

open it, either actively or passively. The health and comfort of the patient had also considerably benefitted by the operation.

The patient was instructed to exercise the muscles actively as far as she could by contracting them regularly and systematically for a few minutes several times a day. This she could do moderately well as regards the masseter and some of the infra-mandibular muscles. In this way, with the help of massage, etc., it was considered that in course of time, failing some more radical treatment, some movement of the mandible might be obtained.

On December 20th I requested Dr. Lee to give his opinion on the case, and he kindly made a short statement of his views, as follows:

"As far as can be ascertained from the account your patient is able to give of herself, she had two attacks of 'convulsions,' which are the usual cause of infantile paralysis. The right leg was chiefly affected, and as there is now a difference in length of nearly an inch between the right and left leg, and the right foot is partially paralysed, there is no doubt of the nature of the nervous lesion that occurred. So far as can be ascertained there was no paralysis of the muscles of the arm, and as the right hand has always been used freely, and preferably to the left, it may be concluded that the lesion which caused the paralysis of the right leg was below the cervical region of the spinal cord. The singular feature of your case, however, is the difference between the two sides of the face, and the paralysis that apparently has affected the muscles which are supplied by the seventh nerve. The same conditions as are presented in the right lower limb seem to be present on the right side of the face. As the sense of hearing on that side is perfect, and the sense of touch, we must conclude that the auditory branch of the seventh nerve, and the facial branches of the fifth nerve have not suffered. It would be well to ascertain if you can whether the two attacks of convulsions followed very closely on one another, for it appears as if one, and probably the first, was the cause of the paralysis of the leg, while the second may have been a central cerebral lesion affecting the seventh nerve and causing the facial paralysis which has made your case one of great interest. It is probable that by gentle and continued treatment greater movement of the lower jaw may be obtained.

"It occurs to me that possibly the action of the muscles of the left side have been the chief cause of the jaws remaining closed for so many years. From a dental point of view the accurate diagnosis of such a case is important, as of course the prospects of improvement are far greater in your case than if there had been spastic paralysis and strong muscular tension had been exerted on the jaw.

(Signed)

"ROBERT LEE."

I have since ascertained that the two attacks of convulsions occurred within a week, though I have been unable to ascertain whether the leg was first affected or not.

The physical treatment mentioned by Dr. Lee was already being practised, and there are indications that the movement of the jaw may slowly increase.

## MEMORANDA:

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

#### APPENDICULAR COLIC.

On August 26th, 1903, I was consulted at my house by a youth, E. H., aged 19, with reference to a pain in his side, felt for the first time five days before; since then it had kept "coming and going," being sometimes very severe. On being asked where the pain was he placed his finger exactly over McBurney's point after feeling about in the neighbourhood for a few seconds. There was no history of anterior appendicitis, but I at once sent him home to bed.

*State on Examination.*—On the following day I found his temperature and pulse normal, but a distinct tenderness over the above-mentioned spot, the resonance being tympanitic and a gurgle produced on pressure. There was no enlargement of the spleen, nor could I detect any constitutional disturbance. During the following week I treated the condition by the administration of carminatives, the pain being sometimes absent for a day and sometimes for two days, but returning on the third day. As he did not desire to remain in bed, and, as the temperature and pulse still continued normal, he was allowed to go about the house. This state of affairs continued for two more weeks without any

rise in temperature or alteration in pulse; but towards the end of this period the attacks became very severe, the pain being excruciating and producing almost a state of collapse; otherwise there was no alteration in the local condition. He was now kept in bed, copious soap-and-water enemata being given, 5-minim doses of nupenthe every four hours, together with carminatives. This treatment was continued without effect until the following Friday, there still being no elevation of temperature or alteration in pulse. Although there were no apparent constitutional effects being produced except during the attacks of "colic," it became evident that something surgical would have to be done in order to relieve the condition and enable him to follow his occupation. After explaining matters I therefore removed the appendix the following morning. His convalescence was a little protracted owing to the development of a tricuspid murmur, which latter, however, disappeared with extra rest in bed; except for this he made an excellent recovery, as one would naturally have expected, there being no adhesions, and the operation, therefore, a comparatively simple one.

**REMARKS.**—On cutting open the excised appendix a dark-brown, semi-solid, foul-smelling substance oozed out. In the interior were found two or three small pockets containing a similar substance with faecal odour, and separated from each other by distinct constrictions free from such contents. Two things struck me at once, namely, the risk which would have existed if operative interference had not been undertaken, and the uselessness of medical treatment in such a condition. Had the doses of opium been large the only symptom would probably have been masked, and a pericaecal abscess, or maybe fatal peritonitis, have followed.

I think the lessons to be learned from this case are obvious and worthy of remembrance.

Cardiff.

W. HESKETH EVANS, M.D.

#### SPORADIC CRETINISM.

CRETINISM being uncommon in England, the following account of what I believed to have been a sporadic case may be of interest:

*History.*—The patient had the following history: She was not a "bright" infant, and was 8 months old before she appeared to take an interest in her surroundings. It was longer than usual before she could hold up her head when she was nursed; she did not begin to crawl until she was 15 months old, was 3 years of age before she could stand, and only began to walk at 3½ years. The "head openings" closed early; the first teeth came at 2 years of age, and dentition was not complete at 4½ years. She began to protrude her tongue as an infant, but there was no unusual dribbling. The child did not "crow or talk" like other babies, and could only say a few words at the time of her death and could not make a connected sentence. The appetite was usually good but not abnormal; she was a "clean and good child." She did not play as other children, but latterly developed powers of mimicry and wanted to do what other children and people did.

*State on Examination.*—When I first examined her she was 4 years old, was unable to talk, and could only walk slowly and imperfectly. She was puffy, fat, of ashy-yellow colour, had a coarse skin, a swollen abdomen, and was of stunted growth. The head was larger than normal, that is, it was expanded at the sides, and flattened at the top and somewhat "bumpy"; the forehead was broad, the eyes wide apart, the nose flattened and broad, indeed the face appeared flattened; the lips were swollen, the tongue large and nearly always protruded, the palate was high-arched; the thyroid was deficient, and there were well-marked supraclavicular swellings. She was mentally "slow," sometimes easily amused, not passionate, generally "good." She was languid and apathetic; she could understand and be interested in many things which delight other children of the same age, but everything seemed too much trouble to her. Her muscular power was feeble, but the palmar reflex, as shown by tickling, was apparently normal.

*Progress.*—The child was put under thyroid treatment, and she improved considerably; whether due to the drug or not, she certainly gained in mental and physical vigour; she walked better, used more words, made herself better understood, took interest not only in childish, but other things among her surroundings. The treatment, however, was intermitted. When I next saw her she was suffering from purpura, to which she succumbed.

I made the diagnosis of cretinism because the child had none of the deformities or degenerative stigmata so common in idiocy, such as asymmetry of head or body, squint, nystagmus, or look of vacancy; her ears were perfect, there was no fissure, no supernumerary ear, or Darwinian tubercle. On the other hand, she had the broad, flattened head, the wide-set eyes, the flattened nose, the abnormal-sized tongue, the high-arched palate, the late dentition, walking and speaking of the cretin, as well as the elastic lumps between the sterno-mastoid muscles and the clavicles. A further point in the diagnosis was the improvement, both mentally and physically, which followed the administration of thyroid. The skull was by no means microcephalic; it was modified in shape, expanded at the sides, and flattened at the top, but "bumpy"—that is to say, owing to a precocious union of the bones, the growing brain had a tendency to cause a compensa-

tory expansion of the thin parietal and frontal bones. Britowe says children are born cretins, or with that peculiar coalescence of the bones at the base of the skull which necessitates the gradual development of cretinism in childhood. In connexion with this, Virchow points out the close proximity of the base of the skull and the thyroid body in the fetus, that arrest of development in one organ might, also, mean an arrest of development in the other.

WILLIAM TIBBLES, L.R.C.P., M.R.C.S., L.S.A.  
Nottingham.

#### ACUTE OR PERNICIOUS BERI-BERI.

IN 1891 I had experience of a case of beri-beri of a similar acute type to that described by Dr. A. Jubb, in the *BRITISH MEDICAL JOURNAL*, April 9th, 1904. The patient was one of a party of Chinese firemen, (shipped, I believe, at Shanghai), men picked to work out a ship from England. At Aceh, Sumatra, about a fortnight's sail from Shanghai, the patient was brought to me with a history of a few day's pains and weakness in his feet and legs, and previous good health. He was a well-built young adult, somewhat anaemic and languid, with some flattening of plantar arches and tenderness of soft parts of feet and legs.

There was no oedema, no ankle clonus could be elicited, and no knee-jerks. Fever, cramps, paresis, and finally paralysis of limbs and lower trunk muscles supervened and the patient died at Port Said after about three weeks' illness, from respiratory and cardiac paralysis. There was much wasting of leg and arm muscles; the phrenic and vagus nerves were markedly affected, but there were no trophic bladder or rectal disturbances. No necropsy was allowed.

I have seen other cases, but never such a rapid one as this, which compares with that quoted by Dr. Jubb. It was associated with overcrowding and the heat of August in the China seas. The isolation of the patient in a well ventilated part of the ship is indicated.

Plymouth.

F. G. BUSHNELL.

#### LOCAL TREATMENT OF SPECIFIC CUTANEOUS ULCERS.

HAVING seen some striking cases of clearing up of ocular inflammations following subconjunctival injections of mercury cyanide I think it may be interesting to draw attention to a method of treating syphilitic ulcers of the skin, which invariably healed them in a few weeks, even when they had been treated in vain with iodoform treatment for months or years.

The method consists in first dabbing the ulcer with a lotion of mercury perchloride (2 gr. ad. 3j) and then applying a dressing of silver nitrate (5 to 10 gr. ad. 3j). Although I never tested the part played by the latter there is little doubt that the principle of the treatment is the local attack on the morbid agent by the mercurial salt. Mercury must have been freely administered internally in many of the cases treated with iodoform, but apparently without effect. In this connexion it is necessary to warn the military surgeon that among soldiers invalided from the tropics there are many cases of a solitary large ulcer just above the ankle. These disappear with marvellous rapidity when hot boracic fomentations are constantly applied, and are evidently not of specific origin, although commonly assumed to be so. Where I learned the above-described method of treating the specific ulcer I cannot remember, but must have read it in some textbook when a student.

M. KELLY, Major, R.A.M.C. (Retired).  
Wiesbaden, Germany.

#### HYDATID CYST IN THE ABDOMINAL WALL.

J. D., a male, aged 25, was admitted into the Lincoln County Hospital, under the care of Dr. W. H. B. Brook, to whom I am indebted for permission to record the case.

In the anterior abdominal wall, above and to the left of the umbilicus, was a circular, flattened, and rather nodulated swelling, about  $3\frac{1}{2}$  in. in diameter. The swelling was adherent to the skin over it, which was red, and at one place had given way to allow a little sero-purulent discharge to escape. The patient had only noticed the swelling for a month, during which time it had gradually increased in size. He stated that he rather avoided green vegetables than otherwise, and had no special association with dogs.

I incised the swelling and evacuated pus from a multi-locular cyst situated in front of and to certain extent embedded in the muscular wall of the abdomen. From one loculus a piece of hydatid membrane with the typical laminated struc-

ture was removed, but no scolices or hooklets could be found in the pus. Between the loculi were thick worm-eaten septa, and upon these Mr. Targett (for the Clinical Research Association) reported:

A number of giant cells resembling those of tubercle are present, but as no bacilli can be found, they are probably phagocytes, such as are likely to be present in a suppurating focus.

The abscess cavities were swabbed out with pure carbolic, and sutures inserted and tied in a few days.

W. P. GOWLAND, M.B., B.S. Lond., M.R.C.S.,  
Late House Surgeon, Lincoln County Hospital.  
Lincoln.

## REPORTS

ON

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

#### KIDDERMINSTER INFIRMARY AND CHILDREN'S HOSPITAL.

SUPRAPUBIC PROSTATECTOMY IN A MAN, AGED 84 YEARS.

(By Mr. J. LIONEL STRETTON, Senior Surgeon to the Infirmary.)

M.B., within a month of his 84th birthday, was admitted on September 21st, 1904, suffering from complete retention of urine which had existed for forty-eight hours.

*History and State on Admission.*—He was a well-nourished intelligent old man and had suffered from symptoms of prostatic obstruction for several years. A catheter was passed and two and a-half pints of fetid urine drawn off. This had a specific gravity of 1020 and contained a trace of albumen and pus.

Per rectum, the prostate was felt to be considerably enlarged. He continued in a very miserable condition, constantly wet from dribbling urine and requiring regular catheterism. As diet, medicine, and antiseptic treatment of the bladder failed to relieve him he consented to operation.

*Operation.*—October 3rd. Under ether a suprapubic incision was made into the bladder. On introducing the finger the left lobe was felt to be considerably larger than the right. A snip was made, with a pair of scissors, through the mucous membrane covering its most prominent part and through this the finger was able to separate both the lobes and shell them out. The separation of the deeper portions was much facilitated by the finger of an assistant in the rectum. The bleeding, which was not excessive was easily controlled by hot water irrigation. A large soft rubber drainage tube was fixed in the bladder. A considerable thickness of fat over the abdomen increased the difficulty of the operation, but in spite of this it did not occupy more than a quarter of an-hour. The gland removed weighed  $3\frac{1}{2}$  oz.

*Result.*—There was nothing remarkable in the after-history of the case. The tube was removed on the second day; he was up and dressed on the ninth day. He passed water naturally for the first time on the thirty-ninth day, and was discharged cured on November 25th. He then had complete control and was able to empty his bladder.

**REMARKS.**—This case appears to be worthy of record because, so far as I can ascertain, he is the oldest patient who has had the operation performed upon him, and the result was entirely satisfactory. Dr. W. Miles of Bewdley, who sent him to me, reports that he died from "decay" in the middle of January without suffering any recurrence of his bladder trouble. The operation is exceedingly simple, and the rapidity with which it can be performed is a most important factor in old and feeble people. Elaborate details which would increase its length are therefore to be avoided. When the miserable condition of such patients is considered, the pain they suffer, how they lie in a cesspool of fetid urine which sooner or later will lead to excoriation and bed-sores, to say nothing of the nuisance they must be to those who are obliged to attend to them, an operation which will entirely remove their distressing symptoms must be a welcome blessing; and, even if they only live for a short time afterwards, that time must be infinitely more pleasant both to them and their friends.

[Since writing the above I notice that Mr. Freyer has successfully operated on a man aged 84.]

The King of Spain recently presided at the ceremony of the reception of Dr. Huerte as a member of the Royal Academy of Medicine of Madrid.

**BEQUESTS.**—Under the will of the late Mr. Edward Hulton, newspaper proprietor, of Manchester, the Manchester Children's Hospital, Pendlebury, and the St. Mary's Hospital and Dispensary for Diseases of Women and Children, Manchester, are to receive the sum of £1,000 each.

method adopted by a committee in the City for feeding and clothing poor children, with the view of aiding the School Board in securing the more regular attendance of the children at school.

Miss FRANCES ZANETTI, Inspector of the Chorlton Union, Manchester, read a paper on The Protection afforded to Children by existing Poor-laws, and the necessity for further Legislation. The amendment of the Infant Life Protection Act was also urgently needed, in order to bring under inspection every case in which children were received or maintained, apart from their parents, for hire or reward.

Mrs. INGLIS, one of the Directors of the Edinburgh Committee, read a paper on The National Society for the Prevention of Cruelty to Children—Scottish Branch—and its Relation to the Home, the Law, and the State. Prevention was its aim. Its object was to find out and check the beginnings of evil that worked for cruelty and neglect. Home life was respected by the Society; parental control was strengthened, not weakened.

Dr. CLOUSTON spoke on the medical and scientific side of cruelty to and neglect of children. Continued excess in the use of alcohol weakened the moral faculty, and thus suspended and paralysed the great faculty of the love of offspring. He moved:

That, in the opinion of this Congress, measures be taken to obtain an amendment to the present Inebriates Act to the effect that "if continued neglect of children by a parent or guardian through intemperance be proved, such parent or guardian may on conviction be committed to a home for inebriates."

Mr. HECTOR MUNRO FERGUSON seconded, and the motion was adopted.

The PRESIDENT afterwards proposed the following two motions:

That, in the opinion of this Congress, a State children's council should be appointed by Government, either as a separate department or as an extension of the Education Department, with powers for the promotion and control of all measures relating to children, with a special view to the codification and amending of existing Acts. Also for the promotion of any further measures in Parliament that may be found necessary for the good of the nation through the children, who constitute the asset on which the future of the State depends.

That, in the opinion of this Congress, a committee be appointed to frame a Bill to consolidate and amend the existing law relating to children, and to provide for juvenile courts and a probation law, and conferring on such courts jurisdiction over all cases in which children are concerned, and that this committee do all in their power to insure that meantime all such cases be tried at a different time or in a different place to adults, and that children be kept apart from adults before, at, and after trial.

Mrs. INGLIS seconded the first motion, which was supported by Mr. JOHN MACDONALD, W.S., and adopted.

Mr. R. W. RENTON, Procurator-Fiscal of Midlothian, seconded the second motion, which was supported by Dr. CAVERHILL, and also adopted.

(To be continued.)

## MEDICAL NEWS.

THE late Mr. Alderman J. S. Bartrum, of Bath, has bequeathed £250 to the British Medical Benevolent Fund.

PROFESSOR CLIFFORD ALLBUTT will present the prizes to the London (Royal Free Hospital) School of Medicine for Women on Thursday, June 23rd, at 4 p.m.

THE annual meeting of the State Children's Association will be held on Tuesday next at 13, Carlton House Terrace. The chair will be taken by the Earl of Crewe at 4 p.m.

THE King has selected Wednesday, July 6th, as the day on which he will lay the foundation stone of the new out-patient department of St. Bartholomew's Hospital. The ceremony will take place at 12.30 p.m.

THEIR Royal Highnesses the Prince and Princess of Wales have consented to open, on June 25th, the new sanatorium and convalescent home near Camberley which is to work in connexion with the Brompton Hospital for Consumption.

MR. WILLIAM FAIRBANK, Surgeon to His Majesty's Household at Windsor Castle, and Surgeon-in-Ordinary to their Royal Highnesses Prince and Princess Christian, has been appointed a magistrate for the county of Berks.

A SPECIAL general meeting of the Association of Public Vaccinators of England and Wales will be held at the Queen's Hotel, Leeds, on July 8th, at 4 p.m., to be followed at 7 p.m. by a dinner. Further particulars will be found in our advertising columns.

DR. D. HARVEY ATTFIELD, Director and Principal Medical Officer of the Suez Quarantine Office, has received the King's Licence to accept and wear the Imperial Ottoman Order of the Osmanieh, Fourth Class, conferred upon him by the Khedive.

At a recent meeting of the Health Committee it was unanimously resolved that an honorarium of £30, together with an expression of thanks, should be offered to Mr. John Holt Marsh, Medical Officer of Health for Macclesfield, in acknowledgement of the great services rendered by him last year in connexion with an outbreak of small-pox.

PROFESSOR ALFRED HEGAR of Breslau, who is now in his 75th year, will at his own wish resign his chair on October 1st. In recognition of his great services as a teacher and practitioner of obstetrics and gynaecology, the distinction of Privy Councillor of the First Class, with the title of Excellency, will be conferred upon him.

A FRENCH COMMITTEE OF MILITARY HYGIENE.—The President of the French Republic has signed a decree constituting a Superior Committee of Military Hygiene and Epidemiology. The Committee consists of Professor Brouardel (Chairman) and Drs. Bouchard, Cornil, E. Roux, Chantemesse, Chauffard, Kelsch, Claudot, Deldre, Catteau, Vaillard, and Kermorgant.

THE annual meeting of the Poor-law Medical Officers' Association of England and Wales will take place on Tuesday, June 28th, at the Trocadero, Regent Street, W., at 6.30 p.m. At 7.30 the members and their guests will dine together, Dr. Farquharson, M.P., the President, being in the chair. Among the guests are expected to be present Dr. Hutchinson, M.P., Dr. Copeman, F.R.S., the Hon. Claude Hay, M.P., and Surgeon-General Evatt, C.B. Any Poor-law medical officer wishing to be present is requested to communicate with the Honorary Secretary, Dr. Major Greenwood, 9, Cophall Avenue, London Wall, E.C.

THE new Nurses' Home in connexion with the North Staffordshire Infirmary was formally opened at the end of last month. Its foundation met at first with a good deal of opposition, but the view was successfully urged that the interests of patients demanded that they should be tended by healthy and happy nurses of the best class, and that to secure these fresh accommodation was essential. The appeal made was finally so successful that the home has been started free from debt, and with something in hand by way of endowment. The movement was initiated by Mr. W. H. Folker, who, commencing as its house-surgeon, has now been connected with the infirmary over fifty years.

CHELSEA CLINICAL SOCIETY.—The seventh annual dinner of the Chelsea Clinical Society was held at the Criterion Restaurant, Piccadilly Circus, on June 9th, with the President of the Society, Dr. Vincent Dickinson, in the chair. After the usual loyal toasts had been duly honoured, the Chairman proposed the toast of "The Chelsea Clinical Society." He said that for the first time in the history of the Society their Honorary Treasurer, Dr. Cooper, was able to report that there was a credit balance. This was due to the increase in the number of members, and that increase he ascribed to the success which had attended the debates of the Society, especially the annual clinical debate. He then referred to the fact that one of the large medical journals had been compelled through want of space to forego printing the usual short accounts of their debates. But he was glad to be able to report that one of the monthly medical journals would in future publish a report of their proceedings, and the Council had appointed Dr. Foster Palmer as Editorial Secretary, for the purpose of preparing such reports. Sir Isambard Owen responded to this toast, and explained how the pressure of his work had prevented him from attending as often as he had wished at the meetings of the Society. The toast of "The Visitors" was entrusted to Dr. J. B. Ball, and this was replied to by the Mayor of Chelsea and by the Rev. Dr. Collison. Mr. Noble Smith proposed the toast of "The President and Officers of the Society," which was suitably acknowledged by the Chairman, who concluded his remarks by proposing the health of Dr. Foster Palmer, the newly-appointed Editorial Secretary, who in his reply said that he hoped that the reports would prove of value for those members of the Society who were unable to attend the meetings. One of the pleasant features of the evening was the musical entertainment contributed by the Rev. Dr. Collison and other amateurs.

recommended that three puppies should be split up and applied hot to the diseased surface. The arm got well in spite of the treatment. Within the last few months Dr. Rorie came across a boy suffering from enuresis to whom was being administered thrice daily a tablespoonful of liquor in which a mouse had been boiled. Another method is to roast the mouse after decapitation, and reduce it to powder. A sovran thing for the prevention of cramp is a piece of sulphur sewn in a garter and worn round the leg. Dr. Rorie has seen a portion of sulphur candle left by a sanitary inspector used for this purpose—a curious victory of superstition over science. Black slugs “masked in a teapot with water and salt supply an oil which makes an excellent application for rheumatism.” White slugs placed in a flannel jelly bag with a handful of salt furnish an oil which is given to consumptives. The bedding and clothes of a patient who has died of consumption are burnt, but it is a popular belief that the infection cannot be conveyed from a younger to an older person. The specific for whooping cough is “change of air,” but this term is sometimes apt to be interpreted in a startling sense. Dr. Rorie tells of a father who took his young child down a pit and held it for ten minutes in a strong draught in an air course, with the result that it died in two days of pneumonia. The idea of getting rid of disease by transference to another lies at the bottom of a good deal of folk medicine. This belief, it is well known, often leads to criminal assaults on young children. Dr. Rorie lately saw a case in which a nursemaid had deliberately infected a child with the object of curing herself of impetigo contagiosa. A relic of the belief in demoniacal possession is found in the fear which prevents many sufferers from eating lest they may feed the disease. “He’s burst himself,” explains all skin eruptions, from “plocks” to pemphigus. The usual cause of a “burst” is a chill following sweating, but it may also be the consequence of a “rash drink o’ water.” Boils are looked upon as a sign of rude health, and the presence of pediculi on the head is regarded as a proof that a child is strong. A woman has been known to collect these parasites and transplant them to the head of a sickly child in the fond belief that they would give it strength.

In a communication presented not long ago to the Société Médico-Chirurgicale de Brabant, Dr. Dubois-Havenith, the well-known dermatologist of Brussels, pointed out that Voltaire had partly anticipated the crusade undertaken by the Ligue Internationale pour la Prophylaxie de la Syphilis. In his short story *L’homme aux quarante Ecus* there is a chapter devoted to the subject. From the description of the disease it is evident that in his day it was of a type the reverse of mild. Mercurial treatment was employed with a vigour unknown nowadays; the two pretty cousins of the man with forty crowns got rid of the affection at the cost of heads swollen like balloons during six weeks, the loss of half their teeth, and great enlargement of the tongue, only to die of lung disease. The diffusion of syphilis is shown by the fact that when two Christian armies of 30,000 men take the field against each other it can safely be wagered that 20,000 on each side have syphilis. The only way to lessen the ravages of the scourge is said to be that all the kings of Europe should band themselves together in a new crusade against syphilis. “It would be much more reasonable to unite to fight the common enemy of the human race, than to be continually watching for a favourable opportunity of laying waste territory and covering the fields with dead, in order to rob one’s neighbour of two or three towns and a few villages.”

The Warren Triennial Prize of the value of £100, in the gift of the Massachusetts General Hospital, has just been awarded to Dr. Max Borst, Extraordinary Professor of Pathological Anatomy in the University of Wurzburg, for a dissertation entitled *Neue Experimente zur Frage der Regenerationsfähigkeit des Gehirns*, in which the regeneration of medullated nerve fibres in the central nervous system after injury is demonstrated. The prize was founded by the late Dr. J. Mason Warren in memory of his father. His will provides that the accumulated interest of the fund shall be awarded every three years for the best dissertation on some subject in physiology, surgery, or pathological anatomy. The number of essays received was larger than on any previous occasion; they came from widely-distant parts of Europe as well as from America.

Messrs. Longmans, Green, and Co. have in the press a *Textbook of Medical Practice* edited by Dr. William Bain.

## British Medical Association.

### SEVENTY-SECOND ANNUAL MEETING AT OXFORD.

#### SPECIAL RAILWAY ARRANGEMENTS.

To members and their friends attending the annual meeting at Oxford the railway companies of the United Kingdom will grant return tickets, on payment at the time of booking, at a single fare and a quarter. To secure this concession each passenger must produce a special voucher, and these may be obtained on application to the General Secretary, 429, Strand, London, W.C. The reduced fares will be available from July 22nd to August 2nd, both dates inclusive.

Members attending the annual meeting, but staying at places outside Oxford, may, on production of cards of membership, obtain return tickets at a single fare and a quarter (minimum charge 1s.), from Oxford to any station not more than fifty miles distant to which through bookings are in operation; these tickets will be available to return on the same or following day. Members availing themselves of this privilege should use the original return ticket for the first journey to and the last journey from Oxford. The member’s ticket which is obtained at the Reception Room, when registering attendance, will enable members to get the reduced fares from Oxford to places within the fifty-mile radius for any intermediate journeyings.

## 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 6th day of July next, at 2 o’clock in the afternoon.

June, 1904.

GUY ELLISTON, *General Secretary*.

### ELECTION OF MEMBERS.

ANY candidate for election should forward his application upon a form, which will be furnished by the General Secretary of the Association, 429, Strand. Applications for membership should be sent to the General Secretary not less than thirty-five days prior to the date of a meeting of the Council.

### LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are fitted up for the accommodation of the members in commodious apartments, at the office of the Association, 429, Strand. The rooms are open from 10 a.m. to 5 p.m. Members can have their letters addressed to them at the office.

GUY ELLISTON, *General Secretary*.

### BRANCH MEETINGS TO BE HELD.

**BATH AND BRISTOL BRANCH: BATH DIVISION.**—The annual meeting of this Division will be held at the Royal United Hospital, Bath, on Monday, June 20th, at 6.15 p.m., Mr. R. J. H. Scott in the chair, for the purpose of electing officers, members of the Branch Council (there are five vacancies), and for such other business as may be done at an annual meeting.—W. M. BEAUMONT, 4, Gay Street, Bath, Honorary Secretary.

**BATH AND BRISTOL BRANCH: BATH AND TROWBRIDGE DIVISIONS.**—A meeting of these Divisions will be held at the Royal United Hospital, Bath, on Monday, June 20th, at 6 p.m., for the purpose of appointing a Representative of the Divisions in Representative meetings of the Association.—W. M. BEAUMONT, Bath, J. TUBB THOMAS, Trowbridge, Honorary Secretaries.

**BIRMINGHAM BRANCH: COVENTRY AND TAMWORTH AND NUNEATON DIVISIONS.**—The joint annual meeting of these Divisions will be held at the Coventry and Warwickshire Hospital on Wednesday, June 23rd, at 3 p.m. Agenda: 1. Election of a Representative for the Annual Representative Meeting. 2. Instructions to be given to such Representative on the matters arising at the Representative Meeting. (These matters are fully set out in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of May 7th; members will probably find it a convenience to bring that SUPPLEMENT with them.)—F. L. HARMAN BROWN, Clive House, Warwick Road, Coventry, Honorary Secretary.

**BIRMINGHAM BRANCH: DUDLEY DIVISION.**—The annual meeting of this Division will be held in the Town Hall, Dudley, on Thursday, June 30th, at 3 p.m.—M. A. MESSITER, Cappoly, Dudley, Honorary Secretary.

**BIRMINGHAM BRANCH: WEST BROMWICH DIVISION.**—The annual meeting of this Division will be held in the Board Room of the West Bromwich District Hospital on Wednesday, June 29th, at 4 p.m. Business: To elect officers. 1. Two Representatives on Branch Council. 2. Ordinary members of Executive Committee. 3. Representative in Representative Meetings of the Association. To receive report from Executive Committee. To consider the business of Annual Representative meeting. To consider memorandum from Exeter Division. Other business.—H. B. W. PLUMMER, 54, Birmingham Road, West Bromwich, Honorary Secretary.

**BORDER COUNTIES BRANCH.**—The annual meeting of this Branch will be held on Thursday, June 30th, in the County Hotel, Carlisle, at 3 p.m. Business: 1. Reports of election of new officers. 2. Election of six members of Council. 3. President's address.—FRANCIS R. HILL, 62, Warwick Road, Carlisle, Honorary Secretary.

**BORDER COUNTIES BRANCH: SCOTTISH DIVISION.**—A meeting of this Division will be held at Stranraer on Saturday, June 18th, at 5.45 p.m.—GEORGE R. LIVINGSTONE, Honorary Secretary, 47, Castle Street, Dumfries, N.B.

**CAMBRIDGE AND HUNTINGDON BRANCH.**—The annual meeting of this Branch will be held at Cambridge on Thursday, June 30th. Members desiring to make communications should write to the Honorary Secretary as soon as possible.—F. E. APTHORPE WEBB, 25, Newmarket Road, Cambridge, Honorary Secretary.

**EAST ANGLIAN BRANCH.**—The annual meeting of this Branch will be held at the Royal Hotel, Lowestoft, on Thursday, June 23rd. Agenda:—11.30 a.m.: Meeting of Council at the Royal Hotel. 12 noon: General meeting at the Royal Hotel. (1) Minutes of last meeting. (2) Report of the Council. (3) Report of elected officers for 1904-5. (4) The following resolution will be proposed by Dr. Edgar Barnes: "That any certificate of inability to attend school required by the education authorities should be paid for by such authority, and that the East Anglian Branch be requested to take steps to confer with the education authorities on the question." (5) W. K. Hatch, F.R.C.S. (Norwich) will read a paper on a case of Ectopion Vesicae treated by Implanting the Ureters into the Rectum. (6) H. H. Brown, M.D., F.R.C.S. (Ipswich) will show a specimen of Hair Ball removed from the stomach of a child, with notes. 1 p.m.: Luncheon at the Royal Hotel by the kind invitation of the President-elect (Mr. H. B. Walker), and members of the Branch in Lowestoft. 2.30 p.m.: Resumed general meeting. (7) Introduction of Mr. H. B. Walker as President of the Branch; thanks to the retiring president. (8) Opening remarks by the President, Mr. H. B. Walker: vote of thanks to Mr. Walker. (9) Miss L. Garrett Anderson, M.D., will read notes on a case of Uterus Bicornis with Haematometra of one Horn. (10) W. W. Sinclair, M.D. (Ipswich) will show specimens and read notes on (a) a curious Accident to an Eye; (b) a case in which a large Foreign Body was Successfully Removed from the Interior of the Eyeball by means of the Electro-magnet. (11) Mr. A. E. Lyster (Great Baddow) will read a paper on the Open air Treatment of Tuberculosis, with notes of 11 cases treated in a new shelter. (12) Mr. A. Y. Fringle (Ipswich) will read notes and show a specimen case of Chronic Obstruction of the Bowel. 4 to 5 p.m.: Afternoon tea, by kind invitation of the President and members in Lowestoft, to which ladies are invited. Surgical instruments will be shown by Messrs. Down; drugs, etc., by Burroughs, Wellcome, and Co.; books by Saunders and Co., etc.—B. H. NICHOLSON, Colchester; H. A. BALANCE, Norwich; J. GUTCH, Ipswich, Honorary Secretaries.

**EDINBURGH BRANCH.**—The annual meeting of this Branch will be held in the Hall of the Royal College of Physicians (No. 9, Queen Street) on Friday, June 24th, at 4.15 p.m. Business: Election of office-bearers, etc.—NORMAN WALKER, A. LOGAN TURNER, Edinburgh, Honorary Secretaries.

**LANCASHIRE AND CHESHIRE BRANCH.**—Preliminary notice. The annual meeting of this Branch will be held in Blackburn on the afternoon of Thursday, June 30th. The Honorary Secretary will be pleased to hear from any member desirous of reading papers, etc.—T. ARTHUR HELME, 3, St. Peter's Square, Manchester, Honorary Secretary.

**LANCASHIRE AND CHESHIRE BRANCH: MANCHESTER AND LIVERPOOL DIVISIONS.**—Oxford Meeting: Arrangements are being made to have a special car attached to a train leaving London Road for Oxford on Monday, July 25th. Members desirous of joining the party will help by sending their names to Dr. Bagley, 229, Clowes Street, Manchester, S.E., before July 1st, stating whether morning or afternoon will suit them best, and which route they prefer. The Great Central is the quickest, leaving London Road at 10 a.m., 12.30 p.m., and 2.15 p.m.; the Great Western, 12 noon, and 2.10 p.m.

**LANCASHIRE AND CHESHIRE BRANCH: ROCHDALE DIVISION.**—A joint meeting of the Bury and Rochdale Divisions will be held at the Dispensary, Knowsley Street, Bury, on Thursday, June 23rd, at 4.15 p.m. Business: 1. The election of Joint Representative for the Annual Representative Meetings. 2. Consideration of notices of motions to be discussed at the annual meeting. 3. Consideration of the revised draft of Medical Act Amendment Bill as published in the SUPPLEMENT of the BRITISH MEDICAL JOURNAL of May 28th.—W. C. BURNS, M.B., A. B. MCMASTER, M.D., Joint Honorary Secretaries.

**LEINSTER BRANCH: DUBLIN DIVISION.**—The annual general meeting of this Division will be held in the Royal College of Physicians at 5 p.m. on Wednesday, June 22nd.—L. G. GUNN, M.D., 43, Fitzwilliam Square, Honorary Secretary and Treasurer.

**METROPOLITAN COUNTIES BRANCH.**—The annual meeting of this Branch will be held at the Hotel Cecil on Tuesday, June 28th, at 6 p.m. The annual dinner (8s. 6d., exclusive of wine) will follow the meeting at 7.15 for 7.30 p.m., Dr. H. Radcliffe Crocker, President, in the chair.—G. ROWELL, 6, Cavendish Place, W.; F. J. SMITH, M.D., 138, Harley Street, W., Honorary Secretaries.

**METROPOLITAN COUNTIES BRANCH: RICHMOND DIVISION.**—The annual meeting of this Division will be held at the Greyhound Hotel, Richmond, on Wednesday, June 22nd, at 8.45 p.m. Agenda: 1. To elect officers, the Representatives of the Division on the Branch Council, and the members of the Executive Committee. 2. To elect the Representatives of the Division in Representative Meetings of the Association. 3. To receive the annual report of the Executive Committee. 4. To consider the business of the Annual Representative Meeting.—J. R. JOHNSON, 3, Ellerker Gate, Richmond, Honorary Secretary.

**NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH.**—The annual meeting of this Branch will take place at the County Hotel, Ulverston, on June 29th, at 3 p.m. There will also be a joint meeting of the Furness and Kendal Divisions to elect their Representative. Members willing to show cases, specimens, etc., are requested to communicate as soon as possible with the Honorary Secretary, A. S. BARLING, High Street, Lancaster.

**NORTH WALES AND SHROPSHIRE BRANCH.**—The annual meeting will be held at Shrewsbury on or about the 7th day of July. Members having papers to read or cases to communicate are requested to notify either of the Secretaries on or before June 25th.—W. JONES MORRIS, Portmadoc; H. JONES ROBERTS, Penygroes; H. H. B. MACLEOD, Clive House, Shrewsbury, Honorary Secretaries.

**SOUTH-EASTERN BRANCH.**—The sixtieth annual meeting of this Branch will be held at Grand Hotel, Eastbourne, on Wednesday, June 22nd, at 2.15 p.m. Mr. J. H. Ewart (President-elect) kindly invites members to lunch at the hotel from 1 to 2 p.m. Agenda: In addition to the business of an ordinary meeting. 1. To receive the report of the election of new officers, who shall thereupon take office. 2. To receive the report of the Council on the affairs of the Branch and the annual financial statements. 3. To make new rules or alter or repeal existing rules (if so desired). 4. 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. After the meeting drives will be arranged to Beachy Head and Pevensey Castle. Dinner at the hotel at 6.45 p.m., charge 6s. 6d. (wine will be provided by the local members). Those who propose to be present at lunch or dinner are requested to signify their intention to Dr. Merry, 2, Chiswick Place, Eastbourne, not later than Monday, June 20th.—T. JENNER VERRALL, 97, Montpelier Road, Brighton, Honorary Secretary.

**SOUTH-EASTERN BRANCH: CANTERBURY DIVISION.**—The annual meeting of this Division will be held at the Kent and Canterbury Hospital, on Thursday, June 23rd, at 4 p.m., Dr. Goparty in the chair. Agenda: 1. To read minutes of the last meeting. 2. Election of officers. (a) Chairman; (b) Vice-Chairman; (c) Representative on Branch Council; (d) Honorary Secretary and Treasurer; (e) Executive Committee (additional member). 3. To consider a communication from Dr. Gosse. 4. To consider the proposed resolutions and other business for the forthcoming Representative Meeting at Oxford (*vide SUPPLEMENT*, May 7th, 1904). 5. To consider existing rules and discuss whether any alterations are necessary. 6. To consider a communication from the Exeter Division of the South-Western Branch. 7. Any other business. 8. Possibly an address by Mr. Smith Whitaker, Medical Secretary of the British Medical Association.—A. R. HENCHLEY, 1, London Road, Canterbury, Honorary Divisional Secretary.

**SOUTHERN BRANCH.**—The annual meeting of this Branch will be held at the South Western Hotel, Southampton, on Thursday, July 7th. The President kindly invites the members to luncheon at the hotel at 1 p.m.; the general meeting will be held at 2 p.m. The following resolutions will be moved from the chair:—(1) That each candidate for election to the Association by the Council of the Southern Branch (excepting officers of the army, or navy, or Indian Medical Service on the Active List) shall furnish a certificate from two members of the Association, to whom he is personally known. (2) That a donation of 5 guineas be made to the Epsom College. N.B.—This donation will entitle the Branch to vote at the next election of pensioners and foundation scholars. Members desirous of reading papers are requested to forward the titles to the Honorary Secretary at once. An address will be delivered by Mr. J. F. Bullar, M.B., President. After the address visits will be paid to places of interest in the town and neighbourhood. Tea will be served at the hotel from 4.30 to 6. Members intending to be present at luncheon are requested to communicate with Dr. Wade, 28, Carlton Crescent, Southampton, not later than July 6th.—H. J. MANNING, Laverstock House, Salisbury, Honorary Secretary and Treasurer.

**SOUTH-WESTERN BRANCH.**—The annual meeting of this Branch will be held on Tuesday, June 21st, at the Public Hall, Paignton, at 3 p.m., when Dr. Thompson will resign the chair to Dr. J. Alexander, who will deliver his inaugural address. The report of the Branch Council and annual financial statement for the year 1903-4 will be presented to the meeting, and the officers of the Branch be elected for the year 1904-5. The Branch Council will submit to the meeting for approval a code of rules to regulate procedure in ethical matters, and will propose the following alterations in Rule 15, Sections C and D: Section C to read—Exhibition of Clinical Cases, Section D to read—Reading of Papers. Luncheon, by kind invitation of the President-elect, will take place from 1 p.m. to 2.30 p.m., at the Public Hall. After the meeting a garden party will be held at the Queen's Park, when the President and Mrs. Alexander will receive members and their wives. The annual dinner will be held at the Public Hall at 6.45 p.m. Tickets (exclusive of wine), 6s. 6d.; after which a short play by amateurs will be given. All members who wish to stay over the next day have leave to play golf on the Churston Links by the kind consent of the Committee of the Churston Golf Club. All members attending the meeting will be honorary members of the Paignton Club by kind con-



sent of the committee. The Esplanade and Gerston Hotels afford good accommodation for members wishing to stay the night.—G. YOUNG EAMES, 1, Matlock Terrace, Torquay, Honorary Secretary.

**ULSTER BRANCH.**—The annual meeting of this Branch will be held in Belfast on Wednesday July 20th. Any member having any communication to make or any business to bring before the meeting should kindly inform me on or before July 12th. Nominations for the offices of President, Representatives on the Council of the Association (two when combined with Connaught Branch), Honorary Treasurer, and Honorary Secretary should reach me not later than June 30th.—WILLIAM CALWELL, M.D., 1, College Square North, Belfast, Honorary Secretary.

**WEST SOMERSET BRANCH.**—The annual meeting of this Branch will be held at the Crown Hotel, South Petherton, on Tuesday, June 28th, at 7.30 p.m., under the presidency of Mr. A. W. Sinclair. Agenda: Minutes of last meeting. Annual report of Council. Treasurer's report. Election of President-elect. Election of other officers. Election of Ethical Committee. Ethical case: Report of Committee on case recently before them. Resolution: The following will be proposed: "That members of the Council attending ordinary meeting of the Council at Taunton shall receive their second-class return railway fare." President's address on Neurasthenia. Luncheon will be served at the Crown Hotel at 1.30 p.m.—W. B. WANKWORTH, Sussex Lodge, Taunton, Honorary Secretary.

**WORCESTERSHIRE AND HEREFORDSHIRE BRANCH.**—The annual meeting of this Branch will be held at the Infirmary, Hereford, on Friday, June 24th, at 4 p.m. Business: To elect officers for the ensuing year. Dr. Fitzsimons: President's Address—The Influence of Hospital Isolation upon Scarlet Fever in Hereford. A discussion will take place on the question of the Association undertaking medical defence. Mr. Edgar Morris: Notes of some recent operations for Appendicitis. Dr. Paul Chapman: Demonstration on the Administration of Chloroform by Dubois's Method.—GEORGE W. CROWE, 43, Foregate Street, Worcester, Honorary Secretary.

**WORCESTERSHIRE AND HEREFORDSHIRE BRANCH: HEREFORD DIVISION.**—The annual meeting of this Division will be held in the Board Room of the Herefordshire General Hospital, Hereford, at 3 p.m. on Friday, June 24th.—HERBERT JONES, Bankside, Hereford, Honorary Secretary.

**YORKSHIRE BRANCH.**—Preliminary Notice.—The annual meeting of this Branch will be held at Leeds on Wednesday, June 22nd. Members wishing to read papers or show cases or specimens are requested to communicate with the Honorary Secretary as soon as possible. Annual dinner at 6.30.—ADOLPH BRONNER, 33, Manor Row, Bradford, Honorary Secretary.

## SPECIAL CORRESPONDENCE.

### MANCHESTER.

*Greater Manchester.—Cost of Epileptic Homes.—Physical Degeneration in Prussia.—Largest Reservoir for Water Supply in the Country.—Post-graduate Courses.*

WITH the passing into law of the Manchester Corporation Bill, which is now in sight, a very considerable increase will be made in the size of the city. With the incorporation of the large Withington district and the smaller but even more closely-related and densely-populated area of Moss Side the area of Manchester will be about 19,000 acres, an increase of nearly 30 per cent. The population will be increased by about 60,000, and the rateable value by nearly £400,000. Manchester itself was incorporated in 1838, when its area was 4,293 acres. A gradual process of absorption has gone on, and township after township has been taken in, and now there is a real "Greater Manchester." Immediately after incorporation (in 1841) the population was 242,983. In 1871 it was 351,489. In 1881, by additional absorption, it reached 462,303; while in 1904 the population of Greater Manchester, it is calculated, will reach 604,000.

Epileptic homes are being erected at Langho, near Clitheroe, by the Chorlton and Manchester Joint Asylum Committee at a cost of £78,500. Of this sum Manchester's contribution will be £41,210. The Local Government Board must first give sanction for an application to borrow this sum. It is suggested that of the amount required by Manchester £30,343 should be repaid in thirty years, and the other £10,687 in fifteen years.

Manchester is deeply interested in the question, now so acutely discussed, regarding physical deterioration. An extremely important communication has been made to the subject by Mr. T. C. Horsfall, who takes so deep and practical an interest in the housing problem. From Mr. Horsfall's communication we gather that in 1824 the attention of the Prussian Minister of State was called to the fact that the work in mills was seriously affecting the physique of the population, and a few years later General von Horn reported to the King of Prussia that the inhabitants of the manufacturing

districts could not supply their due proportion of soldiers to the army. This led to factory legislation and a series of efforts to improve the condition of the people in the manufacturing districts and those in the poorer quarters of the towns. At a meeting held last month, the Secretary of State, Count Posadowsky, when calling attention to the urgent need for getting rid of the causes of tuberculosis stated the striking and indeed appalling fact that in 1902 of the young men who in Berlin reached the age at which they ought to serve in the army only 33 per cent. were physically fit for service, while in the German empire, as a whole, 57 per cent. of the men of that age were unfit for service. In Germany a very complete system of weighing and measuring the growing youths is in operation, and this system makes it possible to discover the shortcomings, and in most cases to indicate the remedy. In 1877, it was found from statistics collected by the Prussian Statistical Bureau that out of 17,246 young men who were entitled by education or other satisfactory circumstance to spend only one year with the colours, only 20 per cent. were fit for service, while of ordinary recruits who belonged to less well-to-do classes and whose health had not been injured by excessive study, 50 to 55 per cent. were fit for service. The immediate effect was a reform in the curriculum of the secondary schools. In the Kriegsschulen at the present time great attention is given to daily outdoor physical exercises, and timely daily pauses for recreation are sandwiched between the hours of study. "The future will belong to the nation which keeps itself most able to resist disease, and therefore to resist its foes. He, therefore, who struggles to maintain life and health for the masses, struggles also for the strength and the future of his Fatherland."

Not long ago Manchester acquired a great open park—Heaton Park—which is situated some distance beyond the city boundary. The General Powers Bill promoted by the Corporation provides for the construction of an extensive reservoir in Heaton Park. The storage and service reservoir will be one of the largest in the country. It will take several years to complete it, at a cost estimated at £1,215,000. It will hold 500,000,000 to 600,000,000 gallons, or about eighteen days' supply for the city and the extensive area of surrounding townships which are supplied by the Manchester Water Department. A storage system is necessary to meet contingencies under which the supply from Thirlmere might have to be temporarily cut off. A considerable area of low-lying land in the park has been selected for the site of this new artificial lake, which will be over half a mile long and about one-third of a mile broad. There are at present reservoirs at Prestwich, but they only contain 41,000,000 gallons.

For many years Owens College offered courses of post-graduate instruction in various branches of applied medicine, then followed a few years when no courses were given. This summer post-graduate courses have been resumed, a wide choice of subjects being offered. Some are carried on at the College and others at the Royal Infirmary, or institutions devoted to special branches of medicine. Each course consists of six meetings, and deals with a limited range of selected subjects.

**SANATORIUM FOR NEWCASTLE AND NORTHUMBERLAND.**—The Newcastle and Northumberland branch of the National Association for the Prevention of Consumption is at length, after many difficulties, in a position to commence the building of the sanatorium which it was proposed to found in commemoration of the Coronation of His Majesty. The public meeting for giving effect to the project had to be postponed in consequence of the King's serious illness two years ago, and the arrangements for the postponed meeting had to be modified at the last moment. The selection of a site was rendered more difficult in consequence of the exaggerated fear of infection which prevented the committee from obtaining sites which seemed suitable. A site, has, however, now been obtained in the North Tyne district, about three miles from Barrasford Station. The sanatorium is planned for 100 patients, and the estimated amount wherewith to build, equip, and endow was £50,000. Between £12,000 and £13,000 has been actually received, and the committee propose, therefore, to commence building. The administrative block will be made capable of serving the full number of patients, but provision for only half—fifty patients—will be made at first. A site, liberally offered by Lord Armstrong, the president of the branch, on his estate could not be utilized because of the absence of an adequate water supply.

## MEDICAL ETIQUETTE.

Z. Y. X.—A. disposes of his practice to B., giving several months' introduction. On hearing the rumour that A. is leaving the town, another practitioner, C., applies to the superintendent of police for the police appointment held by A., although A. had not resigned or any vacancy been declared.

\*.\* It is usually considered improper to apply for or make any open effort to obtain an appointment until a vacancy is formally declared, and such action usually prejudices the applicant.

## THE ADVERTISING OF HEALTH LECTURES.

A CORRESPONDENT sends us a leaflet, copies of which, he says, were distributed in all the pews of the parish church, announcing a series of lectures on the feeding and treatment of infants by a local practitioner. These lectures deal not only with the feeding of infants, but with their diseases and treatment.

\*.\* The object of the lectures is undoubtedly excellent, but it is evident that the practice of distributing leaflets of the kind referred to is open to abuse.

## THE DISABILITIES OF A CONSULTANT.

C. D.—We have never heard that a consultant was disqualified from examining cases for life assurance. On the contrary, such work in London and other large centres of population is for the most part in the hands of this class of practitioner.

## INSPECTION OF BOOKS AFTER SALE.

In further reply to the correspondent whose question was published in the BRITISH MEDICAL JOURNAL, May 28th, p. 1292, we can only say that it is not clear that the books do belong to the vendor. There is no doubt he can claim to inspect them and to make copies if necessary. It is quite possible they might be included in the "stock in trade." That would be a matter for a court of law to decide.

## A QUESTION OF FEE.

BADGERED asks for our opinion as to what is a fair fee to charge the owner of a factory for complying with his request that he should write a letter to a newspaper stating that he had attended no fever patient who worked at a certain mill, and also that the epidemic had ceased in the locality. A letter was duly drafted in consultation with the owner and sent to the editor, apparently in reply to a previous letter which had appeared in the same newspaper, and required contradiction. "Badgered" has evidently had some difficulty about payment of a fee, and wishes to know what would be a reasonable fee to charge for his services in connexion with the matter—such a charge as would be upheld in a court of law.

\*.\* It is not advisable for a medical attendant to send a letter to a newspaper on behalf of a client, except under very exceptional circumstances. This case, however, appears to be an unusual one. It would have been better for "Badgered" to have arranged about the fee to be paid before the letter was written. We are afraid that if the case went to court only a small fee would be allowed, probably not more than a guinea, and it may be argued that the charge is not a legal one. If "Badgered" had examined all the workers in the mill, and had given a certificate that he had done so, and found them free from infection, he could have charged a fee for each individual examined.

## SALE AND SUBSEQUENT PRACTICE.

A CORRESPONDENT writes that, owing to pecuniary difficulties, he sold his practice some years ago for a very small sum to a rival practitioner. The latter has since gone away after selling the practice to another, who has become unpopular in the district. Our correspondent is invited to return, and wishes to know whether he can legally do so, and whether such return would be in accordance with medical etiquette.

\*.\* If no agreement was entered into at the time of the sale as to future practice in the district, our correspondent could not be restrained from again practising there. But it is never in accordance with medical etiquette for a practitioner after sale of his practice to another to endeavour to recover it again either from the latter or his successor. It would be certainly better, as he suggests, to come to some terms with the present owner of the practice.

## EMPLOYERS' LIABILITY.

CYMBRO writes: A practitioner was called in to attend a farm labourer who had met with an accident, by his employer. The latter, he believes, is insured against such accidents, and our correspondent wishes to know whether to send his account in to the employer or to the insurance company.

\*.\* Our correspondent should send his account to the person who called him in, that is, the employer. He has no claim on the insurance company.

## CHARGES FOR ACCIDENT ASSURANCE CERTIFICATES.

A CORRESPONDENT writes that he has been recently attending a patient for an accident, who was in receipt of £8 a week from two insurance societies. During the illness he was required to fill in six certificate forms, each of which was very complicated and necessitated a special visit. He charged a guinea for each certificate, but his patient declines to pay. He wishes to know: (1) Whether the charge is reasonable; (2) whether it is customary to make charges for such certificates?

\*.\* (1) Our correspondent is entitled to charge his ordinary fees for the visits; but the rate of a guinea each for the certificates alone is somewhat high under the circumstances. If the guinea includes the

visit, and the usual charge per visit is half a guinea and upwards, it would be otherwise. (2) It is customary to make a charge.

## CHARGES AGAINST A HOSPITAL STAFF.

LANCASHIRE.—Such allegations as those contained in our correspondent's letter amount to charges of want of due skill and care against the staff of the hospital. We think our correspondent is bound to accept the invitation given him by the Medical Board to meet and discuss the matter with them in the hope that they may be able to give a satisfactory explanation. Should he not be satisfied he can apply to the Managing Committee, but we would remind him that he is raising very serious issues; if he proves his charges the members of the staff concerned can hardly retain their posts, and he had therefore better take legal advice and proceed with proper caution, or he may find himself involved in serious difficulties.

## CONSULTATIONS WITH HOMOEOPATHS.

A CONSULTANT writes: Many members of the profession take an entirely different view on the subject of consultations with homoeopaths from that expressed on p. 1228 of the BRITISH MEDICAL JOURNAL of May 28th. The question is not in any sense one of practice, but of ethics. The average general practitioner takes a much more correct view of the matter than many consultants, and the latter are much to blame for the countenance which they have given to homoeopaths, and therefore to homoeopathy. A man who gives himself out to the public as practising a special system of therapeutics is not one that any consultant who has the honour of his profession at heart should be willing to meet. There is a sordid aspect of this support given by consultants to homoeopaths which all the sophistry talked on the matter cannot hide. The profession of homoeopathy would probably have vanished by this time if the attitude of consultants towards those who profess it had been correct.

\*.\* Our correspondent forgets (1) that practice and ethics are not so entirely opposed as he thinks, and (2) that the foundation of medical ethics is not the good of the profession or a section of it, but the good of society, and especially of those members of it who are sick and in need of medical and surgical assistance. Rules forbidding consultations with individuals who have rendered themselves objectionable to the general body of the profession for any reason can never be enforced absolutely; it is always necessary to allow for those cases in which, in the interest of the patient, such objections must be waived. Operating surgeons are particularly liable to be summoned to cases in which their prompt attendance is necessary if life is to be saved; and it would be a grave scandal to the medical profession if a patient's life were to be sacrificed to a scruple respecting the therapeutic doctrines held by the medical practitioner in attendance.

## PARTNERSHIP INTRODUCTION.

FAIRNESS asks if it is usual, where the vendor of a practice gives an "At Home" to further the introduction of his successor to the neighbourhood, to require the latter to pay half the expenses.

\*.\* It would not be customary to ask the successor to share such an expense, unless the "At Home" had been mutually arranged on that basis.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF OXFORD.

THE Board of the Faculty of Medicine gives notice that the examinations for the Degree of Bachelor of Medicine, which will commence in the Examination Schools in Michaelmas Term, 1904, on Thursday, December 8th, and in Trinity Term, 1905, on Thursday, June 22nd, will be held in accordance with the following time table:

First Examination: Thursday, December 8th, 1904; June 22nd, 1905, Examination Schools—9.30 a.m., human anatomy; 2 p.m., physiology. Friday, December 9th, 1904; June 23rd, 1905, Examination Schools—9.30 a.m., materia medica; 2 p.m., organic chemistry. Saturday, December 10th, 1904; June 24th, 1905, Department of Chemistry or Pharmacology, Museum—9.30 a.m., practical examination in materia medica, and viva voce. Department of Chemistry, Museum—2 p.m., practical examination in organic chemistry, and viva voce. Monday, December 12th, 1904; June 26th, 1905, Department of Physiology, Museum—10 a.m., practical examination in physiology and histology. Tuesday, December 13th, 1904; June 27th, 1905, Department of Human Anatomy, Museum—10 a.m., practical examination in human anatomy, and viva voce. Department of Physiology, Museum—10 a.m., viva voce examination in physiology.

Second Examination: Thursday, December 8th, 1904; June 22nd, 1905, Examination Schools—9.30 a.m., pathology; 2 p.m., principles and practice of surgery. Friday, December 9th, 1904; June 23rd, 1905, Examination Schools—9.30 a.m., principles and practice of medicine; 2 p.m., midwifery and diseases of women. Saturday, December 10th, 1904; June 24th, 1905, Examination Schools—9.30 a.m., forensic medicine and hygiene. Medical Department, Museum—2 p.m., practical examination in pathology. Monday, December 12th, 1904; June 26th, 1905, Medical Department, Museum—9.30 a.m., viva voce in pathology; 2 p.m., practical examination in chemical and microscopic methods of medical diagnosis. Tuesday, December 13th, 1904; June 27th, 1905, Radcliffe Infirmary—10 a.m. and 2 p.m., clinical examination in medicine; written reports of cases and viva voce at bedside. Thursday, December 15th, 1904; June 29th, 1905, Radcliffe Infirmary—10 a.m. and 2 p.m., clinical examination in surgery; written reports of cases and viva voce at bedside. Friday, December 16th, 1904; June 30th, 1905, Radcliffe Infirmary—9.30 a.m., examination in surgical anatomy, the methods of operations and instruments. Medical Department, Museum—2 p.m., viva voce in medicine, surgery, and midwifery.

## UNIVERSITY OF CAMBRIDGE.

Appointments.—Dr. D. MacAlister and Mr. Strangeways have been appointed additional Examiners for the Third M.B. Examination, Part I. Mr. W. J. Sell and Mr. H. J. H. Fenton have been appointed University

Lecturers in Chemistry, Mr. S. Ruhemann University Lecturer in Organic Chemistry, Mr. A. E. Shipley University Lecturer in Animal Morphology (Invertebrate), Mr. W. L. H. Duckworth University Lecturer in Physical Anthropology. Mr. R. C. Punnett has been elected Balfour Student in Animal Morphology. Mr. C. Shearer and Mr. W. E. Agar have been selected for work at the Naples and Plymouth Zoological Stations respectively. Dr. F. H. Guillemard and Dr. A. Macalister have been appointed members of the Board of Anthropological Studies.

**Degrees**—At a Congregation on June 9th the following degrees were conferred:—*M.D.*: W. P. S. Braconer, Trinity; A. R. M. Brennan, Trinity; B. N. Tebbis, Queens'. *M.C.*: Professor Howard Marsh, King's. *M.B. and B.C.*: C. L. Nedwill, Trinity; C. R. Howard, Pembroke; W. Hastings, Christ's; C. Burrows, Emmanuel. *M.B. only*: H. R. Fisher, Emmanuel. *B.C. only*: T. G. M. Hine, King's; R. E. Whitting, King's; B. N. Tebbis, Queens'.

#### UNIVERSITY OF LONDON.

**Chemistry in the Medical Curriculum.**—The Senate has resolved that the Examination in Organic Chemistry for internal and external students in the Faculty of Medicine shall be passed at a period subsequent to the Preliminary Scientific Examination, but not later than one year previous to the Intermediate Examination in Medicine. It was also resolved that the course in Inorganic Chemistry for the Preliminary Scientific Examination for internal students should consist of not less than sixty lectures and 120 hours of practical work during an academic year, and a new syllabus for both internal and external students was approved, as was also a syllabus of Organic Chemistry for the Examination of internal and external students in the Faculty of Medicine. The course in Organic Chemistry for internal students must consist of not less than sixty lectures and sixty hours' practical work during an academic year. A Special Examination in Organic Chemistry will be held in January, 1905.

**Brown Animal Sanatory Institution.**—Dr. T. G. Rodie, F.R.S., Professor-Superintendent of the Brown Animal Sanatory Institution, will deliver five lectures on the Etiology and Comparative Pathology of Chronic Nephritis and of Uraemia on Thursday, June 23rd, and the four following Thursdays, at 5 p.m. These lectures, which are open to the public, will be delivered in the Physiological Laboratory of the University of London, South Kensington.

#### UNIVERSITY OF GLASGOW.

##### PROFESSOR OF GEOLOGY.

At a meeting of the Glasgow University Court last week, Mr. John Walter Gregory, D.Sc., F.R.S., Professor of Geology in the University of Melbourne, was appointed the first Professor of Geology in Glasgow University. Hitherto Geology has been only a lectureship which was held by the Professor of Natural History, but now the University will have independent Professors of Zoology and Geology. Dr. Gregory, the new Professor, is a graduate of the University of London, in which he took the degree of B.Sc. in 1891 with honours in Geology, and the D.Sc. in 1893. From 1887 to 1900 he was an assistant in the Geological Department of the British Museum. In 1900 he was appointed Professor of Geology at Melbourne, and since 1901 he has also held the office of Director of the Geological Survey of Victoria. Dr. Gregory's experience of geological work has been extremely varied, and he has contributed much to the literature of the subject. His official duties in the British Museum led him to devote many years to palaeontology, and he has also done important geological work in such widely-distributed parts of the globe as the Western States of North America, the West Indies, British East Africa, and Spitzbergen. He was elected a Fellow of the Royal Society of London in 1901.

#### UNIVERSITY OF DUBLIN.

##### DEGREES FOR WOMEN.

At a meeting of the Senate on June 11th the degrees were conferred for the first time on women. The University Caput consisted of the Vice-Chancellor (Mr. Justice Madden), the Provost (Dr. Traill), and the Senior Master Non-Regent (Dr. Cathcart).

**Litt.D.**—The honorary degree of Litt.D. was conferred on Miss Jane Barlow, the novelist; Mrs. Sophie Bryant, Principal of the North London College for Girls; and the following: T. R. Holmes; Professor F. Leo, Göttingen; W. M. Lindsay, Professor of Humanity, St. Andrews.

**Sc.D.**—J. Dewar, Jacksonian Professor of Experimental Philosophy, Cambridge, and Furlerian Professor of Chemistry at the Royal Institution; Professor J. H. van't Hoff, Berlin; Professor F. Klein, Göttingen; Major R. Ross, C.B., F.R.C.S., Professor of Tropical Medicine, Liverpool; J. J. H. Teall, F.R.S., Director of the Geological Survey of the United Kingdom; W. H. Thompson, King's Professor of the Institutes of Medicine.

**LL.D.**—Isabella Mulvany, head of the Alexandra School for Girls; Hon. W. H. Irvine, late Premier and Attorney-General of Victoria; Right Hon. J. H. M. Campbell, K.C., M.P., Solicitor-General for Ireland; Sir T. W. Snagge, J.P., D.L., Judge of County Courts, Oxford.

##### DEGREES IN DENTISTRY.

The Senate of the University of Dublin has passed the grace for the degrees of L.D.S. and M.D.S. and at the next commencement the higher degree will be conferred on Mr. A. Baker, M.B., F.R.C.S.I., who will thus enjoy the distinction of being the first Master of Dental Surgery of this University.

#### UNIVERSITY OF MANCHESTER.

PROFESSOR WILLIAM STIRLING has been re-elected Dean of the Faculty of Medicine.

Mr. Arthur Sellars, M.D., D.P.H., has been appointed assistant lecturer in comparative pathology.

The following scholarships, exhibitions, and prizes have been awarded: Sidney Renshaw Exhibition: D. Dougal. Senior Platt Exhibition in Physiology: W. Wilson.

#### UNIVERSITY OF BIRMINGHAM.

##### Examiner in Surgery.

MR. THOMAS BRYANT has resigned his position as External Examiner in Surgery owing to his having been appointed Visitor to the General Medical Council, and having to be present at an examination in St. Andrews which takes place at the same time as that in Birmingham. Professor Howard Marsh has been elected to fill this vacancy.

##### Degrees for Birmingham Students: Extension of Time.

The Council of the University has adopted a temporary ordinance, which will be confirmed at the next meeting of the Court of Governors, extending the period of years during which past students of the Birmingham School of Medicine are entitled to present themselves for the degrees of the University from five to seven years.

##### Anatomical Department.

The Council has also agreed to increase the staff of the Anatomical Department by adding a Second Demonstrator, who will devote his entire time to the work of the department.

##### Russell Memorial Prize.

Dr. R. M. Simon has been appointed Examiner for the Russell Memorial Prize for this year.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An Ordinary Council was held on June 9th; Mr. John Tweedy, President, in the chair.

##### Final Fellowship Examination.

Diplomas of Fellowship were issued to sixteen candidates found qualified at the recent examination.

##### Licence in Dental Surgery.

Diplomas were issued to forty-six candidates.

##### The Relations of the Medical Profession to the Coroner's Court.

A letter from a Committee appointed by the College was received and entered on the minutes. Its main contents were as follows:

"Knowing that the British Medical Association and the London County Council were considering the subject, the Committee thought it desirable to obtain information as to what had already been done by these or any other public bodies.

"They found that the Medical Society of London had formerly had the subject under consideration, but had recently taken no action.

"They ascertained that the British Medical Association had for some years been in communication with the Coroners' Society with regard to the amendment of the law, and in 1902 the Association had drawn up and adopted a Bill, which was reconsidered by the newly-appointed Medico-Political Committee at the end of that year, when communications were reopened with the Coroners' Society, with the result that that Society at the end of March, 1903, declined to co-operate, on the ground that any alteration of the Coroners' law should be undertaken by the Lord Chancellor or the Home Secretary.

"Failing any immediate prospect of legislation, the London County Council have been able to introduce certain improvements under the existing system, and have shown their willingness to consult the medical profession in matters more immediately concerning it by seeking the assistance of the leading hospitals of London in the preparation of a list of skilled pathologists who would be willing to undertake *post-mortem* examinations and give evidence in inquest cases of a special nature.

"It will thus be seen that the Committee have been able to obtain ample proofs of the desirability of alterations in the present laws. The questions involved are, however, varied, and include matters of administration, such as the rearrangement of coroners' districts, with which the medical profession is not immediately interested.

"Having regard, therefore, to the various interests concerned, and to the failure of other institutions to induce the Government to initiate legislation, the Committee are of opinion that it would not be expedient for this College to take any action in the matter at the present time."

##### Diploma in Tropical Medicine.

A report from a Special Committee was received, favouring an examination and the granting of a diploma. The Royal College of Physicians was invited to appoint representatives to confer with representatives of the Royal College of Surgeons regarding a letter received from the Secretary of State for the Colonies.

##### Appointment of Examiners for the Ensuing Year.

**Board of Examiners in Anatomy and Physiology for the Fellowship.**—Anatomy: L. A. Dunn, A. Keith, C. Addison, W. McCa. Eccles. Physiology: E. W. Reid, E. H. Starling, L. E. Hill, De B. Birch.

**Conjoint Examining Board.**—First Examination.—Elementary Biology: H. W. Lyle, W. G. Ridewood, T. G. Stevens, H. W. M. Tims. Second Examination.—Anatomy: H. J. Waring, A. Keith, C. Addison, J. E. Lane. Physiology: W. H. Thompson, F. G. Brodie, J. B. Leathes. Third Examination.—Midwifery: W. Duncan, J. H. Targett, G. F. Blacker, A. H. N. Lewers. Examination in Public Health.—Part I: A. G. R. Foulerton. Part II: H. T. Bulstrode.

##### Analyst to the Home Office.

The President laid before the Council a letter which he had received from the Home Secretary, and reported that, in pursuance of the request contained therein, he proposed to recommend Dr. William Henry Wilcox, of St. Mary's Hospital, as Official Analyst to the Home Office in the vacancy occasioned by the resignation of Dr. A. P. Luff.

##### Revised Regulations in regard to Dental Surgery Examinations.

The following motion was carried: "That the revised regulations for study in chemistry and physics do apply to those who register as dental students, as well as to those registering as medical students, on or after June 1st, 1904, and that the new synopsis of the examination do take effect in the case of dental students, as well as in the case of medical students, in and after March, 1905.

##### Vacancies on the Council.

The President reported that a meeting of the Fellows would be held on Thursday, July 7th, for the election of three Fellows into the Council in the vacancies occasioned by the retirement in rotation of Mr. Thomas Bryant, by the resignation of Mr. Thomas Pickering Pick, and by the death of Mr. Thomas Richard Jessop, and to state that Mr. Thomas Bryant did not propose to offer himself for re-election.

The Council passed a vote of thanks to Mr. Bryant for his services, which extended over a period of 24 years.

##### PASS LIST.

The following gentlemen, having passed the necessary examination and conformed to the by-laws, have been admitted Members of the College: A. J. Arch, Birmingham University; J. W. Barber, Yorkshire College and General Infirmary, Leeds, and St. Mary's Hospital; A. E.



Barclay, Cambridge University, Owens College, and Royal Infirmary, Manchester, and London Hospital; S. Bazalgette, St. Thomas's Hospital; H. O. M. Beadnell and J. Bromley, Guy's Hospital; H. D. Bell, St. Bartholomew's Hospital; A. E. Blackburn and C. H. Booth, Yorkshire College, and General Infirmary, Leeds; J. C. O. Bradbury, Cambridge University and Guy's Hospital; W. G. Cheate, St. Mary's Hospital; R. A. Clapham, B.A.Camb., Cambridge and London Hospital; J. A. Cowie, B.A., B.Sc. New Zealand, New Zealand and Glasgow Universities; A. H. Curtis, University College Hospital; H. J. de Brent, St. Thomas's Hospital; K. A. C. Doig, Westminster Hospital; P. T. Drabble, Sheffield and University College Hospital; T. Drysdale, B.A.Camb., Cambridge University and St. George's Hospital; J. J. T. R. Felix, Middlesex Hospital; W. H. Flint and C. K. Gettings, Birmingham University; C. A. Flintoff, Charing Cross Hospital; G. R. Footner, Cambridge University and St. Thomas's Hospital; H. P. Gibb, B.A.Camb., Cambridge University and St. Bartholomew's Hospital; K. M. Gibbins, St. Mary's Hospital; C. A. Godson, St. George's Hospital; R. H. C. Gompertz, B.Sc. Lond., King's College Hospital; J. F. Goodchild, M.D., C.M. Canada, B.Sc. Edin., Queen's University, Kingston, Ontario, and Glasgow University; F. W. Goonetilleke, L.M. and S. Ceylon, Ceylon Medical College and King's College Hospital; A. A. R. Green, Birmingham University; F. R. Harris, St. Mary's Hospital; H. F. Halfeld, Guy's and St. Bartholomew's Hospital; W. Haward, Durham University and St. Thomas's Hospital; V. G. Heseltine, St. Bartholomew's Hospital; N. W. Hill, London Hospital; D. A. Hingston, B.A., M.D. Laval, University of Laval and King's College Hospital; C. D. Holdsworth and R. E. Humphry, University College Hospital; H. F. Horne, B.A.Camb., Cambridge University and London Hospital; A. C. Hudson, M.A., M.B., B.C. Camb., Cambridge University and St. Thomas's Hospital; J. G. Ingouville, St. Bartholomew's Hospital; N. B. V. Jacob and D. G. Lloyd, London Hospital; W. H. Kaye, Owens College and Royal Infirmary, Manchester; W. N. Kingsbury, Middlesex Hospital; J. Lambert, B.A. Camb., Cambridge University and London Hospital; W. K. Legassick, University College Hospital; H. C. Ling, L.R.C.P. Edin., University College and Royal Infirmary, Glasgow and Yorkshire College and General Infirmary, Leeds; J. T. Lloyd, University College, Liverpool; D. MacBane, M.B. Toronto, Toronto University and Middlesex Hospital; S. M. Mackenzie, B.A.Camb., Cambridge University and London Hospital; C. W. McLeay, B.A. Toronto, M.D. West Univ., Western University, London, Ontario; F. McTavish, Toronto University; N. G. Malland, Birmingham University; P. A. Mansfield, B.A. Oxon., Oxford University and King's College Hospital; H. S. Matson, St. George's Hospital; B. Moiser, G. Nunn, and C. S. Morris, Guy's Hospital; A. R. Moore, B.A.Camb., Cambridge University and London Hospital; R. F. Moore, B.A.Camb., Cambridge University and St. Bartholomew's Hospital; S. Murray, M.B., Ch.B. Vict., Owens College and Royal Infirmary, Manchester; B. R. O'Reilly, M.D., C.M. Trinity, Toronto, Trinity College Toronto and University College Hospital; F. Paine, Middlesex Hospital; F. H. Parker, B.A., M.B. Camb., Cambridge University and Guy's Hospital; J. S. Pascoe, Charing Cross Hospital; S. G. Penney and B. Pick, St. George's Hospital; W. C. Pickering, St. Bartholomew's Hospital; H. F. Powell, University College Hospital; J. M. B. Rahilly, St. Mary's Hospital; J. V. Rees, University College, Cardiff, and London Hospital; G. E. Rew, King's College Hospital; C. S. S. Rigby, Birmingham University; F. E. Roberts and M. W. Shute, St. George's Hospital; E. W. Routley and H. L. Shelton, Guy's Hospital; F. H. Rudge, University College, Bristol; A. Schapira, M.D. Geneva, University of Geneva and King's College Hospital; J. C. Smyth, M.B., Ch.B. Vict., Owens College and Royal Infirmary, Manchester; W. G. Speers, St. Mary's Hospital; E. D. Sprout, M.B. Toronto, University of Toronto and University College Hospital; J. K. Syms, University College Hospital; J. B. Taylor, B.S., M.D. Michigan, Michigan University and University Hospital; W. T. Thomson, King's College Hospital; C. E. Treble, M.B. Toronto, Toronto University and University College Hospital; J. H. Trencb, B.A.Camb., Cambridge University and University College Hospital; H. J. D. Walker and L. Warren, London Hospital; J. Ward, L.S.A. Lond., University College, Sheffield; J. D. C. White, Cambridge University and London Hospital; E. K. Williams, B.A.Camb., Cambridge and St. Andrews Universities and St. Bartholomew's Hospital; H. W. Wiltshire, M.A.Camb., Cambridge University and King's College Hospital; R. S. Woods, Queen's College, Belfast, University College, and London Hospitals; H. M. Woodward, B.A. Oxon., Oxford University and Guy's Hospital; H. F. Woolfenden, University College, Liverpool; G. P. Young, King's College Hospital.

#### TRINITY COLLEGE, DUBLIN.

THE following candidates have passed the Final Examination in Medicine:

J. G. Wallis, G. B. McCaul, H. Stewart, W. M. Wade, W. P. Tate, T. Wilson, C. J. Coppliger, H. T. Marable, E. G. Scroope.

The following candidates have passed Section A of the Final Examination in Medicine:

W. G. S. Haughton (high marks), J. D. Sands, P. B. Egan, T. T. H. Robinson, W. F. Samuels, E. J. Thompson, F. J. Usher, W. C. MacFetridge, T. B. W. MacQuaide, A. C. Elliott, E. D. Atwell, G. Dougan, J. M. Harold, E. C. Phelan.

#### ROYAL COLLEGE OF SURGEONS IN IRELAND.

*Barker Anatomical Prize for 1905.*—A prize of £21 is offered for competition, and is open to any student whose name is on the Anatomical Class List of any school in the United Kingdom. The prize is offered for a dissection of the left pneumogastric nerve, limited to its pharyngeal and laryngeal divisions, and including their connexions. The preparation must be sent to the Curator of the Museum, Dr. A. H. White, Royal College of Surgeons, Dublin, from whom further particulars can be obtained.

#### SOCIETY OF APOTHECARIES OF LONDON.

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

*Surgery*.—C. W. S. Boggs (Section I), Leeds; E. Morris, St. Bartholomew's Hospital; M. B. Potts (Sections I and II), Leeds; F. P. Rose, London and St. Mary's Hospital; J. P. B. Snell (Section I), Middlesex Hos-

pital; M. C. Vivian (Sections I and II), Royal Free Hospital; P. B. Whittington (Sections I and II), London Hospital.

*Medicine*.—A. J. Ambrose (Sections I and II), Westminster Hospital; W. S. Gibson (Sections I and II), Manchester and Middlesex Hospital; F. W. Higgs (Sections I and II), St. George's Hospital; M. E. Potts (Sections I and II), Leeds; G. W. Rogers (Sections I and II), Cardiff and St. George's Hospital; A. B. S. Todd (Section I), Leeds.

*Forensic Medicine*.—A. J. Ambrose, Westminster Hospital; J. B. Barnes, Manchester; L. F. Cope, St. George's Hospital; A. Lazar, Vienna and St. Mary's Hospital; M. B. Potts, Leeds; G. W. Rogers, Cardiff and St. George's Hospital; H. P. Shanks, St. Bartholomew's Hospital; A. B. S. Todd, Leeds; S. H. R. Welch, Charing Cross Hospital.

*Midwifery*.—T. R. Roberts, London Hospital; L. Sells, St. Thomas's Hospital.

The diploma of the Society was granted to W. S. Gibson, F. W. Higgs, and F. P. Rose.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 9,877 births and 4,136 deaths were registered during the week ending Saturday last, June 11th. The annual rate of mortality in these towns, which had been 15.5, 15.4, and 14.6 per 1,000 in the three preceding weeks, further declined last week to 14.1 per 1,000. The rates in the several towns ranged from 7.0 in Walthamstow, 7.1 in Willesden and in Aston Manor, 7.7 in Hornsey and in Smethwick, 8.0 in Great Yarmouth, 8.5 in Leyton, 8.7 in Newport (Mon.), 9.0 in West Hartlepool, and 9.2 in Plymouth, to 18.9 in Middlesbrough and in South Shields, 20.0 in Stockton-on-Tees, 20.4 in Sunderland and in Newcastle-on-Tyne, 20.5 in Liverpool, 22.6 in Tyne-mouth, and 25.6 in Warrington. In London the rate of mortality was 13.3 per 1,000, while it averaged 14.5 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.7 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 1.5 per 1,000, while it ranged upwards among the seventy-five other towns, to 3.0 in Ipswich and in Rhondda, 3.2 in Norwich and in Salford, 3.5 in Wallasey, 3.6 in Blackburn, 4.6 in Warrington, 5.0 in Birkenhead, and 5.7 in Hanley. Measles caused a death-rate of 1.8 in Croydon, in Norwich, in Salford, and in Rotherham, 1.9 in Walthamstow, 2.1 in Rhondda, 2.4 in Hanley and in Rochdale, 2.6 in Wallasey, and 3.2 in Birkenhead; diphtheria 1.6 in Hanley; whooping-cough 1.6 in King's Norton and in Grimsby; 2.2 in Swansea; 3.1 in Warrington, and 3.2 in Blackburn; and diarrhoea of 2.0 in Reading. The mortality from scarlet fever and from enteric fever showed no marked excess in any of the large towns. Two fatal cases of small-pox were registered in Bradford, and one each in Leicester, Derby, Manchester, Newcastle-on-Tyne, and Tynemouth, but none in any other of the large towns. The Metropolitan Asylums Hospitals contained 95 small-pox patients at the end of last week, against 96, 118, and 96 at the end of the three preceding weeks; 21 new cases were admitted during the week, against 18, 23, and 10 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital, which had been 1,630, 1,663, and 1,673, at the end of the three preceding weeks, had declined again to 1,647 at the end of last week; 193 new cases were admitted during the week, against 222, 194, and 207 in the three preceding weeks.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, June 11th, 1,034 births and 536 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.7, 17.6, and 18.1 per 1,000 in the three preceding weeks, declined again last week to 16.2 per 1,000, but was 2.1 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 11.2 in Greenock and 13.0 in Leith, to 22.3 in Paisley and 29.2 in Perth. The death-rate from the principal infectious diseases averaged 2.2 per 1,000, the highest rates being recorded in Paisley and Greenock. The 247 deaths registered in Glasgow included 3 which were referred to small-pox, 8 to measles, 2 to scarlet fever, 9 to whooping-cough, and 12 to diarrhoea. Four fatal cases of measles and 4 of whooping-cough were recorded in Edinburgh; 2 of diphtheria, 2 of whooping-cough, and 3 of diarrhoea in Dundee; 3 of whooping-cough and 3 of diarrhoea in Aberdeen; 2 of whooping-cough and 2 of diarrhoea in Paisley; 2 of diarrhoea in Leith; and 3 of measles in Greenock.

### HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, June 11th, 558 births and 328 deaths were registered in six of the principal Irish towns, against 582 births and 366 deaths in the preceding period. The mean annual death-rate in these same towns, which had been 22.4, 16.9, and 29.1 per 1,000 in the three preceding weeks, fell abruptly to 18.4 per 1,000, this figure being 4.3 per 1,000 above the mean annual rate registered in the seventy-six English towns during the corresponding period. The figures ranged from 7.8 in Waterford to 24.6 in Limerick. The death-rate from the principal zymotic diseases during the same period and in the same six Irish towns averaged 0.8 per 1,000, or 0.3 per 1,000 less than during the preceding week, the highest figure, 2.0, being registered in Belfast, while Limerick and Waterford recorded no deaths under this heading at all. The whooping-cough rate fell considerably, only 1 death from this cause being registered in Dublin and 4 in Belfast. Scarlet fever caused 1 death in Dublin and 1 in Belfast, and measles 4 in Belfast and 1 in Dublin. To enteric 1 death was ascribed in Dublin, and 2 in Belfast. From diphtheria the only death was in Londonderry.

### POPULATION OF THE UNITED KINGDOM.

A. F. M. P.—We understand that the Registrar-General estimates the population of the United Kingdom at the middle of this year at 41,786,466.

## REGULATIONS AS TO PUBLIC VACCINATORS' CONTRACTS WITH GUARDIANS.

DOUBTFUL writes to ask: (1) Whether it is compulsory for a public vaccinator to reside in his district? and (2) whether he can be dismissed without an appeal by the guardians to the Local Government Board?

\*\*\* It is not necessary for a public vaccinator to reside in his district; (2) a public vaccinator's contract made between the guardians and himself stipulates that the contract may be put an end to by either of the parties concerned giving twenty-eight days' notice in writing to the other party respectively of the intention to put an end to the same. This termination of the contract does not require the sanction of the Local Government Board.

## VACCINATION FEES.

DELTA.—The minimum fees are fixed by the order of the Local Government Board, who would refuse to sanction any such arrangement, nor would they allow any successor to be appointed under such conditions, if the present public vaccinator were given notice of termination of contract. He has no choice but to insist upon the present rate of payment.

## VACCINATION (SCOTLAND) ACT.

"MEDICUS" asks the following questions in connexion with the Vaccination (Scotland) Act. (1) Is a public vaccinator (having made a visit at the house of an objector) at liberty to consult the husband at his shop, business, etc., in order to obtain his sanction or otherwise? Would such visit be held legal; in event of prosecution could an objector refuse to give his opinion unless at his house? (2) How many vaccination marks is a public vaccinator expected to aim at, or if the number of marks is optionable?

\*\*\* (1) We are informed that it has been decided that it is necessary for a public vaccinator to obtain the sanction or refusal of the father of the child that he has been requested to vaccinate. It is not sufficient for him that the mother refuses. As to where he consults the husband that is not a matter of consequence, as long as he obtains his sanction or otherwise, so that in our opinion he is quite at liberty to consult the husband at his place of business, and we consider that such a visit would be held legal in the event of a prosecution following. (2) The number of vaccination marks necessary for vaccination is not laid down, this matter being left in the hands of the public vaccinator. He is required to be in a position to certify that the vaccination is successful.

## POWERS OF GUARDIANS UNDER SUPERANNUATION ACT, 1896.

DOUBTFUL asks whether it is optional on the part of guardians to grant superannuation allowance to a union medical officer on his retirement, either owing to his having attained the age limit, or from incapacity to perform his duties by reason of sickness or accident.

\*\*\* To become entitled to superannuation allowance under the Act of 1896, an officer of the guardians must have served for a period of not less than ten years. To enable him to claim superannuation on the ground of incapacity to perform his duties, he must produce satisfactory evidence to the guardians that his incapacity arises from permanent infirmity of mind or body, or from old age, and if the incapacity arises from old age he must have completed the full age of 60 years. Otherwise he must have attained the full age of 65 years.

## OBITUARY.

LOUIS L. JENNER, M.B., B.Ch. Oxon.,

Formerly Superintendent of the Clinical Laboratory, St. Thomas's Hospital.

We regret to announce the death of Dr. Louis Leopold Jenner, which took place at St. Thomas's Hospital on June 2nd from enteric fever. He was the fourth son of the late Sir William Jenner, Bart., and was educated at Marlborough and Trinity College, Oxford. He entered as a student at St. Thomas's Hospital in 1890, and after obtaining his degrees of Bachelor of Medicine and of Surgery he was appointed House-Physician in 1895; then, abandoning the clinical for the purely scientific side of his profession, he was appointed Superintendent of the Clinical Laboratory and Demonstrator of Morbid Histology at St. Thomas's, which post he held for about three years. It was during this period that he paid special attention to the histology and pathology of the blood, and his name is associated with his well-known method of staining. Not wishing to do so much routine work, necessarily associated with a laboratory in a large hospital, he resigned his post to devote his time specially to bacteriological chemistry. For this purpose he worked at the Pharmaceutical College and latterly at the Lister Institute, where he was engaged in research work in connexion with enteric fever. His early death is deeply lamented, especially by those who had the privilege of working with him, and who recognized his wholeheartedness in striving to advance our knowledge in his own special branch of medical study.

RICHARD J. DEARDEN, M.R.C.S., J.P.

Divisional Surgeon, City Police, Manchester.

We have to record the sudden death, on June 11th, of Mr. Dearden, at the early age of 49. After taking his diploma in 1879 Mr. Dearden acted as a House Surgeon in the Royal Infirmary, Manchester, and he also held office in connexion with the Chorlton-upon-Medlock Dispensary. He then settled in practice in Oxford Road, Manchester, where he was well known and much respected. Amongst other public appointments Mr. Dearden held the office of Divisional Surgeon to the City Police. The immediate cause of death was extensive cellulitis of the arm, axilla, and trunk, following upon the performance of a necropsy. Mr. Dearden undertook just a week before his death to do a necropsy for a friend. Blood-poisoning rapidly followed. In spite of the watchful care of his surgical friends, within a week from the time of the injury and absorption of the poison, a fatal result ensued. References were made at the City police-courts and by the Coroner to the untimely death of one who a few days earlier was the picture of health and vigour, and who by the conscientious discharge of his duties as a surgeon and a magistrate had earned the esteem of all who knew him, and who fell a martyr in the exercise of his profession.

By the death of ROBERT IVES, of Portswood, Southampton, the district has lost one of its few remaining representatives of the older generation of medical practitioners. Born in Chertsey, Dr. Ives was at first intended to enter the Church, and to carry out that purpose he went up to Magdalen College, Oxford. He was, however, the son, grandson and great-grandson of medical practitioners, and the family bent coming out in him strongly. Robert Ives, the fourth of his line, entered as a medical student at St. Thomas's Hospital, the medical school at which both his father and grandfather had been students. In 1857 he became M.R.C.S. and L.M., and after taking the diploma of L.R.C.P. Edin. three years later, he started practice in Portswood and remained in that neighbourhood for the rest of his life. He was medical officer of the Second District of the St. John's Union for some forty years, was highly esteemed and passed a very busy life. Much of his success as a medical practitioner he probably owed to his sympathetic and kindly manner and to the fact that he was always very firm in exacting from his patients entire obedience to his advice and strict adherence to the rules which he laid down for their guidance. He was too busy to take any part in the public affairs of the locality, but made an exception in favour of the choir of St. Denys Church. Of this he was the originator, and he continued to take an interest in it long after his retirement from practice some eight years ago. Dr. Ives's father and grandfather were both in practice at Chertsey, the latter having been at one time in the Royal Navy and a Surgeon of H.M.S. *Victory*. Upon his retirement he became medical attendant to H.R.H. the Duke and Duchess of York at Oatlands Park, and was one of the habitués of Holland House. The medical instincts of the family do not yet appear to be exhausted, for Dr. Robert Ives left a medical son who is in practice in Portswood, and also a grandson who is at present a medical student at Edinburgh. Dr. Ives also left a widow and two daughters. Until a year or two after his retirement he remained a member of the British Medical Association.

## 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.

- ABERDEEN UNIVERSITY.—An Additional Examiner in (1) *Materia Medica*; (2) *Pathology*; (3) *Surgery*.  
 BIRKENHEAD BOROUGH HOSPITAL.—Junior Resident House-Surgeon. Salary, £80 per annum.  
 BIRMINGHAM AND MIDLAND EYE HOSPITAL.—House-Surgeon, resident. Salary, £75 per annum.  
 CUMBERLAND AND WESTMORLAND ASYLUM, Garlands, Carlisle.—Junior Assistant Medical Officer, resident. Salary, £180, rising to £250 per annum.  
 COVENTRY AND WARWICKSHIRE HOSPITAL.—Assistant House-Surgeon, resident. Salary, £60 per annum.  
 DOUGLAS: NOBLE'S ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY.—Resident House-Surgeon. Salary, £83 per annum.  
 DERBYSHIRE ROYAL INFIRMARY.—(1) Senior House-Surgeon. (2) Assistant House-Surgeon. Salary at the rate of £100 and £80 per annum respectively.  
 EVELING HOSPITAL FOR SICK CHILDREN, Southwark.—Clinical Assistants for the Out-patient Department.  
 HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Physicians. Honorarium, £25 for six months.  
 HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) Ophthalmic Surgeon. (2) House-Physician. Salary, £20 for six months.

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

**LIVERPOOL: DAVID LEWIS HOSPITAL.**—(1) Second Honorary Anaesthetist. (2) Junior House-Surgeon. Salary at the rate of £70 per annum.

**LIVERPOOL: ROYAL SOUTHERN HOSPITAL.**—Ambulance Surgeon. Salary, £11s. per week.

**LONDON LOCK HOSPITAL, Harrow Road.**—Registrar.

**MARGATE: ROYAL SEA-BATHING HOSPITAL.**—Resident Surgeon to act as junior and senior for six months each. Salary at the rate of £80 and £120 per annum respectively.

**MIDDLESEX COUNTY ASYLUM, Upper Tooting.**—Third Assistant Medical Officer, resident. Salary, £200 per annum.

**NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road.**—(1) Assistant Surgeon, (2) House-surgeon, resident. Salary at the rate of £80 per annum.

**NORTH STAFFORDSHIRE INFIRMARY, Hartshill.**—Assistant House-Surgeon, resident. Honorarium, £25 for six months.

**ST. MARY'S HOSPITAL MEDICAL SCHOOL, Paddington.**—Lecturer on Chemistry.

**STOCKTON-ON-TEES: STOCKTON AND THORNABY HOSPITAL.**—House-Surgeon. Salary, £250 per annum.

**THROAT HOSPITAL, Golden Square W.**—Honorary Anaesthetist.

**WESTERN GENERAL DISPENSARY, Marylebone Road N.W.**—Honorary Ophthalmic Surgeon.

### APPOINTMENTS.

**BARROW, G. A., M.R.C.S., L.R.C.P.Lond.**, Honorary Anaesthetist to the Manchester Northern Hospital for Women and Children.

**BARWELL, Harold, M.B.Lond., F.R.C.S.Eng.**, Surgeon Laryngologist to the Mount Vernon Hospital for Consumption.

**DAVIES, H. B., L.R.C.P., M.R.C.S.**, Certifying Factory Surgeon for the Lutterworth District, Leicestershire.

**ECCLLES, W. McAdam, M.S.Lond., F.R.C.S.Eng.**, Examiner in Anatomy for the Fellowship of the Royal College of Surgeons of England.

**FELDMAN, W. M., M.R.C.S., L.R.C.P.**, Surgeon to ss. "Merion" (American Line).

**FLETCHER, E. B., M.B., Ch.B. Vict.**, reappointed Senior Resident Medical Officer at the St. Mary's Hospital for Women and Children, Manchester.

**HASTOR, A. F., L.R.C.P., M.R.C.S.**, District Medical Officer of the Malmesbury Union.

**MASON, S. Herbert, M.R.C.S., L.R.C.P.Lond.**, Honorary Anaesthetist to the Manchester Northern Hospital.

**SCOTT, Sydney, B.S.Lond., F.R.C.S.Eng.**, Chief Assistant in the Aural Department, Mt. Bartholomew's Hospital, London, and Surgeon to Out-patients, Evelina Hospital for Sick Children, London.

**WILLCOX, W. H., M.D., B.Sc.Lond., D.P.H.**, Medical Registrar to St. Mary's Hospital.

### DIARY FOR NEXT WEEK.

#### TUESDAY.

**Royal College of Physicians of London, 4 p.m.**—The Harveyan Oration, by Dr. Richard Caton.

#### POST-GRADUATE COURSES AND LECTURES.

**Charing Cross Hospital, Thursday, 4 p.m.**—Demonstration of Surgical Cases.

**Hospital for Consumption and Diseases of the Chest, Brompton, Wednesday, 4 p.m.**—Lecture on Cases in the Wards, Pneumothorax, Chronic Pneumonia, Mitral Stenosis, etc.

**Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.**—Lecture on Chorea.

**Medical Graduates' College and Polytechnic, 22, Chenise Street, W.C.**—Demonstrations will be given at 4 p.m. as follows: Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Eye. Lectures will be delivered at 5.15 as follows: Monday, Some Remarks on the Symptoms and Treatment of the Intracranial Complications of Malaria; Tuesday and Wednesday, Degenerative Diseases of the Spinal Cord and some Unusual Forms of Nervous Disease; Thursday, Pro-lapse of the Uterus.

**Mount Vernon Hospital for Consumption and Diseases of the Chest, 7, Fittsby Square, W., Thursday, 5 p.m.**—Asthma: its Pathology and Diagnosis.

**National Hospital for the Paralysed and Epileptic, Queen Square, W.C.**—Lectures will be delivered at 8.30 p.m. as follows: Tuesday, Some Ocular Symptoms of Disease; Friday, Ocular Paralysis.

**North-East London Post-Graduate College, Tottenham Hospital, N., Wednesday, 4.30 p.m.**—Lecture on Diseases of the Skin attacking the Face.

**Post-Graduate College, West London Hospital, Hammer-smith Road, W.**—Lectures will be delivered at 5 p.m. as follows: Monday, Heart Disease in Children; Tuesday, High-frequency Currents illustrated by lantern slides; Wednesday, Practical Medicine; Thursday, Hernia; Friday, Surgical Cases.

**St. John's Hospital for Diseases of the Skin, Leicester Square, W.C.**—Thursday, 6.15 p.m., Lecture on Syphilis.

**St. Peter's Hospital, Henrietta Street, W.C., Wednesday, 8.30 p.m.**—Lecture-Demonstration on Cases in the Wards.

### BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 2s. 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.

**BAYLIS.**—On June 12th, at 5, Gay Street, Bath, the wife of Richard Arthur Bayliss, M.R.C.S.Eng., L.R.C.P.Lond., a son.

**COCKING.**—On Wednesday, June 1st, at 305 Glossop Road, Sheffield, the wife of W. Tusting Cocking, M.D.Lond., of a daughter.

**GORDON.**—On June 11th, at 3, Barnfield Crescent, Exeter, the wife of W. Gordon, M.D., F.R.C.P., of a son.

**HEGGS.**—On June 10th, at Toronto House, West Bromwich, the wife of Raymond Mitchell Heggs, L.R.C.P.Lond., M.R.C.S., of a son.

**MACKINTOSH.**—On Friday, May 27th, at Corner House, Platt's Lane, Hampstead, N.W., the wife of J. S. Mackintosh, M.R.C.S.Eng., L.R.C.P.Lond., of a daughter.

#### MARRIAGES.

**CAMPBELL-TAYLOR.**—At St. Thomas's Episcopal Church, Edinburgh, on June 7th, by the Rev. H. J. Colclough, Patrick Edward Campbell, M.B., C.M., Caterham Surrey, to Edith, second daughter of W. B. Taylor, Esq., Preston House, Prestonpans.

**ROSS-TAYLOR.**—On June 7th, at Bradford, Richard Alexander Ross, L.R.C.P. & S.I., younger son of the Rev. James Ross, to Eleanor Sheila, younger daughter of the late Captain Felton.

**WESTMACCOTT-HOWDEN.**—On June 11th, at Holy Trinity, Paddington, by the Rev. J. W. Challener, Rector of Christ Church, Moss Side, Manchester, assisted by the Rev. J. Horrocks, Curate of the Parish, Frederic Herbert Westmacott, B.Sc. Vict., F.R.C.S.Eng., L.R.C.P.Lond., of 8, John Street, Manchester, eldest son of G. H. Westmacott, of Crumpsall Grove, Manchester, to Margaret Oriole, third daughter of the late Alexander Howden, and of Mrs. Alexander Howden, of 125, Gloucester Terrace, W.

#### DEATHS.

**ANDERSON.**—On March 13th, 1904, at his residence, Hamilton House, Church Walk, Uiverston, John Anderson, M.D., aged 71 years; born at Hamilton, Lanarkshire, N.B.

**JENNER.**—On Thursday, June 2nd, at St. Thomas's Hospital, Louis L. Jenner, M.B. Oxon., of the Lister Institute of Preventive Medicine, fourth son of the late Sir William Jenner, Bart., G.C.B., and of the Dowager Lady Jenner, of Greenwood, Bishop's Waltham, Hants, aged 38.

## 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 *Atiology, 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.

E. M. asks whether mud baths are obtainable anywhere in England.

### ANSWERS.

IGNORANT will find information on the clothes which should be prepared for an expected baby and many other related points in Ashby's *Health in the Nursery*. (London: Longmans, Green, and Co. 1898. 3s. 6d.)

J. E. S.—Metropolitan police surgeons are appointed by the Home Secretary on the recommendation of the Chief Surgeon. Their salaries vary with the number of police under their care. There is no way to find out when there are vacancies. Appointments in connexion with the Post Office are made by the Postmaster-General.

B.—The only advice we can prudently give our correspondent is to apply to some lunatic hospital, such as Bethlem (just now closed), or some large private asylum receiving cases at cheap rates, such as Bethnal Green House, Bethnal Green, London, E.

#### TREATMENT OF WHOOPING-COUGH.

DR. DOUGLAS MACDONOGH (Bettws-y-Coed) writes: In reply to "P.'s query in the BRITISH MEDICAL JOURNAL of June 4th, I would recommend him to try formalin tabloids burnt in the room. I had a most inveterate case which yielded rapidly to this treatment, and I think it worth a more extended trial. Drugs are all more or less unreliable.

#### THE EXAMINATION FOR M.D. EDINBURGH.

O. R.—We understand that the examination for the degree of M.D. at the University of Edinburgh under the new regulations is a searching one. Partial or slipshod knowledge will not secure a pass. Fairly good men have been rejected. Full and accurate knowledge of recent methods of examination and analysis of urine, excreta, blood, etc., both macroscopic and microscopic is insisted on. A sound working knowledge of the use of the laryngoscope, ophthalmoscope, sphygmograph, and other instruments is necessary. Probably the wisest course for "O. R." would be to attend some of the coaching or tutorial classes in Edinburgh or elsewhere. "What reading is necessary in general and special work" is difficult to answer. In general work some such good textbook as Osler's *Medicine*, and on special work some of the larger textbooks such as Clifford Allbutt's *System* would be necessary. On clinical methods such a book as the last edition of Hutchison and Rainy should be read. On bacteriology, Professor Muir's book. Whether a very busy practitioner can prepare himself in six months must depend on how much he now knows. If he is rusty he would have to give a fair amount of time daily.

#### ETHER VAPOUR.

MR. C. W. KROHNE (London) writes: The query put by "H. L. D." in the BRITISH MEDICAL JOURNAL, May 28th, p. 1296, was definitely answered by Dr. John Snow at the Westminster Medical Society, January 16th, 1847. Dr. Snow said that the great effect of temperature over the relations of atmospheric air with the vapour of ether had apparently been overlooked in the construction of the instruments hitherto used for its administration. This circumstance would explain, in some measure, the variety of the results, and account for some of the failures. The administrators did not at present know the quantity of vapour they were exhibiting with the air; it would vary immensely according to the temperature of the apartment, as would be seen by some calculations he had made and suspended in the room. One hundred cubic inches of air, saturated with the vapour of ether at the temperature of—

40° F.	contain 27	cubic inches of the vapour
50°	"	34.3 "
60°	"	43.3 "
70°	"	53.6 "
80°	"	66.6 "

being doubled by a rise of only 30°. On January 23rd, 1847, Dr. Snow exhibited before the same Society an inhaler for inhaling the vapour of ether, from very little upwards to 40 per cent. with which he never failed to produce perfect and safe anaesthesia in patients of all ages and conditions. Dr. Snow spoke of the necessity of being able to regulate the proportion of ether vapour and of air. At 30° F. 100 cubic inches of air take up 26 cubic inches of vapour, and become 126 cubic inches; at about 67° they take up 100, and are expanded to 200 cubic inches; above this temperature the quantity of vapour increases with enormous rapidity, till at 100° it excludes the air entirely. With an apparatus consisting of glass and sponges, the quantity of vapour could not even be ascertained, for the air was very much cooled in passing through