of fees than at present, in cases when these are of a private and non-commercial character and at the same time, by appending to all such some special sign, to indicate that the advertisements are those of members, and in their private capacity.
- (B.) That it be referred to the Central Council to consider whether it would not be an advantage to charge for the *BRITISH MEDICAL JOURNAL*, from the beginning of 1905, sevenpence a copy to all non-members of this Association. (75,000 copies are annually sold besides those sent to members).

(C.) In order to reduce the present misuse of Charity Trust Funds put at the disposal of hospitals, the constant necessity for hospital appeals, the indiscriminate issuing of "commends" for treatment, as also the consequent gradual reduction now taking place in the scope offered for practice to general practitioners through this largely increasing attendance of the laity at hospital out-patients' departments, hospital authorities should endeavour to make obligatory:

1. The presentation of a form signed by a medical practitioner.
2. That this form should be produced by all before they receive a second gratuitous visit or consultation, or apply for admission to the hospital for treatment.

(D.) That a copy of the above resolution be sent (by a deputation if possible) to the King Edward Hospital Fund Committee, as also to all hospital and other similar committees, together with a copy of a proposed form, and, after pointing out the necessity for same, a hope be expressed that they will use their influence to have it adopted, either alone or in conjunction with any subscriber's recommendation at present in use.

(E.) That the Central Council of the Association are hereby asked to carry out the above resolutions and to take into their consideration the desirability of offering to make donations towards the salaries of almoners properly trained, who could thus be expected, while safeguarding the expenditure of Charity Trust Funds, to indirectly aid the interests of the local general practitioners.

(F.) That in the opinion of this Representative Meeting, the time has come that the Central Council should take into its consideration the advisability of forming a Printing and Stationery Department of the Association, not necessarily at the head office, from which all necessary stationery, circulars, and general printing could be supplied and charged to the Branches and Divisions at a sum only sufficiently over cost price to cover working expenses.

(G.) That it is desirable that the Central Council draw the attention of the Medical Profession individually to the fact that by recommending by name certain drugs and certain preparations of those drugs, they are not only allowing themselves to be used indirectly as touts for wholesale druggists, but are also helping their patients to form, either in themselves or others, serious habits of drug abuse.

(H.) That with the view of checking the indiscriminate dispensing of dangerous drugs, the Central Council of this Association be requested to appoint a Committee to investigate the subject, either alone or in conjunction with the Pharmaceutical Society, and to report what steps they would recommend should be taken to remedy the present grave defect in the Law.

By the WIGAN and LEIGH DIVISIONS (Lancashire and Cheshire Branch):

That in the opinion of the Representative Meeting all medical practitioners are entitled to use the title "Dr."

GUY ELLISTON.
General Secretary.

BRANCH MEETINGS TO BE HELD.

BATH AND BRISTOL BRANCH.—The sixth ordinary meeting of the session will be held at the Museum, Bath, on Wednesday, April 27th, at 8 p.m., Dr. Barclay J. Baron, President in the chair, when an address will be given by Dr. Hale White, on Forms of Joint Disease met with in Medical Practice.—W. M. BEAUMONT, J. MICHELL CLARKE, Honorary Secretaries.

BATH AND BRISTOL BRANCH.—The Honorary Secretaries will be glad to receive nominations for two representatives of the Branch as members of the Central Council of the Association on or before May 13th. The by-law governing the election is as follows: "(22) The elective members of Council shall be elected by voting papers sent to each elector by post, the said voting papers containing the names of those candidates who have been nominated each by three electors, in writing, to the Secretary of the Branch, on or before an appointed day of which not less than fourteen days' notice has been given in the *JOURNAL*."—W. M. BEAUMONT, J. MICHELL CLARKE, Honorary Secretaries.

BATH AND BRISTOL BRANCH: TROWBRIDGE DIVISION.—The annual meeting of this Division will be held at the Town Hall, Trowbridge, on Wednesday, May 11th.—JOHN TUBB-THOMAS, The Halve, Trowbridge, Honorary Secretary.

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.

LANCASHIRE AND CHESHIRE BRANCH.—Notice is hereby given that nominations of Representative Members of Council for this Branch must be sent to me on or before May 1st.—T. ARTHUR HELME, M.D., 3, St. Peter's Square, Manchester, Honorary Secretary.

LANCASHIRE AND CHESHIRE BRANCH: ALTRINCHAM DIVISION.—The annual meeting of this Division will be held at Altrincham on May 18th. Mr. J. Smith Whitaker, the Medical Secretary of the Association, will deliver an address at 5.30 p.m. (other particulars will be announced hereafter). Members of other Divisions are cordially invited to attend. The meeting will be followed by a dinner (5s. each, exclusive of wine), which

will be open to all members who signify their intention to be present (enclosing postal order for 5s.) to the Honorary Secretary of the Division on or before May 14th.—T. W. H. GARSTANG, Edge Mount, Altrincham, Honorary Secretary.

LANCASHIRE AND CHESHIRE BRANCH: PRESTON DIVISION.—A meeting of this Division will be held on Thursday, April 28th, at the Town Hall, Preston, at 8.45 p.m. Agenda: Election of officers for ensuing year. Medical Acts Amendment Bill. See BRITISH MEDICAL JOURNAL, August 22nd, 1903. Main points of this Bill will be considered. Vaccination Fees.—The following questions will also be considered: Medical practitioners in connexion with hydropathic establishments. Should medical witnesses engaged on each side in legal cases meet in consultation? To discuss medical defence scheme as prepared by the Medical Defence Committee of the Association.—D. TURNBULL SMITH, 2, Fishergate Hill, Preston, Honorary Secretary.

LANCASHIRE AND CHESHIRE BRANCH: ROCHDALE DIVISION.—The annual meeting of this Division will be held at the Wellington Hotel, Drake Street, Rochdale, on Thursday, April 28th, at 8.30 p.m. Agenda: 1. Report of Executive Committee. 2. Election of officers. 3. Discussion on medical defence. 4. Matters referred to Divisions by Central Council: (a) Advertising of medical men in hydros; (b) consultation of medical witnesses on each side in legal cases.—A. B. MCMASTER, M.D., 174, Drake Street, Rochdale, Honorary Secretary.

METROPOLITAN COUNTIES BRANCH.—Notice is hereby given that nominations of Representative Members of Council for this Branch must be sent to me on or before May 6th. This notice should have appeared last week, but as fourteen days' notice is necessary, it is hoped that no objection will be taken to the above extension of time.—GEORGE ROWELL, 6, Cavendish Place, W., Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: CITY AND WALTHAMSTOW DIVISIONS.—A conjoint meeting of the City and Walthamstow Divisions will be held at the Hospital, Orford Road, Walthamstow, on Tuesday, April 26th, at 4 p.m. Dr. W. Hale White will read a paper on Forms of Joint Disease met with in Medical Practice. Members are entitled to introduce friends, and visitors are cordially invited to attend. City Division.—A preliminary meeting will be held at 3.30 p.m. Business: 1. 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." 2. 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." 3. The question of election of members of the Metropolitan Counties Branch to serve on the Central Council of the Association. The Walthamstow Division will meet at 3.30 p.m. to consider the question of medical defence referred by the Council of the Association.—E. W. GOODALL, M.D., the Eastern Hospital, Homerton, N.E., Honorary Secretary City Division; C. J. MORTON, 56, Orford Road, Walthamstow, Honorary Secretary Walthamstow Division.

METROPOLITAN COUNTIES BRANCH: WANDSWORTH DIVISION.—A meeting of this Division will be held at the Town Hall, Wandsworth, on Thursday, April 28th, at 8.45 p.m. Agenda: (1) Question from Central Council as to advertising by medical men attached to hydros. (2) Question referred by Central Council as to medical witnesses meeting in consultation before a trial. (3) Paper by Mr. Arthur E. Giles, F.R.C.S., on The Diagnostic Significance of Gynaecological Symptoms. (4) Other business.—E. ROWLAND FOTHERGILL, M.B., Torquay House, Southfields, S.W., Honorary Secretary.

MIDLAND BRANCH: LEICESTER DIVISION.—The annual meeting of this Division will be held on Wednesday, May 11th, at 4.30 p.m., at the Infirmary, Leicester. Agenda: The election of officers for 1904-5 and other business as put forth in circular sent to each member.—ASTLEY V. CLARKE, M.D., 37, London Road, Leicester, Honorary Secretary.

MIDLAND BRANCH: BOSTON DIVISION.—A meeting of the above Division will be held at Anderson's Hotel, Market Place, Boston, on Tuesday, April 26th, at 3.30 p.m. Agenda: 1. Medical Defence. 2. To consider Proposals from Medico-Ethical Committee. 3. Contract Practice. 4. Annual Meeting.—A. E. WILSON, Grove Street, Boston, Honorary Secretary.

NORTH OF ENGLAND BRANCH.—The spring meeting of this Branch will be held at Newcastle-on-Tyne on Tuesday, May 3rd. Full particulars will be given by circular. Members wishing to show cases or bring anything before the Branch are requested to communicate with the Honorary Secretary as early as possible.—ALFRED COX, Cotfield House, Gateshead, Honorary Secretary.

SOUTH-EASTERN BRANCH.—The annual meeting of this Branch will be held at Eastbourne on Wednesday, June 22nd. Mr. J. H. Ewart, President-elect. The following will be the agenda: 1. To elect the officers of the Branch. (This will be done by voting papers sent to each member of the Branch. Nominations by three members for the offices of President-elect, Vice-Presidents, and Secretary may be sent to the Honorary Secretary on or before Monday, May 16th.) 2. To receive the annual report of the Branch Council. 3. To consider the business of the annual Representative meeting. 4. To make new rules or alter or repeal existing rules. Dr. Larking gives notice that he will move, "That in the opinion of this meeting the present South-Eastern Branch should be divided into two Branches separated by a line running roughly between London and Hastings, and that the opinion of the Divisions concerned be obtained on the question." 5. To transact any business that may be transacted by an ordinary meeting. N.B.—Three members to represent the Branch on the Central Council will also be elected by voting papers. Nominations for these posts, each by three members in writing, may be sent to the Honorary Secretary of the Branch on or before Monday, May 16th.—T. JENNER VERRALL, 97, Montpelier Road, Brighton, Honorary Secretary.

SOUTH MIDLAND BRANCH: BEDFORD AND HERTFORDSHIRE DIVISION.—The annual meeting of this Division will be held at the County Hospital, Bedford, on Tuesday, May 3rd, at 3.30 p.m. Agenda:—Minutes of last annual meeting. Election of officers. Appointment of Ethical Committee. Matters referred to the Division by the Central Council: (1) Whether it is desirable that the medical witnesses engaged on each

side in legal cases should meet in consultation. (2) The question of the advertising of medical practitioners in connexion with hydropathic establishments. The Executive Committee ventures to draw the attention of members of the Division to the recently-issued Year Book of the Association for the year 1904, and in particular to pp. 42 and 43, dealing with the work and constitution of the Divisions. The Committee would urge upon members the importance of attending the meetings of the Division and taking part in the work devolving upon the Division as the executive and influential units of the Association, to which matters of great moment to every medical man may at any time be referred (by individual members or by the Central Council of the Association), and upon the vitality of which the successful working of the Association as a whole now so largely depends. The attendance of members of the Division is earnestly requested.—S. J. ROSS, 28, Mill Street, Bedford, Honorary Secretary.

STAFFORDSHIRE BRANCH.—A meeting of this Branch will be held at the Victoria Hotel, Wolverhampton, on Thursday, April 28th.—G. PETGRAVE JOHNSON, Stoke-on-Trent, Honorary Secretary.

STIRLING BRANCH.—The annual general meeting of this Branch will be held at the Royal Hotel, Stirling, on Monday, May 2nd, at 3.15 p.m. Agenda: 1. Election of office-bearers. 2. Report of Council. 3. Reference as to "whether it is advisable that the medical witnesses engaged on each side in legal cases should meet in consultation." 4. Reference as to "the question of the advertising of medical practitioners in connexion with hydropathic establishments." 5. Paper by Dr. J. G. Connal (Glasgow) on Purulent Discharge of the Middle Ear and its Complications.—J. E. MOORHOUSE, 1, Glebe Avenue, Stirling, Honorary Secretary.

SPECIAL CORRESPONDENCE.

MANCHESTER.

Extent of Physical Unfitness for Army Service.—Provision for Confirmed Inebriates in Lancashire.—Education of Deficient Children.

IN Manchester the percentage of applicants for the army and militia rejected in one year was something like forty-nine, which means that one out of every two Manchester youths who tried to enter the army failed to meet the modest requirements of the Government. Of 3,296 men, applicants for entry into the army and militia, 1,925 were examined medically, with the result that 889 were reported as physically unfit, and 816 were finally admitted into the militia and army. The martial ardour of 350 was cooled before they reached the medical examination room. Bad teeth was again a prominent cause of rejection. A good many were rejected owing to their failure to produce a written character from the last employer, a regulation recently introduced.

The Joint Reformatory of the Lancashire Inebriates' Board was opened on the 14th inst., by the Chairman, Sir John Hibbert. The Board was constituted in 1899 under the Inebriates Acts of 1879 and 1898. It is representative of the Lancashire County Council and all the county boroughs save Oldham, and consists of forty-four members. The reformatory is built near Whalley-on-the-Ribble and a short distance from Laugh Station. The site comprises 326 acres and cost £17,000. The building itself, situated between two and three hundred feet above sea-level on a beautiful plateau, cost £73,418. It contains twelve separate "homes," each with accommodation for ten persons. The provision at present is solely for women, of whom there are already over 100 from Lancashire in various reformatories outside the county. The inmates will be employed on farming and gardening work—namely, outdoor and open-air treatment. The possible period of detention for females committed by the county and county borough court justices is three years. The director and medical officer is Dr. F. A. Gill. The Chairman said that the Board has to deal with a population of 4½ millions of people, with a rateable value of £22,335,000. During last year, in Lancashire, 38,901 cases of drunkenness came under the care of the police, and amongst these were 229 cases eligible for treatment in reformatories. The want was far more urgent for women than for men; hence the Board had built for women first. A far from roseate view was given by Mr. Branthwaite, Home Office Inspector of Inebriate Homes. The first "lot" the Board would receive would be practically "irreformable." They had been drinking for fifteen, thirty, and even fifty years, and they could not be reformed in three. The Board, moreover, must work that stratum before they reached the "reformable" cases. Even when a case was not reformable that person should not be left in the street, for one drunkard at liberty soon made other drunkards.

In a report presented to the Education Committee Dr. Ashby gives the following details on the work done in the special schools for defective children from March, 1902, to the end of last year. It deals with 120 children between the ages

Throughout these towns and Ireland in general whooping-cough, as for several weeks past, was the principal zymotic cause of death. During the following week ending April 2nd, 527 births and 470 deaths were registered in six of the principal Irish towns, against 571 births and 474 deaths in the preceding period. The mean annual death-rate of these towns, which had been 25.8, 24.9, and 24.5 per 1,000 in the three preceding weeks, rose to 25.8 per 1,000 in the week under notice, this figure being 7.1 per 1,000 above the mean annual rate in the seventy-six English towns during the corresponding period. The figures ranged from 12.6 in Londonderry and 14.0 in Waterford to 35.5 in Limerick and 39.7 in Cork. The death-rate from the principal zymotic diseases during the same period and in the same six towns averaged 1.2 per 1,000, or 1.0 per 1,000 lower than during the preceding week, the highest figure, 2.8, being reached in Dublin, while Waterford and Londonderry registered no deaths under this heading at all. As in the preceding week, the zymotic death-rate was chiefly due to whooping-cough, though no deaths from it occurred except in Dublin, Belfast, and Cork. From measles 4 deaths occurred in Dublin and 1 in Belfast; from scarlet fever, 1 in Dublin, and from enteric, 2 in Dublin and 2 in Cork; from small-pox, typhus, diphtheria, and simple continued fever no deaths were registered at all; diarrhoeal diseases were accountable for 3 deaths altogether.

POWERS OF RELIEVING OFFICERS IN REFERENCE TO THE GRANTING OF ORDERS FOR MEDICAL ATTENDANCE.

SWEATED asks: (1) Whether a relieving officer has power to grant orders for midwifery cases and to recover the fee from the patient, and what chance he would have of enforcing payment; (2) whether anything can be done with a relieving officer who professes himself ready to give orders to any applicant, rich or poor, on the ground that he is thereby protecting himself from a possible charge of manslaughter.

*** (1) A relieving officer on granting an order for midwifery can give notice to the applicant that such order is granted on loan, and then, if authorized by the guardians, he can take legal measures to recover the cost of the same; but before obtaining a legal order for repayment of this it would be necessary for him to prove to the satisfaction of the magistrates before whom the case was brought that the defendant had the means to pay the claim made on him. (2) A relieving officer is bound to exercise a judicious discretion in granting or refusing orders for medical attendance, and under no circumstances ought he to grant an order except on the ground of poverty of the patient. Should he be so indiscreet as to provide medical attendance for any rich person at the expense of the ratepayers on the ground of protecting himself, the guardians, on such case being reported to them, ought at once to stop the practice.

FEE FOR REVACCINATION DISAPPROVED BY AUDITOR OF UNION.

PERPLEXED VACCINATOR writes to ask whether an auditor of union accounts can properly raise an objection to the vaccination of the inmate of a workhouse (which vaccination was done two years ago) on the ground that he (the auditor) could not see the necessity for the operation.

*** We are not aware of any regulation which enables an auditor of Poor-law accounts to object to payment for such a case of vaccination as is described by our correspondent. We are, moreover, quite at a loss to understand how this question crops up now two years after the event. The matter in dispute ought really to have been settled a long time back.

REMUNERATION OF POOR-LAW MEDICAL OFFICER'S DEPUTY.

Q. asks whether it is usual for the deputy of a Poor-law medical officer to act as such without fee, or whether the holder of the appointment is supposed to remunerate him.

*** Every Poor-law medical officer has, on appointment, or soon after, to nominate a deputy who will be prepared to provide medical attendance and medicine at the cost of such medical officer, whenever properly required to do so, in consequence of the incumbent's absence or illness.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

SECOND EXAMINATION FOR THE DEGREES OF B.M. AND B.CH. THE Board of the Faculty of Medicine gives notice that in and after Trinity Term, 1905, the whole of the regulations under the head IX. Forensic Medicine and Hygiene (see Examination Statutes, pp. 191-2) will be struck out and the following substituted for them—namely:

IX. Public Health and Forensic Medicine.

The examination shall consist of (1) a written paper of three hours, (2) a viva voce examination.

The subjects of the examination will be:

Part I. Public Health.

1. *Water*.—Sources of supply. Questions relating to (a) quantity, (b) quality, (c) storage, (d) distribution, (e) sources of pollution.
2. *Food*.—Diets in relation to age and occupation. Principles involved in estimating the sufficiency and wholesomeness of foods. Dangers due to specifically infective and toxic impurities.
3. *Air*.—The chemical and bacteriological examination of air with reference to its effects on health. Quantity and quality of air. Natural ventilation. Principles involved in artificial ventilation and warming of air.
4. *Soil*.—Principles involved in the physical, chemical, and bacteriological examination of soil with reference to its influence on health and to the presence of specific causes of disease. Ground and subsoil water.
5. *Dwellings*.—Sites and structure. Sanitary arrangements. The dwellings of the poor in towns and rural districts. The methods of the disposal of excreta in town and country.
6. *Hospitals and Schools*.—Principles involved in the construction of general, surgical, and isolation hospitals, and of schools.

7. *Disinfection*.—Ordinary methods of disinfecting rooms, clothing, bedding, and excreta.

8. *Vital Statistics*.—The elementary interpretation of statistical data relating to births and deaths. Effects of age, distribution, density of population, occupation, and infectious disease on mortality.

9. *Offensive and Dangerous Trades*.

10. *Sanitary Laws and Administration*.—A general knowledge will be required of the following: The law relating to the duties of medical officers of health; the relations of the medical officer of health to the general practitioner of medicine; general statutes and regulations relating to the notification and treatment of infectious disease, to the correction of nuisances generally and of insanitary conditions in houses; the law relating to vaccination.

11. *Infectious Disease*.—The prophylaxis against enteric fever, diphtheria, scarlet fever, and small-pox, and the methods to be adopted in preventing the spread of infectious disease.

Part II. Forensic Medicine.

1. The proceedings of legal tribunals with reference to medical evidence and the conduct of medico-legal investigations.

11. The subjects to which medical evidence relates, namely:—

1. *Life*.—Expectation of life. Life insurance. Identity of the living. Proofs of criminal violence. General nature of injuries.

2. *Death*.—Signs and modes of death. Time of death. Death from natural causes. Death by violence, accident, poisoning (including poisoning by gases), starvation, asphyxia.

3. *Birth and Reproduction*.—Conception and gestation, living and still birth, criminal abortion, impotence, sterility, violation, unnatural offences.

4. *Lunacy*.—The laws relating to lunacy.

UNIVERSITY OF LONDON.

LONDON SCHOOL OF TROPICAL MEDICINE.

OF the students of the above school who presented themselves for the examination at the end of the January-April Session, 1904, the following have passed: *Dr. Norah Lenwood; *Dr. A. L. Hoops, Colonial Office; *Dr. W. M. Eaton; *Dr. J. B. Cleland; *Dr. Olive McDougall; *Dr. K. McGahey, Colonial Service; Dr. J. Eldon; Dr. J. E. M. Brown, Colonial Service; Dr. M. E. Leicester; Dr. A. E. E. Twynam, Colonial Service; Dr. R. L. Rowe, Colonial Service; Dr. H. G. McKinney, Colonial Service; Dr. G. F. Whyte, Colonial Service; Dr. C. T. Costello, Colonial Service; Dr. C. W. Somerville.

*With distinction.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on April 14th, Mr. John Tweedy, President, in the chair.

Jacksonian Prize.

This prize for the year 1903 was awarded to Mr. Stephen Mayou, F.R.C.S., the subject having been "The Various Forms of Conjunctivitis, their Pathology, and Treatment." The subject selected for the year 1905 is "The Pathology and Treatment of Deformities of the Long Bones, due to disease occurring during and after adolescence."

College Triennial Prize.

This was awarded to Mr. Rupert Bucknall for the dissertation on "The Pathological Conditions arising from the Imperfect Closure of the Visceral Clefts."

First Year of Curriculum.

A report was adopted from the Conjoint Committee appointed to consider the regulations relating to the first professional examination and to the course of study during the first year of the curriculum. The details of this will be made public at a future date.

Elections.

Mr. W. H. A. Jacobson was elected an Examiner in Dental Surgery, in the vacancy caused by the resignation of Mr. Henry Morris. Mr. Edward Ward, Professor of Surgery in the Yorkshire College, Leeds, was elected a Fellow, he being a member of twenty years' standing.

Vacancies on the Court of Examiners.

Two vacancies will be filled on May 12th. Applications are to be sent in before May 4th. One of the two above vacancies is that of Mr. H. P. Gould, who is a candidate for re-election.

Unqualified Practice.

The following letter was read from the Irish Branch of the British Dental Association calling attention to the judgement in "O'Duffy v. Jaffe, Surgeon Dentists, Limited," and asking the College to instruct its Representative on the General Medical Council to support action on the part of that body towards petitioning the Privy Council to initiate the legislation necessary to obviate the evils disclosed.

The following is the text of the letter in question:

"We venture to draw your attention (as one of the Medical Licensing Corporations of the United Kingdom) to the decision of the Court of King's Bench (Ireland) in the case of 'O'Duffy v. Jaffe,' herewith enclosed. The action was taken under the 'Dentists Act of 1878,' but the judgement of the Court demonstrates the total inadequacy of existing laws to protect the public from unqualified practice, under misleading titles, of medicine, surgery, or dentistry; inasmuch as any individual can place himself outside the penal operation of the Medical or Dental Acts by the simple expedient of forming a joint stock company, the Court holding that the Act, as worded, applies to a 'natural person' only, and not to a 'company.' Furthermore, it appears that the title assumed by such company on its formation becomes its 'own proper name,' and there seems to be no legal means of restraining the assumption of any title (however misleading to the public), whether it be 'Stiles, Doctors of Medicine,' 'Noaks, Physicians, and Surgeons,' or 'Jaffe, Surgeon Dentists, Limited.'"

"In the judgement the Court consents to the view that 'the general intention of the Legislature in regard to the protection of the public has been frustrated,' and is unanimously of opinion that the phrasing of the Act does not enable it to 'reach the mischief,' and suggests that 'the Legislature can, if it think fit, pass a Statute specially directed against it. We would therefore respectfully ask you to instruct your representative on the General Medical Council to support action on the part of that body towards petitioning the Privy Council to initiate the necessary legislation.'"

This request was acceded to.

UNIVERSITY OF ABERDEEN.

The following candidates have passed examinations as under:

First Professional Examination for the Degree of M.B., Ch.B.—E. E. Allaway, J. Anderson, D. W. Bruce, A. L. E. Coleman, W. Y. Davidson, T. Donaldson, N. A. Duncan, J. W. Littlejohn, W. T. Mackintosh, D. J. McKinnon, J. M. Mathieson, H. Middleton, S. Piarrona, W. R. Stephen, A. Stewart, W. L. Stewart.

Part of First Professional Examination.—W. S. Argus, G. Davidson, J. Geddes, H. Hargreaves, J. B. McAllan, W. G. McDonald, Elizabeth M'Hardy, Elizabeth M. M'Laggan, A. J. Shinnie, A. B. Traill, M. J. Williamson, C. C. Wood.

Diploma in Public Health.—E. J. Bruce, M.B., Ch.B. Aberd., J. Macdonald, M.B., C. M. Edin., G. Mitchell, M.B., Ch.B., Aberd., W. R. Pirie, M.B., Ch.B. Aberd., C. A. Surjong, M.A., M.B., Ch.B., Aberd., A. Watt, M.B., Ch.B. Aberd.

University Gold Medals in the Faculty of Medicine have been awarded as follows: Fife Jamieson Memorial Medal in Anatomy and Lizar Medal in Anatomy, W. A. H. McKerrrow; Keith Medal in Systematic and Clinical Surgery, William Low; Shepherd Medal in Systematic and Practical Surgery and Dr. James Anderson Medal and Prize in Clinical Medicine, James Clark.

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.

BRADFORD ROYAL INFIRMARY.—Dispensary Surgeon, resident. Salary, £100 per annum.

BRIGHTON, HOVE, AND SUSSEX THROAT AND EAR HOSPITAL.—(1) Honorary Consulting Surgeon. (2) Honorary Surgeon.

BRIGHTON: ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN.—House-Surgeon. Salary, £80 per annum.

BRIGHTON: SUSSEX COUNTY HOSPITAL.—Pathologist. Salary about £300 per annum, and fees.

CHELSEA HOSPITAL FOR WOMEN, Fulham Road.—Clinical Assistant.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark.—(1) House-Physician, (2) House-Surgeon. Both resident. Salary, £80 per annum.

FABRINGTON GENERAL DISPENSARY, 17, Bartlett's Buildings, E.C.—Honorary Physician.

HALIFAX: ROYAL HALIFAX INFIRMARY.—Third House-Surgeon, resident. Salary, £200 per annum.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Medical Registrar. Honorarium, 50 guineas a year.

LEICESTER INFIRMARY.—House-Physician, resident. Salary, £100 per annum.

LIVERPOOL: MILL ROAD INFIRMARY.—Assistant Medical Officer; resident. Salary, £120 per annum.

LIVERPOOL STANLEY HOSPITAL.—Second House-Surgeon: resident. Salary, £80 per annum.

MARGARET STREET HOSPITAL FOR CONSUMPTION, ETC., W.—Assistant Physician.

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

NORWICH: NORFOLK AND NORWICH HOSPITAL.—House-Physician; resident. Salary, £80 per annum.

NOTTINGHAM GENERAL HOSPITAL.—Assistant House-Surgeon, resident. Salary, £100 per annum.

OXFORD: RADCLIFFE INFIRMARY.—Surgeon.

PADDINGTON GREEN CHILDREN'S HOSPITAL, W.—(1) House-Physician; (2) House-Surgeon. Both resident. Salaries at the rate of £50 per annum each.

ROYAL LONDON OPHTHALMIC HOSPITAL, City Road.—(1) Third House Surgeon; resident. Salary, £50 per annum. (2) Refraction Assistant. Salary, £25 per annum.

SAMARITAN FREE HOSPITAL FOR WOMEN, Marylebone Road, N.W.—Clinical Assistants.

ST. HELENS COUNTY BOROUGH.—Medical Officer of Health. Salary, £450 per annum, rising to £525.

SEAMEN'S HOSPITAL SOCIETY, Greenwich.—(1) House-Physician, resident. Salary, £85 per annum. (2) Junior Resident Medical Officer. Salary £40 per annum.

YORK DISPENSARY.—Resident Medical Officer. Salary, £120 per annum.

WESTMINSTER GENERAL DISPENSARY.—Resident Medical Officer. Salary, £120 per annum.

APPOINTMENTS.

ADAM, James Wilson, M.B., C.M. Glasg., Physician to Aberdeen Dispensary, *vice* Wm. Findlay, M.D., M.A., deceased.

BROOKES, F. W., M.B.C.S., L.S.A., District Medical Officer of the Parish of Lambeth.

CASBERG, A. E., M.B., B.C. Cantab., Certifying Factory Surgeon for the Bruton District, County Somerset.

COWIE, James M., M.D., M.Ch., D.P.H., Medical Officer of Health and Public Analyst for the County Borough of Burton-upon-Trent, *vice* Harold Coates, M.D., resigned.

HATG, A. N., M.B., Ch.B. Aberd., District Medical Officer of the Skipton Union.

KIRWAN, James St. L., M.B., B.Ch., B.U.I., Resident Medical Superintendent of the Ballinasloe District Lunatic Asylum.

LARKIN, F. G., L.R.C.P. Edin., M.R.C.S. Eng., Medical Officer of the Grove Park Workhouse of the Greenwich Union.

LOYD, William, F.R.C.S., Surgeon in charge of the Nose, Ear, and Throat Department, St. Pancras and Great Northern Dispensary, W.C.

MOYD, D. B., M.A., M.B. Aberd., Visiting Surgeon to the Hull and Sculcoates Dispensary.

MOORE, A. H., L.R.C.P. and S., District Medical Officer of the Towcester Union.

PAGE, H. M., M.D. Brux., M.R.C.S. Eng., D.P.H., Medical Officer of Health for the Borough of Yeovil.

PENREATH, C. H. R., B.A., M.B., B.C. Cantab., Resident Medical Superintendent of the Government Sanatorium for Consumption, Cambridge, New Zealand.

PRITCHARD, W. L., M.B., C.M. Edin., Certifying Factory Surgeon for the Brynmawr District, County Brecon.

STORRS, E. G., M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health for the Overton Rural District.

WALL, Cecil, M.A., M.D. Oxon., M.R.C.P. Lond., Honorary Physician to the Poplar Hospital, *vice* Lewis Smith, M.D. Lond., M.R.C.P. Lond., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 11, Chandos Street, Cavendish Square, W. 8.30 p.m.—Dr. W. J. Tyson: Some Points in the Prevention and Early Treatment of Disease. Dr. S. Sunderland and Mr. H. J. Curtis: A Case of Tuberculous Periphallitis, with unusual features.

TUESDAY.

Royal Medical and Chirurgical Society, 20, Hanover Square, W. 8.30 p.m.—Dr. Noel D. Bardwell and Mr. John E. Chapman: The Economic Value of the Sanatorium Treatment for the Working Classes, based upon after-histories.

THURSDAY.

Dermatological Society of Great Britain and Ireland, 20, Hanover Square, W. 4.30 p.m.

SATURDAY.

Sanitary Institute, Parkes Museum, Margaret Street, W. 11.30, a.m., Discussion on Food and Meat Inspection, to be opened by Colonel J. Lane Nottter, R.A.M.C., and Mr. W. Hunting.

POST-GRADUATE COURSES AND LECTURES.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C.—Demonstrations will be given at 4 p.m. as follows: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Ear. Lectures will be delivered at 5.15 p.m. as follows: Monday, Gall Stones and their Surgical Treatment; Tuesday, Personal Hygiene; Thursday, The Principles of abdominal Diagnosis.

North-East London Post-Graduate College, Tottenham Hospital, N., Wednesday, 4.30 p.m.—Demonstration of Cases of Ophthalmic Interest.

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.

MARRIAGES.

ANDERSON—ENTWISLE.—On March 4th, at Wellington, New Zealand, Dr. John William Anderson, of Wanganui, only son of the late John William Anderson, of Christchurch, to Ada Ellen Woodall Entwisle, eldest daughter of the late William and Ellen Shuttleworth, of Pressbury Hall, and widow of George Ernest Entwisle, Solicitor, of Manchester.

ROBINSON—HENDERSON.—At St. Mary's Waterloo, Liverpool, on April 14th, by the Rev. S. J. Sykes, M.A., Vicar, assisted by the Rev. S. E. Oymott, M.A., Vicar of St. Bridget's, Wavertree, Liverpool, George Burton Robinson, M.B., M.R.C.S., to Anne Savile, youngest daughter of the late William Gavin Henderson, Liverpool Union Bank, and of Mrs. Henderson, 15, Beach Lawn, Waverley, Liverpool.

DEATHS.

CHAMBERS.—On April 13th, at his residence, The Lodge, Buckhurst Hill, Essex, and formerly of 249, Hackney Road, John Chambers, M.B.C.S., L.S.A., in his 90th year. Friends please accept this (the only) intimation.

HEPBURN.—On April 13th, at Coxhoe, co. Durham, William Alexander Hepburn, M.D., F.F.P.S.G., aged 56.

KENNEDY.—On April 15th, suddenly, at 113, Balaam Street, Plaistow, E., Angus Edmund Blydesteyn, the only son of Angus E. and Margaret Kennedy, aged 3 months.

MORICE.—At Greyouth, New Zealand, on February 20th, 1904, Charles Lloyd Morice, M.B.C.S., L.S.A., aged 70.

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 *Articulate, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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

EDITOR, 2631, 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.

M. asks to be recommended a good preventive for midge bites.

PERM asks for advice in the treatment of a corn on the foot, which has been more or less suppurating for two or three months. The patient is a lady aged 50, otherwise in good health.

"LOCUM TENENS" WORK IN IRISH DISPENSARIES.

IRISHMAN, writing on the subject of Irish dispensing practice, (1) expresses the opinion that in most cases 3 guineas should be enough for a locum tenens if the latter gets the benefit of private practice, and asks the following questions: (2) if the doctor on sick or other leave gets the benefit of the private practice, why should he not himself pay the locum tenens something in addition; (3) who pays for the keep of the locum tenens? (4) is it right for the guardians to pay for a locum tenens for looking after private practice, as he "takes it that 5 guineas covers the whole work?"

** (1) We suggest that "Irishman" should study the Report upon the whole question of Poor-Law practice in Ireland published as a SUPPLEMENT to the BRITISH MEDICAL JOURNAL of March 26th. (2) As there is little or no paying private practice in the majority of Irish Poor-law practices, no one "gets the benefit" of it. (3) The locum tenens pays for his own keep. (4) The guardians do not pay any one for private practice, which, as far as payment is concerned, is practically non-existent in most Poor-law districts.